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Program Development for Occupational Therapists in the Schools: Assessments and Interventions for Children in Grades 1-6 with Social Dysfunction

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PROGRAM DEVELOPMENT FOR OCCUPATIONAL THERAPISTS IN THE SCHOOLS: ASSESSMENTS AND INTERVENTIONS FOR CHILDREN IN GRADES 1-6 WITH SOCIAL DYSFUNCTION

by

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CHAPTER 1
INTRODUCTION

According to Neistadt & Crepeau (1998), occupational therapy is “the art and science of helping people do the day-to-day activities that are important to them.” Occupational therapy can be traced back to moral treatment reforms in the 19th Century and to the post war eras when soldiers returned to the United States with disabilities. Therapists assisted the individuals back to community living, by assisting and providing the veterans with equipment and skills to increase their function and independence. Since then, the field of occupational therapy has broadened its scope of practice to include individuals with all kinds of disabilities, across many contexts, and to include all areas of occupation.

In congruence with the IDEA, occupational therapy has been one of the related services involved in the treatment team process in developing and implementing individualized education programs (IEP’s) for children with disabilities. Occupational therapy has been a valuable player in developing interventions for children with disabilities to optimize their performance in the classroom throughout the history of the profession. Occupational therapy in the school setting began with roots in concepts relating to equality and civil rights (Case-Smith, 2001). These concepts were integrated into public settings such as hospitals, organizations, churches, and schools. The role of the occupational therapist in the school system is to develop and restore function in children with functional impairments (Case-Smith, 2001).

One of the main and important occupations of a child’s life is education. Children with disabilities often have impairments that hinder their means to participate in this area
of occupation. Occupational therapists have instituted interventions to assist these individuals to maximize performance in the classroom to fulfill their roles as students.

Legislation began in the 1930’s that established public education as a right for all children. Inconsistencies continued to be seen across states regarding services for children with disabilities. Before the Education for All Handicapped Children Act was enacted in 1975, more than ½ of the children with disabilities were not given the right to access education and opportunities to learn. As well, many children were not successful in education due to disabilities that were undetected. According to OSEP (2003), a child with a disability is defined as a child:

“(i) with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance (hereinafter referred to as emotional disturbance), orthopedic impairments, autism, traumatic brain injuries, other health impairments, or other specific learning disabilities; and

(ii) who, by reason thereof, needs special education and related services.”

The Handicapped Children Act of 1975 has since been amended and revised, to include the Individuals with Disabilities Education Act (IDEA). Public law 94-142, ensures that all children receive a “free and appropriate public education” in the least restrictive environment (OSEP, 2003). These regulations include all children in the United States. The regulations affirm that children are allowed and provided with services, equipment, and medical and personal supplies and materials to encourage and enhance classroom participation. Children who were once kept separate in “special education” room are now able to learn with peers in a natural classroom setting. The four
main purposes outlined under PL 94-142 are: (1) "to assure that all children with disabilities have available to them...a free appropriate public education which emphasizes special education and related services designed to meet their unique needs," (2) "to assure that the rights of children with disabilities and their parents...are protected," (3) "to assist States and localities to provide for the education of all children with disabilities," and (4) "to assess and assure the effectiveness of efforts to educate all children with disabilities"

Traditional occupational therapy in the classroom setting has had a main focus on "disability-solving" procedures. Children have been provided with adaptive equipment, handwriting skills, and positioning tools to enhance their ability to perform in the school setting with peers. The environmental contexts in which children learn have been redesigned to facilitate to the needs of students, as well as providing children with reasonable accommodations for learning. These interventions have demonstrated to be very valuable in the treatment process, but the trend to a more client-centered approach has therapists interested in treating the whole child.

The focus of occupational therapy in the school setting has shifted from trying to treat a child’s present disability to the focus on assessment throughout the developmental process and anticipating future needs. This area of treatment is congruent with IDEA, and in individualized education program (IEP) development for smooth transitioning into adulthood. Interventions are now geared toward achieving short-term goals for current use, and long-term goals for the future transitions to adulthood.

As the scope of disabilities has broadened in the school setting, therapists have broadened their scope of practice to include all of the child’s areas of occupation. Even
though education is an extremely important period of development in a child’s life, it is not the only focal point for treatment. Social participation is also important to a child’s development, and therefore to his or her successes in an educational setting.

Social participation is an area of occupation that has been newly identified in the OT Practice Framework (2002) which coincides with a child’s performance in the educational setting. Children who demonstrate difficulty in social skills will likely also struggle with functional performance in the occupational areas of play, education, and social participation. Social participation is defined as “activities associated with organized patterns of behavior that are characteristic and expected of an individual or an individual interacting with others within a given social system” (OT Practice Framework, 2002). Occupations that may be impaired under the domain of formal educational participation include the categories of academic, non-academic, extracurricular, and vocational participation.

Children with social skills deficits often fall into diagnostic categories relating to attention deficit hyperactivity disorder, conduct disorder, depression, and anxiety. Within these diagnostic groups, medications and other treatment regimens have been utilized to decrease some of the symptoms that these children demonstrate, but social skills deficits often remain even with medical intervention. The medical interventions that have been instituted are often effective in alleviating the diagnostic symptoms, such as restlessness, attention deficits, feelings of sadness, etc. However, once the symptoms are under control, the children still have difficulty attaining and maintaining relationships due to poor social abilities.
Certain studies focused on various types of interventions that have been implemented to compliment medical interventions. Some interventions include such things as anger management, problem solving, and social skills training programs. Approaches to treatment include providing educational materials and lectures, school-wide training programs, and parental involvement. These various styles and approaches to interventions have been shown to be efficient and valid, however, many of the interventions only focus on one or two of the areas. Combining these different styles, skills, and approaches will improve the way the therapist implements the treatment protocol, and the outcomes that will be seen in children’s social abilities (Klassen et al., 2004).

The Occupational Adaptation (OA) model, is an approach that provides a useful structure to guide the development of a social skills program. This model places a strong emphasis on incorporating contextual factors, occupations that one performs, and the specific skills and abilities required to participate in these area (Kramer et al., 2003). In addition, this model incorporates client self-assessment as an important means to empowering the client.

The concept of social skills includes all of the components that are required to socially participate in various activities. These skills include process skills and communication interactions skills, including such things as attention, engaging, collaboration, and developing and maintaining relationships. These performance skills help to one manage and modify one’s actions, as well as convey intentions and needs en route to coordinating and completing daily life tasks and social behavior.
As stated before, social skills dysfunction is a relatively new and growing area for occupational therapy practice in the school setting. Throughout the remainder of this project we will discuss topics related to addressing the growing area of need.

Chapter II will discuss some of the research that is currently available about social deficits and training programs, including interventions and areas of focus. Chapter III addresses how the research influenced the way in which the product was developed. It addresses the methodology used to organize and utilize research findings. Chapter IV will be a detailed look into a 12-week program. Therapist teaching methods, activities and role play assignments and homework related to weekly topics, parental evaluation forms, and teacher information in order to promote carryover into the classroom are included. Chapter V will be a conclusion chapter in which recommendations for further research, implementation, and additional program development needs will be addressed.
CHAPTER 2

REVIEW OF LITERATURE

Introduction to the Need for Social Skills Intervention

According to the OT Practice Framework (2002), education entails “activities needed for being a student in a learning environment.” In the occupational area of education, children might struggle with schoolwork, following rules of conduct during recess and lunchroom periods, participation in sports, band or choir, and small jobs at home or in the community. Children may demonstrate deficits in social skills performance in these areas due to the increased social demands and less structure provided of the environment.

Social participation can be extremely meaningful for children. Engaging in activities of play or collaborating on school projects with peers, as well as involvement in community settings such as schools, and other recreational activities are the main occupations for a child. In occupational therapy, interventions can be developed to assist children who struggle with displaying age-appropriate social skills. Performance areas that a therapist can examine when determining the scope of interventions can include a child’s motor skills, process skills, and communication/interaction skills (OT Practice Framework, 2002).

Children with physical disabilities may find interacting and socializing difficult if mobility, coordination, strength and effort, and/or their energy are hindered. Deficits in motor skills may disengage a child from playing on the playground during recess or participating in activities in gym or after school functions. By assisting with accommodations and modifying activities to include children who are limited by physical
disabilities, a therapist can greatly improve a child’s ability to socially participate with peers.

Some children display deficits in social functioning without the limitations of a physical disability. These children may be hindered by limited social development, poor or underdeveloped communication and execution skills, and other environmental factors. Children experiencing these areas of deficit tend not to have difficulties in the areas of motor performance, but more so with diminished process and communication/interaction skills. Some children demonstrate difficulty attending long enough to engage in social events, while others may not have the understanding of what is age appropriate conduct and how to initiate conversation with others.

In addition, the focus of occupational therapy treatment is moving from interventions directed at only the context of the classroom, to other appropriate contexts that influence a child’s ability to perform. Another especially important environmental consideration is the child’s ability to play. Extracurricular activities, recess times, and social time with peers are all rudimentary to child’s social development. Play is “any spontaneous or organized activity that provides enjoyment, entertainment, amusement, or diversion” (OT Practice Framework, 2002). In regards to play, many children may experience difficulty with play exploration in the educational setting, in terms of an inability to understand games with rules, and to regulate the concept of appropriate play. Children may have difficulty sharing, obtaining, and using equipment needed for activities with peers. Play is one of the most important occupational roles that a child does, as this is where social skills, rules, and appropriate mannerisms are continuously developed. Interventions are being developed to promote increased function at home, in school, and in the community.
Within the practice of occupational therapy, interventions and activities can be selected based on a child’s specific needs. Assisting a child with skills such as temporal organization, adaptation to the surroundings and setting in which a particular event is taking place, as well as teaching skills of basic and complex interaction can allow for effective communication to occur. Helping children to collaborate, feel accepted, and obtain a social role in their environment during social engagements will assist with increasing a child’s self-concept. When this occurs a greater sense of self and mastery of social skills and acceptance can improve quality of life in the primary occupation for children.

Population

Many children can benefit from a social skills training program, including children with diagnoses of conduct disorder, attention deficit hyperactivity disorder, language learning disabilities, learning disabilities, and central auditory processing disorders. In addition, many children demonstrate features of one of these diagnostic categories, even though they fail to meet full criteria for a diagnosis.

According Kapplin and Sadock (1996) the essential feature of conduct disorder is a repetitive and persistent pattern of behavior in which either the basic rights of others or major age-appropriate societal norms or rules are violated. Psychosocial issues related to the disorder include poor impulse control, poor self-concept, lack of goal directed behaviors, and poor communication especially with adults, and lack of group interaction skills. These children may have had inadequate or faulty discipline, or may have been overprotected when raised. These children may demonstrate the inability to effectively
communicate with peers and family. They exhibit behaviors related to regulating emotions, impulsivity, and lack of judgment (Reed, 2001).

To illustrate, children who meet the criteria for conduct disorder may take on the role of the “bully,” and frequently fall into patterns of truancy, chemical use, and sexual relationships. They seldom feel guilt or have concerns for the rights of others, often violating laws and impeding relationships with the law, family, peers, and the community. Because of lack of social acceptance and low self-esteem, these children often have few social relationships. Environmental factors can enhance or limit the performance of a child with conduct disorder. Those whom experience this disorder often challenge authority, and do not respond well to disorganization and inconsistent structure (Reed, 2001).

Psychosocial characteristics of a people with learning disorders include poor self-perception, poor impulse control, social withdrawal, difficulty processing language, and non-goal directed behavior. Characteristics of learning disorders include difficulty acquiring, retaining, or generalizing materials, or sets of information, because of difficulties in the areas of attention, memory, or reasoning, as well as difficulty responding appropriately to specific behaviors (Reed, 2001).

In addition, children with central auditory processing disorder (CAPD), and language learning disabilities (LLD) also demonstrate social skills deficits. Children with LLD may exhibit increased problem behaviors in the classroom secondary to their inability to communicate and/or comprehend verbal and non-verbal communication. Such instances may arise in confusion or aggression when the child is unable to communicate needs, or the received communication is misinterpreted. These children may be withdrawn in
nature or act as a class clown, as well as displaying an inability to process language (Vallance et. al., 1998).

Moreover, children with CAPD or LLD typically have normal hearing and intelligence, however, they may exhibit difficulties in paying attention to and remembering information presented orally, carrying out multi-step directions, academic performance, and behavior issues. Demonstrating effective problem solving skills and responding appropriately to certain situations is difficult for children with LD, LLD, and CAPD as the communication ability and understanding may be lacking. Improving communication with peers and adults as well as developing positive coping skills to deal with frustrating and emotional situations will prove to be beneficial skills for a child with communication disorders (Vallance et. al., 1998).

In a recent study poor self-concept and self esteem were identified as contributors to social skills deficits. This was indicative of about 70% of students with LD. Lack of assertiveness and self-esteem required to socially interact in occupations with peers create socially isolated situations for children (Kavale & Forness, 1996).

Across environmental settings, children may also exhibit difficulty at home. Because they may have to expend more time into assignments that they were unable to complete in the classroom, they will have less time for leisure with peers and family. If a child has difficulty with cognition, it may be difficult to understand household rules and expectations. This is true for community involvement as well. If a child is involved in extracurricular activities, it may be difficult to understand rules and conduct of the games (Reed, 2001).
Another detractor from a child’s ability to perform in the classroom is the physical relationship with his surroundings. For example, if a child has difficulty hearing the teacher or focusing on what is being taught because they are sitting to the rear of the classroom, it would be important to position the child in an area to promote positive learning. Kaiser and Hester (1997) make a valuable point in ensuring that children receive social skills interventions that are longitudinal in nature, and individualized to each child’s unique needs and behaviors.

In a like manner to previous diagnoses, children with attention deficit hyperactivity disorder (ADHD) have difficulty with impulsivity, inattention, restlessness, disorganization, and levels of performance. All of these result in poor peer acceptance and difficulties in the classroom, as they are disruptive at inappropriate times. Peers tend to not choose children with these social deficits for classroom projects and teams as children with ADHD do not demonstrate the ability to cooperate and show poor levels of performance due to attitude and behaviors. According to Klassen et al. (2004) these children typically develop poor social relationships and are at an increased risk for comorbid and emotional problems that affect their social abilities and acceptance, and are underachievers academically.

Unstructured environments pose a difficulty for children with ADHD. For example, children might demonstrate destructive and impulsive behaviors while waiting in a lunch line at school due to the lack of structure usually provided in this situation. Parents may find it difficult to bring these children with them when running errands, because the child may demonstrate unruly or destructive behavior in public places due to poor social control and inability to control impulsive behaviors.
Children with mood disorders, such as childhood depression and social anxiety, may elicit some of the same social deficits. Some of the psychosocial issues associated with anxiety include feeling uneasy, helpless, or overwhelmed over activity, restlessness, or agitation, becoming withdrawn, and becoming irritable when others are near by. Some of the needs for children with social anxiety are social skills training, and assertiveness training to identify irrational beliefs. Children with depression often exhibit psychosocial issues including poor self-concept, feelings of helplessness and hopelessness, inability to express emotions, irritability, social withdrawal, and may appear agitated (Reed, 2001). Psychosocial issues that may be evident in children with depression include clingingness, and fear of school. Adolescents with depression may demonstrate episodes of truancy, running away, sexual promiscuity, and poor academic performance.

Furthermore, adolescents and children may experience social anxiety or depression, and may withdraw from social situations to spare themselves embarrassment and feelings of inadequacy. Cartwright-Hatton et al. (2005) discuss how as children grow to be adults they may avoid social encounters. It is possible that the lack of social activity as a child consequently could be the result of these under-rehearsed social skills. Cartwright-Hatton et al. (2005) hypothesized that socially anxious children with less opportunity to avoid social interactions will be less likely to demonstrate diminished social skills. Cartwright-Hatton et. al (2005) assert that the focus is to treat not just the lack of social skills, but the confidence and other underlying problems that might be causing such issues in these children.

Occupationally, children with depression often show evidence of academic failure and decreased occupational performance across contexts (Neistadt and Crepeau, 1998).
Because children tend to be more socially withdrawn, they tend not to seek out interactive, stimulating environments. When taking into account all of these diagnoses, a lack of appropriate social skills can be observed. Throughout the diagnoses, similar issues and problems were identified in children’s basic skill levels.

**Models of Practice**

In the development of a handbook for occupational therapist to utilize in the school setting, there are two primary models that might be used to guide the process. The Occupational Therapy Framework (2002) and the Occupational Adaptation Model will be used for this purpose.

The Occupational Therapy Practice Framework (2002) is a tool which provides information on the domain of practice. Occupational therapists are interested in the development of a common terminology that can be used within the profession. Some common terminology includes performance patterns, which include the different habits, routines, and roles that one takes on. Another term is context, and includes cultural, physical, social, personal, spiritual, temporal, and virtual aspects. These are environments or external factors that influence occupations in which people perform. Client factors are complex features of individuals can affect performance of occupations. Some of these include body functions and body structures. The biggest piece of the OT Practice Framework is performance areas in occupation. The performance areas include activities of daily living, instrumental activities of daily living, education, work, play, leisure, and social participation. The Framework also incorporates all of the necessary components of evaluation, intervention, and outcomes.
Process skills, communication/interaction skills, and, if there is a physical disability present, motor skills might all interfere with communication ability. Common process skills that might be of concern for children include energy, knowledge, temporal organization, organizing space and objects, and adaptation. Communication/interaction skills that may pose difficulty for children with social dysfunction include physicality, information exchange, and relations.

Performance patterns might also influence how children communicate. The OT Practice Framework (2002) defines performance patterns as patterns of behavior related to daily life activities that are habitual or routine. Specifically, children develop habits surrounding their communication. Dysfunctional or impoverished habits related to communication might be the inability to recall all the steps to proper communication such as greetings, eye contact, manners, taking turns, etc. Once these are entrenched, roles might also be influenced. Children with communication disorders often assume the role of student, family member, and peer/friend. These roles may be disrupted due to the lack of knowledge and understanding of social norms and acceptance of these relationships. Identifying the habits, roles, and routines that are in place or need to be established is critical to the treatment planning process. It is important to sequence treatment in order to establish a healthy balance and progression in which the child is developing the skills for social participation.

Occupational performance areas occur within many different contexts and affect the way a child communicates depending on environmental demands. Understanding the contexts which may affect a child will also assist in developing a treatment plan. Context and environment influence a child’s performance through cultural, physical, social,
personal, spiritual, temporal, and virtual means. Catering to the surroundings the child is influenced by can improve chances of success in mastering skills.

Knowing the client factors and activity demands influencing treatment and appropriately applying them to a child’s ability to learn the process will allow for clarity of expectations. This section could include knowing a child’s limitations and strengths and developing interventions around this knowledge. Using the Framework to incorporate these areas is necessary to choose interventions that will maximize a child’s learning.

The occupational adaptation model is based on the premise that as children engage in occupation, they will begin to make adaptive changes internally that will result in mastery of challenges in which they encounter. This approach reflects that there are 3 systems associated with this process: person systems, environment contexts, and occupational performance which will enhance or inhibit children’s ability to succeed in their areas of occupation.

The person system is the element that includes the sensorimotor, cognitive, and psychosocial aspects of an individual. It is the internal feeling in which the individual has a desire for mastery. There are elements within the environment that can increase or decrease demands on an individual to perform occupations. As well, certain contexts can inhibit or enhance performance depending on the existence of physical, social, or cultural barriers that may exist. The occupation system is the interaction between the person and the environment sub-systems (Schkade, J. & McClung, M., 2001).

A primary feature of this model is engagement in occupations. Occupations are meaningful activities that are performed during the day. The ability to adapt to the
occupation at hand is recognized throughout all human beings. It is important for people to respond with mastery and adaptiveness to different occupational challenges. OA provides a framework for ways to address in which this process can be addressed throughout a person's lifetime (Schkade, J. & McClung, M., 2001).

Readiness skills are those skills that enable individuals to functionally perform in occupations, and adapt methods to enhance performance. These skills include some of the rudimentary physical, social, and cognitive skills (Schkade, J. & McClung, M., 2001).

OA also addresses contextual aspects in the environmental system. Physical, social, and cultural aspects can affect functional performance of individuals. Environmental circumstances that a person is exposed to will determine the internal response in which they will illicit in similar contexts (Schkade, J. & McClung, M., 2001).

The last main concepts of OA include relative mastery and adaptation. Relative mastery consists of 3 properties; efficiency, effectiveness, and satisfaction to self/society. This is an individualistic feeling that one determines based on their perception of efficiently, effectiveness, and satisfaction in performance. Adaptation is the awareness that the response needs to change for some perceived reason. Adaptation usually occurs in situations that are not effective, efficient, or providing one with satisfaction. Through continued experiences in similar occupations, a person is able to use their assessment of their relative mastery, therefore, increasing their ability to adapt their technique or situations to the tasks as needed (Schkade, J. & McClung, M., 2001).

For occupational therapists using this model in the school setting, it is important to structure interventions that will positively impact the child's occupational performance, and allow the child to act as his own agent of change. In developing treatment regimes,
Therapists want to develop interventions consistent with occupational roles in which children typically perform, such as the role of a learner, friend/peer, and family member. Treatment plans should not only reflect the role that the child plays in the school setting, but also roles and occupations that the child engages in at home and with friends like chores, and cooperatively playing with friends or peers (Schkade, J. & McClung, M., 2001).

Contextual factors should also be taken into account during the treatment planning process. Children's environmental context is a key factor in facilitating the child to achieve goals. The physical, cultural, social, and spiritual environments can either be facilitating or inhibiting to the child's performance. In designing the treatment process, it will be important to incorporate environmental concerns that will support the child's ability to adapt and learn. In some cases, a less stimulating environment may be indicative to learning, while another child may need or tolerate more stimulation to promote their ability to occupationally perform (Schkade, J. & McClung, M., 2001).

Occupational performance is the last area. It includes the expectations of the roles, and the child's actual ability to perform that role. In some cases, when a child's performance is not meeting the standards of the roles, he can automatically adapt and respond to the need, especially when the person-environment fit is enhancing performance. However, some children, especially those with disabilities, have more difficulty adapting to the required changes. In these instances, the children have difficulty performing at the same rate and quality as peers (Schkade, J. & McClung, M., 2001).
In assessing and establishing treatments that will incorporate the occupational adaptation model, it will be important to integrate the use of person, environment, and occupation in the process. Assessments should incorporate the situations, personal abilities, and occupations that the child regularly participates in to determine if there are barriers to performance. If barriers do exist, it should be determined how they can be modified or changed to increase the child’s functional level of performance. Treatments should be devised to allow for a more internal adaptation on the part of the child. Social skills and participation should be addressed with the child, parents, teacher and others who can provide information regarding the child’s current level of social participation across the contexts. The information provided by these individuals can be utilized to create treatment plans that will incorporate a person-environment fit to enhance occupational performance. To accomplish this, it is important to understand all of the underlying skills components required for social performance (OT Practice Framework, 2002).

**Description of Social Skills Deficits**

Many skills have been identified as vital to social performance. Several strategies to implementing these skills can be identified and should be included in the development of an effective social skills program.

In order for a child to meld with others, there must be an understanding at an emotional level. When a child can understand feelings, and how they affect and set a mood or a tone to a relationship or situation, he will have a better likelihood of connecting with others. Many times children are unable to understand feelings of displayed by themselves or others. Developmentally these children have not acquired the
skills to understand feelings which are an integral part of identifying with others (Barry et al., 2003).

Greetings and manners are an important element to effective social participation in a number of contexts. Sometimes children with these diagnoses demonstrate impulsivity and lack of self control are evident. Because of these characteristics, children may tend to blurt out comments without thinking before they speak. On the other hand, some children who experience childhood depression and social anxiety tend to be fearful and lack the ability to initiate conversation with peers, family, teachers, or others. By knowing and learning some of the simple conversational skills, such as manners and greetings, children can enhance their ability to meet and maintain friendships, and relationships with family members (Cartwright-Hatton et al., 2005).

Some children struggle with taking turns which can negatively affect social experiences. Daily, one encounters instances in which they must wait for the bus, for the restroom to open up, or to pay for an item at the store. A child will increase their ability to be accepted into the social world by adapting to cultural norms. Taking turns is an important lesson for children to learn to functionally perform in the occupational areas of education, play, and social participation (Salls, J. & Bucey, J. C., 2003).

Making requests and taking responsibility are key elements for success in any social situation. As a child encounters day to day activities, certain things will be required of them. This may be seen across all contextual environments, and domains of occupation. Difficulties have been noted of children with social dysfunction, including non-compliance of rules and regulations of parents, schools, and the law. Children with social dysfunction have difficulty with self-expression, which in turn makes it difficult for a
child to make appropriate verbal requests, respond to verbal requests made of them, and take responsibility for their own actions (Kaiser & Hester, 1997).

Self-esteem is an important part in being able to socialize with others. Researchers discuss that “...poor self-concept and lack of self-esteem manifested by student’s with LD...create general feelings of inferiority,” (Kavale & Forness, 1996). If a child feels good about who they are as a person, they will be more willing to share themselves with others and take the risk to put themselves out on a social limb. Those who lack self-esteem tend to be more isolated and socially withdrawn from interaction and activities with others (Kavale & Forness, 1996).

Anger management and self-control are positive self-regulated mechanisms that children should learn. As children grow, the penalties for aggressive behaviors increase because society has decreased tolerance for this type of behavior. The ability of one to control emotions, especially anger, will create a more enjoyable atmosphere and setting for relationships with peers, family, and others. In social situations, people do not stand for impulsive, aggressive, and intolerable behaviors, making it important for these children to learn how to control their emotions (Frey et al., 2000).

Managing anger through internal locus of control methods will promote engagement in social acts with peers. During confrontational situations, being able to control emotions and aggressive feelings will increase the likelihood of future social interactions. By understanding and coping effectively with emotions, the child will be more approachable and perceived as more amicable. Frey et al. et al (2000) discusses the use of self-talk, identification of triggers, and other related skills developments as important elements in the curriculum of managing anger. The use of such strategies has shown to
be effective in decreasing disruptive and aggressive behaviors in young boys (Frey et al., 2000).

Along with anger-management is self-management, the ability to control all emotions. Self-management intervention components include self-monitoring, self-evaluation, and self-reinforcement. If a child can self-manage his behaviors, peers in the surrounding environment will be more likely to include their friends in social activities. Self-management has an emphasis on the child taking responsibility for his own behavior. If the child is able to control behaviors in one setting, he can generalize his learning to other settings and promote a wide range of social and academic behaviors (Snyder & Bambara, 1997). In one model where self-management skills were emphasized, a checklist and personal journal were kept to self-monitor and record behaviors and reactions to situations throughout the day. Self evaluation was done by responding to specific questions asked pertaining to performance in a particular situation. Self-reinforcement was determined by comparing self-satisfaction in relation to the child's actual behavioral response (Snyder & Bambara, 1997).

Teaching problem-solving skills to children with social dysfunctions allows for more rational and safe decision-making. This process assists the child in stopping, evaluating, and responding to situations in more appropriate ways. In accordance to Webster-Stratton, and Reid (2003), There is evidence that children who employ appropriate problem-solving strategies play more constructively, are better liked by peers, and are more cooperative at home and school (Frey et al., 2000).

Problem solving strategies are based on the idea that tasks can be simplified to produce positive outcome. Developing appropriate problem solving skills can facilitate a
child’s ability to determine appropriate role to assume in social situations. Frey et al. (2000) describes the Second Step Program, a five step problem solving strategy. Students are taught to: 1) identify the problem, 2) to brainstorm for solutions, 3) evaluate the solutions (Is it safe? How might people feel?), 4) select plan and test the solution, and 5) evaluate the effectiveness and determine the next step of the problem. Students begin with hypothetical situations and advance to problem-solving daily events in a multitude of contexts (Frey et al., 2000).

Problem solving abilities increase ones ability to cope with daily life events, situations, and feelings. Developing good coping skills is vital to one’s wellbeing. Learning appropriate coping skills assists children in dealing with and controlling behaviors and emotions that they exhibit. This in turn affects the relationships with others depending on their ability to regulate and cope with emotions due to their feelings.

Children with particular diagnoses are pushy, bossy, and aggressive, and require education to increase assertive communication. On the other hand, others may be more introverted, making it difficult to assert themselves due to lack of skills and abilities of expressing wants and needs appropriately. Assertive communication allows one to accept, and give feedback, make decisions and expressive feelings in an appropriate way (Frey et al., 2000).

Many times, to be assertive, you must have a positive sense of self. If a child displays a positive sense of self, they will be more likely to engage in social interactions with peers. Increased self confidence, a component of self-esteem, provides a child with increased ability to initiate interactions, communication to establish a social network, and participate in social activities. Research has shown that maladaptive behaviors and
feelings about oneself decrease engagement in social activates with others. Cartwright-Hatton et al (2005) discuss that children with socially anxiety may benefit from interventions that focus on these maladaptive beliefs of self appearance during social encounters.

Cooperation is important in order to get along with others. Activities completed throughout life require a person to share, collaborate, and exchange information, materials, and ideas with others. Due to lack of the previously discussed skills listed above, these children may have difficulty cooperating with others. They are unable to communicate and interactive in a conducive and cooperating environment (McIntosh et al, 1991).

**Mechanisms for Therapeutic Intervention**

Due to the fact that children have different learning styles, materials should be presented in various methods. Hands on methods, worksheets, and role playing techniques have been utilized in the treatment process as mechanisms of intervention. Therapists should be familiar with the children they will be working with in order to choose interventions that meet each individual child's needs. Several research-indicated approaches have shown to be effective and well suited for a training program for children.

A role playing intervention allows the child to practice communication skills with peers in a safe and comfortable environment. Group interactions with peers can help facilitate the learning process. Being able to depict and demonstrate situations that happen in everyday life, allow the child to generalize information gained to other situations (Webster-Stratton & Reid, 2004).
A deficiency that may present with role playing is that some children may take the information too literally. Children may not be able to generalize the skills they learned to other contexts. Situations may be different than the examples that were role modeled, and the children may not be able assimilate the practice situation to daily life. To avoid the possibility of this happening, the role playing should be practiced in different settings, discussing how to relate situations to other contexts (Webster-Stratton & Reid, 2004).

The Dinosaur Child Training Curriculum (Webster-Stratton & Reid, 2003) is a patented group curriculum which proposes to strengthen motivation, attention, and reinforcement of key concepts, and newly acquired skills through role playing. Within this curriculum, group activities provide opportunities to re-enact conflicting situations using new skills. This program utilized a variety of different intervention approaches such as anger management, problem-solving, manners, etc., and combined these interventions with parental involvement. The results indicated substantial improvement of skill development in comparison to other approaches (Webster-Stratton et. al., 2003).

Role modeling has also been suggested as a mechanism whereby children learn the social skills needed to interact in society. As children tend to respect and look up to people they learn to emulate the actions and behaviors displayed. When children get the chance to observe a particular adult, such as a parent, learned behaviors are established. Appropriate reactions to situations, and affect displayed by the role model influence the way a child interprets and imitate (Cartwright-Hatton et al., 1997).

Children may not be able to comprehend the concept of role modeling due to varying degrees of cognitive abilities. When children have negative role models, it increases the chance that they too will develop poor social skills. One way to counteract this instance
is by providing training across contexts. Parents, teachers, and others may need to be trained in modeling and on the importance of appropriate behaviors (Lewis et al., 1998).

An effective method for developing social interactions of children with social limitations involves educating and training peers. Peers learn how to encourage social exchanges and how to role model appropriate behaviors with classroom peers. Peer-mediated interventions have been used to teach non-disabled children mechanisms including establishing mutual attention, commenting and taking turns. This training assists to improve interactions between classmates. Barry et. al. (2003), initiated a program where typical peers mastered strategies through role playing with adults, and used the facilitative strategies with disabled classmates. Through training provided to peers successful outcomes were obtained. One of the limitations, however, of peer-mediated training was that peers education and training led to a larger increase of social initiations of typical children, therefore decreasing initiation of social interactions by a child with a disability (Barry et al., 2003).

As previously discussed, certain readiness skills are required for engagement in all areas of occupations, particularly social participation. Readiness skills include problem solving, coping skills, anger management, self-esteem, and self-management. All of these skills should ideally be addressed in conjunction with communication skills to promote positive social interactions.

Incorporation of play as a therapeutic mechanism for teaching social skills can have powerful effects. Playing is a child's main occupation. Activities that incorporate meaning and purpose to the learning process enhance the probability that he will use the skill in everyday life. Because it is one of the main occupations, Case-Smith (2001) state,
“Play activities serve as the means to improve performance, because they are self-motivating and offer goals around which the child can be self-organized” (p. 76). Play groups and free play periods provide a great environment to teach communication skills, positive social behavior skills, and the ability to practice these skills with peers (Kaiser & Hester, 1997).

It is important to provide feedback on a child’s behavior, occupational and social performance during play activities. This allows a child to determine what appropriate behavior is and make it more likely to repeat this in similar situations. For example, Lewis et al. (1998) discusses the use of contingency strategies, in which a person monitors a child during a recess type activity. Reinforcement and tokens are given when a child exhibits appropriate rule compliance, cooperation, etc on the playground. Upon returning to class, the child will explain the importance and behaviors leading up to the token and collectively the tokens can be used to earn a specific prize. This type of activity can be transferred to different contexts and modified depending on the play activity performed. Research shows that this type of intervention works as it is an area that is easily identified by children and can be externally reinforced allowing for a tangible outcome for the child (Lewis et al, 1998).

Child intervention should be focused on areas of social interaction such as recess and playtime or class project time. The combination of these two strategies as well as providing on-going treatment and support throughout growing stages of school development may help to reduce the problem behaviors in children with conduct disorders (Kaiser & Hester, 1997). Some children may be over-stimulated by an unstructured environment thus increasing their inappropriate and negative behaviors. By
modifying and adjusting the environment, materials, and structure of the play activity, a therapist will continue to be able to demonstrate success with this area of occupation in treatment.

Parental involvement is also critical to a successful program. If the parents take an active role in assuring follow through there is a better chance that the child will elicit appropriate social behaviors in other environments. Research indicates that children can elicit appropriate and improved behaviors across multiple settings when parental involvement is present (Frey et al., 2000). This idea suggests that because parents spend the most time with their children, they should be role-modeling behaviors that are congruent with the treatment plan developed.

Joseph & Strain (2003) have developed a 24-hour parent-training curriculum to assist parents in participating in the intervention process. With this program parents attend a 12-week family workshop series and a 12-hour workshop held semi-annually. The family components include training in the following areas: responsibility, personal and parenting efficacy, communication and social skills, and problem-solving and decision-making skills.

When parents demonstrate poor disciplinary actions, such as not providing appropriate feedback, it negatively affects carry over of skills into the home. The Parent Management Training program involves teaching implementation of providing clear instruction, to consequate desired behavior with positive consequences, and to use ignoring or a time out technique as consequences for inappropriate behavior (Kaiser & Hester, 1997). Eyberg et al (1991) completed a series of studies that evidenced combined
interventions between parental involvement and direct child treatment allowed for a stronger basis for future interactions.

An emphasis is placed on implementing longer parental training periods to ensure mastery of skills (Kaiser & Hester, 1997). This longitudinal technique has been proved most effective when in combination with direct child intervention by the parents. The authors state that continued training and support for parents or caregivers maintains parent and child skills across settings and time. Reviews are also necessary to monitor parental involvement and ability to carry out aspects of the intervention.

Other programs emphasize the presence of multiple support mechanisms for social skills training programs. In the *Dare to Be You Program* developed by Joseph & Strain (2003), school and community professionals attend a 15-hour training workshop that teaches support mechanisms to assist when dealing with child behaviors. Children benefit most from classroom instruction when all school personnel provide consistent feedback and focus on intervention concepts taught in training sessions. Compliance throughout all contexts is important for a child as it diminishes confusion in regards to expectations placed on appropriate behaviors and actions (Frey et al., et al., 2000).

Peer education and training is another area of focus studied by Barry et al. (2003). The educational method was completed by training peers to encourage and promote engagement in social exchanges. Studies have proven that children with disabilities demonstrate improved responsiveness to social engagements when peer support is evident. Even though social exchanges improve, social initiation by children with disabilities has been shown to decrease. Therefore, it is important to discuss proper ways to facilitate engagements in which peers allow the child with disabilities to practice the
training interventions they have been learning. This method of peer education is advantageous in producing outcomes that illustrate increase duration and frequency of social interactions (Gonzales-Lopez & Kamps, 1997).

In order for an intervention to be effective, it is important to provide physical, emotional, and social structure, and structure teaching methods that are conducive to the child's learning. Certain children may be visual learners, while others may learn better with materials presented verbally. It is important to grade tasks with the developmental level of the child to ensure that the task matches the child's abilities. Children at lower school-grade levels learn more concretely, where in upper grade levels, abstract and creative thinking are more developed allowing for more complex concepts to be introduced in learning. Environmentally, some children may be distractible in some settings, while others may not. Maintaining a neutral physical environment, while promoting social and emotional interaction is crucial to structured program (Valente, 2003).

Outlining and sequencing steps in a logical manner during the facilitation of interventions will provide a progressive manner in which children can apply these concepts. In developing social skills training groups it is important to consider the audience. Structuring activities and training sessions to the level that works best with the child or group of children in the program will promote their learning. If the child is provided with structure that will allow them to understand expectations and the outcomes of the program, as well as assist in the development of goals, there is an increased likelihood that the program will be more meaningful to the child (Cartwright-Hatton et al., 1997).
The classroom teaching style of materials is very familiar to children in the school setting. Literature shows that lecture style presentation of materials is effective in teaching children (Frey et al., 2000). Occupational therapists can facilitate the materials in this style allowing children to develop their listening skills and comprehension skills. This style of learning is conducive for some students, while others may find it difficult to follow along, pay attention, and comprehend the message conveyed. A limitation of this approach is that children are not allowed to practice the skills unless there is a component of applying the lesson to everyday life situations.

Lewis et al. (1998) conducted a study to evaluate the effectiveness of school-wide behavioral support approach to teaching social skills to children. In the program, teachers provided one group of children with a 30-minute lecture, 5 days per week. Children were instructed on specific social skills required for different settings such as the lunchroom, playground, etc. As well as skill development, teachers provided examples, and incorporated other activities such as teacher and student role-playing. Students were encouraged to integrate their learning by applying their knowledge to story writing and making posters related to the school rules and regulations. Teachers and other staff members were involved in training sessions to ensure consistency of intervention by all faculty members. School wide support and knowledge was increase through this program, as well as positive social outcomes in children. This program, though effective, was time consuming and costly.

Blackbourne (1989) proposed a program where training information included discussion, explanation, prompting, corrective feedback, and verbal rehearsal. After the 12-week intervention period the children displayed specific desired behaviors in each of
the trained environments, as well as generalization of the behavior to other contexts.

Amerikaner & Summerlin (1982) conducted a 12 bi-weekly information training sessions consisting of small group counseling and relaxation. The group-counseling participants scored higher on the social self sub-scale, the relaxation group displayed less acting-out, and the control group scored higher on distractibility.

Providing information to individuals about specific topics can facilitate and improve a child's response to social skills training. If the child has an understanding of learning the importance of the training, this will improve efficacy in the results of the training program.

Advocates of strength-based theories suggest that developing skills, such as communication, etc., will enhance more positive outcomes than the deficit-based theories, which illustrate the reduction of dysfunctional behaviors will create better outcomes (Armstrong et al., 2003). A social-wide system of behavioral support and social skills training was implemented in a school setting during times increase behavioral incidents (i.e. lunch, recess, and transition periods). Results of the program indicate that there was a reduced rate of behaviors across the settings (Lewis et al., 1998).

Another program developed also showed promising results with its implementation. The Dina Dinosaur Social, Emotional, and Problem Solving Training Program focuses on training skills related to emotional regulation, empathy, friendship and communication skills, anger management, problem solving, school regulations, and how to be a successful student. In the evaluation of the program, findings were significant in that there is little support of the efficacy of there programs (Webster, Stratton, & Reid, 2003).
While there is an obvious need for social skills intervention for this population, Joseph & Strain (2003) and Thomasgard & Metz (2004) illustrate that some current social-emotional curricula do not focus on social remediation as much as they should. Joseph & Strain (2003) discuss possible future impacts that lack of treatment could entail, such as increasing difficulties in academics, school dropout, and antisocial behavior. The difficulties pertaining to the lacking skills can radiate into other contexts and occupations as the child develops. Thomasgard & Metz (2004) portray that there may be a developmental sequence of skills, where if one step is overlooked, subsequent developmental steps will be difficult to attain.

The literature review process has demonstrated a great need for social skills intervention for children which address the person, and relevant occupations within the context of the education setting. The next chapter will introduce the process of developing a social skills intervention program for children in grades 1-6, and will inform the reader of the methodology related to the project development.
CHAPTER 3
METHODOLOGY

In review of the literature and interview materials, it has been determined that there is a need for program development for children with social skills dysfunction. The section below illustrates how the literature guided the process and development of the product. The literature review illustrated 4 main concepts that were utilized in composition of the product: 1) Social skill needs, 2) Mechanisms for implementation, 3) OT Model, and 4) Program development structure.

Social participation is defined as: “Activities associated with organized patterns of behavior that are characteristic and expected of an individual or an individual interacting with others within a given social system” (p. 621) that occur at the community, family, and friend/peer levels (OT Practice Framework, 2002). To interact, one must have skills in order to accomplish their goals for participating in social situations with others.

According to the literature, the main skills involved in social participation include such things as understanding feelings, greetings and manners, taking turns, responsibility, self-esteem, anger management, problem-solving, assertiveness, and cooperation. These are the main areas that have guided the development of the 12-week program.

Understanding the feelings of oneself and others increases the information exchange of individuals. In order for one to meld with others, there must be an understanding at an emotional level. When a one can understand feelings, and how they affect and set a mood or a tone to a relationship or situation, one will have a better likelihood of connecting and interacting with others.
Greetings and manners are another important element to effective social participation. Knowing how to respond and direct simple conversational skills to others enhances one's ability to meet and maintain friendships and relationships. It is an inaugural element in social engagement.

Taking turns is an important concept for children to incorporate in their social repertoire. This is especially important in developing friendships with peers, people often associate with those who are kind, caring, and willing to share with one another.

Making requests and taking responsibility are key elements for success in any social situation. As a child encounters day to day activities, certain things will be required of them. This may be seen across all contextual environments, and domains of occupation. Difficulties have been noted of children with social dysfunction, including non-compliance of rules and regulations of parents, schools, and the law. Children with social dysfunction have difficulty with self-expression, which in turn makes it difficult for a child to make appropriate verbal requests, respond to verbal requests made of them, and take responsibility for their own actions.

Self-esteem is an important part in being able to socialize with others. If a child feels good about who they are as a person, they will be more willing to share themselves with others and take the risk to put themselves out on a social limb. Those who lack self-esteem tend to be more isolated and socially withdrawn from interaction and activities with others.

Anger management and self-control are positive self-regulated mechanisms that children should learn. As children grow, the penalties for aggressive behaviors increase because society has decreased tolerance for this type of behavior. The ability of one to
control emotions, especially anger, will create a more enjoyable atmosphere and setting for relationships with peers, family, and others. In social situations, people do not stand for impulsive, aggressive, and intolerable behaviors, making it important for these children to learn how to control their emotions.

As found in the literature, problem solving is an area in which children often display difficulties. The product incorporates problem solving as a process to allowing children to learn to respond to situations and make decisions about their actions that will encourage social engagement.

Assertiveness is a necessary to appropriately express oneself and give feedback using the previously learned skills in adjunct. In social relationships, each individual has a responsibility to own another to provide and express reliable and honest information to one another.

Cooperation is important in order to get along with others throughout the life span. Activities completed throughout life require a person to share, collaborate, and exchange information, materials, and ideas with others. Because of the literature emphasis of cooperative group work, the product incorporates the use of this skill throughout the entirety of the program to encourage collaborative task work among.

Numerous studies reviewed identified mechanisms for intervention. Some of these mechanisms include parent and teacher mentoring, school-wide involvement, peer involvement, role modeling and role playing, homework assignments, and context as an important aspect for intervention. The product incorporated the use of all these mechanisms to promote a more holistic approach to social skills development program.
The Occupational Adaptation Model was used to facilitate the development of the product, because of its client-centered and occupation-based treatment approach. This model addresses person, environment, and occupation. These three aspects of the model are congruent with the literature review; including the incorporation is personal skill development, in accordance to occupations that the child actively engages, and in contexts that are meaningful to the child. They are utilized throughout the product in the assessment, intervention, and outcome measures processes.

As previously mentioned, each session has a skills component. Occupations of interest to the child were addressed through role plays, which are evident in each session. Through role plays, children have opportunity to practice skills related to social participation, leisure, and education. Contextual factors related to social skills are addressed through homework assignments that incorporate the transfer of training of skills to other environments, such as at home, school, and in the community. These types of interventions allow the child to practice the skills in real life situations. The skills will be better generalized when they occur in natural contexts, rather than only in the classroom or clinical setting.

There is also a developmental structural component to the program. The skills were organized so that they are sequential and building upon one another. More concrete, conceptual skills were worked on first, before the abstract skills. This will allow the child to early on feel a sense of mastery in which to build upon.

The 12 week curriculum can also easily fit into school based curricula in the schools, whereas, a longer program could not coordinate a schedule that would account for fall and spring schedules. The length of the program proficiently allows adequate
time to address the targeted skills, yet is not so long as to be a hardship to parents and teachers.

There is a list of assessments and outcome measures that can be utilized to enhance the program. The list assessments allow therapists to evaluate current level and interest of the children pre and post intervention. As well, the outcome measurements can be utilized to ensure the effectiveness of the program, and for continual development. The assessments incorporate person, environment, and occupations, according to OA, ensuring that the areas being assessed are relevant to the children in all aspects of their lives. These assessments will enhance the program with a holistic and client centered treatment program.

The literature review guided in the development concepts and ideas for the structuring and development of the product. The resulting program will address all skill need areas; across common contextual and environments; and incorporate occupations that are meaningful to the children.
KIDZONE

By:
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&
Rose Kirby, MOTS

Advisor:
Deb Byram, MA, OTR/L
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Welcome to Kidzone

Kidzone is a 12-week social skills program designed for occupational therapists to utilize in a school-based setting. The program was designed for children in grades 1-6 with social skills dysfunction. Skills addressed include expression of feelings, greetings, manners, problem-solving, anger management, cooperation, assertiveness, self-esteem, coping, and impulse control.

Weekly interventions include icebreaker activities to introduce the topic for the week, and to prepare the children for discussion. Each week has a main activity that reinforces the week’s topic. It may be introduced as a game, a topic, or a demonstration. At the end of each activity, scenarios are role played to depict possible situations a child might encounter in their daily routines.

Homework is assigned to the children to apply and practice skills learned during the treatment session. Parents are provided with information in regards to lessons taught each week, as well as recommendations of follow through. Parents are encouraged to fill out a short performance evaluation to assist the therapist in evaluating the child’s progress and program efficiency. Teachers are also given a weekly form describing the sessions and events, which informs teachers regarding weekly topics and activities and how they can follow through in the classroom setting.

The therapist should choose appropriate assessments and follow through with continuous evaluation of the intervention process. This will ensure that there are positive outcome measures, and that the goals of treatment are being met.

It is important for the therapist to review and become familiar with the program before beginning implementation of the intervention program. The therapist should become accustomed to the different assessments, and determine which assessments will be most applicable for the population being served based on physical, social, and cultural demographics. It will be necessary to review activities and the items and tools used during the interventions to ensure availability of assets. This can also allow the therapist to adapt activities as deemed necessary.
Quick Reference Guide to Assessments
## Quick Reference Guide to Assessments

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<tr>
<th>Name</th>
<th>Areas Addressed</th>
<th>Population</th>
<th>Type</th>
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<td>Assessment of Motor and Process Skills (AMPS)</td>
<td>motor and process skills</td>
<td>5 years old to older adults</td>
<td>observation of performance</td>
<td>Ann G. Fisher, ScD, OTR/L, FAOTA, AMPS Project, Occupational Therapy Building, Colorado State University, Fort Collins, CO 80523, Tel (303) 491-6253</td>
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<tr>
<td>Children’s Self Assessment of Occupational Functioning (Children’s SAOF)</td>
<td>role performance</td>
<td>10-13</td>
<td>structured interview/self report</td>
<td>MOHO Clearinghouse, University of Illinois at Chicago, Dept. of OT (M/C 811), 1919 West Taylor Street, Chicago, IL 60612-7250. Tel: 312-996-6901; Fax:312-413-0256.</td>
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<td>Coping Inventory for Children</td>
<td>coping methods</td>
<td>3 years old and over</td>
<td>observation</td>
<td>Published by: Scholastic Testing Service, Inc., 480 Meyer Rd., Bensenville, IL 60106-1617. Tel:” 800-642-6787; Fax: 708-766-8054.</td>
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<td>Locus of Control for Children</td>
<td>orientation and control</td>
<td>grades 1-12</td>
<td>self-report</td>
<td>Psychological Assessment Resources, Inc, PO Box 998, Odessa, FL 33556 (800)-331-8378</td>
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<td>Parenting Stress Index (PSI)</td>
<td>relationships</td>
<td>parents with children 1 month – 12 years old</td>
<td>self-administered</td>
<td>Pediatic Interest Profiles: Survey of Play with Children and Adolescents, Therapy Skill Builders, 555 Academic Court, San Antonio, TX 78204-2498, Phone - (800) 211- 8378, Fax - (800) 232-1223.</td>
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<td>Pediatric Evaluation of Disability Inventory (PEDI)</td>
<td>performance</td>
<td>6 months to 7 ½ years old</td>
<td>standardized checklist</td>
<td>PEDI Research Group (1992), Department of Rehabilitation Medicine, New England Medical Center Hospital, #75 K/R, 750 Washington Street, Boston, MA 02111-1901 Tel. (617) 956-5031</td>
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<td>Person in Environment System</td>
<td>social performance</td>
<td>all</td>
<td>rating scale</td>
<td>Western Psychological Services, 12031 Wilshire Blvd., Los Angeles, CA 90025-1251. Tel (800) 648-8857, Fax (310) 478-7838.</td>
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<td>Piers-Harris Children's Self-Concept Scale</td>
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<td>8-18 years old</td>
<td>standardized self-report questionnaire</td>
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<td><strong>Play Observation</strong></td>
<td>play and other behaviors</td>
<td>children with neurobehavioral problems</td>
<td>videotaped observation</td>
<td>Kalverboer, A. <em>A measurement of play: Clinical applications.</em> B. Tizard &amp; D. Harvey (Eds.), <em>Biology of play</em>, Philadelphia: Lippencott.</td>
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<td><strong>Preschool Play Scale Revised</strong></td>
<td>play behavior and interests</td>
<td>0-6 years old</td>
<td>observation</td>
<td>Knox, S. <em>Development and current use of the Knox Preschool Play Scale.</em> In D. Parham &amp; L. Fazio (Eds.), <em>Play: A clinical focus in occupational therapy for children.</em> St. Louis, MO: Mosby Yearbooks.</td>
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<td><strong>Rivermead Behavioral Memory Test (RBMT)</strong></td>
<td>memory</td>
<td>5-11 and 11-16 years old</td>
<td>standardized battery</td>
<td>National Rehabilitation Services, 117 North Elm, Po. Box 1247, Gaylord, MI 49735 Tel (517) 732-3866, Fax (517) 732-6164.</td>
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<td><strong>Scales of Independent Behavior (SIB)</strong></td>
<td>behaviors</td>
<td>child and adults</td>
<td>structured interview</td>
<td>The Riverside Publishing Co, 8420 Bryn Mawr Avenue, Chicago, IL 60603, Tel (800) 767-8378</td>
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<td><strong>School Function Assessment</strong></td>
<td>participation and activity performance</td>
<td>children in elementary school</td>
<td>rating scale/questionnaire</td>
<td>Psychological Corporation, Skill Builders Division, 555 Academic Court, San Antonio, TX 78204, (800) 228-0752</td>
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<td><strong>Sensory Integration and Praxis Test (SIPT)</strong></td>
<td>sensory/cognitive</td>
<td>4 years to 8 years, 11 months</td>
<td>standardized performance tests</td>
<td>Western Psychological Services, 12031 Wilshire Blvd., Los Angeles, CA 90025. Tel (800) 648-8857, Fax (310) 478-7838.</td>
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<td><strong>Social Climate Scale: Family Environment Scale (3rd Edition) (FES)</strong></td>
<td>social and environment</td>
<td>5-11 years old and 11 years old and older</td>
<td>self-report questionnaire</td>
<td>Consulting Psychologists Press, 577 College Avenue, Palo Alto, CA 94306. Tel (800) 624-1765</td>
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<td>Test of Environmental Supportiveness (TOES)</td>
<td>performance and environment</td>
<td>1 ½ to 15 years old</td>
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<td>Anita Bundy, ScD, OTR, Department of Occupational Therapy, Occupational Therapy Building, Colorado State University, Fort Collins, CO 80523, <a href="mailto:Bundy@cahs.colostate.edu">Bundy@cahs.colostate.edu</a>, Fax (970) 491-6290.</td>
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<td>playfulness</td>
<td>15 months through 10 years old</td>
<td>observation</td>
<td>Department of Occupational Therapy, Colorado State University, Room 219, Occupational Therapy Building, Fort Collins, CO: 80523. Tel (970) 491-6253. (Revised 1993).</td>
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<td>Vineland Adaptive Behavior Scales</td>
<td>personal and social skills</td>
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<td>interview-based rating scale</td>
<td>American Guidance Service Inc., 4201 Woodland Road, Circle Pines, MN 55014, (800) 328-2560</td>
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<tr>
<td>Vulpe Assessment Battery – Revised (VAB – R)</td>
<td>performance</td>
<td>0-6 years old</td>
<td>performance tests, observation, interview and chart review</td>
<td>Slosson Education Publications, Inc., 1994, Po. Box 280, East Aurora, NY 14052 Tel. (800) 828-4800, Fax (800) 655-3840</td>
</tr>
</tbody>
</table>

Adapted from:


Full Listing of Assessments
Adolescent Role Assessment

Author: Black, M. M.

Purpose: To evaluate past and present roles to acquire a profile of the adolescent role history and development as a family member, peer, and school member.

Population: Adolescents 12-17 years of age

Format and Method: Semi-structured interview that covers 21 topics in 6 areas: childhood play, adolescent socialization in the family, school performance, peer interactions, occupational choice, and work. The assessment takes approximately 30 minutes to administer. This tool is useful in developing rapport with adolescents and identifying deficiencies in one’s occupational choice and to assist in planning occupational therapy intervention.

Assessment of Motor and Process Skills (AMPS)

Authors: Anne G. Fisher, ScD, OTR/L, FAOTA

Purpose: To assess functional motor and process skills in the subjects' context of choice

Population: Ages 5-older adults with developmental, psychosocial, neurological, or musculoskeletal disorders that limit IADL's

Format and Method: A 56 household tasks that are evaluated through observation of performance via rating scales; required 30-60 minutes for administration and scoring;

Administrators must take a 5 day AMPS training workshop. For information, contact Dr. Fisher.

Source: Ann G. Fisher, ScD, OTR/L, FAOTA, AMPS Project, Occupational Therapy Building, Colorado State University, Fort Collins, CO 80523, Tel (303) 491-6253 (1990 [Revised 1994]).
Canadian Occupational Performance Measure (COPM)

Authors: Law, M., Baptiste, S., Carswell, A., McColl, M., Polatajko, H., & Pollock, N.

Purpose: The assessment identifies problem areas in occupational performance; evaluates the performance and satisfaction relative to the deficient areas. It is also designed to assess the client’s perspective of occupational performance over the course of occupational therapy intervention.

Population: All developmental stages and diagnoses

Format and Method: The COPM is a semi-structured interview designed to assess the client’s perspective of their performance and satisfaction of performance in self-care, productivity, and leisure. This evaluation identifies areas of concern, and rates their perception of performance and satisfaction of performance.

Children’s Self Assessment of Occupational Functioning (Children’s SAOF)

Authors: Kathi Baron, MS, OTR/L, and Clare Curtin, Med, OTR/L

Purpose: The Children’s SAOF provides a method for treatment planning between client and therapist. It is based on the Model of Human Occupation and assesses level of function, identifies strengths, and prioritizes areas of improvement.

Population: Children and adolescents who seek occupational therapy services in any area of practice. The Children’s SAOF is intended for ages 10-13 and the client must have sufficient cognitive skills.

Format and Method: This assessment tool is checklist format and is separated into 5 categories with a total of 44 items.

Source: Distributed by: Model of Human Occupation
Clearinghouse, University of Illinois at Chicago,
Department of Occupational Therapy (M/C 811),
College of Associated Health Professions,
1919 West Taylor Street,
Chicago, IL 60612-7250. Tel: 312-996-6901;
Fax: 312-413-0256. (1986 [revised 1990])
Comprehensive Occupational Therapy Evaluations (COTE and KidCOTE)

Author: An OT from the University of Texas Medical Branch at Galveston

Purpose: To provide comprehensive information about the child’s behavioral and developmental performance

Population: Children and adults.

Format and Method: Addresses 27 behaviors on a 4 point scale by checklist format. Information can be gathered through interview or by allowing the child to fill out the checklist.

Coping Inventory for Children

Purpose: To assess coping methods children use among 2 categories; 1) Coping behavior- confidence, generalization of learning, creativity and originality, task persistence, expressions of personal needs, and sense of self-worth, 2) Coping with the environment- awareness of others feelings, curiosity, resiliency following disappointment, following instructions, acceptance of warmth, awareness and response to social expectations, and support from others. As well, this assessment is valuable in learning about the child’s strategies, and perspectives on the child’s reactions to demands of the environment.

Population: Children over 3 years of age

Format and Method: The child’s behavior is scored on a 5-point likert scale. It takes about 30 minutes to complete the assessment. MORE INFORMATION!

Source: Published by: Scholastic Testing Service, Inc., 480 Meyer Rd., Bensenville, IL 60106-1617. Tel:” 800-642-6787; Fax: 708-766-8054.
Functional Performance Record (FPR)

Author: David Mulhall

Purpose: This assessment tool is designed to record actions and behaviors that can be observed of people with physical, social, or psychological impairments. It identifies the child’s needs, assist with setting goals, and evaluate the effectiveness of the treatment programs. Software provided serves as a record of progress and tools for program planning, and research if used on a wide-scale.

Population: Anyone with functional problems including physical and learning disabilities and children involved in social services care.

Format and Method: This is an observation-based checklist and database with three components: the 27 area checklist consisting of 600 items, the FPR Database for collecting individual client information and storing records, and the Handbook. The Handbook is used to describe administration, interpretation, and development of the FPR. The 27 areas address a variety of function including domestic/survival skills, aggression, feeding, socially unacceptable behavior, and speech and language reception. The Checklist asks questions which will demonstrate how the subject has behaved over the last week and the questions are to be answered after a week’s worth of observation by the therapist. Responses are registered by degree of independence and frequency of behavior. Another asset to this particular assessment is that the topic areas may be independently assessed with the therapist determining relevant areas needed to be tested without loss of validity or reliability.

Source: Published by: NFER-NELSON Publishing Company Ltd.
Darville House, 2 Oxford Rd. East,
Windsor, Berksire SL4 1DF England. Tel. (0753) 858961, Fax (0753) 856830. (1989)

Author: Caldwell, B. M., & Bradley, R. H.

Purpose: To depict and distinguish “the quality and quantity of stimulation and support for cognitive, social, and emotional development available to a child in the home environment.”

Population: Children 0-13, middle childhood version 6-13 years of age

Format and Method: Assesses 59 items related to skills and behaviors, physical and social contextual issues, and interpersonal relations via interview and naturalistic observation. Evaluation process takes 120 minutes to complete.

Source: Center for Child Development and Education. University of Arkansas at Little Rock, 33rd and University Avenue, Little Rock, AR 72204
Interview Schedule for Social Interaction (ISSI)

Authors: S. Henderson, P. Duncan-Jones, D. G. Byrne, & R. Scott

Purpose: To assess availability and adequacy of social relations

Population: For general population

Format and Method: A 52 item interview based on 4 sub-scales: availability of attachments or close relationships, adequacy of attachments, availability of social interaction or more distant diffused relationships, and adequacy of social interaction. The interview is given to those in casual, close, or intimate association with the person to be assessed.

Locus of Control for Children

Authors: Stephen Nowicki, and Bonnie R. Strickland

Purpose: Designed to measure expectations for internal vs. external orientation and control in school aged children

Population: School-aged children grades 1-12 who are capable of reading and responding

Format and Method: A 40 item self-report questionnaire in which children answer yes/no to a variety of reports regarding personal control over situations

Parenting Stress Index (PSI)

Author: Richard R. Abidin

Purpose: The purpose of the PSI is to evaluate stressful child-parent systems and assess the impact the relationship has on the intervention process. Parent and child characteristics as well as personal situational and demographics are evaluated as sources of stress issues. Child characteristic domains include; distractibility/hyperactivity, adaptability, reinforces parent demeaningness, mood, and acceptability. Parent domains of concern include; competence, isolation, attachment, role restriction, depression, spouse, total stress, and life stress.

Population: Parents with children ages 1 month – 12 years can utilize this assessment.

Format and Method: The self-administered test booklet contains 120 items in likert scale format and takes 10 minutes for the short form, and 20 minutes for the long form to complete.

Source: Psychological Assessment Resources, Inc, PO Box 998, Odessa, FL 33556 (800)-331-8378
Pediatric Evaluation of Disability Inventory (PEDI)

Authors: Stephen M. Haley, PhD, PT, Wendy J. Coster, PhD, OTR/L, Harry H. Ludlow, PhD, Jane T. Haltiwanger, MA, EdM, and Peter J. Andreloso, PhD.

Purpose: To evaluate a child's functional status and monitor change in performance. It is also a program evaluation for inpatient, outpatient, and school-based programs. The evaluation provides information on the capacity of the child to complete tasks and the amount of assistance required. Possible means of modifications to enhance function are also identified.

Population: Children 6 months to 7 ½ years old

Format and Method: Parents or health care professionals can administer the standardized behavior checklist and rating scale. The assessment can take 45-60 minutes with non-professional administration, or 20-30 minutes if a professional completes that assessment based on observations of the individual.

Source: PEDI Research Group (1992), Department of Rehabilitation Medicine, New England Medical Center Hospital, #75 K/R, 750 Washington Street, Boston, MA 02111-1901 Tel. (617) 956-5031
Pediatric Interest Profiles: Survey of Play with Children and Adolescents

**Purpose:** To acquire a summary of a child’s play interests

**Population:** Children and Adolescents ages 6-21 years old; The Kids Play Survey (KPS) for children ages 6-9, Pre-Teen Play Survey (PPS) for children ages 9-12, and Adolescent Leisure Interest Profile (ALIP) for individuals people 12-21 years of age.

**Format and Method:** Paper and pencil checklist that may be administered individually or in a small group. The individual responds to the questions regarding interests, enjoyment, and participation in age-appropriate play and leisure activities.

**Source:** Therapy Skill Builders, 555 Academic Court, San Antonio, TX 78204-2498, Phone - (800) 211- 8378, Fax - (800) 232-1223.
Person in Environment System

Authors: J. B.W. Williams, J. M. Karls, & K. Wandrei

Purpose: To classify problems in social functioning in order to organize and provide intervention based on 4 factors: social problems, environmental problems, mental disorders, and physical disorders.

Population: Individuals with mental health dysfunction

Format and Method: Classify problems on rating scale to develop a intervention and treatment planning regime.

Piers-Harris Childrens Self-Concept Scale

Authors: Ellen V. Piers, Phd., and Dale B. Harris, Phd.

Purpose: To measure self-concept including self-esteem and self-regard

Population: Children and adolescents ages 8-18; contraindicated for children who do not want to cooperate

Format and Method: An 80 item standardized self-report questionnaire with yes/no questions in regards to self-perception. Six cluster scores are used to aid in interpretation: behavior, intellectual and school status, physical appearance and attributes, anxiety, popularity, and happiness and satisfaction. The administration time should take approximately 30 minutes to administer and score.

Source: Published by: Western Psychological Services, 12031 Wilshire Blvd., Los Angeles, CA 90025-1251. Tel (800) 648-8857, Fax (310) 478-7838. (1969 and revised in 1984)
Play History

Author: Nancy Takata, MA, OTR

Purpose: To identify a child's play experiences and opportunities through a caregivers perspective. It measures qualitative and quantitative dimensions of play. Used for diagnostic and treatment planning purposes.

Population: Children and Adolescents

Format and Method: Semi-structured interview with 3 sections; General information, previous play experiences, and actual play observation. Play history is then collected on a scale of play development in 5 areas of play including sensorimotor, symbolic, and simple constructive; dramatic; complex constructive; pre-game; and recreation. Each area is then divided into 4 sections including materials, actions, people, and setting. The information gathering process can be time consuming, especially when used with older children.

Play Observation

Author: Alex F. Kalvervoer

Purpose: Used to gather information regarding play and other behaviors children display in standardized conditions. Description of behavior is relative to social and physical contexts as well as the child's own body.

Population: Children with neurobehavioral problems in language, social communication, motor ability, or attention

Format and Method: Videotaped sessions used in a standardized setting that are evaluated and rated by therapists. The child is observed either alone or with caregiver or observer. During the sessions the child may be presented with or without toys. The child is scored according to engagement of 12 behaviors, and complexity of play.

Preschool Play Scale Revised

Author: Susan H. Knox, MA, OTR, FAOTA

Purpose: Provide a description of typical play behavior and useful for discovering interest areas, and evaluating treatment effectiveness

Population: Children ages 0-6

Format and Method: Observation based scale organized by 4 dimensions: space management, material management, imitation, and participation. Observation occurs during free play for 2 thirty minute periods both indoors and outdoors.

The Rivermead Behavioral Memory Test (RBMT)

Authors: Barbara Wilson, Phd., Janet Cockburn, and Alan Baddeley

Purpose: Identify memory impairments and everyday problems that involve a child’s ability to remember tasks and information

Population: Children ages 5-11 years (Children’s Sample), 11-16 years

Format and Method: Standardized battery of test of behavioral and performance skills involving recall of pictures, stories, and retracing routes around the room

Scales of Independent Behavior (SIB)


Purpose: Comprehensive measure of adaptive and problematic behaviors that allows for program planning, determining eligibility of services and assists with setting goals for a child’s IEP

Population: Children and adults with or without disabilities

Format and Method: A 226 item structured interview and rating scale broken down into 14 sub-scales which are organized into 4 groups or related sub-scales: Motor Skills, Social Interaction and Communication Skills, Personal Independent Skills, and Community Independence Skills. Ratings are totaled for each scale and subscale, making it a lengthy process. A short form scale is available with 32 items from particular areas of the subscales.

Source: Published by: The Riverside Publishing Company, 8420 Bryn Mawr Avenue, Chicago, IL 60603, Tel (800) 767-8378 (1984 by DLM).
School Function Assessment

Purpose: This is a new assessment that measures students’ level of participation, activity performance, and task supports related to aspects of their academic and social abilities in the school setting.

Population: This assessment is used with children enrolled in elementary school.

Format and Method: Team members including OT’s, PT’s, SLP’s, Teachers, and other therapy or classroom aides complete this assessment. The student is rated on 26 items using a 4 or 6 rating scale (1=does not perform, 4=performs consistently)

Sources: Psychological Corporation, Skill Builders Division, 555 Academic Court, San Antonio, TX 78204, (800) 228-0752
The School Setting Interview (SSI)

**Authors:** Oshrat Regev Hoffman, Helena Hemmingsson, and Gary Kielhofner

**Purpose:** Client centered interview used to assist therapists in intervention planning. It identifies occupational performance in all environments where there is a student role component. This includes the classroom, playground, gymnasium, hallways, and fieldtrips. The assessment information gathered allows therapists to determine any accommodations needed based on the students needs.

**Population:** School children; Students must be able to communicate their feelings to collaborate with therapists to determine school-based needs.

**Format and Method:** Semi-structured interview that assesses student-environment fit to identify areas in need of accommodation.

**Source:** MOHO, 1999
Sensory Integration and Praxis Test (SIPT)

Author: A. Jean Ayres

Purpose: To distinguish between children who have sensory integration and learning deficits

Population: Ages 4 years to 8 years, 11 months

Format and Method: A set of standardized performance tests consists of 17 sub-tests in the following areas: sensory processing, visual-spatial perception, coordination, and motor planning. Two sessions are required to administer the test totaling 1 ½ - 2 hours with an additional 30-45 minutes to complete scoring.

Source: Published by: Western Psychological Services, 12031 Wilshire Blvd., Los Angeles, CA 90025. Tel (800) 648-8857, Fax (310) 478-7838. (1989).
Social Climate Scale: Family Environment Scale (3rd Edition) (FES)

Authors: Rudolph H. Moos, Phd., and Bernice S. Moos

Purpose: To examine social and environmental characteristics of families; focusing on parent and child perceptions to develop clinical case descriptions, determine family strengths and areas of need, and identify areas for family treatment.

Population: Children’s version for ages 5-11, and Adolescent and adult version for ages 11 and older

Format and Method: The adult version is 90 item true/false questionnaire broken down into 10 sub-scales and organized into 3 basic categories: relationship, personal growth, and system maintenance. The assessment is available in 3 forms (The Real Form – measures perceptions of nuclear family; The Ideal Form – allows subject to describe family; and The Expectations Form – useful for new family situations or changes in current family dynamics). The children’s version is a 30 item assessment using cartoon figures to represent pertinent characteristics.

Source: Published by: Consulting Psychologists Press, 577 College Avenue, Palo Alto, CA 94306. Tel (800) 624-1765, Fax (415)
Test of Environmental Supportiveness (TOES)

Authors: Anita Bundy, ScD, OTR

Purpose: To describe the way a child’s playfulness is affected by the environment.

Population: Children between ages 1 ½ to 15 years old, typically developing and with various degrees disabilities.

Format and Method: It is a 17-item observation-based assessment focusing on assessing characteristics. It is used to develop a descriptive profile of the child and for research purposes. It is a 15-20 minute free-play observation session with 5-10 minutes required for scoring.

Source: Anita Bundy, ScD, OTR, Department of Occupational Therapy, Occupational Therapy Building, Colorado State University, Fort Collins, CO 80523, Bundy@cahs.colostate.edu, Fax (970) 491-6290.
**Test of Playfulness**

**Author:** Anita Bundy, ScD, OTR, FAOTA

**Purpose:** Assess playfulness, rather than by cognitive, motor, or language skills used during the activity

**Population:** For typically developing children ages 15 months through 10 years, regardless of disability

**Format and Method:** A 60 item that reflect behavioral traits are observed using a behavioral rating scale. Four facets of playfulness are represented including intrinsic motivation, internal control, disengagement form constraints of reality, and framing. It is a 15 minute observation of play both inside and outside, and the children can be rated on as many as 3 different playfulness scales: extent, intensity, and skillfulness.

Raters must be training in contribute toward test development

**Source:** Available from the author at: Department of Occupational Therapy, Colorado State University, Room 219, Occupational Therapy Building, Fort Collins, CO: 80523. Tel (970) 491-6253. (Revised 1993).
Transdisciplinary Play-Based Assessment (TPBA)

**Author:** Linder, T. W.

**Purpose:** To assess developmental skills, learning style, patterns of interaction, and other behaviors in a natural play setting

**Population:** Children with developmental issues from infancy to 6 years old

**Format and Method:** Parents complete a developmental checklist of the child’s functional abilities at home, and the interdisciplinary team observes and videotapes the child for 1-1 ½ hours during play. Team members complete a worksheet and hold a brief meeting after the observation period. Summary of each major domain including strengths, areas of need, rating, and justifications is compiled for a second meeting and a program planning meeting. Observation periods are lengthy, lasting from 60-90 minutes, with additional time to complete forms, review videotape, and meet with team members. The observation period is made up of 6 phases: unstructured facilitation, structured facilitation, child-child interaction, parent-child interaction, motor play, and snack.

**Source:** Baltimore: Paul H. Brooks
Vineland Adaptive Behavior Scales

Author: Sara Sparrow, David Balla, and Dominic Cicchetti

Purpose: - A measure of personal and social skills of a child in his daily situations, including the adaptive behaviors of children with disabilities.

Population: Children from 0-18 years

Format and Method: Clear instructions and a manual is included. Training is required for test administration. A parent, teacher, or health professional rates the child’s behaviors after conducting an interview with the respondent on a 3-point scale. The assessment requires 20-30 minutes, but longer to score.

Source: American Guidance Service Inc., 4201 Woodland Road, Circle Pines, MN 55014, (800) 328-2560
Vulpe Assessment Battery – Revised (VAB – R)

**Author:** Shirley German Vulpe

**Purpose:** To collect data about a child’s functional abilities in determining intervention.

**Population:** Children between 0-6 years of age with atypical developmental patterns related to medical or social conditions

**Format and Method:** Criterion referenced battery of performance tests, behavioral observations, interview and chart review consisting of 3 sections. 1) Assessment of Basic Senses and Functions (14 areas); 2) Assessment of 6 Domains of Developmental Behaviors: Gross Motor, Fine Motor, Language, Cognitive Processes, Adaptive Behaviors, and Activities of Daily Living; and 3) Assessment of the Environment. The assessment can be administered in any setting in whole or in part by a person familiar with the child.

**Source:** Published by: Slosson Education Publications, Inc., 1994, Po. Box 280, East Aurora, NY 14052 Tel. (800) 828-4800, Fax (800) 655-3840
12 Week Program

Week 1 – Orientation/Evaluation (Attention/Memory Skills/Listening skills)

Week 2 – Understanding and Identifying Feelings

Week 3 – Greetings and Manners

Week 4 – Taking Turns

Week 5 – Responsibility

Week 6 – Self-Esteem

Week 7 – Anger Management and Impulse Control

Week 8 – Problem Solving

Week 9 – Assertiveness

Week 10 – Cooperation

Week 11 – Review of skills and party planning

Week 12 – Party! (chucky cz, skateland, waterpark, go-cart, bowling, planet pizza, theatre)
Week 1 – Welcome to Kidzone
Dear Parents and Teachers,

This letter is your introduction to “Kidzone”, as a social skills program which your child/student will begin soon. This is a 12-week social skills program designed for children/student’s in grades 1-6 with social skills difficulties.

Skills addressed are feelings, greetings, manners, problem-solving, anger management, cooperation, assertiveness, self-esteem, coping, and impulse control. These skills are an important part of being able to get along with others. Getting along with others can improve a child’s/student’s ability to communicate with people. Everyone interacts with others on a daily basis, and being able to do it in an effective way allows a person to do extremely well in all areas of daily life.

This program will help to promote stronger communications skills not only in school and with friends, but also with teachers, parents, siblings, and etc. Programs such as these have been shown to increase children’s/student’s school performance; decrease behavior problems that occur in both the home and school setting; and boost a child’s self-esteem and ability to interact and react appropriately in all surroundings.

Your child/student can not be expected to complete this program on their own without support. As a role model and a person who is able to greatly influence the child/student, you are encouraged to take a responsibility to assist with carrying out the program. Homework assignments will be given frequently which require parent assistance and cooperation. A form will provided with homework assignments to get parent feedback. Teachers are informed of weekly lessons, and are encouraged to assist in carrying out the skills learned while the student is in class.

Thank you for your assistance, and cooperation. Because of your involvement, your child/student will have a better chance of succeeding socially and academically!

If you have any questions, please feel free to contact me by phone at:

( ) ______________________ , or email ________________________________

Sincerely,

______________________________

Occupational Therapist
Week 1 – Introduction to Kidzone
Grade 1-3

Icebreaker Activity

Objective – To get to know group members, share and exchange information, practice active listening

Materials – Group members and questions to identify, eraser board

Description – Group members will gather around the table in a circular fashion and take turns introducing themselves and sharing personal information. The leader will start first as an example sharing name, family dynamics (how many brothers/sisters, pets, etc.), and 2 things that they like to do for fun. The activity will continue in the circle until all group members have shared. The group member can write the information on the board for all to see. As well, the therapist can use the information in documentation of initial intake information provided by the children.

Group Activity: Welcome!

Objectives
1. Generate a welcoming and safe environment
2. Help students to understand the format, purpose, and goals of the group
3. Develop group rules
4. Allow the students to get to know one another

Materials – An interest checklist will be given to all children along with pencils

Description
1. Mention the following to the group members:
   - That this is a 12-week group
   - Group meets weekly on _______ (day of week)
   - Where to meet
   - Time the group meets and how long
2. Purpose of the group: The purpose of the group is to work on things that we all have in common. Ask the group members if they know what they all might have in common with each other? Or why they are in Kidzone? After the kids respond, explain that the group is to help them learn to get along with other people.
3. Explain the rewards system which consists of treats and small prizes that the therapist will rewards throughout weekly sessions when group members demonstrate appropriate participation, demonstration, sharing, role playing, and completing homework. Discuss that there will be a party awarded for the completion of the group.
4. In cooperation, allow the students to generate rules for group sessions and write them on a large sheet of paper that can be posted in the group members to see each group. Some rules to include might be: 1) ensuring that what is said in group doesn’t leave the room, 2) everyone participates equally, 3) everyone will work together to help one another, 4) good language (no swearing or put downs), 5)
take turns. 6) listen to others, 7) be respectful of others, and 8) any others that may apply.

5. Give each group member an interest checklist that you will select from the assessments available at your facility (an example one may be found in the assessment section of this manual). Have each member share 2 things that they enjoy doing with the group. Probe the children to see how often they take part in the activities, with whom, etc.

6. Conclude the group after all members have shared their interests.

7. No homework given the first week.
Week 1 – Introduction to Kidzone
Grade 4-6

Icebreaker Activity

Objective – To get to know group members, share and exchange information, practice active listening

Materials – Group members and questions to identify, eraser board

Description – Group members will gather around the table in a circular fashion and take turns introducing themselves and sharing personal information. The leader will start first as an example sharing name, family dynamics (how many brothers/sisters, pets, etc.), and 2 things that they like to do for fun. The activity will continue in the circle until all group members have shared. The group member can write the information on the board for all to see. As well, the therapist can use the information in documentation of initial intake information provided by the children.

Group Activity: Welcome!

Objectives

1. Generate a welcoming and safe environment
2. Help students to understand the format, purpose, and goals of the group
3. Develop group rules
4. Allow the students to get to know one another

Materials – An interest checklist will be given to all children along with pencils

Description

1. Mention the following to the group members:
   - That this is a 12-week group
   - Group meets weekly on ______ (day of week)
   - Where to meet
   - Time the group meets and how long
2. Purpose of the group: The purpose of the group is to work on things that we all have in common. Ask the group members if they know what they all might have in common with each other? Or why they are in Kidzone? After the kids respond, explain that the group is to help them learn to get along with other people.
3. Explain the rewards system which consists of treats and small prizes that the therapist will rewards throughout weekly sessions when group members demonstrate appropriate participation, demonstration, sharing, role playing, and completing homework. Discuss that there will be a party awarded for the completion of the group.
4. In cooperation, allow the students to generate rules for group sessions and write them on a large sheet of paper that can be posted in the group members to see each group. Some rules to include might be: 1) ensuring that what is said in group doesn’t leave the room, 2) everyone participates equally, 3) everyone will work
together to help one another, 4) good language (no swearing or put downs), 5) take turns. 6) listen to others, 7) be respectful of others, and 8) any others that may apply.

5. Give each group member an interest checklist that you will select from the assessments available at your facility (an example one may be found in the assessment section of this manual). Have each member share 2 things that they enjoy doing with the group. Probe the children to see how often they take part in the activities, with whom, etc.

6. Conclude the group after all members have shared their interests.

7. No homework given the first week.
Parent information for: Week 1 – Introduction to Kidzone

This week’s group is designed to introduce the schedule for the next 12 weeks. We will discuss the areas that the children have in common with each other and allow them the opportunity to get to know each other. At this time, they will have the chance to learn the basic rules of the group such as:

1) Ensuring that what is said in group doesn’t leave the room,  
2) Everyone participates equally,  
3) Everyone will work together to help one another,  
4) Good language (no swearing or put downs),  
5) Take turns.  
6) Listen to others,  
7) Be respectful of others, and  
8) Any others that may apply.

They will also get to share their interests.

This week’s session objectives were to:

1. Generate a welcoming and safe environment  
2. Help students to understand the format, purpose, and goals of the group  
3. Develop group rules  
4. Allow the students to get to know one another

Often times, your child may have homework assignments that are to be completed outside of the group period time. This week the kids were not assigned an outside homework task as this session was only to introduce the group.
Teacher information for: Week 1 – Introduction to Kidzone

This week's group is designed to introduce the schedule for the next 12 weeks. We will discuss the areas that the children have in common with each other and allow them the opportunity to get to know each other. At this time, they will have the chance to learn the basic rules of the group such as:

1) Ensuring that what is said in group doesn’t leave the room  
2) Everyone participates equally  
3) Everyone will work together to help one another  
4) Good language (no swearing or put downs)  
5) Take turns.  
6) listen to others  
7) Be respectful of others  
8) Any others that may apply.

They will also get to share their interests.

This week's session objectives were to:

1. Generate a welcoming and safe environment  
2. Help students to understand the format, purpose, and goals of the group  
3. Develop group rules  
4. Allow the students to get to know one another

Please follow through with objectives in the classroom accordingly. Give the child positive feedback when you see hi/her performing the skill learned and redirect when appropriate to assist with recognizing the need for skill use.

Feel free to contact with me at (___)_____________ if the child demonstrates difficulty in the topic areas this week.
Week 2 – Understanding and Identifying Feelings
Week 2 – Understanding and Identifying Feelings
Grades 1-3

Icebreaker Activity
Objective – To introduce feelings and the feeling chart (Emotions)
Materials – Emotions chart
Description – Students sit in a circle and the leader will share the Emotions chart that is posted on the board with the students. The therapist will explain that “our feelings are our own and no one forces us to feel this way.” The therapist will model an example (i.e. “I feel sad today because our dog ran away this weekend and I take responsibility for my feeling.”) Stress that feelings are natural and that if we do not express them appropriately we end up not sharing an important part of ourselves. NOTE: it is just as important to express negative feelings such as anger, hurt, and loneliness as it is to express positive feelings such as happiness, love, and friendship.

Group Activity: Feelings Treasure Hunt

Objectives
1. Assist with understanding feelings
2. Learn to recognize feelings
3. Practice displaying appropriate rules
4. Help kids demonstrate good participation

Materials – 2-3 sticker makers (can be bought at craft store for under $10), magazines, scissors, construction paper, treasure hunt picture list
**For this group use words and cartoon pictures from Emotions list to illustrate feelings and desired expectations.

Description
1. Discuss the importance of understanding what feelings and emotions are.
2. Explain to the group that they will be expected to use the magazines to find pictures of people with certain expressions that show how they are feeling (i.e. someone smiling, crying, yelling, etc.) and then place them on the appropriate square on their list.
3. Demonstrate how to use the sticker maker.
4. Split the group into smaller teams.
5. When the teams have found all of their list, bring the group together and share lists.
6. Ask members specific questions about their pictures...
   - Why does he/she look happy?
   - What makes you happy, sad, mad, scared, etc.

Role play scenarios
1. Charades. Give the child an emotion and have them practice acting it out. Can be done verbally or non-verbally. Make other group members guess the emotion being portrayed.
2. Discussion story example
Your dad says he will pick you up at 8 am Saturday morning, so you get up early you be ready. 8 o’clock comes and goes, 9 o’clock comes and goes and then 10 but still no dad. At first you’re eager for him to come then you wonder if he forgot, then you begin to get irritated that you got up early for nothing. As the time passes, you get more and more anger but you don’t say anything to anyone, you just watch T.V. Finally, at 3 pm he arrives. He says he forgot when it was that he was going to pick you up. By this time you are furious because the whole day seems wasted, but you still don’t say anything you just go along with him.

Sample Discussion Questions:

a. What do you think happens to [bad, angry, mad] feelings that you keep inside?

b. What do you think would happen if you talked about your feelings right away?

c. How could you use “I feel statements…”(i.e. I feel mad that you didn’t show up on time this morning.)

d. What would it be like if you told your parents how you were feeling?

3. Have them tell stories about time when they felt a certain emotion

a. Think of your last birthday...

b. Does your little sister ever...

c. Has your mom or dad ever said you can’t do something you wanted to do? What happens?
Week 2 – Understanding and Identifying Feelings
Grades 4-6

Icebreaker Activity

Objective – To introduce feelings and the feeling chart (Emotions)

Materials – Emotions chart

Description – Students sit in a circle and the leader will share the Emotions chart that is posted on the board with the students. The therapist will explain that “our feelings are our own and no one forces us to feel this way.” The therapist will model an example (i.e. “I feel sad today because our dog ran away this weekend and I take responsibility for my feeling.”) Stress that feelings are natural and that if we do not express them appropriately we end up not sharing an important part of ourselves. NOTE: It is just as important to express negative feelings such as anger, hurt, and loneliness as it is to express positive feelings such as happiness, love, and friendship.

Group Activity: Feelings Treasure Hunt

Objectives
1. Assist with understanding feelings
2. Learn to recognize feelings
3. Practice displaying appropriate rules
4. Help kids demonstrate good participation

Materials – 2-3 sticker makers (can be bought at craft store for under $10), magazines, scissors, construction paper, treasure hunt word list

Description
1. Discuss importance of understanding what feelings and emotions are.
2. Explain to the group that they will be expected to use the magazines to find pictures of people with certain expressions that show how they are feeling (i.e. someone smiling, crying, yelling, etc.) and then place them next to the appropriate word on their list.
3. Demonstrate how to use the sticker maker.
4. Split the group into smaller teams.
5. When the teams have found all of the words on their list, bring the group together and share lists.
6. Members will be asked to explain and support their answers.
7. Ask members specific questions about their pictures...
   - Why does he/she look happy?
   - What makes you happy, sad, mad, scared, etc.

Role play scenarios
1. Charades. Give the child an emotion and have them practice acting it out. Can be done verbally or non-verbally. Make other group members guess the emotion being portrayed.
2. Discussion story example
Your dad says he will pick you up at 8 am Saturday morning, so you get up early you be ready. 8 o’clock comes and goes, 9 o’clock comes and goes and then 10 but still no dad. At first you’re eager for him to come then you wonder if he forgot, then you begin to get irritated that you got up early for nothing. As the time passes, you get more and more anger but you don’t say anything to anyone, you just watch T.V. Finally, at 3 pm he arrives. He says he forgot when it was that he was going to pick you up. By this time you are furious because the whole day seems wasted, but you still don’t say anything you just go along with him.

Sample Discussion Questions:

a. What do you think happens to [bad, angry, mad] feelings that you keep inside?
b. What do you think would happen if you talked about your feelings right away?
c. How could you use “I feel statements…”(i.e. I feel mad that you didn’t show up on time this morning.)
d. What would it be like if you told your parents how you were feeling?

3. Have them tell stories about time when they felt a certain emotion

a. Think of your last birthday...
b. Does your little sister ever...
c. Has your mom or dad ever said you can’t do something you wanted to do? What happens?
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<td>sad</td>
<td>satisfied</td>
<td>shocked</td>
<td>shy</td>
<td>sorry</td>
</tr>
</tbody>
</table>

Emotional Treasure Hunt List
Grades 1-3

1. Sad

2. Happy

3. Mad

4. Scared

5. Excited

6. Love

7. Nervous
Emotional Treasure Hunt List
Grades 4-6

1. Happy
2. Sad
3. Nervous
4. Excited
5. Sorry
6. Love
7. Scared
8. Embarrassed
9. Lonely
10. Angry
Homework For Grades 1-6

1. Homework Assignment – Watch a movie with your family and after the movie, children will discuss how the movie made them feel and recall feelings expressed in the movie. The child should be asked to explain why they think the actor was feeling the way the child saw it. The child will then discuss their observations and feelings with the group.

2. Parent Evaluation – The evaluation will provide parent input on their child’s performance outside of the treatment session in order to determine generalization to other contexts. This evaluation is provided with the homework assignment.
Parent information for: Week 2-Understanding and Identifying Feelings

This week the kids completed a “Feelings Treasure Hunt.” This activity was designed to help the children identify feelings and emotions. The kids were to use magazine pictures to find different facial expressions and then match them to emotions they had via a provided list. They also completed some role-playing activities in which they played charades to act out emotions and had to guess what feeling their peers were trying to evoke.

This week’s session objectives were to:

1. Assist with understanding feelings
2. Learn to recognize feelings
3. Practice displaying appropriate rules
4. Help kids demonstrate good participation

This week the child’s homework assignment will be to watch a movie with their family. After the movie they should discuss how the movie made them feel and recall feelings they saw expressed in the movie. You should ask your child to explain why they think the actor was feeling the way he/she saw it. When the session meets next your child will then be able to use this to discuss with the group what they learned during the homework time.

Feel free to call anytime for further information (____)__________________________

Feedback about your child’s performance at home _____________________________

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___________________________________________

Parent/Guardian Signature               Student Signature

___________________________________________

Therapist Signature
Teacher information for: Week 2 – Understanding and Identifying Feelings

This week the kids completed a “Feelings Treasure Hunt.” This activity was designed to help the children identify feelings and emotions. The kids were to use magazine pictures to find different facial expressions and then match them to emotions they had via a provided list. They also completed some role-playing activities in which they played charades to act out emotions and had to guess what feeling their peers were trying to evoke.

This week’s session objectives were to:
1. Assist with understanding feelings
2. Learn to recognize feelings
3. Practice displaying appropriate rules
4. Help kids demonstrate good participation

Please follow through with objectives in the classroom accordingly. Give the child positive feedback when you see him/her performing the skill learned and redirect when appropriate to assist with recognizing the need for skill use.

Feel free to contact with me at (___)_________ if the child demonstrates difficulty in the topic areas this week.
Week 3 – Greetings and Manners
Week 3 – Greetings and Manners
Grades 1-3

Icebreaker Activity

Objective – To learn appropriate greetings; greetings in different contexts, and simple conversational skills
Materials – Eraser board and markers
Description – Discuss that if you do not know how to make introductions to people, you will have a hard time making friends. Sometimes we want to talk to someone, but just don’t know how to start. We are going to talk about ways to do that today. Have the members practice introducing themselves using the following format that has been written on the board.

Student 1: “Hi. My name is _______. What is your name?”
Student 2: “My name is _______. Nice to meet you.”

Group Activity: Get to know your neighbors

Objectives
1. Practice communication exchange
2. Make verbal requests from peers
3. Initiate conversation with peers
4. Practice using the skills learned in weeks 1 and 2

Materials – Activity worksheet questionnaire for grades 1-3

Description
1. Explain the activity to the children. Group members will be required to gather names from group members by asking each other if they have any of the items seen in the pictures (i.e. dog, cat, fish, bike, radio/cd player, etc). Group members will be required to first use the greetings learned during the icebreaker before requesting information on the worksheet.
2. Other expectations are to use their manners saying please and thank you for each request, and each child must ask another child in the group at least one question from the worksheet.
3. Group members will regroup and share their results. Leader will ask the children if they found someone who had a dog, etc., and ensure that all children were included.

Role play scenarios
1. The therapist will go around the room and ask group members
   - How would you ask me…
     • to go to the bathroom
     • if you had to sharpen your pencil
     • if you could go play with the neighbor
     • if you needed help to do something
2. Have people break up into pairs and practice asking for materials (May I borrow your pen please?)
Week 3 – Greetings and Manners
Grades 4-6

Icebreaker Activity:
Objective – To learn appropriate greetings; greetings in different contexts; and simple conversational skills
Materials – Eraser board and markers
Description – Discuss that if you do not know how to make introductions to people, you will have a hard time making friends. Sometimes we want to talk to someone, but just don’t know how to start. We are going to talk about ways to do that today. Have the members practice introducing themselves using the following format that has been written on the board.

Student 1: “Hi. My name is _______. What is your name?”
Student 2: “My name is _______. Nice to meet you.”

Group Activity: Get to know your neighbors

Objectives
1. Practice communication exchange
2. Make verbal requests from peers
3. Initiate conversation with peers
4. Practice using the skills learned in weeks 1 and 2

Materials – Activity worksheet questionnaire for grades 4-6

Description
1. Explain the activity to the children. Group members will be required to gather names from group members by asking each other if they have any of the items seen on the word list (i.e. dog, cat, fish, bike, radio/cd player, etc). Group members will be required to first use the greetings learned during the icebreaker before requesting information on the worksheet.
2. Other expectations are to use their manners saying please and thank you for each request, and each child must ask another child in the group at least one question from the worksheet.
3. Group members will regroup and share their results. Leader will ask the children if they found someone who had a dog, etc., and ensure that all children were included.

Role play scenarios
1. The therapist will go around the room and ask group members
   - How would you ask me...
   * to go to the bathroom
   * if you had to sharpen your pencil
   * if you could go play with the neighbor
   * if you needed help to do something
2. Have people break up into pairs and practice asking for materials (May I borrow your pen please?)
Gather pictures from your group members by asking each other if they have any of the objects on the pictures. If they say yes, have them write their name next to the picture.

1. Dog

2. Cat

3. CD player

4. Bike

5. Fish

6. Sister

7. Brother

8. Live in a house
Gather names from your group members by asking each other if they have any of the items/or like them seen on the word list. If they say yes, have them right their name on the line next to the object.

1. Dog
2. Cat
3. CD player
4. Bike
5. Fish
6. Sister
7. Brother
8. Live in a house
9. Live in an apartment
10. Like to swim
Homework For Grades 1-6

1. Homework Assignment – Parents allow the child to answer the phone during the week. The child will answer the phone saying “Hello” and asking how the person is doing (if they know them). If not, the child will say, “Yes, my mom is home. Can you please hold on a second while I get her.”

2. Parent Evaluation – The evaluation will provide parent input on their child’s performance outside of the treatment session in order to determine generalization to other contexts. This evaluation is provided with the homework assignment.
Parent information for: Week 3 – Greetings and Manners

This week the children completed an activity that required them to ask each other simple questions and learn how to do it appropriately. Time was spent learning how to say “hello”, “how are you?”, “my name is…”, etc. The children then used these skills to ask for information from their peers. Each child was given a list of things. They had to ask each other if the other person had the item on the list. For example, they might say, “Hi, my name is Billy. May I ask you a question? Do you have a cat?” If the child they were asking does have a cat at home then they could respond “Yes, I do. Thank you for asking.” This continued until they had all their items found.

This week’s session objectives were to:

1. Practice communication exchange
2. Make verbal requests from peers
3. Initiate conversation with peers
4. Practice using the skills learned in weeks 1 and 2

The homework assignment for the week will be for your child answer the phone all week. The child will answer the phone saying, “hello”, and asking how the person is doing (if they know them). If not, the child will say, “Yes, my mom is home. Can you please hold on a second while I get her.” The child is only expected to answer the phone while the parents are home. The parent will then be asked to fill out the evaluation sheet provided to grade the child’s performance and practicing of skills learned in group time. Your child will then bring this evaluation form to group with them and can discuss with their peers how they feel they did.

Feel free to call anytime for further information (____) ________________________________

Feedback about your child’s performance at home ________________________________

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______________________

Parent/Guardian Signature  Student Signature

______________________

Therapist Signature
This week the children completed an activity that required them to ask each other simple questions and learn how to do it appropriately. Time was spent learning how to say “hello,” “how are you?” “my name is...,” etc. The then children used these skills to ask for information from their peers. Each child was given a list of things. They had to ask each other if the other person had the item on the list. For example, they might say, “Hi, my name is Billy. May I ask you a question? Do you have a cat?” If the child they were asking does have a cat at home then they could respond “Yes, I do. Thank you for asking.” This continued until they had all their items found.

This week’s session objectives were to:

1. Practice communication exchange
2. Make verbal requests from peers
3. Initiate conversation with peers
4. Practice using the skills learned in weeks 1 and 2

Please follow through with objectives in the classroom accordingly. Give the child positive feedback when you see him/her performing the skill learned and redirect when appropriate to assist with recognizing the need for skill use.

Feel free to contact with me at (____)__________ if the child demonstrates difficulty in the topic areas this week.
Week 4 – Taking Turns
Week 4 – Taking Turns
Grades 1-3

Icebreaker Activity
Objective – Help children learn to take turns when interacting with others
Materials – Group members, participation, and deck of Uno cards
Description – The children will play one game of Uno according to the rules provided with the game in order to practice taking turns.

Group Activity: Bean Bag Bocce Ball

Objectives
1. Learn how to share.
2. Learn how to take turns.
3. Learn how to control frustration and anger.
4. Practice using the skills used in weeks 1-3

Materials – Three bean bags per set (each set of bean bags a different color), one black bean bag.

Description
1. Discuss rules of the game (the therapist will throw the black bean bag as the marker, the children take turns throwing their bean bags, one at a time, set up a point system that works for the children’s developmental level and count points for bean bags closest to the black starter bean bag). For example – the closest gets 5 points, 2\(^{nd}\) closest gets 4 points, and so on and so forth
2. Each member gets one set of bean bags
3. The leader will keep track of points
4. Children will be encouraged to use manners and share in participation of the game
5. Demonstrate responsibility toward game rules
6. The leader will award treats or prize by positive participation NOT based only on points
   - Remember to use your manners: in taking turns, when asking questions, etc.
7. Apply the skills learned during the activity. Refer to specific situations in which the therapist observed skills used.
   a. How would it feel if someone budged?
   b. Why is it important to take turns?
   c. Example: If Tommy [choose a group member’s name] took your bean bag and threw it out of turn, how would you react responsibly and with good manners?

Role play scenarios not appropriate this week, as they are incorporated in the group activity.
Week 4 – Taking Turns
Grades 4-6

Icebreaker Activity
Objective – Help children learn to take turns when interacting with others
Materials – Group members, participation, and deck of Uno cards
Description – The children will play one game of Uno according the rules provided with the game in order to practice taking turns.

Group Activity: Bean Bag Bocce Ball

Objectives
1. Learn how to share.
2. Learn how to take turns.
3. Learn how to control frustration and anger.
4. Practice using the skills used in weeks 1-3

Materials – Three bean bags per set (each set of bean bags a different color), one black bean bag.

Description
1. Discuss rules of the game (the therapist will throw the black bean bag as the marker, the children take turns throwing their bean bags, one at a time, set up a point system that works for the children’s developmental level and count points for bean bags closest to the black starter bean bag). For example – the closest gets 5 points, 2nd closest gets 4 points, and so on and so forth
2. Each member gets one set of bean bags
3. The leader will keep track of points
4. Children will be encouraged to use manners and share in participation of the game
5. Demonstrate responsibility toward game rules
6. The leader will award treats or prize by positive participation NOT based only on points
   • Remember to use your manners: in taking turns, when asking questions, etc.
7. Apply the skills learned during the activity. Refer to specific situations in which the therapist observed skills used.
   a. How would it feel if someone budged?
   b. Why is it important to take turns?
   c. Example: If Tommy [choose a group member’s name] took your bean bag and threw it out of turn, how would you react responsibly and with good manners?

Role play scenarios not appropriate this week, as they are incorporated in the group activity.
Homework For Grades 1-6

1. Homework Assignment – Take turns in completing chores. Develop a chore chart in which family members will take turns completing. Divide up responsibilities evenly among members for household tasks. Post the rules in a place that everyone can see them (i.e. fridge, pantry door, etc.) Be prepared to share with the group the rules, responsibilities, and manners that your family decided to work on.

2. Parent Evaluation – The evaluation will provide parent input on their child’s performance outside of the treatment session in order to determine generalization to other contexts. This evaluation is provided with the homework assignment.
Parent information for: Week 4-Taking Turns

This week we played a bean bag tossing game. It required the children to take turns and be patient while waiting for their turn. It also required the children to be aware of what was going on around them and pay attention to what they were doing. They were responsible for remembering the rules of the game. After the game, we discussed possible scenarios in which they would have to use manners. They responded to questions about how to ask for something appropriately and practiced this with each other.

This week’s session objectives were to:

1. Learn how to share.
2. Learn how to take turns.
3. Learn how to control frustration and anger.
4. Practice using the skills used in weeks 1-3

This week’s homework assignment is to develop a chore chart/house rules with family members. Develop a chore chart in which family members will take turns completing. Divide up responsibilities evenly among members for household tasks. Post the rules in a place that everyone can see them (i.e. fridge, pantry door, etc). The children should then be prepared to share with the group the rules, responsibilities, and manners that your family decided to work on.

Feel free to call anytime for further information ( )

Feedback about your child’s performance at home

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

Parent/Guardian Signature                      Student Signature

Therapist Signature
Teacher information for: Week 4 – Taking Turns

This week we played a bean bag tossing game. It required the children to take turns and be patient while waiting for their turn. It also required the children to be aware of what was going on around them and pay attention to what they were doing. They were responsible for remembering the rules of the game. After the game, we discussed possible scenarios in which they would have to use manners. They responded to questions about how to ask for something appropriately and practiced this with each other.

This week’s session objectives were to:

1. Learn how to share.
2. Learn how to take turns.
3. Learn how to control frustration and anger.
4. Practice using the skills used in weeks 1-3

Please follow through with objectives in the classroom accordingly. Give the child positive feedback when you see him/her performing the skill learned and redirect when appropriate to assist with recognizing the need for skill use.

Feel free to contact with me at (____)______________ if the child demonstrates difficulty in the topic areas this week.
Week 5 – Responsibility
Week 5 – Responsibility
Grades 1-3

Icebreaker Activity
Objective – To increase the responsibility in providing each other feedback
Materials – The game Guess Who?
Description – Participants will partake in the game Guess Who in teams of two, a red team and a blue team. The red team members will take turn asking questions to the blue team, and vice versa (see the game directions for specific rules).

Group Activity: Request Poster

Objectives
1. To practice making verbal requests
2. Incorporate skills learned from weeks 1-4
3. Emphasis on compliance with requests

Materials – poster board with written requests

Description
1. The leader will post the board in front of the room, accessible for all children to see
2. The poster board will contain verbal requests used on a daily basis or commonly by children, and unusual requests.
3. The children will take turns asking their partners to perform a specific request.
4. If the request is asked appropriately, using please and thank-yous, as well as appropriate initial greetings learned in week 3.
5. The child will not perform the requests if they are not appropriate such as: Can I copy your homework please; I like those sun glasses. Can I have them please?

Role Play Scenario
1. Georgina’s mom asked her before she left for school to take out the garbage, and let the dog out.
   • Has your mom ever asked you to do a chore like this?
   • Georgina forgot to do these before leaving for school, what will her mom say? Do you think that her mom will be mad?
   • Georgina’s mom told her that she could go to a friend’s house for a sleep over. Do you think that she should still be allowed to go?
   • What should she do now?
2. What are some things that your teachers may ask you to do? (be quiet, not talk when they are teaching, raise your hand when you want to speak, take turns, no yelling in the hallways, etc).
3. What are some things that your parents might ask? (do chores, not to bother them when they are busy or on the phone, get along with their siblings, don’t touch some of mommy and daddy’s things, etc)
4. What are things that friends might ask? (please don’t make fun of me, etc.)
Week 5 – Responsibility
Grades 4-6

Icebreaker Activity
Objective – To increase communication skills
Materials – The game Guess Who?
Description – Participants will partake in the game guess who in teams of two, a red team and a blue team. The red team members will take turn asking questions to the blue team, and vice versa. (see the game directions for specific rules)

Group Activity: Request Poster
Objectives
1. To practice making verbal requests
2. Incorporate skills learned from weeks 1-4
3. Emphasis on compliance with requests

Materials – poster board with written requests

Description
1. The leader will post the board in front of the room, accessible for all children to see
2. The poster board will contain verbal requests used on a daily basis or commonly by children, and also off the wall requests.
3. The children will take turns asking their partners to perform a specific request.
4. If the request is asked appropriately, using pleases and thank-yous, as well as appropriate initial greetings learned in week 3.
5. The child will not perform the requests if there are not appropriate (Can I copy your homework please; I like those sun glasses. Can I have them please?).

Role Play Scenario
1. Today is the day of a big slumber party for Georgina’s friend Tammi. Georgina’s mom asked her before she left for school to take out the garbage, and to let the dog out. She set the garbage next to the door, and forgot to let the dog out to go to the bathroom. When Georgina got home that day, her mom said that she could not go to the slumber party, and that she needed to go straight to her room, without TV, and to get busy on her homework.
   -Why do you think that Georgina was not allowed to go to the slumber party?
   -What should Georgina have done differently that morning?
   -If the dog had to go to the bathroom, why was it important for Georgina to remember to let Fluffy out?
2. Discuss some of your responsibilities that you have at home, and why is important to comply with requests.
   • What happens if you don’t bring your homework to class?
   • What if you do not listen to your gym teacher?
• Why should you listen to the lunch lady?
• Why should you listen to playground instructors?

3. What are some things that your teachers may ask you to do? (be quiet, not talk when they are teaching, raise your hand when you want to speak, take turns, no yelling in the hallways, etc).

4. What are some things that your parents might ask? (do chores, not to bother them when they are busy or on the phone, get along with their siblings, don’t touch some of mommy and daddy’s things, etc)

5. What are things that friends might ask? (please don’t make fun of me, etc.)
Homework For Grades 1-6

1. Homework Assignment – Each member and parent will be given a task to complete. The parent will request 3 things to be done during (i.e. be responsible to walk the dog, change the litter box, do/fold the laundry, vacuum, put dishes away, don’t argue with your sibling, go to bed on time, please don’t yell when I am on the phone, etc.) the week and grade the child on how they did.

2. Parent Evaluation – The evaluation will provide parent input on their child’s performance outside of the treatment session in order to determine generalization to other contexts. This evaluation is provided with the homework assignment.
This week we played a game of guess who and used a request poster in class. Members were allowed to practice making requests of each other using greeting and appropriate manners learned in week 3, and complying with the requests.

**This week’s session objectives were to:**
1. Practice making verbal requests
2. Incorporate skills learned from weeks 1-4
3. Emphasize compliance with requests

This week’s homework assignment is for each member to complete a task. This will be done by parents requesting 3 things to be done during the week (i.e., be responsible to walk the dog, fold the laundry, change the litter box, vacuum, go to bed on time, do not yell please, etc.). Parents are encouraged to grade your child’s ability to obey on a scale of 1-5. (1 = did not do task, 2 = followed through poorly, 3 = good-o.k. follow through, 4 = excellent follow through). Please fill in the task performed and circle the rank of your child’s performance.

Task 1: ________________________________
1 2 3 4

Task 2: ________________________________
1 2 3 4

Task 3: ________________________________
1 2 3 4

Feel free to call anytime for further information (____) __________________________

Feedback about your child’s performance at home ________________________________

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Parent/Guardian Signature

Student Signature

Therapist Signature
Teacher information for: Week 5 – Responsibility

This week we played a game of guess who and used a request poster in class. Members were allowed practice making requests of each other using greeting and appropriate manners learned in week 3, and complying with the requests.

This week’s session objectives were to:

1. Practice making verbal requests
2. Incorporate skills learned from weeks 1-4
3. Emphasize compliance with requests

Please follow through with objectives in the classroom accordingly. Give the child positive feedback when you see him/her performing the skill learned and redirect when appropriate to assist with recognizing the need for skill use.

Feel free to contact with me at (___)____________ if the child demonstrates difficulty in the topic areas this week.
Week 6 – Self-Esteem
Week 6 – Self-Esteem
Grades 1-3

Icebreaker Activity

Objective – Group members will define and state positive self-accomplishments
Materials – Each member will need a pencil and a piece of paper
Description – Group members will have 5 minutes to write 3 things that they are good at and share 1-2 of them with the group.

Group Activity: “Map of Me”

Objectives
1. Facilitate collaborative work among group members to learn how to ask more personal questions of peers
2. Utilize previously learned skills from weeks 1-5
3. Enhance and practice social interactions with peers
4. Identify things that the child is good at and develop a visual product with positive accomplishments, words, pictures, etc.
5. Introduce positive thinking, and how to respond to positive feedback
6. Introduce a healthy self-esteem and self-concept,
7. Promote sharing of materials with other group members

Materials – Small body drawing, crayons, pencils, markers, scissors, magazines, and tape/glue. There should be enough resources available so that 2-3 group members must share a set of each of the above materials.

Description
1. The leader will lay out required supplies to allow the participants to draw and/or put pictures on their small body drawing that illustrate positive and negative things about them. (The leader should have an example product to show students hanging in the room, and go over it with the class before starting.)
2. After 20 minutes remind group members to finish up their products and clean up supplies.
3. Ask for volunteers to share their picture with the class. Before the volunteers share, instruct the children to listen and share on thing that they liked about each member’s drawing. For example, Timmy might say “Cool, I am a good bike rider too.”
4. At the conclusion of the activity, participants will discuss how they felt about the activity and about sharing good and bad qualities about themselves with others. (Was it easy/difficult, why is it good to talk about the things we are good at, is it good to know about some of the things we are bad at?, etc.)

Role play scenario
a. Have participants share with each other positive things about themselves. For example, “I got an A on my test, and I feel smart.”

b. Go around the room and state “I feel good when...” (ex: when someone tells me they like me, when someone compliments my outfit, etc)
b. Cara always makes fun of Claire everyday about his freckles.
   - How do you think this makes Claire feel?
   - What could Claire say to Cara to let her know how she is feeling?
Week 6 – Self-Esteem
Grades 4-6

Icebreaker Activity
Objective – Group members will define and state positive self-accomplishments
Materials – Each member will need a pencil and a piece of paper
Description – Group members will have 5 minutes to write 3 things that they are good at and share 1-2 of them with the group.

Group Activity: “Map of Me”

Objectives
1. Facilitate collaborative work among group members to learn how to ask more personal questions of peers
2. Utilize previously learned skills from weeks 1-5
3. Enhance and practice social interactions with peers
4. Identify things that the child is good at and develop a visual product with positive accomplishments, words, pictures, etc.
5. Introduce positive thinking, and how to respond to positive feedback
6. Introduce a healthy self-esteem and self-concept,
7. Promote sharing of materials with other group members

Materials – Large piece of paper (different colors if available), crayons, pencils, markers, scissors, magazines, tape/glue. There should be enough materials so that 2-3 group members must share a set of each of the supplies.

Description
1. Have individuals draw and/or put pictures on their billboard that illustrate positive things about them. The leader should have an example product to show students hanging in the room, and go over it with the class before starting.
2. After 20 minutes remind group members to finish up their products and clean up supplies.
3. Ask for volunteers to share their billboard with the class. Encourage members to ask each other questions. Ask for volunteers to share their picture with the class. Before the volunteers share, instruct the children to listen and share on thing that they liked about each member’s drawing. For example, Timmy might say “Cool, I am a good bike rider too.”
4. At the conclusion of the activity, participants will discuss how they felt about the activity and about sharing good qualities about themselves with others. (Was it easy/difficult, why is it good to talk about the things we are good at, is it good to know about some of the things we are bad at?, etc.)

Role play scenario
a. Have participants share with each other positive things about themselves. For example, “I got an A on my test, and I feel smart.”
c. Go around the room and state “I feel good when…” (ex: when someone tells me they like me, when someone compliments my outfit, etc)
d. Cara always makes fun of Claire everyday about his freckles.
   - How do you think this makes Claire feel?
   - What could Claire say to Cara to let her know how she is feeling?
## Feeling Good About Myself

Share what you do well or like about yourself in each category. There are examples provided, Steven and Suzanne.

<table>
<thead>
<tr>
<th>The Person I am</th>
<th>Friends</th>
<th>Schoolwork</th>
<th>Hobbies/Sports</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steven: friendly, sad</td>
<td>have lots</td>
<td>like computer stuff</td>
<td>good baseball player</td>
<td>new stepmom and stepbrother</td>
</tr>
<tr>
<td>Suzanne: quiet, smart</td>
<td>would like to make more</td>
<td>like math</td>
<td>on the swim team</td>
<td>Mom, Bug (my dog), and me</td>
</tr>
<tr>
<td>You:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Adapted from:

Homework For Grades 1-6

1. Homework Assignment – Group members will fill out the *Feeling Good About Myself Worksheet*, which includes positives about friends, parents, schoolwork, hobbies, sports, and family member. This worksheet helps children to recognize personal qualities about themselves in each of these areas. Children that are unable to write will do the sheet with parents or caregiver.

2. Parent Evaluation – The evaluation will provide parent input on their child’s performance outside of the treatment session in order to determine generalization to other contexts. This evaluation is provided with the homework assignment.
Parent information for: Week 6 – Self-Esteem

This week’s group is designed to address self-esteem. Feeling good about yourself and the things that you are able to do is a big part of getting along with others. Often times people have a difficult time in social situations because they feel insecure about themselves. In this group, the children gave each other positive feedback and words of encouragement in order for them to look at positive qualities that they have.

This week’s session objectives were to:

1. Facilitate collaborative work among group members
2. Utilize previously learned skills from weeks 1-5
3. Enhance and practice social interactions with peers
4. Identify things that the child is good at and develop a visual product with positive accomplishments, words, pictures, etc.
5. Introduce positive thinking, and a healthy self-esteem and self-concept
6. Promote sharing of materials with other group members

This week’s homework assignment is to fill out the *Feeling Good About Myself Worksheet*, which includes positives about friends, parents, schoolwork, hobbies, sports, and family member. Children who are unable to write should complete the sheet with parents or caregiver.

Feel free to call anytime for further information (____)________________________

Feedback about your child’s performance at home ________________________________

____________________________________

____________________________________

____________________________________

____________________________________

____________________________________

Parent/Guardian Signature

Student Signature

Therapist Signature
Teacher information for: Week 6 – Self-Esteem

This week’s group is designed to address self-esteem. Feeling good about yourself and the things that you are able to do is a big part of getting along with others. Often times, people have difficulty in social situations because they feel insecure about themselves. In this group, the children gave each other positive feedback and words of encouragement in order for them to look at positive qualities that they have.

This week’s session objectives were to:

1. Facilitate collaborative work among group members
2. Utilize previously learned skills from weeks 1-5
3. Enhance and practice social interactions with peers
4. Identify things that the child is good at and develop a visual product with positive accomplishments, words, pictures, etc.
5. Introduce positive thinking, and a healthy self-esteem and self-concept
6. Promote sharing of materials with other group members

Please follow through with objectives in the classroom accordingly. Give the child positive feedback when you see him/her performing the skill learned and redirect when appropriate to assist with recognizing the need for skill use.

Feel free to contact with me at (___)___________ if the child demonstrates difficulty in the topic areas this week.
Week 7 – Anger Management and Impulse Control
Week 7 – Anger Management and Impulse Control
Grades 1-3

Icebreaker Activity

Objective – Introduce concept of self-control
Materials – A decorated shoe box that contains treats or prizes for the end of the activity
Description – The leader will place the box in the center of the table and explain the rules
   1) No touching the box
   2) Don’t ask questions about what is in the box
   3) No peeking
   4) Don’t talk about the box once we start the group activity

Group members will talk about the contents of the box without revealing what is actually in it. The therapist will emphasize the point of trust and honesty, and that no one can know the contents until the end. After a few minutes of discussion, the leader will leave the room, pretending to get something that was forgotten. The leader will observe the children through a window or with door cracked to watch and listen to see if they are able to control their impulses and behaviors, and following the rules. After 2 minutes, the leader will return to the room (if someone peeks, walk in the room as they are looking). Ask the member if they complied with the rules, and did not peek into the box. Ask group members if they wanted to peek, stating that you would want to peek? Why didn’t you peek? How did you stop yourself from peeking? The leader will keep the box in the middle of the table as an ongoing activity during the next activity. The group members will follow the rules for the box and will not be talked about until the end of group.

Group Activity: Understanding the Ripple Effect

Objectives
1. Increase personal responsibility.
2. Understand how behaviors, actions and decisions affect other areas of our lives.
3. By taking the time to consider possible effects of one’s actions, one can accept responsibility and develop better ways to deal with certain situations.
4. Improve impulsive behaviors and responses to angering situations.
5. Practice skills learned in weeks 1-6.

Materials – What is Anger?, pencils, small pool/plastic container of water, 5 floating objects (rubber ducky, boat, floating toys), 3 light colored rocks (small, medium, large) for each kid, permanent markers, markers and marker board

Description
1. Therapist will set up pool and objects and have it covered for later use
2. Complete the What is Anger? worksheet
3. Discuss these triggers and symptoms – It is OK to have these feelings and identify the symptoms experienced to help them manage their anger
4. Have children write down a name of a person, or a circumstance that happen that cause the child to become angry on the rocks (small=least angry,
medium=moderate anger, and large=angriest). Assist the children with writing if needed.

5. Discuss significance behind the size of the rocks with the amount of anger it portrays

6. Uncover the pool and write on the board the significance of the 5 floating objects on the board (people and things around you, school work, health, family, and friends)

7. Instruct all children to toss the small rock into the pool on the count of 3 and have them observe the effects of the rock; then the medium rock; then the large rock

8. Discuss the observations noted during the activity – What was the difference between the little rock, and the big rock? Have the kids explain what they thought was happening to the objects in the pool.

9. The therapist should be observant of the way in which the children throw the rock (hard, soft, underhand, overhand), and be ready to ask the child why he threw the rock a certain way. (Did you notice that when you threw the rock into the pool you caused a splash? Sometimes even little things can cause a bigger mess than they need to be, etc. Continue to process with the children based on observations).

Role play scenarios

Read over the situations below, and discuss coping statements that you might use to deal with them. For example 1) Stop and assess the situation (consequences of action), 2) Determine how you feel according to personally identified triggers, 3) Determine how you are going to deal with the situation.

1. Student 1: I want to play Candyland so if you don’t want to play go away!
   Student 2: Feels very upset and tries to decide whether or not to play.

2. Parent: You need to settle down or you need to go out and wait in the car with your brothers (at grocery store, church)!
   Child: Feels mad because you are just trying to help out.

3. Teacher: You have to scrape all the gum off the bottom of the tables after school because you were chewing gum in class.
   Student: You feel mad because you want to go play with your friends on the playground.
Week 7 – Anger Management and Impulse Control
Grades 4-6

Icebreaker Activity

Objective – Introduce concept of self-control
Materials – A decorated shoe box that contains treats or prizes for the end of the activity
Description – The leader will place the box in the center of the table and explain the rules
   1) No touching the box
   2) Don’t ask questions about what is in the box
   3) No peeking
   4) Don’t talk about the box once we start the group activity

Group members will talk about the contents of the box without revealing what is actually in it. The therapist will emphasize the point of trust and honesty, and that no one can know the contents until the end. After a few minutes of discussion, the leader will leave the room, pretending to get something that was forgotten. The leader will observe the children through a window or with door cracked to watch and listen to see if they are able to control their impulses and behaviors, and following the rules. After 2 minutes, the leader will return to the room (if someone peeks, walk in the room as they are looking). Ask the member if they complied with the rules, and did not peek into the box. Ask group members if they wanted to peak, stating that you would want to peek? Why didn’t you peek? How did you stop yourself from peeking? The leader will keep the box in the middle of the table as an ongoing activity during the next activity. The group members will follow the rules for the box and will not be talked about until the end of group.

Group Activity: Understanding the Ripple Effect

Objectives
   1. Increase personal responsibility.
   2. Understand how behaviors, actions and decisions affect other areas of our lives.
   3. By taking the time to consider possible effects of one’s actions, one can accept responsibility and develop better ways to deal with certain situations.
   4. Improve impulsive behaviors and responses to angering situations.
   5. Practice skills learned in weeks 1-6.

Materials – What is Anger?, pencils, small pool/plastic container of water, 5 floating objects (rubber ducky, boat, floating toys), 3 light colored rocks (small, medium, large) for each kid, permanent markers, markers and marker board

Description
   1. Therapist will set up pool and objects and have it covered for later use
   2. Complete the What is Anger? worksheet
   3. Discuss these triggers and symptoms – It is OK to have these feelings and identify the symptoms experienced to help them manage their anger
4. Have children write down a name of a person, or a circumstance that happen that cause the child to become angry on the rocks (small=least angry, medium=moderate anger, and large=angriest)
5. Discuss significance behind the size of the rocks with the amount of anger it portrays
6. Uncover the pool and write on the board the significant of the 5 floating objects on the board (people and things around you, school work, health, family, and friends)
7. Instruct all children to toss the small rock into the pool on the count of 3 and have them observe the effects of the rock; then the medium rock; them the large rock
8. Discuss the observations noted during the activity – What was the difference between the little rock, and the big rock? Have the kids explain what they thought was happening to the objects in the pool.
9. The therapist should be observant of the way in which the children throw the rock (hard, soft, underhand, overhand), and be ready to ask the child why he threw the rock a certain way. (Did you notice that when you threw the rock into the pool you caused a splash? Sometimes even little things can cause a bigger mess than they need to be, etc. Continue to process with the children based on observations).

Role play scenarios
Read over the situations below, and discuss coping statements that you might use to deal with them. For example 1) Stop and assess the situation (consequences of action), 2) Determine how you feel according to personally identified triggers, 3) Determine how you are going to deal with the situation.
1. Student 1: Let me copy your homework. If you don’t let me copy, I will tell Ms. Smith that you copied yours from Jeffery.
   Student 2: Feels very upset and tries to decide whether or not to give the homework.
2. Parent: You can’t go to the show. You have to clean your room completely, including the closets.
   Child: Feels furious because parent previously gave permission to go.
3. Coach: I want you to go out there and hit that ball over the fence, or you can get off the team right now.
   Player: Becomes angry and can hardly walk to the plate without crying.
4. Principle: You’ll have to stay after school every night for 2 weeks for writing on the lockers.
   Student: Becomes angry because the other student who got caught gets away with it without any punishment.
What is Anger?

Anger is a strong feeling that is normal. You usually have this feeling when you feel hurt about something. Everybody feels angry sometimes, and you have a right to feel angry. The key is to be in charge of your anger.

Common symptoms of anger:

Physical symptoms:
- clenching your teeth
- headaches
- sweaty palms
- dizzy
- stomachaches
- red face

Feelings:
- like running away
- sad
- scared
- unsure
- like lashing out

Behavior:
- crying, yelling, or screaming
- talk back
- harming others intentionally (hitting, kicking, biting)
- breaking, and throwing objects

What are some things that you do when you become angry?

Ways to control my anger:
- Do physical activities – housework, playing with friends at the park, sports
- Asking someone you trust for help (mom, dad, teacher, therapist)
- Writing a letter to the person that you are mad at and keep it or destroy it, or pretend that you are sitting across from the person and talk to them
- Use I feel statements
- Take a time out
Anger Styles
There are 3 types of anger styles that people use when they become mad.

Stuffing
People who stuff their anger away try to ignore it and say they are not angry when they really are.

Reasons why we may stuff:
- Fear of hurting others feelings
- Scared that others will not like you
- Feel that you are not supposed to be angry

Problems with stuffing:
- Anger comes out – regardless
- Can hurt relationships with family and friends
- Bad for your health

Elevating
Some people try really hard to control their anger, but lose control and become very angry.

Reasons why we have growing anger:
- learned it from my family
- I have to show that I am tough
- I just got so mad and I couldn’t stop it

Problems with growing anger:
- May hurt someone
- May break things
- Hurts relationships with family and friends

Managing
Being able to control your anger is the best style to use. This allows you to be open and honest about how you are feeling in a positive way so that you or others do not get hurt.

Rate you anger - On a scale of 1-5, rate how angry you would feel in the following situations: 1=no anger, 2=a little irritated, 3=upset, 4=angry, 5=very angry

1. You overheard people calling you and your family names on the bus
2. Your teacher tells you to sit down and be quiet when you are trying to ask a friend a question about your homework
3. Your mom and dad tell you that you are grounded because you did not come straight home from school
4. Your brother or sister used and broke one of your favorite toys without first asking permission to borrow it
5. You get detention for not having your homework done even though you were sick the night before
6. You feel like nobody is listening to you...
Homework For Grades 1-6

1. Homework Assignment – For homework, the children will fill out the Anger Styles worksheet tonight, and practice at least one of the techniques throughout the next week and write the dialogue down to bring to class next time. Have the child be ready to share experiences next week.

2. Parent Evaluation – The evaluation will provide parent input on their child’s performance outside of the treatment session in order to determine generalization to other contexts. This evaluation is provided with the homework assignment.
Parent information for: Week 7 – Anger Management and Impulse Control

This week focused on anger management and impulse control. The kids discussed what types of physical signs and symptoms they demonstrate when they are angry, and the importance of recognizing “triggers” to prevent bad situations when they become angry. The children discussed different reasons for anger and took part in a demonstration to show the effects of anger on the people and things around them. The kids used rocks as representations of what makes them angry, and were asked to toss them into a pool of water. The rocks created ripples or waves in the water and upset other objects in the pool. Afterwards, we discussed how this affects other people and what to do in order to prevent the “ripple effect.”

This week’s session objectives were to:

1. Increase personal responsibility.
2. Understand how behaviors, actions and decisions affect other areas of our lives.
3. Develop better ways to deal with certain situations.
4. Improve impulsive behaviors and responses to angering situations.
5. Practice skills learned in weeks 1-6.

This week’s homework assignment is to fill out the Anger Styles worksheet, which includes stuffing, elevating, and managing anger. When your child is finished with the worksheet, review it with him/her, and at times when your child demonstrates anger, remind the child to use one of the 5 strategies identified to manage anger. If your child is unable to write, please do the sheet with your child.

Feel free to call anytime for further information ( ) __________________________

Feedback about your child’s performance at home __________________________

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Parent/Guardian Signature                          Student Signature

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Therapist Signature

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Teacher information for: Week 7 – Anger Management and Impulse Control

This week focused on anger management and impulse control. The kids discussed what types of physical signs and symptoms they demonstrate when they are angry, and the importance of recognizing “triggers” to prevent bad situations when they become angry. The children discussed different reasons for anger and took part in a demonstration to show the effects of anger on the people and things around them. The kids used rocks as representations of what makes them angry, and were asked to toss them into a pool of water. The rocks created ripples or waves in the water and upset other objects in the pool. Afterwards, we discussed how this affects other people and what to do in order to prevent the “ripple effect.”

This week’s session objectives were to:

1. Increase personal responsibility.
2. Develop better ways to deal with certain situations.
3. Improve impulsive behaviors and responses to angering situations.
4. Practice skills learned in weeks 1-6.

Please follow through with objectives in the classroom accordingly. Give the child positive feedback when you see him/her performing the skill learned and redirect when appropriate to assist with recognizing the need for skill use.

Feel free to contact with me at (___)______________ if the child demonstrates difficulty in the topic areas this week.
Week 8 – Problem-Solving
Week 8 – Problem-Solving
Grades 1-3

Icebreaker Activity

Objective – Define problem solving
Materials – Group members, markers and marker board
Description – The therapist will look up the definitions of the terms problem and problem solving in the dictionary. The therapist will write the term problem solving and ask the children if they know what the term means. Ask the group members to share problems that they have experienced. Process with the group about different situations that could be problematic, and help the group to realize positive and beneficial ways to deal and get through situations that arise.

Group Activity: Clue Jr.

Objectives
1. Practice problem solving skills in game based activity
2. Work on memory, attention to the task, and recognition skills
3. Practice skills learned in weeks 1-7

Materials – The game Clue Jr. and pencils

Description
1. Group members will review the game rules for Clue Jr. and play the game with members
2. The game will continue until someone figures out “who did it” or whoever is closest after 30 minutes
3. After the game, discuss the skills, that the child used during the game to figure out and solve problems (deduction, reasoning, choosing, memory); discuss how sequencing and taking your time to look at all the different scenarios can help determine the best solution

The five step process of problem solving includes:
• Identify the problem
• Think of solutions
• Evaluate solutions (Is it safe; is it fair; how might people feel; will it work)
• Select, plan, and try the solution
• Determine if the solution worked, and what will you do next?

Role play activities
Introduce and practice problem solving scenarios with four or five note cards with different problem-solving activities
1. Your friend asks you to help him beat up another kid on the play ground. What should you do?
2. Tonight your friends are all going to Skateland, but you know you have homework and chores to do. What should you do?
3. You just arrived to school and realize that you forgot your costume for your play you have at school? What steps do you take to deal with this situation?
4. You were playing catch in the living room with your sister even though you know you were not supposed to, and you knock over a vase from the table? What should you do?

5. You overheard your friends talking about you behind your back. Do you go over and hit them? What should you do?
Week 8 – Problem-Solving
Grades 4-6

Icebreaker Activity

Objective – Define problem solving
Materials – Group members, markers and marker board
Description – The therapist will look up the definitions of the terms problem and problem solving in the dictionary. The therapist will write the term problem solving and ask the children if they know what the term means. Ask the group members to share problems that they have experienced. Process with the group about different situations that could be problematic, and help the group to realize positive and beneficial ways to deal and get through situations that arise.

Group Activity: Clue Jr.

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2. Work on memory, attention to the task, and recognition skills
3. Practice skills learned in weeks 1-7

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5. You overheard your friends talking about you behind your back. Do you go over and hit them? What should you do?
Homework For Grades 1-6

1. Homework Assignment – Parents will observe the child during the week, and give prompts at times to use the skills learned in group to determine appropriate solutions.

   The five step process of problem solving includes:
   1. Identify the problem
   2. Think of solutions
   3. Evaluate solutions (Is it safe; is it fair; how might people feel; will it work)
   4. Select, plan, and try the solution
   5. Determine if the solution worked, and what will you do next?

   Parents will provide positive reinforcement when the child makes positive problem solving choices. Parents will record the child’s performance and the child will report the information at the next session.

2. Parent Evaluation – The evaluation will provide parent input on their child’s performance outside of the treatment session in order to determine generalization to other contexts. This evaluation is provided with the homework assignment.
Parent information for: Week 8 – Problem-Solving

This week the kids discussed problem solving by practicing real life problem based scenarios and had to figure out how to solve the problems in a positive manner. Members practiced problem solving abilities in a game of clue, by using the skills needed for problem solving (paying attention, memory, and listening skills). The five step process of problem solving includes:
- Identify the problem
- Think of solutions
- Evaluate solutions (Is it safe; is it fair; how might people feel; will it work)
- Select, plan, and try the solution
- Determine if the solution worked, and what will you do next?

This week’s session objectives were to:

1. Practice problem solving skills in game based activity
2. Work on memory, attention to the task, and recognition skills
3. Practice skills learned in weeks 1-7

The homework assignment is for parents to observe the child during the weeks, and give prompts at times to use the skills learned in group to determine appropriate solutions. Parents should provide positive reinforcement when the child makes positive problem solving choices. Parents should record the child’s performance and the child will report the information at the next session.

Feel free to call anytime for further information ( )

Feedback about your child’s performance at home

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Parent/Guardian Signature

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Student Signature

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Therapist Signature
Teacher information for: Week 8 – Problem-Solving

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- Select, plan, and try the solution
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2. Work on memory, attention to the task, and recognition skills
3. Practice skills learned in weeks 1-7

Please follow through with objectives in the classroom accordingly. Give the child positive feedback when you see him/her performing the skill learned and redirect when appropriate to assist with recognizing the need for skill use.

Feel free to contact with me at (____)____________ if the child demonstrates difficulty in the topic areas this week.
Week 9 – Assertiveness
Week 9 – Assertiveness
Grades 1-3

Icebreaker Activity

Objective – To introduce students to, define, and differentiate assertiveness, aggressiveness, and passiveness.

Materials – Assertive Response worksheet and pencils

Description – Define the 3 terms with the children and write them on the marker board where all children can see. Read 5-6 of the sentences on the worksheet and have the children determine which term the sentence relates to. For example: Read, “I am loud, bossy, and pushy.” Ask the children which type of response that is. The students will answer aggressive, and the leader will discuss other ways of stating the sentence in an assertive way; if the students answer incorrectly, discuss with them why it is incorrect and an appropriate assertive way to state the sentence.

Group Activity: Alexander Assertive

Objectives
1. Practice using assertive communication with each other
2. Recognize the 3 types of communication styles
3. Be aware of the advantages of being assertive rather than the other styles of communication

Materials – Group members, marker board with definitions already on the board

Description
1. Place 2 chairs in the front of the room facing each other
2. Have 2 group members sit in the chairs and act out scenarios below
3. Instruct the members to use certain communication styles
4. The students will act out the scenario via script
5. The group will then discuss what communication styles were used and how they could have changed their communication style to be more assertive
6. The activity will continue so that each member has a turn in the front of the room

Role Play Scenarios
State the scenario to 1-2 group members and have them share how they can assertively respond to the statements below.
1. A friend wants to borrow your brand new bike and you don’t want to lend it out.
2. You mom wants you to come in from playing outside and do your homework now.
3. Your teacher tells you to be quiet even though you were not the one who was talking in class; it was the person behind you.
4. You are doing your homework when your neighbor comes over and asks you to go to the park and play.
5. You want to buy a toy at the store, and feel like you need an allowance for chores that you can do.
6. Your sister hits you on the head for no reason, grabs your toy, and runs away.
Week 9 – Assertiveness
Grade 4-6

Icebreaker Activity
Objective – To introduce students to, define, and differentiate assertiveness, aggressiveness, and passiveness.
Materials – Assertive Response worksheet and pencils
Description – Define the 3 terms with the children and write them on the marker board where all children can see. Read 5-6 of the sentences on the worksheet and have the children determine which term the sentence relates to. For example: Read, “I am loud, bossy, and pushy.” Ask the children which type of response that is. The students will answer aggressive, and the leader will discuss other ways of stating the sentence in an assertive way; if the students answer incorrectly, discuss with them why it is incorrect and an appropriate assertive way to state the sentence.

Group Activity: Alexander Assertive
Objectives
1. Practice using assertive communication with students
2. Recognize the 3 types of communication styles
3. Be aware of the advantages of being assertive rather than the other styles of communication

Materials – Group members and marker board with definitions already on the board

Description
1. Place 2 chairs in the front of the room facing each other
2. Have 2 group members sit in the chairs and act out scenarios below
3. Instruct the members to use certain communication styles
4. The students will act out the scenario via script
5. The group will then discuss what communication styles were used and how they could have changed their communication style to be more assertive
6. The activity will continue so that each member has a turn in the front of the room

Role Play Scenarios
State the scenario to 1-2 group members and have them share how they can assertively respond to the statements below.
1. A friend wants to borrow your brand new bike and you don’t want to lend it out.
2. You mom wants you to come in from playing outside and do your homework now.
3. Your teacher tells you to be quiet even though you were not the one who was talking in class; it was the person behind you.
4. You are doing your homework when your neighbor comes over and asks you to go to the park and play.
5. You want to buy a toy at the store, and feel like you need an allowance for chores that you can do.
6. Your sister hits you on the head for no reason, grabs your toy, and runs away.
Response Worksheet – Assertive, Passive, or Aggressive

For the situations below, circle whether the answers are assertive, aggressive, or passive responses.

Example:
Boy: “I wish you would dye your hair blonde.”
Girl: “Why don’t you go jump in the lake?” – Aggressive
“Sure, anything you want.” – Passive
“I like to choose my own hairstyle.” – Assertive

Teacher: “Your homework is very messy. Do it over.”
Student: “Uh, OK, Mrs. Johnson. I know I am a really big slob.

Assertive      Passive      Aggressive

Girl: “Will you get my notebook from my locker for me after math?”
Friend: “Sorry, I can’t do it today.”

Assertive      Passive      Aggressive

Jerry: “Mrs. Thomas, I missed eight spelling words on the last test.”
Teacher: “well, that was a stupid thing for you to do.”

Assertive      Passive      Aggressive

Coach: “Why are you late for practice today?”
Brian: “It is none of your darn business.”

Assertive      Passive      Aggressive

Dana: “Don’t play with Karl anymore, or I will make sure that you never have any friends”
Sara: “OK, Dana, anything that you say.

Assertive      Passive      Aggressive

Mom: “Can you take out the garbage?”
Child: “No, I always have to do it. You never make Sally do it.”

Assertive      Passive      Aggressive

Brother: “Do you want to come with me and my friends to the park today?”
Sister: “I would love to, but I have to do my homework first.”

Assertive      Passive      Aggressive
Homework For Grades 1-6

1. Homework Assignment – Students will practice using assertive communication with family, friends, or teachers 3 times in the next week. The student will write down the dialogue of the assertive communication and share with the group next week.

   The 3 steps to assertive communication are:
   1) Recognize the need
   2) Determine ways to approach the solution
   3) React to the situation using appropriate tone of voice, manners, impulse control, eye contact, etc.

   Example:
   Boy: “I wish you would dye your hair blonde.”
   Girl: “Why don’t you go jump in the lake?” – Aggressive
       “Sure, anything you want.” – Passive
       “I like to choose my own hairstyle.” – Assertive

2. Parent Evaluation – The evaluation will provide parent input on their child’s performance outside of the treatment session in order to determine generalization to other contexts. This evaluation is provided with the homework assignment.
Parent information for: Week 9 – Assertiveness

This week the kids discussed what assertiveness is and what it is not. They role-played different scenarios in which they had to use assertiveness skills to stand up for what was right and what they believed in. They helped each other learn how to be assertive.

This week’s session objectives were to:

1. Practice using assertive communication with students
2. Recognize the 3 types of communication styles
3. Become aware of the advantages of being assertive rather than the other styles of communication

The homework assignment is the child to practice using assertive communication with family, friends, or teachers 3 times in the next week. The student will write down the conversation of the assertive communication and share with the group next week.

Assertive communication is the ability to communicate needs, thought, wants, ideas, etc. in a non-threatening and positive manner.

The 3 steps to assertive communication are:

1) Recognize the need
2) Determine ways to approach the solution
3) React to the situation using appropriate tone of voice, manners, impulse control, eye contact, etc.

Example: Pretend that your child wants to go play at the playground with friends. He or she will approach you in the following manner:

Child: May I go to the park with Betsy after supper?
Parent: I think that would be fine as long as you are done with your homework and chores.
Child: O.K. That sounds fair, and I agree with you.

Feel free to call anytime for further information ( )

Feedback about your child’s performance at home

Parent/Guardian Signature  Student Signature

Therapist Signature
Teacher information for: Week 9 – Assertiveness

This week the kids discussed what assertiveness is and what it is not. They role-played different scenarios in which they had to use assertiveness skills to stand up for what was right and what they believed in. They were taught the appropriate way to approach a person and practiced skills learned from previous weeks in doing so. Together they helped each other learn how to be assertive and encouraged each other with positive praise and feedback.

This week’s session objectives were to:

1. Practice using assertive communication with students
2. Recognize the 3 types of communication styles
3. Become aware of the advantages of being assertive rather than the other styles of communication

Please follow through with objectives in the classroom accordingly. Give the child positive feedback when you see him/her performing the skill learned and redirect when appropriate to assist with recognizing the need for skill use.

Feel free to contact with me at (___)___________ if the child demonstrates difficulty in the topic areas this week.
Week 10 – Cooperation Activity
Week 10 – Cooperation Activity
Grades 1-3

Icebreaker Activity

Objective – To practice collaborative skills among groups
Materials – The number of people in the group will determine the number of index cards needed. The therapist will be expected to write a sentence related to the number of students (ex: if you have 4 students, use a sentence with 4 words, etc). Marker board and markers

Description – Each member will be provided with an index card that containing words that can be put together with other cards to form a sentence. Ask the group members to collaborate in order to structure one sentence that is grammatically correct and makes sense. After group members finish putting together their sentence, discuss how the one word they had may not have made sense just on its own, but all together, the words made sense. This is what cooperation is: coming together as a team to make sense.

The therapist will review the last 9 weeks and skills learned during the sessions. Prizes will be given to those you participate actively. The therapist will write them the reviewed skills on the board as the students participate.

Group Activity: Putting the Puzzle “Together”

Objectives
1. Facilitate collaborative work among group members
2. Define and develop an understanding the word cooperation
3. Utilize previously learned skills from weeks 1-9
4. Enhance and practice social interactions with peers

Materials - The group leader will have 3 sets of puzzles constructed and pre-cut from construction paper

Description
1. Discuss the word cooperation with group.
2. The leader will mix all 3 sets of puzzle pieces together and evenly distribute among group members.
3. Leader will then instruct members to assemble all 3 puzzles, working together to determine which pieces will form the right puzzle. Members will be expected to equally participate and use appropriate requests and manners in order put the puzzle together.
4. At the conclusion of the activity, participants will discuss how they felt about the activity. The therapist should stress the importance of asking for information, giving feedback, being assertive, when answering discussion questions. Some discussion questions could include:
   - What are some ways that you can cooperate at home? On the playground? In the classroom? At the store?
   - What happens when someone in the group doesn’t cooperate?
   - What could you do if someone is not cooperating?
- How do you think you guys performed as a group?
- Did you guys take turns?
- Did you get mad? How did you deal with it?

Role play scenario
1. You guys are all trying to plan to go play together, and Billy, Bobby, and Johnny, and Timmy. (The leader will pull Timmy aside before the activity and instruct Timmy to be negative and say no — in other words- do not cooperate with the planning.) The therapist should stress the importance of asking for information, giving feedback, being assertive, problem solving, self control and anger management. Allow the role play activity to go on for 2-3 minutes, before intervening. Discuss how it felt; did they get their plan accomplished; why or why not?
Week 10 – Cooperation Activity  
Grades 4-6

Icebreaker Activity

Objective – To practice collaborative skills among groups

Materials – The number of people in the group will determine the number of index cards needed. The therapist will be expected to write a sentence related to the number of students (ex: if you have 4 students, use a sentence with 4 words, etc). Marker board and markers

Description – Each member will be provided with an index card that containing words that can be put together with other cards to form a sentence. Ask the group members to collaborate in order to structure one sentence that is grammatically correct and makes sense. After group members finish putting together their sentence, discuss how the one word they had may not have made sense just on its own, but all together, the words made sense. This is what cooperation is: coming together as a team to make sense.

The therapist will review the last 9 weeks and skills learned during the sessions. Prizes will be given to those you participate actively. The therapist will write them the reviewed skills on the board as the students participate.

Group Activity: Human Knot

Objectives
1. Facilitate collaborative work among group members
2. Define and develop an understanding the word cooperation
3. Utilize previously learned skills from weeks 1-9
4. Enhance and practice social interactions with peers

Materials – Medium to large open space, at least 5-6 group members

Description
1. Define the word cooperation with the group
2. Allow members to share instances in which they used cooperation to fulfill a task
3. Explain instructions of activity
   Group members assemble in a cluster in the middle of the room. Direct them to interlock hands with 2 different group members on opposite side of the cluster. The object of the activity is to untangle the group to form one large circle without letting disengaging grasps. Group members are allowed to appropriately collaborate verbally and non-verbally in order to arise at a desired outcome. (Activity should be limited to 20-25 minutes whether goal has been reached or not).
4. After the activity, group members will discuss the outcome of the task. Group members will discuss personal and group strengths and weaknesses; how to make the activity better; how did it teach cooperation; how did it make you feel; can you give me examples of how you used your assertiveness skills, coping skills; what types of problem solving abilities did you use and share an example.
**Role play scenario**

1. You guys are all trying to plan to go play together, and Billy, Bobby, and Johnny, and Timmy. (The leader will pull Timmy aside before the activity and instruct Timmy to be negative and say no — in other words— do not cooperate with the planning.) The therapist should stress the importance of asking for information, giving feedback, being assertive, problem solving, self control and anger management. Allow the role play activity to go on for 2-3 minutes, before intervening. Discuss how it felt; did they get their plan accomplished; why or why not?
Putting it Together Puzzle
Homework For Grades 1-6

1. Homework Assignment – The child will work together with family members to plan and complete an activity (i.e. making dinner together, doing chores, etc.). Have the child be ready to share the experience and what skills (i.e. problem solving, anger management, impulse control, and assertiveness) you used to cooperate with the group at the next meeting.

2. Parent Evaluation – The evaluation will provide parent input on their child’s performance outside of the treatment session in order to determine generalization to other contexts. This evaluation is provided with the homework assignment.
Parent information for: Week 10 – Cooperation Activity

This week the kids participated in a cooperation activity. The members had to work together to problem solve to get a solution. The kids practiced skills from previous weeks. During a role play scenario, a child was pulled aside and told not to cooperate during a role play activity. This activity tested the children’s ability to manage their anger, problem solving skills, assertive communication, manners, and requests making skills. At the end of the role playing activity, we discussed how it feels when one person does not cooperate in doing an activity.

This week’s session objectives were to:

1. Facilitate collaborative work among group members
2. Define and develop an understanding the word cooperation
3. Utilize previously learned skills from weeks 1-9
4. Enhance and practice social interactions with peers

This week’s homework assignment is to work together with family members to plan and complete an activity (i.e. making dinner together, doing chores, etc.). Your child should be ready to share the experience and how you worked together as a family to cooperatively compete the activity. Please describe how your child performed on the activity.

Feel free to call anytime for further information ( )

Feedback about your child’s performance at home

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Parent/Guardian Signature  Student Signature

________________________________________________________________________

Therapist Signature
Teacher information for: Week 10 – Cooperation Activity

This week the kids participated in a cooperation activity. The members had to work together to problem solve to get a solution. The kids practiced skills from previous weeks. During a role play scenario, a child was pulled aside and told not to cooperate during a role play activity. This activity tested the children’s ability to manage their anger, problem solving skills, assertive communication, manners, and requests making skills. At the end of the role playing activity, we discussed how it feels when one person does not cooperate in doing an activity.

This week’s session objectives were to:

1. Facilitate collaborative work among group members
2. Define and develop an understanding the word cooperation
3. Utilize previously learned skills from weeks 1-9
4. Enhance and practice social interactions with peers

Please follow through with objectives in the classroom accordingly. Give the child positive feedback when you see him/her performing the skill learned and redirect when appropriate to assist with recognizing the need for skill use.

Feel free to contact with me at (___)____________. if the child demonstrates difficulty in the topic areas this week.
Week 11 – Group Party Planning
Week 11 – Group Party Planning
Grades 1-3

Icebreaker Activity- Review of Skills
Objective – To review, recognize, and discuss past weeks topics
Materials – Markers and marker board
Description – The therapist will conduct a review session of topics learned in Kidzone. During this time the therapist will write down the skills learned on the board. The group members 1) recall the skills learned, 2) demonstrate how to use them.

Group Activity: Party Planning

Objectives
1. Group members will collaborate with therapist to plan a last day party for Kidzone.
2. Members will utilize skills learned in previous sessions during the cooperation and planning of the party, and to decide who they will invite to the party.

Materials – Markers and marker board, 5 pieces of gum for each child

Description
1. The therapist will lead into the activity by combining everything discussed in the icebreaker activity. The therapist will leave the reviewed skills on the board and encourage students to look back and use them throughout the planning activity.
2. The therapist will provide some possible choices of activities that can be done (movie party, bowling, pizza party, etc).
3. The therapist will hand out 5 pieces of gum to each member, and explain that the children are to give a piece of gum to other group members who are participating and using the reviewed skills during the party planning session.
4. Group will work collaboratively to plan an event that will take place the following week

Role play scenarios not applicable this week.
Week 11 – Group Party Planning
Grades 4-6

Icebreaker Activity- Review of Skills
Objective – To review, recognize, and discuss past weeks topics
Materials – Markers and marker board
Description – The therapist will conduct a review session of topics learned in Kidzone. During this time the therapist will write down the skills learned on the board. The group members 1) recall the skills learned, 2) demonstrate how to use them.

Group Activity: Party Planning
Objectives
1. Group members will collaborate with therapist to plan a last day party for Kidzone.
2. Members will utilize skills learned in previous sessions during the cooperation and planning of the party, and to decide who they will invite to the party.

Materials – Markers and marker board, 5 pieces of gum for each child

Description
1. The therapist will lead into the activity by combining everything discussed in the icebreaker activity. The therapist will leave the reviewed skills on the board and encourage students to look back and use them throughout the planning activity.
2. The therapist will provide some possible choices of activities that can be done (movie party, bowling, pizza party, etc).
3. The therapist will hand out 5 pieces of gum to each member, and explain that the children are to give a piece of gum to other group members who are participating and using the reviewed skills during the party planning session.
4. Group will work collaboratively to plan an event that will take place the following week

Role play scenarios not applicable this week.
Homework For Grades 1-6

1. Homework Assignment – The group members will use the skills that they learned in previous weeks, to invite a classmate to the party.

2. Parent Evaluation – The evaluation will provide parent input on their child’s performance outside of the treatment session in order to determine generalization to other contexts. This evaluation is provided with the homework assignment.
Parent information for: Week 11 – Group Party Planning

This week the kids reviewed all of the skills from past weeks, and planned a party for the last session to celebrate the completion of Kidzone.

This week’s session objectives were to:

1. Members will utilize skills learned in previous sessions during the cooperation and planning of the party, and to decide who they will invite to the party.

This week’s homework assignment is for the kids to invite a friend or peer outside of the Kidzone program to join in on the party next week. Parents are to encourage their child to use appropriate skills; such as greetings, manners, assertiveness, and simple conversation skills to invite someone to the party.

Feel free to call anytime for further information (____)__________________________

Feedback about your child’s performance at home ________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Parent/Guardian Signature ___________ Student Signature ___________

Therapist Signature ___________
Dear Parents/Guardians,

Congratulations! You and your child have worked very hard for the last 12 weeks, and now it is time for some fun. You are invited to join your child in the celebration of the successful completion of Kidzone.

Where: ________________________________

When: ________________________________

Time: ________________________________

Thank you again for all of your hard work and dedication throughout this process. Your child is very lucky to have such a caring and supportive parent/guardian. Keep up the good work!

Sincerely,

Therapist Name
Phone Number
Teacher information for: Week 11 – Group Party Planning

This week the kids reviewed all of the skills from past weeks, and planned a party for the last session to celebrate the completion of Kidzone.

This week’s session objectives were to:

1. Members will utilize skills learned in previous sessions during the cooperation and planning of the party, and to decide who they will invite to the party

Please follow through with objectives in the classroom accordingly. Give the child positive feedback when you see him/her performing the skill learned and redirect when appropriate to assist with recognizing the need for skill use.

Feel free to contact with me at (___)____________, if the child demonstrates difficulty in the topic areas this week.
Week 12 – Party
**Week 12 – Party**  
**Grades 1-3**

- This is the last day of group in which all group members, parents, and friends gather to have a fun day

- Today’s events were planned on week 11, and should be implemented accordingly (ex: bowling party, pizza party, etc)

- Hand out prizes and recognition awards to students for completion of the 12-week program Kidzone

- The therapist should take a few minutes to discuss each child’s accomplishments, participation, and attitudes toward completion of Kidzone

- Offer individual time to talk to parents and allow them time to ask specific questions related to their child

- Enjoy the activities and food selections
Week 12 – Party  
Grades 4-6

- This is the last day of group in which all group members, parents, and friends gather to have a fun day

- Today’s events were planned on week 11, and should be implemented accordingly (ex: bowling party, pizza party, etc)

- Hand out prizes and recognition awards to students for completion of the 12-week program Kidzone

- The therapist should take a few minutes to discuss each child’s accomplishments, participation, and attitudes toward completion of Kidzone

- Offer individual time to talk to parents and allow them time to ask specific questions related to their child

- Enjoy the activities and food selections
Outcome Measures
Congratulations

To

You have done a great job and worked very hard the last 12 weeks in Kidzone. Keep working hard at achieving your goals!

Therapist’s Name
Outcome Measures

Introduction
Historically, definitions of outcome measures focused on evaluation of occupational performance and performance components. There is now more of an emphasis placed on assessment and re-evaluation of performance skills in regards to process and communication/interaction skills, rather than task performance. Research has shown that the intervention focus should also include actual performance of the occupation in order to attain improved outcomes.

There are some things to consider when determining outcome measures other than just functional performance measures. The Framework lists types of outcomes to be considered including; occupational performance, client satisfaction, role competence, adaptation, health and wellness, prevention, and quality of life. It is important for the therapist to consider all of these areas when measuring outcomes of Kidzone. Outcome measures should be addressed throughout the process of therapeutic intervention. This will ensure progress throughout the entirety of the program.

In the chart below, the assessments that are felt to be most applicable to person, environment, and occupation were compiled as potential outcome measures. The therapist using this program should determine at what intervals during the treatment process the outcome measures should be performed. It is suggested that these measures be performed as an assessment prior to the program, at weeks 4, 8, and 12 in order to monitor strengths and areas of needs of the students and the Kidzone program.

<table>
<thead>
<tr>
<th>Person</th>
<th>Environment</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coping Inventory for Children</td>
<td>Test of Environmental Supportiveness</td>
<td>School Setting Interview</td>
</tr>
<tr>
<td>Locus of Control for Children</td>
<td>Parenting Stress Index</td>
<td>School Function Assessment</td>
</tr>
<tr>
<td>Vineland Adaptive Behavior Scales</td>
<td>Social Climate Scale: Family Environment Scale</td>
<td>Play History</td>
</tr>
</tbody>
</table>

An observation-based assessment to assess coping method

Measures expectations for internal vs. external orientation and control in school-aged children

A measure of personal and social skills of a child in his daily situations

Observation-based assessment focusing on assessing characteristic supportiveness

Evaluate stressful child-parent systems and assess the impact the relationship has on the intervention process

To examine social and environmental characteristics of families

Identifies occupational performance in all environments where there is a student role component

Measures students' level of participation, activity performance, and task supports related to aspects of their academic and social abilities in the school setting

Identify qualitative and quantitative information of a child's play experiences and opportunities through a caregivers' perspective
CHAPTER 5
SUMMARY

In conclusion, occupational therapists can use Kidzone as a holistic and occupation-based social skills training program for school-based settings. This program details an outlined design for school-based therapists to use. It is an all inclusive and easy to follow manual, that provides not only necessary tools for clinical implementation, but also ways to assist in generalization of skills to promote further development outside of the supervised group training. It also provides further ideas to ensure that the skills are being practiced outside of the program through parental and teacher involvement.

Some limitations could be seen with the implementation of the program. The success of this program is contingent upon compliance and total participation by the therapist, students, parents, and teachers. Due to these limiting factors, the expectations may not be reasonable all involved in the program implementation.

Another limitation is that the program has not been implemented and tested for effectiveness. Because of that, it is difficult to ensure that the most important skills will be addressed. In some instances, some skills may be missing, while others may not be indicated for some children.

Follow-up programs might be developed which compliment children in middle school and high school, and provide resources for children who need continued social skills intervention. The continued program could include some of the same skill sets, but utilizing different training techniques and activities to ensure mastery.

The development and promotion of a similar program for younger children ages 3-5 would also be beneficial. Early intervention is an important aspect to decreasing
poor social skills development, by tackling some of the difficulties before they can develop into habits. This would be especially good in an outpatient service for preschool and daycare children.

Although two programs were written to be implemented in a school setting, they may also be applied to other settings as well. This program for social skills development could easily fit into the curricula in an extended day care program and community youth organizations.

Further research should be done to discern the effectiveness and efficacy of this program, and to identify strengths and areas of need in order to improve the curriculum. A trial of the program followed by the outcome measures that have been provided in the protocol will assist in evaluating the program and supporting in developing areas of need.
References


Webster-Stratton, C. & Reid, M. J. (2004). Strengthening social and emotional competence in young children - The foundation for early school readiness and
success: Incredible years classroom social skills and problem-solving curriculum.  

*Infants and Young Children, 17*(2), 96-114.
