Action Research: How Can Social Emotional Learning Promote Positive Coping Responses to Stress?

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**ABSTRACT**

Stress is a common human experience that takes many forms. Positive stress can be a primary influence for growth cognitively, socially, emotionally and physically; thus children should not be shielded from normal developmental stress that results in growth and mastery of skills. However, excessive stress can have taxing, negative and long-term effects that are detrimental to health and development. Harvard (2012) identifies positive, tolerable and toxic stress and delineates the ramifications of each type for children. Coping responses and supportive relationships are two key factors in positive outcomes to stress.

Social Emotional Learning is a process to help children develop skills that will enable them to handle themselves, their relationships, and their work with competence and integrity. These skills include handling stress interpersonally and intrapersonally. The management of strong emotions and social conflict are two major areas of development in early childhood. This action research examines a social emotional intervention aimed to help children develop self-regulation and positive coping responses to stress. The use of story, role-play, and puppets were employed to teach a strategy and develop skills in social emotional literacy. Tucker Turtle (csefel.com) was a character who became a semiotic sign and external mediator to assist in the process of emotion regulation. Teachers scaffolded and supported this process in the context of caring relationships. In a short time (4 weeks) beneficial growth was observed.

**INTRODUCTION**

Stress is a word that is common in the English vocabulary. As a nation we are concerned about stress that contributes to heart disease and a host of health conditions in later life. We seek to eradicate the causes by improving our diets, getting more exercise, improving our attitudes and examining our activities. In recent years researchers have become more fully aware of the impact of stress on children. Karen (1998) outlines the contributions of several researchers to our understanding of stress in childhood. The work and documentation of people like John Bowlby, James Robertson, Rene’ Spitz, and Mary Ainsworth have made it impossible for people to deny that children suffer and can therefore experience emotions like stress. To further complicate the issue, there is positive stress and negative stress. An example of positive stress in a child’s life is the disequilibrium that arises when the environment does not respond to schemas that have worked in the past. For example, Beard (1969) writes of a young child who has learned to pull stoppers from bottles and then encounters a bottle with a screw top. When past actions don’t result in removing the stopper, the child must learn through trial and error to turn the top. Logical thought is the equilibrium which the mental structures seek. Through disequilibrium (stress) children are compelled to reframe and extend their own mental relationships; this is accomplished through a child’s actions on the environment and experiences in relationships (DeVries & Zan, 2012).

I became particularly interested in the topic of stress when controversy arose over a book written by a mother and Yale law professor, entitled *Battle Hymn of the Tiger Mother* (2011)*.* The author, Amy Chua, makes many contrasts about typical Chinese parents (like herself) and typical Western parents. She asserts that it is the differences in parenting styles which result in what she describes as “stereotypically successful Chinese children.” Chua’s parenting practices, which included forcing her seven-year-old daughter to practice a piano piece for hours on end without getting up for water or even going to the bathroom, until she perfected the piece, have caused her to be labeled a “monster” by some and held in contempt by others. Some of her practices are so politically incorrect they border on abusive in our culture. Although the contrast between parenting styles was stark, (sometimes referred to as tiger mothers versus helicopter moms), many questions were raised. One question had to do with protecting our children from stress. Surprisingly there were elements in her approach that researchers in cognitive psychology support. One idea that Chua espoused is Chinese parents “assume strength, not fragility” (Paul, 2011, p. 39) in their children. She believes Western parents try to protect their children from discomfort and stress. Hara Estroff Marano, author and editor-at-large of *Psychology Today*, backs up this aspect of Chua’s approach by stating:

Research demonstrates that children who are protected from grappling with difficult tasks don’t develop what psychologists call ‘mastery experiences.’ Kids who have this well-earned sense of mastery are more optimistic and decisive; they’ve learned that they’re capable of overcoming adversity and achieving goals. (as cited by Paul, 2011, p. 39).

In my work as a preschool director, I observe the following types of stress in children: separation anxiety (usually in a small number of children at the beginning of the year); transitional challenges which include change in routine, learning new ways of doing things, frustration with challenges that are at or above their limits of capabilities (this stress occurs physically, socially, emotionally and cognitively); delaying gratification; loss which can occur through death or change in life situations; fatigue; over-stimulation; “hurrying and busyness of life,” and conflict. I consider these to be normal developmental types of stress for preschool-aged children with typically positive outcomes.

In recent years I have observed and learned of more young children experiencing anxiety and stress. I have heard from parents whose children are doing very well in kindergarten according to their teachers, yet the children exhibit a great deal of stress regarding school at home. The expectations we have for children in schools varies considerably within our own county, much less nationally, and internationally. David Elkind (1981) wrote *The Hurried Child* years ago, yet the academic curriculum has become pushed down further and further to the younger grades. All of these observations and life experiences have caused me to ponder when is stress detrimental and when is it beneficial? How does stress affect the development of young children? How do parents and educators become discerning in this area as they work with children? How do we empower children to experience positive outcomes and growth?

Harvard University hosts a website entitled Center on the Developing Child. On this website they address the topic of stress, clarifying that it is the activation of our stress response which impacts its effects both positive and negative. Distinguishing differences are made between *positive, tolerable and toxic stress responses.* Positive stress responses are part of normal life circumstances: e.g. the first day of school or participating in an athletic game or performance. Tolerable stress responses are to more intense and critical life situations, yet the response is impermanent and the child is cushioned and safeguarded by important relationships. Toxic stress occurs when there is a lengthened or chronic response in the child’s system and very little or no relational support. Thus, the length and duration of the stress response, and whether or not this occurs in the presence of supportive and protective relationships demarcates the distinguishing differences in the stress response. (Harvard, 2012).

The National Academy of Sciences stated that sixty percent of children starting school have the cognitive skills for success, yet only forty percent are reported to have the social emotional skills necessary for proficiency in kindergarten (cited by Yates, Ostrosky, Cheatham, Fettig, Shaffer & Santos, 2008). The Report of the Surgeon General’s Conference on Children’s Mental Health conveyed the same idea, writing: “Mental health is a critical component of children’s learning and general health. Fostering social and emotional health in children as a part of healthy child development must therefore be a national priority.” (cited by Durlak, Weissberg, Schellinger, Dymnicki & Taylor, 2011, p. 420)

Research has shown that the ability to identify, regulate and express emotions prepares children for the opportunity to learn. School and life have more possibility for success and enjoyment with relational skills, motivation, and the ability to become calm by oneself or others (Yates, et al, 2008). Findings from studies of Social Emotional Learning (SEL) programs have been associated with a variety of gains, such as “improved attitudes about the self and others, increased prosocial behavior, lower levels of problem behaviors and emotional distress, and improved academic performance” (Durlak et al., 2011, p. 407).

Therefore, if stress is a reality in children’s lives and the hazardous part of stress is a toxic stress response, it is incumbent upon us as educators and researchers to learn how we can empower children to respond to normal developmental stress (both positive and tolerable) in ways which will benefit them and help them to grow in competence and capability. This action research seeks to answer the question: How can social emotional learning promote positive coping responses to stress?

**LITERATURE REVIEW**

Normal developmental stress is experienced by all young children. Social emotional skills are tools that have the potential to help children cope with stress in healthy ways and promote positive growth. Multiple research studies point to the benefits that social emotional learning provides, including: academic and behavioral improvement; outlooks and perceptions on interpersonal relationships; (Durlak et al., 2011; Zimmer-Gembeck, Lees, & Skinner, 2011), emotional regulation; (Flook et al., 2010; Lantieri & Nambiar, 2012), improved executive function; (Flook et al., 2010), and improved social competence (Lantieri & Nambiar, 2012).

The Collaborative for Academic, Social, and Emotional Learning (CASEL) pinpoints five “competency clusters” in the area of social and emotional learning which are: 1) Self-awareness, 2) Self-management, 3) Social awareness, 4) Relationship skills, and 5) Responsible decision-making (Lantieri, 2012, p. 29). When these areas of learning are addressed and children have the opportunity to hone skills for dealing with normal stress, the outcome can be very positive.

**Stress and Coping**

Coping with stress has many biological, psychological and behavioral implications. Some of the earlier work on the topic of stress by Lazarus (1966) defined coping as “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (as cited by Eisenberg, Champion, & Ma, 2004, p. 238). In 2004 Lazarus defined coping with stress more succinctly, but in very much the same way, as “efforts to manage adaptational demands and the emotions they generate” (as cited by Zimmer-Gembeck et al, 2011, p. 131).

One facet of young children’s coping with stress is emotion regulation. Young children are learning to identify and recognize emotions within themselves and others, as well as learning how to respond in socially acceptable and positive ways. Normal development involves coping and responding to tension within oneself and tension outside of oneself. Eisenberg (2004) describes the classic study carried out by Mischel and his colleagues on children’s abilities to delay gratification. In this study children were offered one small treat to eat at the moment or several more if the treat was uneaten when the researcher returned. This study and many others made correlations, over time, with the significance of self -regulation which pointed to improved social competence and adjustment in children. More recent research has cited “social competence as an asset when coping with interpersonal skills” (Zimmer-Gembeck, et al., 2011, p. 131).

There are many theories and models of stress which are summarized by Burts (1992), and Lazarus proposes that all models of stress can be divided into three categories: *stimulus-oriented theories* (which focus on the environment and pieces which produce pressure and strain on the individual)*, response-oriented theories* (which focus on the individual’s response to the stress in his/her environment)and *interactional theories* (which explore the traits within a person as he/she intercedes between the stimulus and response).

A model that would fall within Lazarus’ *interactional theory* category, and which I found particularly helpful, is a “motivational theory of coping” which categorizes coping responses to stress into 12 coping “families.” Half of the responses come under the heading of *Challenge Coping Strategies* and are associated with positive results in dealing with manageable stress. The responses in this category are: “self-reliance, support seeking, problem-solving, information seeking, accommodation, and negotiation” (Zimmer-Gembeck, 2011, p. 132) and they occur when an individual views oneself as capable and having support and choices. The other six responses are: “delegation, social isolation, helplessness, escape, submission, and opposition” (Zimmer-Gembeck, 2011, p. 132) and come under the heading of *Threat Coping Strategies.* These responses are not adaptive when dealing with manageable stress and are frequently enacted when an individual believes he/she has restricted choices, support and capability. Challenge Coping Strategies move toward the stress with a problem-solving attitude and have a theoretical connection to competence.

Burts (1992) states that “Stress-resistance or invulnerability seems to support interactional theory” (p. 300). Stress is embedded in life itself, yet factors such as the number of stressors in the child’s life combined with aspects and attributes within the child (e.g. temperament, genetics, development, skills, etc.) combine to make the child more or less vulnerable to stress. There are factors that are beyond human control, yet research is revealing that educators and parents have the capability to teach social emotional strategies which will influence the coping skills in response to stress.

**Social Emotional Learning**

Social Emotional Learning (SEL) has been defined as:

The process of acquiring core competencies to recognize and manage emotions, set and achieve positive goals, appreciate the perspectives of others, establish and maintain positive relationships, make responsibility decisions, and handle interpersonal situations constructively (Elias et al., 1997 as cited by Durlak, et al., 2011, p. 406).

The Center on the Social Emotional foundations for Early Learning (CSEFEL) defines social-emotional development as:

The developing capacity of the child from birth through 5 years of age to form close and secure adult and peer relationships; experience, regulate, and express emotions in socially and culturally appropriate ways; and explore the environment and learn – all in the context of family, community, and culture (Yates et al., 2088, p. 2).

Both of these definitions are in keeping with the five competency clusters designated by CASEL. Research carried out in wide and varied settings has resulted in the following recommendations for effective social emotional training. The four practices spell the acronym SAFE and the research reveals that it is when these practices are used in conjunction with one another, rather than independently, that they produce positive results.

* ***S****equenced* skills that are broken down into smaller pieces. This is a priority in the big and small picture of education. Gresham (1995) states that it is “important to help children learn how to combine, chain and sequence behaviors that make up various social skills” (as cited by Durlak et al., 2011, p. 408). This sequence should also be provided in a systematic way throughout the grade levels (Lantieri & Nambiar, 2012), in ways that are developmentally appropriate to enable students to become competent as social and emotional learners (Cohen, 2001).
* ***A***ctive involvement in the learning of these skills, with plenty of time for practice and reflection. This practice is necessary to acquire and reinforce the distinctive social and emotional skills.
* ***F***ocus on having appropriate amounts of time and attention for the skills to be learned.
* ***E***xplicit instruction and learning goals (Durlak et al., 2011, Lantieri & Nambiar, 2012).

SAFE practices are the first recommended approach to teaching social and emotional competencies in a school environment. Through these practices children are offered a variety of skills and tools that help them to understand, interpret, and respond to social and emotional learning. These skills are scaffolded within the child’s zone of proximal development and implemented and practiced in real-life situations. The second recommended approach is that the school environment, itself, should reflect, model, and embody the caring practices it is promoting in social emotional learning (Lantieri & Nambiar, 2012).

The field of neuroscience is making significant contributions to our understanding of child development, which substantiates the importance of social emotional learning. Thoughts and feelings are now known to converge in the prefrontal cortex. The plasticity of the brain and the impact of experiences can now able to be visualized through non-invasive brain-imaging techniques. As new neural connections shape the brain, beneficial changes can take place. Lowering of anxiety through skills that are self-calming can improve the function of the pre-frontal cortex (Davidson, 2008).

In 2004, Eisenberg and colleagues noted that relationships among executive function skills and children’s social emotional functioning were beginning to be charted. Executive Function (EF) is a name that refers to several individual mental processes that are independent yet work together. These processes are involved in creating and following a plan, organization, working memory, regulation of attention and meta-cognition. Executive function has influence over a child’s developing intellectual skills which transcends overall intelligence (Blair & Razza, 2007, as cited by Flook et al., 2010, p. 71). Furthermore Executive function correlates with many components of behavioral self-regulation (Anderson, 2002; Blair & Diamond, 2008, as cited by Flook et al., 2010, p. 71) and poor EF is linked with poor social emotional adjustment (Biederman et al., 2004; Blair, 2002, as cited by Flook et al., 2010 p. 71). Research is revealing that “greater cognitive-affect regulation in prefrontal areas of the cortex” may be built by SEL programs (Greenberg, 2006, as cited by Durlak et al., 2011, p. 418). The skills acquired through social emotional learning have been theorized to have progressive long-term effects, similar to a domino reaction. There is an expectation that these types of interventions will initially affect social-cognitive processes which will impact future developmental growth in an expansive array of “mental, emotional, behavioral, and academic outcomes” (Jones, Hoglund, Bown & Aber, 2010, p. 837).

Social emotional learning has been called the “missing piece” in educational improvement attempts (Lantieri & Nambiar, 2012, p. 28) and we are learning that it holds much promise in many areas of education, including coping with stress.

**Social Emotional Learning as a new kind of Literacy**

Traditionally literacy has been viewed as the ability to read, write and comprehend. In our recent history the notion of literacy has exploded due to our expanded understanding of all of the processes involved in these actions, along with greater awareness of the interaction of cognitive and sociocultural influences. Furthermore, the impact of technology on our cultural practices of literacy has transformed how we send and receive information. Thus research about literacy examines this topic from cognitive perspectives, socio-psycholinguistic perspectives, sociocultural perspectives, semiotic perspectives, critical perspectives, and more. Literacy serves many different needs and purposes, in many capacities. Our understanding of literacy also extends across academic subjects; we now speak of oral literacy, mathematical literacy, and musical literacy. Jonathan Cohen (2001) in his book *Caring Classrooms/Intelligent Schools* writes about another kind of literacy that he calls “social emotional literacy.” The basis for any mode of literacy is meaning making, which means being able to recognize and understand the information in that field. Secondly, literacy is being able to use that constructed information to problem-solve, and finally literacy means being able to use this information as a creative learner.

Cohen stresses that social emotional literacy is first and foremost about learning how to “read” ourselves and others. This literacy skill is the basis for problem-solving and it is the intermediary which makes possible the ability to manage the challenges of life and learning. Many researchers and teachers believe that social emotional literacy is the foundation for all learning and a large contributor to resiliency (Cohen,2001; Goleman, 2008). Cohen’s thoughts interplay with the thoughts of a semiotics perspective. Semiotics has been defined as the study of signs (Crawford & Hade, 2000; Suhor, 1991) or learning to “read” and understand signs and symbols. Research in semiotics has many applications in differing fields of literacy research. However, I would like to touch on one aspect of semiotics that I believe applies and adds understanding to social emotional literacy. There are three kinds of signs which are identified in semiotics:

* *symbols* (which are created and given meaning; e.g. our alphabet system or musical note system);
* *icons* (which look like the object they represent; e.g. international signage for a curving road or a realistic painting)
* *indexes* (which are signposts or signals to indicate a state or reality; e.g. tense shoulders and a tight stomach might be a sign of stress; crying might be a sign of sadness) (Suhor, 1991).

Another way of describing semiotics is: “A sign is something that stands for something else (its object), to someone (its interpretant). (Hawkes, 1977 as cited by Crawford & Hade, 2000, p. 68). There is a triangulation of relationship between these three elements: the sign, the object and the interpretant.

So, how does semiotics relate to literacy and to social emotional learning. I believe there are two important implications: 1) Suhor (1991) believes that it is possible to view most learning as a way of organizing signs. Young children are coming to understand linguistic, gestural, pictorial, musical, and mathematical signs through oral language, books, finger-plays, songs, movement, representational building, creative dramatic play, and much more in the preschool classroom. 2) Since research is revealing the importance of social emotional literacy and its bearing on all other types of learning, it is incumbent upon us as educators to scaffold and support the signs and symbols in social emotional learning for young children.

One of the ways that we can help children interpret social emotional signs is with mediators. *Tools of the Mind* is an early childhood educational model based on the theories of Lev Vygotsky. Bronson & Merryman (2009) explored the question “Can self-control be taught?” in their book *Nurture Shock,* which introduced Tools of the Mind to a larger audience. Mediators are a tactic used by Tools and are explained in the following way. Mediators can be both internal and external tools which aid and assist behaviors and mental processes. Examples of mediators that adults use in everyday life are: arrows, or signs on a road, chants or mnemonic devices, and graphic organizers. For young children mediators need to be external and evident. Research by Leont’ev (1981, 1994 as cited by Bodrova and Leong, 2007, p. 53) revealed that in early childhood children are not able to create or use external mediators unassisted. However, they were able to accomplish this skill in the “context of meaningful activity shared with adults” (p. 55). Examples of mediators that children use in preschool are: a carpet square to define body space at Circle Time, a visual schedule to aid a child with the routine of the day, a timer for turn-taking, and a song to signal transition times. The goal of mediation is to trigger or remind a behavior ahead of time and encourage self-regulation.

In 2008 the educational effects of the Tools of the Mind curriculum were evaluated in a study using a randomized trial research design (Barnett, Jung. Yarosz, Thomas, Hornbeck, Stechuk & Burns, 2008). In describing this curriculum the authors note that there is a focus on supporting and furthering self-regulation skills. One of the tenets is that “learning can lead development,” and the authors believe that self-regulation is a learned behavior. Some of the ways that Tools of the Mind provides practice with self-regulation is through private speech that is modeled, external mediators, and specific peer and teacher interactions. External mediators assist children with self-regulation and eventually these mediators become internalized. In the Tools of the Mind curriculum, play is the principal means for developing self-regulation, growth and development.

**Play as the Forum for Social Emotional Literacy**

Jean Piaget and Lev Vygotsky are two giants in the field of early childhood education. Vygotsky (1966) stated that play is the leading factor in development for young children. In regard to self-regulation, Vygotsky wrote: “Play continually creates demands on the child to act against immediate impulse” (p. 91), explaining that in play, whether the rules of the game are implicit or explicit, children will not give in to their immediate impulses due to the greater pleasure derived from play. For example: when a child takes on the role of a teacher, he/she now follows the “rules” of what a teacher does, how they act, speak, etc. A great deal of self-control occurs in play. Piaget stated that in play children follow an “internal rule, i.e., a rule of inner self-restraint and self-determination” (Vygotsky, 1966, p. 92).

Play also contributes to the development of symbolic understanding and use. In pretend play children relate to objects and to one another as if they had different identities, i.e. a block becomes a telephone. In creative dramatic play children learn to represent actual and imagined experiences through the use of language, symbols, emotion and social skills (Johnson, 2006). Through play children learn to express themselves in a variety of ways. When they “try on” many roles, children are able to develop different perspectives and emotional responses, as well as develop new problem-solving skills

Typically, children lack the verbal facility to express adequately the range of emotional reactions they experience. However, when provided the opportunity in a safe environment, they will communicate the depth of their feelings through play, which is the most natural thing children do. Children do not talk out their concerns and feelings; they play them out (Landreth, Homeyer, & Morrison, 2006, p.47).

Reflection is a theme that comes up frequently in education and play has been described as a process that reflects inner life: emotions, tensions, conflict and challenges (Solnit, Cohen, & Neubauer, 1993, as cited by Landreth et al., 2006, p.48). Experienced play therapists write that when children are experiencing normal developmental concerns they are often active, competent players in working out their stress (Hoffman, 1991). Some researchers believe that the most important thing adults can do is to not interfere in children’s play, others believe that a scaffolded and supported structure towards play is crucial (Landreth et al., 2006; Bodrova & Leong, 2007). However, both sides proclaim the importance of play as an important means to process normal developmental stress (or disequilibrium) which is part of growth.

Adlerian play therapy discusses the “Crucial C’s” for children: the need to count, to be capable, to be connected, and to have courage (Even & Armstrong, 2011). The Crucial C’s parallel Zimmer-Gembeck’s positive coping strategies that occur when a child views oneself as capable and having support and choices. Play provides a medium to “put on” courage and act out strategies like: self-reliance, problem-solving, seeking support, gathering information, negotiation, accommodation, and other positive responses to stress.

**Strategies and Components of Social Emotional Learning**

A meta-analysis of school-based interventions confirms that teachers and school staff are able to administer SEL programs effectively. They were shown to be successful at all school levels and integrated emotion, cognition, communication, and behavior (Durlak et al., 2011). One of the foundational components of any SEL program is a developmentally appropriate classroom. This is critically important for young children. A Piagetian perspective states that young children construct knowledge by activity. Learners are equipped with innate mechanisms to act on the environment, and through these actions and experiences they build and extend their own intellectual structures. “Learners are not passive sponges who absorb ‘experience’” (Jacob, 1984, p. 3). Developmentally appropriate practice takes these needs into account. Furthermore, assessment is accomplished through naturalistic methods, such as asking children to respond, point to, construct, sort, tell, name or draw, as opposed to test-like tasks which can be highly stressful (Burts et al., 1992, p. 301). Bredekamp (1987) describes the striking difference in classes that are not developmentally appropriate for young children:

In contrast, inappropriate practice includes almost exclusive use of teacher-directed, highly structured, large-group lessons; abstract paper-and-pencil tasks (e.g., workbooks and worksheets) that often must be completed within an inflexible time frame; rote learning; direct teaching of discrete skills, lack of opportunities to move around the room and make choices; overreliance on punishment and extrinsic reward systems; and use of standardized assessment tests (as cited by Burts et al., 1992, p. 299).

Research has shown that children who are in developmentally inappropriate classrooms exhibit notably more stress behaviors than children who are in developmentally appropriate classrooms (Burts et al., 1992). Active exploration, the ability to make choices, learning with real-life objects, sociodramatic play, sensory experiences, positive guidance, movement, music, and art all contribute to the development of the young child in an environment that eliminates unnecessary stressors and provides many opportunities for social emotional development with peers and teachers. Play is the cornerstone of developmentally appropriate practice in early childhood education. With play at the center of the curriculum children are supported in their acquisition of social emotional learning and stress is experienced as a challenge that can be handled, as opposed to a threat that is beyond their control.

A second component or strategy of SEL programs is providing children with tools for emotional regulation and prosocial behavior. Daniel Goleman’s (1995) contributions to the field of social development have called attention to the interaction between Emotional Intelligence and our traditional view of Intelligence, which he calls EQ and IQ. Goleman believes that EQ is what makes IQ effective. In fact, he believes that EQ may matter more than IQ. Neuroscience is demonstrating the importance of EQ by showing us brain images which verify the connections between the brain’s emotional and executive areas. Richard Davidson (2012) a neuroscientist at the University of Chicago, reported in a presentation to CASEL that people who are effective emotion regulators demonstrate a more adaptive profile of cortisol in their brain patterns. Davidson states that “behavioral interventions are biological” because they have the capacity to affect very specific brain circuits, change brain function, and even brain structure – resulting in adaptive emotional and cognitive functioning! In other words, social emotional learning can affect change in behavior and in brain neurochemistry in ways that are now visible and measurable. Social and emotional learning provides real opportunities to emotionally and cognitively adapt to positive and tolerable stress.

A third component that is becoming more prominent in SEL programs is mindful awareness practices, which are related to self-reflection tools. Mindful awareness practices (MAPs) are believed to enhance and develop “a state of heightened and receptive attention to moment-by-moment experience” (Bishop et al, 2004, as cited by Flook et al., 2010) and inspire “awareness to emerge through paying attention on purpose” (Coholic, 2011, p. 303). Exercises like meditation, yoga, and Tai-Chi have been cited as being similar to MAPs. (Flook, 2010) The rewards of practicing MAPs are compared to the continuous discipline of an athlete or musician who eventually gains ability, skill and competence. In one study, children who struggled with Executive Function (as noted by their baseline scores) had noticeably improved scores after a MAPs intervention, which were recorded by both teachers and parents. Research highlights the promise of mindful awareness programs with young children, indicating that learning to have mindful awareness can benefit physical and mental health. “…MAPs can improve attentional regulation, and emotional regulation, enhance metacognition, and correspond to neurophysiological changes associated with such processes” (Flook, et al, 2010, p. 72). In some group activities MAPs promote awareness, toleration, and understanding of one’s own feelings. This skill is stated to be important because our feelings play a critical role in shaping our thoughts and behaviors (Coholic, 2011).

In a similar vein, the *Inner Resilience Program* (IRP) seeks to educate students in contemplative skills and practices using self-reflection skills that parallel those used in MAPs. “Students are being taught how to regulate their emotions by focusing their attention inward to better manage the stresses that come their way” (Lantieri et al., 2012, p. 28). Overstimulation is a part of our modern world and learning to experience quiet and stillness within ourselves, as well as within our classrooms can help children regain their inner balance. Strategies like co-creating a “peace corner” within a classroom for the children to access when needed can help them learn to self-regulate. Other coping strategies include: reading literature together, soothing music during transitions, taking time to breathe deeply, to stop and be still and quiet, to notice what they see, hear, or feel when they are silent, and to learn how to stay tuned in to their body and the cues that it sends when it is relaxed and when it is stressed (Lantieri & Nambiar, 2012).

In summary, some of the basic components and strategies of SEL programs include:

* Developmentally Appropriate Practices (DAP) in classrooms
* Play as the forum for Social Emotional Literacy
* Tools (i.e. external mediators and modeling of private speech) for emotion regulation
* Mindful Awareness Practices (MAPs) that focus on self-reflection and the inner life of the child

The research from my literature review informed me of essential components that I came to regard as necessary elements in my intervention. These pieces did not contradict each other, but rather dovetailed to support and enhance the SAFE practices described for successful SEL programs. In SEL the sequenced skills and explicit teaching are about the nuances of meaning making as we learn to “read” others and “read” ourselves. Examples of these nuances are: “reading” and interpreting facial expressions, body language, words and tone of voice; learning to recognize emotion within oneself, implementing tools or strategies to calm down and choosing one’s response. Active learning and focused time for practice seek to insure that these skills can become internalized. The components and strategies outlined in the research work to scaffold the positive responses to stress described as *challenge coping responses*. Armed with this information I began looking for an intervention that met the above criterion.

**PURPOSE**

These findings helped me to address the action research question: How can social emotional learning promote positive coping responses to stress? My secondary questions included: How do we help children learn to “read” themselves and others? And, when is stress negative in a child’s life and when is it positive?

Through the literature review I was inspired by the following findings: 1) Coping strategies that result in positive outcomes to stress, 2) Brain research which validates social emotional learning and its effect on emotional regulation, 3) Teaching practices that yield promising results when used in conjunction with one another (i.e. SAFE acronym, use of mediators, MAPs), and 4) Play is the forum for the development of social emotional literacy.

I chose an intervention that allowed me to teach the entire class some social emotional skills in a playful and developmentally appropriate way. The intervention taught strategies in learning to self-regulate negative emotions. My action research focused on one particular child to see if this intervention helped her to cope with strong emotions. It was my hope that these skills would result in better emotional-regulation, peer relations and positive coping strategies.

**Setting, Participants, Collaboration**

“Midtown Preschool” (the name of the preschool was changed to protect privacy) is housed in the building of a church and located in a middle class, residential neighborhood of a mid-sized, western city in the United States. The rooms are large and spacious – and the outdoor play area is surrounded by large oak trees with room for trikes, gathering acorns, sand play and running. The classes are part-time only: 3-year-olds come two mornings per week, and 4-5-year-olds come three mornings per week, or three to four afternoons per week. The teacher/child ratio is 6:1. In general the population is white middle class; however every year there are a number of families who receive scholarships for financial help and each year there are different languages and ethnicities represented. This school year there are children who speak Spanish, German, Russian and Italian. Parents and extended family are involved at the preschool in the following capacities: volunteering on field trips, special activities such as cooking, dismantling large appliances (with the children), parent observations and education nights, board activities, and an end-of-the –year potluck. The school is located in an urban, historical neighborhood – yet families come from many surrounding areas. The school has a strong commitment to developmentally appropriate practice, the importance of play, and a child-centered curriculum.

The participants were three classroom teachers, Angie (not her real name), and myself (teacher/researcher). When the study began in September, Angie was 4 years, 8 months. Angie attends the preschool three days a week for three hours per day. I received parental permission for Angie to take part in this study. In addition, the parent was willing to participate in two parts of the study: 1) filling out a parent survey before and after the intervention, and 2) implementing some of the social emotional tools at home. This parent is a stay-at-home mother with Angie and a three year old sibling. The mother is a white woman from a middle class background and holds a bachelor’s degree in child development.

Other adult participants in the study were the classroom teachers, MM, MJ and MW, and me as a research/teacher. All four of us are white women from middle class backgrounds similar to those of Angie and we all had previous experience teaching preschool. My role at the preschool is as teacher/director. When the children are at school I am in the classroom with them: during indoor play (where the children can move freely between themed learning centers that include art, sensory play, a literacy table, play dough table, manipulatives, painting, books, guinea pigs, blocks, and creative dramatic play); snack; circle time, outdoor play, and small group story time (with a different group of 8 or 9 children each day). Two times during the year we have Parent Observations and during this time I conference with three sets of parents each day (during 30 to 40 minutes of indoor play as they observe their child through one-way mirrors). Part of this action research occurred during Parent Observations. The other teachers were my collaborators and were part of this action research with me. The teachers and I have weekly planning meetings, as well as time to “de-brief” after school and “touch base” before school begins. The tools we chose to implement with Angie were discussed among all of us and all four of us were part of this intervention.

Angie is a bright creative little girl who loves sociodramatic play. Her ideas, energy, and enthusiasm draw children to her and her play. Angie enjoys scenarios with princesses, playing house, “adventure girls,” and kitty cats. Often there is something dramatic that happens and stirs up the excitement, i.e. sharks appear in the house and they have to run away screaming, or there is “fire powder” in the sand-house that burns people when it lands on them. Even the relatively calm kitty cats have to run and catch mice before they go to bed at night. Frequently though, as the scenarios evolve Angie becomes mad, sad, pouting or in tears. When friends have an idea that is different from hers or other children want to share the same territory, Angie’s responses can range from aggressively yelling, name-calling, and seeking to control, to helplessly sitting, pouting, and crying. Angie has much leadership potential since children are naturally drawn to her winsome smile and creative ideas. She is also a sensitive and emotional little girl who responds in a strong and personal way when she feels hurt, left out, or threatened. The interpersonal and intrapersonal conflict that Angie is experiencing is a normal, developmental stress that should result in positive growth and development. Angie’s responses are more in keeping with a *Threat-Coping Strategy* and are resulting in negative outcomes. An intervention to teach, support and help Angie acquire social emotional tools should prove beneficial. After consulting with her mother during Parent Observations I began the action research.

**DATA COLLECTION METHODS**

I began the action research by reviewing the literature on this topic, gathering baseline data on Angie through observational notes, teacher surveys, a parent survey and tally sheets (of stressful behavior).

For this action research project, I chose to use qualitative methods to complete my investigation. I interacted with the students as well as collected data that informed my hypothesis which was *The use of social emotional learning will promote positive coping responses to stress*. The methods of data collection that I used were: baseline tally sheets of negative coping responses, social conflict and emotional disregulation (for Angie) over a period of three days, parent and teacher surveys, observations, field notes, and anecdotal records. During and after implementation I practiced and coached with this tool and continued to observe and collect data. At the end of the intervention I used summative assessments through tally sheets, parent and teacher surveys, observations, field notes, and anecdotal records. Then I analyzed the data and results for this action research paper.

These strategies increase the validity of my action research in the following ways: 1) there is triangulation of sources of data (parent surveys, teacher surveys, tally sheets, and observational records); 2) there is persistent and prolonged observation; 3) there is a provision of a full description of the setting and the study; and 4) I have stated my hypothesis and am seeking to continually reflect on any biases that I may have (Hendricks, 2009).

**Parent and Teacher Surveys**

A teacher survey was used to gather individual information from each teacher about how they saw stress manifested in the children at our school. Each survey was beneficial and offered individual perspectives that were perceptive. Two of the teachers noted children by name and one wrote about symptoms of stress. The behaviors and indications of stress in Angie were noted in the following ways: “seems to get in the middle of some sort of conflicting drama every week. She uses aggressive behavior in both words, tone, and sometimes physical touch,” “I feel some of the girls are full of stress as they wait for their favorite friend to arrive and in the anticipation of how the roles will form and play out that day,” and “a large amount of ‘directing’ going on from Angie…(compromising…may be beyond her capacity).” I did not ask the teachers to specifically comment on Angie, yet her stress and behavior was mentioned in all three surveys.

From the parent survey I learned the following. Angie’s mother viewed her daughter’s strengths as:” Socializing – Angie is quick to warm up to new situations. She is a leader and likes to control direction of play. Very creative and theatrical – loves to perform.” These strengths were very much in keeping with the staff’s observations of Angie at school. In response to the question “What things are frustrating for your child? What does she struggle with? How often do these struggles or frustrations occur?, she wrote: “Naptimes are a struggle. Anytime we are leaving a place where she is having a good time (play-dates, school, parties, etc.), she’s not happy. I noticed these occurring with the start of the school year…”. Her mother wrote that some of Angie’s coping methods are stalling and saying she’s hungry at naptime and bedtime, or running away, screaming and crying when it is time to leave. Although Angie’s behavioral responses differed in contexts of home and school, the root problem appeared to still be the same: when Angie cannot control what she wants, she has difficulty regulating her emotions. Angie’s mother was very honest and vulnerable about how she, as a parent handled these times. She wrote candidly about aspects that are frustrating or difficult for her when Angie is struggling: “I try to remain calm and speak firmly, explaining to her what is going on. At times when she runs from me I will carry her once I get to her (after explaining she is never aloud(sic) to run away). I try to explain what a wonderful time we’ve had and focus on the good. Ex: We took kids to zoo and Angie didn’t want to go home. She threw a fit and said ‘But I didn’t get my face painted!’ It can be hard when I try my hardest and she’ll bring up something she didn’t get and then I feel guilty.” I appreciated the open responses and the insight that they offered into this child and her family life.

**Tally Sheets**

The teachers and I used a tally sheet over a three day period to record how often Angie was exhibiting negative coping responses to stress (as defined by Zimmer-Gembeck, 2011). Over the three day period, Angie averaged four to five negative coping responses per day. These responses included: physical opposition (kicking other children, pushing, grabbling things from others), inability to negotiate or accommodate with others who have ideas different than her own, which resulted in verbal opposition (i.e. “You’re not my friend anymore,” “She’s mean,”), or social isolation (withdrawing and pouting/glaring at others). Angie appears to experience helplessness when her peers have ideas that are different from hers. Zimmer-Gembeck (2011) note that helplessness can manifest in confusion, cognitive interference and cognitive exhaustion. Positive coping responses at this point would be self-reliance (which includes emotional and behavioral regulation and appropriate emotional expression approach), problem-solving (to adjust actions to be effective through strategies, planning and action), as well as seeking support and information.

In early October we scheduled a Parent Education night on “Children and Stress” with an outside speaker and time for discussion on this topic (see Appendix 1 for a summary of the presentation). The evening was well attended and received. The next step was to begin the intervention by teaching, modeling and scaffolding the use of social emotional tools to help Angie manage and grow in a positive and beneficial manner from this normal stress.

**STRATEGIES TO PROMOTE SOCIAL EMOTIONA LEARNING**

As I reviewed the literature on this topic I noted the strategies and components which were already in place for Angie and which were lacking. Angie was already in a preschool environment which is play-based and developmentally appropriate, thus these components were already accomplished. Next I examined tools for emotional regulation and prosocial behavior along with MAPs and activities that focus on self-reflection and the inner life of the child. Angie’s responses during normal developmental conflict were often in the categories of *social isolation, helplessness, and opposition*. These responses are all in the family of *Threat Coping Strategies* and are maladaptive when dealing with controllable stress. Furthermore these are enacted when an individual sees herself as without support, not competent and without choices. The social emotional tools that were part of this intervention needed to be tools that would move her toward *Challenge Coping Strategies* where she could begin to see herself as having choices, support and being capable to deal with interpersonal conflict. I wanted to find tools that would help Angie to respond in many of the following ways: with *self-reliance, support seeking, problem-solving, information seeking, accommodation, and negotiation*. In this way she would be developing *Challenge Coping Strategies* which are associated with positive results in dealing with manageable stress and social competence (Zimmer-Gembeck, 2011, p. 132).

Vanderbilt University has created a website with resources for social emotional learning entitled CSEFEL. From this site, I chose to implement Tucker Turtle as the intervention. This tool had all of the components that I regarded as necessary from my literature review. Tucker Turtle is a story that I downloaded from the website and made into a book for the children to see and hear. Through the story the children learned about this amiable little turtle who liked to play with his friends, yet sometimes got mad and hit, kicked, or yelled at his friends. Through the story the children learn about a sequential strategy and tools that helps Tucker recognize and regulate his feelings until he feels calm. Then he can think of a solution or a way to make it better.

The steps are: 1) When you feel mad… 2) Stop! Keep hands, feet & yelling to yourself. 3) “Tuck into your shell” and take 3 deep breaths, and when your body feels calm, 4) Think of a solution. I implemented the intervention over three weeks and I found that this worked well to reinforce all aspects of the SAFE practices.

**RESULTS AND DISCUSSION**

In this section I will describe the process of this intervention, which included: the teaching of the strategy, the making of puppets, role-play, and eventually real-life integration into the experiences of the children.

**Week 1**

In small groups, during story time, I showed the children a chart with different feelings depicted (See Appendix B). The children identified how they thought the people were feeling. Then I asked them to show me how their face looked when they felt mad (or sad, etc.) and they looked at each other’s expressions. I also asked how their body felt when they experienced that particular emotion. Next the children had the opportunity to share a time when they felt mad. After this I introduced and read the story of Tucker Turtle and when it was over we stood up and practiced Tucker’s strategy. I told the children “This is a way we can take care of ourselves and how we can calm ourselves. It takes some time and some practice, but you can all do it!”

Then I brought out my Tucker Turtle puppet along with a bear puppet, and the children had the opportunity to role-play Tucker getting mad, tucking into his shell, and practicing his strategy (See Appendix C for the full lesson plan).

**Weeks 2 and 3**

On Week 2 the children began making their Tucker Turtle puppets. During outside play the children could sponge-paint on a paper plate and create the shell of the turtle. While they were painting it gave me the opportunity to ask them to tell me about Tucker. Who was he? What did he do? What did he learn to do? When the children talked about Tucker getting mad and yelling, hitting and kicking his friends, I began asking them if they ever got mad – and I would share that I sometimes get mad. Then I would ask them if they thought being mad was a bad thing. Several children (understandably) thought it was, and it was a great opportunity to explicitly tell them that: “Everybody feels mad sometimes, so being mad is not a ‘bad’ thing.’ It’s when we do things that hurt other people like kicking, hitting or yelling, that is not okay. When we feel mad we need to find a way to calm down and that is why we: Stop, (Tuck) and take 3 deep breaths until our body feels calm again. Then when we’re calm we can think of new ideas or talk to our friends about what we’re feeling and what we want.”

Angie came on her own to paint the turtle shell. When I asked the question, “Do you ever feel mad?” she promptly answered “No.” It was an opportunity to tell her that I get mad sometimes and share with her the above information. The children also cut out Tucker’s legs, tail and head during indoor or outdoor time. Once again this was a time to gain insights into each child’s understanding of the social emotional skills being taught – and an opportunity to reinforce these skills.

At the end of Week 3 the puppets were completed and we set up a puppet theater. Once again I took the children in small groups. As a whole the children were excited and proud to have their own Tucker Turtle which they created. They enjoyed making the puppet move and role-playing Tucker “tucking into his shell” when he feels overwhelmed. All of the children minus one shy little girl) wanted to enact a scene in the puppet theater for their peers.

The tool of Tucker Turtle met all aspects of the criterion I determined to be necessary through the literature review. The story was *developmentally appropriate* and involved *play* in actions, role-play, and puppets. The steps that Tucker Turtle follows are illustrated in pictures and words which serve as *external mediators* (See Appendix B). We posted these steps on the wall in the dramatic play area. As the children made their puppets we talked about emotions and practiced the steps. In real-life situations when the children felt overwhelming emotions, we practiced the steps together, *modeling private speech*. Self-awareness of feelings, breathing to calm down, and reflection on feelings and choices are all *mindful awareness practices* *(MAPs)* which focus on self-regulation and the inner life of the child. Finally, it was my hope that through the story of Tucker Turtle the children would learn, or be introduced to, positive coping responses of: *self-reliance, problem solving, seeking support, seeking information, negotiation, and accommodation*.

**Data Analysis**

The baseline tally sheets revealed that Angie experienced four to five negative coping responses to stressful experiences per day, over a period of three days. Parent and teacher surveys confirmed that an intervention was warranted. This data, combined with observational notes, clarified the areas on which to focus the intervention: emotional regulation and social skills.

My journal entries revealed times when (see Figure #1):

1. Angie needed support in knowing how to enter into play with another child (who does not follow her) (9/21, 9/27, 10/18).
2. Angie used physical and verbal aggression in her social interactions (9/21, 9/27, 10/7, 10/10, 10/12, 10/17, 10/31)
3. Angie frequently attributed a negative motivation of other children in their actions towards her (9/21, 9/27, 10/10, 10/25).
4. Angie had a difficult time emotionally and socially when children wanted to act out a script that is different from the one she had in mind (10/10, 10/12, 10/17, 10/25, 10/26, 11/9).

Figure #1 outlines the Threat Coping Responses observed in Angie. Research by Zimmer-Gembeck (2011) reveals that these types of responses typically result in negative outcomes.

**Stress Coping Responses**

Observations of *Threat Coping Responses* that we hoped to see decrease were *helplessness, social isolation, and opposition.* Angie exhibited *helplessness* in her inability to enter play with children who do not follow her. On two occasions Angie was crying or upset because she wanted to be part of ongoing games and did not know how to enter into the play with other children. On a different date she told me “I want to play with her,” yet still needed teacher support to ask the other child if she could play. Angie would also *socially isolate* when children did not follow her ideas. One typical example occurred on 10/12/12. I wrote in my journal: “I saw Angie sitting, hugging her knees, pouting. When I asked her if she was sad or mad about something she told me ‘L. said she doesn’t want to play with me… I want to play Adventure Girls.’ I observed that L, K, G, and G were playing right around her, and beforehand K had been bringing things to Angie and inviting her to join them.” Angie also used *opposition* to control the situation. This occurred in two distinct categories. The first was using physical and verbal aggression. Angie was observed using emotional words that had the potential to wound when she encountered social conflict. “You’re being mean,” “Butt-face,” “You’re a brat,” and “You’re not my friend,” were all phrases that I recorded Angie saying to her peers. At other times Angie kicked anther child two times (even after a teacher talked with her the first time) because “he was being mean.” Angie is an animated and theatrical little girl who was also capable of glaring and making faces at those she opposed. During these times Angie seemed unaware or uncaring of how this impacted other children. The second category of observed opposition was when Angie would attribute negative intent to other children’s actions. This type of *opposition* response fell into the sub-heading “other blame” of Zimmer-Gembeck’s (2011) model. This negative coping response manifested in becoming angry with children who did not want to follow her ideas or feeling personally rejected if children were interested or involved in another activity. Another example of this response happened when Angie played for awhile with a purse in the upstairs loft. Later she was playing downstairs in the housekeeping area, when another child came downstairs with the purse. Angie became upset that the other child took “her” purse and needed teacher intervention to help with the dispute. The other two *Threat Coping Responses of submission* and *delegation* were not observed in Angie’s interactions at school.

Observations of *Challenge Coping Responses* that we desired to see increase: Angie was already very *self-reliant* in her creative plans for social dramatic play; she never lacked for ideas! She had begun to *seek support* more frequently (from teachers) when she was frustrated in social play. I hoped to see her move towards *problem-solving* and *information seeking*, rather than reporting the problem and wanting it fixed. Nevertheless, I was glad that she *sought support* and comfort. On 11/9 (after the intervention had begun) Angie made an approximation of a*ccommodation*. When a boy asked if he, too, could be a kitty in the pretend play, Angie told him “No, but you can be a dog.” I had not yet observed Angie *negotiating*, although she has pursued a friend who was walking away because Angie was not listening to her ideas.

Figure #2 describes the positive and negative coping responses observed in Angie. Through the intervention we hoped to see the positive coping responses increase and the negative coping responses decrease.

**RESULTS OF THE STUDY**

**Observations**

Angie was in the first group of children who heard the story of Tucker Turtle on October 25th. My field notes began on September 21st and ended on November 30th. Therefore I had 4 ½ weeks to observe Angie before the intervention and 4 weeks to observe her after the initial intervention (the children were not in school one week due to Thanksgiving vacation). Observations from my journal and field notes included the following anecdotal records.

On 10/25/12 Angie participated in the story group introducing emotions and Tucker Turtle. Throughout this time she appeared engaged and was an active participant. When I introduced the emotion chart (see Appendix 2) she shared what she thought the people’s faces expressed emotionally. Angie demonstrated what her face looks like when she is experiencing these emotions and how her body might feel. For example when I asked the children how their bodies felt when they are sad, Angie responded with “Lonely and sad.” When I asked the question “Can you remember a time when you felt made?”, Angie raised her hand and shared about a time when her little sister knocked down something she was making and that her mom came and helped her. Angie was eager to participate with the puppets and pretended to be Tucker who almost hit his friend Bear, but then remembers to stop, tuck, breathe and then think of another solution.

On 10/26/12 during indoor time Angie pushed down a boy who didn’t listen to her words of “No shoes!” in the area where “ballerinas” were dancing in socks. Later during the same day Angie came to me crying because a friend had told her she was no longer her friend. I put my arm around Angie and said ”Let’s practice what Tucker Turtle does.” We went to the sandbox ledge and sat down together.

Me: “You are feeling strong feelings but you didn’t yell or hit or kick. You stopped and came over here. Let’s tuck and take 3 breaths. “(We did this together.) Is your body feeling calmer?”

Angie nodded yes. I noted she was no longer crying.

Me: “Now we can think of some ideas. Do you have any ideas?”

Angie: “I want K to be my friend.”

Me: “Would you like to talk with K?”

Angie nodded and we asked K if we could talk.

Me: “Angie is feeling sad. She said that you said she’s not her friend anymore.”

K: “I was playing with \_\_\_\_\_. You’re still my friend.”

I tried to elaborate on what K. had just said – thinking about Corsaro’s writings re: children’s definition of friends being “whomever they are playing with.”

K (who is very affectionate) hugged Angie and said she was sorry. One of them said “Let’s play unicorns” and they were off.

On 10/31/12 a similar incident happened with another friend. Angie came to me sad, pouting & near tears.

Angie: “R. said I’m not her friend!”

We sat on the edge of the sandbox & practiced the Tucker Turtle (TT) breathing & I asked her if her body felt calmer. She said yes. Then I reminded her

Me: “Remember when you told K she wasn’t your friend anymore? And you are still friends. Would you like to talk to R?”

Angie nodded & we went to R. I encourage Angie to tell R. how she felt when R. said her words.

Angie: “I don’t like it when you say I’m not your friend.”

R (leaning her face until it’s close to Angie’s): I’m still you friend. I just don’t like it when you say you’re not my friend.”

I also wrote: It seems that when she experiences tension or stress, she just wants relief from that tension. On the positive side it seems that Angie is coming to a teacher more frequently when she needs support – especially when she needs help with words & talking to peers.

On 11/9/12 I observed the following scenarios:

Today Angie was riding on the bikes and had the sad/mad/frustrated face. At one point she got off the bike and tried to block E. I went over and told her that she looked frustrated. I helped her move out of the way so that other bikes could pass. At this point she ran over to the teeter totter. I went over and put my arm around her and asked her if she was feeling mad, sad or frustrated. She nodded and I said ”Let’s stop and take some deep breaths until you feel calmer.” At the end of the breaths I asked if she felt calmer and she said yes. Then I asked what happened and she said that E. kept passing her on the bikes and she didn’t want him to.

Me: “I’m not sure if you’re feeling sad because it scared you, or mad because you wanted to be the leader?”

Angie: ”Mad, because I wanted to be the leader.”

Me: “Do you think it’s bad when you feel mad?

Angie hesitated and slightly nodded. I repeated what I shared at the art table (that feeling mad is not “bad” and that everyone feels mad at times.”) “It is hard when you feel mad. I’m glad you took some deep breaths to feel more calm. Now you can decide what you want to do. You can choose to play somewhere else or you can talk to E. in a calm voice and tell him how you’re feeling and what you want...and then listen to his words.”

Angie decided she wanted to play with L. and moved on.

Later I observed her with two girl-friends run to the edge of the sandbox and sit on the ledge. (I later realized this was a place that Angie and I went on two different occasions.)

Angie: “Remember Tucker Turtle! Take 3 deep breaths.”

All 3 girls simultaneously breathed together. MW & I watched in amazement. Then the girls went back to the sandhouse and rejoined a play scenario. They wanted to go in the sand house, but MM was still helping children inside. Soon afterwards Angie was directing some children in play. MM could hear the dialogue and I asked her to share with me what happened.

Here is her description: The girls had been inside the sand house preparing for a party. Two boys (M & P) came in and knocked the bowls and dishes off the table. MM stepped in and told the boys that the girls were setting up for a party and they needed to set the dishes back up which is when the girls ran and did Tucker Turtle breathing.

This was an appropriate use of the breathing tool and it was exciting to see Angie lead the other two girls in breathing to calm down. The teacher (MM) had already stepped in to stop the boys destruction, nevertheless Angie thought of Tucker in a moment of tension.

On 11/15/12 Angie and six other children prepared a puppet show with Tucker Turtle for Circle Time on the 16th. Angie wanted to play the part of Tucker.

On 11/16/12 It rained all day and since we were indoors for three hours we had the opportunity for all of the children to perform small group puppet shows with their own Tucker Turtle puppets. Angie decided she wanted to be Bear in the story today.

Reflecting on these two days I wrote: I was glad that Angie chose to act out Tucker and Bear in the same scenario on the two different days. There is no real way of knowing how it impacted her, but it could provide the possibility of taking different perspectives – which is an area of growth for most preschool aged children.

Figure #3 charts the initial times the Tucker Turtle strategy, first with teacher suggestion and support and then independently (indicating beginning internalization of this strategy and tool).

**Summative Tally Results**

At the end of my action research, over a period of three days, Angie was observed in an average of one social conflict per day. This is in contrast to the baseline tally chart which averaged four times per day over a three day period. The social conflicts differed from the conflicts which were noted in the baseline data, which was recorded five weeks earlier. In the three conflicts that were recorded, we noted the following coping responses: *support seeking* (from teachers*), information seeking* (from teachers), *accommodation* (when a friend chose not to play in her scenario any longer, she was observed to express her thoughts out loud “She doesn’t want to play,” accept it and create a new scenario with another child). Although, Angie did *socially isolate* on 11/29, she sought support and appeared to be isolating in what Zimmer-Gembeck refer to as a functionally adaptive process: withdrawing from what she perceived to be an “unsupportive context” (p. 141). Angie thought the children were laughing **at** her when she was hurt and isolating was an appropriate coping response. These coping responses were substantially different from the baseline data of: *physical opposition* (kicking other children, pushing, grabbling things from others), inability to negotiate or accommodate with others who have ideas different than her own, which resulted in *verbal opposition* (i.e. “You’re not my friend anymore,” “She’s mean,”), *social isolation* (withdrawing and pouting/glaring at others), and *helplessness* when her peers had ideas that were different from hers (Zimmer-Gembeck, 2011).

**Parent and Teacher Surveys**

In the follow-up parent survey (see Appendix D). Angie’s mother wrote that her daughter had shared with her about the puppet plays and “immediately when we got home, Angie involved her younger sister in acting out the play. Very theatrical and instructive. Angie told her sister about the story as if she were the teacher.” In response to the third question which asked: Have you seen or heard your child act out Tucker Turtle’s method of calming down when feeling mad, sad or frustrated? Is she able to describe the strategy to you?, she wrote: “Yes, I’ve seen her stop and breathe deep to calm herself. Yes, Angie explains the strategy – each step, very clear.” When asked if there were any tools that were helpful or that she might implement with her child, she responded: “Definitely – I will use ‘Tucker’ as a reminder to my children when I see them worked up and ask them ‘What would Tucker do?’”

The follow-up teacher surveys contained information regarding the impact of the Tucker Turtle intervention and specific changes that were observed in Angie’s emotional regulation (see Appendix E for teacher surveys). When asked whether they observed positive or negative impacts in the children as a result of the Tucker Turtle intervention, the teachers wrote the following: “They have one more tool to draw from during confrontation. It gives them a positive place to go,” and “Tucker Turtle was a success! I heard many positive statements from children regarding Tucker Turtle. Many were excited to take him home. It was encouraging to see children step back from an emotional situation and take deep breaths. The classroom as a whole understands the idea of Tucker Turtle. This has been very helpful because we as teachers are able to remind children of ways to regulate their emotions.”

The teachers were also asked if they had observed any specific changes in Angie’s emotional regulation, these were their responses: “I think I have observed that she is less explosive – she still gets defensive (quickly!) but it is not as loud or as long in duration. I think I may even notice her catch herself a bit, at the moment of explosion (sometimes look to adult) and take a breath. Now whether this is maturity, becoming accustomed to social play at school (not just home playing with sister), or the introduction of Tucker Turtle, I cannot say – but I feel she is making improvement.” Another teacher wrote that it was “Easier to regulate her (Angie) back to a calmer state. She has tools to pull from,” and a third teacher responded “I have seen positive changes in Angie’s emotional regulation. Today she was upset at a situation and was able to turn to me for help, rather than yelling at her friends…Angie has started to use deep breaths when she gets upset. I have seen her remove herself from a situation, breathe, and problem solve.” One teacher wrote this final comment: “Emotional regulation can be difficult for children and adults. I have been impressed with the impact that Tucker Turtle has made on the children. I have seen only positive outcomes…”

The multiple forms of data collection included: observational records, tally charts of coping responses (before and after the intervention), and parent and teacher surveys (before and after the intervention). This triangulation of data helped to insure truth-value validity (Hendricks, 2012). I wanted to ensure that the results of this research were accurate and truthful, and guard against any personal bias that I might have.

In this short space of time all sources of data point to growth in positive coping skills. The tally sheets showed a reduction in negative coping skills which averaged 4 times per day before the intervention and reduced to 1 time per day after the intervention. The parent survey indicated this intervention to be a positive coping strategy that Angie was able to explicitly articulate and employ. Teacher surveys also stated that it was a positive tool and spoke to growth that has been observed in Angie (which could be attributed to Tucker Turtle and/or other sources). The observational record showed Angie using the breathing technique with teachers and on her own. Most importantly, the *Threat Coping Responses* of *opposition, social isolation and helplessness* were observed to have decreased during the last week (three days) of observation.

Figure #4 summarizes the triangulation of data used to analyze the social emotional intervention.

**Analyzing Tucker Turtle through the lens of Semiotic Literacy and Constructivist Theory**

Semioticians believe that reading written text is just one kind of literacy. They argue that people read all different kinds of signs and codes to make sense of their world, including musical notes, gestures, mathematical systems, etc. (Suhor, 1991). Educators and researchers in the field of social emotional learning have written of this type of learning as a form of literacy (Cohen, 2001). In this social emotional intervention I believe that Tucker Turtle served as a semiotic symbol for the children. He came to be identified with difficult emotions and how to handle them. Children generally love animals and they related to Tucker’s imperfections and aspired to his success. His story and his actions became a signpost of what an individual child (Angie, in particular) could do when she felt overwhelmed with anger, fear, sadness or frustration. Tucker Turtle became an external mediator for Angie to learn how to calm herself down. When Angie thinks of what Tucker Turtle does she is reminded of his behavior when he feels mad and encouraged in her own self-regulation. Through the story, the role-play, the puppets, and the real-life practice Angie is learning to read her own body and emotions. Through the deep breathing strategy she is learning the beginning stages of mindful awareness practices which neuroscience is demonstrating connects the affective and cognitive parts of our brain. Tucker Turtle functions as an external mediator to trigger and remind Angie to use breathing to self-regulate. Gradually this skill is becoming internalized.

In the context of social relationships Angie is being given the opportunity to construct new mental relationships. She is learning that feeling mad is not “bad” and that she has a tool (Tucker Turtle’s actions) to help her when she feels this strong emotion. She is learning that she can *seek support and information* from teachers. Teachers are scaffolding her learning and helping her to see other children’s perspectives. As Angie internalizes these new mental relationships she is beginning to demonstrate: 1) *problem solving* strategies (i.e. running to the ledge of the sandbox and using the breathing tool on her own), 2) increased *self-reliance* through emotional and behavioral self-regulation, as well as increased understanding in other’s perspectives (i.e. Angie can now call to her friend “Come and play with us!” and then accept that “She doesn’t want to play.”), (3) continued movement towards *accommodation* (i.e. Angie articulated private speech “She doesn’t want to play,” and moved on in her play). These small incidents are big steps in a preschool-aged child. The *Threat Coping Responses* that Angie exhibited before the intervention of: *helplessness, opposition, and social isolation* appear to be decreasing and we are seeing movement towards *Challenge Coping Responses* of: *self-reliance, support seeking, information seeking, problem solving, and accommodation* (and we look forward to seeing *negotiation!).*

**CONCLUSION**

Due to the fact that the intervention was only in place for four weeks, it is difficult to know the true impact and lasting results of this action research. Furthermore, I fully agree with one of my teacher’s assessments when she said that it is difficult to know if the positive growth we are observing in Angie’s coping responses are due to maturity, becoming accustomed to social play at preschool, or to Tucker Turtle. I would also add the “development of relational trust with teachers” as another important factor in Angie’s social and emotional growth. Research with large numbers of children over a greater length of time would be needed to determine which variables have the most significance.

Two months is a relatively short amount of time for an action research project, yet it is exciting to see what can begin developing in the life of a child. Tucker Turtle provided a sequenced skill that preschoolers can employ and active involvement in learning and practicing the skill. In the intervention the action research focused on having appropriate amounts of time for this skill to be learned and to explicitly teach the strategy and steps to take when experiencing strong emotions. In this way the SAFE practices which are recommended in teaching Social and Emotional Learning were followed.

The components and strategies of effective SEL programs identified through the literature review were also included in this action research project. Within a developmentally appropriate preschool curriculum, social emotional learning was taught through the forum of play. Tucker Turtle was introduced in a children’s story with the opportunity to interact and relate his experiences to real-life experiences. Playful interaction with peers and with puppets allowed the children to dramatize how to use this strategy. Throughout the day there were often opportunities to practice the technique of *stop, breathe, and then think of a solution* when difficult emotions occurred. As the children created their own Tucker Turtle puppet (painting his shell and cutting out his legs, tail and head) we had opportunities to revisit the story and talk about their individual experiences with the emotions of anger, sadness and frustration. Then when they took their own puppet home, the children had the chance to teach this tool to family members which could further reinforce the strategy in their own mind (a letter also went home to the families).

Piaget believed that disequilibrium within or outside of oneself was the primary influence for making new cognitive connections because it forces people to alter or transform their thoughts or feelings. Development can progress in a positive direction when children experience the resolution of conflict that is beneficial to self and others (DeVries and Zan, 2012). Struggle, tension and stress can have beneficial results. Research points to supportive and protective relationships (Harvard, 2012) and *Challenge Coping Strategies* (Zimmer-Gembeck, 2011) as two factors that result in positive outcomes following normal developmental stress. Both of these essential components were employed in the social emotional learning intervention of this action research project. Although children are not able to create or use external mediators unassisted, they are able to accomplish this skill in the “context of meaningful activity shared with adults” (Bodrova and Leong, 2007, p. 55). In this action research Tucker Turtle was used as a mediator and a semiotic sign for a strategy of self-regulation, and teachers provided help and support with this tool. As data was collected the question continued to be posed: would this social emotional strategy promote a positive coping response to stress? In a short time beneficial growth has been observed in Angie. I am encouraged, through this action research, to continue using social emotional learning to teach and support children in *challenge coping responses* which will help them move towards manageable stress with competence and a problem-solving attitude.

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**Appendix A**

**Summary of Content of Parent Education Night**

“Children and Stress” presented by Glo Wellman at Presbyterian Preschool (October 18, 2012)

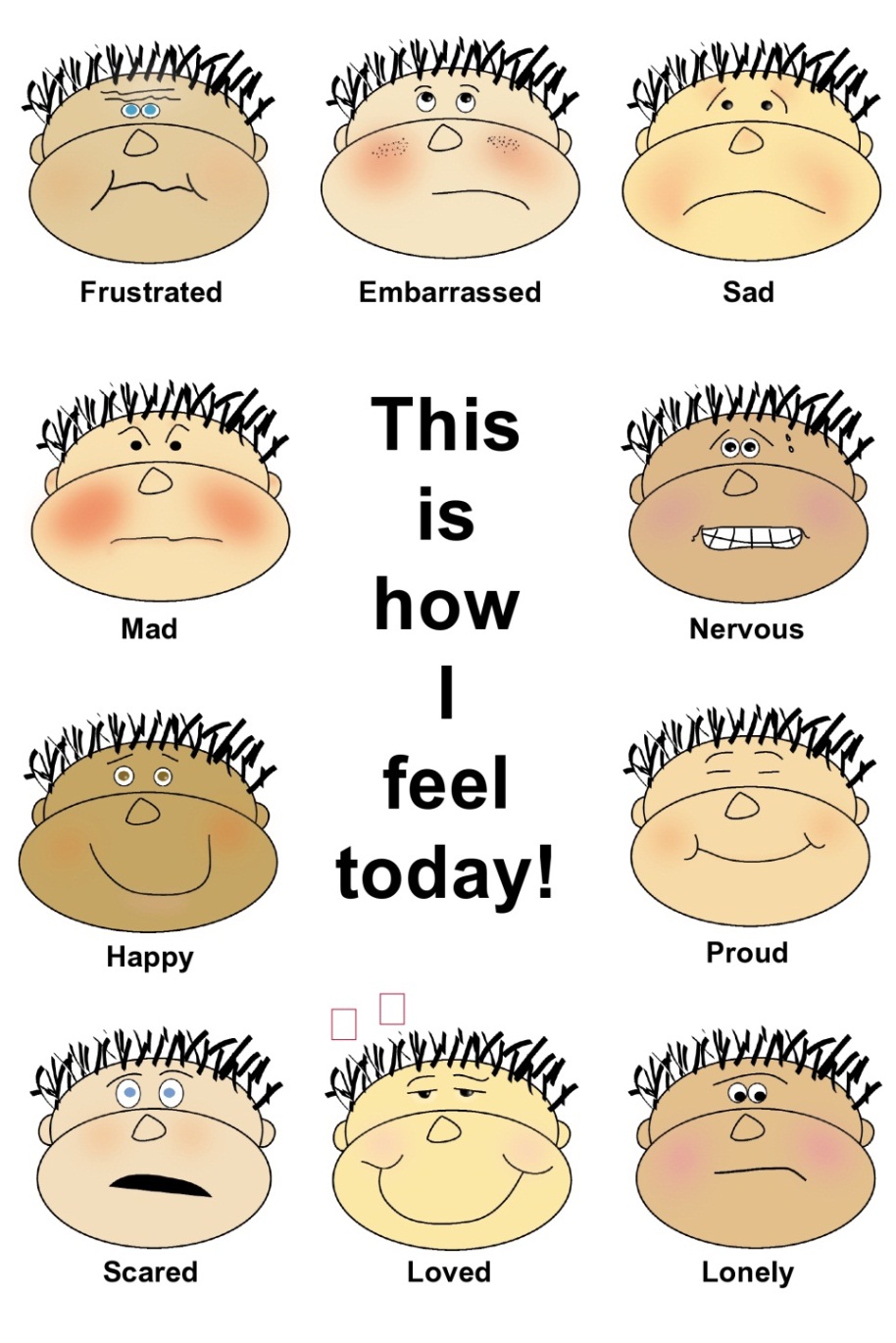
The Cycle of Stress (and Anger)

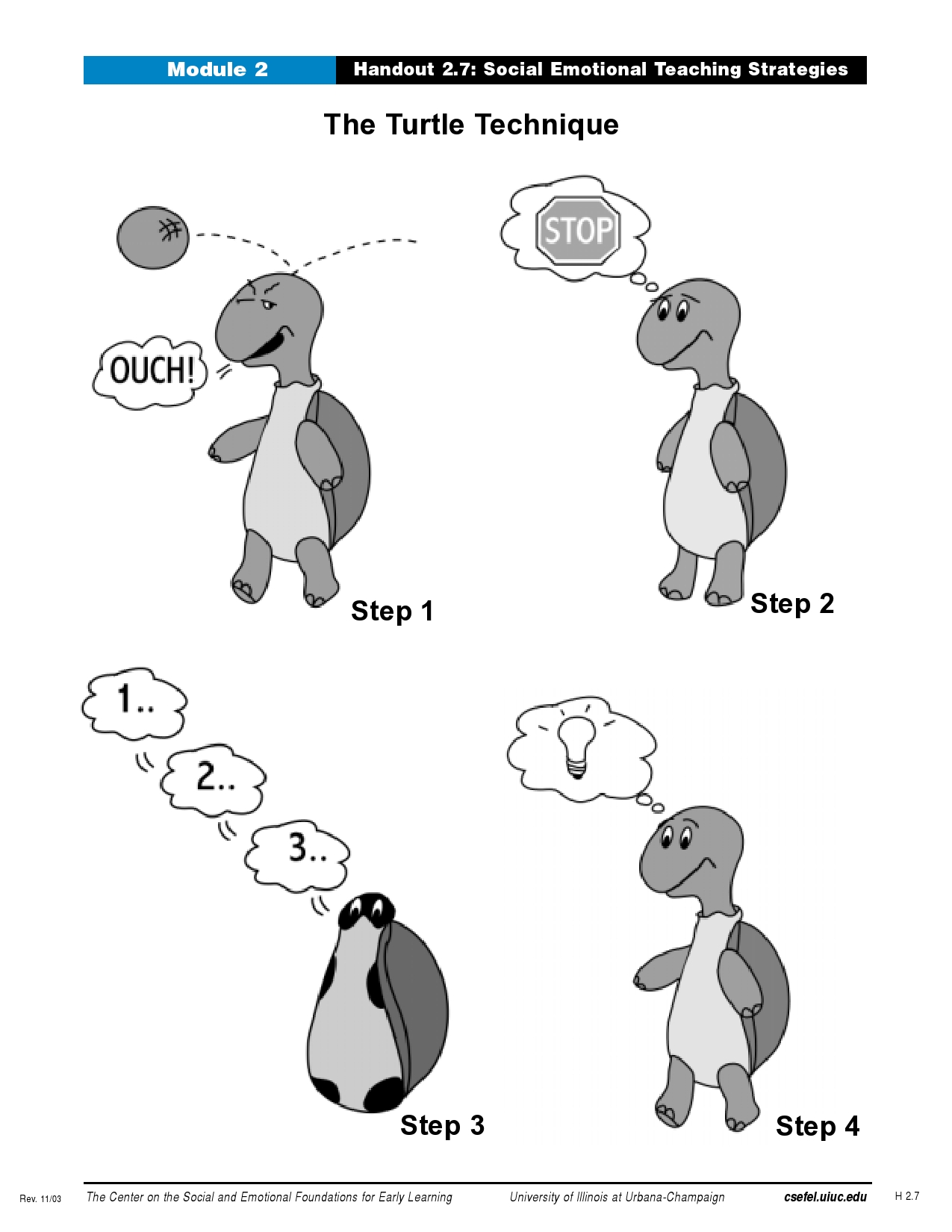
The alternative to reacting to stress is learning to manage stress. Through participation with parents the following ideas were discussed on managing stress and then followed with practical ideas that parents can implement when children are stressed. Examples of managing stress were: exercise, time away, breathing, hobbies, massage, discuss my feelings/talk, play, set limits, touch/hug/love, read, meditation/prayer, attitude of gratitude, seeking support, and learning to recognize triggers for stress. When children are stressed, we can: help them to verbalize feelings, listen and hold them, read books and offer stories of other children in similar situations, slow down our talk to help them slow down, offer alternative behavior choices (i.e. hit pillow, not people), breathe, model and provide time-outs as a cool down opportunity (not a punishment).

**Appendix B**

**CSEFEL: Center on the Social and Emotional Foundations for Early Learning**

**The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) is focused on promoting the social emotional development and school readiness of young children birth to age 5. CSEFEL is a national resource center funded by the Office of Head Start and Child Care Bureau for disseminating research and evidence-based practices to early childhood programs across the country.**

[**http://csefel.vanderbilt.edu/resources/strategies.html**](http://csefel.vanderbilt.edu/resources/strategies.html)****

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**Appendix C**

**Tucker Turtle Lesson Plans**

Social Emotional Learning

Helping Children Deal with Stress & Strong Emotions

Introducing Feelings & Tucker the Turtle

Begin with feelings chart: “This chart says: This is how I feel today!” Look at:

Mad/Frustrated

Sad/Embarrassed/Lonely

Happy/Loved

Proud

Scared/Nervous

• “How do you think this person feels?” (Ask children to identify how each person on the chart might be feeling. Clarify with the word written below, if necessary.)

• Next ask the children: “Can you make a face like that? How does your body feel, when you feel \_\_\_\_\_\_\_\_\_?”

• Then ask “Can you remember a time when you felt that way? What happened? What did you do?”

“Sometimes our feelings are very strong and it is hard to feel calm and relaxed. I want to tell you a story about a turtle named Tucker, who had this problem and then he learned what to do!” (Read story)

“Let’s stand up and practice doing what Tucker learned.”

1. I’m feeling mad (or sad or frustrated)!

2. I need to stop! (& keep my hands, body & yelling to myself)

3. I can tuck inside & take 3 deep breaths

4. Then, when I feel calm again, I can think of some ideas.

“That is how we take care of ourselves and how we calm ourselves. It takes some time and some practice, but you can all do it!”

“Let’s sit down and do some pretending with some puppets. We can help Tucker practice & remember what to do when he has strong feelings. What might make Tucker mad?” (Have 1 child be Tucker & 1 be an animal friend puppet. Possible ideas are: not sharing toys, getting bonked on the head with a ball, friends wanting to do different activities, having to wait for a turn, getting frustrated because something is too hard – i.e. climbing on the bars). Have all children help Tucker enact the steps when he feels strong feelings.

“What might make Tucker sad?”

“What might make Tucker frustrated?”

After all children in small group have had an opportunity to role-play with the puppets, end with the following:

“You have all really helped Tucker today. But I think that Tucker has helped us too! When we have strong feelings (1) and it is hard to feel calm and relaxed, we can Stop (2), Tuck & Breathe (3), and Think of a Solution when we are calm (4).

**Appendix D**

**Parent Surveys**

**(Before Intervention)**

1. What do you see as your child’s strengths?

2. What things are frustrating for your child? What does he/she struggle with? How often do these struggles or frustrations occur?

3. During these times how does your child cope?

4. How do you as a parent help during these times? What is frustrating/difficult for you when your child is struggling?

**(After Intervention)**

1. During the last few weeks the children heard a story about Tucker Turtle and they each made their own puppet. Please share with me anything that your child has told you about Tucker Turtle or this project.

2. Has your child played with the puppet? If so, please describe the type of play.

3. Have you seen or heard your child act out Tucker Turtle’s method of calming down when feeling mad, sad or frustrated? Is he/she able to describe the strategy to you?

4. In the letter and hand-out that you received about Tucker Turtle, were there any tools that were helpful or that you might implement with your child?

**Appendix E**

**Teacher Surveys**

**(Before Intervention)**

The stress that I observe in children at preschool includes:

1. Separation anxiety (usually in a small number of children at the beginning of the year)

2. Transitional challenges – change in routine, learning new ways of doing things

3. Frustration with challenges that are at or above their limits of capabilities (physically, socially, emotionally and cognitively)

4. Delaying gratification

5. Loss which can occur through death or change in life situations

6. Fatigue

7. Over-stimulation, “hurrying,” busyness of life

8. Conflict

Looking over this list, please think about the AM4’s class this year. Then, in order of priority to be addressed, list the types of stress you observe (and the children who you see experiencing this). Please return to me in sealed envelope. Thank you!

**(After Intervention)**

1. Please record any positive or negative impacts that you have observed in the children as a result of the Tucker Turtle intervention:
2. Have you observed any specific changes in Angie’s emotional regulation?
3. Are there any other comments you would like to make?