There is minimal evidence to support that social training intervention benefits children with severe emotional disturbance

Amanda Fink
Pacific University

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There is minimal evidence to support that social training intervention benefits children with severe emotional disturbance

Disciplines
Occupational Therapy | Pediatrics | Rehabilitation and Therapy

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There is minimal evidence to support that social training intervention benefits children with severe emotional disturbance

Prepared by: Amanda Fink (OTS) (email: whit5301@pacificu.edu)

Date: November 30, 2009

CLINICAL SCENARIO:

The term “emotional disturbances” was originally defined under the IDEA of 1997, renewed with IDEA of 2004, and since there has been a significant rise in elementary age children diagnosed with this condition. These children struggle with psychosocial problems, interpersonal relationships, and inappropriate or aggressive behavior. Occupational therapists are often called to treat these children and struggle creating evidence based intervention plans that promote the child’s wellness and engagement in the classroom. The extent to which school occupational therapy services are provided for children with emotional disturbance and the types of services provided are not known due to a lack of research (Barnes, 2003). There is a clinical assumption to treat children with emotional disturbance using a cognitive behavioral approach and some authors believe social skills training enables children to interact successfully in the classroom. To date there is little research done as to the most effective intervention for these children.

FOCUSED CLINICAL QUESTION:

What is the best method of intervention for promoting classroom integration and interaction for children with severe emotional disturbance in the elementary school?

SUMMARY of Search, ‘Best’ Evidence’ appraised, and Key Findings:

- Not all search databases were exhaustively investigated, but 15 articles were found that addresses the clinical question.
- The randomized control trial (RCT) by Bierman, Colie, Dodge, Greenberg, Lochman, and McHahon (2002) has been deemed as the best evidence to date.
- The RCT focuses on improving a child’s skills, the effectiveness of parenting, children with in the school, at the communication between parents and home and school employees.
- The RCT is a longitudinal study, encompassing 54 schools in 4 different states, and was measured at a 3 year period for its effectiveness.
- The study measured the children at the beginning of the study to set a baseline.
- The study aimed to see how well children succeeded in school through the use of the Fast Track program and focused on increasing social skills and improving behavior problems.
- Small evidence was established that showed the Fast Track program improved conduct problems in the classroom, including aggressive and disruptive behavior.

**CLINICAL BOTTOM LINE:**
A three year longitudinal study in 4 different states, measured by the conduct problem prevention research groups showed that 37% of students participating the Fast Track program control group were determined to be free of serious conduct problems after a three year period. These children showed improvements in behavior in both the classroom and home environments.

**Limitation of this CAT:**
The critically appraised paper has been individually prepared by a master’s of occupational therapy student as part of a university project and reviewed by a faculty member, but has not been externally peer-reviewed.

**SEARCH STRATEGY:**

**Terms used to guide Search Strategy:**

- **Patient/Client Group:** children with mental health, psychosocial, emotional disturbance needs
- **Intervention (or Assessment):** School-based services
- **Comparison:** What is currently being done
- **Outcome(s):** Successful integration into the classroom

<table>
<thead>
<tr>
<th>Date</th>
<th>Search Engine</th>
<th>Words Used</th>
<th>Limits Used</th>
</tr>
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<tr>
<td>8.31.09</td>
<td>CINHAL</td>
<td>Emotional Disturbance and school</td>
<td>- Studies written in English</td>
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<td>- Full-text only</td>
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<td></td>
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<td>- 1995 to present</td>
</tr>
<tr>
<td>8.31.09</td>
<td>OT Quick Reference</td>
<td>Emotional Disturbance</td>
<td>- Studies written in English</td>
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<td></td>
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<td>- 1995 to present</td>
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<td>- 1995 to present</td>
</tr>
<tr>
<td>9.8.2009</td>
<td>Mental</td>
<td></td>
<td>- Studies written in English</td>
</tr>
</tbody>
</table>
### Health Needs

**Kids in school system**

**Psychosocial issues**

**Emotional issues**

**Psychosocial issues in school**

**Effective OT intervention**

**Susan Basak Mental health in schools**

- AND
- 1995 to present

<table>
<thead>
<tr>
<th>Date</th>
<th>Database</th>
<th>Query</th>
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<tbody>
<tr>
<td>9.2.2009</td>
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<td>Studies written in English AND 1995 to present</td>
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<td>CINHAL</td>
<td>Mental Health and School</td>
<td>Studies written in English AND 1995 to present</td>
</tr>
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<td>9.13.09</td>
<td>Medline</td>
<td>Mental health, school, preschool, children, adolescents</td>
<td>Studies written in English AND 1995 to present</td>
</tr>
<tr>
<td>9.13.09</td>
<td>PsychINFO</td>
<td>Mental health, school, preschool, children, adolescents, elementary</td>
<td>Studies written in English AND 1995 to present</td>
</tr>
</tbody>
</table>

### INCLUSION and EXCLUSION CRITERIA

- **Inclusion:**
  - Inclusion criteria included studies that incorporated the elementary school system.
  - Inclusion criteria included studies that investigated the effectiveness of an intervention strategy.
  - Studies with an emphasis on children with emotional disturbance.

- **Exclusion:**
  - Intervention that did not take place in schools was excluded.
  - Papers published before 1995 were excluded because emotional disturbance was not defined until 1997.
  - Studies that investigated children older than elementary age were excluded.

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Can be found: [http://commons.pacificu.edu/otcats/](http://commons.pacificu.edu/otcats/)
RESULTS OF SEARCH

5 relevant studies that met the inclusion and exclusion criteria were located and categorized as shown in Table 1 (based on Levels of Evidence, Evidence Based Rehabilitation, 2008)

Table 1: Summary of Study Designs of Articles retrieved

<table>
<thead>
<tr>
<th>Study Design/ Methodology of Articles Retrieved</th>
<th>Number Located</th>
<th>Author (Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systematic Reviews</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Critically-Appraised Topics (Evidence Syntheses)</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Case Controlled Studies Case Series/ Reports</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Background Information/ Expert Opinion</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

BEST EVIDENCE

The following study/paper was identified as the ‘best’ evidence and selected for critical appraisal. Reasons for selecting this study were:

**The reason for selecting this paper:**
- No paper directly answers the clinical question.
- This paper provided the highest level of evidence for answering the clinical question and utilized a longitudinal design format.
- The study by the Conduct Problem Prevention Research group works exclusively with children in the school system and spans 4 different states/regions.

**SUMMARY OF BEST EVIDENCE**

**Table 2:** Description and appraisal of study by the Conduct Problems Prevention Research Group. (2002).

<table>
<thead>
<tr>
<th>Aim/Objective of the Study/Systematic Review:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The aim of the study is to examine the effectiveness of the first 3 years of the Fast Track Prevention Trial with children who are at high risk for conduct problems in the school-district.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Study Design:</th>
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</table>
| This random control trial had participants selected on the basis of the child being at risk for conduct problems. The parents whose children scored within the top 40% of a multi-stage screening procedure were called and asked to rate their child’s behavior problems at home, using the Child Behavior Checklist and the Revised Problem Behavior Checklist. The children who score in the top 10% were asked to participate in the study. Samples of students were chosen at all participating schools, and 54 schools in 4 different demographic regions were chosen. Entire elementary schools were assigned to either the intervention or the control group conditions. The sites were randomly assigned to an intervention or control condition. The prevention program was described to participating parents as an enrichment program to help children succeed in school, focusing on the goal of increasing social skills and reading skills rather than stigmatizing the children by focusing on their behavioral problems (Bierman, 2003). Transportation, child care for siblings, and refreshments were offered to help parents overcome pragmatic hindrances of attendance, and parents were paid for time attended in group sessions. The Fast Track Prevention program was administered in all intervention schools from Grade 1 through Grade 3. The teachers provided 2-3 lessons per week in their classrooms. The parents and children in the high risk intervention group were offered parent groups, child social-skills training, academic tutoring, and home visits. The parenting groups were held every week. There was 2 hour “enrichment program.” After, parent-child pairs spent 30 minutes together each session. Individual support was provided to children and parents to
help them generalize the skills presented in the group setting to address the individual needs. Home visits were conducted every other week and weekly telephone contacts were made between group sessions. The tutors received 40 hours of training prior to intervention. Children were also tutored as needed. Children and families received a standard level of these strategies. This intervention went on for 3 years, and assessments were done during the summers to measure the effectiveness of the intervention.

**Setting:**

Schools within four geographic regions were selected as high risk for conduct because of crime and poverty statistics in the neighborhoods they lived in and where the school was located. Four districts were identified on the basis of a multi-screening procedure. The schools were in Durham, NC, Nashville, TN, Seattle, WA, and Central Pennsylvania. Durham NC was chosen because it is a small city with a predominately African-American population. Nashville, TN was chosen because it is a large city with many African-American and European American families. Seattle, WA was chosen because it is a moderately sized city with a diverse population of individuals. Central Pennsylvania was chosen because of its small size and rural population of European Americans. The intervention took place within the classroom of participating schools, and the teachers led the Fast Track Prevention.

**Participants:**

891 elementary age children who presented with disruptive behavior and their parents were identified using a multi-stage screening procedure. There was a multi-step survey done on parents and children to identify the children in the school district who were at highest risk. Children who scored at the highest 10%, meaning they were at most risk, were asked to participate in the longitudinal study, which began with in-home interviews in the summer before the first grade year. Children did not need specific diagnoses to participate. The sample of children was a random, based on their identification of being at risk from the identified surveys. The average age of the high risk children was 6 ½ years at the time of identification, and they were 3 ½ years older at the time of follow-up. The sample was 51% African American, 47% European American, and 2% other ethnicity (Bierman, 2003). 69% of the populations studied were boys. 58% of the high-risk children came from single-parent families, 29% of the parents were high school dropouts, and 35% of the families were in the lowest socioeconomic class as determined by Hollingshead scoring. Entire elementary schools, 54 in total, were assigned to either the intervention group or control group. Once children began the
study they were not counted as dropping out, even if they left the school district or changed schools. Therefore, there were no drop-outs in the study.

**Intervention Investigated**

*Control*:  
The control group was not provided any treatment. It should be noted that some children switched classroom throughout the 3 year study period, and thus some students were in both the control and experimental group.

*Experimental*:  
The classroom teachers in the experimental group knew they were the intervention group because they were provided lessons on administering the Fast Track Prevention Program. The lessons covered school related skills in four different domains: emotional understanding and communication, friendship skills, self-control skills, and social problem-solving skills (Bierman, 2003). The in class lessons were built upon the classroom lessons from the previous school year. The teachers taught the Fast Track Program through discussions, modelling stories, film, and role-playing were used to illustrate and encourage opportunities for skill practice and performance feedback. Outside of school, parents and their children were asked to participate in groups led by Family Coordinators and discuss parenting strategies. The purpose of the groups was to improve family dynamics. These groups were held once a week for 2 hours each session. Primary content of the parent group curriculum included: establishing a positive family-school relationship and supporting child adjustment to school, building parental self-control, promoting developmentally appropriate expectations for the child’s behavior, and improving parenting skills to enhance parenting (Bierman, 2003). Home visits were also provided as part of the Fast Track Program. The home programs were provided every other week on average, and phone contact was made on opposing weeks. The home program focused on the family building trusting relationship within the whole family, and internalizing the newly developed parenting skills from group topics. The parents were also taught how to support their child with school adjustment, problem-solving skills, coping, and goal setting as a way to deal with stressful situations. The experimental group received this treatment for a 3 year period.

**Outcome Measures**  
The primary goal of the end of the third grade evaluation was to determine the cumulative effect of 3 years of preventative intervention to child at risk for conduct problems (Bierman, 2003).
Eight measures of conduct problems were collected, 3 from teachers, 3 from parents, 1 from peers, and 1 from school records. Peer aggression was measured, as well as social problem-solving skills. Outcome areas measured are as follows: Child conduct problems, child social cognition, child academic progress, child social competence, and parenting behavior. Measure of child conduct problems, social cognition, academic progress, social competence, and parenting behavior were measured.

**Main Findings:**

Analysis of Intervention Findings:

<table>
<thead>
<tr>
<th></th>
<th>Control</th>
<th>Intervention</th>
<th>Regression coefficient</th>
<th>SE of Regression coefficient</th>
<th>t</th>
<th>p</th>
<th>ES</th>
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<tbody>
<tr>
<td><strong>Child Conduct Problems</strong></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>TRF Externalizing T-score</td>
<td>62.70</td>
<td>62.65</td>
<td>-0.05</td>
<td>0.70</td>
<td>0.06</td>
<td>ns</td>
<td>.01</td>
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<tr>
<td>TOCA-R Authority Acceptance</td>
<td>1.88</td>
<td>1.70</td>
<td>-0.18</td>
<td>0.07</td>
<td>2.61</td>
<td>0.01</td>
<td>.19</td>
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<tr>
<td>Peer-nominated Aggression</td>
<td>0.63</td>
<td>.77</td>
<td>.15</td>
<td>.09</td>
<td>1.64</td>
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<td>.12</td>
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<tr>
<td><strong>Teacher Ratings of Child Behavior Change</strong></td>
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<td></td>
<td>.87</td>
<td>1.11</td>
<td>.24</td>
<td>.06</td>
<td>3.89</td>
<td>.001</td>
<td>.27</td>
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<tr>
<td><strong>Parent Ratings of Child Behavior Change</strong></td>
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<tr>
<td></td>
<td>1.09</td>
<td>1.27</td>
<td>.18</td>
<td>.97</td>
<td>2.72</td>
<td>.01</td>
<td>.20</td>
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<tr>
<td><strong>Parent Daily Report</strong></td>
<td>.22</td>
<td>.20</td>
<td>-0.02</td>
<td>.01</td>
<td>2.09</td>
<td>.05</td>
<td>.14</td>
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<td><strong>Special Education Diagnosis</strong></td>
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<td></td>
<td>.46</td>
<td>.40</td>
<td>-0.07</td>
<td>.04</td>
<td>1.96</td>
<td>.05</td>
<td>.14</td>
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<tr>
<td><strong>DISC ODD or Conduct Disorder</strong></td>
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<td>.15</td>
<td>.17</td>
<td>.02</td>
<td>.03</td>
<td>.89</td>
<td>ns</td>
<td>.07</td>
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<tr>
<td><strong>Child Social Cognition</strong></td>
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</tr>
<tr>
<td>Competent Problem-Solving (%)</td>
<td>.72</td>
<td>.74</td>
<td>.02</td>
<td>.01</td>
<td>1.93</td>
<td>.06</td>
<td>.14</td>
</tr>
<tr>
<td>Hostile Attritions</td>
<td>.64</td>
<td>.61</td>
<td>-.03</td>
<td>.02</td>
<td>1.91</td>
<td>.06</td>
<td>.14</td>
</tr>
</tbody>
</table>
Of the 19 dependent variables, 7 showed significant effects on the intervention and 2 yielded a marginally significant effect, all in the helping to prove the hypothesis of the intervention group. The effect sizes for significant effects ranged from .14 to .27. From teacher ratings, the intervention group received lower conduct problem scores than the control group. The analysis of school records exposed that control children were significantly more likely to receive a special education diagnosis than the intervention children. The parents of intervention children rated them as having made positive behavior changes in the preceding year than did parents of control group children. Peer nominations of aggressive-disruptive behavior did not reveal a significant effect for intervention. Intervention children generated a marginally significant higher quantity of competent responses on the social problem-solving measure and marginally fewer hostile attributions about peer intentions than did control children. There were no significant effects of intervention on the sociometric measures of peer social preference and prosocial behavior. Intervention parent indicated that they would use significantly less physical

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punishment than did control group parents (Bierman, 2003). Intervention parents also rated themselves as having improved their parent behavior over the previous year more than did the control group parents (Bierman, 2003). 37% of the children in the intervention group were classified as problem-free, in contrast with 27% of the control group children. There was an effect size of .21. There is partial validity to show the development of early starting delinquency.

**Original Authors’ Conclusions**

The study concludes that intervention is effective for a wide variety of children who range in ethnicity, gender, and geographic background. The children in the intervention group were less likely to exhibit symptoms of conduct problems and disorder. The effect sizes are small, but show evidence towards a positive outcome. 37% of the children in the intervention group were classified as being problem-free, in comparison to only 27% of the control group. Teachers showed a modest effect size that the Fast Track Prevention trial had positive benefits on the children. Parent reports showed the program reduced problems at home.

**Critical Appraisal:**

The evidence studied is important because there is little evidence known to treat children with psychosocial problems. The study yielded small results, yet show positive intervention strategies for children with emotional disturbance. The biggest flaw of the studies is the fact that once a child began participating in the study they were not considered as a drop-out, even if they changed into the control or experimental class or if they changed schools and districts. Another problem lies in the fact that teachers knew they were in the experimental group, due to the fact that they were trained in the Fast Track protocol. This could result in biased reporting of scores. The study relied heavily on teacher and parent report, which limits the reliability and validity of the study. A strong point of the study was that it integrated the child, family, and school which have been shown to improve the quality of life for children with emotional disturbance. The small effect sizes show promise towards the future of Fast Track. The Fast Track showed to limit behaviors associated with conduct disorder or serious psychosocial problems. While this study has a
number of limitations, it could still be a helpful strategy to aid children with severe emotional problems in the classroom.

Validity
- Written consent was obtained to participate in the study and was reported by the authors.
- Methods of screening were obtained in detail.
- Inclusion and exclusion criteria was identified and explained.
- Random allocation: Participants were chosen at random, with the use of a multi-stage screening procedure. Entire schools were chosen at random as either the control or experimental group.
- Concealed allocation: Children in identified schools were given a survey in order to identify if conduct problems were present. The children that fell in the top 10%, meaning they were at the highest risk, were asked to participate in the study. The children chosen to participate in the study were unaware of their participation, but parents knew their children were participating. The parents did not know if their children were in the experimental or control group.
- Baseline similarity: Entire schools were chosen to participate in either the control or experimental group. There were 54 schools in 4 different geographic locations. None of the children needed a diagnosis to participate in the study, but rather had to be identified as “at risk.”
- Blinding of participants, therapists, and assessors: the participants did not know to which group they participated in. The study took place over 3 years, and some of the children transferred school, thus moving from the intervention to the control group. The change in classroom structure and need for outside help may have changed, showing them that they were in the intervention or control group. Teachers were trained in how to administer the Fast Track Program, thus showing them their classrooms were in the experimental group. Parents may have known if their child was in the experimental or control group because of the therapy they received outside of the classroom.
- Measures of key outcomes from more than 85% of participants and intent to treat analysis: Drop-outs were not accounted for, and therefore key outcomes measured may not be valid. Children may have participated in both intervention and control groups and their outcomes were measured as if they were in the same group as baseline.
- Between-group statistical comparisons: There was an analysis comparing the control and experimental group post-treatment and at baseline. 37% of the children participating in the intervention group were classified as problem-free, as compared to only 27% of the control group.
- Point measures and measures of variability: the results show a moderate effect size.
- PEDRO Scale: the study measured an 8/11

Interpretation of Results
The Fast Track Prevention trial used a large sample size and measured many different areas that are significant for children at risk for conduct problems. The sample was randomly selected. The results showed a modest effect size as to the rigour of intervention. However, the results showed that the Fast Track Program, which provides social skills training at home, in group, and at school had a positive benefit on children who were identify as having psychosocial problems. This study showed similar results as other
studies reviewed while composing this CAT. Children assigned to receive the intervention were significantly less likely to be exhibiting evidence of serious conduct problems than were children in the control group. Overall, the study is a promising example of possible intervention strategies for children with severe emotional disturbance.

Summary/Conclusion:

In conclusion, the study demonstrated positive effects. Although the effect size was moderate, children in the intervention group showed greater improvement and diminished symptoms of conduct disorder. There is a call for occupational therapists to provide the best possible intervention or children with emotional disturbance and the evaluators of the Fast Track prevention program have discovered evidence to support social and emotional training as a method to improve the quality of life for children. The Fast Track Program can be easily integrated in to the classroom and school and promote the well-being for all children involved. The program also integrates the family and social environment, which all play a role in the development of the child. Encompassing all of these environments provides a more lasting effect on children with conduct problems.

CONCLUSIONS OF OTHER STUDIES:

<table>
<thead>
<tr>
<th>Study</th>
<th>Summary of the Research Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social and Emotional Training in Swedish Classrooms</td>
<td>Social and emotional learning has been studied and deemed effective in the US for children with emotional disturbance. This article aimed to become the first International study to research mental health issues of children in the classroom. The quasi-experimental longitudinal study design. The purpose of the study was to look at the effects of the Social and Emotional Training (SET) program on internalizing and externalizing behaviors of children with emotional disturbance in the classroom. The teachers provided classroom lessons aimed at improving a child’s behavior and emotional regulation. The study took place in two different schools over a two year period. Social and emotional training showed favourable effects on children with mental health issues in the school system.</td>
</tr>
<tr>
<td>Individual vs. Family therapy among adolescents</td>
<td>The aim of the study was to research the effectiveness of individual versus family therapy for children with severe emotional disturbance.</td>
</tr>
<tr>
<td>with severe emotional disturbance.</td>
<td>89 children and their families were interviewed during a six month period. These children and families were actively participating in therapy. Children receiving individual therapy significantly decreased their internalizing behaviors. Family therapy also showed a decrease in behavior problems of the children, but few families kept up with the therapy. The study showed that family therapy resulted in more positive behavior changes in the children than did individual therapy.</td>
</tr>
</tbody>
</table>

| Perceptions of school OT are regarding the services for children with emotional disturbance. | The purpose of the study was to look at the types of services OT’s are currently providing to children with emotional disturbance and their perceptions of the effectiveness. 87% of the occupational therapists who responded believed OT’s should treat children with ED. They all felt as though there was a lack of knowledge base on how to treat children, and their degree programs did not provide enough education on the subject. The primary intervention strategies currently being used are school work tasks, play skills, social skills training, and arts and crafts. |
Self-Regulation strategies for children with emotional disturbance.

The purpose of the study was to evaluate the Alert Program in classroom settings. The project lasted 8 weeks long and evaluated the effectiveness of the Alert Program in the classroom of 7 children with emotional disturbance. 5 children with emotional disturbance served as the experiment group. Self-regulation, behavioral adjustments, and sensory processing skills were looked at and evaluated by teachers. The results showed that children who received the Alert Program showed small improvements on all performance areas. The results showed that children’s ability to self-regulate their behaviors in the classroom improved their integration in the classroom.

IMPLICATIONS FOR PRACTICE:
OT Practitioners need to understand that treating children with emotional disturbance has been part of OT practice for the past twelve years and many professionals struggle with the best way to treat these children. There is little evidence out there to direct practitioners to the most appropriate treatments, but new research suggests social training is the most appropriate and has begun to show improvements in at risk children’s skills related to school. The Fast Track Prevention Trial shows evidence and guides professionals to aid children in the school district. The large sample size showed improvements in skills directly related to classroom behavior. Kimber and colleagues provided social and emotional training to children in Swedish classrooms and discovered favourable outcomes promoting self-image, well-being, and the hindering of aggressiveness (Kimber, 2008). Barnes and colleagues conducted research in classrooms and discovered that children with emotional disturbance may be unaware of their difficulties with self-regulation or how their behavior is perceived by others. Individual environmental modification showed positive outcomes for these children. Collaborative evidence shows that providing a structured environment within the classroom, alongside a social skills training program enables children with emotional disturbance to succeed in the classroom.

EDUCATION:

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Can be found: http://commons.pacificu.edu/otcats/
More dedicated classroom time needs to be included in occupational therapy school programs. The programs may include treatment of children with emotional disturbance. Focuses of education should center on intervention strategies of social skills training and consultation with teachers and the child’s aid. Occupational therapists should focus on learning sensorimotor and social skills training. Research has shown that occupational therapists can be helpful in improving the child’s attention to a task, sensory processing skills, and sensory integration into the classroom. Evidence based practice is just beginning to support the need for occupational therapists to treat children with emotional disturbance, and current practitioners need to stay current on the literature.

**FUTURE RESEARCH:**

Future evidence-based research should be done on strengthening self-regulation and behavior skills in the classroom. Future research should focus on the best methods of intervention in the classroom. The research need to integrate the person, family, and school. Greater understanding needs to be found of parenting styles and the effect on children with emotional disturbance. More research needs to be done in the classroom to see if classroom intervention strengthens self-regulation skills.

**REFERENCES**


Prepared by: Amanda Fink, OTS (November 15, 2009)


Prepared by: Amanda Fink, OTS (November 15, 2009) Can be found: http://commons.pacificu.edu/otcats/