





RANDOM ACTS OF KINDNESS FOUNDATION

UBC SUMMARY REPORT OF RESEARCH: PRELIMINARY FINDINGS

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INTRODUCTION

How can we cultivate positive human qualities such as empathy and kindness in the citizens of tomorrow? What are ways that we can decrease children's antisocial behaviors and aggression, and promote their well-being, including their happiness? Are there ways in which we could design schools and classrooms to nurture *both* the academic and the social and emotional competence and well-being of students?

In conversations about the future of education in North America and around the world, questions such as these are being raised – in dialogues between policy makers and educators deciding whether to integrate the promotion of students' social and emotional competence into the very foundation of schooling. Indeed, there is a growing consensus among educators and educational scholars, that we need a more comprehensive vision of education – one that includes an explicit focus on educating "the whole child" and one that fosters a wider range of life skills, including social and emotional competence (Association for Supervision and Curriculum Development, 2007; Bushaw & Lopez, 2013; Greenberg et al., 2003). Parents, students, and the public at large are also beginning to call for such a focus in increasing numbers. In the face of current societal economic, environmental, and social challenges, the promotion of these "noncognitive" skills in education are seen as more critical than ever before, with business and political leaders urging schools to pay more attention to equipping students with what are often referred to as "21st Century Skills" (Heckman, 2007; National Research Council, 2012), such as communication, collaboration, and self-management. In order for children to achieve their full potential as productive, adult citizens in a pluralistic society and as employees, parents, and volunteers, there must be explicit and intentional attention given to promoting children's social and emotional competence in schools (Schonert-Reichl & Weissberg, 2014).

Understanding the factors that predict children's success in school and in life has long been of interest to researchers, parents, educators, and societal agencies interested in the promotion of competence and the prevention of educational, psychological, and behavioral problems. The past decade has seen the emergence of groundbreaking research documenting the critical role that self-control, self-regulation, and social-emotional processes, such as kindness and empathy play in forecasting children's short- and long-term adjustment. For example, Jones, Greenberg, and Crowley (2015) examined the degree to which late adolescent and early adult outcomes were predicted by teacher ratings of children's social competence measured many years earlier, when children were in kindergarten, following 753 kindergarten children longitudinally 13 to 19 years later. Kindergarten teacher ratings of children's prosocial skills

(getting along with others, sharing, cooperating) were found to be significant predictors of whether participants graduated from high school on time, completed a college degree, obtained stable employment in adulthood, and were employed full-time in adulthood.

Moreover, kindergarten children who were rated by their teachers as high in prosocial skills in kindergarten, were less likely as adults to receive public assistance, live in or seek public housing, be involved with police, placed in a juvenile detention facility, or arrested. Early social competence inversely predicted days of binge drinking in the last month and number of years on medication for emotional or behavioral problems during high school. Given these findings, the authors emphasize the importance of assessing children's social and emotional competence early on and contend that these "softer" skills can be more malleable than IQ or other cognitive measures and, hence important contenders for intervention.

The past decade has seen a convergence of classroom-based social and emotional learning (SEL) programs designed to promote children's social and emotional competence and stave off aggression (Durlak et al., 2011). Yet, despite progress in the field, limitations exist. Most notable is the absence of evaluations of theoretically-based programs aimed specifically at fostering children's empathy (Izard, 2002) and prosocial behaviors, such as kindness and caring for others (Schonert-Reichl, 2011; Schonert-Reichl & O'Brien, 2012). A paucity of research also exists that examines whether such programs help promote positive studentteacher relationships. Finally, there is a relative dearth of evaluations of programs that have been done via Randomized Controlled Trials (RCTs) – the research design held up to be the "gold standard" when determining a program's effectiveness. Essentially an RCT is when a large population is divided and randomly assigned (e.g., thru a coin toss, Random Numbers generator) to a treatment vs. a no-treatment or comparison group in order to control for selection bias and for extraneous variables that may cause post-intervention differences. RCT's are considered to be the most rigorous way of determining whether a cause-effect relation exists between a program and an outcome. That is, it is only through random assignment to the program and comparison groups that we can truly determine whether or not the program caused changes in child outcomes.

PURPOSE OF THIS STUDY

The goal of this study was to examine the effectiveness of a new and innovative social and emotional learning (SEL) program - the Random Acts of Kindness (RAK)

Curriculum. The RAK Curriculum focuses on promoting kindness, resiliency, and well-being in children during the elementary school years. The program provides opportunities for children to enhance their prosocial behaviors (e.g., sharing, helping, cooperating) and well-being by engaging in activities identified to promote knowledge and skills associated with kindness and

altruism. More specifically, the program provides opportunities for children to enhance their social and emotional competence by engaging in activities identified to promote knowledge and skills associated with social and emotional competence, including emotion understanding, empathy, perspective-taking, and kindness – those skills and knowledge that lead to increases in children's positive social behaviors and school adjustment. Core to the program is the utilization of lessons that allow students to engage actively in interactions with their peers via activities and role-play, allowing abstract concepts to become more tangible and creating a context for practicing skills that underlie prosocial action.

METHOD

This study was conducted via a Randomized Controlled Trial (RCT). Participants included 655 4th and 5th grade children (49% girls) drawn from 30 classrooms in public elementary schools in two school districts in Western Canada – one located in a large urban city and the other in a small city. The average age of children was 9.92 years (*SD* = .59), with a range from 8.87 to 11.54 years. With regard to first language learned at home, 78% of children reported English, with the remaining 22% of children reporting other languages such as Cantonese, Mandarin, Vietnamese, and Tagalog. After baseline data were collected, 15 classrooms were randomly assigned to receive the RAK curriculum and 15 classrooms were assigned to serve as controls. Of those students solicited for participation, 80% received parental/guardian consent and gave their own assent to participate in the research study.

Teachers in the RAK condition received a ½-day training prior to beginning implementation of the RAK program, which was followed by ½ day booster session midway through program implementation. Teachers implementing the RAK program were also contacted by a RAK program mentor/coach via weekly "check-ins" via e-mail or phone to provide support and answer any questions that may have arisen for the teacher. An overview of the grade 4 and grade 5 RAK curriculum lessons are reported on the following page.

Prior to program implementation (pre-test) and after the program had ended (post-test), children in both the RAK classrooms and in control classrooms were assessed on measures assessing empathy/sympathy, peer acceptance, antisocial/aggressive behaviors, (teacher-rated) and intrinsic prosocial motivation (Student reports- Items: Helping another student in my class: "because it is good to do," "because I am concerned about the other person," and "because I would feel bad if I didn't"). Teachers also rated their relationships with each student via the Closeness subscale of the Student-Teacher Relationship Scale (Pianta et al., 1995). Teachers in the RAK condition completed weekly diaries delineating their implementation of each of 16 lessons and, at post-test, RAK teachers and students completed consumer satisfaction surveys designed to assess the degree to which they liked the RAK program.

2014 - 2015

The RAK Program consists of 16 lessons organized into 4 units:

GRADE 4 CURRICULUM

Unit One -

Caring, Gratitude, Responsibility

Lesson 1: Kindness Scenarios

Lesson 2: Generosity

Lesson 3: Toxic Swamp Crossing

Lesson 4: Kindness Club

Unit Two -

Perseverance, Self-Care

Lesson 1: What is Stress Anyways?

Lesson 2: What Causes Stress?

Lesson 3: Responding to Stress

Lesson 4: What makes you Anxious1

Unit Three -

Caring, Respect

Lesson 1: What makes a good friend

Lesson 2: Friendship Chains

Lesson 3: Friendship Recipes

Lesson 4: Friendship & Family

Unit Four -

Fairness, Integrity, Respect

Lesson 1: Freeze Facts/Opinion

Lesson 2: Understanding each

other's beliefs and values

Lesson 3: Debating an issue

Lesson 4: Debating an issue

GRADE 5 CURRICULUM

Unit One -

Assertiveness, Compassion

Lesson 1: Gossip & Rumours

Lesson 2: Ways to Communicate

Lesson 3: Bullying Perspectives

Lesson 4: Steps to Forgiveness

Unit Two -

Respect, Self-care

Lesson 1: Our Emotional Selves

Lesson 2: Caring for ourselves and our

Emotions

Lesson 3: How Do I Feel - Art Project

Lesson 4: How Do I Feel 2- Art Project

Unit Three -

Respect, Responsibility

Lesson 1: The Greatest influences

Lesson 2: Media Influences

Lesson 3: Come back with Courage

Lesson 4: Influences Others

Unit Four -

Integrity, Responsibility, Self-Discipline

Lesson 1: Defining Honesty and

Integrity

Lesson 2: How Honest are you?

Lesson 3: Cheating

Lesson 4: Consequences of Cheating

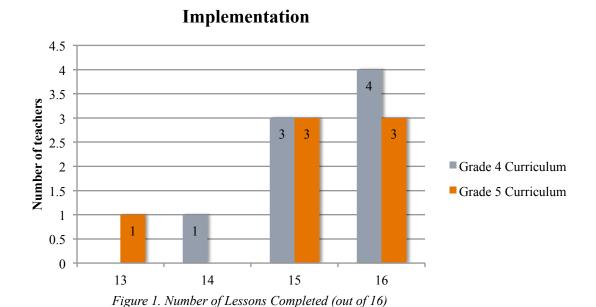
ACCEPTABILITY

(see quotes from children in the RAK program on page 11)

- 90% of students who received the Grade 4 Curriculum reported liking the program (i.e., "It was OK," "I liked it," "I liked it a lot").
- 91% of students who received the Grade 4 Curriculum reported *learning* something from the program.
- 86% of students who received the Grade 5 Curriculum reported liking the program.
- 96% of students who received the Grade 5 curriculum reported *learning* something from the program.

IMPLEMENTATION & FEASIBILITY

- 100% of teachers (*N* = 15) completed at least 13 out of 16 lessons.
- Of the teachers teaching the Grade 5 curriculum, three completed all 16 lessons, three completed 15 lessons, and one completed 13 lessons.
- Of the teachers teaching the Grade 4 curriculum, four completed all 16 lessons, three completed 15 lessons, and one completed 14 lessons. See graph for a visual depiction of these findings.



DATA ANALYSIS OF OUTCOME DATA

To determine whether there were differences between those children who received the RAK program and those children who did not (the "control" group), we conducted statistical analyses to examine *changes* from "pretest" to "posttest" on our target measures. That is, we conducted analyses to determine the degree to which children who received the RAK program evidenced significant changes from baseline to post-test on the key variables in the study and compared their change to children who did not receive the RAK program (control group). Key findings from these analyses are presented in the following pages.

OVERALL KEY FINDINGS:

Children who received the RAK Program, in contrast to those children in the control group, showed statistically significant improvements in the following:

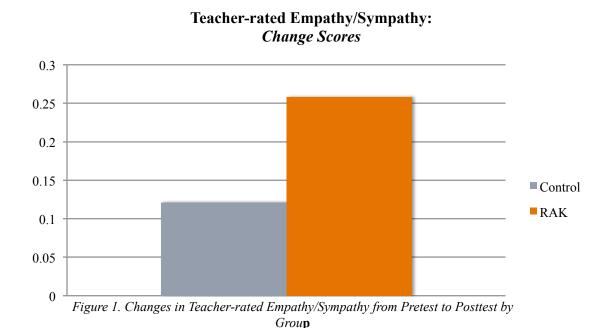
- 1. Increased empathy/sympathy (teacher-reports)
- 2. Increased intrinsic prosocial motivation (self-reports)
- 3. Decreased antisocial/aggressive behaviors (teacher-reports)
- 4. Increased peer acceptance (teacher-reports)
- 5. Increased Closeness in the student-teacher relationship (teacher-reports)
- 6. Decreased Conflict in the student-teacher relationship (teacher-reports)

Children who received the RAK Program, in contrast to those children in the control group, showed improvements in the following (statistical trend):

7. Increased positive affect (happiness; self-reports)

KEY FINDINGS

Key Finding 1: Children in the RAK program, compared to children in the control classrooms, significantly increased in Empathy/Sympathy and Intrinsic Prosocial Motivation, and significantly decreased in Antisocial/Aggressive Behaviors



Intrinsic Prosocial Motivation: Change Scores

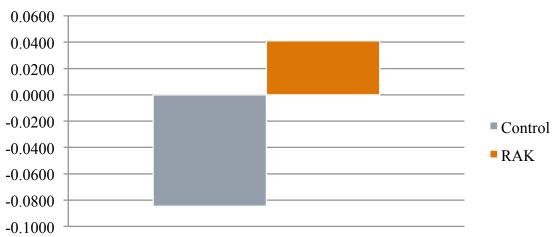


Figure 2. Changes in Intrinsic Prosocial Behaviour from Pretest to Posttest by Group

Teacher-rated Antisocial Behaviour: Change Scores

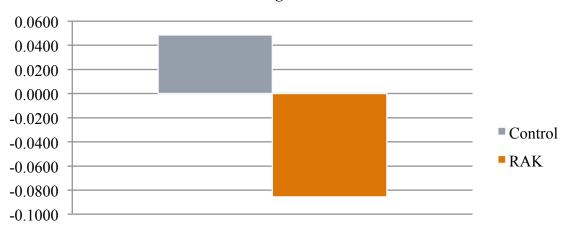
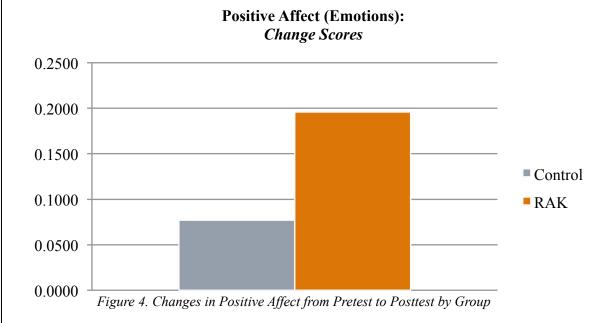


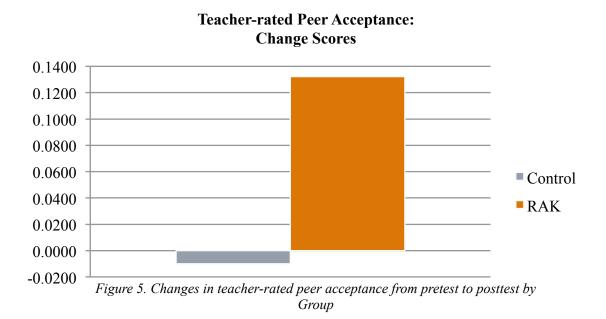
Figure 3. Changes in Teacher-rated Antisocial Behaviour from Pretest to Posttest by Group

Key Finding 2: Children in the RAK program, compared to children in the control classrooms, increased in Positive Emotions (Happiness)



2014 – 2015

Key Finding 3: RAK classrooms increased in characteristics associated with a more caring and kind classroom environment, in contrast to control classrooms



Teacher-rated Student-Teacher Closeness: Change Scores

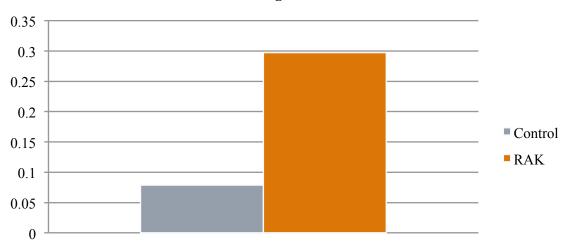
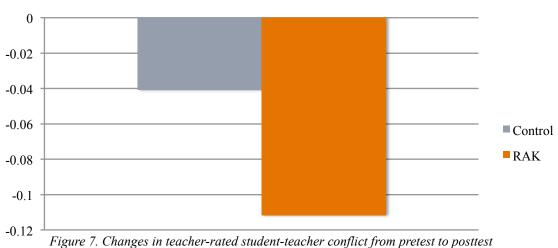


Figure 6. Changes in teacher-rated student-teacher closeness from pretest to posttest by group

Teacher-rated Student-teacher Conflict: Change Scores



VOICES OF CHILDREN IN RAK

Is there anything you <u>learned</u> in the RAK Program?

Grade 4 Curriculum responses:

- "Doing good stuff when people can't see it."
- "I learned how to be kind to others even they are not my friend."
- "I learned that you can always be kind to somebody, there is always time."
- "I learned to respect and take care of others."

Grade 5 Curriculum responses:

- "To be honest and have integrity."
- "I learned that we shouldn't be mean and we should have lots of respect for others."
- "I learned to always stand up for yourself and others when they are being bullied."
- "Random acts of kindness that you can do to make others feel happy/have a good day."

What did you like best about RAK?

Grade 4 Curriculum responses:

- "Doing the skits and learning at the same time."
- "I liked that you get to write about it in a journal because I really like writing about my thoughts and opinions."
- "I liked how we learned to make friends."
- "I liked doing the friendship recipes because it was really colourful and I had to use my imagination."

Grade 5 Curriculum responses:

- "I liked how we got to watch videos about cheating, kindness, and do many sheets on kindness."
- "That this program can bring peace to the world."
- "I liked everything because it made me feel like I belong."

SUMMARY

Taken together, the results of this first evaluation study of the RAK curriculum conducted via a rigorous experimental design – a Randomized Controlled Trial (RCT) – showed that the program was effective in significantly improving children's emotional and social competence. In contrast to children in the control group, RAK program children significantly improved in their empathy/sympathy and intrinsic prosocial motivation (being kind to others because it is the right thing to do), and significantly decreased in antisocial/aggressive behaviors. Moreover, RAK classrooms, in contrast to control classrooms significantly improved in factors representative of a more caring classroom environment. More specifically, RAK children significantly increased in peer acceptance, and teachers reported significant improvements in their closeness with their students. Moreover, there was a statistical trend for increased positive emotions in RAK children in contrast to control children. Particularly noteworthy are the findings showing that while RAK program children demonstrated significant reductions in teacher-rated antisocial/aggressive behaviors from baseline to post-test, children in the control group demonstrated significant increases in these problem behaviors.

Our research findings also support the contention that the RAK curriculum is relatively easy to implement by teachers who receive training and support. Indeed, overall RAK teachers in the study implemented at least 80% of the 16 RAK lessons. As Durlak and Dupre (2008) note: "Expecting perfect or near-perfect implementation is unrealistic. Positive results have often been obtained with levels around 60%; few studies have attained levels greater than 80%. No study has documented 100% implementation for all providers." Additionally, students who received the RAK curriculum were very positive about the program and reported enjoying the majority of the lessons.

In a delineation of common characteristics of successful prevention programs for young people, leaders in the field of SEL (e.g., Greenberg et al., 2003) have noted that preventive interventions should be targeted at risk and protective factors rather than at categorical problem behaviors. Given that the RAK program aims to promote children's emotional and social competence through the provision of classroom experiences and practices targeting the development of self-awareness, social awareness, and prosocial action, we believe that the RAK program is just such an approach, and hence represents a move toward the future in resiliency-focused competence preventive efforts. Taken together, the findings from this initial evaluation of the RAK program provide support for continued preventive efforts aimed at enhancing children's social and emotional competence. Clearly, future efforts should continue this search for the ways in which children's social and emotional competence and kindness can be cultivated in schools, and further examine the durability and sustainability of the RAK program over time.

REFERENCES

- Association for Supervision and Curriculum Development. (2007). The learning compact redefined: A call to action A report of the Commission on the Whole Child. Alexandria, VA: Author. Retrieved September 26, 2013 from the Association for Supervision and Curriculum Development website:

 http://www.ascd.org/ASCD/pdf/Whole%20Child/WCC%20Learning%20Compac.
- Bushaw, W. J., & Lopez, S. J. (2013, September). Which way do we go? The 45th annual PDK/ Gallup poll of the public's attitudes toward the public schools. *Phi Delta Kappan*, *95*(1), 8-25.
- Durlak, J. A., & DuPre, E. P. (2008). Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation. *American Journal of Community Psychology, 41,* 327-350.
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). Enhancing students' social and emotional development promotes success in school: Results of a meta-analysis. *Child Development*, *82*, 474–501.
- Greenberg, M., Weissberg, R. P., O'Brien, M. U., Zins, J. E., Fredericks, L., Resnik, H., & Elias, M. J. (2003). Enhancing school-based prevention and youth development through coordinated social, emotional, and academic learning. *American Psychologist*, *58*, 466–474.
- Jones, D., Greenberg, M., & Crowley, M. (2015). Early social-emotional functioning and public health: The relationship between kindergarten social competence and future wellness. *American Journal of Public Health*.
- Heckman, J. J. (2007). The economics, technology, and neuroscience of human capability formation. *Proceedings of the National Academy of Sciences*, *104*, 13250–13255.
- Izard, C. (2002). Translating emotion theory and research into preventive interventions. *Psychological Bulletin*, *128*, 796–824.
- National Research Council. (2012). *Education for life and work: Developing transferable knowledge and skills in the 21st Century.* Committee on Defining Deeper Learning and 21st Century Skills, J. W. Pellegrino & M. L. Hilton, (Eds). Board on Testing and Assessment and Board on Science Education, Division of Behavioral and Social Sciences and Education. (pp. 37-68). Washington, DC: The National Academies Press.
- Pianta, R. C., Steinberg, M., & Rollins, K. (1995). The first two years of school: Teacher-child relationships and deflections in children's classroom adjustment. *Development and Psychopathology*, *7*, 295-312.
- Schonert-Reichl, K. A., & O'Brien, M. U. (2012). Social and emotional learning and prosocial education: Theory, research, and programs. In A. Higgins-D'Alessandro, M. Corrigan, & P. Brown (Eds.), *The case for prosocial education: Developing caring, capable citizens,* (Vol 1: pp. 311-345). Lanham, MD: Rowman & Littlefield.
- Schonert-Reichl, K. A., & Weissberg, R. P. (2014). Social and emotional learning during childhood. In T. P. Gullotta & M. Bloom (Eds.), *Encyclopedia of primary prevention and health promotion*, 2nd *edition* (pp. 936-949). New York: Springer Press.