A Mixed-Methods Case Study on the Perceptions and Outcomes of Social Work on SEL Development in After-School Programs

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Abstract

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Chapter 1: Introduction

Deutsch and Hurd (2017) found that after-school programs (ASPs) offer a wide range of opportunities for children based on their interests, academic performance, and social and emotional needs. According to McCombs et al. (2017), after-school programs are generally effective at producing primary outcomes that are expected based on their content and design. For instance, after-school programs like the Boys and Girls Club and 4-H were established to promote personal and social skills in youth that attend regularly, and both programs have seen success surrounding expected outcomes. While after-school programs like the Boys and Girls Club and 4-H have had success in achieving their intended outcomes, the availability and accessibility of after-school programs remain unequal, particularly in urban, underserved communities. Hanlon (2009) noted, many young people from urban, underserved communities during after-school hours are left unsupervised and without constructive after-school activities (p.2). This lack of supervision may lead to pressing consequences for youth who are considered at-risk due to adverse childhood experiences (ACEs). According to the CDC (2023), "Youth-serving and faith-based organizations, coaches, and caregivers can help prevent and reduce the negative impacts of ACEs by creating positive childhood experiences and connecting youth with activities and caring adults that build their sense of safety, confidence, and community" (para.1). While the term at-risk has been widely adopted in educational research, its use raises concerns. Toldson (2019) noted,

> Today, in educational research and practice, educators routinely use at-risk to classify students who do not perform well in traditional educational settings. However, the factors that determine at-risk are often either unknown or beyond the control of the student, caregiver or educational provider. (para.10)

Though the term at-risk is used often in existing literature to describe these experiences, the term "underserved" more accurately characterizes the situations of students. Therefore, to remain consistent with existing literature, researchers of the current study continued to use at-risk to refer to this population while recognizing the nuanced differences in terms.

While after-school programs have shown success in promoting personal and social skills in youth, more intensive school-based social work practice plays a vital role in addressing the needs of at-risk youth. According to Powell and Muller (2024), "School-based prevention and treatment interventions target a variety of mental health-related challenges and can reduce externalizing, internalizing, peer and attention difficulties, all of which are common in trauma-affected children" (p.113). School social work practice may also increase protective factors, such as healthy coping, peer prosocial behaviors, and emotion and behavior regulation. Powell and Muller (2024) continued to note that an increase in protective factors may decrease the likelihood of children developing anxiety or depression with consistent participation in after-school programs that offer such social work services.

In addition to school-based interventions, after-school social work interventions extend an opportunity for at-risk youth to address social emotional needs in a more flexible and engaging environment away from an academic setting. According to Johnson and McKay-Jackson (2016),

> SEL is an essential component of school social work practice – whether the focus addresses promoting, preventing or intervening, with an emphasis on providing opportunities for young people to acquire the skills necessary for maintaining personal well-being and positive relationships across their lifespan. (p.178)

Building on the foundation of after-school social work, after-school programs create an opportunity for social workers to implement targeted interventions so that “at-risk” youth have a chance to develop skills outside of the academic setting. Social work programs in the ASP setting are unique because they typically veer from school-based standards and extend opportunities to youth through Community-Based Service Learning (CSL). Fredricks (2003) affirmed, “CSL is a participatory mechanism in which the SEL process can be actualized” (p.6). Through student participation in such social work programs, students apply their academic knowledge to meet the needs of their communities. Additionally, in alignment with CASEL (2023), students have several opportunities to engage in responsible decision-making surrounding their service experiences. The mutually beneficial relationship between SEL and CSL leads to enhanced effects and impact that is more profound and long-lasting (p.6). Johnson and McKay-Jackson (2016) asserted, “Social workers can introduce SEL in clinical work with students in individual or group settings” (p . 183). The authors described the role of the social worker in this process as an “equity consultant” ensuring the barriers marginalized, undocumented and low-income students face are conquered through the development of vital SEL competencies in social work practice (p.183).

Maglica (2019) found that, “SEL programs for children manifesting early signs of problems were able to improve their attitudes, prosocial behaviors, reduce negative behaviors, and feelings of anxiety and stress” (p.420). The promotion of positive behaviors, mitigation of negative behaviors, with the reduction of anxiety and stress have a long term impact on student social and emotional success. Mian et al., (2012) noted in their research that “the use of assessment tools that capture a range of diagnostic presentations enables the identification of differentiated subtypes of anxiety in preschoolers” (para.7). This early detection is crucial

because anxiety and other internalizing behaviors can impact a child's development, academic performance, and social interactions. Additionally, this is significant because universal screening tools, like SRSS-IE, which similarly seek to identify internalizing behaviors early, allow for timely support through SEL programs and social work interventions in both school and after-school settings.

While social workers in after-school programs can facilitate skill development and strengthen responsible decision-making through approaches like Community-Based Service Learning, it is also important to recognize and address the emotional and behavioral challenges that some students may face. According to Michigan's Integrated Behavior and Learning Support Initiative (2020), "Early detection of students potentially at-risk and connecting students with appropriate resources when needed has increasingly become a standard practice" (p.2). Additionally, Lane et al. (2016) noted, "Students with and at-risk for emotional and behavioral challenges include students with externalizing and internalizing behavior" (p.272). As defined by Rapport et al. (2001), "Externalizing behaviors are characterized by difficulties with attention, aggression, conduct, and under socialization. Internalizing behaviors include withdrawal, anxiety, fearfulness, and depression" (p.536). Lane et al. (2016) noted, "Given that internalizing behaviors are more prevalent than one might suspect, negatively influence students' performance during the school years, and persist into adulthood, it is essential to detect students showing soft signs of internalizing behaviors" (p.272). One way to detect students showing signs of internalizing and externalizing indicators would be to administer reliable universal screening tools. The Student Risk Screening Scale for Internalizing and Externalizing Behaviors (SRSS-IE) by Drummond (1994) is a universal screening tool that identifies students at-risk of challenging, antisocial behaviors. Furthermore, the authors highlighted the work of Forness et al. (2012) and

noted, “80% of emotional and behavioral challenges evident in adulthood were first evident during the school-age years.” (p.273).

While addressing emotional and behavioral challenges through early detection and universal screening tools is important, it is equally important for prevention programs to focus on extending protective influences that support the well-being of students. Pollard et al., (1999) found in their study that, “Prevention policies and programs should focus on both the reduction of risk and the promotion of protective influences in communities” (p.156). Effective prevention programs, such as SEL and social work interventions, should aim not only to reduce risk factors, like behavioral issues or trauma; but should also promote protective influences like emotional regulation, resilience, and community support. When such programs are in place, interventions can promote positive behavioral outcomes and help students thrive in the face of challenges. Greenberg (2014) highlighted the effectiveness of afterschool programs and the opportunities social workers have to reach underserved populations and provide safe nurturing environments while increasing a sense of community and belonging.

After-School Program P (ASPP)

The pseudonym After-School Program Possibilities (ASPP) was created to conceal the identity of a faith-based after-school program located in the Southern region of the United States. At the time of this study the organization reported that it served approximately 225 students in grades K-12 across six after-school sites. In 2024 ASPP launched a social work program to address students' social and emotional needs. The social work director who oversaw this program recruited undergraduate and graduate students to complete their internship with ASPP. The interns received a stall stipend in addition to gaining experience toward their advanced degrees.

Three interns across four different sites worked approximately 10 hours per week. Due to a lack of data

surrounding the perceptions of effectiveness and outcomes of the social work program on stakeholders, ASPP sought to develop an understanding of how, if at all, the social work program affects the SEL competencies of the students who participate in their program.

ASPP was created to serve a high-poverty and under-resourced community with a safe and nurturing environment where students may express themselves without fear of failure or ridicule. Halpern (2000) argued that “low-income neighborhoods lack the array of opportunities for out-of-school activity that define suburban and wealthier urban neighborhoods” (p.191). By addressing the challenges of children in high-poverty and under-resourced communities, ASPP aimed to bridge the gap in the ASP setting by extending educational opportunities, offering mentorship through social work sessions, and fostering a supportive community.

Problem Statement

At-risk children in underserved communities face a variety of challenges stemming from ACEs, which can significantly impact their academic performance and overall well-being. According to the CDC (2023), “ACEs, such as trauma, abuse, neglect, and exposure to violence, can affect children's emotional regulation and social development” (para.1). Additionally, children affected by ACEs may also experience a mix of internalizing or externalizing indicators that manifest as high levels of anxiety, depression, or anger, making it difficult for them to focus during the school day. This emotional dysregulation may lead to disciplinary issues and disengagement from the school setting. At-risk children in underserved communities are further disadvantaged because of the lack of access to after-school programs that offer a safe and supportive environment. The CDC noted, “Preventing adverse childhood experiences requires

understanding and addressing risk and protective factors" (para.1). As defined by the CDC (2023), "Protective factors are factors that decrease the likelihood of experiencing adverse childhood experiences" (para.2). One protective factor mentioned by the authors stated, "Communities where families have access to safe, engaging after school programs and activities" (para.2). After-school social work programs could assist them with building social and emotional skills without the pressure of performing academically. By targeting the challenges faced by at-risk children in underserved communities, after-school social work programs may positively impact their lives and change their life trajectories despite exposure to adverse childhood experiences.

At the time of the current study, ASPP launched a social work program to address student's social and emotional needs during after school social work sessions, but lacked credible data to detail the effectiveness or outcomes of the program, justifying its continued use. The uncertainty surrounding the effectiveness and outcomes of the social work program within ASPP could be problematic to stakeholders, including but not limited to current and future students, parents, staff, and interns or instructors. According to the operations director of ASPP, the population of children enrolled at PTM were to be considered at-risk, as the majority of students enrolled have experienced one or more ACEs and require additional support with acknowledging and controlling their emotions. Both internalizing and externalizing behaviors indicate emotional dysregulation and after-school social work programs have the opportunity to extend a supportive environment where students can build the social and emotional skills they lack. It is yet to be known the extent to which students are benefiting from these services.

Purpose Statement

The purpose of this study was to examine the effectiveness and outcomes of a social work program in an after-school setting. Specifically, the researchers aimed to understand how key stakeholders (students, parents, interns, and site directors) perceive the effectiveness and

outcomes of the program. This research examined changes over time in internalizing and externalizing indicators among students participating in social work sessions. Additionally, the researchers explored the program's effectiveness on students' SEL competencies. The researchers also investigated the comparison of outcomes between program participants and non-participants while assessing the changes in SEL competencies over six months beginning in November 2024.

Research Questions

Four research question were explored in this study:

1. What are stakeholders' perceptions of the effectiveness and outcomes of the social work sessions on SEL competencies?

2. What are stakeholders' perceptions of the social work sessions in terms of how children are engaging with the social work interns and with each other?

3. Is there change over time in internalizing and externalizing indicators for students who are participating in social work sessions?

4. What is the impact of social work on SEL competencies for participants of the social work sessions?

Conceptual and Theoretical Frameworks

The researchers used conceptual and theoretical frameworks to structure the evaluation of whether and how ASPP enhances the five essential SEL competencies among participants in

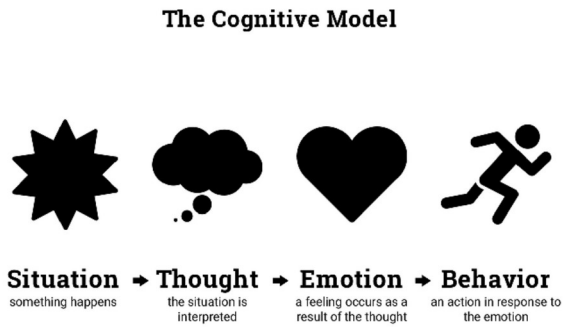
after-school social work sessions. The frameworks were also used in identifying the overall impact and perceived effectiveness and outcomes of the social work sessions on children in underserved communities who have experienced adverse childhood experiences.

Cognitive Behavior Therapy

Cognitive Behavior Therapy (CBT), based on Beck's cognitive model, was selected and utilized by the researchers as an additional lens for the current study. The Beck Institute (2023) described CBT as the idea that a person's reaction to a situation is more influenced by their perception than by the situation itself. When people are under stress, their perceptions are often wrong or unhelpful. CBT helps people recognize their thoughts and determine how realistic they are, ultimately guiding them to change their thinking. As people take on more realistic perspectives, their emotional state begins to improve. Additionally, CBT consistently focuses on problem-solving and encouraging behavioral changes (para.1). The Cognitive Model (Figure 1), proposed by Beck, illustrates the relationship between thoughts, feelings, and behaviors. When a situation occurs, thoughts interpret the situation, and then emotions and behaviors surface as responses.

Figure 1

*The Cognitive Mode*l



The researchers of the current study aimed to understand the overall impact of social work and stakeholders' perception of its effectiveness and outcomes on SEL competencies.

Using CBT as a guide, the researchers found alignment between the theory and the SEL curriculum, Merrell's Strong Kids (2016), that ASPP used to approach at-risk children in the underserved community served during social work sessions. Since the majority of the children enrolled at ASPP at the time of this study had experienced one or more ACEs and required support with acknowledging and controlling emotions, the framework was used by researchers to better understand how the population of the study may shift their thinking as the five essential SEL competencies (self-awareness, self-management, social awareness, relationship skills, and responsible decision-making) are incorporated within the curriculum used by ASPP. The usage of the Merrell's Strong Kids (2016) curriculum may lead to treatment that enables children to advocate for their own social and emotional needs – a goal that ASPP aimed to achieve at the time of this study.

According to the Beck Institute (2023), "CBT is based on the Cognitive Model, which says that a person's thoughts influence their behavioral, emotional, and physiological reactions to the situations in their lives" (para 3). For the at-risk children in the underserved community that ASPP serves, the ACEs they have endured may have impacted the way they think about various situations. For example, children who experience anxiety, depression, or grief may feel negatively about themselves and the world as they know it. The authors asserted, "This can lead to patterns of unrealistic or unhelpful thoughts in their daily lives. These thoughts, in turn, can lead to unhelpful or maladaptive reactions, creating a feedback loop that can continuously reinforce underlying negative beliefs" (para 4). The authors noted, "When children have negative

perceptions about their experiences and lack the necessary social and emotional skills to manage their emotions, their behaviors are not only negative but also harmful" (para 6). Additionally, the framework is embedded within the Merrell's Strong Kids (2016) curriculum as several lessons

primarily focus on topics such as "Emotional Strength Training", "Understanding your Emotions", "Understanding Other People's Emotions", "Clear Thinking" and "Solving People's Problems". The curriculum was designed to impact young students' cognitive, affective, and social functioning skills by practicing and building skills and strategies learned throughout the curriculum.

Collaborative for Academic, Social and Emotional Learning

CASEL's Framework for Systemic Social and Emotional Learning was selected and utilized by researchers as a lens to view this study. The CASEL framework (Figure 2) highlights five essential SEL competencies (self-awareness, self-management, social awareness, relationship skills, and responsible decision-making) promoted through multiple contexts.

Figure 2

CASEL's SEL Framework diagram.

The researchers of the current study aimed to understand stakeholders' perceptions of the effectiveness and outcomes of the social work sessions on students' SEL competencies, compare

differences in SEL competencies among participants and nonparticipants, and investigate changes in SEL competencies from the beginning to the end of the academic year between participants and non-participants. Using the CASEL framework as a guide, the researchers were able to apply the framework to the study through administration of the Panorama Social-Emotional Learning Survey (2011) among participants and non-participants of the social work sessions. Additionally, ASPP aligned with the “Communities” domain on the CASEL wheel because the after-school program provides a “safe and developmentally rich setting for the learning and development of students. The CASEL framework provided a lens for researchers to identify SEL competencies via analysis of observational data of the social work sessions at ASPP.

“Communities” is a domain within the CASEL framework that surrounds the five essential SEL competencies of self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. According to CASEL (2023),

> Community partners often provide safe and developmentally rich settings for learning and development, have deep understanding of community needs and assets, are seen as trusted partners by families and students, and have connections to additional supports and services that school and families need. (para.1)

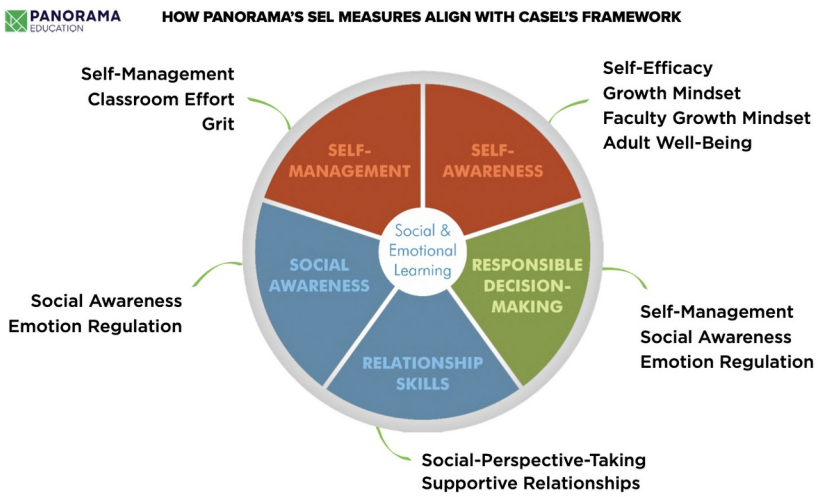
In 2024, ASPP provided an after-school setting where licensed social workers and interns may gain a deep understanding and support the children served in the after-school social work sessions. They also offered lessons around the five essential SEL competencies with Merrell’s

Strong Kids (2016) curriculum and access to connections for children and their families who have experienced various adverse childhood experiences. ASPP's objective was that through the after-school social work sessions, students would learn to manage their emotions and advocate for themselves when emotions became too much for students to handle. Johnson and McKay-Jackson (2016) noted, "When students learn to manage emotions and care about others, they decrease unproductive behaviors and poor academic performance in the school environment" (p.178). ASPP has emphasized the 3rd- 6th-grade population enrolled in the program due to this particular subset of children struggling the most with developing the five essential SEL competencies. Children at these grade levels must acquire and maintain developmentally appropriate social and emotional behaviors. If children do not develop appropriate social and emotional skills, the outcome could be detrimental to their academics and overall well-being. Souza (2024) noted, "When children don't master these skills, they often develop behavior problems that, in turn, can interfere with their functioning in school and their ability to learn" (para 2). The alignment between the CASEL framework and Panorama's SEL Measures (Figure 3) guided the researchers of the current study to select subscales, self-management, social awareness, self-efficacy, emotional regulation, and supportive relationships on the Panorama assessment that fit within the domain of CASEL'S five essential SEL competencies. According to Panorama Education (2024), Panorama's SEL measures are well-aligned with this framework. For example, CASEL defines social awareness as "the abilities to understand the perspectives of and empathize with others, including those from diverse backgrounds, cultures, and contexts"(p.2). Similarly, Panorama's measure of social awareness assesses how well students consider the perspectives of others and empathize with them (p.2)

Furthermore, the strategic selection of the framework justified researchers' decision to collect pre-test and post-test data through the administration of the SRSS-IE (1994) to identify change over time in internalizing and externalizing indicators among participants and non-participants of social work sessions over an academic year. As shown in Figure 3, the selected subscales of the Panorama, self-management, social awareness, self-efficacy, emotional regulation, and supportive relationships – address both internalizing and externalizing indicators. For instance, self-management, as defined by CASEL, involves the capability to regulate one's emotions, thoughts, and behaviors. Using CASEL to think about internalizing behaviors (stress, anxiety, depression) and externalizing behaviors (aggressive behavior or lying) reveals the direct impact on the development of students' social and emotional competencies. For instance, internalizing behaviors could hinder social-emotional skills like self-awareness, while externalizing behaviors could affect relationship skills and responsible decision-making. Additionally, social awareness, as defined by CASEL, involves the process of recognizing how one's internalizing or externalizing behaviors affect social interactions and relationships. Furthermore, supportive relationships intersect with CASEL competency "relationship skills" whereas externalizing behaviors may be managed through effective communication and management of healthy relationships.

Figure 3

How Panorama's SEL Measures Align With CASEL'S Framework.



Scope and Bounds

Researchers sought to identify perceptions of the effectiveness and outcomes of a faith-based after-school program located in the Southern region of the United States. Quantitative and qualitative methods were both utilized to collect data for this study.

Quantitative data consisted of responses to statements from two quantitative instruments, the Student Risk Screening Scale (SRSS-IE; Appendix A) by Drummond (1994) and a portion of preselected subscales from the Panorama Social-Emotional Learning Survey (Appendix B) by Gehlbach and Brinkworth (2011) given as a pretest and posttest to participants at the beginning of the academic school around late October before sessions started and at the end of the academic school year in May of 2025 by ASPP.

To collect qualitative data, the researchers conducted interviews and focus groups. During interviews with stakeholders, the researchers utilized the (tool created by researchers) which primarily focused on collecting qualitative data around RQ1 to gain the perceptions and outcomes of the effectiveness of social work sessions at ASPP from the perspective of key stakeholders (site directors, interns, and parents). After the initial interviews with site directors, social work interns and parents, focus groups were formed with students who attended social work sessions to deepen the understanding of responses received during initial interviews.

Participants included 3rd- 6th-grade students enrolled in an afterschool program, parents, social work instructors, and interns in the Southern region of the United States who all gave consent to participate in the study. The research primarily focuses on 3rd-6th grade students because ASPP identified that its 3rd-6th grade students need the most support with SEL competencies across the K-12 population they serve.

Significance of the Study

The perceptions and outcomes of social work on SEL development in after-school programs could be significant for several groups. Educators may find value in the findings of this study as the perceptions and outcomes could reveal how incorporating social-work sessions into after-school programs impacts the behaviors and emotional regulation of students that could benefit them in the instructional setting. Social workers, interns, and instructors may benefit from understanding how social work sessions contribute to the development of the five essential SEL competencies: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. Furthermore, the current study may be significant in identifying strategies in the after-school program setting to best support children who most need programs like ASPP. Lastly, the current study could highlight the importance of the role of a social worker in supporting student growth especially in the after-school program setting. Parents and families may benefit by understanding how social work sessions contribute to their children's SEL development, thus allowing them to make more informed decisions surrounding their children's extracurricular activities and strategies to support their children's emotional and social well-being. Future researchers may benefit because the study could provide valuable data to contribute to the broader understanding of incorporating SEL and CBT through social work and may offer a foundation for further research around the practical application in and out of school settings. Lastly, the current study's findings could influence policymakers to advocate for funding and support of after-school programs to ensure that effective social work practices are incorporated that benefit student well-being and the development of the five key SEL competencies that aid in emotional regulation, the building of positive relationships and the development of healthy coping strategies that transfer to adult life for underserved children.

Definitions

The following definitions guided the researchers in the study.

At-risk. As defined by Glossary of Education Reform (2013), “The term at-risk is often used to describe students or groups of students who are considered to have a higher probability of failing academically or dropping out of school” (para.1).

Effectiveness. Effectiveness refers to the success of the treatment of social work sessions on participants' SEL competencies at ASPP.

Externalizing indicators. As defined by Rapport et al. (2001), “are characterized by difficulties with attention, aggression, conduct, and under socialization” (p.536). As measured by the SRSS (2024), it is defined as extremely shy, anxious, and/or socially withdrawn (para.1).

Internalizing indicators. As defined by Rapport et al. (2001), “include withdrawal, anxiety, fearfulness and depression” (p.536). As measured by the SRSS (2024) it is defined as noncompliant, aggressive, and/or defiant (para.1).

Outcomes. Outcomes refers to the positive, negative or neutral consequences of social work sessions on participants’ SEL competencies at ASPP.

Social-Emotional Learning (SEL). As defined by CASEL (1994), “SEL is the process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions”

Social work sessions. Social work sessions refer to the social work administered between site directors, interns and students during ASPPs operating hours. Sessions occur Monday through Friday between 2 pm and 6 pm across four sites in individual and group settings.

Underserved. As defined by New England Comprehensive Center (2008), “Underserved refers to the lack of quality and access the population has to programs, services, and resources that offer support to succeed in school” (para.1).

Chapter Summary

Researchers in this mixed-methods case study aimed to assess the effectiveness of a social work program within ASPP, a faith-based after-school program serving approximately 45 K-12 students in the Southern region of the United States, by primarily focusing on its stakeholder's perceived effectiveness and outcomes on students' SEL competencies, changes in internalizing and externalizing indicators and the overall impact of social work on students SEL competencies over an academic year. Researchers aligned the instruments with the CASEL and CBT frameworks and found alignment with two quantitative instruments. The Panorama Social-Emotional Learning Survey (2011) and SRSS-IE (1994) were used to measure pre-test and post-test data on student SEL competencies and internalizing and externalizing indicators over the academic year to determine if the social work program impacted its participants. The current study highlighted the high-poverty and under-resourced community that ASPP served, as many of the underserved children enrolled in the program had experienced trauma, struggled with emotional dysregulation, and needed additional support outside of the school day. Through interviews, observations, and focus groups, the researchers aimed to gain insight into the effectiveness and outcomes of the social work program to frame recommendations for appropriate implementation of social work in the after-school program setting. Participants of the

current study included 3rd-6th grade students, parents, social work instructors, and interns who all consented to participate in the study. The researchers identified that the current study would be significant to educators, social workers, parents and families, future researchers, and policymakers because of the stake each of these groups holds in ensuring underserved children gain access to the support they need. Lastly, the study highlighted the importance and need for underserved children to develop SEL competencies and the role of social work in ensuring that children become emotionally regulated, build positive relationships, and develop coping strategies that can transfer to their adult lives.

Chapter 2: Literature Review

Introduction

This literature review dives into the history of social work and its evolving impact on supporting underserved youth across the U.S. It covers a wide range of topics, from how the public views social work and children's own perceptions of it, to identifying factors that place children at-risk. The review also highlights the positive effects of social work, the role of faith-based support, and the impact of social work on afterschool programs for underserved communities. In addition, it examines specific interventions like cognitive behavioral therapy (CBT), social-emotional learning frameworks like CASEL, and the "Strong Kids" curriculum, which addresses behaviors that affect youth at-risk well-being. This analysis incorporates findings from methodological studies to provide a wide understanding of social work's influence on youth development and community well-being.

History of Social Work

To understand the current study, it is important to understand the history of social work in the United States. This section focuses on the evolution of social work in relation to significant American political events including war, economic decline, and social justice movements.

Social work is built into American society and extends resources and services for disadvantaged populations to receive what is needed to live safe and desirable lives. McNutt (2013) described the profession of social work and emphasized, "Social work is a profession that began its life as a call to help the poor, the destitute and the disenfranchised of a rapidly changing social order" (p. 138). At the time of the present study, the profession addresses a wide range of social issues that include poverty, food inequality, racial injustice, gender discrimination, disability rights, LGBTQ causes, domestic and sexual violence, child abuse and neglect, and trauma. The social work profession has significantly evolved over the last 150 years

with consistent efforts to maintain the objective of empowering the most vulnerable populations and ensuring equitable access despite social disadvantages.

The Industrial Revolution of the mid-1800s attracted an influx of immigrant populations due to the need for factory workers to meet the demand for industrial production. According to McNutt (2013), “Social work was a response to many urban problems such as mass poverty, disease, illiteracy, starvation, and mental health challenges” (p. 138). The rapid population growth thrust many Americans directly into a state of poverty and dealing with other social issues. The development of public social work programs assisted many disadvantaged populations by providing housing and child welfare, as these were the most prevalent issues during industrialization. As time progressed, the need for more welfare programs heightened due to historical events such as the Civil War. The American Red Cross (1881) was one of many organizations established to help those in need due to the consequences and aftermath of the war on disadvantaged communities. Levinson (2024) asserted, “The impulse to help those in need has become a defining part of American identity that carries forward across the social work history timeline into the present day” (para. 4).

The 19th century advanced the spread of social work across domains that included settlement houses, pension programs, and public education programs. The Charities Organization Society (COS) and the Settlement House Movements were responses to many social issues faced in urban areas. The settlement houses provided a space where social group work assisted in socializing immigrants into their new communities and surroundings. Adult education provided help and advice in addressing issues among residents so that they could work together in their urban neighborhoods to solve problems. Through the creation of these organizations, social work focused more on practice and professionalization. McNutt (2013) affirmed, “Between these two

movements lies the foundation of much of the practice we see today, accounting for the casework, social group work, community development, social planning, and social action" (p. 139).

The development of social work in the 19th century may have helped many disadvantaged populations. However, at that time, social work was seen more as a charitable or humanitarian effort rather than a government responsibility. It wasn't until the stock market crash of 1929 that the needs of the American people became so great that the demand for government assistance could not be ignored. Franklin D. Roosevelt's New Deal introduced social welfare programs surrounding child welfare, poverty, housing, and education. The Great Depression revealed a significant need for social workers as the lives of Americans changed drastically due to the economic hardships experienced during this time. Levinson (2024) emphasized the crucial need for social workers during the Great Depression. Social workers have participated in workers' advocacy throughout history, campaigning on behalf of the rights of the working poor to ensure more work opportunities, higher labor standards, better pay, and more. This was especially true during the Great Depression, when the need for social workers was vast (para. 11).

Levinson (2024) continued to explain that during the Great Depression, the economic decline and support provided by social workers again increased awareness of the need to protect the most vulnerable populations. This moment in U.S. history left a lasting impact on the field of social work, which will be evident as the political and social climate continued to evolve over the years.

In 1941, Japan's attack on Pearl Harbor forced the hand of the U.S. government to declare war and officially enter World War II. Similar to social work efforts during the Civil

War and World War I, social workers again answered the call of millions of soldiers and their families to offer support. Juda (2022) described social work efforts during WWII and stated, “Many social workers were given war-related assignments during World War II to develop services for communities impacted by the war. Social workers on these assignments helped soldiers and their families cope with injuries and other medical problems” (para. 13). Following the war, social services were seen on a far greater scale than they ever had been before. Because of this, the field of social work experienced efforts to professionalize and bring forth legitimacy by introducing organizations such as The Council on Social Work Education (1952) and The National Association of Social Workers (1955). Several existing social work organizations banded together to form a new association and press forward to help those most in need.

The 1960s were marked by unconditional wars, economic decline, and social justice movements. President Lyndon B. Johnson's War on Poverty legislation aimed to address the nearly 20 percent of Americans living in poverty. In his address to the nation, Johnson also emphasized the social injustices faced by people of color at the time. Johnson (1964) stated, "Unfortunately, many Americans live on the outskirts of hope - some because of their poverty, and some because of their color, and all too many because of both. Our task is to help replace their despair with opportunity" (para. 16). Poverty and social injustice were officially recognized as social problems, leading the government to establish programs for social advancement. The Economic Opportunity Act, Medicare, Medicaid, the Department of Housing and Urban Development, the Older Americans Act, and the Food Stamp program were all created to provide opportunities for all to overcome social disadvantages. Social workers also played a crucial role in drafting and passing the Civil Rights Act of 1964, ensuring that Black Americans had voting

rights and that segregation in public spaces and employment-based discrimination were illegal. Social work during this time was pivotal in strengthening the voices of the disadvantaged.

Over the next three decades, the U.S. experienced a decline in federally supported social work programs. Levinson (2024) described the decline as he asserted, the arrival of President Ronald Reagan in office in the 1980s extended these cuts to social services, despite the rise of several new crises in the United States, including the crack cocaine epidemic, the HIV/AIDS epidemic, homelessness, and domestic violence (para. 18)

The drastic decline of federally supported social work programs prompted the field of social work to pivot to more services being provided privately or by nonprofit organizations. Social workers navigating the field at this time faced much criticism surrounding social work's historical principles as many social workers began practicing for-profit services given the autonomy gained in the decline of support from the government. Benn (2019) questioned whether social work’s new focus on for-profit services has deviated from social work’s original purpose to forge allegiances with the poor, the disadvantaged, and the oppressed.

During the 1990s, support for government-funded social services continued to decline, furthering the shift towards private and non-profit sectors. Levinson (2024) described that non-profit social work programs were developed to cater to specific needs and ensure that disadvantaged and underserved populations were served.

At the time of the current study, the state of social work had shown continued growth in private and non-profit sectors. It is evident that the government's role is crucial in national and global crises such as natural disasters (such as hurricanes, tornadoes, and earthquakes) and global pandemics (like COVID-19), which require relief on a larger scale based on impact. Although there is a lack of government-funded social services, the Department of Human Services (DHS)

implemented several programs to advance disadvantaged populations. Programs include the Supplemental Nutrition Assistance Program (SNAP), Disability Services, Homelessness Services, Military Family Support, and Head Start programs. Many of the services offered through DHS aligned closely with the history of social work and aimed to empower vulnerable populations and ensure equitable access despite social and economic disadvantages. In the 2020s, the focus of social work has not wavered from its history, as the goal remains to improve the lives of the disadvantaged.

The Public Perception of Social Work

The researchers in this study aimed to examine the perception of different stakeholders such as parents, social workers and children receiving social work services in an after-school program in an underserved community. According to Lecory and Stinson (2004), for many years, social workers and their clients were stigmatized, preventing individuals from seeking the assistance they needed. Social work sessions used to be perceived as ineffective or unnecessary support. Lecory and Stinson (2004) found that almost 92 percent of their participants believed that social work helped families and individuals in serving and supporting troubled children. They also found that social workers provided great support in times of need as they were very effective with children, especially victims of child abuse, homelessness, and domestic violence. They also discovered that individuals felt that social work might influence policy changes, and widespread misconceptions about social work had dramatically decreased compared to public perception during the 1970s and 1990s (pp.167-169). The majority of the participants agreed on the necessity of social work, although it was discovered that social work can be more beneficial in certain situations than others. Lecory and Stinson proposed that this might be because social

workers themselves need to educate the public about who they are and what they do to help communities (p. 173).

Additionally, Cramer (2015), examined the public perception of social work and what knowledge people have about it. She found that personally knowing the social worker was significantly related to a positive perception of social work. The same study examined the effect of demographic and religious factors on positive perception of social work; results showed that these factors had only a marginal impact on the public's positive perception (p. 15). Cramer (2015) proposed that developing personal relationships between social workers and the public would result in a more positive perception of social work and better outcomes. She stated, "A more positive image could result in more funding for social services" (p. 21).

Furthermore, Olin (2019) concluded that in order for social workers to have a positive impact on the public, they must promote their work without jeopardizing the confidentiality of their clients, as well as connect with their clients' community and culture. According to the most recent survey conducted by the National Association of Social Workers (NASW) in 2023, 80 percent of Americans have a positive perception of social workers and have observed a beneficial influence of social work on their lives or the lives of family members. However, the survey revealed that social workers still need to educate the public about their potential positive contributions to the community.

Children and Parent's Perception of Social Work

Children's perceptions of social work vary depending on their age. As well as factors such as demographics, gender, and culture. According to Golding et al. (2006), children tend to feel powerless and stigmatized when dealing with social workers. A study by Timms and Thoburn (2003) showed that some children were more resilient than others and had a better

perception of social work. Furthermore, the study showed the alignment of views between parents, social workers, and children themselves regarding the nature of children's issues and how they should be treated might influence their perceptions. According to Jobe and Gorin (2012), children expressed positive perceptions when they were able to maintain a consistent relationship and regular meetings with social workers. The consistency of those meetings developed more trust in the relationship.

On the other hand, children indicated dissatisfaction with the social work programs in which they participated, due to a contradiction between what they personally needed and what their parents expected from the programs. This disparity caused a breakdown in trust, as the children may have thought that their opinions and needs were ignored or minimized in favor of satisfying the expectations of their parents. Children indicated a desire for extended support and demonstrated that short interventions may not be supportive enough, highlighting the importance of long-term interactions and support.

Ward et al. (2010) noted several factors that impeded the establishment of positive interactions between children and social workers. Parents who had negative experiences with social work therapy, whether personal or with their older children, mistrusted the effectiveness of social work and the entire intervention process to the point where they prevented their children from receiving any social work (p. 211). Another key aspect that influenced the connection between children and social workers included cultural differences, particularly when parents did not sense the cultural sensitivity offered by social workers to their traditions and cultures (p. 218). The researchers confirmed the necessity for social workers to devote time to listening to all the parents' concerns and develop clear communication channels with them to avoid any confusion or interruption to the support they are willing to provide (p. 219). Also, the study

correlated with the findings of Jobe and Gorin (2012), the demand for having a consistent relationship and frequent meetings with social workers highlighting the need to create a trusting environment between their children and social workers. Moreover, Oliver (2010) highlighted how skilled social workers, from children's perspectives, prioritized their needs, showed empathy, and respected their personal confidence. She emphasized that children perceived social workers more positively when they showed good communication skills and respected the boundaries between professionalism and friendliness (p. 29).

Identifying At-Risk Students

Many young children in the United States have been affected by one or more risk factors associated with academic failure and poor health conditions. According to Robbins et al. (2012), family economic hardship is a primary risk factor consistently associated with negative outcomes in both educational and health domains. Children as young as 24 months from low-income families have been found to show gaps in cognitive and behavioral development when compared to their peers in higher-income families. Additionally, other risk factors, such as living in a single parent family or having parents with low education levels, could further increase the likelihood of undesirable outcomes, particularly when these factors coexist with poverty. The presence of multiple risk factors could significantly raise the probability of school failure and other negative outcomes, including challenging behavioral traits.

According to the Glossary of Education Reform (2013), the term "at-risk" has been often used to describe students who face circumstances that could hinder their ability to succeed in school. The term applies to students who face various situations like homelessness, incarceration, teenage pregnancy, serious health issues, or domestic violence. In the educational setting, the term has been subject to varied interpretations to fit institutional or organizational

policies. Academically, being at-risk might refer to challenges such as learning disabilities, low test scores, disciplinary problems, grade retention, or other learning related factors that could negatively affect a student's educational performance. This label has carried a negative meaning, suggesting that the child might struggle to transition successfully into adulthood or meet societal expectations. Ghongkedze (2018) emphasized that the label "at-risk" implies that these children may not secure a stable job or contribute positively to society, making it a label that no parent would have wanted associated with their child.

Feruza and Makhmud (2020) highlighted that many children who are at-risk may have experienced violence, loss, and significant disruptions in their lives. This is often combined with other stressful factors, particularly in the context of displacement. These children have faced an increased risk of stress, emotional problems, and disorders like depression, anxiety, aggression, or apathy due to an unfavorable family environment and a lack of conditions for a normal life. Without timely support and intervention, these circumstances could lead to the development of neuropsychiatric disorders and social maladaptation. Feruza and Makhmud (2020) emphasized that social workers play a critical role in working with at-risk children by collaborating with psychologists to understand the children's medical, psychological, personal characteristics, and social circumstances.

Despite the challenges faced by at-risk children, Ghongkedze (2018) argued that no child should have been permanently labeled as at-risk in the 21st century. Regardless of how serious a child's situation appeared, empowerment and support could have turned their circumstances around, enabling them to succeed. Ghongkedze (2018) stressed that instead of focusing on the limitations implied by the term "at-risk," efforts should have been directed toward equipping these children with the resources and opportunities they needed to thrive.

Positive Effects of Social Work

The current study built on implementing a social work component within an after-school program that was designed to support children at-risk by enhancing their social-emotional skills and resilience. Therefore, it is important to examine literature that details positive effects of social work.

McNeish et al. (2017) further examined the principles of effective social work practice. Their study highlighted the importance of structured, evidence-based sessions led by a single, dedicated worker who acted as a bridge to additional services when needed. The research highlighted that successful social work interventions involved empathic, strengths-based approaches, where families were engaged as active participants in resolving their challenges. Parents valued social work support when it was holistic, aimed at improving overall family dynamics, and when social workers skillfully facilitated communication to mend fractured relationships within the family unit. These principles of empathy and structured support closely resonated with the methodology employed in the current study, where a similar focus on regular interventions was applied to enhance the effectiveness of the after-school program.

Sparr et al. (2021) conducted a meta-analysis of after-school programs providing social work services to children aged 5 to 18. They found that children attending these programs showed higher levels of self-confidence, self-esteem, school bonding, and positive social behaviors compared to non-participants. The analysis also revealed a drop in behavioral problems, such as aggression and conduct issues, and a decrease in substance use among children in the programs. Participants' parents and guardians reported that these types of after-school programs were effective in enhancing their children's social skills and offered valuable opportunities for physical activity. Sparr et al. defined the common characteristics of successful

programs as having clearly defined goals aligned with developmentally appropriate curriculum, reliance on theories like social cognitive behavioral theory to guide program activities, and interactive programs that offered social emotional learning, behavioral, and physical health. This evidence supported the approach taken in the current study, which aimed to create a structured after school program that not only focused on the direct social and emotional needs of at-risk children but also promoted long-term academic and behavioral improvements.

The current study also found methodological alignment with Culpepper's (2014) research, which examined the impact of social work on children aged 10-17, mainly African American youth from Knoxville, Tennessee. Culpepper used quantitative instruments such as the Multidimensional Scale of Perceived Social Support (MSPSS), the Center for Epidemiologic Studies Depression Scale for Children (CES-DC), the Strengths and Difficulties Questionnaire (SDQ), the Rosenberg Self Esteem Scale (RSES).

Culpepper's study, like the current research, assessed participants at three points during the year to measure the impact of social work on emotional and behavioral performance. Culpepper discovered a significant relationship between social work and improved behavioral functioning, self-esteem, and academic performance. Her findings suggested that social work and participation in structured social work programs could enhance children’s resilience, providing initial evidence that group-based social interventions could positively impact at-risk children. The current study built on these findings by specifically investigating how integrating SEL and CBT within an after-school program can significantly develop these positive outcomes for children at-risk, offering a comprehensive approach to improve their behavioral and emotional development.

Social Work and Faith-Based Services

The current study focused on ASPP; a faith-based organization rooted in social work values. The researchers reviewed literature on faith-based services, as they connect spiritual support with practical aid in social work. This section gives a brief overview of how these organizations have impacted communities, the challenges they face, and the frameworks guiding their service. According to Crisp (2014), faith-based organizations have historically played a vital role in providing social services, particularly in underserved communities. The biblical teaching in Acts 20:34–35 emphasized the importance of selfless service, which continued to influence social work practices, especially within faith-based communities. The idea of serving others and serving the weak formed the foundation of faith-based social work efforts.

Faith has been considered a main component in addressing social and emotional issues within underserved communities. Pew Research Center (2014) highlighted the significant influence of faith within public school communities, particularly among black and brown communities. These communities have often relied on religion to cope with emotional and psychological challenges. Galvin (2023) found that religiosity significantly affected adolescent mental health, noticing that a one-standard deviation rise in religiosity correlated with an 11% decrease in the likelihood of depression. This supported the historical role of the church as a source of psychological healing, especially for minority populations.

Galvin (2023) mentioned that religious institutions, particularly in African American communities, held a deep-rooted tradition of addressing mental health issues. African Americans, due to cultural stigmatization around mental illness, often sought help from their faith communities rather than traditional mental health services. Therefore, churches and other faith-based organizations offered counseling services, providing spiritual guidance that supported

mental health treatment. This cultural reliance on faith-based counseling was shown in the higher rates of such services offered to African Americans compared to other races.

Galvin (2023) also indicated that the integration of religious principles into social emotional learning (SEL) frameworks like CASEL have demonstrated the broader alignment between religious values and emotional development. CASEL's focus on enhancing positive emotions, behaviors, and attitudes mirrored similar lessons from religious teachings. For example, the Fruits of the Spirit Love, Joy, Peace, Patience, Kindness, Goodness, Faithfulness, Gentleness, and Self-Control (Galatians 5:22-23) closely aligned with the goals of SEL in developing emotionally intelligent individuals.

According to Galvin (2023), faith, particularly within underserved communities, has played a critical role in shaping both personal identity and community cohesion. For decades, African American communities have embedded faith-based support systems to help individuals navigate life's challenges. This deep connection between spirituality and counseling highlighted the importance of understanding the cultural context of mental health interventions. Williams et al. (2013) emphasized that Black churches were trusted institutions in African American communities, providing accessible and essential social, health, and educational services.

The role of the church in delivering social services has been a long-standing tradition. Harris et al. (2016) noted that many social service organizations referred individuals to churches for assistance with basic needs like food, clothing, and financial support. Early social workers, often motivated by their religious beliefs, established strong roots of social work within faith communities as they sought to care for the most vulnerable populations. According to Harris et al. (2016), there has been a recent reappearance in integrating spirituality and religion into social work practice, particularly through field placements and internships in faith-based settings. This

development has offered opportunities to measure the impact of religion and spirituality on social work, and education practice. According to Williams et al. (2013), Black churches have had a history of offering health and social services, playing a critical role in African American communities. The relevance of black churches came from their accessibility and trust in these communities, making them an essential partner in social work and mental health services, bridging the gap between secular and faith-based approaches to social work therapy.

The Impact of Social Work in After-School Programs for Underserved Communities

The following section reviews the literature that highlights the positive outcomes associated with social work services provided in after-school programs for underserved communities. Research has shown that these programs can lead to improved academic performance and social-emotional development. Social workers in these programs often provide mentorship, counseling, and support for underserved children. However, this section also acknowledges studies that contradict these findings, pointing to challenges such as inconsistent program quality, limited resources, and varying levels of effectiveness in achieving long-term outcomes. By exploring both perspectives, this section aims to provide a well-rounded understanding of the role of social work in after-school programs.

After-school programs, in particular, have been widely studied for their role in promoting positive youth development. Reisner et al. (2007) conducted a study exploring the impact of high-quality afterschool programs on underrepresented youth. The study found that structured, adult supervised after-school programs significantly improved youths' conduct and work habits over a two-year period. Both elementary and middle school students who participated in these programs exhibited better work habits and reduced misconduct compared to their unsupervised peers. Teachers at elementary school confirmed these findings, observing that students involved

in high-quality afterschool programs performed better in terms of behavior and academic performance than those who were unsupervised. Furthermore, the study noted that positive effects were more noticeable among children who participated in after school programs for two years, suggesting that consistent exposure to structured environments was more beneficial. Additionally, Vandell et al. (2005) emphasized the acute need for after-school programs in low-income communities. They highlighted that such programs serve as critical support systems for children who may not have access to enrichment opportunities outside of school hours.

Durlak et al. (2007) provided further insights by identifying the key components of successful after-school programs. They focused on after-school programs designed to promote personal and social skills, specifically targeting areas such as problem-solving, conflict resolution, self-control, leadership, responsible decision-making, and the enhancement of self-efficacy and self-esteem. These programs served children between the ages of 5 and 18.

Durlak's research included elementary and middle school students, many of whom were from underserved communities. They employed primarily quantitative research approaches, utilizing experimental or quasi-experimental designs with control groups. Their findings demonstrated that only programs that incorporated four evidence-based training approaches in their program components (sequential, active, focused, and explicit skill development) had significant outcomes. Programs with these features not only improved youths' feelings and attitudes but also positively influenced their behavior and school performance. They emphasized that these features aligned with the idea that well-structured, skill-oriented interventions may offer broad-based benefits in youth development. Their findings related to the present study; ASPP provided structured social work sessions as part of its after-school services. These

sessions, which focused on developing personal and social skills such as leadership, conflict resolution, and self-esteem, were the main components of the current research.

Furthermore, Durlak et al. (2010) conducted a meta-analysis study primarily involving after-school programs (ASPs) conducted in the United States, often targeting underserved communities. Many of these programs were implemented in areas where students faced socioeconomic challenges, with the goal of fostering personal and social development in young youth. The meta-analysis incorporated a systematic approach to select relevant studies. It focused on quantitative research design that featured control groups, allowing for comparative analysis between participants in after-school programs and non-participants. The methodology aligned with correlational research, as it sought to determine the relationship between participation in structured after-school activities and improvements in young youth outcomes such as self-perception, behavior, and academic performance. A random effects model was used, allowing for generalizations across different types of programs.

The findings from this meta-analysis, particularly those in underserved communities, provided critical context for the current study, which examined the behavioral differences between young youth receiving social work interventions and those participating in after-school programs without such interventions. The meta-analysis results demonstrated that after-school programs were associated with increased positive feelings, improved self-perceptions, stronger school bonding, and better social behaviors among participants. Also, the programs contributed to significant reductions in problem behaviors and improved academic outcomes, including higher achievement test scores and school grades.

On the other hand, not all studies demonstrated positive benefits of social work. Kramer et al. (2014) found that students who participated in after-school programs did not demonstrate

improved behavior or school attendance compared to their peers in the comparison group. These findings contradict those of Durlak et al. (2010), particularly regarding the effects on problem behaviors. Kremer et al. pointed out research methodological differences between the studies, specifically in terms of including drug use variables in the assumption of externalizing behaviors. Durlak et al. separated substance use from other externalizing behaviors, reporting no significant effect in this domain.

Moreover, Kremer et al. (2014) recommended that future research needed to focus more closely on the specific characteristics and mechanisms of after school programs to better understand how they impact children. They stated that many after school program studies lack well-defined theories of change and intervention procedures, had poor utilization of treatment manuals, provide insufficient training for implementers, and rarely measure the fidelity of implementation. Furthermore, they noted the importance of demographic and participation information to determine whether certain groups of youth benefit more from these programs than others.

Additionally, Hurd and Deutsch (2017) focused on social-emotional learning (SEL) in after-school programs, finding that participation was associated with improvements in social skills, prosocial behavior, academic outcomes, and reductions in problem behaviors. Moreover, their study highlighted that program quality, rather than attendance alone, plays a critical factor in achieving positive outcomes. They suggested that the proper fit between the program and children's characteristics, considering factors such as race, age, gender, culture, and socioeconomic background, impacted the program's effectiveness.

Cognitive Behavioral Therapy

Cognitive behavioral therapy (CBT) is a type of psychotherapeutic treatment to help individuals identify and change negative thought patterns that destructively influence their behavior and emotions. According to Nakao et al. (2021), CBT assisted in the removal of avoidant and safety seeking behaviors that impeded self-correction of incorrect beliefs, improving stress management and enhancing mental health. CBT has been widely adopted for various psychological conditions, and its ability to be modified makes it suitable for diverse age groups with different mental health needs. The researchers of the current study aimed to analyze internalizing and externalizing behaviors in at-risk children, as well as the influence of social work sessions integrating cognitive-behavioral therapy (CBT) on these behaviors among children enrolled in ASPP.

Effects of CBT on Internalizing Behaviors

According to Wasserman (2020), adolescence is noted as a crucial developmental period during which both externalizing behaviors, such as delinquency and oppositional actions, and internalizing issues, including depression and anxiety, often emerge. These behaviors are considered transdiagnostic processes that increase the risk of later mental health disorders, including substance use and affective disorders. Furthermore, stress has been traditionally recognized as a key risk factor contributing to the development of these behavioral issues.

Considering the high incidence of these mental health issues among adolescents, early interventions are crucial in reducing possible long-term consequences. Cohen et al. (2010) emphasized the effectiveness of trauma-informed interventions in reducing emotional distress and providing children and families with essential skills to address behavior problems. Furthermore, Hugh-Jones et al. (2020) highlighted that anxiety disorders were among the most common youth mental health issues, where early intervention through therapies like CBT could

effectively reduce anxiety symptoms in children and adolescents. Buttler and Forman's (2006) meta-analysis reviewed 16 recent meta-analyses to explore CBT's effectiveness across several disorders, its applicability, and how it compared to other types of psychological interventions. They confirmed that CBT produced lasting symptom relief for conditions such as adult and adolescent depression, anxiety disorders, PTSD, and bulimia nervosa, with significant effect sizes indicating meaningful improvements. For disorders like depression and generalized anxiety disorder, CBT showed long-term effectiveness and lower relapse rates than pharmacotherapy, indicating a constant therapeutic impact. They also noted that while CBT proved successful as a single or combination treatment for conditions such as schizophrenia, more study was needed to examine its potential benefits in areas such as anger, chronic pain, and eating disorders, where results were encouraging but uncertain.

Driessen and Hollon (2010) found that CBT is effective in the acute treatment of depression. They proposed that, when properly applied, CBT might replace antidepressant medicines in severely depressed unipolar patients and operate as an additional therapy in bipolar patients. Their findings showed that cognitive behavioral therapy (CBT) might be as beneficial as antidepressant medication for people with severe depression. Moreover, Halder and Mahato (2019) stated that CBT was useful for a variety of mental health issues in children and adolescents.

James et al. (2020) conducted a meta-analysis to investigate CBT's impact on childhood anxiety disorders, especially that anxiety often disrupted friendships, family life, school, and could lead to mental health challenges later in life. They found that CBT helped children and young people overcome anxiety by teaching them new strategies of thinking to face their fears. Their study, which included participants younger than 19 years, concluded that CBT

significantly reduced anxiety in children and young people when compared to control groups. They observed that around 50% of children recovered from primary anxiety disorders after a course of CBT, although improvements for the remaining 50% required more examination.

James et al. (2020) highlighted several concerns relevant to the researchers of the current study, particularly regarding the long-term effectiveness of CBT and how it might vary by therapy plan (e.g., individual vs. group) or population (e.g., children with autism). James et al. findings showed that group CBT had a stronger impact than individual CBT, suggesting that group settings may enhance the intervention’s effectiveness. They recommended that future studies focus on understanding the core mechanisms that make CBT effective and how these may differ based on individual traits and circumstances.

Building on these findings, the current study's researchers were encouraged to investigate the efficacy of CBT in after-school programs for at-risk children. They aimed to see how these strategies might reduce behavioral challenges within this group, which aligns with James et al.'s focus on the effectiveness of CBT across different populations and circumstances.

Another type of CBT that has been helpful in recent years is trauma-focused therapy techniques for children which has been a popular area of study. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) had gained significant attention for its ability to reduce trauma symptoms in a variety of young age demographics. Researchers claimed that while TF-CBT has shown efficiency in symptom reduction, it may lack significant cultural responsiveness for some groups, particularly African American children. Carter (2022) examined the efficacy of TF-CBT for African American children aged 3 to 18 who had experienced various forms of trauma, including domestic violence, community-related trauma, and culturally motivated discrimination.

This focus was necessary, given the sample in the current research consisted mainly of African American children, emphasizing the significance of Carter's findings.

Carter found that African American children's exposure to trauma was frequently associated with both immediate and long-term mental health issues, emphasizing the specific social and cultural stresses affecting their mental health. Carter concluded that, without culturally relevant modifications, TF-CBT alone was ineffective in meeting the needs of African American children. She emphasized that despite the fact that TF-CBT contained key components that were useful in treating trauma symptoms, there was a gap in efficiency when applied to this particular community, pointing out the need for a culturally appropriate model of TF-CBT. Carter recommended clinician training in cultural competency and suggested improvements to the TF-CBT approach, such as the consideration of tailored approaches to meet the unique problems that African American children experience.

Effects of CBT on Externalizing Behavior

Fuchs and Fuchs (2023) examined the effects of CBT interventions on high-risk children who showed externalizing behaviors such as disruptive and oppositional actions. Their findings highlighted the role of CBT interventions in self-regulation, information processing, and emotional control and how these strategies were essential for regulating behaviors and reducing aggressive responses. Similarly, Smith et al. (2009) asserted that CBT interventions were effective because they targeted both cognitive and behavioral components, reshaping foundational cognitive processes involved in problem-solving, which could lead to significant behavioral change.

Furthermore Kendall (2012) described these interventions as intentionally structured to influence thinking, emotions, and behavior in a way that promoted long-term change. Lochman

and Boxmeyer (2011) emphasized CBT's efficacy in decreasing externalizing behaviors, particularly in children. They underlined the necessity of early intervention in preventing maladaptive habits from developing into serious issues. They added that CBT therapies have been demonstrated to be effective in decreasing externalizing behavior issues in at-risk youngsters. Furthermore, they recommended a multimodal strategy that included parents, children, and important relatives. The multimodal strategy brought together parents, children, and important members of the family by educating them how to work together to create a well-rounded support system. Also, parents and children both studied a problem-solving model, which encouraged collaborative solutions for frequent issues. Additionally, they proposed that the predominant CBT strategies used in these programs were emotion regulation, perspective-taking, anger management, social problem-solving, and setting goals.

Collaborative for Academic, Social and Emotional Learning (CASEL)

According to Greenberg et al. (2017), “School-based SEL programs can improve students’ competence, enhance their academic achievement, and make them less likely to experience future behavioral and emotional problems” (p. 14). CASEL (1994) proposed that there are immediate outcomes of SEL organized around five essential domains: self-awareness, self-management, social awareness, relationship skills and responsible decision-making that may manifest through thoughts, attitudes and behaviors. Greenberg et al. (2017) asserted,

> The thoughts, skills, and attitudes in each domain help students understand and manage emotions, set and achieve positive goals, feel and show caring and concern for others, develop a positive and realistic perception about their own competencies, establish and maintain positive relationships, and make responsible decisions. (p. 15)

Self-awareness. CASEL (2020) defined self-awareness as, “The abilities to understand one’s own emotions, thoughts, and values and how they influence behavior across contexts” (p. 2). Additionally, this domain includes the capability of one to integrate personal and social identities, identify personal emotions, demonstrate honesty and integrity, link feelings, values and thoughts, examine prejudices and biases, experience self-efficacy, have a growth mindset and develop interests and a sense of purpose. Greenberg et al. (2017) described,

> Competence in self-awareness means understanding your own emotions, values, and personal goals. It includes accurately assessing your strengths and limitations, possessing a well-grounded sense of self-efficacy and optimism, and having a growth mindset that you can learn through hard work. A high level of self-awareness requires the ability to recognize how your thoughts, feelings, and actions are connected to one another. (p. 14)

Self-management. Weissberg and Cascarino (2013) discussed the importance of integrating SEL into education and defined self-management as, “the ability to regulate one’s emotions, thoughts and behaviors effectively in different situations, and to set and work toward personal and academic goals” (p. 10). CASEL (2020) identified that self-management capacities included, “management of emotions, identifying and using stress management strategies, exhibiting self-discipline and self-motivation, setting personal and collective goals, using planning and organizational skills, showing the courage to take initiative and demonstrating personal and collective agency” (p. 2).

Social awareness. CASEL (2020) alluded to this emphasis placed on behavior in different settings and described,

> Social awareness is taking others perspectives, recognizing strengths in others, showing empathy and compassion, showing concern for the feelings of others, understanding and

> expressing gratitude, identifying diverse social norms, including unjust ones, recognizing situational demands and opportunities and understanding the influences of organizations/systems on behavior. (p. 2)

Relationship skills. According to Greenberg et al. (2017), “relationship skills give children the tools they need to establish and maintain healthy and rewarding relationships and to act in accordance with social norms” (p. 15). Furthermore, the authors described relationship skills competence as, communicating clearly, listening actively, cooperating, resisting inappropriate social pressure, negotiating conflict constructively and seeking help when needed. Similarly, CASEL (2020) described relationship skills capacities,

> Communicating effectively, developing positive relationships, demonstrating cultural competency, practicing teamwork and collaborative problem-solving, resolving conflicts constructively, resisting negative social pressure, showing leadership in groups, seeking or offering support and help when needed and standing up for the rights of others (p. 2)

Responsible decision-making. Greenberg et al. (2017) stated, “Responsible decision-making requires the knowledge, skills and attitudes to make constructive choices about personal behavior and social interactions, whatever the setting” (p. 15). CASEL (2020) identified that responsible decision-making capacities include,

> Demonstrating curiosity and open-mindedness, identifying solutions for personal and social problems, learning to make a reasoned judgment after analyzing information, anticipating and evaluating the consequences of one's actions, recognizing how critical thinking skills are useful both inside and outside of school, reflecting on one’s role to promote personal, family and community well-being and evaluating personal, interpersonal community and institutional impacts. (p. 2)

Strong Kids

Merrell's Strong Kids (2016) is a social-emotional prevention and early intervention program that consists of 10 carefully sequenced lessons. The curriculum is designed to impact young student's cognitive, affective, and social functioning skills by practicing and building skills and strategies learned throughout the curriculum. The curriculum aligns with both CBT and CASEL frameworks as the lessons address the five essential SEL competencies: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making.

Kramer et al. (2014) conducted their study to evaluate the effects of the Strong Kids curriculum when implemented as a school-wide universal intervention. The study took place in two suburban Title I Elementary schools in the Intermountain West region of the United States and the population consisted of kindergarten to 6th grade students. The researchers additionally highlighted that feasibility concerns are typically a barrier to the effective implementation of SEL programs. Therefore, their study evaluated if teachers with less support could implement the Strong Kids curriculum as intended and if teachers found the curriculum to be socially valid. Teachers at the treatment school identified students most at-risk for Emotional Behavior Disorders (EBD) through the administration of the Systematic Screening for Behavior Disorders (SSBD; Walker & Severson) as a pretest and posttest. The screening tool assisted teachers in ranking students according to their internalizing and externalizing behaviors. The results from the screening showed that approximately 48 students (14% of the study's population) were at-risk for EBD. To assess the fidelity of the implementation of the Strong Kids curriculum, researchers observed 37% of lessons and used a fidelity treatment checklist to determine if lesson components were completed with fidelity or not. To measure social validity, the researchers

administered a 27-item questionnaire to teachers at the end of the study to gain their perception around if the goals of the intervention aligned with goals of the teachers, if the procedures of the intervention were acceptable to teachers and if teachers were satisfied with the outcomes of intervention. The researchers noted that approximately 17 weeks elapsed between pretesting and post-testing at both treatment and control schools (p. 668).

At the conclusion of the study, researchers found that the curriculum appeared to reduce internalizing behaviors at the treatment school. Although there was a small reduction in internalizing behaviors at the treatment school, the control school saw an increase in these behaviors. This suggests that the Strong Kids curriculum may play a role in preventing the development or worsening of internalizing behaviors. The researchers affirmed that teachers felt that the curriculum had a positive impact, even though it was implemented for all students rather than in small groups or individually. The researchers concluded their study by discussing implications for future research noting that having parents assess their child's behaviors and symptoms could offer an extra source of information and help confirm whether the skills and knowledge transfer to settings beyond school.

Social Emotional Learning (SEL) in Afterschool Programs

The current study aimed to measure the effectiveness of Social Emotional Learning (SEL) interventions provided by ASPP, an after school social work program where SEL was the focus of the curriculum used in social work settings. To frame the SEL focus, it was important to investigate previous research on SEL interventions within afterschool settings.

According to Payton et al. (2008), most of the research conducted over the past few decades has indicated that SEL programming for elementary and middle school students is a promising approach to reducing problem behaviors, promoting positive adjustment, and

enhancing academic performance. Payton et al. measured the impact of SEL programs for school children from kindergarten through eighth grade, focusing on interventions conducted in after-school settings. Their findings suggested that SEL interventions were effective across various educational environments, including both school and after-school programs, and benefited students with and without pre-existing behavioral issues. The success of these interventions affected a diverse range of student demographics, including urban, suburban, and rural areas, and among racially and ethnically diverse populations. Students participating in SEL programs demonstrated improvements in personal, social, and academic domains, including enhanced social and emotional skills, positive attitudes toward self, school, and peers, improved social behaviors, and reduced behavioral issues and emotional distress. Particularly, these programs positively impacted academic outcomes, such as school grades and standardized test scores, which were crucial in educational settings that prioritized accountability for student achievement. These findings aligned closely with the current study's focus on assessing children at-risk in an after-school program that integrates SEL and CBT interventions, aiming to measure how such interventions contribute to the students' overall social and academic development.

Furthermore, Payton et al. highlighted that the value of SEL came from how it focused on building skills that students could apply outside the classroom. SEL worked so successfully because it taught children how to manage their emotions, form meaningful connections, and make responsible decisions. These skills helped children to better understand themselves, handle stress, empathize with others, resolve problems, and assess the consequences of their decisions.

Hurd and Deutsch (2017) highlighted the unique role of out-of-school settings, like afterschool programs and community organizations, as ideal spaces for SEL development. Unlike schools, these programs were not restricted by curricular demands and often followed

broader developmental goals, allowing a stronger focus on SEL interventions. Their study focused on SEL interventions in afterschool programs that were conducted by adults that operated between 3:00 and 6:00 p.m. during the school year. This setting was closely related to the setting of the current study, ASPP, since adult facilitators in these programs not only set guidelines for SEL-friendly environments, but also implemented curriculum and created meaningful relationships with participants.

Hurd and Deutsch have indicated that after-school SEL programs could positively impact self-confidence, self-regulation, and social skills, while also reducing adjustment issues like delinquency, anxiety, and depression. They also associated SEL programs with positive attitudes toward school, social behavioral skills (like cooperation and leadership), academic grades, and standardized test scores, with significant reductions in problematic behaviors like aggression and drug use. Hurd and Deutsch advocated for the importance of integrating social justice into SEL programming, considering factors that could improve outcomes for marginalized and underserved youth, who often faced barriers to accessing afterschool programs, such as cost and transportation.

Hurd and Deutsch’s findings showed a strong alignment to the current study's dependent variables, which measured changes in students' social-emotional learning (SEL) competencies through the Panorama survey and shifts in internalizing and externalizing behaviors in at-risk children assessed by the SRSS. They highlighted the important role of afterschool programs like ASPP in supporting SEL development, especially for children who could benefit the most from these community-based resources.

Furthermore, Durlak et al. (2010) provided more evidence supporting the value of SEL-focused after-school programs through a meta-analysis of 68 studies. Their review included

programs that mainly served elementary and middle school students, with some high school students. Approximately half of the programs targeted elementary school-aged children, one-third targeted middle school-aged students, and roughly ten percent targeted high school students. Findings from this meta-analysis strengthened the findings of Hurd and Deutsch, showing that SEL programs in afterschool settings improved students' self-confidence, attitudes toward school, social behaviors, academic performance, and standardized test scores while reducing problematic behaviors such as aggression and substance use.

Methodologies Used in Previous Studies

As mentioned previously in this review, Culpepper conducted a study examining the impact of social support on at-risk youth, specifically focusing on how participation in youth programs influenced their academic, emotional, and behavioral functioning. This study employed a mixed-methods approach, using the Multidimensional Scale, the Rosenberg Self-Esteem Scale, and additional questionnaires within a repeated-measures design, assessing participants at three time points during the school year. This approach closely aligned with the current study, which similarly used a mixed-methods approach including questionnaires and the SRSS, administered three times during the year to measure the efficacy of social work on emotional and behavioral performance.

In comparison to the current study methodological approach Kramer et al. (2014) investigated the implementation of the *Strong Kids* curriculum within social-emotional learning (SEL) interventions, aiming to measure its effect on reducing internalizing behaviors and promoting prosocial behaviors. By employing both quantitative tests like independent-sample t-tests and ANOVA and qualitative tools like questionnaires and focus groups. The current

researchers employed Kramer et al.'s methodology, using the same quantitative and qualitative approaches to analyze the Strong Kids curriculum's influence on SEL interventions inside ASPP.

Hurd and Deutsch (2017) investigated how effective SEL interventions were in after-school programs led by adult facilitators. Their study focused on reviewing programs running between 3:00 and 6:00 p.m. during the school year, where adults not only guided SEL-friendly environments but also implemented curriculum and built deep relationships with students. This framework was similar to the After-School Program (ASPP) settings in the current study. The current researchers also aimed to examine the impact of SEL interventions guided by a particular curriculum like Strong Kids, which was implemented by the adult social workers in ASPP.

Further comparison to the current study's methodological approach comes from Pate and Stabile (2020), who employed a mixed-methods approach in their research, closely aligning with the approach utilized in the present study. They focused on using the SRSS to help teachers and administrators identify students who might need extra support to prevent behavioral issues from escalating. The scores of the SRSS informed teachers and administrators of potential students needing additional support to prevent escalating behavioral issues. Similarly, the current study used the SRSS to track progress in addressing behavioral challenges within the ASPP. Pate and Stabile's research demonstrated how valuable the SRSS can be in providing educators and social workers with the information they need to support at-risk students effectively.

Summary of Literature Review

This literature review explored the development and impact of social work in the United States, emphasizing its origins, public perceptions, and the challenges faced by underserved communities. It traced social work's history back to the Industrial Revolution, highlighting how major historical periods and events expanded its reach and led to the professionalization of the

field and the creation of important organizations like the Council on Social Work Education. The researchers then investigated perceptions of social work among different stakeholders, particularly parents, social workers, and children. The researchers afterwards investigated the reasons for identifying at-risk students including criteria such as socioeconomic status, family structure, and access to resources for support. The researchers examined how faith-based organizations contribute to social work, particularly in underserved communities.

The researchers then moved on to exploring the impact of after-school programs in underserved communities. The researchers then explored the effectiveness of trauma-focused CBT interventions for at-risk students, particularly within African American communities. The researchers also reviewed Social and Emotional Learning (SEL) programs, particularly the CASEL framework and the implementation of the Strong Kids curriculum in SEL interventions. Finally, the researchers explored methodologies used in previous studies that influenced the current study.

Chapter Three: Methodology

Purpose Statement

The purpose of this study was to examine the effectiveness and outcomes of a social work program in an after-school setting. Specifically, the researchers aimed to understand how key stakeholders (students, parents, social work interns, and site directors) perceive the effectiveness and outcomes of the program. This research examined changes over time in internalizing and externalizing indicators among students participating in social work sessions. Additionally, the researchers explored the program's effectiveness on students' SEL competencies. The researchers also investigated the comparison of outcomes between program participants and non-participants while assessing the changes in SEL competencies over six months beginning in November 2024.

Research Questions

The research questions for this mixed-methods study were as follows:

Research Question 1

What are stakeholders' perceptions of the effectiveness and outcomes of the social work sessions on SEL competencies?

Research Question 2

What are stakeholders' perceptions of the social work sessions in terms of how children are engaging with the social worker interns and with each other?

Research Question 3

Is there change over time in internalizing and externalizing indicators for students who are participating in social work sessions?

Research Question 4

What is the impact of social work on SEL competencies for participants of the social work sessions?

Research Design

The researchers used a mixed-methods design to collect quantitative and qualitative data. McKim (2017) noted that "Many researchers have turned to mixed methods methodologies as a way to address the critiques of qualitative and quantitative methods" (p. 213). The researchers used a qualitative case study design to investigate the perceptions of stakeholders regarding the effectiveness and outcomes of social work sessions on SEL competencies (Research Question 1). Additionally, this design allowed researchers to have insight about how students interacted with the social work intern and each other during the social work sessions (Research Question 2). Furthermore, the researchers focused on experiences to gain multiple perspectives from multiple stakeholders, including site directors, social work interns, parents, and students. Additionally, this design also allowed the researchers to understand how well the sessions addressed the SEL skills while also assessing how students engaged socially in both, group and one on one sessions. The researchers used a quantitative design to investigate the change in the internalizing and externalizing behaviors of students receiving social work services (Research Question 3), as well as changes in students' social awareness, supportive relationships, emotional regulation, self-management, and self-efficacy over time as they experienced social work rooted in SEL practices (Research Question 4).

For Research Questions 1 and 2, the researchers used a qualitative case study design. According to Gerring (2004) case study research involves "intensive study of a single unit for the purpose of understanding a larger class of (similar) units…observed at a single point in time or over some delimited period of time" (p. 342). This design allows researchers to explore the

social work services and implementation of SEL in greater detail. Through this case study design, the researchers gathered information through interviews and focus groups with all stakeholders within the program; this includes students, parents, social work interns, and site directors. The researchers identified common patterns and insights to help them explore contextual factors of what is actually happening in the social work sessions.

For Research Question 3 the researchers used a quantitative repeated measures design. Privitera and Delzell (2018) described the repeated measures design as a design in which the same participants are observed one time in each group of a research study. The authors additionally noted one reason that researchers would observe the same participants in each group is to observe changes in behavior over time (p. 517). Researchers of the current study used this design because they used nominal data consisting of high, medium, and low-risk internalizing and externalizing behavior scores from the SRSS screening tool. This allowed researchers to track how the risk levels of students who attend social work sessions changed over time. Through this design, students participating in social work sessions were measured during Fall, Winter, and Spring to assess if they experienced any changes in internalizing and externalizing behaviors while receiving social work services through the program. Researchers tracked the percentage of participating students categorized as high, medium, and low-risk in internalizing and externalizing behaviors at each time point. Since the researchers utilized matched student data, meaning the same students are being assessed over time, it allowed for the researchers to identify patterns and trends in how their behavior changed.

For Research Question 4 the researchers used a quasi-experimental, non-equivalent comparison group design with pre and post tests. This design allowed researchers to observe if the students' behavioral issues receiving the social work sessions showed improvement when

compared to students who did not receive social work services. The researchers identified the pretest as a covariate consisting of four Panorama subscales: self-management, social awareness, self-efficacy, and emotion regulation to get a baseline comparison of where students are at the beginning of the school year. These same subscales were also used in the post-test to measure any changes in students' social emotional skills by the end of the year. The control group was not randomly assigned, but having a comparison group of students who did not attend social work sessions allowed the researchers to identify any improvements that happened due to the social work sessions. Furthermore, the researchers used this design to help determine if the social work sessions are influencing students' social-emotional skills by additionally examining change over time among only the social work participants.

Research Hypotheses

The researchers of the present study hypothesized that students participating in the social work sessions would show a significant reduction in their internalizing and externalizing behaviors in the Fall, Winter, and Spring quarters. This hypothesis is supported by a number of studies, including Kramer et al. (2014) who found in their research that the Strong Kids curriculum (used in the social work sessions of the current study) led to a reduction of internalizing behaviors for participants.

The researchers also hypothesized that there would be an increase on the Panorama subscales–self-management, social awareness, self-efficacy, emotional regulation, and supportive relationships, over time for students who receive the social work services. Additionally, the researchers hypothesized that this group of students would see a decrease in internalizing and externalizing behaviors indicating the impact of social work sessions. This hypothesis is supported by Kramer et al. (2014) as they found in their research that the control

school that did not receive access to the Strong Kids curriculum saw an increase in internalizing behaviors which suggested the curriculum played a role in the development and worsening of internalizing behaviors.

Null Hypotheses

$H_0$3-1. There is no statistically significant difference in the proportions of students attending social work sessions in internalizing risk categories (High, Medium, Low) across fall, winter, and spring.

$H_0$3-2. There is no statistically significant difference in the proportions of students attending social work sessions in externalizing risk categories (High, Medium, Low) across fall, winter, and spring.

$H_0$4-1. There is no statistically significant difference in post-test of self-management scores between students attending social work sessions and those who did not, when accounting for the pretest as a covariate.

$H_0$4-2. There is no statistically significant difference between the pre-test and post-test scores on self-management for students attending social work sessions.

$H_0$4-3. There is no statistically significant difference in post-test of social awareness scores between students attending social work sessions and those who did not, when accounting for the pretest as a covariate.

$H_0$4-4. There is no statistically significant difference between the pretest and post-test scores on social awareness for students attending social work sessions.

$H_0$4-5. There is no statistically significant difference in post-test of self-efficacy scores between students attending social work sessions and those who did not, when accounting for the pretest as a covariate.

$H_0$4-6. There is no statistically significant difference between the pre-test and post-test scores on self-efficacy for students attending social work sessions.

$H_0$4-7. There is no statistically significant difference in post-test of emotional regulation scores between students attending social work sessions and those who did not, when accounting for the pretest as a covariate.

$H_0$4-8. There is no statistically significant difference between the pre-test and post-test scores on emotional regulation for students attending social work sessions.

Variables

The independent variable for this study was whether or not students participated in social work sessions. The dependent variables were the changes in students' SEL competencies, measured using the Panorama survey, and changes in internalizing and externalizing behaviors, measured using the SRSS. For Research Question 3, the repeated measures design, students who participated in the social work sessions were assessed through SRSS indicators for internalizing and externalizing behaviors in different quarters of the academic year; once in the fall, winter, and spring. For Research Question 4, the non-equivalent comparison group design, both students who were receiving social work services and students who were not, completed the Panorama survey at the beginning of the study, then again at the end. The researchers utilized the pretests of the four subscales of the Panorama as the covariate to ensure there was a baseline comparison between groups which allowed an equitable comparison of the Panorama post-test between both groups. The fifth subscale, supportive relationships, will only be reported as descriptive statistics. This is because the data in this subscale was only reported as *yes* and *no* responses. The researchers measured the post-tests of the 5 subscales of Panorama as the dependent variables in the following ways:

- Social awareness: Evaluated by assessing the students' ability to empathize with and understand the emotions and perspectives of others during group interactions. (Panorama Education, 2016)
- Supportive relationships: Assessed through the documentation of the development of trust, collaboration, and communication between the students and their peers, or social workers. (Panorama Education, 2016)
- Self-management: This competency is reflected in students' ability to regulate their emotions and behaviors during difficult situations and emotionally charged activities. (Panorama Education, 2016)
- Self-efficacy: Evaluated by tracking students' confidence in how they are engaging with social workers and peers, including their willingness to take initiative during activities. (Panorama Education, 2016)
- Emotional regulation: Captured through students' ability to manage emotions like stress, frustration, or anxiety during social work sessions. (Panorama Education, 2016)

Intervening variables for this study include the following:

- Variations in social work interaction styles across the various locations.
- Differences in one-on-one sessions and group sessions.
- Environmental factors, such as resource accessibility, or the session atmosphere.
- Students' prior experience in social work sessions, or with any kind of therapy that has an influence on their engagement.

Research Population and Sample

The target population for this study was a faith-based after school program serving approximately 225 students in grades K-12 across six after school sites. This was a program that had a total of six different locations. The program identified approximately 25 students

participating in social work sessions among all six sites, with multiple staff members involved in running the program. These sessions aimed to support the students' social-emotional growth by focusing on self-management, emotional regulation, and building positive relationships. The accessible population for this study primarily focused on four selected sites where the research took place, which included 45 students in grades 3-6, with approximately 5-6 students attending social work sessions across each of these four selected sites.

Accessible Populations

Students participating in social work sessions. The accessible student population includes all of the students that are participating in the social work program through the four sites. Table 1 shows the demographic data of the student populations across the four locations of the organization.

Table 1

Students in the Accessible Population

Demographics	*n* = 45	% based on sample
Grade Level		
3rd Grade	13	29%
4th Grade	12	27%
5th Grade	14	31%
6th Grade	6	13%
Gender		
Male	19	42%
Female	26	58%
Race		
Brasileira	1	2%
Hispanic/Latino	9	20%
Multiracial	2	4%
Black/African American	17	38%
Asian	6	13%
Vietnamese	4	9%

Comparison group: Students not participating in social work sessions. Researchers of the current study collected data from a comparison sample of students (grades 3rd-6th) who did not attend the social work sessions in the four sites. These students attended the afterschool program at the same four sites, but did not participate in the social work interventions. Table 2 provides demographic details of the comparison group.

Table 2

Comparison group in the Accessible Population

Demographics	*n* = x	% based on sample
Grade Level		
3rd Grade	x	x
4th Grade	x	x
5th Grade	x	x
6th Grade	x	x
Gender		
Male	x	x
Female	x	x
Race		
Brasileira	x	x
Hispanic/Latino	x	x
Multiracial	x	x
Black/African American	x	x
Asian	x	x
Vietnamese	x	x

Social work group. The researchers also gathered data from students in grades 3-6 who attended the social work sessions at the same four sites. This group received targeted social work support within ASPP. Table 3 provides the demographic details of the social work group.

Table 3

Social Work group in the Accessible Population

Demographics	*n* = 25	% based on sample
Grade Level		
3rd Grade	x	x

4th Grade	x	x
5th Grade	x	x
6th Grade	x	x
Gender		
Male	x	x
Female	x	x
Race		
Brasileira	x	x
Hispanic/Latino	x	x
Multiracial	x	x
Black/African American	x	x
Asian	x	x
Vietnamese	x	x

Social worker interns and program staff. The accessible population also includes the five support staff and three social work interns who help plan and facilitate the social work sessions among the four sites. These professionals work directly with students to embed the SEL competencies through structured and therapeutic activities and interactions. Table 4 shows demographic and professional background of the social work interns involved, including their training in SEL practices.

Table 4

Program Staff in the Accessible Population

Demographics	*n* = 8	% based on sample
Professional Area		
Site Directors	x	x
Social Work Interns	x	x
Years in Social Work Profession		
Site Directors	x	x
Social Work Interns	x	x
Gender		
Male	x	x
Female	x	x
Race		
White	x	x
Hispanic/Latino	x	x
Multiracial	x	x

Black/African American	x	x
Asian	x	x
Category Not Listed	x	x
Not Reported	x	x

**Note.* Population was based on the 2024-2025 school year.

Sampling for Interviews

For Research Question 1, all social work interns, site directors, and parents throughout the accessible population were invited to volunteer to participate in a scheduled interview on a one-on-one basis with a member of the research team.

Social work intern interviews. All social work interns throughout the four sites were invited to participate in a scheduled interview with a member of the research team. Of the accessible population of three interns invited, ____ of interns scheduled an interview. Of those identified interns _____ worked across multiple locations with 3rd-6th graders, _____ were only assigned to one location that served 3rd through 6th graders, ____ were within their last year of undergraduate school, and ____ of interns were trained in some capacity by the social work coordinator at the faith-based organization.

Site director interviews. All site directors throughout the faith-based organization were invited to participate in a scheduled interview with one of the members of the research team. Of the accessible population of five site directors, ____ of site directors scheduled an interview. Of those who interviewed, ___ of the site directors had less that one year of leadership experience, ____ of the site directors were within their first five years of leadership experience, ___ of individuals had been between six to ten years of experience, no site directors had between eleven to fifteen years of experience, and ___ of site directors had twenty years of experience.

Parent interviews. Parents from all four locations were invited to participate in scheduled interviews with a member of the research team. Of the accessible population of

parents, 10 participated in an interview. Parents of all grade levels were represented among the sample that was interviewed which included ___ of 3rd graders, ___ of 4th graders, ___ of 5th graders, and ___ of 6th graders. All of the parents who participated have students returning for at least their second year with the faith-based organization. Table 4 represents the demographics of parents who participated in the scheduled interviews.

Table 4

Parent Interviewees in the Accessible Population

Demographics	*n* = 10	% based on sample
Child's Grade Level		
3rd Grade	x	x
4th Grade	x	x
5th Grade	x	x
6th Grade	x	x
Gender		
Male	x	x
Female	x	x
Race		
Brasileira	x	x
Hispanic/Latino	x	x
Multiracial	x	x
Black/African American	x	x
Asian	x	x
Vietnamese	x	x

Sampling for focus groups. For Research Question 2, all students who participated in the social work sessions across the four identified locations were invited to participate in four separate focus group sessions with all members of the research team. Table 1 shows a breakdown of the demographic breakdown of the various students who participated in the qualitative portion of the study.

Table 1

Students in the Accessible Population

Demographics	*n* =	% based on sample
Grade Level		
3rd Grade	x	x
4th Grade	x	x
5th Grade	x	x
6th Grade	x	x
Gender		
Male	x	x
Female	x	x
Race		
Brasileira	x	x
Hispanic/Latino	x	x
Multiracial	x	x
Black/African American	x	x
Asian	x	x
Vietnamese	x	x

In total, _____ students volunteered to participate in focus groups. Within the participant group, _____ (___%) were in the 3rd grade, ____ (___%) were in the 4th grade, ____ (___%) were in the 5th grade, and ____ (____%) were in the 6th grade. ____ (___%) were Brasileiran, ____ (____%) were Hispanic/Latino, ___ (____%) were Multiracial, ___ (____%) were Black/African American, ____ (____%) were Asian, and ___ (___%) were Vietnamese. All students were between the ages of eight and thirteen.

Data Collection Procedures

A Memorandum of Understanding (MOU), as shown in Appendix A, was signed between the research team and ASPP to define the roles, procedures, and expectations of data collection procedures. The MOU outlined how ASPP would share de-identified data with the research team, along with permission to conduct interviews and focus groups with stakeholders in the program. This agreement ensured that all parties were aware of their responsibilities and ensured ethical standards were upheld throughout the study.

Before beginning the data collection process, in conjunction with a social work coordinator, the organization selected social work interns and provided them with an aligned onboarding process and prepared them to deliver their social work sessions. The site directors administered the Panorama pre-test to every student within the program and filled out a SRSS indication form from where students specific internalizing and externalizing behaviors were assessed and recorded. After administering both pre-test, the site directors identified students who were determined to be at-risk and in need of the social work services. Once categorized the students were then placed into either whole group sessions or one-on-one sessions based on their individual needs. The plan for collection and de-identification of all data using program student and staff numbers was then submitted to and approved by Lipscomb's institutional review board (IRB). ASPP agreed to share the de-identified data with the researchers through a Lipscomb password protected Google-drive, making sure only members of the research team and their advisor had access to the information.

Social work interns used the SRSS tool during the first month of their internship with the program of the first semester of school. The SRSS form allowed interns to assess students on multiple identifiable factors to determine if they were displaying at-risk behaviors. Interns were trained on how to score students and complete the google form from site directors before its utilization, and interns were encouraged to use the tool by the social work coordinator. The data was then recorded in the organization's database and was accessible to the site directors, social work coordinators, and social work interns in the program. After IRB approval ASPP shared all recorded data with the research team. This included all pre-test data, as well as mid-year data from the SRSS, and post-test data from the SRSS and Panorama Learning Survey. The SRSS and Panorama surveys were administered at three points during the school year: Fall (November),

Winter (February), and Spring (April). All data was de-identified using student numbers to keep information anonymous.

The opportunity to participate in interviews or focus groups was open to all stakeholders within the four sites of ASPP. The interviews consisted of a specific list of questions asked of all individual participants. This included site directors, social work interns, parents and students receiving social work services. Interviews were conducted in person and were given by one of the members of the research team. The focus group consisted of a specific list of questions asked of student groups who are receiving social work services. Focus groups were conducted in person and were given by all members of the research team on four separate occasions. In accordance with ethical research guidelines, all adult participants–including site directors, social work interns, and parents signed informed consent forms (Appendix B). These forms explained the purpose of the research, how the research would be used, and that their involvement was voluntary. Additionally, participants were informed that their identities would be kept confidential, and that they could stop participating at any time.

For students, both student assent and parent consent were utilized (Appendix C). Initially, parents or the guardians of the student were contacted to give permission for their child to participate in the study. After receiving this consent, students were asked if they wanted to participate (Appendix D). The purpose of the study was then explained in simple terms so that students could advocate for themselves if they wanted to participate or not to participate. They were also told that they could stop at any time without it affecting their program participation.

Treatment

The goal of the social work program within ASPP was to address students' social and emotional needs. Interactions with students happen one-on-one or in small groups, emphasizing

social-emotional learning. Depending on student needs, sessions may occur more frequently during the week and may last longer at the discretion of the site director's observations. The individual site directors assess the needs of each location and work with the social work coordinator to determine the placement of interns. The social work interns delivering these sessions included three college students, who volunteered to complete the required hours for their degrees. Although not licensed at the time of the current study, the interns participated in an onboarding process, and targeted training on implementing the SEL curriculum, Merrell's Strong Kids (2016) during social work sessions with students. Furthermore, the social work interns were supervised by the social work coordinator, in which they were offered guidance and support to make sure they were able to function and engage effectively with students and their social emotional goals.

Merrell's Strong Kids (2016) is a social-emotional prevention and early intervention program that consists of ten carefully sequenced lessons. The curriculum used in social work sessions was designed to impact young students' cognitive, affective, and social functioning skills by practicing and building skills and strategies learned throughout the curriculum. The curriculum aligned with both CBT and CASEL frameworks as the lessons address the five essential SEL competencies: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. According to Merrell's Strong Kids (2024),

> The new version of Strong Kids and Strong Teens Programs have stronger, more explicit connections to the five SEL competencies as defined by CASEL. At the top of each lesson, the connection to the SEL competencies is explicitly illustrated through the use of a user-friendly graphic. This helps support planning and documentations of the alignment of SEL instruction with these well-established competencies. (para 1)

Lesson titles for grades 3-6 include “About Strong Kids: Emotional Strength Training”, “Understanding your Emotions 1”, “Understanding your Emotions 2”, “Understanding Other People’s Emotions”, “Dealing with Anger”, “Clear Thinking 1”, “Clear Thinking 2”, “Solving People’s Problems”, “Letting Go of Stress” and “Positive Living.”

Instrumentation

The researchers utilized the SRSS (1994) and the Panorama (2011) survey as the two primary instruments for collecting data in this research.

Student risk screening scale. The researchers used the SRSS instrument to measure internalizing and externalizing behaviors in students. The subscale for internalizing behaviors for elementary students consists of five items around behaviors: shy; withdrawn, sad or depressed, anxious, and lonely. The subscale for externalizing for elementary students consists of seven items around behaviors: steals, lies/sneaks/cheats, behavior problems, peer rejection, low academic achievement, negative attitude, aggressive behavior, and emotional flatness. The scores from all subscales indicate a student's level of risk as high, medium, or low-risk. A score falling between 0-3 is considered low-risk. Each item was calculated in a consistent manner: 0 = *never*, 1 = *occasionally*, 2 = *sometimes*, and 3 = *frequently*. A summed score falling between 4-8 is considered medium or moderate risk. A summed score falling between 9-21 is considered high-risk. For this study the ASPP utilized a Google form that required the social work interns to assess student behavior based on their observations during the social work sessions (Appendix E). The SRSS allowed the researchers to track changes in behavior over time and compare the patterns across the Fall, Winter, and Spring sessions. Menzies and Lane (2012) conducted a study to explore the validity of the SRSS within a suburban elementary setting. The authors applied the results of the three separately administered SRSS from the same school and

performed predictive validity tests. The findings "provide compelling—yet preliminary—evidence to suggest that this instrument is predictive of salient behavioral (office discipline referral), social (teacher ratings of self-control skills), and academic (proficient in language arts skills) outcomes" (p. 89). Results suggested strong internal consistency (α = .85–.87) and test-retest stability (α = .69–.79). Data was collected by the faith-based organization and shared with the researchers after IRB approval.

Panorama survey. The Panorama survey was utilized by the researchers of the current study as it focused on SEL competencies such as self-management, social awareness, self-efficacy, emotional regulation, and supportive relationships, all in alignment with the CASEL framework. Aligning to CASEL's core competencies, Panorama's (2011) SEL measures include student and teacher perception surveys of individual students' competencies. Table 5 shows the subscales used in this study and how they align. Self-management, social awareness, self-efficacy, emotion regulation, and supportive relationships from the Panorama assessment align with CASEL's five essential competencies of self-awareness, self-management, social awareness, relationship skills, and responsible decision-making.

Table 5

How CASEL's SEL Competencies Align With Panorama Subscales.

CASEL Competency	Description	Aligned Panorama Subscale
Self-Awareness	The ability to understand one's own emotions, thoughts, and values and how they influence behavior across contexts.	Self-Efficacy
Self-Management	The ability to regulate one's emotions, thoughts and behaviors	Self-Management

	effectively in different situations.	
Social Awareness	Taking others perspectives, recognizing strengths in others, showing empathy and compassion.	Social Awareness Emotion Regulation
Relationship Skills	Communicating effectively, developing positive relationships, demonstrating cultural competency, practicing teamwork.	Supportive Relationships
Responsible Decision-Making	Having the knowledge, skills and attitudes to make constructive choices about personal behavior and social interactions, whatever the setting.	Self-Management Social Awareness Emotion Regulation

Note. There are additional Panorama subscales; however, only those listed here are exclusive to this study.

Researchers of the current study selected Panorama's (2011) subscale self-efficacy to assess the self-awareness of participants. This portion of the assessment included questions that encouraged students to reflect on their strengths and limitations, as well as how their emotions, thoughts, and values influenced their behavior. Researchers of the current study aimed to identify the impact of social work on student SEL competencies over time. Obtaining a self-efficacy measure in alignment with CASEL's (2020) competency self-awareness may inform researchers of the impact of social work on SEL competencies.

Moreover, to assess self-management, the Panorama subscale emotion regulation was selected by the researchers of the current study as this competency is reflected in students' ability to regulate their emotions and behaviors in challenging situations. This portion of the assessment included questions that encouraged students to reflect on the management of their own emotions.

The measure of emotion regulation of the Panorama aligned closely with CASEL's (2020) competency of self-management because a capacity of self-management is the use of stress management strategies. Stress is an indicator of internalizing behavior and may inform the researchers of the impact social work has on internalizing and externalizing behaviors over time.

Furthermore, the Panorama subscale social awareness aligned directly with CASEL's competency of social awareness. Researchers of the current study selected this subscale as this competency can be reflected in students' ability to empathize and feel a sense of compassion among others. Researchers of the current study aimed to gain stakeholders' perceptions of peer-to-peer interactions in social work sessions and the social awareness subscale may inform researchers of the impact social work has on this competency.

Panorama subscale supportive relationships aligned directly with CASEL's competency relationship skills. Researchers of the current study selected this subscale as this competency can manifest as communicating effectively or seeking and offering help when needed. Researchers of the current study aimed to gain stakeholder perceptions of how children engaged with social workers in sessions. Obtaining a measure around supportive relationships may inform researchers of the impact of social work on student SEL competencies.

CASEL's responsible decision-making aligned with Panorama subscales self-management, social awareness, and emotion regulation. Researchers of the current study selected these subscales because they sought to gain stakeholders' perceptions of the effectiveness and outcomes of social work sessions on student SEL competencies. Self-management, social awareness, and emotion regulation can be reflected in students' ability to make caring and constructive decisions about personal and social interactions across settings.

The Panorama survey uses a 1-5 Likert scale to assess students' social-emotional skills. A general understanding of this measurable scale is 1 = *strongly disagree* or *not confident*, 2 = *disagree* or *slightly confident*, 3 = *neutral*, 4 = *agree* or *confident*, 5 = *strongly agree* or *very confident*. The scale is used to help students understand and reflect on how they feel in different situations highlighted by their current social-emotional skills.

The self-management section of the survey consists of 10 questions and measures CASEL competency self-management. An example of a question from this section is: “How often do you control your temper?”. The Likert scale for this example reads as 1 = *almost never*, 2 = *once in a while*, 3 =*sometimes*, 4 = *frequently*, 5 = *almost all the time*. The social awareness section of the survey consists of eight questions and measures CASEL competency, social-awareness and responsible decision making. An example of a question from this section is: “How carefully do you listen to other people’s point of view (opinion)?”. The Likert scale for this example reads as: 1 = *not careful at all*, 2 = *slightly careful*, 3 = *somewhat careful*, 4 = *quite carefully*, and 5 = *extremely carefully*.

The self-efficacy section of the survey consists of five questions and measures CASEL competency self-awareness. An example of a question from this section is: “How sure are you that you’re able to complete all your assignments in school?” The Likert scale for this example reads as 1 = *not sure at all*, 2 = *slightly sure*, 3 = *somewhat sure*, 4 = *quite sure*, 5 = *extremely sure*. The emotional regulation section of the survey consists of five questions and measures CASEL competency, social-awareness and responsible decision making. An example of a question from this section is: “When others around you are angry, how relaxed can you stay?”. The Likert scale for this example reads as 1 = *not relaxed*, 2 = *slightly relaxed*, 3 = *somewhat relaxed*, 4 = *quite relaxed*, 5 = *extremely relaxed*. The supportive relationships section of the

survey consists of three questions and measures CASEL competency relationship skills. An example of a question from this section is: “Do you have a teacher or other adult from school who you can count on to help you no matter what?” A (No) in supportive relationships means that the student feels they don't have supportive people they can count on, while a (Yes) means they feel surrounded by people who care about them and support them.

Table 6 shows the structure of the Panorama survey used in the study, breaking down each section, the CASEL competency, the number of questions, and the question format. The first four subscales are self-management, social awareness, self-efficacy, and emotional regulation. The surveys were used as both a pre and post test that utilized a Likert scale as found in Appendix F.

Table 6

Survey Section	CASEL Competency	Number of Questions	Question Format (Likert Scale or Yes/No)
Self-Management	Self-Management	10	Likert Scale (1-5)
Social Awareness	Social Awareness, Responsible Decision-Making	8	Likert Scale (1-5)
Self-Awareness	Self-Awareness	5	Likert Scale (1-5)
Emotion Regulation	Self-Management	5	Likert Scale (1-5)

Supportive Relationships	Relationship Skills	3	Yes/No (not Likert)

To make it easier for younger students to understand, the researchers added various smiley faces that represented the different levels of the Likert scale. This modification was implemented to help students engage with the questions and reflect on their experiences. The researchers used the same pre and post test format for both 3rd through 5th graders and 6th grade students to maintain consistency. This allowed 6th grade participants to access the materials in the same manner if a scaffold was necessary. Only the subscales relevant to Research Question 4 were included in the pre and post test to focus on the goals of the study. The researchers used descriptive data to measure the changes in the fifth subscale, supportive relationships. Data was collected by the ASPP and shared with the researchers after IRB approval.

The Panorama survey was a reliable tool for managing social emotional skills, with strong reliability scores across the survey's subscales. According to Panorama Education (2016) The survey's SEL measures have "an average Cronbach's alpha coefficient of .78 and a minimum of .68", indicating consistent internal reliability for the questions in each subscale (p. 3). This reliability supports the use of Panorama's survey in tracking SEL competencies such as self-efficacy, emotional regulation, social awareness, and supportive relationships over time in this study. The Panorama survey's SEL measures have been shown to connect with significant school outcomes.

Interviews

The researchers utilized scheduled interviews to collect qualitative data. One consisting of 17 open-ended questions for site directors (Appendix G), one consisting of 17 open-ended questions for social work interns (Appendix H), and one consisting of nine open-ended questions

for parents (Appendix I). The purpose of the interview questions was to gain insights into the perceptions of the stakeholders regarding effectiveness on SEL competencies. The researchers used the interview questions to also investigate the interviewees' perspectives on the outcomes of the social work sessions on the students who participated in them. During the interview sessions the researchers took notes in order to solidify key ideas and audio recorded the conversations so that they could be later transcribed. The interviews took place at four sites that were a part of the study. The questions were developed by the research team in a collaborative manner. The questions were also guided by CASEL's SEL competencies, focusing on how the social work sessions support skills like self-management, social awareness, and relationship building. The questions within the interviews were developed using the theoretical framework of Beck and Goleman to ensure the collected data was relevant to the goal of understanding the social work sessions and how stakeholders perceived how students interacted with the curriculum and the social work interns.

Focus groups. The last instrument used in the study was the focus groups, one consisting of 14 open-ended questions (Appendix J). The purpose of the focus group questions was to gain insight into perceptions of the social work sessions in terms of how children are engaging with the social work intern. The researchers conducted four separate focus groups, one for each site in the accessible population. The researchers used the focus group questions to also investigate the perspectives students experienced with each other during the social work sessions. During the focus group sessions the researchers took notes in order to stamp key ideas and audio recorded the conversations so that they could be later transcribed. The focus groups took place at four sites that were a part of the study. The questions were created in a collaborative manner. The questions within the focus groups were developed using the theoretical framework of both Beck

and Goleman's CBT framework and CASEL's SEL competencies to ensure the collected data was relevant to the goal of understanding the social work sessions and how students perceived and interacted with the curriculum.

Procedures for Data Analysis

Qualitative Data Procedure

Qualitative data was collected to answer Research Question 1 and Research Question 2. The qualitative data analyzed for Research Question 1 was collected from the interviews. The qualitative data analyzed for Research Question 2 was collected from the focus groups. The researchers received the data from the in person interactions that they had with the participants then coded the data in a collaborative manner. To prepare the interview and focus group data for analysis, the researchers transcribed the information in a Google document, and then organized the data by participants in Excel.

The researchers analyzed the data both independently and together to collectively maximize validity. At first the researchers individually organized the data using open coding. The researchers did this by coding open-ended responses from the questions of the interviews and focus groups based on the themes in the data. Following this, the researchers met to condense and agree on common themes using axial coding. As themes were determined, the researchers utilized the constant comparison method to make comparisons from the themes they identified and the findings in the literature review. The researchers repeated this process until they reached a level of saturation.

Quantitative Analysis Procedures

For Research Question 3, the researchers used a *z* test calculator to conduct a *z* test of proportions to compare the proportions or percentages between two groups. (*Z* score calculator

for 2 population proportions, n.d.) The SRSS was used to track the percentage of students in different risk categories (high, medium, and low) at three different points in the school year (Fall, Winter, and Spring). The researchers aimed to observe changes in the different risk categories. Specifically, the *z* test of proportions was used to compare Fall vs. Winter, and Winter vs. Spring, to see if the proportions of students showing the high risk behaviors was statistically significant after participating in the social work sessions.

For externalizing behaviors (SRSS-E7), students were categorized as:

- Low risk: 0-3 points
- Medium risk: 4-8 points
- High risk: 9-21 points

For internalizing behaviors (SRSS-I5), students were categorized as:

- Low risk: 0-3 points
- Medium risk: 4-5 points
- High risk: 6-18 points

An alpha level of 0.05 was used to determine statistical significance.

To answer Research Question 4, the researchers used JMP Pro 18 software to conduct ANCOVA to compare the post tests scores for SEL competencies (self management, social awareness, self efficacy, and emotional regulation) between students participating in the social work and students who did not across the four accessible locations. The researchers used descriptive data to measure changes in supportive behaviors. Additionally, the researchers used the initial pre-test as a covariate as a measure of statistical control. Additionally, a dependent *t* test within JMP software was conducted to measure the changes within the group of students participating in the social work sessions by comparing their pre and post test scores on four of

the subscales. The researchers used mean scores for each subscale to compare student performance across groups and track changes over time. These analyses provided insight into the impact of the sessions on students' SEL growth overtime. Since the last competency students are being assessed on, supportive relationships, is not measured by a Likert scale, descriptive statistics were used to analyze this section. This provided the researchers with a summary of how many students felt supported and any changes that happened over time. An alpha of 0.05 was set for all tests to determine the statistical significance.

Disposition of the Data

The data collected was only used for this study and not shared or used with any other people or organization. All data collected was stored on password protected devices. Additionally, all personal information was deidentified to ensure confidentiality. The researchers received the data from ASPP, in which the data was already matched and de-identified. The interviews and focus groups were completed in person, however no personal identifiers were used in the data collection procedure. The researchers stored all research data, including transcribed interviews and focus groups, in a Lipscomb University password-protected Google drive to ensure secure access. Furthermore, an encrypted computer, kept in the researchers' possession, was used for working with the data. Only the researchers and their advisor had access to the records while working on this project. The researchers finalized analyzing data in July of 2025.

References

Beck Institute. (2023). *Cognitive behavior therapy*. Cognitive Behavior Therapy.

Butler, A. C., Chapman, J. E., Forman, E. M., & Beck, A. T. (2006). The empirical status of cognitive-behavioral therapy: A review of meta-analyses. *Psychotherapy: Theory, Research, Practice, Training, 43*(3), 281-300.https://doi.org/10.1037/0033-3204.43.3.281

Carter, J. (2022). *Clinicians' perspectives on the effectiveness of trauma-focused cognitive behavioral therapy with African American children: A qualitative study* (Doctoral dissertation). University of San Francisco.

CASEL. (2023). *What is the CASEL framework?* Collaborative for Academic, Social, and Emotional Learning. https://casel.org/fundamentals-of-sel/what-is-the-casel-framework/#community

Centers for Disease Control and Prevention. (2023). Help youth at risk for ACEs, violence prevention, and injury. *Centers for Disease Control and Prevention*. https://www.cdc.gov/violenceprevention/aces/help-youth-at-risk.html

Cohen, J. A., Berliner, L., & Mannarino, A. (2010). Practical strategies: Trauma-focused CBT for children with co-occurring trauma and behavior problems. *Child Abuse & Neglect, 34*(3), 215–224. https://doi.org/10.1016/j.chiabu.2009.07.013

Cramer, L. B. (2015). *The general public's perception of social work* (Bachelor's thesis). Ohio State University.

Culpepper, C. L. (2014). *The effects of social support on at-risk youth* (Doctoral dissertation). University of Tennessee – Knoxville.

Doyle, L. W., Anderson, P. J., Battin, M., Bowen, J. R., Brown, N., Callanan, C., Campbell, C., Chandler, S., Cheong, J., Darlow, B., Davis, P. G., DePaoli, T., French, N., McPhee, A., Morris, S., O'Callaghan, M., Rieger, I., Roberts, G., Spittle, A. J., Wolke, D., & Woodward, L. J. (2014). Long term follow up of high risk children: Who, why, and how? *BMC Pediatrics*, *14*, 279. https://doi.org/10.1186/s12887-014-0279-x

Drummond, T. (1994). Student Risk Screening Scale. *Journal of Emotional and Behavioral Disorders*. *26*(3), 143-155.

Durlak, J. A., & Weissberg, R. P. (2007). The impact of after-school programs that promote personal and social skills. *Collaborative for Academic, Social, and Emotional Learning (CASEL)*.

Durlak, J. A., Weissberg, R. P., & Pachan, M. (2010). A meta-analysis of after-school programs that seek to promote personal and social skills in children and adolescents. *American Journal of Community Psychology*, *45*(3-4), 294–309. https://doi.org/10.1007/s10464-010-9300-6

Education, P. (2024). Panorama Education: Supporting student success. Panorama Education. https://www.panoramaed.com

Forness, S. R., Freeman, S. F. N., Paparella, T., Kauffman, J. M., & Walker, H. M. (2012). Special education implications of point and cumulative prevalence for children with emotional or behavioral disorders. *Journal of Emotional and Behavioral Disorders*, *20*, 4–18. https://doi.org/10.1177/1063426611401624

Fredericks, L. (2003). Making the case for social and emotional learning and service-learning. *ECS Issue Brief*. Education Commission of the States.

Fuchs, A., & Fuchs, H. (2023). The effects of classroom management-based CBT on the development of self-management skills in young children. *Economics, Management & Business 2023: Contemporary Issues, Insights and New Challenges* (Vol. 8, pp. 1056–1065).

Galvin, R. (2023). *Social and emotional learning: An examination of perspectives on using faith-based supports as an option in public-school communities* (Publication No. 801) [Doctoral dissertation, National Louis University]. Digital Commons. https://digitalcommons.nl.edu/diss/801

Gehlbach, H. (2018). *User guide: Panorama social-emotional learning survey*. Panorama Education.

Gerring, J. (2004). What is a case study and what is it good for? *American Political Science Review, 98*(2), 341-354. https://doi.org/10.1017/S0003055404001202

Ghongkedze, M. N. (2018). Why they are labeled “at-risk” children. *U.S. Department of Education*. https://www.ed.gov

Greenberg, J. P. (2014). Significance of after-school programming for immigrant children during middle childhood: Opportunities for school social work. *Social Work, 59*(3), 243–251. https://doi.org/10.1093/sw/swu024

Greenberg, M. T., Domitrovich, C. E., Weissberg, R. P., & Durlak, J. A. (2017). Social and emotional learning as a public health approach to education. *The Future of Children, 27*(1), 13–32. https://doi.org/10.1353/foc.2017.0000

Halpern, R. (2000). The promise of after-school programs for low-income children. *Early Childhood Research Quarterly, 15*(2), 185–214.

https://doi.org/10.1016/S0885-2006(00)00057-1

Hanlon, T. E., Simon, B. D., O'Grady, K. E., Carswell, S. B., & Callaman, J. M. (2009). The effectiveness of an after-school program targeting urban African American youth. *Education and Urban Society, 42*(1), 96–118. https://doi.org/10.1177/0013124509343144

Harris, H., Yancey, G., & Myers, D. R. (2016). Social work field education in and with congregations and religiously-affiliated organizations in a Christian context. Religion, 7(5), 52. https://doi.org/10.3390/rel7050052

Hurd, N., & Deutsch, N. (2017). SEL-focused after-school programs. *The Future of Children, 27*(1), 95–115. https://futureofchildren.princeton.edu/sites/futureofchildren/files/media/foc_spring_vol27_no1_for_web_0_0.pdf

James, A. C., Reardon, T., Soler, A., James, G., & Creswell, C. (2020). Cognitive behavioral therapy for anxiety disorders in children and adolescents. *Cochrane Database of Systematic Reviews, 2020*(11), CD013162. https://doi.org/10.1002/14651858.CD013162.pub2

Johnson, Annette, & McKay-Jackson, Cassandra (2016). The school social worker. *School social work: National perspectives on practice in schools* (pp. 177–192).

Kendall, P. C. (Ed.). (2012). *Child and adolescent therapy: Cognitive-behavioral procedures* (4th ed.). Guilford Press.

Kramer, T. J., Caldarella, P., Young, K. R., Fischer, L., & Warren, J. S. (2014). Implementing “Strong Kids” school-wide to reduce internalizing behaviors and increase prosocial behaviors. *Education and Treatment of Children, 37*(4),

659–680. https://www.jstor.org/stable/44683942

Kremer, K., Maynard, B., Polanin, J., Vaughn, M., & Sarteschi, C. (2015). Effects of after-school programs with at-risk youth on attendance and externalizing behaviors: A systematic review and meta-analysis. *Journal of Youth and Adolescence, 44*(3), 616-636. https://doi.org/10.1007/s10964-014-0226-4

Lane, K. L., Oakes, W. P., Cantwell, E. D., Schatschneider, C., Menzies, H., Crittenden, M., & Messenger, M. (2016). Student risk screening scale for internalizing and externalizing behaviors: Preliminary cut scores to support data-informed decision making in middle and high schools. *Behavioral Disorders, 42*(1), 271–284. https://www.jstor.org/stable/26657370

Laverne Williams, R. Gorman, & S. Hankerson. (2014). Implementing a mental health ministry committee in faith-based organizations: The Promoting Emotional Wellness and Spirituality Program. *Social Work in Health Care, 53*(4), 414–434. https://doi.org/10.1080/00981389.2014.885902

LeCroy, C. W., & Stinson, E. L. (2004). The public's perception of social work: Is it what we think it is? *Social Work, 49*(2), 227–239. https://doi.org/10.1093/sw/49.2.227

Lochman, J. E., Powell, N. P., Boxmeyer, C. L., & Jimenez-Camargo, L. (2011). Cognitive-behavioral therapy for externalizing disorders in children and adolescents. *Child and Adolescent Psychiatric Clinics of North America, 20*(2), 305–318. https://doi.org/10.1016/j.chc.2011.01.005

Lochman, J. E., Boxmeyer, C. L., Kassing, F. L., Powell, N. P., & Stromeyer, S. L. (2019). Cognitive-behavioral intervention for youth at risk for conduct problems: Future directions. *Journal of Clinical Child & Adolescent Psychology, 48*(5),

799–810. https://doi.org/10.1080/15374416.2019.1567349

Maglica, T. (2019). Social and emotional learning preventing children's behavioral problems. *IV Encontro Internacional de Formação na Docência (INCTE)*, 415.

McCombs, J., Whitaker, A., & Yoo, P. (2017). The value of out-of-school time programs. *RAND Corporation*. https://www.rand.org/pubs/perspectives/PE267.html

McKim, C. A. (2017). The value of mixed methods research: A mixed methods study. *Journal of Mixed Methods Research, 11*(2), 202–222. https://doi.org/10.1177/1558689816631996

McNeish, D., Sebba, J., Luke, N., & Rees, A. (2017). What have we learned about good social work systems and practice? *Children's Social Care Innovation Programme: Thematic report 1*. REES Center, University of Oxford. https://www.education.ox.ac.uk/research/rees-center

Menzies, H. M., & Lane, K. L. (2012). Validity of the student risk screening scale. *Journal of Emotional and Behavioral Disorders, 20*(2), 82–91. https://doi.org/10.1177/1063426610389613

Merrell's Strong Kids. (2016). *Home - Merrell's Strong Kids*. https://strongkidsresources.com/

Mian, N. D., Godoy, L., Briggs-Gowan, M. J., & Carter, A. S. (2012). Patterns of anxiety symptoms in toddlers and preschool-age children: Evidence of early differentiation. *Journal of Anxiety Disorders, 26*(1), 102–110. https://doi.org/10.1016/j.janxdis.2011.10.003

Michigan's Integrated Behavior and Learning Support Initiative. (2020). *Student*

risk screening scale (SRSS) overview. https://www.lbusd.org/uploaded/1-District/Departments/Instructional_Services/Documents/SES/LBUSD_SRSS_Overview_for_Parents_and_Guardians_18-19.pdf

Miruktamova, F., & Makhamatov, M. (2020). Factors of occurrence of children at risk and their psychological characteristics. *European Journal of Translational and Clinical Medicine, 7*(2), 2020. https://doi.org/10.29302/ejtcm/2020.7.04.4

Nakao, M., Shirotsuki, K., & Sugaya, N. (2021). Cognitive–behavioral therapy for management of mental health and stress-related disorders: Recent advances in techniques and technologies. *BioPsychoSocial Medicine, 15,* 16. https://doi.org/10.1186/s13030-021-00219-w

Nelson, J. R., Stage, S., Duppong-Hurley, K., Synhorst, L., & Epstein, M. H. (2007). *Risk Factors Predictive of the Problem Behavior of Children at Risk for Emotional and Behavioral Disorders. Exceptional Children, 73*(3), 367-379. https://doi.org/10.1177/001440290707300306

New England Comprehensive Center. (2008). *Strengthening statewide systems of support regional meeting*. [Conference session] https://cdn.serc.carleton.edu/files/clean/about/2010_camp/underserved_students.pdf

Olin, J. (2013). The public and the profession's perception of social work. *Columbia Social Work Review, 4*(11*),* 1–20. https://doi.org/10.7916/cswr.v4i1.19

Panorama Education. (2016). *Reliability and validity of Panorama's social-emotional learning measures*. Panorama Education.

Payton, J., Weissberg, R. P., Durlak, J. A., Dymnicki, A. B., Taylor, R. D., Schellinger,

K. B., & Pachan, M. (2008). The positive impact of social and emotional learning for kindergarten to eighth-grade students: Findings from three scientific reviews. *Collaborative for Academic, Social, and Emotional Learning*.

Pollard, J. A., Hawkins, J. D., & Arthur, M. W. (1999). Risk and protection: Are both necessary to understand diverse behavioral outcomes in adolescence? *Social Work Research*, *23*(3), 145–158. https://doi.org/10.1093/swr/23.3.145

Powell, T., & Muller, J. (2024). Students with adverse childhood experiences. C. Franklin (Ed.), The school services sourcebook: A guide for school-based professionals (3rd ed.). Oxford Academic. https://doi.org/10.1093/oso/9780197603413.003.0009

Privitera, G. J., & Ahlgrim-Delzell, L. (2018). *Research methods for education*.Sage Publications.

Rapport, M. D., Denney, C. B., Chung, K. M., & Hustace, K. (2001). Internalizing behavior problems and scholastic achievement in children: Cognitive and behavioral pathways as mediators of outcome. *Journal of Clinical Child Psychology*, *30*(4), 536–551. https://doi.org/10.1207/S15374424JCCP3004_10

Reisner, E. R., Vandell, D. L., Pechman, E. M., Pierce, K. M., Brown, B. B., & Bolt, D. (2007). Charting the benefits of high-quality after-school program experiences: Evidence from new research on improving after-school opportunities for disadvantaged youth. *Policy Studies Associates, Inc.*

Sabbott. (2013, August 29). At-risk definition. *The Glossary of Education Reform*. https://www.edglossary.org/at-risk/

Smith, S. W., Graber, J. A., & Daunic, A. P. (2009). Review of research and

research-to-practice issues. M. J. Mayer, J. E. Lochman, & R. Van Acker (Eds.), *Cognitive-behavioral interventions for emotional and behavioral disorders: School-based practice* (pp. 111–142). The Guilford Press.

Souza, J. (2024). What is social and emotional learning? *Child Mind Institute*. https://childmind.org/article/what-is-social-and-emotional-learning/

Spånberger Weitz, Y. (2024). Changing children's public perception of social work: A narrative evaluation of an educational intervention about social services. *Journal of Social Work, 24*(5), 627–644. https://doi.org/10.1177/14680173231225427

Sparr, M., Frazier, S., Morrison, C., Miller, K., & Bartko, W. T. (2020). *Afterschool programs to improve social-emotional, behavioral, and physical health in middle childhood: A targeted review of the literature.* Office of the Assistant Secretary for Planning and Evaluation & Office on Women's Health, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services. Washington, DC.

The Glossary of Education Reform. (2013). *What does "at-risk" mean?* https://www.edglossary.org/

Timms, J. E., & Thoburn, J. (2006). Your shout! Looked after children's perspectives on the Children Act 1989. *Journal of Social Welfare and Family Law, 28*(2), 153–170. https://doi.org/10.1080/09649060600974242

Toldson, I. (2024, May 8). Why it's wrong to label students "at-risk." *The Conversation*. https://theconversation.com/why-its-wrong-to-label-students-at-risk-109621

Vandell, D. L., Shumow, L., & Posner, J. (2005). After-school programs for low-income children: Differences in program quality. In J. L. Mahoney, R. W. Larson, & J. S.

Eccles (Eds.), *Organized activities as contexts of development: Extracurricular activities, after-school and community programs* (pp. 437–456). Lawrence Erlbaum Associates Publishers.

Ward, H., Brown, R., Westlake, D., & Munro, E. R. (2010). *Very young children at risk of significant harm: A prospective, longitudinal study*. Department for Education.

Wasserman, A. M., Wimmer, J., Hill-Kapturczak, N., Karns-Wright, T. E., Mathias, C. W., & Dougherty, D. M. (2021). The development of externalizing and internalizing behaviors among youth with or without a family history of substance use disorder: The indirect effects of early-life stress and impulsivity. *Child Psychiatry & Human Development*, *52*(5), 763–771. https://doi.org/10.1007/s10578-020-01076-4

Weissberg, R. P., & Cascarino, J. (2013). Academic learning + social-emotional learning = national priority. *The Phi Delta Kappan*, *95*(2), 8–13. http://www.jstor.org/stable/23617133

Z score calculator for 2 population proportions(n.d.). Social Science Statistics. https://www.socscistatistics.com/tests/ztest/default2.aspx

Appendix A

Memorandum of Understanding

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (this "Agreement") is hereby made and entered into as of April 3, 2024, by and between Lipscomb University, a Tennessee nonprofit corporation ("Lipscomb"), and Preston Taylor Ministries (the "Client").

WITNESSETH:

WHEREAS, the College of Education (the "COE") of Lipscomb offers the Doctor of Education degree in Learning Organizations and Strategic Change (the "Degree"), which focuses on preparing leaders for public and private organizations and academic settings culminating with a practical, collaborative capstone research project with a partner organization; and

WHEREAS, Client has requested that a capstone team from the COE address a real research need in an authentic setting (the "Project"), the successful completion of which will fulfill part of the requirements for completion of the Degree.

NOW THEREFORE, in consideration of the mutual covenants, promises and conditions contained in this MOU, the receipt and sufficiency of which are hereby acknowledged, Lipscomb and Client agree as follows:

1. **REQUEST FOR ASSISTANCE.** The Client has submitted to Lipscomb a request for assistance, a copy of which is attached hereto as Exhibit A, outlining the Project.

2. **PROJECT PARAMETERS.** Lipscomb will supervise and direct a team of two to four students in the Degree program (the "Students") that will work on the Project and provide recommendations for the Client's related needs. Lipscomb, through the COE, will provide the training for Students to work on and complete the Project through its curriculum and capstone project support structures, which training includes, without limitation, quantitative and qualitative research techniques, instrument design, development of specific timelines, benchmarks and processes pertaining to conducting research, and the assignment of a capstone faculty adviser who will oversee the Students throughout the Project.

3. **PROJECT TIMELINE.** The Client and Lipscomb agree that the timeline set forth in Exhibit B attached hereto shall govern the Project.

4. **INSTITUTIONAL REVIEW BOARD.** The Client acknowledges and agrees that the Students are required to gain approval from Lipscomb's Institutional Review Board (the "IRB") prior to conducting any research involving human subjects and that the Project is subject to any such approval; provided, however, that the Client must approve the Project prior to submission thereof to the IRB

5. **FUNDING AND EXPENSES.** Lipscomb and the Client shall, and shall cause the Students to, take reasonable best efforts to minimize any and all costs associated with the Project. Each of Lipscomb and the Client acknowledges and agrees that (a) as of the date hereof, it does not expect the Project to require any funding by either Lipscomb or the Client, (b) the Students shall generally be responsible for any customary fees and expenses associated with the Project including, without limitation, costs for printing, paper, envelopes, postage, transportation and phone calls; provided, however, that if the Students identify any extraordinary funding needs for the Project, the Students must submit a funding request to the Client prior to submission of the Project to the IRB for approval. The Client shall not be responsible for any funding needs of the Students related to the Project but may, in the Client's sole discretion, provide any such funding upon advance written notice thereof from the Students.

6. **PRODUCT AND DISSEMINATION.** Lipscomb and the Client shall cause the Students to prepare and deliver a full report and presentation to the Client and a Juried Review Committee of the COE with respect to the Project, which report and presentation must meet or exceed all the requirements set forth in in the COE's Ed.D. Student Handbook, a copy of which is attached hereto as Exhibit C. The Client acknowledges and agrees that Lipscomb may make such report, presentation and any related manuscript or other documentation (the "Product") accessible in electronic format through conventional venues that provide access to culminating research projects for doctoral programs. Further, the Client hereby grants to Lipscomb a non-exclusive, perpetual, worldwide, irrevocable license to use, reproduce, exhibit and distribute the Product without restrictions or limitations for any educational or promotional purpose that Lipscomb and those acting pursuant to its authority deem appropriate, including promotional or advertising efforts. Lipscomb and the Client shall cause the Students to provide the Product to the Client in the appropriate format requested by the Client.

7. **INTELLECTUAL PROPERTY.**

(a) Each party recognizes that the other party may, prior to the effective date of this Agreement or pursuant to independent research, possess intellectual property conceived of, reduced to practice, first fixed in a tangible medium, discovered or otherwise known or developed outside the scope of this Agreement ("Background Intellectual Property"). Notwithstanding anything to the contrary, this Agreement shall not transfer, convey or assign any rights in Background Intellectual Property from one party to the other party except as may be provided under separate license agreements between the parties.

(b) Each party acknowledges and agrees that Lipscomb's Intellectual Property Policy, in the form attached hereto as Exhibit D and as may be amended from time to time (the "IP Policy"), shall govern the relative rights, obligations and ownership of the Project between Lipscomb and the Students.

(c) Title to any new inventions, developments or discoveries resulting from the Project or the performance of the obligations hereunder where the conception or reduction to practice were made solely by the Students or Lipscomb personnel where neither the conception nor reduction to practice involved contribution from the Client's personnel ("Lipscomb Inventions") shall be in Lipscomb's name and owned by Lipscomb, subject to the terms of the IP Policy. Inventorship in patentable subject matter shall be determined in accordance with U.S. patent law. Lipscomb may file a patent application on Lipscomb Inventions at its own discretion.

(d) Title to any new inventions, developments or discoveries resulting from the Project or the performance of the obligations hereunder where the conception or reduction to practice were made solely by the Client's personnel where neither the conception nor reduction to practice involved contribution from the Students or Lipscomb personnel ("Client Inventions") shall be in the Client's name and owned by the Client. Inventorship in patentable subject matter shall be determined in accordance with U.S. patent law. The Client may file a patent application on Client Inventions at its own discretion.

(e) Each invention developed, discovered, conceived, made or reduced to practice jointly by (i) employees or agents of Lipscomb and/or the Students and (ii) employees or agents of the Client shall be jointly owned ("Joint Inventions"). Lipscomb and the Client agree that the pursuit of protection for Joint Inventions shall be carried out only after mutual consultation and negotiation in good faith over matters including, without limitation, filing and prosecution of patent applications and administration of any patent(s) that may issue on Joint Inventions.

8. **FAILURE TO COMPLETE PROJECT.** If the Students are not able to complete the Project as set forth herein, Lipscomb and the Client shall cause the Students to present any and concerns or issues to their faculty advisor in a timely manner. Lipscomb shall cause the Students' faculty advisor to

postage prepaid; or (iv) one business day after the business day of deposit with a nationally recognized overnight courier, freight prepaid, specifying next-day delivery, with written verification of receipt. All communications shall be sent to the respective parties at their addresses as follows:

LIPSCOMB:	Lipscomb University One University Park Drive Nashville, TN 37204-3951 Attn: Alice Nie Fax: 615-966-5829 Email: ynie@lipscomb.edu
with a copy to:	Lipscomb University One University Park Drive Nashville, Tennessee 37204-3951 Attn: General Counsel Fax: 615-966-6598 Email: david.wilson@lipscomb.edu
CLIENT:	Dwight Johnson Executive Director dwight@prestontaylorministries.org 662-315-0936 Amber Jackson Operations Director amber@prestontaylorministries.org

(e) **Entire Agreement**. With respect to the subject matter of this Agreement, this Agreement constitutes the entire agreement between the parties. Each party acknowledges that, in entering into and executing this Agreement, it relied solely upon the representations and agreements contained in this Agreement and no others.

(f) **Amendment**. Any modification of this Agreement or additional obligation assumed by either party in connection with this Agreement shall be binding only if evidenced in writing signed by each party thereto.

(g) **Assignment**. Neither this Agreement nor any interest herein may be assigned or transferred in whole or in part by either party without obtaining the prior written consent of the other party. Subject to such restrictions against transfer or assignment, the provisions of this Agreement shall inure to the benefit of and shall be binding on the successors and assigns of each of the parties hereto.

(h) **Severability**. If any provision of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this Agreement is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed and enforced as so limited.

(i) **Waiver**. Any waiver of any term and condition of this Agreement must be in writing and signed by the party against whom it is sought to be asserted. The waiver by either party of a breach or violation of any provision of this Agreement shall not operate as, or be construed to constitute, a waiver of any other provision hereof or of any subsequent or continuing breach of the same or another provision hereof. No failure, neglect or delay on the part of either party in exercising any right hereunder will be deemed a waiver thereof and shall not affect such party's right to enforce such right, nor will any single or partial exercise preclude any further or other exercise of such or any other right.

(j) **Governing Law and Jurisdiction**. This Agreement shall be governed in all respects by, and construed in accordance with, the laws of the State of Tennessee. Each party hereby consents to the jurisdiction of all state and federal courts sitting in Davidson County, Tennessee, agrees that venue for any such action shall lie exclusively in such courts without regard to choice of law principles, and agrees that such courts shall be exclusive forum for any legal actions brought in connection with this Agreement or the relationships among the parties hereto.

(k) **Costs of Enforcement**. If any party to this Agreement seeks to enforce its rights under this Agreement by legal proceedings, the non-prevailing party shall pay all costs and expenses incurred by the prevailing party, including, without limitation, all reasonable attorneys' fees.

(l) **Counterparts**. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. Counterparts may be delivered via facsimile, electronic mail or other transmission method and any counterpart so delivered shall be deemed to have been duly and validly delivered and be valid and effective for all purposes.

(m) **Construction**. The section headings used in this Agreement have been prepared for the convenience of reference only and shall not control, affect the meaning or be taken as an interpretation of any provisions of this Agreement. Whenever the context of this Agreement requires, the gender of all words herein shall include the masculine, feminine and neuter, and the number of all words herein shall include the singular and plural. This Agreement has been prepared on the basis of mutual understanding of the parties and shall not be construed against either party by reason of such party's being the drafter hereof.

[*Signature Page Follows*]

IN WITNESS WHEREOF, the authorized representatives of the parties hereto have caused this Agreement to be duly executed as of the date set forth above.

LIPSCOMB UNIVERSITY

By: DocuSigned by: Jennifer Shewmaker
Jennifer Shewmaker, Provost

Preston Taylor Ministries

By: _____

Name: Dwight Johnson

Title: Executive Director

Appendix B

Information and Consent Form for Site Directors and Social Work Interns

A CASE STUDY ON THE PERCEPTIONS AND OUTCOMES OF SOCIAL WORK ON SEL DEVELOPMENT IN AFTERSCHOOL PROGRAMS

INFORMATION AND CONSENT FORM FOR SITE-DIRECTORS AND SOCIAL WORK INTERNS

Introduction:
You are invited to participate in a research study investigating SEL practices utilized by [Redacted]. This study is being conducted by Latoya Avent, Brandon McGill, and Amira Mostafa, graduate students in the College of Education at Lipscomb University under the supervision of Dr. Emily Mofield, a faculty member in the Doctor of Education Program. You were selected as a possible participant in this research because of your involvement in the [Redacted] Afterschool Program. Please read this form and ask questions before you agree to be in the study.

Background Information:
The purpose of this study is to identify the effectiveness and outcomes of the social work program at [Redacted]. Approximately 45 people are expected to participate in this research.

Procedures:
If you decide to participate, you will be asked to participate in interviews aimed at gaining perceptions of the social work program at [Redacted]. Interviews will be held in-person during program hours and may take between 15-30 minutes.

Risks and Benefits:
The study has minimal risks. Information from this study will be published for doctoral research. There are no direct benefits to you for participating in this research. The benefits of participation are directly impactful to [Redacted] Afterschool Program, who serves the North and West Nashville community.

Confidentiality:
Any information obtained in connection with this research study that can be identified with you will be disclosed only with your permission; your responses will be kept confidential. In any written reports or publications, no one will be identified or identifiable and only group data will be presented.. If any information is released for any reason, the name of [Redacted] will not be in the published research, and we will not disclose any names of those involved in the study.

We will keep responses from interviews in an encrypted computer and locked in Nashville and only the researchers named in this form and our advisor will have access to the records while we work on this project. We will finish analyzing the data by the end of May 2025. We will then destroy all original reports and identifying information that can be linked back to you. If audio recordings are made, only the researchers listed on this form will have access to them. Anything that will be utilized and presented for educational purposes will be erased or destroyed at the end of our research.

Voluntary Participation:
Participation in this research study is voluntary. You are free to stop participating at any time. Your decision whether or not to participate will not affect your current or future relations with [Redacted] or Lipscomb University in any way.

New Information:
If during the course of this research study we learn about new findings that might influence your willingness to continue participating in the study, we will inform you of these findings.

Contacts and Questions:
If you have any questions, please feel free to contact us, Latoya Avent, Brandon McGill or Amira Mostafa at 615-971-4614, 615-715-8980, 443-467-9244 or Lavent@lipscomb.edu, bamcgill@mail.lipscomb.edu, amostafa@mail.lipscomb.edu.You may ask questions now or later and Dr. Emily Mofield (615-966-5094) Emily.Mofield@lipscomb.edu, will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact Dr. Megan Parker Peters. Chair of the Lipscomb University Institutional Review Board at megan.parkerpeters@lipscomb.edu.
You may keep a copy of this form for your records.

Statement of Consent:
You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time.

- I consent to participate in the study by being interviewed.

_____ _____
Signature of Participant Date

_____ _____
Signature of Parent, Legal Guardian, or Witness Date

_____ _____
Signature of Researcher Date

Appendix C

Information and Parent Consent Form

A CASE STUDY ON THE PERCEPTIONS AND OUTCOMES OF SOCIAL WORK ON SEL DEVELOPMENT IN AFTERSCHOOL PROGRAMS

INFORMATION AND PARENT CONSENT FORM

Introduction:
You are invited to participate in a research study investigating SEL practices utilized by [Redacted]. This study is being conducted by Latoya Avent, Brandon McGill, and Amira Mostafa, graduate students in the College of Education at Lipscomb University under the supervision of Dr. Emily Mofield, a faculty member in the Doctor of Education Program. You were selected as a possible participant in this research because of your involvement in the [Redacted] Afterschool Program. Please read this form and ask questions before you agree to be in the study.

Background Information:
The purpose of this study is to identify the effectiveness and outcomes of the social work program at [Redacted]. Approximately 45 people are expected to participate in this research.

Procedures:
If you decide to participate, you will be asked to participate in an interview. Your child may be asked to participate in a focus group aimed at gaining perceptions of the social work program at [Redacted]. Interviews will be held in-person during program hours and may take between 15-30 minutes. The purpose of the interviews is to gain your perception of the social work program at [Redacted]. If your child is asked to participate in a focus group, you will be notified and focus groups may take between 15-30 minutes. This study will take approximately one academic school year to complete.

Risks and Benefits:
The study has minimal risks. First, information from this study will be published for doctoral research. Second, we will be as responsible as possible, but loss of confidentiality in student focus groups is always a potential risk. There are no direct benefits to you for participating in this research. The benefits of participation are directly impactful to [Redacted] Afterschool Program, who serves the North and West Nashville community.

Confidentiality:
Any information obtained in connection with this research study that can be identified with you will be disclosed only with your permission; your results will be kept confidential. In any written reports or publications, no one will be identified or identifiable and only group data will be presented. No one in the afterschool program will know your child's identity as their information will be de-identified to ensure confidentiality. If any information is released for any reason, the name of [Redacted] will not be in the published research, and we will not disclose any names of the children in the study.

We will keep the research results in an encrypted computer and locked in Nashville and only the researchers named in this form and our advisor will have access to the records while we work on this project. We will finish analyzing the data by the end of May 2025. We will then destroy all original reports and identifying information that can be linked back to you. If audio recordings are made, the researchers listed on this form will have access to them. Anything that will be utilized and presented for educational purposes will be erased or destroyed at the end of our research.

Voluntary Participation:

Participation in this research study is voluntary. You are free to stop participating at any time. Your decision whether or not to participate will not affect your current or future relations with [Redacted] or Lipscomb University in any way.

New Information:
If during the course of this research study we learn about new findings that might influence your willingness to continue participating in the study, we will inform you of these findings.

Contacts and Questions:
If you have any questions, please feel free to contact us, Latoya Avent, Brandon McGill or Amira Mostafa at 615-971-4614, 615-715-8980, 443-467-9244 or Lavent@lipscomb.edu, bamcgill@mail.lipscomb.edu, amostafa@mail.lipscomb.edu.You may ask questions now or later and Dr. Emily Mofield (615-966-5094) Emily.Mofield@lipscomb.edu, will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact Dr. Megan Parker Peters. Chair of the Lipscomb University Institutional Review Board at megan.parkerpeters@lipscomb.edu.
You may keep a copy of this form for your records.

Statement of Consent:
You are making a decision whether or not you and your child will participate in the study. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw yourself and your child from the study at any time.

Please check the boxes if you give permission for your child to participate in this project.

- I consent to participate in the study by being interviewed.
- I give permission for my child to participate in the study by participating in a focus group and answering questions from the researchers.

_____ _____
Name of Student Date

_____ _____
Signature of Parent, Legal Guardian, or Witness Date

_____ _____
Signature of Researcher Date

Appendix D

Child Assent Form

A MIXED-METHODS CASE STUDY ON THE PERCEPTIONS AND OUTCOMES OF SOCIAL WORK ON SEL DEVELOPMENT IN AFTERSCHOOL PROGRAMS

CHILD ASSENT FORM

We, Latoya Avent, Brandon McGill and Amira Mostafa are graduate students from Lipscomb University. We are doing a study to explore student experiences in the social work program at your after-school program. We are asking you to take part in the research study because you are enrolled in the afterschool program at [Redacted] and your experience can make a difference for many.

For this research, we will ask you to participate in a student focus group. We will keep all your answers confidential, and will not show them to your teacher or parent(s)/guardian. Only people from Lipscomb working on the study will see them.

We don't think that any big problems will happen to you as part of this study. You can feel good about helping to understand how the social work program in your after-school program impacts you.

You should know that:

- You do not have to be in this study if you do not want to. You won't get into any trouble with Lipscomb University, your teacher, or [Redacted] if you say no.
- You may stop being in the study at any time. If there is a question you don't want to answer, you do not have to.
- Your parent(s)/guardian(s) were asked if it is OK for you to be in this study. Even if they say it's OK, it is still your choice whether or not to take part.
- You can ask any questions you have, now or later. If you think of a question later, you or your parents can contact Latoya Avent, Brandon McGill or Amira Mostafa at 615-971-4614, 615-715-8980, 443-467-9244 or Lavent@lipscomb.edu, bamcgill@mail.lipscomb.edu, amostafa@mail.lipscomb.edu You may also reach out to our research advisor Dr. Emily Mofield at 615-966-5094 Emily.Mofield@lipscomb.edu

Please sign this form only if you:

- understand what you will be doing for this study,
- have had all your questions answered,
- have talked to your parent(s)/legal guardian about this project, and
- agree to take part in this research

Signature of Participant: _____ Date: _____

Signature of Researcher: _____ Date: _____

Appendix E

Student Risk Screening Scale Google Form (SRSS-IE)

SRSS-IE Site Director Google Form 3-5

Please make your own copy. Thank you!

Use the following scale to rate each item for each student.

0 = Never, 1 = Occasionally, 2 = Sometimes, 3 = Frequently

Responses collected in this form may be shared as de-identified, confidential data with future researchers.

1. Directors Last Name:
2. Student Name (First, Last):
3. Student ID #:
4. Student's Grade level: (select one) 3 4 5 6
5. Does the student receive social work services in a group or individual setting?

Group Individual N/a

SRSS-IE Site Director/Rater Form. 0 = Never, 1 = Occasionally, 2 = Sometimes, 3 = Frequently

Steal	0	1	2	3
Lie, Cheat, Sneak	0	1	2	3
Behavior Problem	0	1	2	3
Peer Rejection	0	1	2	3
Low Academic Achievement	0	1	2	3
Negative Attitude	0	1	2	3

Aggressive Behavior	0	1	2	3
Emotionally Flat	0	1	2	3
Shy; Withdrawn	0	1	2	3
Sad; Depressed	0	1	2	3
Anxious	0	1	2	3
Lonely	0	1	2	3

The SRSS is a universal, open-access screening tool that helps identify students at-risk for behavioral problems.

Appendix F

Panorama Learning Survey

Student Name: _____

ID Number: _____ Date: _____

Directions: As I read each question out loud, I want you to think about your school day when you are providing an answer. I also want you to pay close attention to what I am saying so that you can provide an honest answer. You will see different types of faces associated with the words for each question. ***Please circle the smiley face*** that best describes your response. It is also important to know that your responses may be shared for research purposes.

Section 1:

1. **How often do you come to school prepared?**

Almost Never | Once in a while | Sometimes | Frequently | Almost all the time

2. **How often do you follow directions when they are given to you?**

Almost Never | Once in a while | Sometimes | Frequently | Almost all the time

6. **How often do you remain calm, even when someone is bothering you or saying bad things?**

Almost Never Once in a while Sometimes Frequently Almost all the time

7. **How often do you allow others to speak without interrupting them?**

Almost Never Once in a while Sometimes Frequently Almost all the time

8. **How often are you polite to adults?**

Almost Never Once in a while Sometimes Frequently Almost all the time

9. How often are you polite to other students?

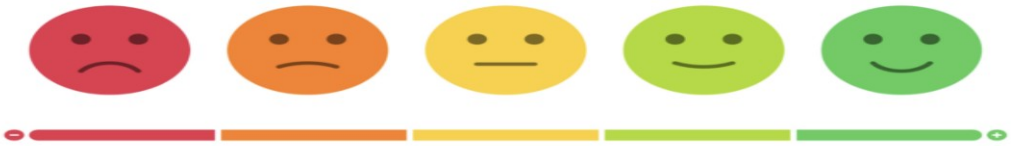
Almost Never Once in a while Sometimes Frequently Almost all the time

10. How often do you control your temper?

Almost Never Once in a while Sometimes Frequently Almost all the time

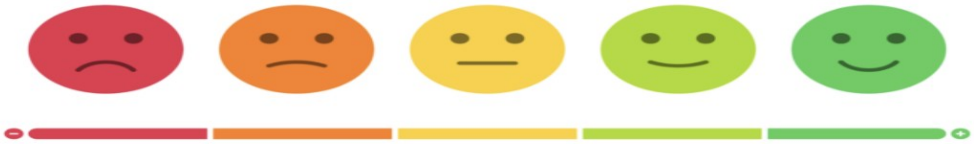
<u>Section 2:</u>

1. How carefully do you listen to other people's point of view (opinion)?



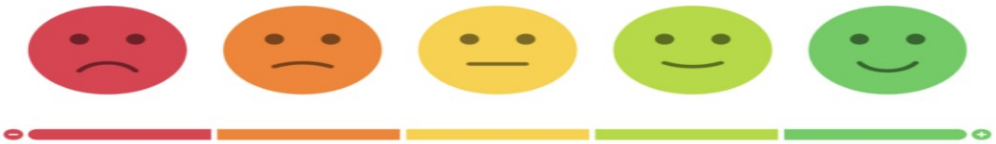
Not careful at all Slightly carefully Somewhat carefully Quite carefully Extremely carefully

2. How much do you care about other people's feelings?



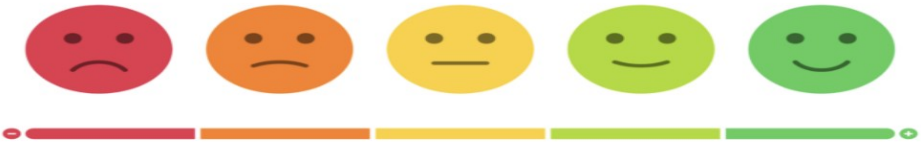
Did not care at all | Cared a little bit | Cared somewhat | Cared quite a bit | Cared a lot

3. How often do you congratulate others when they do something amazing?



Almost never | Once in a while | Sometimes | Frequently | Almost all the time

4. How well do you get along with other people who are different from you?

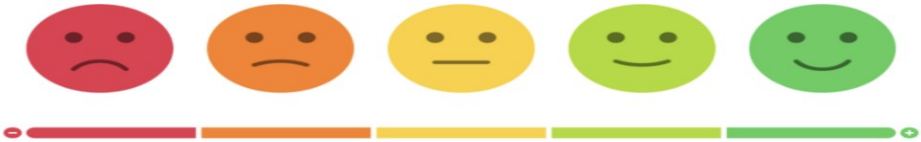


Not at all | A little bit | Somewhat | Pretty well | Extremely well

5. How clearly are you able to describe (explain) your feelings?

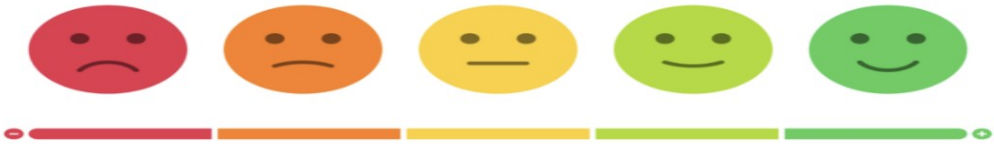
Not clearly at all | Slightly clearly | Somewhat clearly | Quite clearly | Extremely clearly

6. When others disagree with you, how careful are you to respect their feelings?



Not careful at all | Slightly carefully | Somewhat carefully | Quite carefully | Extremely carefully

7. Are you able to stand up for yourself without hurting the feelings of others?



Not at all | A little bit | Somewhat | Quite a bit | A tremendous amount

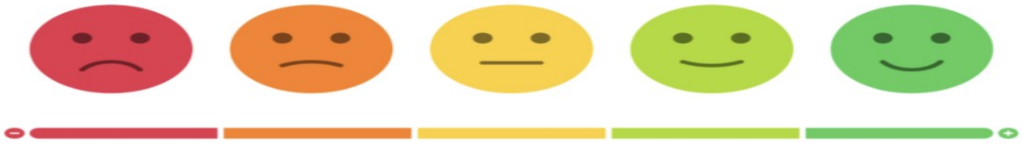
3. How sure are you that you can learn all topics taught in school?

Not at all sure | Slightly sure | Somewhat sure | Quite Sure | Extremely sure

4. How sure are you that you complete the hardest assignments in school?

Not at all sure | Slightly sure | Somewhat sure | Quite Sure | Extremely sure

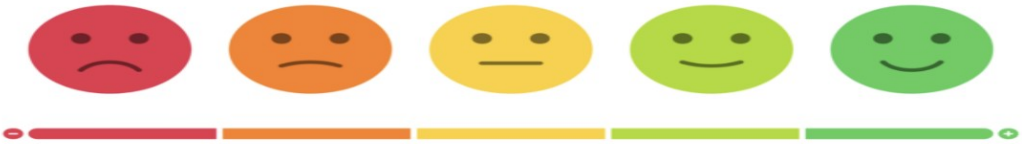
5. How sure are you that you will remember what you learn in classes right now, next year?



Not at all sure | Slightly sure | Somewhat sure | Quite Sure | Extremely sure

Section 4:

1. **How often are you able to pull yourself out of a bad mood (cheer yourself up)?**



Almost never | Once in a while | Sometimes | Frequently | Almost always

2. **When others around you are angry, how relaxed can you stay?**

Not relaxed | Slightly relaxed | Somewhat relaxed | Quite relaxed | Extremely relaxed

3. **How often are you able to control your emotions when you need to?**

Almost never | Once in a while | Sometimes | Frequently | Almost always

4. **Once you get upset, how often can you get yourself to relax (calm down)?**

5. **When things go wrong for you, how calm can you stay?**

Section 5:

1. **Do you have a teacher or other adult from school who you can count on to help you no matter what?**

2. **Do you have a family member or other adult outside of school who you can count on to help you, no matter what?**

3. **Do you have a friend from school who you can count on to help you, no matter what?**

Appendix G

Interview Questions for Site-Directors

For Site Directors:

1. What were the specific steps that you took in the selection process to determine which students participate in social work sessions?
2. How does the social work curriculum align with your campus's goals and programming?
3. Which SEL skills (like emotional regulation, self management, or self-awareness) do students actively practice or demonstrate in the social work sessions?
4. What ways are these skills being reinforced?
5. When assigning students to receive social work services, what goals or outcomes do you anticipate for them at the start?
6. How do these predicted outcomes compare with what you've actually observed throughout the program?
7. What impact have you observed in students receiving social work services compared to those who do not?
8. Can you provide specific examples of what you observed?
9. How do you evaluate the success of social work interventions on students' behavior and engagement? Is this supported with a rubric?
10. How are SEL principles (like self-awareness and relationship skills) integrated into social work programming?
11. In your experience, how do activities focused on helping students identify and challenge negative thoughts impact their behavior or engagement during sessions?

12. How effective are your behavior modification strategies in supporting positive changes in students' actions or interactions?
13. What challenges have you faced in implementing social work interventions within your program?
14. What additional support or resources would help you strengthen your program's focus on SEL and strategies that help students manage thoughts, feelings, and behaviors?
15. How do you communicate and collaborate with parents regarding their child's participation and progress in the social work sessions?
16. What strategies do you use to build strong relationships with parents?
17. How do these strategies contribute to the success of the social work sessions?

Appendix H

Interview Questions for Social Work Interns

For Social Work Interns:

1. How do you structure your sessions to align with SEL competencies like emotional regulation, self-awareness, and self-efficacy?
2. What CBT strategies do you typically use in your sessions with students? For example: Reframing challenging/negative thoughts, engaging in positive activities to boost mood or motivation, breathing exercises to reduce stress, goal setting, or facing fears to reduce anxiety.
3. Can you describe a time when one of these strategies had a noticeable impact on a student?
4. How do students respond to activities focused on self-management, like setting personal goals?
5. Can you provide examples of their reactions?
6. How do students respond to activities focused on emotional regulation, such as deep-breathing exercises or identifying feelings?
7. Can you provide examples of their reactions?
8. What changes (if any) have you observed in students' behaviors or social interactions over time?
9. How do you build trust with students to foster supportive relationships?
10. How do you build trust with parents to foster supportive relationships?
11. How does this trust impact the effectiveness of social work sessions?
12. How do you help students reflect on their thoughts and emotions during the sessions?

13. What parts of the Strong Kids Curriculum do you find the most effective in supporting students' social-emotional skills?
14. Are there specific activities or strategies that students seem to enjoy or respond to best?
15. What challenges have you faced when using SEL or CBT-based activities, and are there any parts of the curriculum that could be improved?
16. How has leading these sessions impacted your own growth as a professional?
17. What additional resources or professional development would help you feel better supported in leading these social work sessions?

Appendix I

Interview Questions for Parents

For Parents:

1. What changes, if any, have you noticed in your child's behavior since participating in the social work sessions?
2. Do you think the sessions have helped your child manage their emotions better? Why or why not?
3. How often do you receive updates about your child's progress in the social work sessions?
4. How would you describe an effective social worker?
5. In what ways do you feel supported or involved in your child's social-emotional development?
6. Has your child demonstrated any strategies from their sessions, such as:
    - Taking deep breaths or counting to 10 when feeling frustrated?
    - Using positive self-talk, like saying, "I can do this" or "Mistakes help me learn"?
    - Recognizing their emotions, like saying, "I'm feeling nervous right now" or "I need a break to calm down"?
    - Practicing problem-solving by thinking through different solutions to a challenge?
7. How has your child's ability to interact with other peers and adults changed since starting the program?
8. What additional support would you like from the program?
9. How can the program better meet your child's emotional or behavioral needs?

Appendix J

Focus Group Questions for Students

Focus Group Questions for Students:

1. What do you like most about the social work sessions? What's your least favorite part?
2. In what ways do you feel the sessions have helped you understand or handle your emotions better?
3. How comfortable do you feel sharing your thoughts and emotions during the sessions?
4. Can you share a time when you used something from the sessions (like calming techniques or positive thinking) in your daily life?
5. How have these sessions helped you handle challenges or stressful situations at school?
6. How have these sessions helped you handle challenges or stressful situations at home?
7. How do the sessions help you build better relationships with your friends or family?
8. How do you feel working with the social worker or with other students during the sessions?
9. How do you feel these interactions affect your learning or growth?
10. Are there specific activities or moments that make you feel more connected with others in your sessions?
11. How do you feel when working in groups versus working one-on-one with the social worker?
12. What changes have you noticed in yourself since you started attending the sessions?
13. What would you change about the sessions to make them better?
14. Are there any activities or topics you wish were included in the sessions?

Appendix K

IRB Research Study Multimedia Release Form

LIPSCOMB UNIVERSITY

IRB RESEARCH STUDY MULTIMEDIA RELEASE

To be completed by the researcher	
Principal Investigator:	Latoya Avent, Brandon McGill and Amira Mostafa
Research Study:	A Mixed-Methods Case Study on the Perceptions and Outcomes of Social Work on SEL Development in After-School Programs
Type of Release (check all that apply):	**Audio** Video Photo

To be completed by the research participant

Name of Participant: _____

In consideration for participating in the research study referenced above, I hereby grant to Lipscomb University ("Lipscomb"), and those acting pursuant to its authority, a non-exclusive, perpetual, worldwide, irrevocable license to record, use, reproduce, exhibit and distribute my presentation, likeness, voice, name and/or identity on a video, audio, photographic, digital, electronic, Internet or other medium without restrictions or limitations (the "Recordings") for the following purposes and uses (*please initial and check all of the following that apply*):

	Initials	☑	**Recording Purpose**
1.	_____		The Recordings can be used for scientific publications.
2.	_____		The Recordings can be used for scientific conferences or meetings.
3.	_____		The Recordings can be used for educational purposes.
4.	_____		The Recordings can be used for public presentations to non-scientific groups.
5.	_____		The Recordings can be used on television or the audio portion can be used on radio.
6.	_____		The Recordings can be posted on a Lipscomb website.
7.	_____		The Recordings can be used for reports/presentations to any research funding agencies.

I hereby agree to defend, hold harmless, indemnify, release and forever discharge Lipscomb and its trustees, officers, agents, representatives and employees from and against any and all liability, claims, actions, causes of actions and damages (including reasonable attorneys' fees) of any kind whatsoever in law and in equity, both past and present and whether known or unknown, arising out of or related to (a) the use of my name, likeness, identity, voice, photographic image, video graphic image and voice, and the Recordings, and (b) any personal, intellectual property (including copyright), proprietary or other rights that I may have in connection with any use of the Recordings. To the extent required, I hereby grant and assign to Lipscomb all copyright in the Recordings and any video, audio, photographic, digital, electronic or other medium utilized in connection therewith. I hereby acknowledge and agree that Lipscomb shall have exclusive ownership of the copyright and other proprietary and property rights in the Recordings. **I acknowledge and understand that my name will not be used in any publication.**

I have read and understood this Multimedia Release, am at least eighteen (18) years of age and fully competent, and execute the same as my own free will.

Signature: _____ Date: _____

If the participant is under the age of eighteen (18), the undersigned parent/guardian of the participant agrees to the terms of this Multimedia Release on behalf of the above-named participant:

Parent/Guardian Signature: _____ Date: _____

Appendix L

Citi Certificates

CITI PROGRAM

Completion Date 15-Jan-2023
Expiration Date 15-Jan-2026
Record ID 53658376

This is to certify that:

Latoya Avent

Not valid for renewal of certification through CME.

Has completed the following CITI Program course:

Human Subjects Research
(Curriculum Group)
Faculty, Staff, & Students - Human Subjects Research
(Course Learner Group)
1 - Basic
(Stage)

Under requirements set by:

Lipscomb University

CITI
Collaborative Institutional Training Initiative

CITI PROGRAM

Completion Date 16-Jan-2023
Expiration Date 16-Jan-2026
Record ID 53670691

This is to certify that:

Brandon McGill

Not valid for renewal of certification through CME.

Has completed the following CITI Program course:

Human Subjects Research
(Curriculum Group)
Faculty, Staff, & Students - Human Subjects Research
(Course Learner Group)
1 - Basic
(Stage)

Under requirements set by:

Lipscomb University

CITI
Collaborative Institutional Training Initiative

101 NE 3rd Avenue, Suite 320
Fort Lauderdale, FL 33301 US
www.citiprogram.org

CITI PROGRAM

Completion Date 04-Mar-2024
Expiration Date 04-Mar-2027
Record ID 60079771

This is to certify that:

Amira Mostafa

Not valid for renewal of certification through CME.

Has completed the following CITI Program course:

Responsible Conduct of Research (RCR)
(Curriculum Group)
Faculty, Staff, & Students - Responsible Conduct of Research
(Course Learner Group)
1 - Basic
(Stage)

Under requirements set by:

Lipscomb University

CITI
Collaborative Institutional Training Initiative
101 NE 3rd Avenue, Suite 320
Fort Lauderdale, FL 33301 US
www.citiprogram.org