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The role of professional development in bridging high-quality social-emotional learning in laboratory and community preschools

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The role of professional development in bridging high-quality social-emotional learning in laboratory and community preschools

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Abstract

The current study presents an exploratory model of comprehensive professional development that provides early childhood education and care teachers with opportunities to enhance their skills in social-emotional learning (SEL) using a combination of workshops, observations of high quality university laboratory preschool classrooms, consultation with master educators, on-site coaching, and communities of practice. The study found statistically significant improvements in content knowledge, knowledge of evidence-based strategies, and self-efficacy to implement new strategies in the classroom for participants of the Promoting Prosocial Behavior workshop. Teachers and administrators who participated in observations, coaching, and/or communities of practice reported value in each component of professional development. Results of this project suggest that a multi-pronged approach of supporting SEL in the classroom has a positive impact on teachers' self-regulation and modeling skills.

Keywords: social-emotional learning, demonstration preschool, laboratory school, professional development, early childhood, coaching, mentoring

Social-emotional learning in early childhood education (ECE) settings

The role of early childhood educators is a dynamic one that focuses on nurturing the growth and development of the whole child. Academic and school readiness, language development, cognitive development and problem solving are all foundations of early childhood curriculum and national standards (Walker & Rinaldi, 2020). In recent years, understanding how social-emotional learning (SEL) and prosocial skills impact learning and development have developed momentum in both research and practice (Jones, Mcgarrah & Khan, 2019). SEL is the process in which "children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions" (CASEL, 2021). SEL helps children to develop both *intrapersonal skills*, such as self-control, emotion regulation, and coping strategies, as well as *interpersonal skills*, such as listening, communicating and negotiation skills (Domitrovich et al., 2017).

A plethora of studies have been conducted to examine the role of teachers in delivering SEL interventions and professional training in order to find ways to support children's SEL skill development during the preschool years (e.g., McCabe & Altamura, 2011; Torres, Domitrovich, & Bierman, 2015). These studies report that three to five year old children in SEL settings demonstrate both short-term and long-term increases in social and academic skills such as better kindergarten achievement and social successes in later school years. Preschool years are the windows of opportunity when, with the help of teachers, children can best develop social and emotional skills for prosocial behaviors and social competence skills (Audrey & Ward, 2013; Zinsser, Shewark, Denham, & Curby, 2014). Meta-analyses on longitudinal studies also consistently report the long-term positive impact of early SEL skills. The results of these studies

reported that young children who attend preschools with SEL curriculum have higher levels of emotional knowledge, competence, mental health, educational attainment, and well-paying jobs, as well as decreased criminal activity and substance use when they are adolescents (Jones, Greenberg & Crowley, 2015; Yang et al., 2019). These gains also appear to have lasting effects. For example, Greenberg and colleagues (2017), found that an SEL program that lasted from K to 12th grade reported long term positive effects related to social skills, academic performance, and behavioral issues. Other meta-analyses have highlighted the need of context-specific early intervention through using a well established, evidence-based SEL for the preschool teachers and target children (Murano, Sawyer, & Lipnevich, 2020).

The importance of educators teaching and modeling SEL

Although it is clear that SEL is a core objective of developmentally appropriate practice in early childhood, questions still remain about *how* SEL can be best supported and implemented in ECE classrooms (Yang et al., 2019). The teacher's role can be complicated, as they need the professional skills to teach and promote SEL while also modeling their own social-emotional competence. ECE providers also have the added challenge of managing the "emotional labor" of their classrooms, including the many daily decisions and management of their own and others' emotions throughout the day (Hargreaves, 2001). Since teachers' psychological well-being directly impacts children's social-emotional well-being (Jennings, Jeon, & Roberts, 2020), it is important for researchers to examine the interactive nature of teachers' well-being and teaching effectiveness in ECE classrooms (Hollingsworth & Winter, 2013; Jeon, Buettner, & Grant, 2018). Teachers' abilities to reflect and evaluate their own learning paths, as well as model healthy problem solving, can increase their own self-efficacy and effectiveness in the classroom (Knowles, 1984). Warmth, affection, and open communication in teacher-child relationships are

hallmarks for prosocial behaviors in children (Spivak & Howes, 2011). These qualities are facilitated by teachers' self-awareness and ability to regulate their own emotional reactions. Professional development (PD) training and professional experiences can alter teacher beliefs and self-awareness in positive ways which can consequently impact their teaching quality and effectiveness (Geringer, 2003; Liu & Liao, 2019).

Effective ways to promote social-emotional learning in ECE classrooms

Numerous evidence-based programs (e.g., Preschool PATHS, Head Start REDI, Incredible Years, etc.) have been used in classrooms with the goal of improving children's SEL, especially in classrooms with low-income children (Nix et al., 2016). Moreover, since the teacher-child relationship has been shown to directly influence children's prosocial behavior, individualized PD opportunities for teachers are worthwhile (Kim, 2013; Valiente, Lemery-Chalfant, Swanson, & Reiser, 2008). Despite this, ECE teachers often receive inadequate training and coursework in promoting SEL in children or themselves (Garner, 2010). Existing intervention programs, such as Haslip and colleagues' (2020) 12-week SEL intervention, help to improve teacher-child relationships and SEL in urban ECE classrooms. Many interventions do not, however, combine SEL interventions with other evidence-based PD strategies such as observations, consultation, and implementation support in the classroom.

The role of demonstration preschools in community-based professional development

University demonstration preschools serve essential functions of promoting growth and development of the whole child, improving statewide teacher effectiveness and classroom practices, and providing community teachers opportunities to observe best practice in action by expert teachers (Ritchie, Phillips, & Garrett, 2016). Laboratory schools play an important role in innovation in education, teacher education and PD, educational research, dissemination of

information about best practices, and collaboration with a wide range of community partners (McBride et al., 2012). They also help distill scholarly research findings into practical application recommendations that are accessible and relevant for a wide range of educators. Hands-on learning opportunities and ongoing support help to solidify and strengthen skills and competencies in those working with young children. Of particular importance is the opportunity to see how master teachers promote children's SEL and explicitly teach and reinforce emotional regulation techniques in the classroom setting (Swartz & McElwain, 2012).

Observations and consultation at high-quality early learning programs have also been increasingly recognized as an important component of ongoing PD and technical assistance needed to successfully implement quality improvement efforts (Ritchie, Phillips, & Garrett, 2016). The combination of face-to-face and video modeling, along with performance feedback, are well documented forms of effective evidence-based PD (Ansari & Pianta, 2018; Snyder et al., 2012). Furthermore, observation and consultation can be paired with on-site coaching, both of which are effective strategies for supporting teachers in their classrooms to align their teaching practices with evidence-based practice and national standards (Page & Eadie, 2019). Frameworks such as Practice Based Coaching (PBC) include a skilled coach developing collaborative partnerships with teachers and implementing observations, shared goal setting, action planning, and opportunities for reflection and feedback. PBC is particularly effective in developing high quality teaching practices in SEL domains (Snyder, Hemmeter & Fox, 2015).

URI's demonstration preschools: The Child Development Centers

The Department of Human Development and Family Science (HDF) at the University of Rhode Island (URI) houses two laboratory preschools, the Kingston and Dr. Pat Feinstein Child Development Centers (CDC). The mission of the CDCs are threefold and mirror the university's

focus on teaching, research, and service to the broader community. Both CDCs are models for high quality ECE and maintain full accreditation by the National Association for the Education of Young Children (NAEYC). They also offer inclusive programs that enroll children with disabilities and special health care needs, accept families who utilize the DHS child care assistance program, and serve children from diverse backgrounds. Their staff are active in training ECE providers throughout the state.

Overarching and prominent strands woven throughout the CDCs' work include prosocial interaction strategies and practicing peace. The CDCs emphasize SEL through developmentally appropriate play-based activities, explicit instruction, modeling, and high-quality teacher-child interactions. Children are taught to use a variety of emotional regulation strategies and a specific conflict resolution framework (see Kostelnik, Whiren, Soderman, Stein, & Gregory, 2002), and teachers support children in applying these skills with increasing independence over time. Staff and undergraduate students receive training in how to facilitate children's acquisition of important SEL skills in the classroom setting. Long-term goals for the children include the development and application of regulation skills, coping strategies, and social competencies across settings.

Practicing peace is emphasized at the CDCs by teaching peaceful conflict resolution techniques, specific strategies for emotional regulation and stress management, and how to engage in cooperative activities. The CDC teachers intentionally work to create a sense of classroom community, set clear and consistent expectations, and utilize positive verbalizations. Special attention is paid to the physical environment by incorporating elements such as a peace table, a clearly defined space where children can self-select to take a break, and visual cues that assist children in following classroom expectations.

Purpose of the Present Study

This paper describes a partnership between URI and the State of Rhode Island's Department of Human Services (DHS), in which master laboratory preschool teachers provided sustained and free PD opportunities to community ECE teachers. We present an exploratory model of comprehensive PD that provides ECE teachers with opportunities to enhance their skills in SEL using a combination of workshops, classroom observations, consultation with master teachers, on-site coaching, and communities of practice (CoP).

Method

Sample

All PD opportunities were funded by DHS through the *Preschool Development Grant*, a federal initiative to improve the quality of preschool education and care across the US. A total of 193 early childhood educators participated in the PD event; however, 101 participants who attended the social-emotional workshops were included in the current study. The average of participants was 43 years old, 96% female, 75% White, and almost all were head teachers in early childcare classrooms (see Table 1 for demographic information).

Teachers and administrators were recruited via emails sent to all ECE sites listed in the RI's EXCEED directory. Recruitment information was clear that the focus of PD was three to four year old preschool classrooms, but all ECE providers were welcome to enroll. Participation in the study was prioritized for programs participating in BrightStars and accepting Child Care Assistance Program, as well as sites identified by DHS. At the PD event, participants provided consent for data to be collected and presented according to the guidelines of URI's Institutional Review Board.

Design

This PD model was created as a comprehensive and sustained model of PD that moves participants beyond knowledge acquisition to the application of evidence-based content and skills. The PD model had four components: 1) content delivery (i.e., workshops), 2) consultation/observation of laboratory preschools to highlight the implementation of workshop content, 3) on-site coaching for support implementation in classrooms, and 4) CoPs to support the needs of ECE administrators (see Figure 1 for an illustration of the PD model). The components below describe the larger design, from which data for the current study are analyzed and presented.

Component 1 - Early Childhood Institute & Assessment

The Institute was a free two-day PD opportunity offered by the CDCs and HDF department. Community teachers attended a series of keynote addresses by state officials and chose two workshops (out of five) offered by URI faculty and affiliated staff to earn approved PD hours. Each workshop included didactic content aligned with evidence-based research, and a hands-on, applied break-out session facilitated by a CDC teacher. Pre- and post-evaluation surveys were administered during each workshop. Programming on day one was tailored for leadership development in ECE administration. Day two focused on the needs of ECE providers ranging from center teachers to home providers. Teachers were entered in raffles for classroom items and received a \$10 cash incentive. Teachers also participated in a "Teaching Showcase" to share innovative strategies with their colleagues. Two workshops with a social-emotional focus were presented at the Institute, *Promoting Prosocial Behavior in Young Children* and *Practicing Peace*. However, only one workshop is presented below due to methodological concerns in the pre- and post-surveys and small sample sizes.

The Prosocial Behavior workshop was offered three times due to high demand. The Prosocial Behavior workshop focused on the profound impact of adults on children's prosocial development, as well as practical strategies to observe, document, and support children's social competence in their own classroom settings. The presenters defined and explored the benefits of prosocial development, highlighted factors that influence and strategies for promoting prosocial development, and discussed adult behaviors that can undermine social development. The importance of modeling prosocial behavior was discussed, with specific attention paid to selfawareness, self-management/emotion regulation, social-awareness, relationship/social skills, and responsible decision making. Kostelnik et al's (Kostelnik, Stein, Whiren, Soderman, & Gregory, 2002) 3 R's framework was provided as a guide for participants. Specifically, Reflect (use a behavior, paraphrase or affective reflection), React/Reason (describe your emotion and the child's behavior, and give a reason for your message), and Rule/redirection (tell children what to do versus what not to do). Challenges and pitfalls to avoid during behavior change in young children were also discussed. These pitfalls included failing to recognize children's efforts at prosocial behavior, coercing children to engage in insincere prosocial behavior, making children share all of the time, and abandoning the strategy during an extinction burst.

A brief pre- and post-survey was administered to examine the participants' perception on early prosocial behavior and the effect of the workshop on their knowledge pertaining to early prosocial behavior and influences on learning and development. The four items for both pre- and post questions included (1) benefits of prosocial behavior; (2) knowledge of evidence-based strategies that will increase prosocial behavior in the setting; (3) factors that can influence social behavior; and (4) awareness of possible pitfalls when implementing prosocial behavior. The 5-point Likert scale post-survey ranged from one (Strongly Disagree) to five (Strongly Agree).

Component 2 - CDC Observations and Consultation & Assessment

After attendance at the Institute, community teachers were invited to sign up for CDC observations at the rural Kingston campus site (via an observation deck) and/or the urban Providence campus site (via classroom immersion). Upon arrival, the center director provided a tour of the facility, oriented observers to specific features of the classroom environments (such as the peace table, visual supports, spaces children can self-select to take a break, classroom agreements, sensory tools, and collections of strategy cards to support emotional regulation), and answered questions posed by observers. Participants arrived with specific goals for their observation that aligned with their own Individualized Professional Development Plans (IPDP) and Quality Rating and Improvement System (QRIS) standards. The observations were followed by a one hour individualized consultation session with a CDC teacher and/or director. The CDC staff answered questions about why certain strategies were used and helped community teachers to create a plan for the implementation of evidence-based strategies in their own classrooms. A 5-point Likert scale post-survey ranging from one (Strongly Disagree) to five (Strongly Agree) was administered to assess how the experience increased their knowledge of high-quality, evidence-based preschool practices.

Component 3 - On-site Coaching Services & Assessment

Community teachers who participated in CDC observation and consultation offerings could enroll in on-site coaching to receive ongoing individualized implementation support in their classrooms. On-site coaching was conducted by CDC teachers and HDF staff experienced in working with young children in ECE settings, as well as with adult learners. The coaching process was based on the PBC framework. First, the on-site coaching began with a classroom observation. Data collected during the observation included reflections of instructional strategies

and data about the instructional approach. Second, feedback was shared with participants. After classroom teachers had time to reflect on the feedback, they worked with the URI coach to cocreate specific and measurable goals aligned with areas of need and the teacher's IPDP goals. Third, the URI coach supported the community teacher in the classroom to achieve their goals. The coach would spend @ three hours/week in the classroom helping the teacher to use new strategies. Lastly, the coach documented progress toward goals using PBC Coaching companion resources and forms created and refined for the project. A Likert scale (one= Strongly Disagree to five = Strongly Agree) post-coaching survey was administered to assess how implementation supports improved classroom practices.

Component 4 - Communities of Practice & Assessment

Through our involvement with providers at the Institutes and CDC observations and coaching, we observed that a gap existed in leadership mentoring. In response, a CoP group for program leaders was developed. The two URI CDC directors led CoP groups, which were offered at the Institutes, in person at a centrally located office space, and virtually during the COVID-19 pandemic. Additionally, CoPs were expanded beyond the end of grant funding to support the current/changing needs of program leaders during the pandemic. These later CoP meetings offered much needed emotional support and interpersonal professional connections for program leaders during a time of isolation, uncertainty, and intense stress. These meetings also focused on the role of schools in providing social and emotional support for children and families during the pandemic.

The mission of the CoP group was to develop a supportive community of ECE leaders, share resources, engage in collaborative planning and problem solving, and advance leadership skills. Participating administrators received a free copy of the NAEYC publication, *From survive*

to thrive: A director's guide for leading an early childhood program, which helped to facilitate analysis of program practices and guide monthly CoP conversations about leadership.

Administrators also exchanged resources (e.g., staff evaluation forms, job descriptions, a leadership book list) via a shared Google drive folder across programs to facilitate discussion and quality improvements. A qualitative CoP post-survey was administered to assess how the experience increased problem-solving and leadership skills.

Data Analysis

Paired samples t-tests were conducted in SPSS 27.0 to examine change in the mean scores in the *Prosocial Behavior* workshop. Univariate analyses were used to explore post-observation data in the observation/consultation sessions. Participants' qualitative responses in all components of the PD were reviewed for meaningful thematic patterns that helped to illustrate how the PD supported learning and applied skills.

Results

Early Childhood Institute PD Workshops

A paired samples t-test revealed that in the *Prosocial Behavior* workshops, participants reported statistically significant improvements from the beginning to end of the workshop in content knowledge, knowledge of evidence-based strategies, and self-efficacy to implement new strategies in the classroom (see Table 2 for paired samples t-test and effect size). Qualitative feedback indicated that teachers left the workshop with clear plans to utilize the information presented, specifically the 3Rs framework and being more intentional in relation to their *own* emotional regulation. When asked, "what is one modification you can make with your interactions after attending this workshop?," teachers stated, "*Work on my ability to reflect, react, reason, and rule,*" and "*Remember to reflect and be mindful of my emotional regulation.*"

CDC Observation/Consultation

Twenty community preschool teachers engaged in CDC observations and consultation sessions and completed a post-observation feedback survey about their experience. Five of those teachers engaged in two observation sessions. The average age of participants was 40 years old (range = 21-56, SD = 11.49). Feedback from teachers who participated in CDC observations and consultation revealed that all teachers reported significant value in this component of the PD model (see Table 3 for post-data scores from CDC observation/consultation).

Teachers agreed or strongly agreed (4.6/5) that their experience at the CDC motivated them to make changes in their classrooms and create clearly identified spaces for children to selfreflect, be alone and take a break. One teacher stated, "[I have created] Better cozy spots and quiet places for children within the classroom." Moreover, teachers also agreed or strongly agreed (4.24/5) that their experience at the CDC made them more confident in their own teaching practices. For example, one teacher stated that "singing and soft gentle praises get more attention than a normal or stern voice so I apply that peaceful practice even if the kids are distracted because once they see other kids coming, the more difficult children tend to follow suit with their peers." Finally, teachers also agreed or strongly agreed (4.64/5) that they plan to utilize what they learned in their own teaching practice, as illustrated by this comment: "At the CDC I noticed how each classroom had signs posted for adults and teachers that included steps or language used to engage with children. In my classroom we have a number of children that have some difficult behaviors, especially when a newer staff member is present. My co-teacher and I created some guidelines of our own that we posted to help new faculty or visitors understand some of our strategies or plans we have in place to deal with those behaviors. I also like the phrasing of "Adults might change, rules stay the same." Specifically related to SEL, one teacher

who also attended the *Prosocial Behavior* workshop stated that "I have incorporated some of the prosocial behavior techniques I observed in their classroom."

When asked "how much do you agree that completing the observation and consultation component of the PD provided increased support for implementation vs. just attending the ECI workshops alone?," 100% percent of respondents strongly agree that they would recommend the CDC observation and consultation PD to colleagues. Notably, two observers indicated that this was the first time they had stepped inside an early learning program other than their own. One was new to the field and the other had about 15 years of experience.

On-site Coaching

Twelve ECE centers across RI participated in on-site coaching services, with a total of 35 unique teachers and administrators. The average number of coaching sessions was 5 sessions per site (range 4-28 visits). Outcome data was collected from 20 of the 35 teachers who participated in on-site coaching. One hundred percent of community teachers strongly agreed or agreed that coaching helped them to implement evidence-based practices and motivated them to change their own teaching practices to better support children's SEL (see Table 4 for post-survey questions and ratings).

Qualitative data discussed the impact of classroom changes to support social-emotional development, reduce conflict, and improve teacher's self-efficacy, beliefs and knowledge. One teacher reported her excitement to implement changes suggested by her on-site coach: "I implemented changes suggested by [my coach] and saw extremely positive results, which made me very excited to share with my team. My excitement was so contagious, my team jumped on board with the changes without any hesitation!" Another teacher discussed the importance of intentional classroom environments to promote learning, "[The coach] taught me that "less is

more." I have been slowly removing the over abundance of commercial toys/manipulatives and replacing them with rocks, gems, etc. and have added baskets & scarves, along with pieces of material. The children have fewer conflicts, and utilize items I have added to the classroom, in numerous different ways! I am so happy with these changes!!" Finally, teachers also reported that their communication helped to change their classroom environment as illustrated by this quote: "I plan to work on my communication skills with children. I would like to approach the class in a happier, more sing-songy voice. My goal is to create a more relaxed atmosphere and help de-escalate heated situations in the classroom without having to constantly separate a child or group of children." Similarly, another teacher learned the importance of "understanding the child's problem before interference."

Communities of Practice

CoP participation opportunities included the following elements: 1) face-to-face meetings, 2) shared reading of the book *From survive to thrive: A director's guide for leading an early childhood program*, and 3) accessing a shared Google drive to exchange information and share resources with other program leaders. A total of 21 administrators, from 17 preschool programs, attended face-to-face CoP meetings. Six of those administrators attended at least two meetings. Six administrators who did not participate in the face-to-face meetings did participate in other CoP elements; three accessed resources from the Google drive resource, and another three engaged in the shared reading. Seven administrators participated in all three elements of the CoP and provided qualitative feedback about the program. Administrators were appreciative of peer support and hearing how other centers were handling the closures and reopening plans. For example, one administrator stated that "Hearing from other communities about how they are getting through the COVID closures has been really helpful." Topics identified for future

meetings included navigating the "new normal," using technology in their sites for billing and digital learning, and navigating pandemic challenges. For example, one respondent stated that they would like to discuss "Ways to support one another during this health crisis digital learning, planning for the fall, ways to support staff during this time."

Discussion

The current study presents an exploratory approach to multi-faceted PD focused on supporting SEL in early childhood classrooms. Quantitative and qualitative data revealed that teachers and administrators reported significant value in each component of PD. Teachers reported that they increased their content knowledge, knowledge of evidence-based strategies, and self-efficacy to implement new strategies in the classroom from the *Prosocial Behavior* workshops. Observations and consultation at the CDC, as well as on-site coaching, gave ECE teachers models for how to set up their classrooms and interact with their children. They were also able to view, in real time, the evidence-based and high-quality teaching practices that they learned about in the workshops and have an opportunity to problem solve barriers to implementation with CDC mentors. Findings also suggested that teachers saw significant value in learning about the 3 R's in the *Prosocial Behavior* workshop. Teachers appeared to be seeking strategies to develop their own social-emotional development and reactions within the classroom, as evidenced by high demand for the *Prosocial Behavior* workshop. This emphasizes the utility of a multi-pronged approach of supporting SEL in the classroom, as well as helping teachers to increase their self-regulation and modeling skills.

Providing teachers strategies that are tailored to their classrooms can be very difficult without viewing the classrooms, and on-site implementation support provides a critical PD opportunity to make simple, but significant changes to the classroom environment. Importantly,

the changes often resulted in quick and positive results, which energized the teaching teams to make changes across the centers and in classrooms not receiving on-site coaching. Teachers also reported that peaceful changes to the classroom helped to create a more relaxed atmosphere where conflict resolution was easier to achieve with less teacher interference. Additionally, coaching requires comfort with documenting suggestions for changes within the classroom and sharing feedback with teachers, as well as comfort being observed and receiving feedback (Edwards & Steed, 2020). University staff who work daily with adult learners are uniquely poised to foster a comfortable and collaborative environment during the coaching process.

Offering PD through URI had many advantages. First, the expertise of the laboratory preschool teachers being shared with community members is a valuable resource for ongoing training. Sharing best practice with community sites and actively engaging in the dissemination of developmentally appropriate and timely practices based on research and NAEYC standards remains a relevant and essential function of laboratory schools. Laboratory preschool teachers are also experienced in using a strengths-based approach with adult learners, which translated into high quality mentoring, rapport building, and supportive feedback between teachers and coaches. Second, the partnership between URI and RI DHS allowed URI to access DHS's collective knowledge of various ECE agencies across the state resulting in a more cohesive and targeted PD plan. This partnership also allowed for the use of state-funded infrastructure, thus reducing the administrative costs of holding large PD events. Third, this PD model maximized faculty and staff collaborations. This collaboration resulted in a balanced and streamlined approach to evidence-based research and implementation support. Teachers often appreciate PD from professionals with direct and current experience managing challenges in the classroom.

Community teachers and sites also gained significant benefits from this comprehensive PD model. For example, two teachers had never observed other programs and this project provided them a glimpse into the CDC classrooms. Notably, the CDC classrooms are housed in an older building, use limited technology in the classrooms, and are committed to resource sustainability. Therefore, the practices that were observed in the CDC were easily replicable across sites. When sites required specific and costly items (i.e., high quality wooden blocks, organizational trays, balance boards) the grant allowed the purchase of items for the centers. Additionally, this grant facilitated the nurturing of relationships with colleagues in the field. Especially during the pandemic, problem solving, brainstorming and discussing effective strategies for rolling closures and reopening plans was an unintended benefit of this model. Finally, teachers and administrators were able to access the invaluable expertise and mentoring of the CDC directors, who are experienced in navigating 5 star QRIS designation and NAEYC accreditation, to discuss strategies for quality improvement at their sites.

Limitations and Future Directions

Despite the strengths of this project, there were many lessons learned from this pilot project. First, the sample of community teachers was largely female and white. Future work should focus on supporting diverse teachers and Spanish-speaking providers in quality improvement efforts. Small sample sizes in the practicing peace workshop and CoP also hindered generalization of outcomes. Collecting data related to children's SEL outcomes, particularly in diverse and larger samples where social-emotional needs may be challenging and amplified, should also be prioritized in future work. Second, the number of teachers who participated in all four components of PD was lower than expected. It is possible that teachers had difficulty securing classroom coverage in order to complete observations at the CDCs, or

were hesitant to let others into their classrooms, especially if they had previous negative evaluative experiences. Messaging about the supportive and strengths-based approach to comprehensive PD will be provided in future projects. Additionally, only 45% of Institute participants held teaching certificates. Workforce issues in this group, including low wages and teacher turnover, may have impacted buy-in and rates of participation across the project. Third, the data collected across the teachers who participated in all components of PD does not lend well to the evaluation of the program as a whole. Ideally, future projects will also include objective data of classroom practices (e.g., ECERS, CLASS) to track how implementation support impacts quality improvement efforts. Lastly, significant coordination went into ensuring that the CDC classrooms could maintain their high-quality teaching while releasing CDC teachers for off-site PD services. Removing master teachers from their classrooms poses significant challenges including a lack of highly-qualified and available substitutes. State-level resources should focus on training qualified teacher mentors from the local community to increase capacity for implementation support (Edwards & Steed, 2020).

This project is a first step towards demonstrating how SEL can be supported in preschool classrooms through teacher PD with comprehensive support for implementation. Our PD model illustrates the critical role and expertise of laboratory preschools in providing high-quality mentorship for community teachers guided by evidence-based research. Institutions that receive funding from state agencies can play an integral role in disseminating high-quality pedagogy, building bridges between evidence-based research and applied practice in community settings, and harnessing the collective knowledge of state agencies to best serve the training needs of the ECE workforce and social-emotional needs of young children.

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Figure 1. URI Early Childhood Institute professional development mentoring opportunities for teachers

Workshop Series

Summer or Fall Institutes (Prosocial behavior workshop, n=101)

* Receive up to 5 Free PD Hours

CDC Observations/Consultation

Schedule (up to 3) observations at the Kingston or Providence CDC during the day to observe best practices in social-emotional learning

Following CDC Observations, meet with CDC teachers and/or URI consultants to discuss observations and to develop action steps for implementation of strategies at your site

n=20 teachers from 12 sites

* Receive up to 5 Free PD Hours

On-Site Coaching

Request on-site coaching for URI staff to assist with implementation of action steps at your site n=35 teachers from 12 sites

Stop

Stop

Table 1Demographics of workshop participants

	Prosocial Behavior Workshop			
n of participants	101			
Average age	43 (range 18-69)			
Gender	96% female			
Ethnicity				
White	75%			
Latinx	17%			
African American	6%			
Asian	2%			
Average Years in Field	14 (range 1-38)			
Teaching Certificate				
ECE (Birth-8)	45			
Other	15			
None	37			
Education				
Some high school/GED	8			
Partial college/specialized training	21			
College graduate	46			
Graduate or professional degree	22			
Current Title				
Head teacher/early childcare	50			
Administrator/Center director program provider	5			
Assistant teachers	29			
Other	13			

 Table 2

 Prosocial Behavior Paired Samples T-Test, Mean, Standard Deviation, and Standard Error Mean (n=101)

				<u>Pa</u>	ired sample	es t-test
	M	SD	Cohen's d	t	df	Sig (two-tailed)
PROSOCIAL BEHAVIOR (n=101)						
I understand the benefits of prosocial behavior PRE	4.00	.76	.79	-10.06	100	.000**
I understand the benefits of prosocial behavior POST	4.79	.41				
I have knowledge of evidence-based strategies that will increase prosocial behavior in the setting I am in PRE	3.53	.78	.90	-12.69	100	.000**
I have knowledge of evidence-based strategies that will increase prosocial behavior in the setting I am in POST	4.68	.53				
I know the factors that can influence social behavior PRE	3.63	.82	.94	-11.71	100	.000**
I know the factors that can influence social behavior POST	4.73	.44				
I am aware of possible pitfalls when implementing prosocial behavior PRE	3.34	.90	1.00	-13.32	100	.000**
I am aware of possible pitfalls when implementing prosocial behavior POST	4.66	.50				

Note. *p<.05, **p<.01

Table 3Post-data scores for CDC observations and consultation (n=20)

	M (range 1-5)	SD
This professional development experience supported my ability to begin to implement evidence-based practices in my classroom.	4.6	.57
My experience with observation & consultation has motivated me to make changes in my own teaching practice.	4.6	.5
My experience with observation & consultation has made me more confident in my own teaching practice.	4.24	.66
I am currently utilizing (and/or plan to utilize) what I learned through my observation & consultation in my own teaching practice.	4.64	.48
My understanding of high-quality preschool has increased in relation to the following BrightStars standards? [Learning Environment]	4.44	.58
My understanding of high-quality preschool has increased in relation to the following BrightStars standards? [Curriculum]	4.13	.75
My understanding of high-quality preschool has increased in relation to the following BrightStars standards? [Inclusive Classroom Practices]	4.08	.73
My understanding of high-quality preschool has increased in relation to the following BrightStars standards? [Family Communication & Involvement]	4.04	.76

	M (range = 1-5)	SD
My experience with On-site Coaching has made me more confident in my own teaching practice.	4.75	.44
My experience with On-site Coaching has motivated me to make changes to my classroom and/or teaching practices.	4.79	.41
My experience with On-site Coaching has increased my intentional teaching skills.	4.7	.55
My experience with On-site Coaching has helped me to gain more effective ideas for increasing children's academic outcomes.	4.62	.57
My experience with On-site Coaching supported my ability to implement evidence based practices in my classroom.	4.7	.55
As a result of strategies I learned from On-site Coaching, the children in my class have more positive peer interactions.	4.2	.83
As a result of the On-site Coaching, there is less conflict between children in my classroom.	4	.97
As a result of the strategies I learned from On-site Coaching, the children in my class are more engaged and interested in the activities and learning opportunities.	4.5	.65
My Coach interacted with me in a non-judgmental and constructive manner during our coaching conversations.	4.87	.33
My Coach prompted me to reflect on my knowledge and adjust my practices accordingly.	4.83	.38
My Coach gave me feedback in a timely manner.	4.87	.44
My Coach directed me to resources to help improve my practice.	4.95	.2