

IMPACT OF SOCIAL EMOTIONAL EARLY LEARNING CURRICULUM ON  
PRESCHOOLERS' EMPATHY SKILLS

by

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## ABSTRACT

SARAH MARIA JOHNSON. Impact of social emotional early learning curriculum on preschoolers' empathy skills. (Under the direction of DR. SUZANNE LAMOREY and DR. SUSAN REBICH)

The purpose of this study was to examine the effect of a social emotional learning program on preschoolers' empathy skills. Specifically, the study examined the effect of the Second Step Social-Emotional Skills for Early Learning empathy unit on preschoolers' ability to identify emotions in others, understand the perspectives of others, and respond to others' emotional displays. The aim of this study was to gain insight as to whether empathy skills could be explicitly taught and learned through the implementation of a social emotional program.

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## CHAPTER I: INTRODUCTION

With an increasingly diverse population in the United States, it is crucial that individuals have the necessary skills to empathize and understand others. Cultivating empathy in young children prepares them for the global world (Borba, 2016b). Empathy skills allow children to think critically, and obtaining these skills is a positive predictor for academic achievement (Borba, 2016b). The empathy deficit and the failure to understand others continues to be a popular focus in research and conversation among psychologists, teachers, social workers, parents, and the nation's leaders.

In 2006, when addressing the Northwestern University graduates at commencement, former President Barack Obama presented America's empathy deficit as an extremely pressing issue. He linked the empathy weakness to the nation's cultural focus on oneself and materialistic goals. President Obama's presentation is consistent with recent research findings (e.g., Konrath, O'Brien, and Hsing, 2011). Researchers studying the empathy decline listed the common descriptors used by critics for the current generation, describing them as "self-concerned, competitive, confident, and individualistic" (Konrath et al., 2011, p. 187).

Dr. Michele Borba, a globally-recognized educational psychologist and author of *Unselfie: Why Empathetic Kids Succeed in Our All-About-Me World*, argues that teaching empathy skills to children is one of the most imperative life competencies they can acquire (2016a). Dr. Borba studied events of inhumanity, including Auschwitz, Rwanda, and Armenia, identifying a common theme in the source of genocide to be an absence of empathy for fellow human beings. Empathy skills are essential to success for children in every part of their lives, and research indicates that empathy can be taught and cultivated

(Borba, 2016b). Fostering empathy at a young age can nurture intergroup prosocial behavior, inhibit aggressive behaviors, and increase the quality of human interactions (Eisenberg, Eggum, & Giunta, 2010). Empathy promotes kindness, prosocial skills, and inclusion (Borba, 2016b). Research confirms that teaching children empathy skills decreases bullying, victimization, aggression, prejudice, racism, and negative inter-group relations (Borba, 2016b).

Children are lacking social and emotional skills and schools must make curriculum modifications to meet student needs. Emphasis should also be placed on the attainment of social and emotional learning skills. Children across the United States experience bullying every day. According to Musu-Gillette, Zhang, Wang, Zhang, and Oudekerk (2017), approximately 15% of U.S. fourth grade students reported experiencing bullying at least once a month in 2015, and about 21% of students between the ages of 12–18 years reported experiencing bullying at school. In 2018, bullying was defined by the U.S. Department of Education (U.S.D.O.E) and the Centers for Disease Control and Prevention (CDC) as “any unwanted aggressive behavior(s) by another youth or group of youths who are not siblings or current dating partners that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated. Bullying may inflict harm or distress on the targeted youth including physical, psychological, social, or educational harm” (cdc.gov, “Bullying Research”, para. 3). The everyday media and news is evidence for the serious crisis our society is facing. To stop bullying and end racism, kindness and caring must become a priority (Borba, 2016b).

Success in school is often measured by a grade point average (GPA) or test score. However, prosocial skills are essential to success in every area of life. Our society is in need of more members that exhibit kindness, empathy, and compassion. Because prosocial skills are vital to overall wellbeing, measures of student success should also include the ability to accept and respect diversity of all kinds, and the capacity to feel and be sensitive to the feelings, needs, and perspectives of others.

According to the Federal Interagency Forum on Child and Family Statistics, in 2015 six percent of parents reported that their child aged 4-17 years exhibited severe difficulties with emotions, concentration, behavior, or getting along with people. This percentage has remained unimproved since 2001 (2017). Findings consistently relate low empathy and bullying; therefore, the development of empathy and sympathy in children may reduce bullying incidences in schools.

### **1.1 Statement of the Problem**

Research shows that there is a current empathy deficit. Adolescents today are 40% less empathic compared to adolescents thirty years ago (Borba, 2016b). An empathy deficit has negative effects on academic performance, bullying behaviors, resiliency, the ability to problem solve, and working well with others (Borba, 2016b). Konrath et al. (2011) found recent generations of college students to have less empathic concern and perspective taking. Researchers listed the following possible implications for this decline- the rise in narcissism among young people, the increase in everyday technology and media use, the intense pressure on young people to succeed academically and professionally, and the decrease in family size (Konrath et al., 2011). Teaching empathy skills in the classroom is necessary to balance these issues that children of the 21<sup>st</sup>

century face. Research shows the relationship between peer victimization and interpersonal skills, with interpersonal skills including empathy skills: showing sensitivity to the feelings of others; getting along with people who are different; comforting or helping other children; and expressing feelings, ideas, and opinions in positive ways (Federal Interagency Forum on Child and Family Statistics, 2017). Third graders identified to victimize peers received the lowest ratings on interpersonal skills scales.

Empathy skills also become crucial in our increasingly diverse nation. Children must be able to build relationships and respect and understand the needs, feelings, and perspectives of people different from themselves. The population of the United States is more racially and ethnically diverse than ever, and it is projected to become increasingly diverse in the future (Cohn & Caumont, 2016). It is expected that by 2055, the U.S. will not have a single racial or ethnic majority, due mostly to immigration. In 1965, only 5% of the country's population were foreign born, and in 2016 that percentage had risen to 14% (Cohn et al., 2016). Millennials are the most racially diverse generation in American history; among millennial adults, 43% are non-white (Cohn et al., 2016). Changes in the nation's religious makeup is also expected. The Muslim population is expected to soar. By 2050, trends show that the world's population will be made up equally of Muslims and Christians (Cohn et al., 2016). It is essential to build empathy skills with an increasingly diverse nation.

Research shows a link between lack of empathy and prejudice. A study of 151 students and 180 adults measured the origins of prejudice in males and females (McFarland, 2010). Researchers discovered that for both groups, the more empathetic one

is, the less inclined one is toward prejudice (McFarland, 2010). Empathy is an important skill that enables open-mindedness and supports connections with those who are different.

Students are also noticing their own deficits in empathy. In a nationwide sample of 148,189 sixth to twelfth grade students, only 29% to 45% reported that they had social skills such as empathy, decision making, and conflict resolution skills (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011). Empathy is a social emotional skill; according to Yoder (2015) most educators believe that focusing on social and emotional skills is an essential component for academic success. However, educators report that they lack the time and resources to teach social-emotional learning (Yoder, 2015). Many educators are not provided a social emotional learning curriculum, and therefore, social emotional lessons are often teacher created and reactive. The use of an evidence-based social emotional curriculum allows educators to move away from a fragmented and reactive approach to social skills learning. This supports the need for research on the effectiveness of social emotional learning programs. According to the Collaborative for Academic, Social, and Emotional Learning (CASEL), only seven states have complete, free-standing learning goals for social-emotional learning with developmental benchmarks for preschool through early elementary grades (2017). Only four states have complete, free-standing learning goals for social-emotional learning with developmental benchmarks for kindergarten through twelfth grade (CASEL, 2017). Due to the concerning statistics regarding the social emotional wellbeing of young children, it is necessary to identify programs that enhance the social-emotional health of young

children. Preschools and early childhood settings should set the groundwork for social emotional learning.

Through the implementation and study of a social emotional curriculum, the researcher hoped to gain insight into whether empathy and perspective taking skills could be learned through a social emotional curriculum program.

### **1.2 Research Questions**

The aim of this study was to gain insight into whether preschool-aged children could learn empathy skills through the implementation of a social emotional program. The following research questions were used to guide this study: 1) What are the effects of explicit instruction of the Second Step Social Emotional Skills for Early Learning empathy unit on preschool children's ability to identify emotions in others? 2) What are the effects of the Second Step Social Emotional Skills for Early Learning empathy unit on preschool children's ability to understand the perspective of others and respond to others' emotional displays?

## CHAPTER 2: REVIEW OF LITERATURE

To identify relevant literature on empathy development for preschoolers, the following EBSCOhost research databases were searched: Education Research Complete, PsycINFO, ERIC, JSTOR, and Social Sciences Citation Index. The terms *empathy*, *social skills*, *character education*, *social and emotional skills*, *social and emotional learning*, *competence*, *prevention*, *intervention*, *Second Step program*, *early childhood*, *preschool*, and *schools* were used in the electronic search. In addition, the academic search engine Google Scholar and ancestral searches of journal articles were explored to locate further resources for the literature review.

### **2.1 Theoretical Framework**

The theoretical framework for this study is Hoffman's (2010) stages of empathetic stress development. Hoffman (2010) defines empathy as "an affective response more appropriate to another's situation than one's own" (p.4). Hoffman distinguished five stages of empathic stress development. The first stage identified as the initial onset of empathy is 'newborn reactive cry', which occurs when an infant reacts to another baby's distress by crying and becoming distressed themselves. The child is unable to reduce their own distress or the distress of the other infant. The second stage of empathy development is identified as 'egocentric empathic distress', which occurs in a child who developmentally lacks the ability to differentiate between self and other, and they respond to another's distress as if they themselves were in distress. At around 24 months old the third stage, 'quasi-egocentric empathic distress' develops. This stage of empathy development represents children who are able to differentiate between one's own distress and another's distress; however, they tend to help the other in distress by

doing what would comfort themselves. For example, a toddler may give a distressed adult their teddy bear. At this level of empathy development, Hoffman argues that children begin to develop sympathetic distress or compassion for the victim because the child visibly desires to help the victim. However, the child is only able to help in a way that they have personally experienced and are aware of. When children are better able to feel what the other is actually feeling because they now realize that the other has inner states independent of their own they have developed the fourth stage, 'vertical empathic distress'. When a child's egocentric thoughts to relieve another's distress fail, they then begin to take the victim's perspective into account. This stage begins late in the second year of life and continues to develop throughout life. When empathy for another's experience moves beyond the immediate situation and involves the person's life circumstances that may be in general sad or happy they have developed the fifth stage, 'empathic distress beyond the situation.' Beyond this stage children are able to empathize and connect with entire groups who are suffering, oppressed, or treated unfairly. They are able to empathize with groups across the world or groups from the past. With ongoing societal and global issues of inequality, concerns with bullying and youth mental health, and research presenting a decrease in empathy it is vital to learn how to nurture empathy development to help all young children successfully progress through these stages of empathy development.

For a child to consider others and develop moral behaviors, Hoffman indicates that their empathic distress has to overcome egocentric motives. Hoffman defines an internal moral motive as: "(a) has a compelling, obligatory quality, (b) is experienced as deriving from within oneself, (c) makes one feel guilty when one acts or considers acting

in ways that may harm others, (d) disposes one to consider another's needs even when they conflict with one's own" (2010, p.9). When a conflict arises, a child may not be motivated to act prosocially due to the weak empathy arousing processes. To enhance the development of prosocial motives that are powerful enough to activate in situations involving conflict, parents must actively socialize the child to consider others (Hoffman, 2010). Parents generally only assist their children at making the connections between the child's egoistic motives, the child's behavior, and the harmful consequences of the child's actions for others during discipline experiences. Parents can assist their child's emerging empathy-based internal motive to consider others by encouraging children to control their behavior through their own active processing of information about the consequences of their actions for others. Hoffman describes the crucial necessity for empathy in the following quote "...empathy is the spark of human concern for others, the glue that makes social life possible. It may be fragile but it has, arguably, endured throughout evolutionary times and may continue as long as humans exist" (2010, p. 3).

## **2.2 The Importance of Empathy**

Empathy continues to be an important topic of conversation and study. Empathy is a compulsory skill for daily social communication (Decety, 2011). Empathy enables us to live in groups, and be social creatures. It aids in the development of moral reasoning and motivates selfless behavior (Decety, 2011). Educators believe that focusing on social and emotional skills such as empathy is an essential component for academic success (Yoder, 2015).

Empathy and perspective taking play a crucial role in prosocial behaviors such as helping, sharing, and turn taking (Shrandt, Townsend, & Poulson, 2009). These prosocial

behaviors are important for a preschoolers overall social development. Children may initiate social interaction more frequently with children that are able to take the perspective of others and demonstrate empathy towards others (Shrandt et al., 2009). Children with greater levels of empathy have a tendency to be less aggressive, more prosocial, better liked by peers, and more academically successful (Smith & Low, 2013). Empathy increases the ability of a child to understand and accept peers from diverse backgrounds; therefore, empathy can play a direct role in reducing prejudice and bullying (Smith & Low, 2013).

Empathy is an important skill for Americans to have with an increasingly diverse nation. Empathy skills help to build connections and understanding of those with different backgrounds and perspectives. Research findings suggest that perspective taking stimulates more positive automatic interracial evaluations and behaviors. Findings from one particular study found perspective taking to be a successful strategy in combating automatic expressions of racial bias (Todd, A. R., Bodenhausen, G. V., Richeson, J. A., & Galinsky, A. D., 2011). The study included 51 undergraduates; 57% being female and 43% male. Participants watched a video of two men receiving differential treatment while browsing in a department store, attempting to purchase a car, and interacting with police. It was made clear in the video that the black man was treated unfairly because of his race. Participants who were asked to take the black man's perspective into consideration while watching exhibited more positive automatic interracial evaluations assessed via the Implicit Association Test (IAT) (Todd et al., 2011). Participants were specifically asked to visualize clearly and vividly what he might be thinking, feeling, and experiencing as he

went through the various activities. Acquiring empathy skills such as perspective taking as a child could promote more accurate and less biased associations.

### **2.3 Status of Today's Children: An Empathy Deficit**

A study investigating changes in dispositional empathy over time revealed a drastic decrease in empathic concern and perspective taking, which are the most fundamental components of empathy (Konrath et al., 2011). The meta-analysis was comprised of 72 samples of American college students between 1979 and 2009. The mixed-method study used the Interpersonal Reactivity Index to measure various subscales such as the demonstration of empathic concern for others and the ability to take another's perspective. Results demonstrated a 48% decrease in empathic concern and a 34% decrease in perspective taking between 1979 and 2009 (Konrath et al., 2011). The researchers suggest an increase in technology use and social media to contribute to the decline in empathy in today's college students.

Konrath et al., also studied the rise of narcissism in American college students and discovered a negative relationship between narcissism and empathy: as narcissism increased empathy decreased. They further researched the societal changes related to the rise in narcissism and predicted that these changes were also connected to the empathy decline (Konrath et al., 2011). Findings suggest that individuals are more concerned with their own wellbeing, successes, and materialistic values. Materialism is associated with weaker relationships and lower prosocial behavior, which is an important aspect of empathy (Konrath et al., 2011). Konrath et al., did conclude, "Just as we speculate that certain situations lead empathy to decrease, other situations can increase people's empathy... experimental work also finds that empathy is teachable in children and young

adults through a variety of methods” (2011, p. 191). Konrath et al., end by recommending more work be completed to examine possible causes, outcomes, and remedies of increases in self-focus and decreases in other-focus (2011). Further research should also examine causes of gender differences in empathy skills.

### **Gender Differences in Empathy Development**

A study completed by Zahn-Waxler, Robinson, and Emde (1992), examining empathy development in twins found strong gender differences that indicate females to be more empathic than males. The study included 94 monozygotic and 90 dizygotic twin pairs in their second year of life. Researchers visited the twins and their mothers at 14 and 20 months. Observational measures were attained within the domains of temperament, emotion, and cognition-language. Empathy probes were used at these home visits and children’s reactions were videotaped. The mother and experimenter used a script to simulate distress. For example, the mother was instructed to pretend to hurt her knee and express pain vocalization and assume a pained facial expression. Each twin’s responses to five distress stimuli were observed at both 14 and 20 months. The experimenter used codes based on those used in previous research for the components of children’s responses to distress simulations. Questionnaires were also given to parents at the home visits. Findings indicated females showed greater empathic concern, more prosocial behavior, and more self-distress than males (Zahn-Waxler et al., 1992). Males showed more unresponsiveness-indifference (Zahn-Waxler et al., 1992). Mothers also reported more prosocial patterns for girls than boys (Zahn-Waxler et al., 1992). Gender differences have also been discovered for behaviors associated with empathy such as victimization and bullying behaviors. Males have shown higher rates of violence,

bullying, and lying compared to females. (Federal Interagency Forum on Child and Family Statistics, 2017). These gender differences serve as evidence for the need of a curriculum that positively enhances empathy development for all children.

#### **2.4 Effects of Social-Emotional Curriculum Implementation**

An important component of empathy taught in social-emotional programs is perspective taking (Smith & Low, 2013). Perspective taking is a cognitive process of understanding another person's experience without necessarily having to feel the same emotion. Children are able to improve their perspective-taking skills through programs that instill the idea that people experiencing the same situation may have different feelings (Smith & Low, 2013). Programs that encourage children to think about how others might feel in various situations also help to improve their perspective-taking skills (Smith & Low, 2013). Students with perspective-taking skills are more likely to offer emotional support to others, and less likely to be physically, verbally, and indirectly aggressive to peers (Smith & Low, 2013).

A meta-analysis of 213 school-based, universal social-emotional learning programs confirmed that students who participated in social-emotional learning programs found significant improvements compared to students that did not receive the program. Students who participated in social-emotional learning programs experienced improvements in academic achievement, social and emotional skills, and attitudes toward self and others. They also experienced increased positive social behaviors and decreased conduct problems and emotional distress (Durlak et al., 2011). The results were consistent throughout elementary, middle, and high school, and across urban, rural, and suburban locations.

A study conducted by Schrandt, Townsend, and Poulson, focused on teaching empathy skills to children with autism (Schrandt et al., 2009). Many prior studies have recognized the empathy and perspective-taking deficits in individuals with autism, but few have concentrated on the effects of teaching social skills (Schrandt et al., 2009). The study demonstrated that teaching empathetic responding to four children with autism was successful through pretend-play vignettes using dolls and puppets. Teaching of empathy skills was found to be most successful through the use of modeling, prompting, and reinforcement procedures to teach social skills. The empathy skills also successfully generalized to interactions with real people in non-training settings. Although this study did not include children diagnosed with autism, it is important to note that empathy skills can be successfully taught to children with evident empathy deficits.

### **Summary**

The literature reviewed demonstrates that empathy is an essential life skill. It is clear that the ability to empathize is an important component to morality and social competence. Through this study, the researcher hoped to learn the effects of a unit designed to teach empathy skills on a preschooler's ability to empathize.

## CHAPTER 3: METHOD

### 3.1 Design

The researcher used a single group design with pre and post assessment to explore the effects of the Second Step Social-Emotional Skills for Early Learning empathy unit (Committee for Children, 2011) on preschoolers' acquisition of empathy skills. The child's empathy skills was the dependent variable, and the Second Step Social-Emotional Skills for Early Learning Empathy Unit was the independent variable. The sampling method was a convenience sample selected from a private school located in a metropolitan city in the southeast United States. Caregivers and the classroom assistant teacher of the eligible participants completed The Empathy Questionnaire (EmQue) before and after the intervention as a pre and post assessment to measure empathy skills. Data from the pre and post assessments were analyzed through SPSS, and later by identifying and interpreting trends in datasets.

### 3.2 Rationale

The rationale driving this study was based on the researcher's interest and concern regarding the current decrease in empathy. The researcher had observed preschoolers experiencing difficulty recognizing feelings in peers. The researcher's prior experiences and observations as a preschool teacher also motivated this study. Conflicts seemed to arise frequently between preschool children who were unable to understand the perspectives of their peers. The researcher had also noticed differences in empathy skills by gender. Preschool boys appeared to be less adept at perspective taking than preschool girls. Research findings also suggest there are gender differences in empathy behaviors. Much of the research shows females to be more empathic than males. Studies also show

males more frequently exhibit behaviors associated with low empathy (e.g. bullying, verbal, and physical violence) (Zahn-Waxler et al., 1992).

Preschool is often the first environment where children interact and exist with multiple other beings. The development of prosocial skills in preschool is essential for children to positively engage and interact with others. Empathy and perspective taking serve an important role in vital preschool prosocial behaviors, and lead to actions such as helping, sharing, and turn taking. Oftentimes, children are asked to take turns with a toy or to share, but they are not taught the effect. Perspective taking is primarily taught during disciplinary experiences and times of conflict when children find it most difficult to consider others (Hoffman, 2010). Coaching children to consider the feelings, thoughts, experiences, and needs of others should be more frequent and occur outside of punitive incidences. A program that focuses on teaching skills such as perspective taking may help children understand the meaning, the result, and the ‘why’ behind the actions of sharing. An evidence based curriculum with focused social emotional learning objectives could set a strong foundation for the future success of all children.

### **3.3 Participants and Setting**

The participants were preschool aged children attending a private school located in a metropolitan city in the southeast US. Inclusion criteria for participants consisted of written parental consent and enrollment in the researcher’s preschool class. The final sample consisted of 20 preschool children; 6 of whom were female and 14 male. Of this sample, 19 identified as White/Caucasian and 1 as African American. Each of the 20 participants lived in two parent households. Children attended the preschool five days a

week from August until June. The preschool classroom operated as a full day program (six and a half hours).

The classroom assistant teacher completing the Empathy Questionnaire was a Caucasian female and mother of three young boys. She was assigned fulltime to the classroom and was expected to know the students' skills, behaviors, and abilities just as well as the lead teacher. This was her fifth year as a preschool assistant teacher and her background was in social work.

### **3.4 Instruments**

#### **Letter of Consent for Caregiver (Appendix A)**

A caregiver consent form was sent home with each child in the classroom to determine eligibility to participate in the study. The parent consent forms were sent home in English due to all families being English speaking. The form stated the purpose of the study, the procedures, and any potential risks or benefits to participants. The form also stated that participation was voluntary, and he/she could withdraw at any time. The consent form was due back within 7 days.

#### **Letter of Consent for Assistant Teacher (Appendix B)**

A consent form was given to the assistant teacher to determine eligibility to participate in the study. The form stated the purpose of the study, the procedures, and any potential risks or benefits to participants. The form also stated that participation was voluntary, and she could withdraw at any time. The consent form was due back within 7 days.

#### **Caregiver Empathy Questionnaire (Appendix C)**

The Caregiver Empathy Questionnaire (EmQue) was used as the pre and post assessment to measure changes in participant empathy. The EmQue was developed in the Netherlands by a team of developmental psychologists to observe the first three levels of empathy in infants' and young childrens' behaviors: Emotion Contagion, Attention to Others' Feelings, and Prosocial Actions. The EmQue was tested and approved for criterion and concurrent validity and internal consistency (Rieffe, Ketelaar, & Wefferink, 2010). In the current study, the questionnaire was completed by caregivers, indicating the degree of empathy that their child showed over the last two months on a three-point-scale. The three-point-scale allowed the caregiver to answer 'No' (indicating not applicable at all/child does not exhibit this behavior ever), 'Sometimes' (indicating a little or sometimes applicable/child sometimes exhibits this behavior), or 'Often' (indicating clearly/often applicable/child often exhibits this behavior). The caregiver questionnaire included 20 items (see Appendices C and D). Each item signified three subcategories of empathy developing in young children including 1) Emotion Contagion, 2) Attention to Others' Feelings, and 3) Prosocial Actions. Seven items signified the development of emotion contagion, seven items signified the development of Attention to Others' Feelings, and six items indicated the development of Prosocial Actions. After completion, the researcher used a three point scale (0 = never, 1 = sometimes, 2 = often) to calculate the scores for each empathy subcategory. 2010). The researcher delivered a hardcopy of the Empathy Questionnaire to the caregivers using the students' Daily Communication Folder. The questionnaire did not contain any identifiable participant information. It only contained their unique identification code. The EmQue was provided in English due to all caregivers being English speaking. Caregivers had seven days to complete and return the

EmQue. Caregivers who did not complete the EmQue within seven days were removed from the response data. The classroom assistant teacher also completed the teacher version of the EmQue for each student.

### **Teacher Empathy Questionnaire (Appendix D)**

The Teacher Empathy Questionnaire was completed by the classroom assistant teacher for each individual student. The Teacher EmQue included the same 20 items and 3-point scale as the caregiver questionnaire. The assistant teacher complete the Emque for each student indicating how often each student exhibited the empathy behaviors in the past two months. The teacher EmQue was completed before and after the intervention for each participant. The assistant teacher had seven days to complete and return the questionnaires.

### **3.5 Intervention**

After the pre-assessment Empathy Questionnaires were completed and returned, the researcher implemented the empathy unit from the Second Step Social Emotional Skills for Early Learning curriculum. Second Step is a research based social emotional learning program that is used by schools in over 70 countries and impacts 14 million students annually (Committee for Children, 2019). There are three age appropriate social emotional programs offered by second step for PreK, K-5<sup>th</sup>, and 6<sup>th</sup>-8<sup>th</sup>. The researcher followed the Second Step curriculum guide, which is scripted and includes a 10-15 minute daily lesson. Lessons included activities with puppets and scripts to introduce new concepts, songs and brain builders, photographs of children expressing feelings with scripted stories and discussion questions, and scripted skill practices. The unit was taught for six weeks with a different focus for each week. The weekly lessons were as follows:

Week 1 intervention: empathy lesson: Identifying Feelings, Week 2 intervention: empathy lesson: More Feelings, Week 3 intervention: empathy lesson: Identifying Anger, Week 4 intervention: empathy lesson: Same or Different Feelings, Week 5 intervention: empathy lesson: Accidents, and Week 6 intervention: empathy lesson: Caring and Helping. The researcher used a weekly theme plan (See Appendix D) provided by the Second Step Curriculum that listed the unit's activities. This ensured that each activity was completed sequentially.

### **3.6 Procedure**

The researcher gained Institutional Review Board approval before beginning the study. The researcher obtained written consent from parents (see appendix A) and from the assistant teacher (see Appendix B). The researcher used a hardcopy paper format for both the consent form and the Empathy Questionnaire (EmQue). The researcher assigned unique codes to participants to protect participant identity. The researcher kept the code identifier document on a password protected UNC Charlotte Google Drive. The letter of consent contained a detailed purpose of the study, and also contained information that stated all data gathered would be confidential and participants would have no adverse effects. The consent letters were returned with 91% of parents consenting to participate (20 of 22 consent forms returned). The preassessment caregiver EmQue was sent home as a hardcopy in students Daily Communication Folders. The EmQue contained only the student's unique code with no identifiable information. The requested return date for the questionnaire was seven days after the initial send home date. A reminder to complete the questionnaire was sent after four days in an email to caregivers. There were a total of 20 caregiver responses (100%) and 20 assistant teacher responses (100%) for the pre-

assessment EmQue. The data was stored in a secure filing system in a locked office at UNC Charlotte. The researcher had access to the raw data, and the members of the M.Ed. committee had access to support the researcher in analysis of the data. After the pre-assessment questionnaires were completed and returned, the researcher implemented the six week empathy unit according to the Second Step curriculum guide. After the empathy unit was implemented, the post-assessment questionnaires were completed by caregivers and the assistant teacher. There were a total of 20 caregiver responses (100%) and 20 assistant teacher responses (100%).

### **3.7 Data Collection**

The researcher used the Empathy Questionnaire as the pre and post assessment to analyze student changes in empathy after the intervention. Primary caregivers and the classroom assistant teacher completed the EmQue individually for each child before and after the intervention.

### **3.8 Data Analysis**

Data analysis for the study included an analysis of changes in children's empathy behaviors before and after the implementation of the Second Step Social Emotional Skills for Early Learning empathy unit. Observations of changes found within the caregiver and teacher Empathy Questionnaires were analyzed. The researcher began by analyzing the data using SPSS. The researcher input the questionnaire data into SPSS for the 20 participants; this included 40 pre-assessment questionnaires (20 completed by caregivers and 20 completed by the assistant teacher) and 40 post assessment questionnaires (20 completed by caregivers and 20 completed by the assistant teacher). For each individual questionnaire, the researcher totaled the scores for each subcategory of developmental

empathy behaviors (Emotion Contagion, Attention to Others' Feelings, and Prosocial Actions). The researcher ran paired sample t-tests to compare pre and post assessment changes for the parent group as well as the teacher group. In addition, the researcher used descriptive statistics to interpret trends in the data.

## CHAPTER 4: RESULTS

The researcher gained insight into whether preschool-age children could learn empathy skills through the implementation of a six week empathy unit from the Second Step Social Emotional Program. As indicated in Table I, there were no statistically significant changes in caregiver scores in each category across the intervention. The teacher scores showed a statistically significant change in the Emotional Contagion subcategory and the Attention to Others Feelings subcategory.

TABLE I: Paired Samples Test: Paired Differences

| <b>Paired Samples Pretest to Posttest</b>                  | <b>Mean</b> | <b>SD</b> | <b>Sig. (2-tailed)</b> |
|--|-------------|-----------|------------------------|
| <b>Caregiver: Emotion Contagion Subcategory</b>            | .250        | 1.585     | .489                   |
| <b>Caregiver: Attention to Others Feelings Subcategory</b> | .250        | 2.074     | .596                   |
| <b>Caregiver: Prosocial Actions Subcategory</b>            | .350        | 2.519     | .542                   |
| <b>Teacher: Emotion Contagion Subcategory</b>              | 1.400       | 1.759     | .002                   |
| <b>Teacher: Attention to Others Feelings Subcategory</b>   | 3.050       | 1.504     | .000                   |
| <b>Teacher: Prosocial Actions Subcategory</b>              | 1.000       | 2.753     | .121                   |

## CHAPTER 5: DISCUSSION

### 5.1 Caregiver Trends

The Emotion Contagion and Attention to Others' Feelings subcategories each included seven items, and the Prosocial Actions subcategory included six items. Caregivers indicated the degree that their child exhibited the behavior on a scale of never (0) sometimes (1) or often (2). The scores for each subcategory could have ranged from 0-14 (Emotion Contagion and Attention to Others' Feelings) and 0-12 (Prosocial Actions).

Caregiver scores remained generally consistent between the pre and post assessments for all subcategories of empathy. This would indicate that caregivers noticed little change in their child's empathy behaviors associated with the intervention. Overall, they reported high levels of empathy at both assessment points. Caregivers reported the lowest empathy behaviors for the Emotion Contagion subcategory of empathy. Referring back to the theoretical framework, the Emotion Contagion subcategory is what Hoffman (2010) defined as 'egocentric empathic distress', the second stage of empathy development in which the child feels and displays the distress of another child. This is an early stage of empathy development. Preschool students should be developing the ability to differentiate between one's own distress and another's distress and therefore lower scores for the Emotion Contagion category are developmentally appropriate.

Caregivers reported the highest scores on the pre and post assessment for the Attention to Others' Feelings subcategory. Seventeen caregivers rated their child between 9-13 in the Attention to Others' Feelings subcategory, indicating that their child often attends to others' emotions and shows concern for others. Hoffman (2010) defines these

empathy behaviors as 'quasi-egocentric empathic distress'. This stage of empathy development represents children who have the ability to differentiate between one's own distress and another's distress and are able to attend to another's emotions without personal distress. These results reflect the developmentally appropriate level of empathy. This result reflects caregiver observations of the most developed level of empathy in their children's social-emotional repertoire. The third category of scores pertains to children's prosocial behavior which is the highest level of empathy captured by the assessment scale. Scores varied for each child in this subcategory. Nine caregivers rated their child between 3-5, seven caregivers rated their child between 6-8, and four caregivers rated their child between 9-11. Hoffman (2010) describes this more complex stage of empathy development as 'veridical empathic distress'. Children in this stage have developed compassion for the victim and are able to understand the victim's perspective. Children in this stage visibly desire and attempt to help the victim, often with sharing or consoling behaviors. Overall, caregivers in this study rated their child high in empathy across the subscales.

## **5.2 Assistant Teacher Trends**

The assistant teacher reported lowest overall scores in the Emotion Contagion subcategory. This is not unusual since Emotion Contagion is an early stage of empathy development according to Hoffman (2010). However when running paired sample t-tests, a statistically significant difference (Sig. value of  $<.005$ ) was found between the teacher pre and post assessment for Emotion Contagion. These changes may have been due to the intervention. Emotion Contagion begins in infancy and tends to be highest in infancy when children have not yet learned to regulate their emotions. According to the results,

this category appears to have been enhanced by the intervention which would make sense considering that the intervention provides children with repeated opportunities to recognize and respond to an emotional display of another child. Intervention activities asked students to analyze photographs of children experiencing different feelings. Students practiced naming the child's emotion, analyzing the situation to understand why the child may have felt that emotion, and imagining what it may feel like in themselves. These activities may have led to an increase in scores in the Emotion Contagion subcategory.

When running paired sample t-tests, a statistically significant difference (Sig. value of  $<.005$ ) was found between the teacher pre and post assessment for Attention to Others' Feelings. These changes may have been due to the intervention. According to Hoffman (2010), preschool children are developing the ability to differentiate between one's own distress and another's distress and the ability to attend to another's emotions without personal distress. The intervention focused on teaching children how to identify feelings in others and this subcategory assesses the ability to attend to others' emotions and show concern for others.

Running paired sample t-tests on the pre and post scores for Prosocial Actions indicated there was quite a bit of variability in scores however there was no statistically significant difference in pre and post scores. Prosocial Actions is the often the final subcategory to develop since it requires the child to respond to emotional displays of others through behaviors such as consoling or sharing. Prosocial actions of responding to another child's feelings, understanding another child's viewpoints, and sharing behaviors are difficult for a preschool child. Due to the varied and volatile development of

preschool children, some students may be beginning to exhibit these behaviors and some not so much, which explains the large variability.

### **5.3 Additional Findings**

One of the most interesting results of this study was the comparison of the caregiver scores with the teacher scores. The caregiver pre-assessment scores for all three categories (Emotion Contagion, Attention to Others' Feelings, and Prosocial Actions) were higher than the assistant teacher's pre-assessment and post-assessment scores for the same category. This indicates that caregiver perceptions and expectations of a preschooler's ability to attend and respond to others' emotions differs compared to teacher perceptions and expectations. Caregiver scores may have also differed from teacher scores due to the environment. In school, the child is learning how to interact and live with twenty-one other preschool students in one room. Conflicts arise often over toys, space, friendships, ideas, and perspectives. It is part of the teacher's job to look out for these conflicts and be available to help coach the children through them. At home, there likely are not as many opportunities for these conflicts - there are fewer children, more space, and designated toys belonging to each child. The child may also be an only child, which could make conflicts infrequent at home. Teachers may have also scored lower than caregivers because of their background and education in child development. Teachers likely have a better understanding of which empathy behaviors are developing for young children, and teachers also have an understanding of the baseline and are able to compare the children. Whereas caregivers may have only one child at home and a limited understanding of empathy development.

The teacher pre and post assessment scores reflected significant growth in empathy behavior across the course of the intervention. This was in contrast to caregiver scores which did not show an improvement. As mentioned previously, caregivers reported high scores on the pre-assessment leaving little room to show improvement. The preassessment was completed by the assistant teacher at the beginning of the school year when the children did not yet have the knowledge or tools in place to show empathy behaviors. The children were also just adjusting to their new school environment. All students were new to the school, and navigating life in a classroom of 21 other preschool students is a challenge. The intervention focused heavily on recognizing and naming feelings in others. The children role-played empathy behaviors often, practicing the language and actions needed to show empathy. The first few months of school also focused on building classroom community and an understanding of each child in the class, which may have contributed to the rise in empathy skills.

#### **5.4 Limitations**

This study had a number of limitations which are important to discuss. Participants were selected from a single preschool classroom at a private school in the southeastern United States. Therefore, results may not necessarily generalize to public schools or other grade levels. A larger and more diverse sample size would increase the generalizability of the results. Participants may have been absent from school due to unforeseen circumstances, and consequently they may have missed an empathy lesson. Monitoring participant attendance to track missed lessons in the future could strengthen the study. Although a change in empathy skills may be due to the intervention, other causal factors should be considered. The lessons were taught over the span of six weeks,

and preschool children develop naturally overtime at rapid speeds. As a result, the natural maturation of the participants must be considered as a possible influence for the change in the dependent variable (empathy skills).

### **5.5 Implications and Recommendations**

The everyday media and news is evidence of the serious empathy crisis our society is facing. Bullying, racism, and prejudice are frequent topics in the media, news, and daily life. The United States has become increasingly diverse and yet the ability to understand and respect the feelings, needs, and perspectives of people has decreased (Borba, 2016b). The development of soft skills such as empathy must become a priority. Yoder (2015) recommends that policymakers integrate social and emotional learning into fundamental education policies, increase funding to support the implementation of social-emotional curricula, and continue to support studies that research the impact of social-emotional learning programs. Additional research is necessary to study the effect of an empathy curricula on negative societal behaviors such as bullying, victimization, prejudice, racism, and inter-group relations. Future research on these behaviors should include children in middle and high school since the literature reports bullying to be most prevalent at these ages (Musu-Gillette et al., 2017). An Empathy Questionnaire is available for older children and adolescents, which examines the level of empathy reported by the child. Longitudinal studies on the long term effects of social emotional learning programs would also be beneficial. Tracking social emotional learning program effects on participants from preschool through high school would be very insightful.

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## APPENDIX A: LETTER OF CONSENT FOR CAREGIVERS



Department of Education  
9201 University City Boulevard, Charlotte, NC 28223-0001

### **Informed Consent Form to be Part of a Research Study**

The informed consent form also serves as the recruitment letter

Dear JK families,

This letter is to ask your permission for you to participate in a research study called “Impact of Social Emotional Early Learning Curriculum on Preschoolers’ Empathy Skills.” I am conducting this study as part of my graduate requirements for the College of Education at UNC Charlotte. Please read this letter and ask any questions you may have before agreeing to participate in this study.

As part of our junior kindergarten classroom curriculum, your child is participating in a social-emotional development program. The program consists of daily activities that help your child learn self-regulation and social-emotional skills. As part of my graduate work at UNC Charlotte, I am conducting a research study that will assess student empathy before and after implementing the instructional program. I am hoping to study how the program effects preschoolers’ empathy skills. I will be conducting the project under the supervision of my UNC Charlotte Responsible Faculty, Dr. Susan Rebich.

*What is the Empathy Skills Research Project?*

The project will use an empathy questionnaire to assess levels of empathy before and after the implementation of an empathy curriculum. The empathy questionnaires will be completed by Mrs. Ernette and the child’s parents. This information will help your child’s teacher develop strategies designed to improve empathy skills.

*How long will the project last?*

The empathy curriculum will be taught by Mrs. Johnson as typical and will not disrupt your child’s normal school program. You will be asked to complete a short questionnaire (1 page) before and after the program. The questionnaire is a checklist designed to assess empathy skills.

*What are the benefits of your child participating in the project?*

The results of this study may help teachers find new ways to help children develop empathy skills.

*What are the risks?*

We do not foresee any educational or psychological risks. However, in any research project there may be risks that are not currently known.

*What are confidentiality procedures?*

No real names will be reported in the results of this project. The data sheets Mrs. Johnson collects will be kept in a secure file in the office of the UNC Charlotte Responsible Faculty. Any electronic files will be stored on Mrs. Johnson’s password protected computer.

All parents nominated for participation in this project are being sent this letter to request permission to participate. The decision for you to participate in this study is completely up to you. Neither you nor your child will be treated any differently if you decide to not participate. If you decide to participate in the study, you are free to withdraw at any time without penalty. If you decline to participate in this study, your child

will continue to participate in the program activities as part of the JK curriculum. However, your child will not be assessed using the empathy questionnaire.

UNC Charlotte wants to make sure that all research participants are treated in a fair and respectful manner. If you have questions about your rights as a study participant, contact the Office of Research Compliance at (704)-687-1871 or [uncc-irb@uncc.edu](mailto:uncc-irb@uncc.edu). If you have questions about the activities or need additional information, please contact Mrs. Johnson at (980) 254-7759, or the Responsible Faculty, Dr. Susan Rebich at (704) 687-8809.

Thank you for considering this request.

\_\_\_\_\_  
(Signature area for PI/Student)

\_\_\_\_\_  
Date

.....

Permission Form

*[Please check one box below and return this form to your child's teacher in the attached envelope.  
Keep the above letter for your records.]*

I agree to participate in the Empathy Skills Project. I understand that this means I will complete a one page questionnaire to assess my child's empathy skills before and after the implementation of an empathy curriculum.

I do not agree to participate in the Empathy Skills Project. I understand that this means my child will remain a participant in the programs activities, but he/she will not be evaluated for empathy skills.

\_\_\_\_\_  
Child's Name (print)

\_\_\_\_\_  
Parent's Name (print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

.....

## APPENDIX B: LETTER OF CONSENT FOR ASSISTANT TEACHER



Department of Education  
9201 University City Boulevard, Charlotte, NC 28223-0001

### Consent to be Part of a Research Study

This informed consent form serves as the recruitment letter

Dear Assistant Teacher,

This letter is to ask your permission for you to participate in a research study called “Impact of Social Emotional Early Learning Curriculum on Preschoolers’ Empathy Skills.” I am conducting this study as part of my graduate requirements for the College of Education at UNC Charlotte. Please read this letter and ask any questions you may have before agreeing to participate in this study.

As part of our junior kindergarten classroom curriculum, our students are participating in a social-emotional development program. The program consists of daily activities that help them learn self-regulation and social-emotional skills. As part of my graduate work at UNC Charlotte, I am conducting a research study that will assess student empathy before and after implementing the instructional program. I am hoping to study how the program effects preschoolers’ empathy skills. I will be conducting the project under the supervision of my UNC Charlotte Responsible Faculty, Dr. Susan Rebich.

*What is the Empathy Skills Research Project?*

The project will use an empathy questionnaire to assess levels of empathy before and after the implementation of an empathy curriculum. The empathy questionnaires will be completed by Mrs. Ernette and the child’s parents. This information will help your child’s teacher develop strategies designed to improve empathy skills.

*How long will the project last?*

The empathy curriculum will be taught by Mrs. Johnson as typical. You will be asked to complete a short questionnaire (1 page) before and after the program on each child in your classroom. The questionnaire is a checklist designed to assess empathy skills.

*What are the benefits of your child participating in the project?*

The results of this study may help teachers find new ways to help children develop empathy skills.

*What are the risks?*

We do not foresee any educational or psychological risks. However, in any research project there may be risks that are not currently known.

*What are confidentiality procedures?*

No real names will be reported in the results of this project. The data sheets Mrs. Johnson collects will be kept in a secure file in the office of the UNC Charlotte Responsible Faculty. Any electronic files will be stored on Mrs. Johnson’s password protected computer.

You are receiving this letter to request permission to participate in the project. The decision for you to participate in this study is completely up to you. You will not be treated any differently if you decide to not participate. If you decide to participate in the study, you are free to withdraw at any time without penalty.

UNC Charlotte wants to make sure that all research participants are treated in a fair and respectful manner. If you have questions about your rights as a study participant, contact the Office of Research Compliance at (704)-687-1871 or [uncc-irb@uncc.edu](mailto:uncc-irb@uncc.edu). If you have questions about the activities or need additional information, please contact Mrs. Johnson at (980) 254-7759, or the Responsible Faculty, Dr. Susan Rebich at (704) 687-8809.

Thank you for considering this request.

\_\_\_\_\_  
(Signature area for PI/Student)

\_\_\_\_\_  
Date

.....

Permission Form

*[Please check one box below and return this form to Mrs. Johnson in the attached envelope.  
Keep the above letter for your records.]*

I agree to participate in the Empathy Skills Project. I understand that this means I will complete a one page questionnaire to assess each student's empathy skills before and after the implementation of an empathy curriculum.

I do not agree to participate in the Empathy Skills Project.

\_\_\_\_\_  
Assistant Teacher's Name (print)

\_\_\_\_\_  
Assistant Teacher's Signature

\_\_\_\_\_  
Date

.....

## APPENDIX C: PRETEST AND POSTEST FOR CAREGIVER

The following statements are about your child's behaviour over the last 2 months. Please answer them to the best of your ability, even if the behaviour mentioned in the statement does not seem to apply to your child. Please do not skip any questions!

Please choose between the following alternatives:

- Not at all applicable (as far as you are aware of)
- A little or sometimes applicable
- Clearly or often applicable

|  | No | Sometimes | Often |
|--|----|-----------|-------|
| 1. When another child cries, my child gets upset too.  |    |           |       |
| 2. When I make clear that I want some peace and quiet, my child tries not to bother me.                        |    |           |       |
| 3. When my child sees other children laughing, he/she starts laughing too.                                     |    |           |       |
| 4. My child also needs to be comforted when another child is in pain.  |    |           |       |
| 5. When another child starts to cry, my child tries to comfort him/her.  |    |           |       |
| 6. When an adult gets angry with another child, my child watches attentively.                                  |    |           |       |
| 7. When another child makes a bad fall, shortly after my child pretends to fall too.                           |    |           |       |
| 8. When another child gets upset, my child tries to cheer him/her up.  |    |           |       |
| 9. My child looks up when another child laughs.  |    |           |       |
| 10. When another child is upset, my child needs to be comforted too.   |    |           |       |
| 11. When I make clear that I want to do something by myself (e.g. read), my child leaves me alone for a while. |    |           |       |
| 12. When adults laugh, my child tries to get near them.  |    |           |       |
| 13. When another child gets frightened, my child freezes or starts to cry.                                     |    |           |       |
| 14. When two children are quarrelling, my child tries to stop them.  |    |           |       |
| 15. My child looks up when another child cries.  |    |           |       |
| 16. When other children argue, my child gets upset.  |    |           |       |
| 17. When another child gets frightened, my child tries to help him/her.  |    |           |       |
| 18. When another child is angry, my child stops his own play to watch.   |    |           |       |
| 19. When another child cries, my child looks away.   |    |           |       |
| 20. When other children quarrel, my child wants to see what is going on.                                       |    |           |       |

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[www.focusonemotions.nl](http://www.focusonemotions.nl) Rieffe, C., Ketelaar, L., & Wiefferink, C. H. (2010).  
 Assessing empathy in young children; construction and validation of an empathy  
 questionnaire (EmQue). *Personality and Individual Differences*, 49, 362–367.

## APPENDIX D: PRETEST AND POSTEST FOR TEACHER

The following questions are about the child's behavior over the past 2 months. We want to ask you to respond to all questions, also if you think that the question does not apply to this child.

You can respond with:

- Not applicable
- A little or sometimes applicable
- Clearly or often applicable

|  | Not | Some-<br>times | Often |
|--|-----|----------------|-------|
| 1. When another child cries, this child gets upset too.  |     |                |       |
| 2. When I make clear that I want some peace and quiet, this child tries not to bother me.                        |     |                |       |
| 3. When this child sees other children laughing, he/she starts laughing too.                                     |     |                |       |
| 4. This child also needs to be comforted when another child is in pain.  |     |                |       |
| 5. When another child starts to cry, this child tries to comfort him/her.  |     |                |       |
| 6. When an adult gets angry with another child, this child watches attentively.                                  |     |                |       |
| 7. When another child makes a bad fall, shortly after this child pretends to fall too.                           |     |                |       |
| 8. When another child gets upset, this child tries to cheer him/her up.  |     |                |       |
| 9. This child looks up when another child laughs.  |     |                |       |
| 10. When another child is upset, this child needs to be comforted too.   |     |                |       |
| 11. When I make clear that I want to do something by myself (e.g. read), this child leaves me alone for a while. |     |                |       |
| 12. When adults laugh, this child tries to get near them.  |     |                |       |
| 13. When another child gets frightened, this child freezes or starts to cry.                                     |     |                |       |
| 14. When two children are quarrelling, this child tries to stop them.  |     |                |       |
| 15. This child looks up when another child cries.  |     |                |       |
| 16. When other children argue, this child gets upset.  |     |                |       |
| 17. When another child gets frightened, this child tries to help him/her.  |     |                |       |
| 18. When another child is angry, this child stops his own play to watch.   |     |                |       |
| 19. When another child cries, this child looks away.   |     |                |       |
| 20. When other children quarrel, this child wants to see what is going on.                                       |     |                |       |

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[www.focusonemotions.nl](http://www.focusonemotions.nl) Rieffe, C., Ketelaar, L., & Wiefferink, C. H. (2010).  
 Assessing empathy in young children; construction and validation of an empathy  
 questionnaire (EmQue). *Personality and Individual Differences*, 49, 362–367.

## APPENDIX E: WEEKLY THEME PLAN



www.secondstep.org  
early learning

## Unit 2: Empathy

### Weekly Theme 7

| Tasks  | Tools   |
|--|---|
| <input type="checkbox"/> Create a Weekly Plan.   | Weekly Plan Template  |
| <input type="checkbox"/> Inform your teaching team of the Weekly Theme at the beginning of each week.      | Week-at-a-Glance Sheet 7  |
| <input type="checkbox"/> Teach the Weekly Theme activities.  | Weekly Theme 7 Card   |
| <input type="checkbox"/> Play the Brain Builder game.  | Brain Builder 4 Card  |
| <input type="checkbox"/> Reinforce skills and concepts with the Using Skills Every Day three-step process. | Week 7 Using Skills Every Day examples on Weekly Theme 7 Card and Unit 2 Card |
| <input type="checkbox"/> Notice opportunities for children to practice skills.                             | Unit 2 practice opportunities   |
| <input type="checkbox"/> Send the Home Link to families.   | Home Link 7   |
| <input type="checkbox"/> Reflect on your teaching of the Weekly Theme activities.                          | Weekly Theme Reflection Log   |

### Weekly Theme 8

| Tasks  | Tools   |
|--|---|
| <input type="checkbox"/> Create a Weekly Plan.   | Weekly Plan Template  |
| <input type="checkbox"/> Inform your teaching team of the Weekly Theme at the beginning of each week.      | Week-at-a-Glance Sheet 8  |
| <input type="checkbox"/> Teach the Weekly Theme activities.  | Weekly Theme 8 Card   |
| <input type="checkbox"/> Play the Brain Builder game.  | Brain Builder 4 Card  |
| <input type="checkbox"/> Reinforce skills and concepts with the Using Skills Every Day three-step process. | Week 8 Using Skills Every Day examples on Weekly Theme 8 Card and Unit 2 Card |
| <input type="checkbox"/> Notice opportunities for children to practice skills.                             | Unit 2 practice opportunities   |
| <input type="checkbox"/> Send the Home Link to families.   | Home Link 8   |
| <input type="checkbox"/> Reflect on your teaching of the Weekly Theme activities.                          | Weekly Theme Reflection Log   |