

Spring 4-2014

## The Themes of Catholic Social Teaching Integrated into the Work of UD's Center for Catholic Education Urban Child Development Resource Center

Julie Iuliano  
*University of Dayton*

Follow this and additional works at: [https://ecommons.udayton.edu/uhp\\_theses](https://ecommons.udayton.edu/uhp_theses)



Part of the [Social and Philosophical Foundations of Education Commons](#), and the [Urban Education Commons](#)

---

### eCommons Citation

Iuliano, Julie, "The Themes of Catholic Social Teaching Integrated into the Work of UD's Center for Catholic Education Urban Child Development Resource Center" (2014). *Honors Theses*. 41.  
[https://ecommons.udayton.edu/uhp\\_theses/41](https://ecommons.udayton.edu/uhp_theses/41)

This Honors Thesis is brought to you for free and open access by the University Honors Program at eCommons. It has been accepted for inclusion in Honors Theses by an authorized administrator of eCommons. For more information, please contact [frice1@udayton.edu](mailto:frice1@udayton.edu), [mschlangen1@udayton.edu](mailto:mschlangen1@udayton.edu).

# **The Themes of Catholic Social Teaching Integrated into the Work of UD's Center for Catholic Education Urban Child Development Resource Center**



Honors Thesis

Julie Iuliano

Department: The School of Education and Allied Studies,  
Center for Catholic Education

Advisor: Professor Susan Ferguson

April 2014

# **The Themes of Catholic Social Teaching Integrated into the Work of UD's Center for Catholic Education (CCE) Urban Child Development Resource Center (UCDRC)**

Honors Thesis

Julie Iuliano

Department: The School of Education and Allied Studies, Center for Catholic Education

Advisor: Professor Susan Ferguson

March 2014

## Abstract

Schools today are challenged to meet the mental health concerns of students due to an emphasis on academic testing and a lack of communication within schools to identify and treat the needs of the students. The needs of the student travel beyond the classroom into the non-academic barriers to learning. The University of Dayton's Urban Child Development Resource Center (UCDRC), works in five local schools in the Dayton area and strives to help students cope with these non-academic barriers to learning.

This study focuses on three of the Seven Themes of Catholic Social Teaching as stated by the United States Conference of Catholic Bishops: Call to Family, Community, and Participation; Option for the Poor and Vulnerable Life and Dignity of the Human Person; and how UCDRC implements these three themes into its program.

## Acknowledgements:

I would like to thank my advisor, Professor Susan M. Ferguson for all her encouragement and help throughout this process, and Dr. Patricia Hart for suggesting I write a thesis in the first place! I also thank the Teacher Education Program, The Center for Catholic Education and the Urban Child Development Resource Center. Their knowledge base was so much fun to tap into, and to understand more about the literature of teaching and working with children. Finally, thank you so much to my parents, sister, and close friends for all of your love and support.



# Table of Contents

|  |            |
|--|------------|
| Abstract   | Title Page |
| Chapter 1 Introduction to the Research Study       | 1          |
| Section 1 Background of the Problem                | 1          |
| Section 2 Identification of Terms                  | 10         |
| Section 3 Limitations and Assumptions of the Study | 11         |
| Section 4 Summary of the Chapter                   | 12         |
| Chapter 2 Review of the Literature                 | 13         |
| Section 1 Review of the Literature                 | 13         |
| Section 2 Related Factors                          | 26         |
| Section 3 Summary of the Chapter                   | 26         |
| Chapter 3 Procedures to the Study                  | 28         |
| Section 1 Review of the Research Question          | 28         |
| Section 2 Setting                                  | 29         |
| Section 3 Research Design                          | 30         |
| Strengths and Limitations of the Study             | 31         |
| Section 4 Subject Selection                        | 32         |
| Section 5 Design of the Study                      | 32         |
| Section 6 Data                                     | 35         |
| Section 7 Ethical Issues                           | 36         |
| Section 8 Summary of the Chapter                   | 36         |
| Chapter 4 The Results                              | 37         |
| Section 1 The Research Question                    | 37         |
| Section 2 The Results                              | 37         |
| Section 3 The Findings                             | 37         |
| Section 4 Discussion                               | 47         |
| Section 5 Summary of the Chapter                   | 48         |
| Chapter 5 Conclusions                              | 50         |

|  |    |
|--|----|
| Section 1 Significance of the Study            | 51 |
| Section 2 Summary of the Study                 | 51 |
| Section 3 Conclusions                          | 52 |
| Section 4 Implications                         | 52 |
| Section 5 Recommendations for Further Research | 53 |
| Section 6 Summary of the Chapter               | 54 |
| References                                     | 55 |

## **Chapter 1: Introduction to the Research Study**

### **Section 1: Background of the Problem**

The classes I have taken at the University of Dayton, made it evident to me that in order for a student to be prepared to learn, their most basic needs, such as food and living in a comfortable environment, need to be met. If the child is not able to have this opportunity, they will not feel ready to learn, and most likely will not be able to. One of the courses I took, a Social Work class titled “Child Abuse,” gave evidence of the increasing demands that children have in America, and the question of how to take care of them, as an educator, was raised. Before taking the class I believed that much of the devastation and poverty existed within developing countries, but I was shocked to find the needs of students increasing within The United States. In discussion with a professor, I decided to enroll in an honors thesis seminar course, in order to network with faculty and staff who work at the University of Dayton, in hope of connecting with someone who has the expertise and experience to advise my thesis, which explores students’ non-academic barriers to learning. I interviewed Professor Susan Ferguson, the director of The University of Dayton’s Center for Catholic Education (CCE), who mentioned the CCE’s program, The Urban Child Development Resource Center (UCDRC).

I have decided that this study will explore mental health initiatives, the social and emotional barriers to student learning, federal support, and an analysis of the mental health programs of UCDRC which is sponsored by the University of Dayton’s Center for Catholic Education. This study will examine the UCDRC programs in relation to the United States Conference of Catholic Bishops’ (USCCB) Seven Themes of Catholic

Social Teaching, it will also examine how the program and themes enhance student readiness to learn.

Maslow's Hierarchy of Needs states that, in order to help with learning readiness, the basic needs of the individual need to be met. The five categories of Maslow's Hierarchy are physiological, safety, belongingness and love, esteem, and need for self-actualization (Saeednia, 52). The most basic needs, physiological and safety, which fall at the bottom of the hierarchy, are what will make the student feel ready to learn and should be provided in the school and home settings. It is best if the school and home communicate with one another to make sure that the child feels ready to learn, as there are many different obstacles to learning that a child could experience outside of the school.

Students can have many different physiological needs, such as a diagnosed disability or a safety need, such as a child experiencing violence in the home. The Social Security Act of 1962 identified Child Protective Services as an organization which would provide protection to children who come from homes with domestic violence. This movement started with a series of publications by physicians. One notable physician was Henry Hempe who, in 1962, published the article *The Battered Child Syndrome* which brought awareness to physicians about the different types of physical and sexual abuse that a child could experience and the consequences of the harm the child experiences. By 1967, state mandated laws were required for doctors to report child abuse (Myers, 456). The laws brought waves of awareness regarding abuse and neglect, as well as questions about how to best support a child in the home so that they are in a nurturing and supportive environment.

The Adoption Assistance and Child Welfare Act of 1980 suggested that the best place for a child to live is in the home and not in foster care, or orphanages, which were prevalent in the early twentieth century (Myers, 456). The reasoning behind the Act was that the home and family environment are the places where the child is most connected to their culture and will be the most supportive environment for them. The school and community need to help the child grow, and attempt to ensure that they are not exposed to any barriers to learning. In 2010 there were 3.3 million referrals for child maltreatment. Seventy eight point three percent of those children were suffering from neglect, 17.6 percent from physical abuse, 9.2 percent from sexual abuse, and 8.1 percent from psychological abuse, These statistics refer to specific cases collected in 2012 (“Child Maltreatment” 3). These children are the ones who need assistance in finding support in their lives. The challenge is finding the best resources to help support children. These resources help students overcome barriers holding them back and become self-reliant and independent could be in the school or the community.

The students who could be referred to mental health services have trouble initially receiving intervention because of the inconsistency within the school and community settings. The community may have one set of mental health programs, and the school another. These different programs “are developed and function in relative isolation of each other” (Adelman, Taylor, 52). Some services that certain students need are not provided within the school because “their mandate is to educate,” and this is where the community needs to intervene (Adelman, Taylor, 49). If the services a student needs are not available within the school, their ability to learn will be hampered.



The funds allocated for education from the federal government focus primarily on the academic aspect of the student, not on meeting the academic barriers to learning. The government supports, “block grants in distributing federal welfare, health, and education dollars to states” (Adelman, Taylor, 53). The funds are focused primarily on students’ academic performance which are often assessed by a test score. Due to the lack of funding, society fails to focus on an important source of collaboration, the community. The community and the school could work together to support the child’s mental health needs. At this time, federal spending has little focus on the mental health of students.

The most recent law concerning assistance for students with emotional needs is the Mental Health Parity and the Patient Protection and Affordable Care act of 2010. It only addresses financial coverage for the needs of someone who is seeking treatment for mental health and does not cover the cost of someone who has a mental health condition (Sarata, 5). This means that a student would need a diagnosis to receive financial assistance for treatment of some sort, not simply because they exhibit the behavior of someone who could benefit from a clinical intervention. The law helps pay for someone to receive treatments for their medical needs, and the number of treatments they can receive is determined by the state, leaving the federal government with little part in meeting their needs (Sarata, 5). The states become responsible for determining what services a person can be qualified for depending on the type of insurance they have. The law does not encourage working with schools to provide services to students, but does recognize the need to support individuals who need treatment for their mental health. The school then provides services which can be covered under the Affordable Care Act,

for those who have a mental health diagnosis, not the students who could benefit from some sort of an intervention.

The program that works with providing medical help for the students' physical concerns in schools is under the National Assembly on School- Based Health Care (NASBHC), which has brought School-Based Health Centers (SBMHC) into schools since 1995 (NASBHC, 8). These programs strive to meet the needs of underprivileged students, and give them medical support, because they often cannot afford private healthcare. Such programs are based in the schools and provide services such as healthcare and early intervention on the behalf of students. Most of these centers are staffed by a nurse practitioner, and most of the services address physical healthcare such as immunizations and sports physicals. There are over 1,000 of these programs in America, and ninety six percent of the care centers in schools. The programs do not support many mental health programs, with only forty five percent of the SBHC available to students for intervention solely on their mental health needs (NASBHC, 6). These programs are located all over the country and strive to meet the healthcare needs of economically disadvantaged students to help improve their learning.

The Individuals with Disabilities Education Act of 2004 (IDEA) focuses on the students who are, "identified as 'at risk,' and/or to those in need of compensatory education" (Adelman, Taylor, 50). Mental health services in schools are usually provided for students who are "diagnosed with special-education needs," (Adelman, Taylor, 49) and who would be covered under IDEA within their Individualized Education Program (IEP), rather than focusing on meeting the non-academic needs of all students. The justification for denying the implementation of some programs addressing the wide

range of needs that students can have, comes from the demand to meet these needs in the classroom due to limited funding, making it that solely the students under IDEA receive support. As for the other students who might be showing mental health concerns and in need of intervention, they are less likely to get help from mental health programs due to the lack of funding that the school can provide. These different needs raise the question of what is the best model that will support these students.

The model that is currently supported only looks at the, “narrowly focused, short-term, cost-intensive interventions . . . this means serving a small portion of the many students who require assistance” (Adelman, Taylor, 52). Too few of the students who could benefit from mental health services receive assistance, and the programs which are available, the Mental Health Parity and the Patient Protection and Affordable Care act of 2010 and School-Based Health Centers, do provide some services to students but many students are not able to get all of the services that they need.

That is why I found UCDRC to be an interesting model to answer some of these problems. The University of Dayton’s CCE which is home to UCDRC was started by the University as a way to support Catholic schools within the Dayton area, allowing them to remain financially sound and open to educating students. The first CCE program director, T.J. Wallace, was brought on to help the schools create a smart financial business model “to help Catholic schools across the nation develop strategic plans for managing their schools as a business” (Forming the Future, 1996). The University wanted to help schools renew their missions or create mission statements to give direction to the school, and keep Catholic Schools open (Forming the Future, 1996). In 2000 Sister Angela Lydon, the director of the CCE from 1999-2003, campaigned for a

program which would provide services to students in support of their mental health which became UCDRC. This program incorporates the values of the Catholic tradition and strives towards social justice, utilizing connections within the community to make change for the students in supporting their mental health.

The Sisters of the Blessed Sacrament, a religious order of which Sister Angela Lydon is a member, values serving others within the Catholic tradition, particularly, “African-American and Native American populations” (Catholic Schools, 1999). Her order focuses on serving children just as UCRDC has been able to do, by empowering students to grow with respect to their own culture and their mental health. The program works with five schools in the Dayton, Ohio area by employing Mental Health Counselors to assist students in overcoming the academic barriers to learning that they face (Russell, 2). These students have challenges that range from poverty, to abuse, to mental health concerns. The program works by implementing two programs: ‘Second Step: A Violence Prevention Curriculum’ and ‘Talking About Touching: A Personal Safety Program.’ The Second Step Program and Talking About Touching: A Personal Safety program come from the nonprofit organization *Committee for Children* focused on helping children acquire social and emotional skills (Committee for Children). The Second Step Program focuses on four areas of social and emotional skills: empathy and compassion, emotion management, friendship skills and problem solving skills (Committee for Children). The Talking About Touching: A Personal Safety Program focuses on teaching children to be safe such as using a seat belt in the car, or wearing a helmet when riding a bike, then moving into speaking to students about when to approach

and talk to adults regarding safety concerns they are seeing in their homes (Committee for Children).

These programs assist students in working through personal challenges they are facing in a constructive way and making sure they are staying safe in their homes and communities (Russell, Personal Communication Feb 13, 2013). UCDRC also employs a family advocate or social worker who works with the children to meet their needs and prevent barriers to learning. Their programs include one on one mentoring from UCDRC therapists, family counseling, and assessments for the students to evaluate how effective the UCDRC services are that it provides.

This program reflects on serving the poor and helping the community, something which The United States Conference of Catholic Bishops (USCCB) has done since its foundation in 1917, when it was providing aid to men fighting during World War One. The group was asked, at the time, by Pope Benedict the XV to work with him in creating social justice and peace in the world (Seven Themes of Catholic Social Teaching, 2012). The group created a conference, and as part of their mission was to serve others in the United States by remaining as a council which would look at the areas of education, social action, and immigration with Catholic values and traditions in mind. They would do this in cooperation with the different dioceses across the country. The council approved the work and created plans which would meet the mission of the Bishops. Today the USCCB is formed by bishops, clergy, and religious people who address issues in society. The mission of USCCB is to:

“act collaboratively and consistently on vital issues confronting the church and society, to foster communion with the Catholic Church in other nations, within the

Church, and to offer appropriate assistance to each bishop in fulfilling his particular ministry in the local Church” (Seven Themes of Catholic Social Teaching, 2012)

This mission of the USCCB keeps in mind the Seven Themes of Catholic Social Teaching, a way to explain and educate others in the faith. These seven themes are based on the traditional works of, “papal, conciliar, and Episcopal documents” (Seven Themes of Catholic Social Teaching, 2012) and serve as a modern guide of explanation of the Catholic Teaching. They also give direction to the Catholic Church and serve as a way to teach those in schools, and in catechism classes. The goal of teaching is, “built on a commitment to the poor” (Seven Themes of Catholic Social Teaching, 2012) which strives to bring together the experiences of a person, connect them to the body of Christ with the teaching of God as the truth of the church and that God is full of the gift of love. The people who follow this love should embody it and keep these traditions so that they can follow the works of God.

These seven themes are:

1. Life and Dignity of the Human Person where the life of each person is valued and sacred
2. Call to Family, Community and Participation where the sacred people within the community work together to help the well being of all
3. Rights and Responsibilities where society has an obligation to protect those in the society;
4. Option for the Poor and Vulnerable where those who are able need to support those who are less fortunate

5. The Dignity of Work and the Rights of Workers where no matter what the work is that the individual is doing, their work is respected and valued

6. Solidarity where the individual should believe in caring and supporting those around them

7. Care for God's Creation where society should care for all of the things that God gives, such as the earth (Seven Themes of Catholic Social Teaching, 2012)

These seven themes reflect the importance of thinking about each aspect of a person, the society they live in and the responsibilities of people who can help someone in need.

## **Section 2: Identification of Terms**

For the purpose of this study, the following terms will be used:

At Risk- Children who are likely to not succeed academically who often struggle with the non academic barriers to learning

ADHD- Attention Deficit Hyperactivity Disorder, where the individual has trouble focusing and shows hyperactivity and impulsive behavior

CCE- Center for Catholic Education at The University of Dayton

Child Abuse- any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation or an act or failure to act, which presents an imminent risk of serious harm (Taken from Child Maltreatment)

Diocese- a district that is overseen by the Bishop of that resigning area within the Catholic Church

EBD- Emotional Behavioral Disturbance where the student has an inability to learn which can not be explained my cognitive or physical factors, the lack of ability to maintain relationships or inappropriate behaviors exhibited

IDEA- Individuals with Disabilities Education Act (2004) provides interventions for students with disabilities

IEP- Individualized Education Program covered under IDEA, an IEP provides a student with disabilities academic accommodations to meet their individual needs

Mental Health- the psychological state of a person functioning at a satisfactory level of emotional and behavioral adjustment

Mental Illness- a disease of the mind where the person shows behavioral or emotional problems which require psychiatric care

Non-Academic Barriers to Learning- factors that hinder a child's ability to learn

ODD- Oppositional Defiant Disorder, an individual shows behavior of disobedient behavior towards authority

PTSD- Post Traumatic Stress Disorder, an anxiety disorder that is developed after experiencing a traumatic event

Poverty- a family of four living under \$ 24,000 dollars a year

SBHC- School Based Mental Health Clinics which partner community and school resources to provide healthcare to students

The Seven Themes of Catholic Social Teaching- from the United States conference of Catholic Bishops, these themes are outlined to show the values of Catholic Teaching

Social and Emotional Barriers to learning- obstacles that hinder the child's capability to learn

UCDRC- The Urban Child Development Resource Center, a program supported by the CCE which works with students and families to support their social and emotional needs

### **Section 3: Limitations and Assumptions of the Study**



The limitations of this study are that the programs are confined to The University of Dayton and the UCDRC program. The data available is from the End of Year Report, 2011-2012, that UCDRC has already gathered. The analysis of the Seven Themes of Catholic Social Teaching has been limited to three themes, Call to Family, Community and Participation; Option for the Poor and Vulnerable; and Life and Dignity of the Human Person. The connections to these themes from the end of the year report are objective in that they state what the researcher, myself, decided to observe from the report.

#### **Section 4: Summary of the Chapter**

The non academic barriers to learning for students are increasing as more students are facing social and emotional barriers to learning in the home and school environments. These include challenges such as abuse and poverty, or a lack of resources to help deal with the barriers to learning along with possible mental health considerations. The University of Dayton's CCE has supported UCDRC to provide services to all students with regards to their mental health. This study will focus on UCDRC and the three themes of Catholic Social Teaching as stated by The United States Conference of Catholic Bishops: Call to Family, Community and Participation; Option for the Poor and Vulnerable; and Life and Dignity of the Human Person and the identification of the themes within the programs End of Year Report.

## **Chapter 2: Review of the Literature**

### **Section 1: Review of the Literature**

Higher cognitive demands of students by schools have called for a growing need for mental health programs. Students are no longer only impacted by academic challenges, but there are ongoing problems in the home and in the classroom which impact student learning and which could affect their social and emotional needs. These different demands from the federal, state and, district level result in a strain on how officials work with students, effecting whether or not students are diagnosed effectively and determining the accuracy of the diagnosis.

The question then becomes what is the best model for helping and working with students who have social and emotional barriers to learning. The model may be difficult depending on the different needs of students in different school districts. The most effective model for the students should embody and keep a focus on their traditions while accommodating their needs. The Seven Themes of Catholic Social Teaching, beliefs outlined by the USCCB, suggests how to best teach students with the mindfulness of Catholic teaching and with a focus on the different needs of the students, while making sure they are in a community that will help the students learn and grow.

Many students walk into a classroom with concerns from their home life and they do not have the repertoire of strategies to regulate their needs. The World Health Organization states that psychopathology will be one of the five leading causes of death by 2020 and currently more risky behaviors in students have increased (Jacob, 199). The students do not fully understand the repercussions of their actions which have caused risky behavior, especially amongst teenagers. The decrease in providing services to

students has grown with “fewer than 50% of schools offer[ing] health education courses taught by a professional” (Manning, 44). The decrease of health education services has resulted in fewer students receiving the benefit of health services.

There is also a correlation between the physical needs of students to their mental needs. A student facing obesity can develop physical health problems such as cardiovascular disease and diabetes but also a mental health need such as depression (Manning, 42). The increase of physical health problems in students has also increased violence such as bullying. This bullying has taken a new form, cyber bullying, where students can become targets in their own homes (Manning, 47). There has also been an increase in aggression with students, children who are younger are having trouble with vital task skills such as sharing, and taking turns, and children are becoming frustrated with minor incidences (Manning, 46).

These students tie in with others across the country who are dealing with mental health problems. Mental health problems that students are dealing with include depression, attention deficit hyperactivity disorder (ADHD), violence and, aggression, which can stem from the different health disorders. The number of students who are dealing with depression has increased, nine percent of adolescents suffer from it at any given time (Manning, 45). Children who do not know they have depression may potentially fall into an “episode” of depression. Depression may make them more likely to take action against their own life because they are not aware of the symptoms happening to their body (Manning, 45). Students suffering from depression are not able to regulate the problems and issues that come from it, so they feel the need to take action. If there were more mental health services in schools, the students would be able to have

support to deal with their emotions, so that they would not feel the need to commit suicide.

There are also correlations with depression and the home environment the student is from (Manning, 45). These environments “can include parenting and stressful life events such as the birth of a sibling or a major illness” (Manning, 45). There could be other factors in the home that led to the child having social and emotional problems such as poor peer relationships later on, and problems with self-esteem and self-confidence (Allison, K. & Tyler, S. & Winsler, A. 5).

If a child is subject to abuse in the home they are not as ready to learn in the classroom, because they are dealing with the social and emotional problems that are part of their lives. This idea is supported by Maslow’s Hierarchy of Needs, which states that the child needs to have their most basic needs met (physiological and safety) first, before they are ready to learn (Saeednia, 52). If not, the child will have problems creating attachments with others, will not be able to deal with stressful situations such as separation from a parent, and it will affect the self-esteem and self-confidence of the child (Allison et al. 5). Children who were abused will struggle to make relationships work later in life, and, if they were the subject of abuse from their parent, they will be more likely to exhibit violent behaviors in their adult life (Allison et al. 5).

In the classroom, the child will withdraw and will not be able to make social connections with peers; this can lead to children lacking motivation to learn, they can seem anxious and might constantly be looking for approval from teachers (Allison et al. 6). This means that they will not be socializing with peers as much, and will look as though they are rejecting their peers. The neglected child will also not be in as many

social situations because the child will not be able to process such a situation, often leading to the child becoming isolated and, “as neglected children have less experience in social situations, avoidance becomes their method of choice for dealing with such situations” (Allison et al. 6). The child will continue to fall further behind their peers in social development, making it more of a challenge for them as they get older and the child can develop ADHD, Post Traumatic Stress Disorder (PTSD), Oppositional Defiant Disorder (ODD), and violent behaviors as the child grows into their adult life (Allison et al. 7).

The schools are not sure what roles they need to play in helping their students. IDEA calls for the “educational system’s financial responsibility to educate children with emotional and social disabilities” (Jacob, 198). The finances become a challenge as well because there is no national indicator that shows how much it costs to help children in schools, for screening and the professional development of teachers in relation to mental health needs. If the resources and means are not there, the teachers cannot meet the students at their level to help them cope with the different needs that the students have. The schools will also question whether it should be the health care system’s responsibility to take care of the students, to make sure that they are diagnosed and treated (Manning, 44). These health care systems would only help the students who show a mental need for the care, such as a diagnosis which would be covered under IDEA. If the child does not receive a diagnosis, the responsibility becomes the parents’, to find treatment resources for their child. Although only a portion of students who could get services from health centers are able to receive it, thirty-five percent of students do not have any health care insurance to obtain physical or mental resources from a doctor

(Manning, 44). There is also a problem of children receiving medical services dependent on the areas they live in, rural and urban, and the lack of resources available in that particular area.

It has been suggested that the services which can help students are those that are set up in the schools. These programs will make the students feel more welcome to share and work with someone in mental health. The school can provide a group setting or individual to work with students which can help improve the school's community and the school can help deal with the specific problems that emerge from the students (Jacob, 204). The three most prevalent areas within the mental health field that can serve children are: Mental Health Spectrum which looks at a variety of services for the child within the community and through resources in the school, Positive Behavior Support, which looks to create a positive school environment through teacher intervention and modeling positive school behavior (Jacob, 205). The final area is Interconnected Systems, which looks at the community to support the child, and is advocated by the Center for Mental Health in Schools at UCLA and the Center for School Mental Health Assistance at the University of Maryland (Jacob, 205) This model is to "improve direct instruction and school management" while "addressing barriers to learning and promote healthy development" so that the schools and communities can work together to help the students (Jacob, 205).

This is the main focus of Adelman and Taylors' work at UCLA, to find the best way to help students overcome academic barriers to learning while calling on communities to better support the students with their academic work. There are several concerns that Adelman and Taylor found which can hinder implementing a strong model

of mental health center in schools, such as the diagnosis process for the student, and the cohesion of the school, district, and community to implement a model.

A major concern for helping students with their non academic barriers to learning is the diagnosis process. Many teachers see a symptom of a child and will assume that this is a precursor to a disability that a child might have. It has become easier for the teacher to see a child acting in an abnormal way and assume that there is a problem (Adelman & Taylor, 11). The reasoning behind the child acting differently could be from the sociocultural and economic experiences that a child is facing, not due to something internal, as is the assumption of most teaching professionals (Adelman & Taylor, 11). The issues that most children are experiencing are not internal pathology such as ADHD and could be defined by Diagnostic and Statistical Manual of Mental Disorders Fourth Edition; it could be something in the home or a personal matter that is causing the student to struggle with learning (Adelman & Taylor, 7). In most cases, the teacher refers the student to a specialist to receive accommodations for their behavior because that is where funds are to treat the student (Adelman & Taylor, 13). This means that a small amount of the services being provided are to those extreme cases of students who need the support through psychiatric care.

Adelman and Taylor identify the difference between mental health and mental illness and the confusion that comes with it. They identify mental health as the wellbeing of the child and, “the behavior, learning, and emotional problems experienced by most youngsters” which “stem from sociocultural and economic factors” (Adelman & Taylor, 9) and these problems could be corrected through services that would promote positive social and emotional growth.

The reasoning behind diagnosing students is the idea that it is the students' intrapersonal issue, such as a mental disorder, and not the entire community- which could work on fixing the different issues that the student faces (Adelman & Taylor, 4). The question of where the screening and testing of students possible cognitive needs should be based also rises. Federal requirements only state that schools need to educate the students academically, not emotionally or socially, so many feel that mental health centers should not be based in schools (Adelman & Taylor, 36). There is also a question if screening students is appropriate and if it is a cost effective practice, as many of the students will not need to be monitored or receive a diagnosis (Adelman & Taylor, 36). There are also concerns that a parent would need to give consent for the student to receive treatment (Adelman & Taylor, 37) and that teachers could not handle something else such as monitoring this student. Also, screening most children who are in a school could be costly and the funds for helping students go towards an individual who would be covered under IDEA.

The benefits of screening the child are to identify what the student needs help with and seeing where they fall on the spectrum. The results would show the needs of the student, Adelman and Taylor suggest the idea that there are three types of areas that could cause the different behaviors of a student. Type One is the environment, Type Two is a mixture of the environment and personal problems that a child could face, and Type Three is the different factors of a person within their nurture that can cause the barrier to learning (Adelman & Taylor, 39).

These different areas and different models of how to best help the students regulate their academic barriers to learning have a lack of cohesion. Lack of cohesion



occurs in many different parts of education from the federal level to the district and state level. The federal level focuses on the academic spectrum of the student and how the child is performing academically. The government will bring services to the individual under IDEA and the district will make sure those services are provided to the student because the federal government is covering the funds for it. The school is mandated by the federal government to provide the test scores of the students, but it does not connect the services that it provides with the community (Adelman & Taylor, 38) and the school does not look at the non academic aspects of the student in terms of academic readiness. The school can outsource the resources that it has, but many times the school does not see the need to help the student, and just has them tested for related services. With the increase in the needs of academics and tighter control on how much money is given to schools, less is sent towards the programs that could improve the non academic barriers to learning.

The teachers are not being prepared on how to help students deal with non academic problems (Adelman, “Mental Health and Social Services” 490). While there has been more funding for specific programs about things such as drug-free schools and prevention of eating disorders, many teachers are not getting the teacher training to help implement these programs and help students with their non academic barriers to learning (Adelman, “Mental Health and Social Services” 494).

It is necessary to develop a model that will support the students with their barriers to learning. Pendergast, an educator in Catholic teaching, suggests creating a school that is “Catholic in all that it does” (11). The school can focus on the academic works while remembering the Catholic Values that stem from the Seven Themes of Catholic Social

Teaching proposed by the USCCB. These themes can be integrated in all of the academic lessons, not just religion. In English, the focus of lessons could be on looking for social teaching within a given reading while a math lesson on statistics could look at real world issues and the rights and responsibilities of society (Pendergast, 12). The faculty of the school will become more cohesive because the different teachings will serve as a guide for the all of the members within their curriculum to live by and have, “a culture that integrates the teachings of Jesus with the knowledge and skills of academics” (Pendergast, 11). The school can use this as a basis to assist with implementing a way to help students with the non academic barriers to learning.

These Seven Themes of Catholic Social Teaching are stated by the United States Conference of Catholic Bishops and are: Life and Dignity of the Human Person; Call to Family, Community, and Participation; Rights and Responsibilities; Option for the Poor and Vulnerable; The Dignity of Work and the Rights of Workers; Solidarity; and Care for God’s Creation. These areas work on creating “a just society and living lives of holiness amidst the challenges of modern society” (Seven Themes of Catholic Social Teaching, 2012). These areas, when implemented in the classroom, will help the students with acceptance of a person behaving in a certain way and thinking about what framework will help the person cope with their needs. The three major focus areas for this study are: Call to Family, Community and Participation; Option for the Poor and Vulnerable; and Life and Dignity of the Human Person. These areas are implemented throughout the Urban Child Development Resource Center program and offer connections to social justice and the betterment of society.

The Call to Family, Community and Participation brings to focus the structure of the family within the relationship of society. The work that is done throughout society should be something which builds on the family structure, and this will impact the individual within the community. There are different aspects of the family which should be considered such as the economic and social development. These aspects should not allow one group to have the power over someone else, but permit everyone to have an equal opportunity at obtaining economic growth (Seven Themes of Catholic Social Teaching, 2012). The social needs of a person should be noted and the government should consider them when thinking about their culture. The needs of one family could be very different from the concerns that another family could have such as their language and their citizenship.

The Option for the Poor and Vulnerable acknowledges remembering those who are less fortunate than others. It is an aspect of the church that has been followed since its beginning, and, “everyone has the right to possess a sufficient amount of the earth’s goods for themselves and their family” (Seven Themes of Catholic Social Teaching, 2012). By helping out those who are less fortunate those people can become active members of society and reach out to others who are in need.

The Life and Dignity of the Human Person asks for respect of the individual and understands that, “the dignity of the human person is the foundation of a moral vision for society” (Seven Themes of Catholic Social Teaching, 2012). Then society is able to grow with the idea of valuing others in mind. This will allow society to work together and prevent conflict even with those of different viewpoints.

Sister Angela Lydon is a sister of the Blessed Sacrament, a group of ordained sisters that is a “religious order dedicated to serving African-American and Native American populations” and “Lydon has focused her career on education” (Catholic Schools, 1999). While Director of University of Dayton’s Center for Catholic Education, she met with school Principals in the Dayton area and asked what services the University of Dayton could bring them. The principals spoke about their teachers not feeling prepared to support their students with the non academic barriers to learning that were hindering their capability to learn. Sister Angela then did a needs assessment with the teachers from three Catholic Schools in Dayton and it was clear that the students concerns were too great for the teachers to manage but that resources were needed to help the students become ready to learn (Catholic Schools, 1999).

After working in New Orleans, Sister Angela reflected on the program, The Caden Resource Center, a program that is much like what UCDRC is today. She brought the principals of the three schools to New Orleans to look at the program to see if it was something that could be replicated in Dayton Catholic Schools. Sister Angela then hired Sandy Szczygiel, who became the first director of UCDRC, while Linda Russell was hired and started working at Dayton Catholic Elementary School and Holy Family Elementary School as a trained mental health therapist. The two mental health therapists could treat and diagnose students with mental health disorders and found that the work they did was a shift from the previous experience they had completed; they had been working with students who were mentally very sick, and were adapting to working with children who are functioning, but are struggling in certain aspects of their private lives.

At this time (2013) the program has been present in the Dayton area for over ten years and has been well received. The schools believe that a change in the atmosphere makes the learning easier, and according to Linda Russell, the intervention needs to be ongoing, not a therapist who consults with students once a week in a school, then rotates throughout other schools throughout the week. The school is able to be on the same page with the principal, teachers, and the students and the schools have been able to decrease the amount of bullying with peer mediations. The program also offers two social workers who rotate between the five schools, and strive to change the lifestyle that the families are in. They target providing services for the families such as assisting the parents in finding resources which will help them with job training, obtaining a job, or going back to school to eventually receive a better one. This helps the students because the parents are able to change their lifestyle and impact the environment that the child lives in.

The University of Dayton's Urban Child Development Resource Center works with five schools in the Dayton community. These schools range from grades prekindergarten to twelfth with a social worker helping within three of the five schools. The mission of UCDRC is to "enable students to achieve their full educational and social potential by empowering students and their families to achieve emotional, physical, and spiritual health within their own cultural framework" (Russell, 2). The program wants to enable students so that they are ready to learn while providing resources for them to do so. One of the available resources consists of counselors who have implemented the programs, "Second Step: A Violence Prevention Curriculum" and "Talking about Touching: A Personal Safety Program." These programs offer intervention to elementary students to help them become aware of their environment and their needs.

To meet the needs of students, the schools that have social workers within them work to help “the families overcome obstacles resulting from poverty” (Russell, 2). The program looks to support the whole aspect of the child including any needs that they have. To meet these needs many organizations within the community and on The University of Dayton’s campus provide resources for the families to have their most basic needs met and the family advocates provided services to 149 families and 384 students. UCDRC also offers an opportunity for seventh and eighth graders to become role models for younger students, called peacemakers, who offer intervention to conflicts that arise with students and “maintain peace in their schools and communities” (Russell, 3).

The program offered support to forty-six percent or 693 students during the 2011-2012 school year, as well as teachers receiving consultations and meetings with the mental clinicians to help with student problems. The UCDRC program has,

“clinical counselors who can differentiate problem behaviors and respond immediately with the appropriate intervention, the education of teachers and staff, and the inclusion of parents, family and social work assistance addressing the ravages of poverty, all combined to create healthy learning environments. (Russell, 7).”

UCDRC offers intervention and response to children’s non academic barriers to learning to make sure that the students have the resources they need to become academically successful. This is completed in reference to Catholic Teaching as a model used to further the beliefs of Catholic education.

## **Section 2: Related Factors**

The collection on the history of UCDRC was created from articles found at the University of Dayton archives and personal interviews with past members of the organization. This could lead to inaccurate information simply based on others recollection and limited data available. There have also been new health care policies on a federal level such as the New Affordable Care Act (2013), which can change the way students receive assistance for their non academic barriers to learning. Also, the research conducted on the grants and governmental assistance provided to schools has allowed UCDRC grant leads for funding.

## **Section 3: Summary of the Chapter**

This literature search began with an analysis of students facing an increase in mental health needs due to many different factors. My topic focuses on the work of these non academic barriers to learning such as the environment they live in, the need to feel safe within that environment, as well as making secure relationships with others to develop attachment and strong peer relationships later in life. The researcher found that the school system currently does not support those students who have mental health concerns from the federal spending level to the level of collaboration between teachers to find ways to best support students non academic barriers to learning. Discussion followed about UCDRC and its supporting the non academic barriers to learning and its application to making sure that the students are ready to learn. The program supports three of the Seven Themes of Catholic Social Teaching: Call to Family, Community and Participation; Option for the Poor and Vulnerable; Rights and Responsibilities; and Life and Dignity of the Human Person. It is well known that the federal government has asked

much in terms of testing the academic knowledge of a student and the lack of provision to a student's non academic-barriers to learning. The research has lead to the discovery of the program UCDRC as a possible answer to the mental health needs of students if it does improve their social and emotional well being while keeping Catholic Social Teaching in mind. It has lead to the questions of: How do the programs of The Urban Child Development Resource Center (UCDRC) reflect three of the seven themes of Catholic Social Teaching? Do they benefit students learning?



## Chapter 3: Procedures to the Study

### Section 1: Review of the Research Question

This study examines the research question, “How do the programs of The Urban Child Development Resource Center (UCDRC) reflect three of the seven themes of Catholic Social Teaching?”

The procedure that was used for this study examines UCDRC’s End of the Year Report from 2011-2012 which consisted of:

- The Mission and Vision of UCDRC.
- The Services UCDRC provides: Mental Health Counselors, Family Advocate, Peer Mediators (or Peacemakers), and curriculums used in schools.
- The Service Production including the statistics from the work that UCDRC provided stated as numbers and percentages.
- The outcomes of UCDRC’s interventions with a break down in charts and graphs of the specific services, such as:
  - Individual or group counseling, and the outcomes of those services.
  - Surveys and questionnaires filled out by the students and teachers, which provided an understanding of feedback from:
    - The *Second Step Violence Prevention Program*.
    - The Conners’ Rating Scale to determine the effectiveness of helping students with ADHD.
    - The Beck Youth Inventories of Emotional and Social Impairment which looks at the correlation of UCDRC with treating mental health.

- Student feedback about how they feel the UCDRC program is effective.
  - The Marianist Leadership Scholars, The University of Dayton college students who worked with peacemakers.
  - The work of the family advocate.
  - The faculty's completion of surveys regarding how they feel UCDRC functions.
- The Management of UCDRC.
  - The Financial support and funding of UCDRC.

These sections were then classified within the Three of the Seven Themes of Catholic Social Teaching as stated by The United States Conference of Catholic Social Teaching:

1. Call to Family, Communication, and Participation
2. Option for the Poor and Vulnerable
3. Life and Dignity of the Human Person

These themes were chosen because of the correlation and connections that were seen in the UCDRC program after reading through the End of Year Report.

## **Section 2: Setting**

This study takes place at the medium sized campus of The University of Dayton, a Catholic and Marianist institution in Dayton, Ohio with a population of approximately 11,000 students. The research being completed is within The University of

Dayton's School of Education and Health Sciences with specific focus to CCE's program. This study is significant to The University because the program supports the need for serving mental health advocacy in schools, and the program incorporates Catholic values. This study captures some of the history of the CCE and UCDRC which has not been done since the start of CCE.

### **Section 3: Research Design**

This research design is a mixed study, combining both qualitative and quantitative dimensions to the research. The qualitative component of the study examines the End of Year Report of the UCDRC from 2011-2012. This data was cross-referenced with the three themes from Catholic social teaching that were identified earlier: Call to Family, Community and Participation; Option for the Poor and Vulnerable; and Life and Dignity of the Human Person as stated by the United States Conference of Catholic Bishops. These different themes match with UCDRC's End of Year Report and provide a deeper dimension to the mental health services that are happening in the five local schools in the Dayton, Ohio area. This study provides an interpretation of the empirical research, and a correlation of the themes with the data in the End of the Year Report, tying the work to the mission of the CCE and thus the UCDRC.

This study has a quantitative dimension in regard to the aggregated data of the three themes that have been correlated with the End of Year Report. The three themes will be placed into a table which totals the prevalence of the various themes Call to Family, Communication, and Participation; Option for the Poor and Vulnerable; and Life and Dignity of the Human Person in relation to the data. This will identify the prevalence

of each theme, and the correlation between the work being completed within UCDRC and the Three Themes.

### **Strengths and Limitations of the Study:**

The strengths of the study is that it provides research that supports the work that The University of Dayton's Center for Catholic Education is doing, and to validate the work's strong basis in Catholic Social Teaching and Social Justice, the mission of the CCE. The program UCDRC is identified and will be represented as a valuable resource within the community, providing services to these schools. It also chronicles the history of CCE.

The limitations of this study are that matching the seven themes of Catholic social teaching and the end of the year report of UCDRC are based on the best thinking of the researcher. The Seven Themes of Catholic Social Teaching are stated by the United States Conference of Catholic Bishops and are derived from papal teaching, while the UCDRC's End of the Year Report was created by a former director of the program. The schools represented in the study are located in different settings: urban and suburban. Four of the schools are Catholic and one is charter. The tests completed on the End of Year Report, such as the BECK Youth Inventories are already predetermined. The surveys and feedback forms for the parents, students, and teachers are also predetermined based on the authors' dictation.

## **Section 4: Subject Selection**

The subjects of this study are the different schools, which are part of the UCDRC program. One is a charter school, and four are Catholic schools. The schools are also a mix of urban and suburban areas.

## **Section 5: Design of the Study**

This study looked at the End of Year Report of the UCDRC and the programs that they offer. These programs include:

1. The mission and vision of the UCDRC
2. The services that UCDRC provides
3. The structure of those services
4. The outcomes of these services.

The report also includes results from students participating in *The Second Step* violence prevention program. This program was created by *The Committee for Children* and provides discussions with the students and the counselors about:

1. The development of empathy and compassion
2. Emotion management
3. Friendship skills
4. Problem solving

The feedback from the students was compiled in a pre and post test which includes the mean of the scores of the assessments. The next portion of the End of Year Report was the Conner's rating scale, which indicated the assessment of children's psychopathology and behavior problems that a child may exhibit. This information allows the counselors to diagnose and treat these behavior problems.

The report includes the results from the rating scale and the correlation between medicating children with ADHD and a student who is solely receiving counseling.

The BECK Youth Inventories of Emotional and Social Impairment surveys students, asking about their depression, anxiety, anger, disruptive behavior, and self-concept in pre and post-tests while they are working with counselors. These areas are also compared with each other to see what other pieces of feedback can be inferred from the Inventory.

The end of the year report also looks at the feedback of the students, and how they feel, overall about UCDRC counselors. This includes how they felt about working with the counselors, and if there was any progress from receiving counseling. The feedback from group counseling is broken down into pie graphs, each having a question stated above it such as, "How much did the group session help you?" This was also compared to the academic improvement of the student.

The UCDRC receives support from the Marianist Leadership Scholars, a group of University of Dayton college students who worked with the peacemakers and hosted a retreat for them. The feedback from the retreat was organized in bar graphs which displayed how the retreat-goers felt the weekend went. There is also a portion which includes student comments about the retreat. This retreat gave training to the

peacemakers regarding ideas on how to mediate peer conflict and handle concerns they noticed at their schools.

The next section focused on the social worker, or as UCDRC calls, the Family Advocate, who provided different services to families such as transportation, or obtaining clothing for the family. This data includes feedback from the students and parents. There is also a faculty response portion, including bar graphs and comments indicating the improvement the staff saw within the students as the counselors worked with them throughout the year. The report closes with the management of the UCDRC and the financial planning the program undergoes.

The study looked at each program and determined which themes matched the definitions of three of the seven themes of Catholic Social Teaching: Call to Family, Communication, and Participation; Option for the Poor and Vulnerable; and Life and Dignity of the Human Person. If a program matched the Call to Family, Community and Participation, it was marked with a purple post-it note; if a program matched Option for the Poor and Vulnerable, it was marked with a blue post-it note; if a program matched Life and Dignity of the Human Person, it was marked with a red post-it note. The marking of these areas was determined by the description written within the End of Year Report, and the comparison of it to the summaries of the three themes. The theme that appeared to resemble the area within the End of Year Report was indicated with a note. In some instances there were areas that applied to more than one theme, and those areas were marked with both themes. Then these post-it notes were written on with the example of where the End of Year Report applies to the theme. Next the post-it notes were placed on the page within the End of Year Report.

Then the post-it notes were compiled into the different categories that are listed below on a Word document, and were listed in columns on the left side, while the different themes were listed along the top row. The sections where they overlap compare how the themes enhance the area. Each section was split into different areas based on the End of Year Report.

## **Section 6: Data**

The data collected that fit into the three themes used the End of Year Report which was obtained by the director of UCDRC. The materials that were used were the report and a text which collected the information, the three different themes were marked with a post-it note indicating that theme was present in the section. Those different sections were placed into a table and described within their sections.

The End of Year Report has a collection of interviews and surveys compiled, with feedback from the teachers, students and parents. The services that UCDRC provided was broken down into different areas including the number of students who benefited from services such as, but not limited to, *Second Step Violence Prevention*, *Talking about Touching*, and Family Advocate services. These areas indicated how the program performed with feedback from Conner's Rating Scales, and The Beck Youth Inventories of Emotional and Social Impairment with the students indicating how the services provided by UCDRC benefited them. This information was compiled into pie and bar graphs showing the results from pre and post surveys. The parents and teachers also were given sections to state their feedback to the program.



The UCDRC End of Year Report was compiled by a Licensed Professional Clinical Counselor, and the information collected helped this study view the connections UCDRC has with the three themes of Catholic Social Teaching based on the information of the study provided. The researcher was exempted by the Institutional Review Board, The Committee for the Protection of Human Subject in Research, to proceed with the research of UCDRC and the themes of Catholic Social Teaching.

## **Section 7: Ethical Issues**

There were no ethical issues to consider for this study.

## **Section 8: Summary**

This study examines the non academic barriers to learning and how UCDRC helps children overcome those barriers in reference to three of the seven themes of Catholic Social Teaching. The UCDRC End of the Year Report compiles surveys and feedback from the students' teachers and parents about how the community feels the program is working. This study looks at those findings and connects them to the three themes, Call to Family, Community and Participation; Option for the Poor and Vulnerable; and Life and Dignity of the Human Person. The different groups were marked within the study and gathered on a color coded spread sheet that compiled the findings as stated in Chapter Four.

## **Chapter 4: The Results**

### **Section 1: The Research Question**

The central question is: How do the programs of the Urban Child Development Resource Center (UCDRC) reflect three of the seven themes of Catholic Social Teaching?

### **Section 2: The Results**

This study examined the 2011-2012 End of Year Report of UCDRC's in conjunction with the themes of Call to Family, Community and Participation, Option for the Poor and Vulnerable, and Life and Dignity of the Human Person, which were connected within the different sections of the End of Year Report. These different sections reflect the work and services that UCDRC provides to students, teachers, and parents. The central question is: How do the programs of the Urban Child Development Resource Center (UCDRC) reflect three of the seven themes of Catholic Social Teaching?

### **Section 3: The Findings**

|         |  |                                    |                                      |
|---------|--|------------------------------------|--------------------------------------|
| Themes: | Call to Family, Community, and Participation | Option for the Poor and Vulnerable | Life and Dignity of the Human Person |
|---------|--|------------------------------------|--------------------------------------|

|   |  |  |  |
|---|--|--|--|
| Sections and Definitions of UCDRC's 2011-2012 Year End Report:        |  |  |  |
| Mission and Vision: A statement of the UCDRC's vision and objectives. | The mission statement comments that it will help children grow within their family home life structure and culture, in emotional, physical, and spiritual areas. |  | The mission statement respectfully looks to help students achieve their full educational and social potential. |

|   |  |   |  |
|---|--|---|--|
| <p>Services: The services that UCDRC offers: Mental Health Counselors, Family Advocate, Peer Mediators (or Peacemakers), and curriculums used in the schools.</p> | <p>The role of the Family Advocate is to create community resources to "create systematic change."</p>   | <p>The Family Advocate's role is to assist those in poverty and be a resource to community resources.</p> | <p>The peacemakers, UCDRC students, attended a leadership development group within the Dayton area to develop leadership skills.</p> |
| <p>Services</p>   | <p>Peer Mediation that was completed in respect with community building, partnered with assistance from The University of Dayton Law School.</p> |   |  |

|  |   |  |   |
|--|---|--|---|
| <p>Service Production:<br/>The statistics of the work UCDRC provided, from counseling to the works that the family advocate provided, stated as numbers and percentages.</p> | <p>The counselors were available for families.</p>  | <p>The counselors worked with students who "witnessed a murder," "lost a family member to violence," and "domestic violence was an issue" in the home.</p> | <p>There was non-clinical counseling offered for students with problems in living, developmental issues, relationship challenges, bullying, anger management, and building social skills.</p> |
| <p>Service Production</p>  | <p>The counselors would refer the families to outside resources for counseling if parents requested those services for their children</p> | <p>The Social Workers provided basic needs for families such as food, housing, gas, electricity, and water.</p>  | <p>There was suicide prevention training provided to students.</p>  |
| <p>Service Production</p>  | <p>The counselors partnered with the teachers at UCDRC's schools to oversee the needs of students.</p>                                    | <p>The fair on nutrition was held in conjunction with businesses in the Dayton area to provide resources to the families.</p>                              |   |

|                    |   |  |  |
|--------------------|---|--|--|
| Service Production | The businesses in the Dayton area provided resources for the annual health fair which focused on Nutrition. | The families were assisted with providing gifts and food for their children during the holidays. |  |
| Service Production | Organizations in the Dayton area adopted children during the Holidays to provide for their basic needs.     |  |  |

|  |   |  |  |
|--|---|--|--|
| Outcomes: The results from the service production. | The program observed a change in the atmosphere of the school where the teachers, parents, counselors, and staff are working together for the students. |  | Pre and Post assessments were given to the students, and there was growth in areas such as empathy and anger management. |
|--|---|--|--|

|   |  |  |   |
|---|--|--|---|
| <p>Second Step, A Violence Prevention Curriculum: The pre and post tests used with the students who completed this program.</p>                               |  |  | <p>The pre and post assessments indicated a growth in students understanding violence and prevention.</p>   |
| <p>Conners' Rating Scale: A test administered to students to understand how "psychopathology and problem behaviors" in children improved with counseling.</p> |  |  | <p>The counselors gave students the treatment and/or medications necessary to help them manage their ADHD and saw improvement in children who had been oppositional, and hyperactive, and they saw an increase in academic performance.</p> |

|  |   |  |  |
|--|---|--|--|
| <p>BECK Youth Inventory: A test administered to students to understand how "psychopathology and problem behaviors" in children improved with counseling.</p> |   |  | <p>The assessment indicated that the anxiety, anger, disruptive behavior, and self-concept improved with counseling.</p> |
| <p>Student Feedback: The UCDRC administered tests to understand the satisfaction levels of the students.</p>   | <p>The students commented that they saw an improvement with the counseling they received.</p> |  | <p>Assessments indicated that the self worth of students increased after students attended counseling.</p>               |



|  |  |   |  |
|--|--|---|--|
| <p>Marianist Leadership Scholars: A group of University of Dayton college students who worked with peacemakers during a retreat.</p> | <p>The retreat was made available to peacemakers.</p>  | <p>The peacemakers worked together to raise awareness of a student within UCDRC's program who had a lifelong illness.</p> | <p>The peacemakers helped second graders with self worth and valuing who they are.</p> |
| <p>Marianist Leadership Scholars</p>   | <p>The students (peacemakers) were working together to create community as stated by the Marianist Leadership Scholar.</p> | <p>The peacemakers shared stories with elementary students about human rights and self worth.</p>                         |  |

|  |   |   |   |
|--|---|---|---|
| <p>Work of the Family Advocate: The work that the Family Advocate completed to provide for the basic needs of the students and their families.</p> | <p>The Family Advocate provided for the needs of the family and home life of the child so that they are ready to learn.</p>                           | <p>The Family Advocate provided for the students helping find items such as beds, food and housing.</p> | <p>The Family Advocate provided for the students helping find items such as beds, food and housing.</p> |
| <p>Work of the Family Advocate</p>   | <p>The End of Year Report stated positive responses and feedback from the parents in terms of services that were provided by the Family Advocate.</p> |   |   |

|  |  |  |  |
|--|--|--|--|
| Faculty Response:<br>The faculty completed surveys of how they felt UCDRC was being run. |  |  | The faculty saw improvement with support for managing student problems, in terms of working with the students and parents. |
| Faculty Response   |  |  | The faculty saw a positive change with counselors working with the students.   |

|   |   |   |  |
|---|---|---|--|
| Management: The management and construction of UCDRC. | The Marianist Leadership Scholars as supporters of the UCDRC program. | The Marianist Leadership Scholars as supporters of the UCDRC program. |  |
|---|---|---|--|

|  |  |   |   |
|--|--|---|---|
| Financial: The support and funding of UCDRC. |  | The program is supported through donations. | The program is supported through donations. |
|--|--|---|---|

## Section 4: Discussion

It has been reported that there has been an increase in the lack of understanding students are facing in regards to mental health and how to support them. The school systems currently do not understand the full spectrum of where a student could fall in regards to their non-academic barriers to learning. Many of these concerns for the student are present outside of the school setting, such as in home environments that can cause internal emotional or psychological problems with students, resulting in outward behaviors that a student could exhibit such as becoming depressed or bullying (Manning, 47). These behaviors of a student could cause a negative academic performance resulting in a student falling further behind academically.

The poor performance that a student exhibits in school connects to Maslow's Hierarchy of Needs, or the concept that a child's most basic needs should be met, including psychological and safety needs, before they can function in a state of higher level thinking, something that is needed for performing well in school (Saeedina, 52).

The federal laws only assist a student who has been tested by a psychologist, which provides the student with a diagnosed disability, usually qualifying the student to be placed on an IEP, and thus will receive services such as counseling. This process disregards a student that could benefit from an opportunity to work with a counselor (Manning, 44). This confusion only continues to grow with the teachers understanding that a student needs a diagnosis to receive help, or that the problem could be an internal concern with the student, not an external factor (Adelman & Taylor, 2010). This leaves many teachers assuming that if they have a student who needs help, the only way that the

teacher can help the student is giving the student a referral for a diagnosis, with the hope that they can get some assistance.

The ongoing question within the research is how to develop funding for more programs similar to UCDRC. The Seven Themes of Catholic Social Teaching as stated within USCCB focus on positive change in teaching:

- Life and Dignity of the Human Person
- Call to Family, Community and Participation
- Rights and Responsibilities
- Option for the Poor and Vulnerable
- The Dignity of Work and the Rights of Workers
- Solidarity
- Care of God's Creation (Seven Themes of Catholic Social Teaching 2012).

These seven themes bring a social justice perspective to teaching. With a focus on Call to Family, Community and Participation; Option for the Poor and Vulnerable; and Life and Dignity of the Human Person are resources to help students overcome the non academic barriers to learning, as a possible solution to increase student's learning.

### **Summary:**

This study investigated the connection of Catholic Social Teaching as an advocate for a means of providing intervention for students' mental health needs. It explained question: How do the programs of the Urban Child Development Resource Center (UCDRC) reflect three of the seven themes of Catholic Social Teaching?

This was completed by analyzing the 2011-2012 End of Year Report of UCDRC. The study found that the three themes of Call to Family Community and Participation; Option for the Poor and Vulnerable; and Life and Dignity of the Human Person are found throughout the report and thus the work of UCDRC reflects these important themes. The connections to Call to Family Communication and Participation were found in fifteen different places throughout the End of Year Report, Option for the Poor and Vulnerable was found in ten different places throughout the document, and Life and Dignity of the Human Person was found in sixteen different places throughout the document.

It appears that UCDRC utilizes these three themes of Catholic Teaching throughout all of the different areas it supports. The Life and Dignity of the Human Person was present in each section of the document, while the Option for the Poor and Vulnerable was found least throughout the document, and was not found in the mission statement.

The results were expected in the context that the themes would be present in some dimension throughout the End of Year Report. This is because of the connection that UCDRC has to The University of Dayton's CCE. The literature supports the need for mental health services, while there is a lack in the connection with Catholic Teaching as a means to make this a possibility. The results support this connection and will be discussed later in chapter Five.

## **Chapter 5: Conclusions**

### **Section 1: Significance of the Study**

The significance of this study is the perspective it offers to furthering the academic well-being of a student in their primary grades. It calls for recognition of students as people who have more than just academic needs, but as people who may have non-academic barriers to learning as well. The study advocates for schools to make an effective change in a way that benefits not only the student, but also the school. The themes of Catholic Social Teaching as stated by the USCCB offer an explanation of how schools can focus their teaching around God's work. These themes can be drawn out as a means of benefiting students with their non-academic barriers to learning. This is the first time that the connection between the two have been stated to mediate the ongoing non academic barriers to learning that students have. It speaks to the larger issue of social justice, and how giving the students' rights (such as Call to Family Communication and Participation, Option for the Poor and Vulnerable, and Life and Dignity of the Human Person) can support their acts within society.

These three themes were chosen because of the dynamic they present about how people are treated. The themes ask for respect of others, remembering the differences people might have. The themes also mention the need for working together with one another in a peaceful way so that society and different structure within it, such as the government functioning, can move forward. These themes foster a healthy community so that the school can progress, but also mold strong individuals who can contribute to society.

## Section 2: Summary of the Study

This study looks at the history and laws that have benefited students in overcoming their non academic barriers to learning. The study also explores ongoing concerns for students within school, how government laws such as IDEA benefit those students who qualify for services under that program, and how teachers are able to help students with a diagnosis and the IEP process, while other students who could benefit from a mental health service do not necessarily qualify for an IEP and are not able to receive it. These students could be those who need additional support for focusing in school, who might be bullied, and who need help with managing any difficulties in their home environments.

Catholic Social Teaching, stated by USCCB, incorporated under the works of UCDRC has focused on working with all students, not just those qualified under IEP's for assistance with their mental health. The five schools within the Dayton area under UCDRC's program look to help students with these needs and follow three of the themes of Catholic Social Teaching. The study found that the three themes, Call to Family Communication and Participation, Option for the Poor and Vulnerable, and Life and Dignity of the Human Person were found throughout the document. Life and Dignity of the Human Person was the most prevalent in the document, and Call to Family Communication and Participation, Option for the Poor were also found in different areas throughout the document. This supports the research question, and the literature behind the development of the question.



### **Section 3: Conclusions**

The research question that has been discussed throughout the study is: How do the programs of The Urban Child Development Resource Center (UCDRC) reflect three of the seven themes of Catholic Social Teaching?

The results of the research indicated that the three themes are found throughout the End of Year Report, and that UCDRC does incorporate the different themes of Catholic Teaching. UCDRC is able to address the different non academic barriers to learning while challenging the students with furthering the students academically. This is done by the family advocate and mental health counselor advocating for the non academic barriers to learning, and the teacher working with the student to further the student's academic performance. When these two aspects of the student are able to work together, the student is able to become a more active member of society by being able to collectively take part in solving problems. The student will be able to contribute to their community by being able to solve problems with others, grounded in the three themes of Catholic Social Teaching found throughout the End of Year Report. If schools are able to incorporate the concept of social justice to students' lives, they can further the positive outcomes and change in society.

### **Section 4: Implications**

The implications that this study holds can be seen in the social justice, and advocacy aspects of it. The Seven Themes of Catholic Social Teaching touch on the

concepts of working towards benefiting all members of society; what someone does in a community can have a positive effect on someone else, and UCDRC is in the position to provide the foundation for students to be those individuals in society who strive towards improving the community. If schools can implement the ideas and themes of Catholic Social Teaching the students in return can be of service to the community and to society.

This research also advocates for the need for mental health services in schools. Students need the availability to have someone help them with their non academic barriers to learning, regardless of the socioeconomic status of the student. The students need an opportunity to have someone provide resources to help them obtain strategies that can help them with management of lifelong goals. These lifelong goals can be invaluable for students because it provides them with the strategies to be independent and self sufficient so that they can provide for themselves as lifelong learners.

## **Section 5: Recommendations for Further Research**

The research in the End of Year Report provides information regarding the students' outcomes from the services UCDRC provides. The recommendations for this study regarding UCDRC's End of Year Report are to look at the student's long term results, assessing the students who have graduated high school or college, and reviewing how they have progressed after UCDRC's services. The study can also look at the feedback from the teachers more closely to analyze the effectiveness of the program by in a quantitative format.

The program can examine how it functions as a whole, and how the five schools can be connected more closely. This can be done with the services the schools already

have in place such as the MLS program, or looking at the three themes of Catholic Teaching more closely. This could be completed with a survey to identify if the schools feel that the three themes are present in the everyday functioning of the schools.

This study, in regards to the mental health aspect of students, could examine the recent research that has come out regarding brain development. The further study can explore the neurological research being completed, focusing on brain development, the neurological connections that the brain makes during childhood, and if these new studies can offer a different perspective on providing services to the students, and a better understanding of students' mental health needs.

## **Section 6: Summary**

This study looked at the non academic barriers to learning, and how Catholic Social Teaching can benefit students and further their academic learning. The study was grounded in Catholic Social Teaching and how three of the seven themes from the USCCB benefit the social justice aspect of these programs. The study also advocates for more mental health services in schools, and proposes that schools and teachers work together in providing for the students and their needs.

## References:

- Adelman, H., & Brener, N., & Taylor, L., & Vernon-Smile, M., & West, M. (2006). Mental Health and Social Services: Results from the School Health Policies and Programs Study 2006. *Journal of School Health*, 77(8), 486-499.  
10.1111/j.1746-1561.2007.00231.x
- Adelman, H., & Taylor, L. (2010). *Mental Health in Schools: Engaging Learners, Preventing Problems, and Improving Schools*. Thousand Oaks, CA: Corwin.
- Adelman, H. & Taylor, L. (2000). Shaping The Future of Mental Health in Schools. *Psychology in Schools*, 37(1), 49-61. Retrieved from Education Research Complete. (00333085)
- Allison, K. & Tyler, S. & Winsler, A. (2006). Child Neglect: Developmental Consequences, Intervention, and Policy Implications. *Child and Youth Care Forum*, 35(1), 1-20. 10.1007/s10566-005-9000-9
- Catholic Schools 'holy ground': Director aims to strengthen schools' Catholic identities. (1999) *Campus Report*. Retrieved from: Archives and Special Collections University of Dayton Libraries. Dayton, Ohio.
- Child Maltreatment 2010: Summary of Key Findings. (2012). *Child Welfare Information Gateway*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.
- Committee for Children: A nonprofit working globally to promote children's social and academic success. (30 Jan 2014) *Committee for Children*, 2014. Retrieved from <http://www.cfchildren.org/>

- Forming the Future: Center for Catholic Education to Help Inner-City Schools Develop Strategy. (1996) *Campus Report*. Retrieved from: Archives and Special Collections University of Dayton Libraries. Dayton, Ohio.
- Jacob, S. (2008). School-Based Mental Health: A De Facto Mental Health System for Children. *Journal of Hospital Marketing & Public Relations*, 18(2), 197-211. 10.1080/15390940802232499
- Manning, A. (2009). Bridging the Gap From Availability to Accessibility: Providing Health and Mental Health Services in Schools. *Journal of Evidence-Based Social Work*, 6(1), 40-57. 10.1080/15433710802633411
- Myers, J. (2009). A Short History of Child Protection in America. *Family Law Quarterly*, 42 (3), 449-463. Retrieved from Academic Research Complete. (0014729X).
- National Assembly on School-Based Health Care: Bringing Health Care To Schools For Student Success. (2009) *School-Based Health Centers*. School Year Report 2007-2008.
- Pendergast, R. (2008). Creating a School That is Catholic in All That it Does. *Momentum*, 39(3), 10-14.
- Russell, L. (2012). The Urban Child Development Resource Center (UCDRC). *2011-2012 End of Year Report*.
- Saeednia, Y. (2009). The need to know and to understand in Maslow's basic needs hierarchy. *US-China Education Review*, 6 (9), 52-57. Retrieved from Education Research Complete.
- Sarata, A. (28 Dec 2011). Mental Health Parity and the Patient Protection and Affordable Care Act of 2010. *Congressional Research Service*.

Seven Themes of Catholic Social Teaching. (2012) *United States Conference of Catholic Bishops*. Retrieved from <http://www.usccb.org/>