

CHAPTER 1

Social and Emotional Learning

What It Is, and What It Can Do for Your Students

The answer is not to prepare students for a life of tests
but rather to prepare them for the tests of life.

—ELIAS ET AL. (2015, p. 36)

INTRODUCTION AND OVERVIEW

This book is about hope. The evolving field of social and emotional learning (SEL) offers educators and child mental health professionals hope that both healthy social and emotional development *and* academic success can be promoted in students' lives. The science is clear that students can benefit from SEL at school and that it is feasible to integrate it into many educational contexts. This book is a practical guide to understanding SEL and how it can be applied in schools and classrooms, systematically and effectively.

This introductory chapter provides an overview of SEL, a rationale for its importance and implementation, and evidence for its effectiveness in improving student outcomes. We also discuss SEL's application within a multi-tiered system of support (MTSS) framework and recent developments with social and emotional learning standards.

WHY SEL?

Among the most difficult challenges we face working in an educational system are managing student behavior and protecting our students from harm (physical, social, *and* emotional) in the context of promoting academic excellence. Students need to feel safe and be in a receptive state of mind to function well academically. Among the most extreme concerns, violent acts in our communities and schools have led to an urgent and prolonged desire to understand and to prevent tragedy (for a historical review of school violence, see Rocque, 2012).

In spite of the daily, urgent need to address our students' well-being, districts are challenged to balance these demands with existing policy and procedures. In the United States between 2002 and 2015, the No Child Left Behind Act (NCLB) placed enormous weight on academic standards and accountability in order to bridge gaps in achievement. Also, for many years, schools enforced zero tolerance policies to swiftly manage rule infractions—despite their limited effectiveness and problematic outcomes (American Psychological Association Zero Tolerance Task Force, 2008). Educators experienced intense pressure to meet achievement benchmarks, and districts grappled with limited solutions for students with serious behavioral infractions. The unintended outcome: a diminished focus on schoolwide prevention and early intervention efforts—efforts proven to improve the social, emotional, and behavior health of students.

Although many children and adolescents are able to successfully cope with the social, emotional, and academic challenges they face, other students do not fare so well. Of those who seem to have satisfactory personal adjustment, many are in a surprisingly fragile state, and a single stressful event or situation could push them into crisis.

Experiencing highly negative situations can influence one's physical and mental health. The Adverse Childhood Experiences (ACE) study documented the associations between retrospective recall of having experienced ten potentially disruptive events in childhood and mental and physical health problems in adulthood (Felitti et al., 1998). Events included physical, emotional, and sexual abuse, witnessing violence against a mother, and living with individuals who had substance abuse or mental health problems, had attempted suicide, or were incarcerated. Having experienced four or more of these events in childhood translated into increased risk for a variety of problems in adulthood (e.g., substance abuse, depression, suicide attempts) and physical disease that can lead to premature death (e.g., heart disease, cancer, obesity). This study provided further evidence that early exposure to highly stressful experiences can lead to disruptions in brain development that can increase the risk for serious problems over time (Dube et al., 2001). Over the years, we have seen an increased focus on appreciating the fact that adversities, including and beyond the experiences captured in the ACE study, can put students at an increased risk for social, emotional, and academic problems (Eklund, Rossen, Koriakin, Chafouleas, & Resnick, 2018).

Nearly one in five U.S. students has been diagnosed with a mental health or developmental problem (National Research Council, 2009). Epidemiological studies evaluating prevalence rates in adolescents around the globe report one in four or five youth will experience a mental health disorder within a 12-month period of time, with different rates reported in developed and developing countries (Patel, Flisher, Hetrick, & McGorry, 2007). Substance abuse, anxiety, disruptive behavior, depression, and attention-deficit/hyperactivity disorder are of particular concern (National Research Council, 2009). Posttrauma symptoms also affect youth who have experienced highly stressful and traumatic events (e.g., natural disasters, abuse, accidents, interpersonal violence). Symptoms that students may experience include sadness, hopelessness, sleep and eating disturbances, irritability, hypervigilance, chronic worry, and problems concentrating. These symptoms can interfere with a student's ability to pay attention in class, participate in a meaningful way, and develop as a healthy person. Often youth experience more than one problem at the same time. Sadly, nearly half of individuals will experience a diagnosable mental health condition throughout the course of their lifetime (Kessler et al., 2005).

Treatments for mental health problems can be effective (Angold, Costello, Burns, Erkanli, & Farmer, 2000; Patel et al., 2007); however, there are a number of considerable barriers. Treating mental health problems can be very expensive in terms of money, time, and person resources (National Research Council, 2009). Between 2009 and 2012, state budget cuts in the United States led to a \$1.6 billion decrease in funding of mental health centers. We face a shortage of mental health professionals available to provide treatment to those in need (National Center for Health Workforce Analysis, 2016). If you work in a typical school setting, you know exactly what we are talking about. There are simply not enough psychologists, counselors, and social workers available to meet all of the needs that students have. Many counties do not have adequate mental health care sites to manage significant problems. Rural communities have been hit particularly hard; 80% of rural counties are considered to be in geographic areas with shortages of mental health providers. Skepticism regarding mental health treatment can also interfere with engaging in treatment (Cummings, Wen, & Druss, 2013).

Without intervention, youth may experience a domino effect of cumulative problems. Left undetected and untreated, poor outcomes include, but are not limited to, academic failure, school dropout, joblessness, poverty, conflicted interpersonal relationships, and sometimes suicide (Michael & Crowley, 2002). Quality of life is compromised, loss of productivity is costly, and individuals may die prematurely (National Research Council, 2009).

The science and practice of SEL represents a dynamic paradigm shift in education in the 21st century. In 2019, the Aspen Institute's National Commission on Social, Emotional, and Academic Development published "From a Nation at Risk to a Nation at Hope," which captured the sheer momentum SEL has gained over the years, the evidence to support it, the steps needed to implement it effectively, and the collective call for educating the "whole child" (p. 28). A focus on prevention and social-emotional skill building in schools has become a viable approach to boosting students' resilience and preparing them to demonstrate "21st-century skills" (National Research Council, 2012). Indeed, compelling evidence shows that academic, social, and emotional skills are interrelated (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011). Cognitive (e.g., knowledge, creativity, problem solving), intrapersonal (e.g., understanding and managing one's behavior and emotions), and interpersonal (e.g., understanding others, communication, responsible decision making) skills are imperative to successfully navigating one's life. Furthermore, recent cost-benefit analyses have shown tangible value in administering SEL interventions (Belfied et al., 2015). In sum, and as we discuss throughout this book, there is strong evidence to support SEL as an *essential, viable, and worthwhile* component in nourishing students', educators', families', and community's well-being across many dimensions.

With SEL practices and research, we can mitigate risks and bolster students' strengths. One advantage we have is that schools are excellent venues for providing prevention and intervention services. At school, students are known to teachers and other school staff and have access to SEL and other services. Schools have increasingly adopted a public health model of early identification and intervention with academic and behavioral problems to avoid more significant problems (e.g., response to intervention [RTI], multi-tiered system of support [MTSS], schoolwide positive behavioral interventions and support [SWPBIS]). In addition, some schools offer school-based health services to provide physical and mental health care, a trend that can positively affect school attendance and GPA (Walker, Kerns,

Lyon, Bruns, & Cosgrove, 2009), along with mental health (Teich, Robinson, & Weist, 2008). In sum, we know that addressing students' overall health and well-being will support academic development. There is no question we have made tremendous progress over the years, and yet our students need us to do more. Our primary focus is boosting the *protective* factors known to reduce the likelihood that students will experience or become unnecessarily limited by mental health problems. Throughout this book, we review evidence of the effectiveness of SEL on social, emotional, behavioral, *and* academic skills and provide guidance for how to implement SEL to help you decide whether *and* how to invest your time and resources in SEL. Worksheet 1.1 offers a chance for your reflection on the issues we have discussed thus far.

DEFINING AND UNDERSTANDING SEL

Although the concerns presented in the previous section are not necessarily new, the field that has come to be known as *social and emotional learning* (SEL) is a relatively recent development. Around the same time that Daniel Goleman's (1995) influential book *Emotional Intelligence* was published, researchers from several related disciplines were seeking common ground in developing a framework for supporting the positive social, emotional, and academic development of children and adolescents in school settings. In addition to the information presented in Goleman's book, *multiple intelligences* (as presented by Gardner, 1993), *resilience*, and *prevention* were of particular interest (Zins & Elias, 2004), moving the field toward a more hope-filled, asset-based direction as opposed to the focus on deficits and pathology. The term *social and emotional learning* was coined by a group of researchers, educators, and child advocates who attended a 1994 meeting hosted by the Fetzer Institute for the purpose of moving the field forward in promoting prevention and mental health efforts (Greenberg et al., 2003). Several of the individuals who were part of this "Fetzer Group" effort later became key founders of the Collaborative for Academic, Social and Emotional Learning (CASEL; see www.casel.org), which has been an influential organization in promoting the aims of SEL.

BOX 1.1. Definition of Social and Emotional Learning

There is no "official" definition of SEL. Several definitions have been proposed with slight points of variance among them. One definition that resonates with us is:

Through developmentally and culturally appropriate classroom instruction and application of learning to everyday situations, SEL programming builds children's skills to recognize and manage their emotions, appreciate the perspectives of others, establish positive goals, make responsible decisions, and handle interpersonal situations. (Greenberg et al., 2003, p. 468)

Another definition of SEL that we value is:

Social and emotional learning (SEL) is the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions. (www.casel.org/what-is-sel)

SEL incorporates several areas of focus including *social competency training*, *positive youth development*, *violence prevention*, *character education*, *primary prevention*, *mental health promotion*, and others. SEL does not replace these important efforts; it simply provides a framework to describe the attitudes and skills needed for students to effectively navigate everyday tasks and the means by which this can be done for *all* children and youth. Intrapersonal, interpersonal, and cognitive skills can be developed using an SEL framework. The emphasis on *learning* conveys a message that these developmental skills can be taught and learned through instruction, practice, and feedback. There is a natural link to schools or other educational settings, which by implication suggests that specific instructional activities, lesson activities, and curricula may be used to promote these aims.

A Focus on Wellness and Healthy Development

Although the definitions of SEL in Box 1.1 provide a general framework, they lack the precision to help educators and mental health professionals concentrate on the specific skills, attributes, and areas of focus they wish to promote with their students. For this reason, we think that some additional clarification is a good idea.

All too often, efforts aimed at prevention and treatment of troubled children and youth have focused on fixing or reducing pathology without asking questions such as “What does wellness look like?”; “What are the characteristics of a student who exhibits wellness?”; or “How do we achieve wellness?” Lorion (2000) noted that “wellness refers to the psychological capacity to cope with the demands arising across time, circumstance, and setting” (p. 15). . . . [It is] a positive state in and of itself rather than merely serving as an index that dysfunction has been avoided” (p. 17). Through a combination of historical training and treatment models, human services professionals have often been armed with the tools for diagnosing and treating disease, with diminished skills and time to consider wellness. That traditional approach is changing for the better. SEL focuses on developing positive assets, skills, and strengths to enable youth to develop at a healthy pace, with the goal of thriving, rather than avoiding or remitting pathology (Bonell et al., 2016).

Pathways to Wellness

Once we understand the importance of wellness, how do we arrive there? How does someone who is not well become well? An intriguing answer was articulated by pioneering prevention science researcher Emory Cowen (1994), who described five “pathways to wellness.” Through research and clinical outreach efforts in the groundbreaking Primary Prevention Project, Cowen and his colleagues at the University of Rochester identified the following as essential to wellness:

- *Forming wholesome early attachments.* Young children need positive relationships of trust, warmth, and affection with their parents, other primary caregivers, and siblings. Early attachments provide a foundation upon which subsequent attachments and positive relationships are built, such as with peers and teachers. The absence of secure attachments may be a key ingredient in developing subsequent social and emotional problems.

- *Acquiring age-appropriate competencies.* Each stage of infancy, childhood, and adolescence includes particular developmental competencies that must be acquired for optimum wellness and successfully achieving developmental milestones. Although children learn new skills and concepts at differing rates, most children who receive appropriate support, modeling, and mentoring can acquire these competencies.

- *Exposure to settings that favor wellness outcomes.* Environments are a powerful promoter of wellness. Although some children who are exposed to unfavorable settings are still able to be well, the odds are not in their favor.

- *Having the sense of being in control of one's fate.* The belief that one can be instrumental in managing and seeking one's own destiny seems to be an essential pathway that leads to emotional and social health. Psychologists typically refer to this pattern of believing and thinking as having an "internal locus of control" (Wood & Bandura, 1989).

- *Coping effectively with stress.* Stress is an inevitable part of being human. Developing the ability to respond in an effective and proactive manner to stressors—both great and small—is another key that promotes wellness.

These components have been found to influence development and well-being. It seems important to include these ideas as part of the way we look at promoting wellness through SEL. Fortunately, there are specific steps, techniques, and intervention tools available that address each of these pathways.

SEL Conceptual Frameworks

Frameworks can be used in SEL to help us think about what we want students to learn, why certain goals are valuable at specific times in students' development, the theories that are used to guide program design and implementation, how to address diversity in our student populations (e.g., students with disabilities, cultural differences), and how to measure SEL activities and report our results to stakeholders (Blyth, Jones, & Borowski, 2018). Currently, there are *many* different frameworks that are being used to organize SEL efforts and activities (see discussion in Blyth et al., 2018; Berg et al., 2017). Child development, developmental psychopathology, prevention science, positive youth development, public health and prevention science, teaching and learning, education and ecological systems, social learning, information processing, cognitive-behavioral and, more recently, neuroscience, and mindfulness-based approaches are some of the primary players that have contributed to best practices in designing, delivering, and supporting SEL (Brackett, Elbertson, & Rivers, 2015). Implementation science is also making a considerable contribution to SEL, whereby we pay keen attention to the variables and steps needed to maximize the effect of programming (Durlak, 2015; Graczyk, Domitrovich, Small, & Zins, 2006).

While no one theory is considered to be the biggest or best contributor to SEL at this time (Brackett et al., 2015), we encourage you to consider the theoretical frameworks that have been used to develop particular SEL programs, strategies, or comprehensive models, along with the evidence to support them, as part of your team's approach to implementing SEL. As SEL gains even more traction and we are inundated with promises of the next best

cure, we encourage you to follow a basic tenet of best practice: to use a discerning lens and engage in thoughtful deliberation. Doing so is most efficient and effective in the long run.

Herein we review one framework, developed by CASEL, that can help us understand SEL competency areas that are essential to students’ development, along with the ecologies involved in meeting SEL programming goals. This framework takes a “whole-school approach” to SEL. In other words, SEL is facilitated by coordinated actions across all domains in a school and involving all staff (Meyers et al., 2015).

In Figure 1.1, look at the three outer rings at the center of the figure (Weissberg, Durlak, Domitrovich, & Gullotta, 2015). SEL needs to involve the other systems in students’ ecologies: classroom instruction, integrating SEL *throughout* the day; implementing policies and practices that positively influence school climate; and engaging and supporting parents and community members in SEL. In the center of the circle there are five student-centered competencies: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. The competencies reflect the interpersonal (social), intrapersonal (emotional), and cognitive qualities of SEL that were discussed earlier in the chapter. In Table 1.1, we list the five competency areas, a description of the qualities they entail, and an example of each competency area in action. With SEL, students will learn skills that result in positive short-term and long-term outcomes (see the bulleted items on the right-hand side of Figure 1.1) associated with these competency areas (Oberle, Domitrovich,

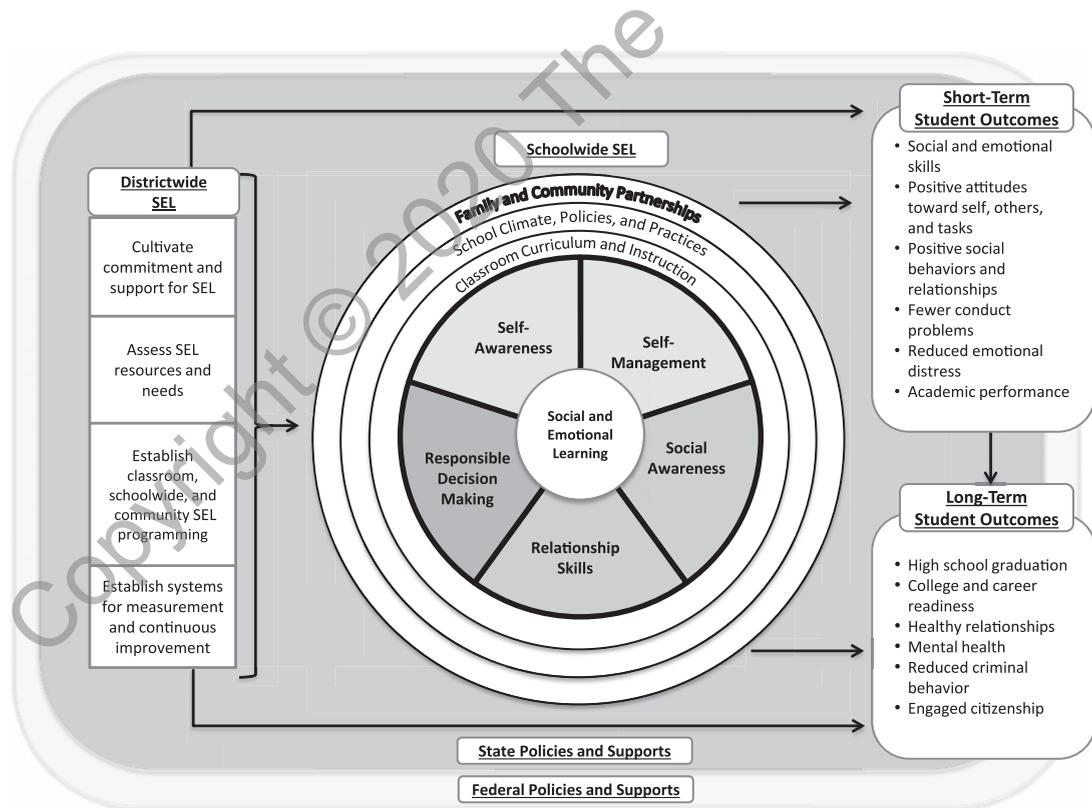


FIGURE 1.1. A conceptual model of systemic SEL in educational settings. From Weissberg, Durlak, Domitrovich, and Gullotta (2015). Copyright © 2015 The Guilford Press. Reprinted by permission.

TABLE 1.1. Descriptions and Examples of Person-Centered SEL Competencies and Environmental Factors Identified by the Collaborative for Social, Emotional, and Academic Learning

Skill	Description	Example
Self-awareness	The ability to identify one's own emotions, thoughts, and actions, recognize strengths, weaknesses, and values, have a sense of self-efficacy and optimism, and use a growth mindset.	A student recognizes that he is feeling frustrated while working on math, a subject he knows he struggles with. He believes his math skills will improve with practice and asks the teacher for assistance.
Self-management	The ability to monitor and manage one's emotions, thoughts, impulses, stress, and behavior in order to set and achieve personal goals.	A student feels very anxious while studying for a test and begins to procrastinate. She recognizes this feeling and behavior, takes a few breaths, then tells herself, "Just get started and you know you'll feel better. You can do this." She reminds herself she can stop studying in an hour to get a good night's rest.
Social awareness	The ability to recognize other people's perspectives and emotions, empathize, respect others and differences, understand social norms and ethics, and identify resources.	Although they have different ideas regarding how to solve a problem presented to the student council, a student hears how another council member feels about the issue. He recognizes there are different and valid ways to view the issue.
Relationship skills	The ability to communicate, cooperate, negotiate, and manage conflict, provide, seek, and receive support, and avoid harmful social pressure, all to achieve satisfactory interpersonal relationships.	During group work, a student uses effective communication skills such as making appropriate eye contact with the speaker, taking turns in conversation, and paraphrasing. She proposes that the group divide the work so they are each responsible for a part. She also states that the group members can ask each other questions and always ask the teacher for help.
Responsible decision making	The ability to recognize challenges, consider ethical, social, and safety issues that contribute to the problem, engage in effective problem-solving steps, and evaluate and reflect on one's actions.	A student hears about a party at another student's house. He is pretty sure there will be drugs at the party. He texts a friend he can trust for advice and decides not to go. The next morning he still feels good about his decision, even though it was a tough one.

Note. SEL skills and descriptions based on Weissberg, Durlak, Domitrovich, and Gullotta (2015, pp. 6–7) and *www.casel.org*.

Meyers, & Weissberg, 2016). Worksheet 1.2 can be used to consider how the competency areas are being developed at your site and identify current and future needs.

Ideally, SEL should also take place in our homes and communities, with adults paying attention to their own social and emotional needs, modeling effective coping skills, accessing community resources, and raising children who demonstrate empathy, face challenges with confidence, develop and maintain meaningful relationships, and bounce back from life's inevitable obstacles. Our reality is that we are not all on an equal footing when it comes to home and community settings that favor wellness activities and outcomes. But for all students, schoolwide SEL efforts have the potential to insulate against adverse outcomes by providing a scaffold for coping with the ever-increasing social stresses and demands of our modern world—and thriving.

We can no longer assume that most people will develop the minimum competencies needed to be well adjusted and successful in life, or that our students will develop competencies without a plan for instruction and mastery of the essential elements—just as we cannot assume that our students will learn to read without being explicitly taught how to do it. We must continue to advocate for making social–emotional *resilience* a priority for schools, on par with academics, and infusing universal SEL into typical school curricula. Over 20 years ago, Brandt (1999) wrote about the necessity for universal SEL in schools:

Social and emotional learning is both a new and very old idea. In all cultures and in every generation, educators and parents have been concerned with children's sense of well-being and ability to get along with others. Certainly, in today's social environment, teachers have no choice but to attend to their students' personal and social development, even when their first priorities are academic knowledge and skills. (p. 173)

USING SEL WITHIN A MULTI-TIERED PREVENTION MODEL AND SWPBIS

Most SEL practices will take place in the classroom using programs and strategies. However, it would be shortsighted to believe that stand-alone programs can deliver extraordinary outcomes and be sustainable without support. We understand the frustration that comes from seeing trendy new programs and administrative mandates rolled out every few years, only to see them abandoned in favor of the next trend or mandate. We've been around schools long enough to see programs that were once trumpeted with great enthusiasm later found to be lacking in some important way and scrapped. SEL is not a fad, a trendy new idea, or a next great thing. Neither is SEL a stand-alone solution or panacea to educational and social problems.

An ecological systems perspective to SEL recognizes the need for flexible, yet evidence-based adaptation of SEL, rather than a rigid approach that is frustrating, impersonal, and unattainable (Oberle et al., 2016; See Figure 1.1). SEL is complementary to and can work in tandem with other evidence-based instructional and behavioral approaches. In our view, SEL is a primary underpinning of safe, effective, and caring schools, along with effective academic instruction, a caring and nurturing school environment, and SWPBIS (or positive

behavioral interventions and supports [PBIS]). When prioritizing these elements of healthy educational systems, it is important to realize that *we need them all*.

An MTSS

One of the interesting aspects of SWPBIS is that at its core, it is greatly influenced by the public health approach to prevention and treatment of disease (e.g., Merrell & Buchanan, 2006; OSEP Technical Assistance Center, 2008; Walker et al., 1996). We see the public health model of providing preventive intervention services as an ideal fit with SEL.

The basic public health model is often visualized as a triangle with three distinct levels (see Figure 1.2). Hence, the term *three-tiered prevention model* is commonly used in describing it. Other terms, such as *response to intervention* (RTI) and *multi-tiered system of support* (MTSS), also apply to this basic model of prevention but may have more than three tiers of support. For our purposes, the entire triangle represents all students within a school setting, the majority of whom are not experiencing significant difficulties (i.e., the bottom portion of the triangle, approximately 80% of students). Some of the total population are at risk of developing significant problems; this is the middle portion, approximately 15% of students. An even smaller portion of students are experiencing significant difficulties (i.e., the top portion, approximately 5% of students). Primary, universal prevention efforts are directed at students in the bottom portion of the triangle. Secondary and tertiary prevention efforts are directed at students in the middle and top portions of the triangle respectively. Figure 1.2 illustrates these concepts. The proportion of students in the primary, secondary, and tertiary levels may also serve as an indicator of the overall health of the school as a system. For example, if 40% of students need targeted behavioral supports, it is possible that behavior expectations are not defined well or need to be taught.

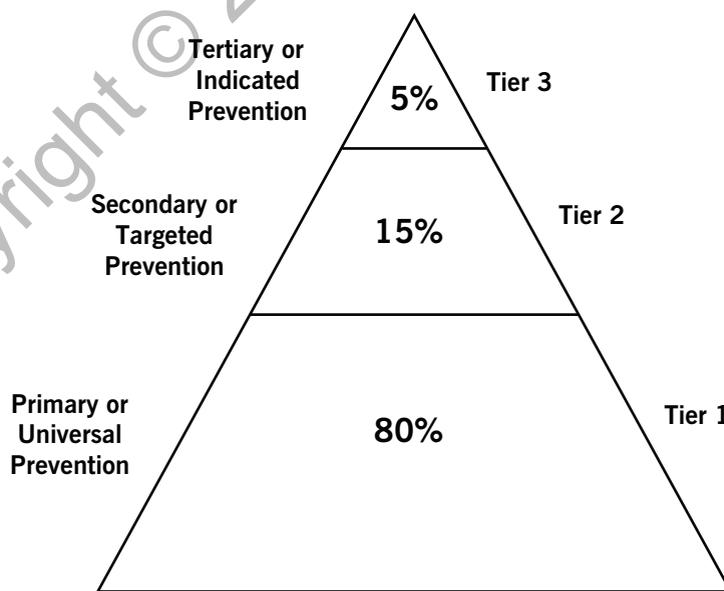


FIGURE 1.2. The three-tiered “triangle of support.”

Many school systems typically focus most of the available mental health services on those students at the tertiary level. Historically, school-based practitioners such as school psychologists and school counselors have tended to spend the majority of their time and effort providing tertiary prevention services to these students on a case-by-case basis. Although these students make up the smallest percentage of the school population, they often require the majority of time and resources from school personnel. But this way of doing business is a prescription for being in a perpetual crisis intervention mode. At the same time, there are very real challenges for producing change. Namely, the number of students with intense needs is not declining; staffing is not keeping up with need; and school professionals can burn out under these circumstances—not to mention students are not getting the proactive care that they need. We work harder and harder to serve an increasing percentage of students with intense needs, but we get behind and have less time and fewer resources to spend on prevention. We think SEL is playing a vital part in the shift to a mental health promotion model in schools.

SEL is potentially useful at all levels of the triangle of support. SEL can be used in general education classrooms as a way to promote the mental health and resilience of *all* students; in a slightly more intensive manner with those students who are struggling and need a little more; and with the small percentage of students who have significant needs and require a lot more. The idea of looking at the big picture and considering the needs of *all* students requires that we begin to move some resources and energy toward those students who are not currently experiencing significant difficulties in order to promote skills that can reduce the probability that they will rise to the “top” of the triangle. Essentially, *primary prevention* means mobilizing schoolwide and classroomwide efforts to apply effective practices, ongoing monitoring and data-based decision making, staff training and professional development, and creating school environments that promote student learning *and* health.

Schoolwide Positive Behavioral Interventions and Supports (SWPBIS)

SWPBIS and SEL are complementary approaches to achieving aspects of student wellness. SWPBIS is a data-informed approach to school discipline and behavior management that is based on key behavioral principles applied across all levels of prevention or tiers. SWPBIS differs from many traditional systems of behavior management because it focuses on *proactive teaching and on reinforcing appropriate behaviors* in schools, eschewing the reactionary approach that focuses primarily on punishment for violation of school rules. There are still fair and effective consequences applied for student behavioral violations, but the emphasis is placed on what we expect from students—not what we do not. There is much evidence to suggest that reactionary, punishment-based systems that focus on rule violations are not very effective, do not teach skills necessary to behave appropriately, and only suppress problem behavior in the short term (Crone, Hawken, & Horner, 2004). Moreover, these practices are often associated with negative outcomes such as disproportionate discipline of students of color, loss of instructional time for students (e.g., due to office referrals, detention, and suspension), and unhealthy school climates (e.g., Skiba, Arrendondo, & Williams, 2014).

SWPBIS is designed to be implemented on a schoolwide basis rather than in selected individual classrooms. The advantage of a schoolwide effort is that there is consistency in

the expectations, rules, and procedures across school staff and settings. Teachers and other school staff who work in SWPBIS schools have clear expectations of how they should manage student behavior and consistent support from administrators. Ongoing data collection and review are used to make decisions about the effectiveness of the strategies being used and to evaluate the extent to which adjustments might be made. Staff are trained and supported in their efforts, and systematic change is a primary goal.

At this point, you may start to see many similarities between SWPBIS and SEL. Indeed, we view these approaches as compatible and complementary, while noting important differences. Bear and colleagues (2015) provided an excellent review of both, noting strengths and weaknesses of each approach and ways in which they may be used together. Similarities include:

- Focus on *all* students within a multi-tiered system of supports approach and address each level of need accordingly.
- Aim to produce systems-level change and positive student outcomes based on research and evidence, utilizing instructional methods and strategies.
- Use of valid and reliable assessment methods.
- Attention to implementation quality.
- Aim to positively influence student behavior and school climate.
- Prioritize and provide staff training and support.
- Require administrative leadership, educator support, and staff participation.
- Plan for addressing serious and chronic student problems.

SWPBIS was developed from behavioral theory, using applied behavioral analysis to evaluate behavior, strategies to make change, and frequent assessment to gauge effectiveness. As a result, direct instruction of behavioral expectations and use of reinforcement principles are applied. In contrast, SEL derives from a broader theoretical base. Consequently, curricula and strategies tend to emphasize recognizing and managing emotions, acknowledging cognitions as a driver of mood and behavior, building self-efficacy, and relationship (e.g., perspective taking, empathy) and decision-making skills (e.g., ethics, problem solving).

We agree with Bear and colleagues' (2015) assessment that the two approaches can work very well together. In fact, one of the premises of effective instruction with SEL programs is that an effective behavior management system should be in place prior to SEL instruction and used throughout. In our experience, implementation of SEL lessons in SWPBIS schools goes more smoothly than in schools where discipline systems are not uniform or are even haphazard. Furthermore, preliminary research has demonstrated added benefit in using schoolwide approaches to behavior (i.e., SWPBIS) and SEL; students' overall mental health improved after receiving both practices in tandem, compared to one or the other (Cook et al., 2015).

In turn, use of SEL strategies may help with the skills teaching and acquisition aspect of SWPBIS. Students who have poor emotion regulation tend to express themselves through their behavior, often maladaptively. When students' emotions are better regulated, so too is their behavior. Adding activities and instruction that teach students how to understand their emotional responses, modify their thought processes, and solve day-to-day problems seems

to enhance behavior cultivated through SWPBIS. Furthermore, SEL has the potential to expand the reach of SWPBIS efforts by going beyond a primary focus on externalizing, disruptive behaviors and into the realm of students' cognitions, emotions, and resilience. Finally, we believe there is a growing opportunity to build educators' own resilience and ability to effectively deliver SWPBIS and SEL through a focus on their own SEL capacity and skills. We discuss this topic in Chapter 8.

In summary, we see SEL and SWPBIS as harmonious partners, each providing a structure for supporting students that enhances the reach of the other. Bear and colleagues (2015) rightly point out that the extent to which either approach or both are adopted depends upon the needs of the educational setting. We encourage you to consider the ways in which SEL and SWPBIS can complement one another and ways in which you will advocate for their application.

BENEFITS OF SEL: WHAT THE RESEARCH SAYS

At this juncture you might ask, "Does SEL work?" In short, the answer is yes. Interestingly, research related to SEL can be traced to the turn of the 20th century (Osher et al., 2016). Over time, SEL has become a specific area of study, increasingly focused on understanding its effectiveness and means of ideal implementation and attainable sustainability. Most recently, excellent summaries have been published to describe this work in highly accessible formats (e.g., Mahoney, Durlak, & Weissberg, 2018; Aspen Institute National Commission on Social, Emotional, and Academic Development, 2019). Table 1.2 summarizes key studies evaluating SEL. SEL interventions have been applied across tiers, with thousands of students with a variety of geographical and sociodemographic characteristics. Studies have measured effectiveness across a broad range of social, emotional, behavioral, cognitive, and academic competency areas and shown sustained and positive outcomes over time. As Payton and colleagues (2008) commented, "SEL programs are among the most successful interventions ever offered to school-aged youth" (p. 6).

We'd like to highlight a few issues to consider as you review the research. First, Table 1.2 reviews overall outcomes of meta-analytic studies that evaluated multiple programs, in a variety of settings, and with important implementation variables. Second, effects have often been measured to be greater for those students who were considered high risk versus those students with no to moderate risk. Additionally, some positive effects, even if small, may not be fully realized until more time has gone by (Jones & Bouffard, 2012). Third, we want to emphasize that although there are effective programs available, it is not solely the programs that lead to positive outcomes. A comprehensive implementation framework is important, and we discuss key ingredients of this framework throughout this book, such as adopting a vision and plan that include relevant stakeholders' input and support, coordinating strategies across all educational, home, and community settings, implementing evidence-based programs with fidelity (i.e., the way in which the program was intended to be delivered), providing ongoing and strategic professional development to all staff, and regularly assessing progress and modifying course as necessary (Oberle et al., 2016).

The need for additional research remains. Some priorities include: (1) identifying the specific components in a program or strategy that are essential to positive outcomes;

TABLE 1.2. Summary of Studies Evaluating SEL

Payton et al. (2008)	<ul style="list-style-type: none"> • Summary of 3 meta-analyses, 317 studies evaluated at the universal and indicated levels, and after-school programs; $N = 324,303$; K–8 students. • Positive outcomes: social, emotional, and behavioral skills and problems, school performance (better attendance, fewer dropout rates), student attitudes; many outcomes lasted long after the program was implemented.
Durlak et al. (2011)	<ul style="list-style-type: none"> • Meta-analysis of 213 school-based, universal programs; $N = 270,034$; kindergarten–high school students. • Positive outcomes in same domains as Payton et al. (2008) were very similar. • Programs were effective when taught by school staff. • Students demonstrated positive outcomes in <i>all</i> areas when programs implemented SAFE procedures: Sequenced, Active, Focused, and Explicit.
Sklad, Diekstra, Ritter, Ben, & Gravesteyn (2012)	<ul style="list-style-type: none"> • Meta-analysis of 75 school-based, universal programs; primary and secondary school populations. • 25% of programs focused on school climate. • Positive outcomes: social and emotional skills, prosocial behaviors, antisocial behaviors, academic achievement, self-image, substance abuse, mental health disorders. Strongest result in social skills. • Teachers, researchers, and mental health professionals implementing programs yielded similar student outcomes. • Similar results in North America and outside North America.
Taylor, Oberle, Durlak, & Weissberg (2017)	<ul style="list-style-type: none"> • Meta-analysis of 82 school-based, universal programs; $N = 97,406$; K–12. • Positive outcomes: social and emotional skills, behaviors, attitude toward self and others, academic indicators, reduced risk of emotional problems, drug use, and antisocial behaviors. • Results were consistent for U.S. and international populations. • Students of different racial identities and socioeconomic backgrounds benefited on average from 1 to nearly 4 years and up to 18 years after participating in the program.

(2) understanding *how* these strategies are producing positive effects (i.e., what are the “mechanisms for change?”); (3) more precisely matching student needs with SEL approaches and effectively adapting them; (4) evaluating the extent to which programs are applied with best practices in implementation science; (5) developing and using measurement techniques to assess other areas of importance, such as academic outcomes, skills application in real time, and educator SEL skills; and (6) long-term effects of outcomes. These issues and more are presented comprehensively with rigorous literature reviews and expertise in a recent publication, *The Handbook of Social and Emotional Learning* (Durlak, Domitrovich, Weissberg, & Gulotta, 2015), as well as in reviews from Jones and Bouffard (2012) and Jones, Barnes, Bailey, and Doolittle (2017).

In sum, when we examine the research, the evidence for SEL as an effective and viable approach to overall student development is convincing, and sure to be refined over the coming years. And in order to do so, partnerships between *all communities* involved in SEL

must be strengthened. Weissberg (2019) succinctly captured this sentiment when reflecting upon his experiences in the field over the past four decades:

The greatest impact of our collaborative efforts has been to help create and codify an educational field that advances SEL research, practice and policy. In the process, my colleagues and I have embraced *collaboration* as a core guiding principle. Field building goes far beyond the expertise of any one person or small group of people Collaborative community action research produces the most impact when you work with diverse groups of people who are willing to challenge you and cocreate best practices and policies. (pp. 67–68)

We wholeheartedly agree and are committed to participating in such a process. We encourage you to as well!

CURRENT TRENDS IN LEGISLATION, POLICY, AND SEL

The potential benefits of SEL to children and youth in school settings has not escaped the attention of policymakers and other government officials, both at the state and federal levels. There is growing legislative and policy action in the United States, along with a growing international interest (Torrente, Alimchandani, & Aber, 2015). Table 1.3 provides a summary of noteworthy legislation that has been passed in the United States and is shaping SEL adoption and implementation.

The Every Student Succeeds Act (ESSA) of 2015 may offer the biggest opportunity for SEL inclusion into mainstream educational planning. Its provisions have potential for increasing SEL inclusion in students' day-to-day education. How do policymakers make use of it? Gayl (2017) proposed five ideas:

1. Include student's social and emotional development in defining student success.
2. Train and support teachers to model and teach effective SEL practices.
3. Include evidence-based SEL as a part of an overall school improvement plan.
4. With funding from Title IV, support SEL and associated community partnerships.
5. Share information with the public regarding SEL to increase awareness.

The U.S. Department of Education and the National Institute of Mental Health have funded research, training grants, and model demonstration projects directly connected to SEL. They have also provided dissemination and training efforts for educators and mental health professionals that focus on SEL. At a state level, several states have introduced legislature promoting SEL (National Conference of State Legislatures, 2017). Priorities include providing inservice training, establishing task forces to develop best practices, sharing the responsibility for character education across school, families, and community, and implementing learning standards. The Committee for Children is one organization following state legislation that recognizes and supports SEL (see www.cfchildren.org) and also advocates for reliable and designated funding in order to make SEL a priority (Committee for Children, 2019).

TABLE 1.3. Summary of Legislation in the United States Relevant to SEL

Legislation	Summary
Children's Mental Health Act, 2003, State of Illinois (Illinois Department of Healthcare and Family Services)	<ul style="list-style-type: none"> • Passing of this act stimulated the formation of the Illinois Children's Mental Health Partnership (ICMHP; www.icmhp.org). • The Illinois Children's Mental Health Plan was developed for youth ages 0–18 years, linking needs to recommendations. • Public schools were identified as resources for obtaining social and emotional education. • Focus on improving public awareness of social–emotional development; mental health topics; community collaboration; culturally inclusive practices; increasing access to care; and advocacy.
Garret Lee Smith Memorial Act, 2004, United States Congress (congress.gov)	<ul style="list-style-type: none"> • Created a program within the Substance Abuse and Mental Health Services Administration (SAMHSA) that could develop statewide prevention and intervention strategies delivered to community agencies and college campuses. • Goals: suicide prevention, increased awareness of mental health issues, promoting wellness.
Children's Mental Health Act of 2006, State of New York (New York State Office of Mental Health, 2008)	<ul style="list-style-type: none"> • Promotes the use of SEL programs and social–emotional development in elementary and secondary school educational programs. • In 2008, specific actions were outlined relevant to SEL: <ul style="list-style-type: none"> ◦ SEL is foundational to success across all areas of living. ◦ We need to strengthen capacity to engage and support families in promoting resilience. ◦ SEL efforts are integrated and available. ◦ We need to develop personnel to employ evidence-based and culturally inclusive practices.
Every Student Succeeds Act (ESSA), 2015, United States Congress (U.S. Department of Education, 2015)	<ul style="list-style-type: none"> • Reauthorization of the Elementary and Secondary Education Act of 1965, the blueprint for equal opportunities in student education. • Seven provisions pertain to SEL (CASEL, 2017a): <ul style="list-style-type: none"> ◦ At least one “nonacademic” indicator can be used to assess school quality/student success. ◦ Funding can be allocated for activities that support environments and skills building. ◦ Recommendations were made regarding practices to develop relationships, prevent bullying, implement schoolwide behavior support, and provide mentoring and counseling. ◦ Guidelines for relevant, sustainable, and evidence-based professional development. ◦ Schools can plan for “specialized instructional support personnel” and identify and support students at risk and experiencing academic or mental/behavioral health problems. ◦ School improvement plans can include social and emotional goals. ◦ The Education Innovation and Research Program will support evidence-based approaches to policy and practice.

Over time, we will have more information on how states are interpreting the provisions of ESSA and other legislation. We hope that in the near future, SEL efforts are promoted on a widespread basis so that all children can benefit.

SEL, NATIONAL, AND STATE STANDARDS

Three tiers of standards are being used in the United States: state standards, the Common Core State Standards (CCSS or Common Core; National Governors Association Center for Best Practices & Council of Chief State School Officers, 2010), and SEL standards. Currently, standards guide state educational agencies in curriculum, instruction, and assessment plans, setting benchmarks as to the educational achievement levels and skills students should possess at each grade level and upon graduation from high school. States have had autonomy in creating and implementing standards; however, there have been concerns that standards do not necessarily lead to better outcomes when they are vague and not sufficiently focused on skills known to lead to academic success (Finn, Julian, & Petrilli, 2006, as cited in Dusenbury et al., 2015). Many educators in the United States are likely familiar with the CCSS, which were developed for states to be able to adopt standards in a way that meets their needs (Dusenbury et al., 2015). For more information and to see if your state has adopted the Common Core, visit the Common Core State Standards Initiative at www.corestandards.org.

An interest in SEL standards is growing, given the evidence that social and emotional skills are associated with academic achievement and overall educational success. In the United States, all 50 states have adopted preschool SEL standards that are freestanding and have benchmarks for development, enabling assessment of students' skills (Dusenbury, Dermody, & Weissberg, 2018). There is considerable variation in the number of standards, the extent to which there are benchmark definitions, and guidelines for caregivers and teachers on how to facilitate SEL skills and create a positive environment. At the K–12 level, the story is a bit different. CASEL's 2018 State Scorecard Scan reported that 14 states had adopted SEL standards or competencies from PreK to grade 12 and three states aligned their PreK and K–12 standards (Dusenbury et al., 2018). Many other states have adopted "learning goals" with variations in adopting standards per se, and/or simply integrating SEL into academics. For the most up-to-date information and to learn about your state, visit www.casel.org/state-scan-scorecard-project. We expect that the intersection of state standards, CCSS, and SEL standards, guidelines, or goals will be shaped at a rapid pace over the coming years as the Common Core is implemented (or deferred) and SEL continues to gain traction as a necessary means to whole-child development.

VIGNETTE: A TEACHER LEADING AN SEL INITIATIVE

Anna Smith's start to the school year is filled with hope and eagerness. Ms. Smith is teaching fifth grade for her third year and has a solid command of the curriculum. She feels energized by her summer break and is eager to meet students and collaborate with colleagues.

Ms. Smith also knows that she will encounter challenges. Upon viewing the roster for her classroom, she noted 30 students in her class. She recognized many of the names from the

second-grade classrooms and knows that some of these students have faced serious personal and family challenges and need support in many areas. As she thought through how to structure the class and apply behavioral supports, she grew concerned about her ability to meet the complex academic and social–emotional needs of her students. Since she began teaching five years ago, it seems as if more students need support at more intense levels. Despite her skill and commitment, she often feels ill equipped; she also believes she is not alone in these feelings.

Over the summer, Ms. Smith read a few books about students’ social and emotional development and initiatives that schools can use to support students via SEL. She was intrigued. After outlining her thoughts, she brought her ideas and resources to share with her principal and school counselor. The counselor had also attended a workshop over the summer and was hopeful that the school could get started with a plan. They decided to form a work group and identified another teacher, an educational assistant, the school psychologist, and the district curriculum coordinator to participate.

They started off by developing a plan rather than choosing a program right away. Their activities included:

- Reviewing the SEL research and developing a summary to present to district leaders and building-level educators.
- Gathering and summarizing data that reflect student demographics (e.g., academic performance, behavioral data, free and reduced lunch, number of students receiving special education services, strengths and challenges for families and community).
- Outlining the strengths and challenges in the system for students accessing needed mental health services.
- Reviewing the district’s SWPBIS plan, how data are used, and available supports.
- Reviewing state standards to determine whether SEL standards and goals were in place.
- Reviewing CASEL’s five competency areas and discussing their application in school.
- Brainstorming ideas for students who need initial assistance, while understanding that an implementation plan may take 3–5 years and is an evolving process.
- Identifying resources the working group could use to support its efforts.
- Setting up a regular time for the working group to meet.

Ms. Smith feels a sense of hope and renewal at the potential for implementing an SEL approach to learning. She acknowledges SEL to be a process, but she is eager to get started and glad to have a team with whom to work.

WRAPPING THINGS UP

This introductory chapter sets the stage for the basics of SEL learning. We highlight the following:

- Research indicates that as many as 20% of all school-age youth in the United States experience significant mental health challenges. Prevention, early intervention, and building resilience skills are vital to weathering difficult times.
- Only a small percentage of children and youth who exhibit notable emotional, social, and behavioral concerns receive appropriate prevention and intervention services.
- Most children who receive prevention and intervention services for mental health concerns obtain these services in school settings.

- SEL-focused, skill-based efforts in promoting positive interpersonal, intrapersonal, and cognitive development among students in school settings—offers a means of building skills to change a negative trajectory of risk for mental health problems and associated diminished quality of life.
- Primary competency areas of SEL may include self-awareness, self-management, social awareness, relationship skills, and responsible decision making.
- A multi-tiered model of prevention and intervention is ideally suited to support SEL.
- The research basis for SEL is extensive and impressive. An SEL framework can improve student outcomes in academics, social development, behavioral adjustment, and intrapersonal awareness, producing meaningful gains over time.
- Legislation and public policy are influencing the extent to which SEL can be supported. SEL standards and goals may be a means to organize, measure, and evaluate student outcomes, but such standards vary considerably across U.S. states at this time.

Throughout the remainder of the book, we will take a closer look into the finer details of SEL implementation.