



# **Children's Mental Health Plan Social Emotional Workgroup**

## **Draft Report of Workgroup Proceedings**

December 17, 2007 – April 8, 2008

Division of Children and Families  
Office of Planning  
New York State Office of Mental Health

The ideas and recommendations expressed in this draft report reflect those of the individuals participating in the workgroup and not necessarily those of New York State agencies serving children and families. The mention of specific interventions or service models does not imply endorsement by these agencies.

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### I. Vision and Values

#### Vision

Social emotional development is the process “through which children and adults acquire the skills to recognize and manage their emotions, demonstrate caring and concern for others, establish positive relationships, make responsible decisions, and handle challenging situations effectively. This skill set provides the foundation for academic achievement, maintenance of good health, and civic engagement in a democratic society”<sup>1</sup>

A vision for improving academic achievement and for meeting challenges that affect learning requires parents and families, early childhood educators, teachers and school support staff, professionals and other caring adults to attend to social and emotional development and learning (SEDL) and coordination of school and community supports and conditions.<sup>2,3</sup>

The key to improving academic achievement is to identify mental health problems early and, when needed, provide adequate services and links to services.

— *President’s New Freedom Commission Report on Mental Health, 2003*

School systems are not responsible for meeting every need of their students. But, when the need directly affects learning, the school must meet the challenge.

— *Carnegie Task Force on Education, 1989*

To make this a reality there must be attention to SEDL and coordination of school and community supports and conditions aimed at:

- Promoting healthy development in children from birth through adolescence
- Creating a common vocabulary and coordinating framework for diverse child-, youth-, and family-serving systems
- Developing effective communication and coordination between families, mental health personnel, school personnel and others involved with child-, youth-, and family-serving systems at all levels

<sup>1</sup> O, Brien MU, Axlerod J, Dulaney E, & Ogren K. (2006). *Implementing and sustaining social and emotional learning: Educational leader competencies*. Presented at the Association for Supervision and Curriculum Development 61st Annual Conference, April 2, 2006, Chicago. Available online at <http://www.casel.org/downloads/ASCD2006.ppt>.

<sup>2</sup> New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America (Goal 4.2). Final report*. Rockville, MD: DHHS Pub. No. SMA-03-3832. Rockville, MD. Available online at <http://www.mentalhealthcommission.gov/reports/FinalReport/FullReport-05.htm>

<sup>3</sup> Task Force on Education of Young Adolescents. (1989). *Turning points: Preparing American youth for the 21st century*. New York: Carnegie Corporation of New York, Carnegie Council on Adolescent Development.

- Ensuring supports for social, emotional, behavioral, cultural, and linguistic needs in all settings designed to foster learning and development.
- Making certain that values and goals are shared between families, schools, early care and education programs and other settings where learning and development occur
- Engaging all children, youth and students in SEDL
- Ensuring a school climate and culture that address barriers to learning and intentionally promote instruction and environments and foster positive SEDL

## Values

SEDL should reflect the following organizing values<sup>4</sup> and be:

- ***Child-centered and youth-guided***  
SEDL should consider the family and community contexts, be developmentally appropriate and specific to child and youth needs, reflective of the influences of culture and language in relation to learning, and take a strengths-based approach.
- ***Family- driven***  
Understanding that young children develop in the context of relationships, SEDL should take into account that the family is the primary support system. Because parents are the primary educators of their children, they and their families should be engaged in SEDL, be included in decision making with respect to SEDL, and be viewed integral to the enhancement of children's SEDL. Families may include biological, adoptive and foster parents, siblings, grandparents and other relatives, and other adults who are committed to the child.
- ***Community-based***  
SEDL should extend to each child's community and draw upon formal and informal resources to promote each child's successful participation in the community. Community resources include not only mental health professionals and provider agencies, but also social, religious and cultural organizations and other natural community support networks.
- ***Multi-systemic***  
SEDL should take place within the context of collaboration among systems that serve children within a cultural, linguistic, social and emotional context. Representatives from these systems and families should work together to define goals for SEDL and see that related strategies and programming lead to children's health and well-being.

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<sup>4</sup> Adapted from the Child and Adolescent Service System Program values. Pires S. *Building systems of care: A primer*. Washington, DC: National Technical Assistance Center, George Washington University Center for Children's Mental Health. Available online at [http://gucchd.georgetown.edu/files/products\\_publications/TACenter/PRIMER\\_Part1.pdf](http://gucchd.georgetown.edu/files/products_publications/TACenter/PRIMER_Part1.pdf)

- ***Indicative of culture and linguistic competence***  
Culture determines our world view and provides a general design for living and patterns reflected in our behavior. Therefore, SEDL should take into consideration respect for, understanding of, and responsiveness to the behaviors, ideas, attitudes, values, beliefs, customs, heritage, languages, rituals, ceremonies and practices characteristic of particular groups of people. Such development and learning should convey the understanding that culture and language shape how children learn about themselves, how they interact and relate to others, and how they view authority figures.
  
- ***Promoted widely***  
SEDL should be promoted in early care and education programs, formal school settings and extend into the natural settings in which children are found, such as after-school programs, community-based social clubs and toddler play groups. Deliberate, thoughtful, integrated and shared approaches should be taken to promote and enhance children's academic success within the context of developing social, emotional and behavioral competencies.

This report should be considered a foundation for a broad and ongoing effort toward the development and implementation of an SEDL plan for children and youth in public schools and other environments in which learning occurs and instruction is provided. The next steps would include broad stakeholder input that will help to shape the plan.

To facilitate implementation of SEDL across the state, continued joint efforts between OMH and SED should be pursued. A technical assistance center involving these two agencies would be key to aiding in the implementation of the plan, and in furthering network development and collaboration with other child- and youth-serving agencies.

Reflective of the vision and values espoused in this document, Section IV contains a series of recommendations to promote SEDL among young children, school-age children, youth and young adults in New York State. What follows are the results of a careful scan of the environment and literature, a description of the barriers and challenges to SEDL, and the recommendations themselves, with possible strategies for implementation.

## **II. Background**

### **The Critical Nature of Social Emotional Development**

Social emotional development begins at birth, and the quality of early childhood relationships shape the child's brain architecture and have a significant impact on the ability of young children to learn, on their sensory processing, on their ability to regulate themselves and on their ability to form relationships.<sup>5</sup> "Young children experience their world as an environment of relationships, and these relationships affect virtually all aspects of their development—

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<sup>5</sup> Center on the Developing Child at Harvard University. (2007). *A science-based framework for early childhood policy: Using evidence to improve outcomes in learning, behavior, and health for vulnerable children*. Cambridge, MA: Harvard University. Available online at [http://www.developingchild.net/pubs/persp/pdf/Policy\\_Framework.pdf](http://www.developingchild.net/pubs/persp/pdf/Policy_Framework.pdf)

intellectual, social, emotional, physical, behavioral, and moral. The quality and stability of a child's relationships in the early years lay the foundation for a wide range of later developmental outcomes—being self-confident and of sound mental health, having the motivation to learn, being able to achieve in school and later in life, having the ability to control aggressive impulses and resolve conflicts in nonviolent ways, knowing the difference between right and wrong, and having the capacity to develop and sustain casual friendships and intimate relationships.”<sup>6</sup> To promote social emotional development, therefore, we need to begin at birth and to support and work within the context of young children's relationships that influence and set the stage for later development.

The notion of social emotional learning, also known as SEL, stems from our understanding of emotional intelligence. While the concept of emotional intelligence has been in existence for ages, it was coined in 1990 to describe a “type of social intelligence that involves the ability to monitor one's own and others' feelings and emotions, to discriminate among them, and to use the information to guide one's thinking and actions.”<sup>7</sup> Psychologist Daniel Goleman expanded upon this definition in the mid 1990s, noting that emotional intelligence includes a capacity for being aware of one's feelings and the feelings of others, for motivating ourselves, and, in our relationships with others, for managing emotions well. From his work, we have gained a fuller appreciation of the importance of nurturing within each child social and emotional competencies, or the “essential skills for living.” The competencies described by Goleman in 1995<sup>8</sup> crucial to SEL are:

- ***Having awareness of self and others***  
Being able to understand and identify emotions, understanding that individual actions affect the emotions of others
- ***Managing emotions/behaviors***  
Managing complicated emotions, having command of impulses, being able to manage anger in a positive way
- ***Being able to motivate oneself***  
Having the ability to set and attain goals, having the ability to persist when confronting challenges
- ***Being empathetic***  
Having the ability to put yourself in and appreciate another person's position, having the ability to show care and concern
- ***Being able to manage relationships effectively***  
Having a capacity to make and keep friendships, cooperate and work with others, and handle and resolve disagreements

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<sup>6</sup> National Scientific Council on the Developing Child. (2004). *Young children develop in an environment of relationships*. [Working Paper No. 1]. Cambridge, MA: Author, Center on the Developing Child at Harvard University. Available online at [http://www.developingchild.net/pubs/wp/Young\\_Children\\_Environment\\_Relationships.pdf](http://www.developingchild.net/pubs/wp/Young_Children_Environment_Relationships.pdf)

<sup>7</sup> Salovey P & Mayer JD. (1990). *Emotional intelligence. Imagination, cognition, and personality*. NY: Harper.

<sup>8</sup> Goleman D. (1995). *Emotional intelligence: Why it can matter more than IQ*. NY: Bantam.

Since the publication of Goleman's work, the fields of early childhood, elementary and secondary education and mental health have been embracing the concept of SEL. The number of schools promoting the development of social emotional competencies has grown from a few in the mid 1990s to hundreds of thousands of schools around the world today. Moreover, nationally there is much greater attention to the importance of educating children in mind, body and spirit, beginning early in children's lives, before they even enter the formal pre-K–12 school settings.

Early findings from a major study published in 2007 of more than 700 social emotional programs in school, community and family settings verify the critical importance of SEL. The study suggests that programs to promote SEL have multiple benefits for children and youth, including improved social and emotional functioning, attitudes, classroom behavior, and achievement test scores and less anxiety, depression, and problem behaviors. In all, such programs "help to prepare them [children] to become responsible and contributing members of society."<sup>9</sup> What follows is more supporting evidence of the importance of addressing the SEL needs of children and fostering their well-being and healthy development.

- **Developing internal controls**

Studies point to the crucial nature of a child's ability to develop internal controls. Head Start teachers have reported that their children exhibit signs of serious emotional distress, including depression, withdrawal, and problems with aggression and antisocial behavior.<sup>10</sup> In a study of nearly 4,000 state-funded pre-kindergarten classes randomly selected across the nation, 10.4 percent of teachers report at least one expulsion in their classes during the past 12 months.<sup>11</sup> Such problems during the preschool years are meaningful predictors of continued behavior problems, poor peer standing, and academic difficulties during kindergarten.<sup>12,13</sup> Kindergarten teachers indicate greatest concern for children in their classes who lack the motivational incentives for new learning and the socio-emotional capacities for getting along with others.<sup>14,15</sup>

Research also indicates that high-quality early education and intervention programs promote wellness and may head off severe behavior problems in young children from low-income communities and families.<sup>16,17</sup> A recent longitudinal study also points out

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<sup>9</sup> Collaborative for Academic, Emotional and Social Learning. (2007). *SEL impacts: Meta-analysis*. Chicago: University of Illinois at Chicago. Available online at <http://www.casel.org/sel/meta.php>

<sup>10</sup> Yoshikawa H, & Knitzer J. (1997). *Lessons from the field: Head Start mental health strategies to meet changing needs*. New York: National Center for Children in Poverty and American Orthopsychiatric Association.

<sup>11</sup> Gilliam WS. (2008, January). *Implementing policies to reduce the likelihood of preschool expulsion*. [FCD Policy Brief 7: Advancing PK – 3]. New York: Foundation for Child Development. Available online at [http://www.fcd-us.org/usr\\_doc/ExpulsionBriefImplementingPolicies.pdf](http://www.fcd-us.org/usr_doc/ExpulsionBriefImplementingPolicies.pdf)

<sup>12</sup> Howes RB, Calkins SD, Anastopoulos AD, Keane SP, & Shelton TL. (2003). Regulatory contributors to children's kindergarten achievement. *Early Education and Development, 14*, 101-119.

<sup>13</sup> Keane SP, & Calkins SD. (2004). Predicting kindergarten peer social status from toddler and preschool behavior. *Journal of Abnormal Child Psychology, 32*, 409-423.

<sup>14</sup> Lewit EM, & Baker LS. (1995). School readiness. *The Future of Children, 5*(2), 128-139.

<sup>15</sup> Rimm-Kaufman SE, Pianta RC, & Cox MJ. (2000). Teachers' judgments of problems in the transition to kindergarten. *Early Childhood Research Quarterly, 15*, 147-66.

<sup>16</sup> Yoshikawa H. (1995). Long-term effects of early childhood programs on social outcomes and delinquency. *The Future of Children, 5*(3), 51-75.

<sup>17</sup> Zigler E, Taussig C, & Black K. (1992). Early childhood intervention: A promising preventive for juvenile delinquency. *American Psychologist, 47*, 997-1006.

that young children participating in comprehensive school-based interventions fare better educationally, socially and economically as they move into young adulthood.<sup>18</sup>

While early education programs expel children who have been identified with emotional and behavioral problems, this approach is not conducive to supporting the child and family. What is needed is a widespread replication of special needs service modalities that have been piloted in many early childhood programs, including Head Start. Programs need the expertise of specialists who can assess the needs of young children and determine the behavioral supports necessary to help them succeed in their learning and educational programs or transition them to programs that are better able to meet their needs.<sup>19</sup>

The research case for investing in sufficiently intensive early interventions and treatment on behalf of babies, toddlers, and preschoolers and their parents is compelling. James Heckman, a Nobel Prize economist, and colleague Dimitriy Masterov,<sup>20</sup> discuss the significant return on investments in young children at the point when interventions are more effective, rather than later in life. They point out the importance of accumulating evidence that “successful schools build on the efforts of successful families.” Additionally, they note that voluntary, enriched preschool centers coupled with home visitation programs have a strong track record of promoting achievement for children who are disadvantaged.

Effective early intervention programs can enhance the cognitive and social emotional abilities and health of children, promote schooling, reduce crime, increase workforce productivity and reduce teenage pregnancy.<sup>21</sup> Other research also points to the impact of toxic stress on early brain development and the urgency to invest in parent-child relationship-based interventions.<sup>22</sup> Such investments can help parents shift the developmental trajectory for their young children who early on show signs of serious problems.

- **Developing Individual Assets**

The need for emphasizing SEDL as children grow older is also supported by research findings. The Search Institute’s surveys indicate that 29 percent of youth see themselves as thinking through the results of their choices and planning ahead, but 71

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<sup>18</sup> Reynolds A, Temple J, Ou S-R, et al. (2007). Effects of a school-based, early childhood intervention on adult health and well-being: A 19-year follow-up of low-income families. *Archives of Pediatric and Adolescent Medicine*, 161, 730-739.

<sup>19</sup> Gilliam WS. (2008, January). *Implementing policies to reduce the likelihood of preschool expulsion*. [FCD Policy Brief 7: Advancing PK – 3]. New York: Foundation for Child Development. Available online at [http://www.fcd-us.org/usr\\_doc/ExpulsionBriefImplementingPolicies.pdf](http://www.fcd-us.org/usr_doc/ExpulsionBriefImplementingPolicies.pdf)

<sup>20</sup> Heckman JJ, & Masterov DV (2007, January 5–7). *The productivity argument for investing in young children*. Given during the TW Schultz Award Lecture at the Allied Social Sciences annual meeting in Chicago. Available online at [http://jenni.uchicago.edu/human-inequality/papers/Heckman\\_final\\_all\\_wp\\_2007-03-22c\\_isb.pdf](http://jenni.uchicago.edu/human-inequality/papers/Heckman_final_all_wp_2007-03-22c_isb.pdf)

<sup>21</sup> Heckman JJ. (2006, January). *Investing in disadvantaged young children is an economically efficient policy*. Report presented at the Committee for Economic Development, Pew Charitable Trusts, PNC Financial Services Group Forum, on Building the Economic Case for Investments in Preschool.

<sup>22</sup> National Scientific Council on the Developing Child. (2005, Summer). *Excessive stress disrupts the architecture of the developing brain*. [Working Paper #3]. Cambridge, MA: Harvard University. Available online at [http://www.developingchild.net/pubs/wp/Stress\\_Disrupts\\_Architecture\\_Developing\\_Brain.pdf](http://www.developingchild.net/pubs/wp/Stress_Disrupts_Architecture_Developing_Brain.pdf)

percent do not. While 35 percent of youth see themselves as respecting the values and beliefs of people of different races and cultures, 65 percent do not.<sup>23</sup>

Ongoing research at the Institute has led to the identification of a set of developmental assets, which are concrete, sensible, positive experiences and qualities (e.g., family support, parental involvement in schooling, positive values). These assets have been shown to be essential in influencing the choices children and youth make and in helping them to become caring, responsible adults. Survey data from the Institute show that irrespective of gender, ethnic heritage, finances or geographic location, asset development is associated with positive behaviors and attitudes and is protective against problem behaviors. Young people who have developed more assets, for example, are less likely to engage in high-risk behaviors.<sup>24</sup>

- ***Improving Academic Achievement***

Research supports the importance of social and emotional development as essential, not secondary to the task of learning.<sup>25</sup> As reported in 2004, SEDL programming is associated with higher grades and test scores, improved skills in mathematics, English and social studies, gains in academic performance from elementary to middle grades and better abilities to solve problems and plan.<sup>26</sup> As noted above, the meta-analytic summary conducted by CASEL confirms that students who receive SEDL skills instruction improve an average of 14 percent in standardized achievement tests.

- ***Reducing Risky Behaviors***

In 2005 the Centers for Disease Control and Prevention reported that 28.5 percent of youth reported feeling so sad or hopeless every day for two weeks or more that they stopped doing their normal activities and that 13 percent of youth surveyed had made a suicide plan sometime during the previous 12 months.<sup>27</sup> In nationwide interviews with 725 high school and 515 middle school professionals knowledgeable about mental health services, 68 percent of the high school professionals identified depression as a great (14 percent) or moderate (54 percent) problem in their schools; 54 percent identified bullying as a great (11 percent) or moderate (43 percent) problem. Middle school professionals were more concerned about interpersonal conflict: bullying by 82 percent and fighting by 57 percent of professionals.<sup>28</sup>

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<sup>23</sup> Benson PL, Scales PC, Leffert N, & Roehlkepartain EC. (1999). *A fragile foundation: The state of developmental assets among American youth*. Minneapolis: Search Institute.

<sup>24</sup> The Search Institute. (2006). *Who we are*. Minneapolis: Author. Available online at <http://www.search-institute.org/SIFacts.pdf>

<sup>25</sup> Wang MC, Haertel GD, & Walberg HJ. (1997). Learning influences. In HJ Walberg & GD Haertel (Eds.), *Psychology and educational practice*. Berkeley, CA: McCatchan.

<sup>26</sup> Zins JE, Weissberg RP, Wang MC, & Walberg HJ. (2004). *Building academic success on social and emotional learning: What does the research say?* New York: Teachers College Press.

<sup>27</sup> Centers for Disease Control and Prevention. (2006, June 9) Youth risk behavior surveillance—United States, 2005. [Surveillance summaries.] *Morbidity and Mortality Weekly Report*, 55, SS-5. Available online at <http://www.cdc.gov/mmwr/PDF/SS/SS5505.pdf>

<sup>28</sup> Annenberg Public Policy Center. (2004, July 21). *School mental health professionals identify adolescent mental health conditions as more serious than violence and interpersonal conflict in high school*. [Press release]. Philadelphia: University of Pennsylvania, Author. Available online at [http://www.annenbergpublicpolicycenter.org/Downloads/Adolescent\\_Risk/Mental\\_Health/200407MentalHealthPR.pdf](http://www.annenbergpublicpolicycenter.org/Downloads/Adolescent_Risk/Mental_Health/200407MentalHealthPR.pdf)

- **Complying with Federal Mandates**

The Individuals with Disabilities Act (IDEA), which emphasizes inclusion in general education classrooms for children with disabilities, was reauthorized in 2004 as the Individuals with Disabilities Education *Improvement Act*, with provisions for children ages birth–21. The IDEA mandate with the most impact on the SEDL of children with intellectual disability/developmental disability (ID/DD) is to provide their education in settings with children who do not have disabilities to the maximum extent appropriate; this is often referred to as *inclusion*. This approach for children with ID/DD has been found to enhance skill acquisition, improve social competence, provide access to support, foster attainment of educational goals, and improve the quality of life and opportunities for developing friendships. Peers in regular education who learn and grow with classmates who have ID/DD report SEDL benefits as well, including: increased personal growth and self-understanding, improved attitudes, increased appreciation for diversity, stronger advocacy skills, and meaningful friendships.<sup>29</sup>

Also under federal leadership, schools are responsible for establishing plans for being safe and drug-free, preventing dropouts, reducing suspension, expulsion and referrals to restricted environments and implementing scientifically based interventions. A Safe and Drug-Free Schools and Communities report in 2007 concluded that schools cited as dangerous need guidance to “focus on improving school climates over time.”<sup>30</sup> Further, the report noted that an “underlying theme of the testimonies, submissions, and discussions was the continued and heightened need to ensure our students are provided opportunities to excel in schools and learning environments that are safe and free of alcohol and drug use.”

- **Having International Significance**

The role of SEDL internationally was recognized in 2003 by the World Health Organization, which advised, “The extent to which each nation’s schools provide a safe and supportive environment for all will play a significant role in determining whether the next generation is educated and healthy in body, mind and spirit. The implementation of an effective school health program, including an environment that supports social and emotional well-being, is a viable means to simultaneously address the inseparable goals of Health for All and Education for All.”<sup>31</sup>

Further, a recent United Nations International Children's Emergency Fund (UNICEF) report provides a glimpse into how well economically advanced countries are attending to their children’s health and safety, material security, education and socialization, as well as their children’s sense of being loved and valued.<sup>32</sup> The report shows no strong

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<sup>29</sup> Hunt P, & McDonnell J. (2007). Inclusive education. In Odom, SL., et al. (Eds.). *Handbook of developmental disabilities*. New York: Guilford.

<sup>30</sup> Safe and Drug Free Schools and Communities Advisory Committee. (2007, August). *Enhancing achievement and proficiency through safe and drug-free schools*. Washington, DC: U.S. Department of Education. Available online at <http://www.ed.gov/about/bdscomm/list/sdfsac/enhancing-achievement.doc>

<sup>31</sup> World Health Organization. (2003). *Creating an environment for emotional and social well-being*. World Health Organization Information Series on School Health, Document 10. Geneva: Department of Mental Health and Substance Dependence, Evidence and Research. Available online at [http://www.who.int/school\\_youth\\_health/media/en/sch\\_childfriendly\\_03.pdf](http://www.who.int/school_youth_health/media/en/sch_childfriendly_03.pdf)

<sup>32</sup> United Nations Children's Emergency Fund (UNICEF). (2007). *Child poverty in perspective: An overview of child well-being in rich countries [Innocenti Report Card 7]*. Florence: UNICEF Innocenti Research Centre.

or consistent relationship between a country's wealth as measured by its gross domestic product and child well-being. Of note, is the existence of empirical evidence to suggest that growing up in single- and step-parent families is associated with more risk to a child's well-being, including dropping out of school, leaving home early, securing low-skilled and low-paying jobs, and experiencing poor health; while the overall average among industrialized nations was 80 percent, the rate varied widely, with the United States having the greatest percentage of children between the ages of 11 and 15 living in single- and step-family homes.

- ***Becoming Educated and Skilled to Enter the 21st Century Workplace***  
In 1990, the U.S. Secretary of Labor's Commission on Achieving Necessary Skills focused on the competencies young people need to succeed in the world of work.<sup>33</sup> This skills set includes information, communication and media literacy skills; critical thinking and systems thinking; problem identification, formulation and solution; creativity and intellectual curiosity; interpersonal and collaborative skills; self-direction; accountability and adaptability; social responsibility; and global awareness. A more recent collaborative report indicates that three-quarters of employers responding to its survey on workforce readiness believe that K–12 schools should bear the responsibility for preparing students to enter the workforce with the basic knowledge and applied skills such as social responsibility, problem solving and diversity.<sup>34</sup>
- ***Being American Citizens in a Global Community***  
“Diversity happens... pluralism is a conscious effort.”<sup>35</sup> Public education is historically challenged by increasingly diverse populations of students and adults. Getting along in a pluralistic community does not evolve naturally as students discover annually when they transition from small elementary schools to larger secondary schools. Overcoming social isolation and estrangement and becoming comfortable with diversity takes time and intentional effort by school and district leaders.

As recently noted by former U.S. Secretary of State Colin Powell, “We live in a truly global age. . . . To solve most of the major problems facing our country today—from wiping out terrorism to minimizing global environmental problems to eliminating the scourge of AIDS—will require every young person to learn more about other regions, cultures, and languages.”<sup>36</sup>

A number of models to enhance SEDL exist. Particularly in response to the mandates faced by school districts to improve academic performance, SEDL holds promise for children, families, schools and everyone involved in nurturing the whole child. Elements of successful school

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<sup>33</sup> The Secretary's Commission on Achieving Necessary Skills, (1990). *What work requires of schools: A SCANS report for America 2000*. Washington, DC: U.S. Department of Labor. Available online at [http://wdr.doleta.gov/opr/FULLTEXT/1999\\_35.pdf](http://wdr.doleta.gov/opr/FULLTEXT/1999_35.pdf)

<sup>34</sup> Partnership for the 21st Century (2006) Are they really ready to work? Employers' perspectives on the basic knowledge and applied skills of new entrants to the 21st century U.S. workforce. Tucson, AZ: The Partnership for 21st Century Skills, The Conference Board, Corporate Voices for Working Families, and the Society For Human Resource Management. Available online at [http://www.21stcenturyskills.org/documents/FINAL\\_REPORT\\_PDF09-29-06.pdf](http://www.21stcenturyskills.org/documents/FINAL_REPORT_PDF09-29-06.pdf)

<sup>35</sup> Hutchison WR. (2003). *Religious pluralism in America: The contentious history of a founding ideal*. Ann Arbor: Sheridan Books.

<sup>36</sup> NAFSA: Association of International Educators. (2007). *Colin L. Powell biography*. Washington, DC: Author. Available online at [http://www.nafsa.org/annual\\_conference/colin\\_powell\\_biography](http://www.nafsa.org/annual_conference/colin_powell_biography)

communities articulated by the Annie E. Casey Foundation that communities may wish to examine include:<sup>37</sup>

- A full-time community school coordinator that marshals community resources and ensures that everything works together to achieve desired results.
- Partners who are actively involved and work toward a common mission
- A principal who is completely engaged and committed, and willing to work with community- based partners and outside organizations that can provide services to children and families
- The coordinator and the partners deliberately seeking buy-in from a new principal, in the event of a principal change
- A governance structure that includes all stakeholders
- Community leaders, service providers, parents, and students at the table from the outset, with the participation of local businesses and business leaders as well.
- A shared vision of how to raise student achievement among the principal, partners, teachers, and school staff
- School district support
- Diverse financial support and sufficient funding to maintain growth and active involvement of partners

### **Social and Emotional Development and Learning: From Birth to Young Adulthood**

Early childhood mental health *is* the social, emotional, and behavioral well-being of children birth through age five and their families. It includes developing the capacity to experience, regulate, and express emotion; form close, secure relationships; and, explore the environment and learn. Factors that influence early childhood mental health include the characteristics of the young child; the quality of the adult relationships in the child's life; the child's care-giving environment(s); and, the community context in which the child and family live.<sup>38</sup>

Babies are born “wired to feel and to learn,” and most children are “eager to learn.”<sup>39</sup> While the early childhood years are a time of great opportunity for growth and development, they are also a time of vulnerability. When a child's earliest experiences do not provide the kinds of warm and stimulating relationships that are the foundation of early success in school, the odds of early school failure become greater. Poor social and emotional skills predict early school failure. This, in turn, predicts ongoing school problems, and, for some, later school failure leading ultimately to involvement in high-cost child welfare, mental health, and juvenile justice systems.

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<sup>37</sup> Annie E. Casey Foundation. (2008). *Closing the achievement gap: School, community, family connections*. Baltimore: Author. Available online at [http://www.aecf.org/~media/PublicationFiles/5Connections\\_r10.pdf](http://www.aecf.org/~media/PublicationFiles/5Connections_r10.pdf)

<sup>38</sup> National Technical Assistance Center for Children's Mental Health. (2006). *Early childhood mental health in a system of care*. Georgetown University Center for Child and Human Development. Available online at [http://gucchd.georgetown.edu/programs/ta\\_center/topics/early\\_childhood.html](http://gucchd.georgetown.edu/programs/ta_center/topics/early_childhood.html)

<sup>39</sup> Institute of Medicine; Shonkoff, J. P. & Phillips, D. A. (Eds.). (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.

SEDL is seen as an essential component of optimal child development and school readiness.<sup>40,41</sup> It involves progressive change in the way that children relate to their social world and their ability to differentiate and express emotions and perceive emotional states of other individuals. Emotions become more differentiated as children develop, and children's strategies for regulating their emotions and behaviors change over time.

According to Johnson and Knitzer, there are five compelling reasons for policymakers to invest in young children's social and emotional school readiness and mental health:

1. There is a "critical window of opportunity" in the early years where investments pay handsomely.
2. There is substantial base of scientific evidence showing the consequences of not addressing failure; children who are not successful in the first three years of elementary school are headed on a course for long-term and costly failure.
3. There is sufficient and growing knowledge of how best to design, put into action, and evaluate the effectiveness of SEDL approaches.
4. There is scientific evidence confirming the interconnectedness of social, emotional and cognitive learning for young children.
5. Emotional and behavioral problems do occur in young children and more are being identified. In particular, the effects of traumatic experiences, including violence and abuse, are as "as devastating for babies and young children as it is for older children."<sup>42</sup>

The development of SEDL skills and competencies is critical to children's success in school and in life. The early relationship experiences that infants and young children have with parents and/or caregivers form the basis for all later relationships.<sup>43</sup> During the early years, children primarily interact with their family, caregivers, and limited numbers of peers and these relationships play an important role in fostering their SEDL. Secure relationships with parents and other caregivers afford children a sense of well-being, and allow them to explore their physical and social environments and make the most of learning opportunities<sup>44</sup>

On a national level there is much emphasis on the goal of ensuring that children are "ready for school." Children who do not achieve early social and emotional milestones will not do well in their early school years. Moreover, these children will also be at higher risk for school problems and juvenile delinquency later in life.<sup>46,47</sup> SEDL, therefore, is a means to equip

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<sup>40</sup> Johnson K, & Knitzer J. (2006). *Early childhood comprehensive systems that spend smarter: Maximizing resources to serve vulnerable children*. New York: National Center for Children in Poverty, Columbia University Mailman School of Public Health. Available at: [http://www.nccp.org/publications/pdf/text\\_655.pdf](http://www.nccp.org/publications/pdf/text_655.pdf)

<sup>41</sup> Raver C. (2002). Emotions matter: Making the case for the role of young children's emotional development for early school readiness. *Social Policy Report of the Society for Research in Child Development*, 16(1) 3-23.

<sup>42</sup> Johnson K, & Knitzer J. (2006). *Early childhood comprehensive systems that spend smarter: Maximizing resources to serve vulnerable children*.

<sup>43</sup> Osfosky J. (2005). *Professional training in infant mental health: infants and young children*. *Infants & Young Children*, 18(4), 266-268.

<sup>44</sup> Kagan L, Britto P, Kauerz K, & Tarrant K. (2005). *Washington State Early learning and development benchmarks*. Olympia, WA: Office of the Governor and the Office of the Superintendent of Public Instruction.

<sup>46</sup> Raver C. (2002). Emotions matter: Making the case for the role of young children's emotional development for early school readiness. *Social Policy Report of the Society for Research in Child Development*, 16(1) 3-23.

<sup>47</sup> Osfosky J. (2004, April 28). Testimony before the Subcommittee on Substance Abuse and Mental Health Services Committee on Health, Education, Labor and Pensions. Washington, DC: Zero to Three: National Center for Infants, Toddlers and Families. Available online at <http://www.zerotothree.org/site/DocServer/imhtestimony.pdf?docID=1286>

children and adults with knowledge, attitudes and skills to recognize and manage aspects of their lives in healthy ways. The five domains that define SEDL have been refined since the mid 1990s and now encompass skills and competencies for recognizing one's strengths and limitations, making ethical personal and social choices, forming positive relationship, demonstrating empathy and caring, and managing behaviors and emotions to attain personal and shared goals. Such life skills associated with these core competencies can be taught to teachers and staff and integrated into schools in a variety of ways. In-service training of teachers and staff on the incorporation of these concepts is vital. Examples include:

- Using cooperative learning experiences through which social and emotional skills and academic skills are practiced, reflected upon, and reinforced
- Creating respectful, supportive early childhood settings and school environments where language and behavior encourage positive regard for self and others
- Implementing curriculum-based programs that focus on social skill development, conflict resolution, character education, health issues, drug prevention or ethics
- Weaving specific SEDL themes and skills into class content
- Offering electives and extracurricular activities that help children and youth develop interpersonal and problem-solving skills
- Embracing the family and the surrounding community and engaging children and youth actively and experientially through participation, collaboration and service

Moreover, effective SEDL programming provides opportunities for:

- Young children to develop the competencies needed for success in school and life
- Children and youth to contribute to their school, home and larger communities
- Families to enhance their children's SEDL
- Early education educators, school administrators, teachers, student support services, and support staff to develop professionally
- Community groups to partner with early learning settings and schools to affect the lives of young children, school-age children and youth<sup>48</sup>

The importance of SEDL extends to the period of life where evidence points to the cumulative effects of stressful life events during transition periods, particularly the transition from adolescence into young adulthood for youth with serious mental health problems. "The good news," according to youth development experts Yoahlem and Pittman, "is that everything we know about development suggests that vulnerable, ill-served youth—even those who carry with them a decade of inadequate services and poor behavior—can transform their lives when support is delivered comprehensively, consistently and in ways that respect their voices and recognize and build on their strengths."<sup>49</sup> Researchers in Canada confirm these findings, linking them concretely to social emotional factors associated with education and home life. They note that the most important protective factors for youth who have experienced abuse

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<sup>48</sup> Elias MJ, Zins JE, Weissberg RP, et al. (1997). *Promoting social and emotional learning: Guidelines for educators*. Alexandria, VA: Association for Supervision and Curriculum Development.

<sup>49</sup> Yohalem N, & Pittman K. (October 2001). *Powerful pathways: Framing options and opportunities for vulnerable youth*. Discussion paper of the Youth Transition Funders Group. Takoma Park, MD: The Forum for Youth Investment, International Youth Foundation. Available online at [http://www.ccfy.org/toolbox/docs/ccfy\\_powerful\\_pathways.pdf](http://www.ccfy.org/toolbox/docs/ccfy_powerful_pathways.pdf)

and unstable home lives are liking school, feeling safe at school, and having supportive adults in their families with whom to talk.<sup>50</sup>

What helps to smooth transitions for these youth is best described by the youth themselves.<sup>51</sup> They have poignantly described the transition out of the children’s system of care into adult services and supports as if “the ground were moving out from under them.” Their sense of uncertainty extends to worries about where they will live, how they will support themselves, and how they will connect to new communities. Further, the youth express regret about losing valued nurturing relationships and moving into new settings geared toward adults, particularly older adults with whom they are not able to identify with. What they said would help them most would be obtaining support to finish school; developing skills and knowledge to manage money, balance a budget, and deal with friends and better socialize with others; searching for and a job; and finding a stable place to live.

Children and youth learn better when they feel safe and valued in a supportive environment with trained teachers. When we combine social and emotional skill instruction with safe and caring school and learning environments, student attitudes and self-perception improve, behavioral adjustment becomes easier, substance abuse and “internalizing” symptoms—the fears, physical complaints, worrying that cause children distress—lessen, and achievement increases.

### **National and State SEDL Initiatives**

As noted previously, a number of national organizations are recognizing the key role SEDL plays in promoting success in the early learning settings, classrooms and in life. National organizations such as CASEL, the Center for Social and Emotional Foundations of Early Learning (CSEFEL), the National Association of School Psychologists, the National Center for Learning and Citizenship, the U.S. Department of Education “What Works Clearinghouse” and the U.S. Departments of Education, Health and Human Services and Department of Justice “Safe Schools, Healthy Students” initiative and more have developed resources to assess, design and manage SEDL and supportive communities. Many have conducted and summarized studies on the impact of SEDL on student performance and behavior and developed programs based on empirical evidence to address SEDL needs. What follows are prominent examples of state policies developed to address barriers to SEDL, those that foster a shift toward education and learning that take into account a child’s ability to achieve:

- **Alaska**

The Anchorage School District, which enrolls two-fifths of the state’s schoolchildren, approved in 2004 social and emotional learning standards for children K–12 linked to relevant key developmental assets developed by the Search Institute.

- **California**

The Department of Education in 1997 adopted a guide and criteria for physical,

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<sup>50</sup> Saewyc E, Wang N, Chittenden M, et al. (2006). *Building resilience in vulnerable youth*. Vancouver, British Columbia: The McCreary Centre Society. Available online at [http://www.mcs.bc.ca/pdf/vulnerable\\_youth\\_report.pdf](http://www.mcs.bc.ca/pdf/vulnerable_youth_report.pdf)

<sup>51</sup> Delman J, & Jones A. (2002) *Voices of youth in transition: The experience of aging out of public mental health services in Massachusetts, practice and policy implications*. Dorchester, MA: Consumer Quality Initiatives. <http://www.cqi-mass.org/Youth-in-Transition-Final-Report.pdf>

emotional, and intellectual “Learning Supports” for children and youth to achieve high quality learning.

- ***Hawaii***

In 1999, the Department of Education established comprehensive student support systems in schools to ensure the opportunity and environments necessary to learn and attain the standards.

- ***Iowa***

The State Department of Education in 2005 committed to oversee cross-agency implementation of a comprehensive system of supports to address barriers to learning.

- ***Illinois***

The State Board of Education 2004, prompted by a Children’s Mental Health Act, created SEDL learning standards and requires school districts to adopt a policy on meeting the social and emotional needs of every child. The legislature allocated \$5 million to support implementation, 50 districts received planning funds in 2006, and Regional Offices of Education are preparing to provide coaching in SEDL.

- ***Maryland***

The Department of Health and Mental Health has established a statewide network of early child mental health consultants to work with home visiting and early care and education programs.

- ***Michigan***

The Department of Education has developed a credential program to support the development of mental health professionals trained to provide services to young children.

- ***New Jersey***

The Department of Education has infused an infant mental health component into the infant/toddler credential and other statewide early childhood initiatives. Additionally, the State Board of Education completed adoption in 2004 of the first revision of its Core Curriculum Content Standards, which provide many new anchors for character education, community service and SEDL-related skills.

- **Ohio**  
The Department of Education in 2006 issued school climate guidelines designed for building and district administrators, using them for local policy discussions with staff, students, parents, school boards and other community members.
- **Vermont**  
In 1997, Vermont began a multiyear planning effort that resulted in the development of the Children’s Upstream Project, a statewide system of supports and services to promote and intervene with early childhood mental health. Through creative use of matching a Medicaid dollar with an Education dollar, Vermont has funded school-based social workers in every school, and has developed a “School-based Social Worker” training component in partnership with the higher education system.

As noted previously, commitment to SEDL is international in scope. Appendix 1 includes brief descriptions of some international practices in school-based SEDL.

### **Past and Emerging New York State Initiatives**

A number of initiatives to promote SEDL and strengthen families in fostering SEDL in their children have taken root in New York. In the 1990s, a state interagency team, in partnership with Cornell University and local family service agencies, developed the Family Development Credential (FDC) to teach agency workers how to coach low-income families to set and reach their own goals for healthy self-reliance. The interagency FDC program continues to be available in communities across the state and country to frontline workers from all public, private and non-profit service systems (e.g., home visitors, case managers, family resource center workers, community health workers, and teacher aides).

In 2005, a group of approximately 50 representatives of New York State organizations and programs concerned with children prenatal to five years of age and their families began the development of the Early Childhood Comprehensive Services Plan. To complete this plan, the group has addressed issues related to child and family well-being across all service domains. The final plan includes 10 objectives and 32 strategies that need to be implemented to address the complex needs of young children and families. As part of this process, the planning group prioritized its strategies; three strategies related to SEDL emerged as having high priority: to promote SEDL and mental health of young children, intervene as early possible in the lives of children experiencing behavioral and social emotional problems, and develop systems for providing treatment when necessary. The importance of implementing these strategies was confirmed by the State Temporary Task Force on Preschool Special Education during its deliberations in 2007. These two statewide policy initiatives have provided recommendations to respond to crucial issues identified by providers of services to young children and their families. In particular, the recommendations are in response to a growing recognition that social emotional problems/mental illness are evident as early as infancy, and the reality that few services have been available and no systemic effort has been in place to address the needs of young children and their families.

As part of the implementation of the Early Childhood Comprehensive Services Plan, the New York State Parenting Education Partnership was formed to strengthen and expand parenting

education across the state. This group, which is composed of representatives of parenting educators, family resource centers and others is working to normalize obtaining parenting education and make evidenced-based parenting education easily accessible. A significant part of this effort is in supporting parents in their role as their child's primary teacher.

Other efforts over the last three years have included the work of groups such as the New York City Early Child Mental Health Strategic Work Group, an advisory group to the New York City Department of Health and Mental Hygiene. The group has made small but important gains in securing funding for early childhood mental health initiatives in the City and State, initiatives by which early childhood screening, consultation, training and treatment have taken place.

Of significant note, in 2006, New York State made its largest, single-year investment of \$62 million in children's mental health. Known as *Achieving the Promise for New York's Children and Families*, the OMH initiative is composed of a highly interrelated series of fundamental changes, in service provision, access, and clinical quality. The initiative has introduced a public health approach to early identification and intervention, widespread access to treatment that is shown by science to work, greater access to child psychiatry in rural areas and significant expansion home and community-based services. Specifically, the programs supported under *Achieving the Promise* include Child and Family Clinic Plus, an Evidence Based Treatment Dissemination Center, significant expansion of the Home and Community-Based Waiver Program, and Tele-psychiatry for children in rural communities. In particular, Child and Family Clinic Plus is an innovative program that brings services where children are (e.g., schools, primary care) to help keep them on track at home, in school and in the community.

Within the education system, personal and social skills and competencies that are reflective of SEDL have been embedded in New York State Standards of Learning since their adoption in 1996.<sup>52</sup> Having personal and interpersonal qualities of self-management and abilities to plan, organize, act independently and work in teams are central to the "universal foundation skills" incorporated into the Career Development and Occupational Studies (CDOS) Learning Standards essential for success in family, social and work situations. A Safe and Healthy Environment, Learning Standard 2 for Health, Physical Education and Family and Consumer Sciences calls for students to demonstrate personally and socially responsible behavior, to care for and respect themselves and others, to recognize threats to the environment, and to demonstrate skills of cooperation and collaboration. The last Key Idea in each of the five New York State Social Studies Learning Standards asks students to view history and culture through the eyes of others, consider diverse points of view, evaluate different sources of evidence, make informed decisions, and express skepticism toward questionable arguments.

While themes and competencies of SEDL have been embedded within many of the New York State Learning Standards, there has not been a systems-wide effort to define and explain SEDL nor to elucidate the ways in which these competencies can be fostered in multiple areas. Nonetheless, models of social and emotional development do exist and are thriving.

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<sup>52</sup> New York State Education Department. (1996). *New York State standards and core curriculum*. Albany, NY: Author. Available online at <http://www.emsc.nysed.gov/cjai/cores.htm>

The New York “Learn and Serve America” programs—which promote service activities linked to academic achievement and civic responsibility—integrate “service-learning” into grades K–12 and foster civic responsibility, participation, service and knowledge within our young people. During the 2007–2008 school year, more than 43,000 students across the state were active in Learn and Serve America programs. In New York City, the Department of Youth and Community Development recently provided funding for Service Learning Programs in schools and community based youth programs.<sup>53</sup>

The State Education Department has also initiated specific linkages to SEDL by promoting Positive Behavioral Intervention and Support (PBIS)<sup>54</sup> programming. The Vocational and Educational Services for Individuals with Disabilities Office within the Education Department is planning to increase discretionary funds to expand regional expertise, training and technical assistance, and opportunities for active parent participation in PBIS schools.

The New York State Safe Schools against Violence in Education (SAVE) program, an initiative of the New York State Center for School Safety, provides technical assistance and training in areas of school safety, after-school and youth development, and crisis response. Among the resources of the Center are those devoted to promoting supportive learning environments and positive youth development.

Within New York City, the Department of Education is funding “policy pilots” in which 19 schools are receiving technical support to plan and implement school-wide SEDL, in collaboration with Morningside Center for Teaching Social Responsibility. On Long Island, an established “SEDL Forum” with representatives from the three BOCES, retired and active district and school administrators, guidance directors and social workers, provides training in supportive learning environments and student leadership. Additionally, the State Education Department’s statewide Student Support Services Center conducts Leadership Institutes for several school districts to enhance learning environments that support academic achievement, citizenship, health and youth development.

Of late, the introduction of the Children’s Mental Health Act of 2006 in New York State has provided an opportunity for wide and far-reaching discussion of SEDL in school settings and adoption of guidelines to promote learning that builds social emotional competencies and academic achievement.<sup>55</sup> The attention to SEDL is being considered within the context of health promotion and integrated and coordinated services and supports for all children and youth in the State.

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<sup>53</sup>Corporation for National and Community Services. (2008). Learn and serve America in New York. Available online at [http://www.learnandserve.gov/about/role\\_impact/state\\_profiles\\_detail.asp?tbl\\_profiles\\_state=NY](http://www.learnandserve.gov/about/role_impact/state_profiles_detail.asp?tbl_profiles_state=NY)

<sup>54</sup>New York State Education Department. *PBIS homepage*. Available online at <http://www.emsc.nysed.gov/sss/MentalHealth/PBIS-short.html#WhatIsPBIS>

<sup>55</sup>New York State. (2006, 2007). *Children’s Mental Health Act, Bill No A06931A (Same as S 3960-A)*. Amended July 2007. See Appendix 1 of Children’s Mental Health Preliminary Plan available online at [http://www.omh.state.ny.us/omhweb/Statewideplan/childrens\\_mental\\_health\\_act/childrens\\_mental\\_health\\_plan.pdf](http://www.omh.state.ny.us/omhweb/Statewideplan/childrens_mental_health_act/childrens_mental_health_plan.pdf)

### III. Barriers and Challenges to SEDL

An implicit assumption in the field of education has been that children are motivationally ready and able each day to benefit from the teacher's instructional efforts. For many youngsters, however, there are factors that interfere with their ability to learn and that thwart the best efforts of parents and teachers. Prevailing approaches to school improvement do not always create optimal school conditions and student capacities for learning. This is especially detrimental where large proportions of children are not doing well and pupil personnel services are fragmented. A 1997 publication of the University of California at Los Angeles Center for School Mental Health<sup>56</sup> called for efforts to address barriers to learning comprehensively, noting that this calls for "more than *outreach* to link with *community* resources, more than *coordination of school-owned services*, and more than *coordination of school and community services*." For transformation to occur, the Center advocated, schools and community resources must be brought together in a way that goes beyond simply a reallocation or relocation of resources.

Thus, the coordination of student supports and learning environments and the enabling components of SEDL should work together to engage all children. An integrated approach creates a vocabulary and coordinating framework for school-wide efforts to promote children's healthy social, emotional and academic development and helps to bridge the gap between mental health, teaching and administrative staff. The goal of SEDL is to move from an array of sometimes overlapping and connected, sometimes not, programs and supports to an integrated arrangement of interconnected pieces that seamlessly provide a foundation for effective academic, social and emotional education.

The essentials to addressing mental well-being and SEDL of children and youth include a school district infrastructure for school–family–community collaboration and a continuum of support that promotes healthy development and wellness; intervenes to address problems as soon after onset as is feasible; and assists those with chronic and severe problems.<sup>57</sup>

#### **Toward Learning Environments to Meet Diverse Needs**

A 1999 Annenberg Research Project report concludes that children learn most when they experience both strong academic press in their schools and strong social support from people in and out of their schools. Regardless of the background characteristics of children and the demographic characteristics of their schools, when either support or press is strong and the other is weak, students learn less." This report "... challenges either-or" proposals for school reform that view academic focus and rigor and social support for students as contradictory strategies. It argues that to succeed in schools that press them hard to learn, students need strong social support."<sup>58</sup>

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<sup>56</sup> Center for School Mental Health. (1997). Addressing barriers to learning. *University of California at Los Angeles School Mental Health Project Newsletter*, 2). Available online at <http://smhp.psych.ucla.edu/compapp2.htm>

<sup>57</sup> Adelman H, & Taylor L. (2007). Mental health in schools: Much more than services for a few." *Addressing Barriers to Learning Newsletter*, 12(4).

<sup>58</sup> Lee V, Smith JB, Perry TE, & Smylie MA. (1999). *Social support, academic press, and student achievement: A view from the middle grades in Chicago*, Annenberg Institute for School Reform. Available online at <http://ccsr.uchicago.edu/publications/p0e01.pdf>

In 2004, the National Association of Secondary School Principals reported that successful high schools engineered their academic programs to be rigorous and relevant while at the same time personalizing their school environments so that youth experienced safe and supportive relationships, which enabled them to do their best.<sup>59</sup> The Regents Policy Statement on Middle Level Education has affirmed the school's dual responsibility to value academic achievement and personal development and provide "a supportive environment free from violence, bullying, harassment and other negative behaviors."<sup>60</sup>

The influence on student achievement of a school's climate of support has been carefully studied. A safe and supportive learning environment promotes engagement of children and youth in class and in their sense of connectedness with the school.<sup>61</sup> When a student body is connected to its school, incidents of fighting, bullying and vandalism decrease while school attendance increases. Academic performance and school completion rates improve as well.<sup>62</sup> These findings have been corroborated by the U.S. Department of Education's Safe and Drug Free Schools program in studies of its model programs.

The engagement or connectedness that results from conscious school efforts to construct a supportive learning environment has a direct impact on children's motivation to learn. Motivated students are better able to persist in their academic tasks, even in the face of initial failure.<sup>63</sup> Unfortunately, engagement often wanes, along with motivation, as youth enter secondary schools. Adolescent attitudes are heavily influenced by peers and other external factors. Teens become fearful of repeated school failure and protect themselves by refusing to invest heavily in their schoolwork. Disengaged and unmotivated, many drop away from school, first psychologically and then physically.

School support is especially important to students from disadvantaged backgrounds. The authors of a 2003 study explain, "Learning and succeeding in school requires active engagement—whether children and youth are rich or poor, black, brown, or white."<sup>64</sup> Yet, although engagement is important for all children and all schools, the consequences of disengagement vary substantially. When students from advantaged backgrounds become disengaged, they may learn less than they could; typically they get by, get second chances, and most eventually graduate and move on to other opportunities. In contrast, when students from disadvantaged backgrounds in high poverty, urban high schools become disengaged, they are less likely to graduate and consequently face severely limited opportunities. Failure to even earn the most basic educational credential or acquire the basic skills needed to function

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<sup>59</sup>National Association of Secondary School Principals. (2004). *Breaking ranks II: Strategies for leading high school reform*. [Executive Summary]. Reston, VA: National Association of Secondary School Principals. Available online at [http://www.nwrel.org/scpd/sslc/institutes\\_2005/documents/Ollarvia\\_executive\\_summary.pdf](http://www.nwrel.org/scpd/sslc/institutes_2005/documents/Ollarvia_executive_summary.pdf)

<sup>60</sup>New York State Regents. (2003, July). *Regents policy statement on middle level education*. Available online at <http://www.emsc.nysed.gov/ciai/mle/mlepolicy.htm>

<sup>61</sup>McNeely CA, Nonnemaker JM, & Blum RW. (2002). Promoting school connectedness: Evidence from the National Longitudinal Study of Adolescent Health. *Journal of School Health*, 72, 138-146.

<sup>62</sup>Blum RW, McNeely CA, & Rinchart PM. (2002). *Improving the odds: The untapped power of schools to improve the health of teens*. University of Minnesota: Center for Adolescent Health and Development.

<sup>63</sup>Center for Evaluation and Education Policy. (2005). *High school survey of student engagement, 2005: What we can learn from high school students*. Bloomington, IN: Indiana University, Author. Available online at [http://www.indiana.edu/~ceep/hssse/pdf/hssse\\_2005\\_report.pdf](http://www.indiana.edu/~ceep/hssse/pdf/hssse_2005_report.pdf)

<sup>64</sup>Committee on Increasing High Schools Students' Engagement and Motivation to Learn. (2003). *Engaging schools: Fostering high school students' motivation to learn*. Washington, DC: National Academies Press.

in adult society increases dramatically their risk of unemployment, poverty, poor health, and involvement in the criminal justice system.”<sup>65</sup>

The quality and effectiveness of the learning environment cannot be left to chance. The learning environment must be carefully and thoughtfully constructed and maintained to support the academic success of all children.<sup>66</sup> Some may argue that, in the face of pressing academic demands, there is not time to devote to fostering a supportive learning environment. Others may reason that doing so is not the school’s role. However, in studying the problem, the Carnegie Council on Adolescent Development concluded, “School systems are not responsible for meeting every need of their students. But when the need directly affects learning, the school must meet the challenge.”<sup>67</sup>

### **New York State Challenges**

New York State encompasses a large geographic area with a diverse population that includes numerous social, ethnic, racial and linguistic groups. Cultural influences are multifaceted. Major geographic and regional differences exist within the state. There is both economic advantage and economic disadvantage. This diversity offers the possibility of great progress through the combined energies and talents of the people and groups living in the State. Extreme diversity also poses significant challenges to social cohesion and the development of a unified and productive citizenry that is able to address the challenges of the 21<sup>st</sup> century. SEDL serves as a tool for enhancing personal and social potential of this diversity across the State and in all environments in which learning occurs and instruction is provided. As indicated throughout this report, SEDL does this through its emphasis on self-awareness and the management of one’s own feelings and on the recognition and development of the aware of feelings and perspectives of others, all in the context of the development of appropriate relationship-building skills and personally responsible decision making.

Of note is the status of children in New York from birth through young adulthood who live in poverty. In a study conducted by the Annie E. Casey Foundation, state-level indices of child well-being on indicators of health, social and emotional well-being, cognitive development and educational attainment, family and neighborhood context and more found that New York was among the five states ranked lowest in the condition of children in low-income households.<sup>68</sup> The rankings provide a snapshot of the condition of children who are at high risk for negative outcomes and may support the need to examine strategies to foster the well-being of the State’s most vulnerable children. A number of other challenges to the social and emotional health of children and youth exist in New York, including fiscal barriers to mental health services that prevent access to treatment.

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<sup>65</sup> Thurlow ML, Sinclair MF, & Johnson DR. (2002). Students with disabilities who drop out of school— Implications for policy and practice. *Issue Brief, 1*(2). Minneapolis: University of Minnesota, National Center on Secondary Education and Transition. Available online at [http://www.ncset.org/publications/issue/NCSETIssueBrief\\_1.2.pdf](http://www.ncset.org/publications/issue/NCSETIssueBrief_1.2.pdf)

<sup>66</sup> Adelman, H. and Taylor, L. (2005). *New Directions for student support: Rethinking student support to enable students to learn and schools to teach*. Los Angeles: University of California at Los Angeles, National Center for Mental Health in Schools.

<sup>67</sup> Task Force on Education of Youth and Adolescents. (1989). *Turning points: Preparing American youth for the 21st century*. New York: Carnegie Corporation of New York, Carnegie Council on Adolescent Development.

<sup>68</sup> Annie E. Casey Foundation. (2008). *Closing the achievement gap: School, community, family connections*. Baltimore: Author. Available online at [http://www.aecf.org/~media/PublicationFiles/5Connections\\_r10.pdf](http://www.aecf.org/~media/PublicationFiles/5Connections_r10.pdf)

While research indicates that 20 percent of children are diagnosed with some type of mental health condition, about 75 to 80 percent of children do not receive appropriate services to address these issues. Access to qualified mental health professionals, therefore, is paramount. Recent studies indicate that when children do receive mental health services, the majority of the time this occurs within the school setting. In New York State, however, recent changes in Medicaid reimbursement procedures have created barriers to eligible children accessing mental health services in the schools. The new federal procedures have changed the level of credentialing required for school-based providers and for districts to file claims for reimbursement. For example, school psychologists, who often provide counseling and psychological assessments to these children, have no pathway to attain this new level of credentialing. Addressing such challenges will be critical to ensuring that children and their families receive appropriate services and supports in the school setting.

As with children and youth across the nation, children in New York State face similar challenges to their emotional well-being and their ability to learn and achieve academically. They attend schools in which bullying and fighting, and other “violent and disruptive incidents” occur; experience significant rates of depression and suicide, which vary regionally; are slightly more likely than the average U.S. child to live in single-parent households; are only slightly less likely to score below the basic level in 4<sup>th</sup> and 8<sup>th</sup> grade standardized achievement tests; and more likely to score below the national average on reading, mathematics and writing SATs. (See Appendix 2 for more details.)

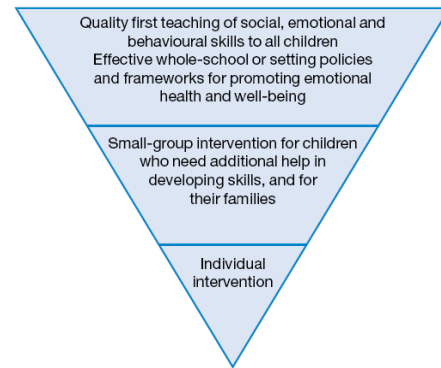
In addition to the challenges faced by children and youth themselves, the settings in which SEDL takes place in New York also work to overcome barriers to implementing of SEDL for children and youth. In response to the question, “What can schools do to make you feel safer?” 52 percent of students surveyed in school districts across the state indicated that a social, rather than reactive, response would make them feel safer. Examples of “social responses” included programs that allow students to express themselves, provide more positive and relaxed environments, encourage students to act responsibly, and increase attention to student rights and mutual respect. To be effective, SEDL implementation should take into account the following:

- Engagement of an extremely diverse population of students and families through a multi-lingual and culturally sensitive public health information campaign as well as school-wide and individualized outreach efforts
- Cross-system collaboration to extremely diverse population of students and families through a multi-lingual and culturally sensitive public health information campaign to improve SEDL
- A sufficient number of qualified, linguistically and culturally competent personnel to provide secondary and tertiary supports to children and families
- The ability and willingness of educators to understand the value of incorporating SEDL building blocks into their curricula and to participate in SEDL assessments
- Sufficient funding to initiate and sustain the implementation of SEDL.

While children and youth may face a number of challenges that make it difficult to develop social emotional competencies and be successful in reaching developmental milestones, the implementation of SEDL from infancy through transition into adulthood also poses its own set of challenges.

Caption: Social Emotional Framework for Schools and other Learning Settings. This framework is guiding the development of social emotional competencies among children in Britain.<sup>69</sup>

One framework for understanding the development of social emotional competencies takes a public health perspective and depicts a continuum of actions: health promotion and prevention; early identification, assessment and intervention; and more intensive intervention and treatment. The top of the inverted triangle shows the whole-school or learning setting initiatives that focus on creating an environment of emotional health and well-being, and a whole-school or learning setting approach to the development of children's social, emotional and behavioral skills.



At the base are those interventions used with children and youth whose difficulties prompt individualized, multi-agency support. The more effective the strategies for promoting social, emotional and academic development all children (at the top of the inverted triangle), the fewer in number will be children and youth requiring more individual support, as depicted at the base.

The framework for SEDL is appropriate for the large majority of children and youth within early learning and pre-K–12 school settings. Nonetheless, SEDL alone will not always be appropriate, or is not yet appropriate, for a significant minority of students who, because of more severe behavioral, emotional or learning problems, may not be able to benefit from the evidence-based learning formats developed for most children and youth in public school systems. This group of children and youth, as indicated in the illustration above, is composed of about 5 to 10 percent of the population. This group has severe diagnosable behavioral, emotional, or learning conditions (e.g., severe attention deficit/hyperactivity disorder [ADHD], autism, posttraumatic stress disorder, reactive attachment disorder, depression, mental retardation) and should have their primary mental or developmental problems treated satisfactorily prior to, or along with, attention to specific curricula in social emotional learning.

Some of these children with the learning ,developmental, and emotional problems noted above will continue to attend schools and efforts to address their difficulties must be made either within the school setting or by referral to appropriate treatment and remediation programs. Other children and youth in this group will be living outside of their homes (e.g., in foster care, residential treatment facilities, detention centers). Learning and education will at times be

<sup>69</sup> Department for Education and Skills. (2005). *Excellence and enjoyment: Social and emotional aspects of learning. Guidance*. Norwich, England: HMSO, Licensing Division, St Clements House. Available online at <http://publications.teachernet.gov.uk/eOrderingDownload/DFES0110200MIG2122.pdf>

provided within these other settings, and it is important to pair treatment for primary mental or developmental problems with SEDL that is appropriate to each child's emotional and developmental levels and abilities.

The link between caring school environments and a continuum of health promotion, early identification and intervention, and structured supports for intensive intervention is clearly articulated and reinforced by Adelman and Taylor, who write, "A caring school anticipates there will be students with such needs for support by introducing programs designed to promote mental health and prevent problems, creating programs that are easily accessible when students show the first signs of needing more assistance, and having interventions that maximize the likelihood that students will be successful in their classrooms and out-of-class activities."<sup>70</sup>

#### **IV. Recommendations**

Recommendations cover the developmental continuum, from birth to young adulthood, and span situations in which children and youth have complex emotional and behavioral challenges and are being served in more than one child-serving system. While the Children's Mental Health Act specifies the development of guidelines and recommendations for children and youth from K–12, the addition of recommendations covering the children in their early years and children and youth with emotional and behavioral problems recognizes the critical nature of getting children off to a good start, and of ensuring appropriate educational and mental health services and supports, when necessary. Of importance is that each recommendation be viewed through the lens of culture and language, which profoundly affect each child's SEDL and the capacity of caring adults to respond to children's needs within the context of each child's culture and heritage.

The following recommendations are intended to foster SEDL and well-being for a majority of infants, toddlers, preschool and school-age children and youth through specific attention to the building blocks of SEDL. They also are intended to promote the mental health of children and youth diagnosed with severe mental health problems, those in social service and foster care systems, those in juvenile detention and probation programs, and those who have alcohol and substance abuse problems. Many children and youth with serious mental health conditions are enrolled in school programs across the State. These conditions (e.g., severe depression, substance abuse) are strong inhibitors of SEDL. Supplementation of standard curriculums in SEDL, therefore, should be offered in a variety of ways.

##### **For Early Childhood and School-based Settings**

Although significant, early childhood and school-based services fall short of addressing the SEDL and mental health needs of infants, children and youth. There is a critical need to build capacity to address the SEDL of all children in New York State across systems of care.

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<sup>70</sup> Adelman HS, & Taylor L. (2005). Creating caring communities. *Impact*, 18(2), pp. 8–9. Available online at <http://ici.umn.edu/products/impact/182/182.pdf>

### **Recommendation 1.1**

Foster the SEDL of infants, toddlers, pre-school and school-age children to promote their emotional well-being, using the building blocks of SEDL and by developing formal and informal education and training for early learning and school-based teachers, so that they have the capacity to incorporate SEDL concepts into curricula.

#### **With attention to the development of:**

- Healthy attachment to a parent or caregiver
- A sense of autonomy
- Self-awareness
- Self-management.
- Social-awareness
- Relationship skills
- Responsible decision making

### **Recommendation 1.2**

Ensure that a comprehensive continuum of SEDL and mental health services and supports is available to promote health; provide assessment and early identification of problems; intervene as early as possible to address problems at their onset, ensure SEDL education for children, families and communities; and provide intensive intervention for children and youth with serious problems.

#### **Strategies**

- Develop universal early screening and assessment activities to identify children and families in need of additional services and supports at the point they are needed.
- Develop comprehensive home visiting services to address the needs of vulnerable pregnant women and families.
- Build capacity in all child- and youth-serving systems to prevent mental health problems by identifying and responding to the social emotional and mental health needs of children, youth and their families.
- Develop and implement a comprehensive and integrated approach to identify and intervene with children and families impacted by mental health problems.
- Raise awareness of the importance of promoting SEDL in children and youth among families, the public, community members, professionals and policymakers.
- Make certain that children identified at risk for serious social emotional and learning difficulties have access to educational, parent and family advocacy, and mental health services and supports.
- Services to promote SEDL in youth should tap into youth strengths, draw upon their abilities to act as mentors for other youth who are coping with mental health issues, and emphasize their abilities rather than disability.
- Increase efforts to ensure that children with specific vulnerabilities, including children in foster care, children in homeless families, and children whose parents struggle with chronic illness and/or addictions have access to quality early care and education programs, and early intervention and preschool education programs and services.

- Ensure the availability of mental health professionals trained to work with children and remove regulatory barriers that impede the delivery of mental health services in the schools.

### **Recommendation 1.3**

Promote formal education and training of caring adults (e.g., parents, caregivers, early childhood educators, teachers, paraprofessionals, support staff) on the normal developmental milestones (e.g., trust, autonomy, separation/individuation) and other knowledge, skills and supports necessary to nurture child and youth health, safety, and positive emotional, social and cognitive growth and development.

#### **Strategies**

- Increase the availability, quality and scope of parenting education activities.
- Support communities in helping families to develop the skills and competencies that promote resilience and well-being of children and youth.
- Support youth as they develop into their future role as adults and parents.
- Provide training and education to teachers, staff and providers of early care and education programs and settings on supporting the SEDL needs of young children.
- Provide training and education to teachers, staff and providers of early care and education programs and settings on supporting the SEDL needs of school-age children and youth.
- Create a new credential in New York State for the delivery of SEDL.

### **Recommendation 1.4**

Support the implementation of, and sustain well-designed evidence-based or -informed programs in preschool, school and other settings (e.g., day care) to assess and meet age-appropriate SEDL needs. Such programs should build upon evidence-based, culturally and linguistically competent assessments of a given setting's current climate, and strive to ensure that there are ample opportunities for SEDL to take place.

#### **Essential elements should include:**

- Rules and expectations, few in number, should be stated in positive behavioral terms.
- All educators, staff and caring adults should understand expectations and implement them with fidelity and with regard for children's developmental needs.
- Children and youth should receive positive instruction and reinforcement of expectations at intervals throughout the year
- Children and youth should receive acknowledgement and positive reinforcement for demonstrating expected behavior
- Adult supervision should be available in common areas to promote as sense of safety and caring.
- Children and youth should actively participate in the governance of the school or learning setting.
- Access to high quality services and supports should be made available to children and youth who require interventions to promote SEDL and academic success.

### **Recommendation 1.5**

Facilitate continued joint efforts between OMH, OMRDD, SED, OCFS, DOH and other child-serving systems for guiding implementation of SEDL programming statewide, based on the best scientific evidence, and further collaboration among the child- and youth-serving agencies.

#### **Strategies**

- Integrate infant and early childhood mental health into all child-related services and systems.
- Identify excellence in SEDL best practices already in place around the State, such as PBIS, and promote dissemination of and fidelity to such practices.
- Examine barriers to the implementation and work collaboratively across systems and agencies to overcome them.
- Attend coordinating services to children and families relying upon services that are person-centered, family driven and youth guided, sensitive to cultural and language considerations and draw upon individual and family strengths.

### **Recommendation 1.6**

Attend to the structural, statutory, regulatory and funding barriers that impede adoption of SEDL programs and standards, so that proven strategies will be widely promoted and developed.

- Work with regulatory and financing agencies to address reimbursement mechanisms to ensure an adequate and qualified workforce to meet school-based mental health needs of children and families.
- Expand local and state funding for existing programs that promote effective youth development and parent involvement in schools, such as the OCFS Advantage Schools Program, and the state contributions to the expansion of the SED 21<sup>st</sup> Century Community Learning Centers Program.

### **For Children and Youth with Complex Emotional and Behavioral Challenges or Children and Youth Being Served in More than One System of Care**

Each recommendation is aimed at meeting specific SEDL needs of children, youth and families who have received or are receiving interventions and treatment in any of a number of settings (e.g., primary care, foster care and child custody, alcohol and/or substance abuse, intellectual disability/developmental disability, juvenile justice) to promote recovery from emotional and behavioral problems. Additionally, the distinct SEDL needs of youth who are making the transition into adulthood are reflected in a number of strategies to build upon youths' strengths and support successful and healthy resolution of this developmental milestone.

### **Recommendation 2.1**

Conduct mental health screening, assessment, early intervention and coordinated mental health treatment referral services for infants, early childhood, and school-age children and their families.

## **Strategies**

- Conduct home visitation programs for all families in primary care, with attention to assessment and screening, early intervention and coordinated mental health treatment referral services; rely upon evidence-based in-home models (e.g., Nurse Family Partnership program, OCFS Healthy Families, Parents as Teachers, Early Head Start).
- Conduct home visitation programs for all families, with attention to enhancement and coordination of services for infants and toddlers with disabilities; assessment and screening; early intervention to foster growth; enhancement of the capacity of families to meet their child's needs; promotion of independent living skills; and assurance of coordinated mental health treatment referral services, when indicated.
- Conduct mental health evaluations by licensed mental health professionals for all children and youth entering social services custody or foster care, to assess their emotional and developmental status and evaluate for the presence of mental health and/or substance abuse problems.

## **Recommendation 2.2**

Develop, identify, and utilize community, family and peer services and supports to promote child and youth development and well-being.

## **Strategies**

- Ensure that young families served in primary care settings who lack support systems receive education and support to stimulate and meet the needs of their children, thereby sustaining progress being made by their children.
- Assure the regular, ongoing monitoring of children and youth leaving social services custody or foster care and returning to their parents' homes and assessment of current or newly developing emotional and behavioral disturbances and/or alcohol or substance abuse.
- Expand community-based and family support programs to serve children and youth leaving social services or foster care, the juvenile justice system, residential or outpatient treatment for alcohol and/or substance abuse and returning to their parents' homes with ongoing monitoring and screening, home visiting to support family coping capacity, and connecting youth to local community youth development programs.
- Ensure the availability of peer support services for youth preparing for transition into adulthood, with a focus on promoting SEDL competencies, particularly goal setting and attainment.
- Engage youth advocates in incorporating SEDL competencies into curricula they use to prepare peer mentors and advocates.

## **Recommendation 2.3**

Develop programs effective in optimizing SEDL in schools and other settings (e.g., day care, after-school programs) to take into account the needs, potential vulnerabilities, and risks for emotional and behavioral problems for children in foster care (e.g., the need for a secure attachment to a caring adult), in the juvenile justice system, in treatment or recovery for alcohol and/or substance abuse problems and for children whose parents are coping with serious mental health problems, substance abuse disorders or incarceration.

### **Strategies**

- Develop programs to address SEDL promotion for youth with alcohol and/or substance abuse problems and examine the feasibility of integrating these programs with more usual treatments for mental health problems and/or alcohol and substance abuse.
- Incorporate into SEDL programs the acceptance of, interaction with, and communications strategies effective for children who have ID/DD.
- As part youth planning for transition into adulthood, assess and attend to strengthening SEDL competencies, where needed, within the context of the youth's needs and desires.
- Seek input from youth in developing programs to optimize SEDL and tap into their expertise in program design.

### **Recommendation 2.4**

Utilize public health approaches to promoting SEDL, improving public understanding of the value of health promotion and early intervention services, and engaging communities in such health promotion strategies.

### **Strategies**

- Use public health campaigns for medical personnel and primary care providers focused on the value of early intervention and home visitation programs; and conduct campaigns through professional societies (e.g., American Academy of Pediatrics, American Academy of Family Physicians) and in medical school and residency training programs.
- Employ a public health outreach and information program for at-risk populations to address family engagement issues (e.g., mistrust of health and mental health care systems), parent education (e.g., knowledge of usual developmental milestones, development of parenting skills), and stigma with children, youth and their families to promote SEDL and mental health intervention, when indicated.
- Incorporate into public health campaigns messages that educate the public about stigma, how it serves as a barrier for youth who are coping with mental health issues and how good things can come from having a mental health challenge.

### **Recommendation 2.5**

Provide training and education to personnel working in the child-serving systems of care about SEDL, emotional and behavioral problems and their expression, and approaches to enhancing each child's SEDL.

### **Strategies**

- Develop and implement SEDL training that promotes acceptance and interaction with children who have ID/DD.

## **Recommendation 2.6**

Foster the integration and coordination of SEDL and related supports and services across the child-serving systems of care through partnerships that promote the reliance upon best practices, evaluation, and quality improvement.

### **Strategies**

- Make use of a collaborative team model (i.e., educators, mental health, health, juvenile justice, alcohol and substance abuse, and social services personnel) to jointly anticipate and address problems of children and youth who are at risk or being provided intervention for emotional, behavioral, substance abuse problems, or previous child custody or foster care.
- Rely upon best practices to ensure integrated, seamless services at points of transition for young children, such as automatic referral to the school district Committee of Pre-School Special Education for children aging out of early intervention services, to determine additional service needs and appropriate educational placement.
- Continue to expand and evaluate the impact and effectiveness of school-based health and mental health clinics. On-site services in schools have the potential to reach many more children who otherwise would not have access to assessment and treatment.
- Examine primary care setting models to determine what elements of the care setting are associated with better outcomes for young children (e.g., Do medical clinics connected to other services such as social work, day care and early intervention excel in detecting deficits in SEDL?)
- Rely upon best practices to ensure integrated, seamless services at points of transition for young children, such as automatic referral to the school district Committee of Pre-School Special Education for children aging out of early intervention services, to determine additional service needs and appropriate educational placement.
- Assure that children with ID/DD who have entered or may be leaving the foster care system have access to OMRDD programs and services.

## **V. CONCLUSION**

In responding to all of the recommendations, the Workgroup suggests that policy makers, educators, mental health personnel, families and communities be guided in promoting SEDL by relying upon practices based on the best scientific evidence or on practices showing promise in fostering children's SEDL. Examples of noteworthy programs and resources are found in Appendix 3.

As this document describes, social, emotional, and cognitive development are highly interrelated. Principle 1 of the New York State Code of Ethics for Educators<sup>71</sup> reinforces this understanding: "Educators nurture the intellectual, physical, emotional, social, and civic potential of each student." This standard is consistent with and supportive of the body of

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<sup>71</sup> New York State Education Department. (2002, July). *New York State code of ethics for educators*. Albany, NY: Author. Available online at <http://www.highered.nysed.gov/tcert/resteachers/codeofethics.htm#background>

knowledge demonstrating that SEDL has a positive impact on student attitudes, behaviors, and performance.

School climate and culture emerge in direct relationship to how well early learning and school settings address barriers to learning and how intentionally instruction and environment promote positive SEDL. Attention to SEDL helps to create a vocabulary and coordinating framework for school-wide efforts to promote children's healthy development, and strengthen relationships between teaching and administrative staff and mental health personnel. Also important from personal and social perspectives is attention to SEDL and barriers to it for children and youth who are at risk for negative outcomes, such as those who are living with severe emotional and behavioral disturbances, alcohol and substance abuse or delinquent behavior, or in those whose family environments have resulted in placements in social services custody or foster care.

This report should be considered a foundation for a broad and ongoing effort among stakeholders who value the development and implementation of SEDL for children and youth in schools and other environments in which learning takes place and instruction is provided. It calls us to action, urges us to use the tools and knowledge available, and challenges us to take advantage of every opportunity to ensure the mental health and well-being of our children and youth.

## **APPENDICES**

Appendix 1: International SEDL Practices

Appendix 2: Challenges to Children and Youth and to the Implementation of SEDL

Appendix 3: Resources

## Appendix 1 International SEDL Practices

### **Singapore**

In response to requests from the global business community, Singapore has searched for methods to improve its graduates' abilities to work effectively in the multiracial workgroups common to these companies. In the summer 2006, the Ministry of Education launched SEDL nationwide in schools.

### **United Kingdom**

The Department for Education and Skills has committed over the last five years significant resources to develop social and emotional aspects of learning (SEAL) programs. The programs are found in about one-half of primary schools and currently in approximately 10% of secondary schools.

### **Israel**

The Ministry of Education views emotional intelligence as the key to student engagement, violence reduction, and increased motivation for learning and creativity. Educators have developed a dual approach, first finding and nurturing children's strengths and second integrating life skills and prevention services.

### **Colombia**

This South American country has implemented a policy on national citizenship competencies to foster the peaceful resolution of conflict, promote the understanding of differences, involve young people in mutual decision making, and encourage a collaboration of youth and adults. This policy is being implemented in 36,000 Colombian institutions.

### **British Columbia**

Many schools and districts in British Columbia are teaching social responsibility, even though it is not mandatory, and making it an integral part of teacher practice.

### **Spain**

Areas of Spain are committed to SEDL, including 300 schools in San Sebastian in the Basque region (300 schools), 75 schools in Cantabria (where they call it "Responsibility Education"), teacher preparation in Barcelona, and "emotional intelligence" in schools in Malaga.

For additional information on international practices, see pages 29 and 30 of *Academic and Social Emotional Learning* by Maurice J. Elias. The publication is available online at <http://www.ibe.unesco.org/publications/EducationalPracticesSeriesPdf/prac11e.pdf>

## Appendix 2 Challenges to Children and Youth and to the Implementation of SEDL

### Challenges to Children and Youth

Challenges	NY Challenges	Comments																								
<p><b>Depression</b></p> <ul style="list-style-type: none"> <li>28.5% youth report feeling so sad or hopeless every day for 2 weeks or more that they stop normal activities [CDC]</li> <li>68% of high school professionals identified depression as a great (14%) or moderate (54%) problem in their schools [Annenberg Public Policy Center]</li> </ul>	<p>The percentage of New York youth reporting at least one major depressive episode in 2004-2005 was in the range of 9.1% to 9.4%. This is the second <i>highest</i> range of five ranges used by SAMHSA to report depression rates for this age group. Rates for the two years were averaged. [SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2004 and 2005.]</p>	<p>While the national percentage of adults (over 18 years) with at least one major depressive episode is higher (11.13 – 11.51) than for New Yorkers 18 years and under, this places them in the second <i>lowest</i> range of five ranges used by SAMHSA to report the results for adults.</p>																								
<p><b>Suicide</b></p> <ul style="list-style-type: none"> <li>13% of youth surveyed had made a suicide plan sometime during the previous 12 mos. [CDC]</li> </ul>	<p>Suicide rate (per 100,000), New York State, 2004, 15 to 19 years of age</p> <table style="margin-left: 20px;"> <thead> <tr> <th style="text-align: left;"><i>Region</i></th> <th style="text-align: left;"><i>Rate</i></th> </tr> </thead> <tbody> <tr><td>Central</td><td>6.2</td></tr> <tr><td>Western</td><td>6.1</td></tr> <tr><td>NY/PA</td><td>5.6</td></tr> <tr><td>Northeastern</td><td>5.1</td></tr> <tr><td>Long Island</td><td>4.5</td></tr> <tr><td>Finger Lakes</td><td>4.2</td></tr> <tr><td>NYC</td><td>4.2</td></tr> <tr><td>Hudson Valley</td><td>4.0</td></tr> </tbody> </table> <p>[NYS Department of Health, Vital Statistics, 2004]</p>	<i>Region</i>	<i>Rate</i>	Central	6.2	Western	6.1	NY/PA	5.6	Northeastern	5.1	Long Island	4.5	Finger Lakes	4.2	NYC	4.2	Hudson Valley	4.0	<p>Suicide rate (per 100,000), NYS, all age groups:</p> <table style="margin-left: 20px;"> <tbody> <tr><td>State</td><td>6.1</td></tr> <tr><td>Upstate</td><td>6.5</td></tr> <tr><td>NYC</td><td>5.6</td></tr> </tbody> </table>	State	6.1	Upstate	6.5	NYC	5.6
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NYC	5.6																									
<p><b>Bullying</b></p> <ul style="list-style-type: none"> <li>54% of high school professionals identify bullying as a great (11%) or moderate (43%) problem in their schools [Annenberg]</li> <li>82% middle school professionals expressed concern regarding bullying [Annenberg]</li> </ul>	<p>There were 37,096 bullying incidents reported by schools in NYS for the 2004–2005 school year. Of these, 224 involved weapons; 36,872 did not. [NYSED, IRTS, Violence Data, 2006]</p> <p>More than one-third (39%) of NY secondary school students report that bullying, name-calling and harassment is a serious problem in school. [From <i>Teasing to Torment: A Profile of School Climate in New York</i>, based on a national study of secondary school students and teachers by Harris Interactive.]</p> <p>A majority (60%) of students who experience harassment of assault at school do not report it. [From <i>Teasing to Torment</i>]</p> <p>In a small study conducted by the NYSCSS in the 200102 school year, 8 of 9 school district superintendents indicated that bullying was a concern in their buildings. [NYSCSS Research Brief, March, 2003.] There was disagreement among school administrators as to whether bullying was a “violent” activity.</p>																									

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**Fighting**

- 57% of middle school professionals expressed concern regarding fighting [Annenberg]

The SED violent and disruptive incidents report includes incidences assumed to be similar to “fighting”: assault with serious physical injury, assault with physical injury, minor altercations. For the 2004-2005 school year, total incidents for NYS schools in each of these categories were as follows:

- Assault with serious physical injury
  - w/ weapon 18
  - no weapon 227
- Assault with physical injury
  - w/ weapon 158
  - no weapon 6,098
- Minor altercation
  - w/weapon 104
  - no weapon 45,390

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**Dangerous Schools**

- Schools cited as “dangerous” need guidance to “focus on improving school climates over time.” [US Education Department Safe and Drug-Free Schools and Communities Report, June, 2007]
- Many schools report a “continued and heightened need to ensure our students are provided opportunities to excel in schools and learning environments that are safe and free of alcohol and drug use. [Same]

There were 190,439 violent and disruptive incidents reported in NY schools for the 2004–2005 school year. The breakdown (number and rate per 1,000 students) by Need/Resource Capacity Categories is as follows:

Category	#	Rate
NYC	50,554	49.8
Large City	26,567	239.2
High Need U/S	23,312	104.2
High Need Rural	21,553	126.0
Average Need	52,659	61.6
Low Need	12,180	30.6
Charter	3,614	234.9
Total	190,439	68.3

[NYSSED, IRTS, Violence Data, 2006]

Note: NYC Comptroller William C. Thompson issued an audit finding in 2007 that NYCDOE is under-reporting violent and disruptive incident data [NYC Comptroller website, Press Release 07-09-114].

In response to the question, “What can schools do to make you feel safer,” 52% of students surveyed in large and small city school districts in NY indicated that a social, rather than reactive, response would make them feel safer. Examples of “social responses” include programs that allow students to express themselves, a more positive and relaxed environment, students acting responsibly, increased attention to student rights and mutual respect. [New York State Center for School Safety Research Brief, February, 2004.]

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**Single and step-parent families**

- Growing up in single-and step-parent families is associated with more risk to a child’s well-being, including dropping out of school, leaving home early, securing low-skilled and low-paying jobs and experiencing poor health. . . . The United States has the greatest percentage of children between the ages of 11 and 15 living in single-and step-parent family homes. [UNICEF *Child Poverty in Perspective Report*, 2007]

- 37.8% of NY children are born to unmarried mothers
- National = 35.8% [Kids Count]
- 34% of NY children live in single-parent households
- National = 32% [Kids Count]
- 6% live in father-only households; 28% live in mother-only households [Kids Count]
- Kids in single-parent households are almost 5 times more likely than kids in married households to be living below the poverty line. Single-parent = 33%; married = 7% [Kids Count]
- 4% live with grandparents [Kids Count]
- 6% live with neither parent [Kids Count]

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**Student Achievement**

- Significant percentages of NY schoolchildren score below the basic level in standardized tests for 4<sup>th</sup> and 8<sup>th</sup> grades.

*4<sup>th</sup> Grade Tests:* Math, 15% (natl = 19%); Reading, 31% (natl = 34%)

*8<sup>th</sup> Grade Tests:* Math, 30% (natl = 30%); Reading, 25% (natl = 27%)  
[Kids Count]

- College-bound seniors from New York schools compare unfavorably to their counterparts from other states on the SAT

*Critical Reading:* National average = 503, New York = 493; 46 states have a higher average score

*Mathematics:* National average = 510, New York = 493;

36 states have a higher average score

*Writing:* National average = 497, New York = 483

44 states have a higher average score

[National Center for Education Statistics, Digest of Education Statistics, SAT Scores of College-Bound Seniors: 2005-2006]

NY's average expenditure/student is 62% higher (\$14,119) than the national average (\$8,701). [U.S. Census Bureau, Annual Survey of Local Government Finances, 200x]

## Challenges: Implementation of Social Emotional Development and Learning

Essential Element	Challenge to Implementation
<b>PREVENTION</b>	
<ul style="list-style-type: none"> <li>• Comprehensive public campaign to disseminate research findings regarding linkages between social emotional development and academic achievement</li>   <li>• Training for teachers, other school staff, parents/ caregivers in employing evidenced-based strategies to improve social/emotional development</li>   <li>• Consistent use of SEDL skill-building approaches for universal level of SEDL skill-building</li> </ul>	<ul style="list-style-type: none"> <li>• Funding? (Resources for media consultation, media buys, printed materials, etc.)</li> <li>• Diversity of New York population               <ul style="list-style-type: none"> <li>○ Need for special approaches for different racial, ethnic and other cultural groups                   <ul style="list-style-type: none"> <li>▪ 32% of NY children/youth are in immigrant families [Kids Count]</li> </ul> </li> <li>○ Language                   <ul style="list-style-type: none"> <li>▪ Two-thirds of parents of NY children in immigrant families have difficulty speaking English [Kids Count]</li> </ul> </li> </ul> </li> <li>• Time for training teachers and school staff (in face of other considerable demands, including other mandated training)</li> <li>• Parent/caregiver engagement (see diversity issues, above) and time to participate in training, workshops, etc.</li> <li>• Collaboration with other systems to ensure uniform approach (for students in out-of-school placements)</li>   <li>• Without legislation to require SEDL skill building as part of school curriculum, usage will be voluntary, and thus not likely to include all NY schools</li> <li>• “Reform fatigue” on part of schools, as well as different (and, perhaps, contradictory) emphases of other education mandates</li> <li>• Collaboration with other systems to ensure uniform approach (for students in out-of-school placements)</li> </ul>
<b>EARLY SCREENING AND IDENTIFICATION</b>	
<ul style="list-style-type: none"> <li>• Use of valid and reliable SEDL broadcast instruments by schools or school partners on a regular basis</li> </ul>	<ul style="list-style-type: none"> <li>• Without legislation to require such screenings, they will be voluntary, and, as such, not likely to be used by all NY schools.<sup>72</sup></li> <li>• Parent consents</li> <li>• Qualified staff (Education? Mental health? Health?) to conduct and analyze screenings and perform appropriate follow-up functions</li> <li>• Collaboration with other systems (for students in out-of-school placements)</li> <li>• Confidentiality – ability to share information across systems</li> </ul>
<b>INTERVENTION</b>	
<ul style="list-style-type: none"> <li>• Use of evidence-based approaches for students identified by screenings as needing additional skill-building</li> </ul>	<ul style="list-style-type: none"> <li>• Identification of evidence-based approaches for secondary/targeted interventions</li> <li>• Parent consent?</li> <li>• Parent engagement (diversity issues, agreement that child requires intervention, agreement to use strategies at home)</li> <li>• Students with internalizing vs. externalizing issues may not be identified without screening and thus will not receive appropriate intervention.</li> <li>• Qualified staff (Education? Mental Health? Health?) to provide intervention</li> <li>• Confidentiality (ability o share information across systems)</li> <li>• Collaboration with other systems to ensure continuity of approach (for students in out-of-school placements)</li> <li>• Coordination with other secondary/targeted interventions (e.g., PBIS secondary/targeted)</li> </ul>

<sup>72</sup> The only legally required screenings by NY schools at present are vision, hearing and scoliosis.

### **MORE INTENSIVE INTERVENTION**

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- Use of evidence-based approaches for students identified by screeners (or by skill-building professionals at the secondary/ targeted intervention level) as needing more intensive assistance
- Identification of evidence-based approaches for tertiary/intensive interventions? [At this level, are students likely to have mental health diagnoses? Are we looking at interventions by licensed mental health professionals?]
- Parent engagement (diversity issues, agreement that child requires intervention, agreement to use strategies at home)
- Qualified staff to provide intervention?
- If intervention is to be provided at school by a community mental health provider: space that affords confidentiality on a regular basis<sup>73</sup>
- If student has a special education classification and intervention is related to IEP goal, designation of mental health provider as a “related services” provider; if student has IEP and is Medicaid-eligible and school participates in School Supportive Health Services Program (SSHSP), billing by school district with reimbursement to mental health provider<sup>74</sup>
- Coordination with other tertiary/intensive interventions (e.g., PBIS tertiary/intensive)

### **ALL LEVELS**

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- Staff turnover as it affects commitment to SEDL goals and practices<sup>75</sup>
  - Staff shortages<sup>76</sup>
  - Staff diversity, including ability to speak languages other than English
  - Data collection, data sharing<sup>77</sup>
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<sup>73</sup> While *Section 414 of Education Law* was amended to provide clear statutory authority for use of school space for licensed school health/mental health clinics, the identification of appropriate space within schools can be difficult and funding to modify space to meet a particular system’s requirements may not be available from that system.

<sup>74</sup> Approximately 93% of all NY schools participate in the School Supportive Health Services Program (SSHSP). Under SSHSP, only school districts may bill Medicaid for Medicaid-eligible services provided to a Medicaid-eligible student with an IEP. “Related service providers” are required to execute a Statement of Reassignment under which they agree not to bill Medicaid.

<sup>75</sup> SED has commented on the importance of “consistent implementation” for initiatives such as PBIS, to make significant gains in assisting at-risk students. [Memorandum from Jean C. Stevens and Rebecca Cort to the Board of Regents on the topic of “Health and Mental Health Issues of Students,” May 31, 2006.]

<sup>76</sup> Staff shortages in the mental health system are a significant problem in some areas, particularly rural areas and the problem appears to be worsening. In addition, there are significant shortages of mental health professionals who speak a language other than English.

<sup>77</sup> SED has noted that “school districts and state agencies need to obtain and use student health data for planning programs and to improve health and mental health.” [Memorandum from Jean C. Stevens and Rebecca Cort to the Board of Regents on the topic of “Health and Mental Health Issues of Students,” May 31, 2006.]

## Appendix 3 Resources

### Evidence-based Practices

#### Early childhood settings

- Mental health consultation for early childhood  
[http://www.jhsph.edu/wchpc/publications/ecmhc\\_toolkit.pdf](http://www.jhsph.edu/wchpc/publications/ecmhc_toolkit.pdf)
- The Incredible Years <http://www.incredibleyears.com/>
- Head Start REDI (Research-based and developmental informed)  
[http://www.prevention.psu.edu/projects/Head\\_Start\\_REDI.html](http://www.prevention.psu.edu/projects/Head_Start_REDI.html)

#### School-age/school-based

- ***Collaborative for Academic, Social and Emotional Learning (CASEL)***  
[http://www.casel.org/projects\\_products/safeandsound.php](http://www.casel.org/projects_products/safeandsound.php)
- ***Positive behavioral interventions and supports (PBIS)***  
<http://www.pbis.org/main.htm>
- ***FAST Track Prevention of anti-social behavior***  
<http://www.fasttrackproject.org/>
- ***PATH Promoting Alternative Thinking Strategies***  
<http://www.channing-bete.com/prevention-programs/paths/research-development.php>
- ***Cognitive Behavioral Interventions for Trauma in Schools (CBITS)***  
<http://www.hsrcenter.ucla.edu/research/cbits.shtml>
- ***Parent Management Training Oregon Model***  
<http://www.northcare-up.org/pmto.html>

Additional evidence-based practices may be found at:

- ***Evidence-based Program Database***  
<http://altdmh.org/ebpd/search.php>  
Website for the Center for Learning Excellence of Ohio State University. The database is intended to span the health and human services, education, mental health, child and family services, juvenile justice, and other social service systems that seek to change youth behaviors.
- ***School and Community Programs and Curricula: Social/Emotional Learning and Behavioral Health*** with Links to Evidence on the National Association of State Directors of Special Education web site  
<http://www.ideapartnership.org/report.cfm?reportid=134>
- ***Tools, Strategies, Guides, and Opportunities: Social/Emotional Learning and Behavioral Health***, with links to evidence when available, on the National Association of State Directors of Special Education  
<http://www.ideapartnership.org/report.cfm?reportid=135>

- **National Registry of Evidence-based Programs and Practices**  
<http://www.nrepp.samhsa.gov/find.asp>  
 The site provides a searchable database of interventions for the prevention and treatment of mental and substance use problems to aid people, agencies, and organizations in considering and implementing programs and practices in their communities. Sponsored by the Substance Abuse and Mental Health Administration.
- **The Promising Practices Network**  
<http://promisingpractices.net/>  
 The network is dedicated to providing quality evidence-based information about what works to improve the lives of children, youth, and families. The site contains summaries of programs and practices that are proven to improve outcomes for children. Information on the site is screened for scientific rigor, relevance, and clarity.
- **Prevention Research Center at Pennsylvania State University**  
<http://www.prevention.psu.edu/about/index.html>  
 The Center examines how communities can work together with families, schools, community groups (social service, youth groups, the faith community), and industry to promote healthy lifestyles for children, youth, and families, and develops clinical trials of innovative models to promote competence and prevent maladaptive outcomes for children, families, and communities.
- **Safe and Sound: An Education Leader's Guide to Evidence-Based Social and Emotional Learning Programs Collaborative for Academic, Social, and Emotional Learning**  
[http://www.casel.org/projects\\_products/safeandsound.php](http://www.casel.org/projects_products/safeandsound.php)  
 Based on a three-year study funded by the Institute of Education Sciences and the Office of Safe and Drug-Free Schools in the U.S. Department of Education, Safe and Sound is a comprehensive and inclusive guide that provides a road map for schools and districts that are launching or adding social, emotional, and academic learning programs.

### Additional Articles

- Cohen J & Pickeral T. (2007, April 18). How measuring school climate can improve your school. *Education Week*, 26(33), 29-30.
- Flaspohler PD, Anderson-Butcher D, Bean J, et al. (2008, January). Readiness and school improvement: Strategies for enhancing dissemination and implementation of expanded school mental health practices. *Advances in School Mental Health*, 1(1), 16-27.
- Greenberg MT, Weissberg RP, O'Brien MU, et al. Enhancing school-based prevention and youth development through coordinated social, emotional and academic learning, *American Psychologist*, 58(6/7), 466-474.
- Harper M, Hernandez M, Nesman T, et al. (2006). *Organizational cultural competence: A review of assessment protocols* [Making children's mental health services successful series, FMHI Pub. No. 240-2]. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research & Training Center for Children's Mental Health.
- Osher D, Sprague J, Weissberg RP et al. (2007). A comprehensive approach to promoting social, emotional, and academic growth in contemporary schools. In A.

Thomas & J. Grimes, Eds., *Best practices in school psychology V* (pp. 1263-1278).  
Bethesda: National Association of School Psychologists.

## Examples of Schools in Action

### ***Bronx Lab High School***

- Partnership with F.E.G.S. Health and Human Services System and the Institute for Student Achievement
- Liberal arts, college preparatory, project-based academic work, daily small-group advisories
- Extended school day program
- Advisory meets four times per week for student support, family engagement, strong school connectedness
- Mental health services on campus

### ***Collaborative Effort of ESR Metro and the NYC Department of Education***

- Through the SEL Policy Pilot, Educators for Social Responsibility Metropolitan Area (ESR Metro) is assisting 19 schools in Region 6 (Brooklyn) in a year-long process of self-assessment and planning regarding the implementation of social and emotional learning in their schools.
- The 19 schools, which include six high schools, seven middle schools, and six elementary schools, are using tools developed by CASEL, a national leader in promoting SEL as a framework for school improvement.
- Tom Roderick, Executive Director, Educators for Social Responsibility Metropolitan Area (ESR Metro), 475 Riverside Drive Suite 550, New York, NY 10115. Phone: 212 870-3318 x32. Email: troderick@esrmetro.org

## Organizations

- ***Collaborative on Academic, Social and Emotional Learning (CASEL)***  
<http://www.casel.org/home.php>
- ***Center for Social and Emotional Education (CSEE)***  
<http://www.csee.net/climate/>
- ***Coalition for Community Schools***  
<http://www.communityschools.org/>
- ***Positive Behaviors and Intervention Supports***  
<http://pbis.org/main.htm>
- ***Center for Mental Health in Schools***  
<http://smhp.psych.ucla.edu/temphome.htm>
- ***Center for School Mental Health***  
<http://csmh.umaryland.edu/>
- ***School Mental Health***  
<http://www.schoolmentalhealth.org/index.html>
- ***IDEA Partnership***  
<http://www.ideapartnership.org/rkr2.cfm?rkrpageid=11>