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Efficacy of School-based SEL Programs: Aligning with Health and Physical Education Standards

TAN LENG GOH
MARY CONNOLLY

Background

The competencies and sub-competencies of the Collaborative for Academic and Social Emotional Learning (CASEL) are very closely aligned to skills-based health education based on the National Health Education Standards and SHAPE America Grade-level Outcomes but miles apart when it comes to recognizability, perceived need, efficaciousness and implementation.

Health and physical educators provide students with the functional health knowledge and skill needed to cope with life’s challenges and the skills to be physically, mentally, emotionally, intellectually and socially healthy and happy. With close examination of the National Health Education Standards, SHAPE America Grade-level Outcomes, and the social-emotional learning (SEL) competencies, we see similarities and overlap.

Recently, however, CASEL has been successful in promoting SEL as a separate and unique initiative that requires special educators, special curriculum, special administrators, and an independent implementation plan. In the summary of “Promoting Positive Youth Development through School-based Social and Emotional Learning Interventions: A Meta-Analysis of Follow-up Effects,” we learn that SEL teaches children to recognize and understand their emotions, feel empathy, make decisions, and build and maintain relationships (Taylor, Oberle, Durlak, & Weissberg, 2017). Globally, SEL interventions have demonstrated SEL’s enhancement of positive youth development, where participants fared significantly better than controls in SEL skills, attitudes and indicators of well-being (Taylor et al., 2017).

Upon a closer look at the SEL competencies, we see similarities between the National Health Education Standards and SHAPE America Grade-level Outcomes. Because the National Health Education Standards and the SHAPE America Grade-level Outcomes have not been assessed, there is no data to prove efficacy. However, the CASEL competencies and their recommended curricular have been assessed and proven that they enhance personal health and well-being. In fact, many of the CASEL-approved curricula listed on the website (https://casel.org/) are established health education curricula. When the SEL competencies are aligned to skills-based health and physical education curriculum, we see a unique way to implement SEL into every grade level. This plan meets the suggested CASEL implementation plan and strengthens health and physical education programs.

CASEL’s recommended implementation plan includes integration SEL competencies into all subject areas and throughout a school, using the Whole Child Approach. Health and physical educators have a vital role in this plan. Specifically, programs are aligned with the SEL competencies, and educators are trained to deliver this instruction to youth. Also, as members of the Whole

Tan Leng Goh (t.goh@ccsu.edu) is an assistant professor in the Department of Physical Education and Human Performance at Central Connecticut State University in New Britain, CT. Mary Connolly (mary.c.connolly@go.cambridgecollege.edu) is the program chair, Skills-Based Health/Social Emotional Learning in the School of Education at Cambridge College in Boston, MA.
School, Whole Community, Whole Child wellness team, educators provide school- and district-wide input on implementation practices.

It is the intent of this article to demonstrate how current research that indicates the benefits of teaching and learning SEL skills is related to the skills taught in health and physical education. The question remains, “How do we empower districts to embrace their health and physical education programs as PreK–12 implementation vehicles for SEL?” By examining the literature, we see that the benefits of learning and practicing skills are regardless of where they are taught and that a skill is a skill regardless of being labeled as an SEL skill or a health education or a physical education skill. Therefore, if the SEL skills are similar to health and physical education skills, we suggest that students taking those classes or programs also receive similar benefits.

SEL Connections in School-based Programs

CASEL identifies five core competencies of SEL: self-awareness, self-management, social awareness, relationship skills and responsible decision-making. These competencies when embedded within the K–12 school settings can have a lasting impact on students’ current and future success. CASEL’s call for the adoption of SEL standards at the state level is proposed to guide efforts to implement SEL programs in schools, as well as set guidelines for what and when students should learn about the competencies of SEL (Eklund, Kilpatrick, Kilgus, & Haider, 2018). In a systematic review of the adoption of K–12 SEL standards across the United States, Eklund et al. (2018) found that 49 states and the District of Columbia included SEL competencies within preexisting health and/or physical education standards. Ohio did not mention SEL competencies within health or physical education standards, but did have freestanding SEL standards (Eklund et al., 2018). While almost every state included some variation of all five CASEL core competencies, Louisiana and Maine included four of the five CASEL competencies (Eklund et al., 2018).

In the next section we attempt to discuss a few K–12 school programs within the United States that have been promoting the competencies of SEL in schools. Specifically, we will provide a brief review of literature discussing the efficacy of school health education programs that are connected to the competencies within SEL. The majority of the implemented SEL programs used universal approaches, such as through whole school promotion, rather than within contained health education classrooms. We will also discuss about the efficacy of these programs and any positive outcomes that were a result of the implementation of these programs.

Durlak, Dymnicki, Taylor, Weissberg and Schellinger (2011) conducted a meta-analysis on school-based SEL interventions (213 studies involving 270,034 students) and found that the majority of SEL programs were classroom based, either delivered by teachers (53%) or non-school personnel (21%), and 26% were multicomponent programs, where teacher-administered classroom interventions were supplemented with a parent component. Importantly, students who received SEL interventions demonstrated enhanced SEL skills, attitudes and positive social behaviors, and also displayed fewer conduct problems and had lower levels of emotional
distress, compared to students in the control groups (Durlak et al., 2011). Furthermore, programs that followed all four recommended training procedures (SAFE – Sequential, Active, Focused and Explicit) produced the most significant effects on SEL outcomes (Durlak et al., 2011). SEL programs also appeared to be successful at all educational levels (elementary, middle and high school) and in urban, suburban and rural schools (Durlak et al., 2011). Based on the results of this meta-analysis on the efficacy of SEL programs in schools on SEL outcomes among students, it is highly encouraged that health and physical educators implement SEL programs within their curriculum to promote the learning of SEL competencies among K–12 students.

Harlacher and Merrell (2010) examined the initial and follow-up effect of a SEL curriculum (Strong Kids) among a sample of 106 3rd- and 4th-grade students and found that students who received the curriculum had greater positive gains across all of the dependent measures from pretest to posttest, and these gains were maintained at the 2-month follow-up period. With an implementation fidelity of 85%, the 12-week Strong Kids curriculum was implemented by the classroom teachers from September to December, and one booster session in January (Harlacher & Merrell, 2010). Furthermore, the classroom teachers promoted SEL skills through verbal praising and reminding the students to use the SEL skills they learned (Harlacher & Merrell, 2010). Students’ knowledge of SEL skills and the application of those skills, coping skills, and perceptions of their social-emotional competencies and social assets were measured through self-assessment using the SK Knowledge Test, Coping Scale, and SEARS-C assessment, respectively, while students’ social functioning was measured through teachers’ completion of School Social Behavior Scales on each student during each assessment period (pretest, posttest and follow-up; Harlacher & Merrell, 2010). The results of the study implied that a school-wide prevention framework using an effective SEL curriculum can have positive effects on students’ SEL competencies (Harlacher & Merrell, 2010).

Greenberg, Domitrovich, Weissberg and Durlak (2017) advocated for a public health approach to “prevent” rather than “treat” problems through the effective implementation of school-based SEL programs that can lead to improvements in many areas of children’s lives. Specifically, children’s confidence, engagement in school, test scores and grades, and desirable behaviors can be enhanced through SEL programs in the short term, while in the long run, children are more ready for college, succeed in their careers, have positive relationships and have better mental health (Greenberg et al., 2017). Further, schools are ideal sites for promoting SEL programs with universal approaches that target an entire population of children to enhance their SEL competencies (Greenberg et al., 2017). SEL programs have also been found to be effective in bullying prevention in schools by targeting individual and peer influences on bullying (Smith & Low, 2013). Specifically, Smith and Low (2013) suggested that SEL can be a “key ingredient” in bullying prevention through the teaching of empathy, emotion management, social problem-solving and social competency skills among students. For instance, teaching emotion-management skills can empower students who are being bullied to respond more effectively and help bystanders to report to adults as a way to discourage bullying (Smith & Low, 2013).

Additionally, school-based SEL programs have been found to be effective in improving elementary school students’ academic achievement (Schonfeld et al., 2015). An SEL curriculum, PATHS (Promoting Alternative Thinking Strategies) was implemented in 24 elementary schools within a large, urban, high-risk school district (Schonfeld et al., 2015). Results from the study revealed that students who were enrolled in the intervention schools demonstrated higher levels of basic proficiency in reading, writing and math regardless of their race/ethnicity, gender and socioeconomic status (Schonfeld et al., 2015). In their study of long-term adherence to physical activity among middle-school students, Grim, Petosa, Hortz and Hunt (2013) discovered that a self-regulation based physical ac-
Conclusion and Next Steps

From the literature review discussed in the previous section, we found that several commercial and non-commercial programs in the United States have been implemented in the schools to promote the SEL competencies successfully. Many programs have shown efficacy in promoting the five core competencies of SEL: self-awareness, self-management, social awareness, relationship skills and responsible decision-making. However, there appears to be a lack in literature explicitly documenting and aligning SEL competencies and sub-competencies of SEL within health and physical education curricula and programs. A recent movement by SHAPE America to promote Health Move Minds is a viable strategy to incorporate SEL skills in health and physical education curricula and programs (https://www.shapeamerica.org/events/healthmovesminds/). As we move toward the start of a new decade, we propose that school health and physical education curricula and programs consider including and aligning the SEL competencies and sub-competencies along with National Health Education Standards and SHAPE America Grade-level Outcomes, to allow documentation of SEL competencies and sub-competencies promotion in school curricula and programs. As we show more evidence of the benefits in SEL competencies and sub-competencies within health and physical education curricula and programs, we hope for policy changes that will advocate for effective SEL programming in schools that will benefit our nation’s children and youth.

References


