Social-emotional Learning, Health Education Best Practices, and Skills-based Health

Jeff Bartlett

Social-emotional learning is currently one of the most prevalent buzz phrases in education. According to the Collaborative for Academic, Social and Emotional Learning (CASEL, n.d.-b), social-emotional learning (SEL) is "the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions." As our understanding of young brains and student learning grows, it is clear that educators need to make sure their students are educated beyond the specific objectives or state requirements they cover in their lessons.

Data exist showing that social-emotional learning is linked not only to better academic outcomes, but also to other factors that influence how a student learns and matures. Additionally, we know many of our students come to us having experienced adverse childhood experiences (ACEs), which can have a direct effect on student learning. While educators cannot control what happens to their students outside of their classrooms, incorporating SEL into their teaching practices can help students feel more safe and secure during the school day, which has positive effects on their learning. Social-emotional learning is an important concept for every teacher to understand and work into their daily teaching. As a subject area, health education naturally connects to SEL, and those who are already teaching a skills-based health education curriculum are essentially already teaching social-emotional learning in their classrooms.

Health educators who are teaching a skills-based curriculum are likely familiar with the ways in which their curriculum is linked to SEL. Examining both the core competencies of SEL and the National Health Education Standards (NHES) reveals natural connections. Social-emotional learning consists of five core competencies: (1) self-awareness, (2) self-management, (3) social awareness, (4) relationship skills, and (5) responsible decision making. These core competencies can be taught in different ways and in different settings through explicit SEL-skills instruction, teacher instructional practices, integration with academic curriculum areas, and organizational strategies (CASEL, n.d.-a).

The NHES cover seven separate skills-based standards: analyzing influences, accessing information, interpersonal communication skills, decision making, goal-setting, self-management, and advocacy (Joint Committee on National Health Education Standards, 2007). The NHES are focused on what students can do, as opposed to what they know. Clear overlaps exist, particularly with self-management and decision making, but upon further examination, other connections and overlaps between the SEL competencies and NHES emerge. So how should a health educator begin looking at how to incorporate SEL into the curriculum?

Fortunately, an organization already exists to help educators with social-emotional learning: CASEL. The Collaborative for Academic, Social and Emotional Learning combines research practice and policy to support SEL in schools across the United States. With their strong background in research and best practices, anyone looking for more information about social-emotional learning will find the CASEL website to be a valuable resource. Health educators looking to infuse SEL into their health curriculum can begin by familiarizing themselves with the core competencies of SEL, mentioned earlier. Health educators should be thinking about how to include SEL competencies in their scope and sequence, unit and lesson plans, and teaching strategies.

Many educators then want to know: "What will that look like in my classroom?" By combining one of CASEL's resources with the SHAPE America Appropriate Practices in School-based Health Education document (SHAPE America – Society of Health and Physical Educators, 2015), health educators can begin to answer that question and start adding social-emotional learning into their health curriculum. The SHAPE America guidance document “articulates best practices in school-based health education in order to support the implementation of effective health education as a critical component of any school system” (SHAPE America, 2015). The document discusses best practices in health education for multiple categories: learning environment, curriculum, instructional strategies, assessment, advocacy, and professionalism. Adding SEL strategies into an existing health education curriculum has the potential to cover one or more of those categories.

After familiarizing themselves with the core competencies of SEL, health educators should examine the "Sample Teaching Activities to Support Core Competencies of Social and Emotional Learning" document from the CASEL website (CASEL, 2017). These sample activities were created to answer the question, "What do teachers and other adults need to do in the classroom and school to help students achieve the goals laid out in social and emotional learning (SEL) competencies?” The document breaks down each competency into two
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parts: free-standing lessons or instructional activities, and ongoing teaching practices. Tables 1 and 2 provide sample templates health educators can use to determine how SEL can best fit into their health education curriculum.

As the tables demonstrate, there are natural connections between a skills-based health education classroom, the SHAPE America appropriate practices in health education, and social-emotional learning. These resources are free and exist online, making them accessible to any health educator. Any educator who takes the time to examine those documents side by side will find numerous connections between health education and SEL. This opportunity for professional growth has a direct impact on how students can understand and manage their social and emotional health.

By taking the time to determine where social-emotional learning can fit into their curriculum, health educators maintain high standards of practice that continue to benefit their students. Many health educators are facing reduced class time with their students and are looking for effective ways to teach their students with the limited time they have. Social-emotional learning helps bridge that gap and should be a consistent part of any health education teacher’s curriculum. Where natural connections exist, it is easy to simply “check the box” on saying we teach social-emotional learn-

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### Table 1.
**Teaching Self-management in Health Education**

<table>
<thead>
<tr>
<th>SEL Competency</th>
<th>Self-management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subcategory 1</td>
<td>Regulating one’s emotions, cognitions and behaviors</td>
</tr>
<tr>
<td>Sample NHES Performance Indicator</td>
<td>7.8.2: Demonstrate healthy practices and behaviors that will maintain or improve the health of self and others.</td>
</tr>
<tr>
<td>SHAPE America Appropriate Practice</td>
<td>A.7: The health teacher designs the classroom in such a way that learners feel a sense of ownership about the space.</td>
</tr>
</tbody>
</table>

**What Teachers Can Do in Lessons and Instruction**

Health educators can teach their students self-management techniques, such as deep breathing and mindfulness. Teachers can create a “Calming Corner” that includes various stress-management and mindfulness activities for students who need a break from learning. By making these strategies a consistent part of their class, students are more likely to regulate their own emotions and use healthy practices to get themselves ready to learn.

<table>
<thead>
<tr>
<th>Subcategory 2</th>
<th>Setting and achieving personal and educational goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample NHES Performance Indicator</td>
<td>6.8.2: Develop a goal to adopt, maintain, or improve a personal health practice.</td>
</tr>
<tr>
<td>SHAPE America Appropriate Practice</td>
<td>B.8: The curriculum is skills-based, with an emphasis on developing health literacy.</td>
</tr>
</tbody>
</table>

**What Teachers Can Do in Lessons and Instruction**

Health educators can have their students assess personal health practices/behaviors and create a personal wellness goal for the semester.

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### Table 2.
**Teaching Social Awareness in Health Education**

<table>
<thead>
<tr>
<th>SEL Competency</th>
<th>Social awareness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subcategory</td>
<td>Respecting others</td>
</tr>
<tr>
<td>Sample NHES Performance Indicator</td>
<td>8.8.3: Work cooperatively to advocate for healthy individuals, families, and schools.</td>
</tr>
<tr>
<td>SHAPE America Appropriate Practice</td>
<td>A.4: The health teacher establishes an environment that facilitates mutual respect among all students and the teacher.</td>
</tr>
</tbody>
</table>

**What Teachers Can Do in Lessons and Instruction**

Health educators can work with their students to create a community-service initiative within their school or community.
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By using the resources provided to examine where SEL fits into an existing curriculum, teachers go beyond simply doing and shift to transforming. Ignoring social-emotional learning is a great disservice to the students who rely on health education to learn to be their healthiest, happiest selves.

References

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