



Massachusetts Association of School Superintendents
Position Paper
Behavioral Health and Social-Emotional Learning (SEL)

Introduction

The Massachusetts Association of School Superintendents (M.A.S.S) has engaged in a series of discussions with representatives from the Massachusetts School Committee Association, the Elementary and Secondary School Principals Associations, Teachers 21, Massachusetts Organization of Educational Collaboratives and the Rennie Center around the growing concern related to the behavioral health and social-emotional intelligence of our students. This engagement has been prompted by requests from many of our members to balance the current focus on accountability and compliance with a renewed effort to support the behavioral health of our students. This is challenging work and our success will depend upon our ability to collaborate with many important partners.

The purpose of this paper is to identify the current conditions and challenges associated with meeting students' social emotional learning needs and to outline the context in which schools are endeavoring to address these needs and to meet the challenges associated with this work. This paper will also identify the key partnerships and recommended actions.

We hope that the content of this paper will inform the thinking of our members and provide them with research based information to use in addressing social emotional learning in their respective districts. The paper is extensive and members should feel free to use those portions of the document that best meet the context of their district.

Framing the Problem

The absence of the Office for Children (OFC) has resulted in a more fragmented approach to the delivery of services for students and families who have social-emotional needs. Agencies such as the Department of Elementary and Secondary Education (DESE), the Department of Mental Health (DMH), Department of Public Health (DPH), Department of Child and Family Services (DCFS), Early Childhood and Care (ECC) and the Department of Youth Services (DYS), working in isolation have resulted in the creation of separate sets of mandates from these respective agencies.

In addition, there have been several laws and regulations enacted that have resulted in the lack of a cohesive approach to addressing social and emotional learning. This has created certain challenges for school districts as they try to adhere to all of these mandates. These mandates include, but are not

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limited to the *Chapter 222 (Act Relative to Student Access to Educational Services and Exclusion from School)*, School Discipline Regulations, Restraint and Seclusion regulations, Truancy Prevention regulations, Bullying Prevention and Intervention, and Safe Schools Program for Lesbian, Gay, Bi-sexual, Trans-gender and Queer (LGBTQ) students.

Our current dedicated and persistent effort to close the achievement gap, including an ambitious set of mandates from the State and Federal Boards of Education, has resulted in a focus on academic rigor and high standards. This effort has often resulted in a reduced emphasis on social-emotional domain.

In the Behavioral Health and Schools presentation during the M.A.S.S 2015 Executive Institute, Dr. Shella Dennerly from Boston Children's Hospital defined behavioral health, which is now the preferred term for mental health, as the scientific study of the emotions, behavior and biology relating to a person's well-being and their ability to function in everyday life. Behavioral health is also closely aligned with a person's concept of self.

Dr. Dennerly and the Children's Hospital Neighborhood Partnerships (CHNP) Program research reported the following findings;

- One in four adults experience behavioral health problems over the course of one year
- One in five children and adolescents suffer from behavioral health concerns that are severe enough to cause problems in everyday life
- 60-70% of children do not receive the behavioral health services to address their problem

We have a crisis situation around both prevention and intervention of these behavioral health issues.

The nature of this problem has changed. Children in schools today are dealing with an increase in everyday stressors such as peer relationships, academic pressure, and social media resulting in feelings of anxiety, depression, and emotional stress and in some cases a motivation to develop and execute a suicide plan. Evidence also suggests a higher incidence of children exposed to trauma (e.g. involvement with DCF or court system, family substance use disorders, unemployment, etc.).

This changing problem is further exacerbated by the acute lack of psychiatric hospitals and crisis centers. The lack of resources in this time of critical need has extended the waiting time for students in need of psychiatric intervention. These students remain in school and the school often becomes the "default" for the mental health system. Recent changes in the student discipline regulations have often required schools to maintain students who do not possess the social emotional skills to be successful or even to negotiate the stimulation of the traditional school environment.

Across the United States, one in ten children suffers a serious behavioral health problem. While the report on the Health and Risk Behaviors of Massachusetts Youth published in May 2014 indicates

continued improvement in many key areas including substance abuse, violence prevention, nutrition and personal safety, the report does not provide an in-depth measurement of students experiencing

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behavioral health issues. This lack of in-depth measurement may be due to the difficulty in obtaining and maintaining behavioral health treatment for students.

This data is supported within many of the Annual School Discipline Reports submitted by school districts to DESE. Several school districts are observing increases, through the Youth Risk Behavior Survey, in students feeling anxious, sad or hopeless for extended time periods and becoming involved in non-suicidal self-injury, or suicide. Schools are seeing an increase in the number of students who are being hospitalized because they cannot cope with the stressors of school. Students are indicating that these stressors include academic workload, increased expectations, and lack of sleep. In addition many students experience trauma related stress, resulting from homelessness, poverty and conflicts in the neighborhood.

This increase in student stressors is further complicated by the fact that a parallel increase in stressors is also afflicting the adult educators. These stressors create tension across the whole school environment. The new emphasis on accountability and the demand to keep pace with a many changes in instructional practice, technology and the persistent criticism in the media of public education are some of the causal factors. This stress can have a negative impact on the learning environment and the relationships within that environment.

In response to the growing concerns around student vulnerability in our schools, the legislature, in [An Act Relative to the Reduction of Gun Violence](#), created the *Safe and Supportive Schools Commission*, which has representation from several professional educator associations including the Massachusetts Association of School Superintendents, the Massachusetts Elementary School Principals Association, and the Massachusetts Secondary School Administrators Association. In their first annual report to the legislature, the Commission recommends creating a sustainable funding source to give schools the ability to develop the capacity needed to creating safe and supportive schools for all students.

In addition, the Commission recommends the revision and use of the Behavioral Health Framework and Self-Assessment tool, which will provide a process and set of tools for school districts to identify the urgent priorities that require action in their schools around social emotional learning and behavioral health.. Once the self-assessment has been completed, schools can develop and implement locally tailored action plans that can be integrated as part of their school improvement plans that address the social and emotional needs of students.

Challenges

Schools need to fulfill the promise of safe and supportive learning environment where relationships matter, where students feel a strong sense of belonging and a high degree of engagement.

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Schools must also teach new skills related to collaboration, empathy and perseverance. These non-cognitive skills are very much in the social-emotional domain and are the skills that students will need to be successful in a world that is rapidly changing and increasingly diverse. This raises the bar for all learners.

One could argue that these skills are “cognitive.” The mechanisms that drive behavioral self-regulation overall, such as shifting and inhibiting attention, behavioral inhibition, and memory skills, are also the ones that drive emotional self-regulation. Therefore, we need to think about these skills, not as separate, but as an integrated system that impacts behavior, learning, and emotion at the same time. A student’s ability to learn and social emotional functioning are integrally linked.

We need to take a look at our current school structures and develop flexible learning environments for our students that take into account a student’s developmental stage and social-emotional needs. This includes the use of later start times at the middle and high school levels, reviewing the use and purpose of homework, using technology to engage students and creating learning opportunities that are purposeful and meaningful.

We need to find ways to engage parents in this effort. Parents of students who demonstrate chronic behavior disorders are often reluctant to work with the school and may even perceive the school to be the enemy. Once parents feel that they have “burned the bridge” with the school, it is difficult to regain their trust and to rebuild this relationship. Engaging parents, all parents, also reinforces the message that when we talk about social emotional health, we are not only referring to when there are behavioral issues. Social emotional health refers to the developmental and emotional needs of all children.

We must engage the teachers to focus on the behavioral health and social-emotional intelligence of their students. Teachers are on the “front line” in our classrooms and their voice must be included in the design of professional development and the acknowledgement that social emotional learning is a changing situation and a growing concern for both urban and suburban districts.

This is complicated work, as the training spans the gamut from recognizing the onset of violent and explosive behavior even in our youngest students to observing the quiet middle school student who is not a discipline problem but who is dealing with thoughts of suicidal ideation and who is at risk of self-injurious behavior.

This work also involves prevention, intervention and mental health promotion. This multi-pronged approach means that we don't look at things from the illness based perspective, but from a strength

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based perspective. That is, how can schools, beginning in preschool, incorporate the social emotional competencies that children need to develop and to practice?

We need to assess the impact of social media. We also need to be clear on those aspects of this work that are within our control.

Supporting a Readiness to Learn in Every Student- School Partnerships and Recommended Actions

School districts need many partners to join us in this work. Schools cannot go it alone. We have endeavored to identify the respective groups, the partnerships that schools can forge with these partners and some proposed specific action plans.

Partnership with Social Service Agencies

We need to develop an outreach system to provide early intervention to families who are in crisis.

The Rennie Center recently issued a report ***Conditions of Education: Toward a More Comprehensive Vision of Student Learning***. This Report outlines four priorities. The first priority focuses on establishing a social-emotional foundation in early childhood education. They recommend a course of action which combines the integration of social-emotional skills within learning activities and the engagement of families with the goal of consistent and shared home and school responsibility.

We need to develop a system of inter-district and intra-district collaboration to secure a comprehensive range of "wrap around" services.

Recommended Action

- Develop and provide accessible direct services to students with direct access to social service agencies within the school setting to increase the coordination of these services and the communication among the service providers.

Partnership with the Department of Elementary and Secondary Education

We need to engage with the Department of Elementary and Secondary Education (DESE) to secure funding for this work. We should also avail ourselves of some important resources provided by DESE. These resources include; the Accelerated Improvement Plan (AIP), the Behavioral Health and Public Schools Framework and Self-assessment Tool, the School Effectiveness Survey and the newly crafted DESE District Planning for Success process. The active involvement of School Councils is vital to the success of this work.

11 We must use the data from the Behavioral Health Framework in our schools to examine the patterns and trends that have emerged to further inform district practice. Choosing the right kinds of assessment measures is critical here. Using assessments that lead to suggestions for interventions are most helpful.

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Additionally, the data should be available to staff at all levels so there is an integrated approach to intervention.

Finally we should expand opportunities for technical assistance and grant funding for districts to implement positive behavioral supports.

Recommended Action

- Provide districts with technical assistance and funding around the development of curriculum, instruction and assessment of social emotional learning in their districts.

Partnership with Higher Education

We should work with higher education to promote the inclusion of courses on behavioral health and social-emotional intelligence (learning) within the program of study for teacher preparation programs.

Priority four in the Rennie Center Report speaks to active involvement of higher education to include the teaching of social-emotional constructs within teacher licensure programs and DESE standards.

Instructional practices that promote social emotional learning (SEL) must be included as part of educator preparation programs, induction programs, and ongoing professional development programs (e.g. Inquiry/project based learning, Integrated learning, cooperation, critical thinking & problem solving, collaborative structures, student-centered, self-assessment).

Recommended Actions:

- Establish a working group comprised of DESE and leaders of higher education institutions and public schools to develop a plan for the vertical articulation of a social emotional learning curriculum/program of study for pre-k through 16.
- Include a social emotional learning competency within the educator licensure requirements.

Legislative

Schools should collaborate with the Governor to create a well-organized service delivery model using the new Child Advocate for Massachusetts Program. Schools should also work with the State legislators on the implementation of the recommendations from the Safe and Supportive Schools Commission.

Suggested Actions

- Enact legislation that creates inter-agencies teams to support the coordination of social services both in the schools and throughout the communities.

- Promote legislative action on the Safe and Supportive Schools Commission recommendations.

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The Responsibility of Public School Systems

Schools need to answer the call to action to address this growing concern but they also need to accept the reality that this is a societal problem which extends beyond the walls of the school building.

We need to devise a system to effectively measure emotional competencies. This effort will require significant professional development for teachers and administrators and could be aligned with the educator evaluation system to promote a consistent focus across the State. These efforts should focus on supporting students in developing the skills of self-reflection, agency, self-regulation and making healthy choices. All members of the school community must continuously monitor the climate within the school and engender a commitment that all students can learn if we apply the principles of differentiated and personalized instruction to the social-emotional curriculum.

Jessica Minahan and Nancy Rapport in their book ***The Behavior Code: A Practical Guide to Teaching the Most Challenging Students***, recommend the development of a FAIR Plan. This Plan helps teachers consider the psychological profile of the student in addition to the student's behavior in order to acquire a more comprehensive understanding of the behavior and a more effective development of the intervention needed to reduce this behavior.

This challenge is outlined in Priority Two of the Rennie Center Report which calls for the creation of positive school climates, explicit instruction in both academic and behavioral skills and building stronger classroom relationships among students and between teachers and students. The notion of explicit instruction is further outlined in a recent article from the Collaborative for Academic, Social and Emotional Learning (CASEL). The article titled ***What Does Evidence-Based Instruction in Social-Emotional Learning Actually Look Like in Practice*** provides four strategies, three of which include direct classroom instruction and the fourth providing guidance for school leaders.

We should provide professional development for teachers to equip them with the skills to leverage the importance of their relationship with their students, to create positive climates, and to manage behavioral or emotional issues that might arise and their own sense of competency that would increase significantly. These skills could have a positive impact on classroom instruction.

Teachers should be encouraged to identify ways to include building positive relationships and a sense of belonging within the daily curriculum. The Panorama Team refers to this work as organized around building a sense of "grit", a growth mindset and self-management. Ron Ferguson in a recent presentation at the Rennie Center on The Influence of Teaching refers to these skills as "agency".

Districts should create a position on the leadership team to monitor the effectiveness of behavioral health and social-emotional intelligence work.

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Schools should also develop an integrated approach for behavioral health prevention and intervention that links the bully prevention, student discipline, restraint and seclusion and tiered intervention. In addition, Ferguson would include a Tripod called the 7 C's of effective teaching. These C's include; care, concern, captivate, clarify, consolidate, challenge and classroom management.

Schools should also work with the Safe and Supportive Schools group (and Trauma Sensitive Schools) on the development of a more integrated approach to intervention and prevention of behavioral health issues including behavioral health support and social-emotional intelligence curricula within the district induction program. We need to broaden the content of this training to include suicide prevention training as outlined in Section 12 of the An Act Relative to the Reduction of Gun Violence.

Recommended Actions

- Build social emotional learning into the core values of the district, the action plans for district improvement and make it a core strand in the district professional development plan.
- Integrate social emotional learning within the educator evaluation system through the goal setting process and the teacher feedback following classroom observations.
- Identify both formative and summative assessment tools to monitor the health of the school climate and the success of the social emotional learning program.
- Survey districts to identify highly effective programs, curricula, partnerships, training and professional development. The results of this survey could form the foundation of a bank of resources and eliminate the practice of districts working in isolation.

Why this work is important

Child Development – an important, peer-reviewed journal – published a landmark study. The team of Joe Durlak at Loyola University, CASEL President and CEO Roger Weissberg, and graduate students from Loyola and the University of Illinois at Chicago analyzed 213 school-based studies involving 270,034 students.

In all, this rigorous scientific review of these controlled experimental studies shows that, in schools that implement quality Social Emotional Learning (SEL), programming that is sequenced, active, and focused on skill development. Research shows that explicitly taught in the curriculum students' school-related attitudes, behavior, health, and academic performance improved. Some of the specific outcomes included;

- SEL instruction substantially improved social-emotional skills in SEL program students compared to students in control groups.
- Students' self-esteem, connection to school, peer relationships, and classroom behavior improved.

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- Reading and math scores on standardized test scores were higher by 11 percentile points.
- Risks of school failure decreased.
- Programming reduced students' classroom misbehavior, violence, substance use, and emotional distress.

These impacts prepare students to concentrate, stay on task, work effectively with others, sustain their efforts, and contribute to a positive learning climate.

According to a program review by CASEL (Collaborative for Academic, Social, and Emotional Learning), the return on investment into systemic social emotional learning is, on average, a benefit to cost ratio of 11:1. A meta-analysis of 213 studies points to a correlation between high-quality SEL instruction with a reduction in behavior problems, including conduct problems, drug use, and violence, AND an improvement in standardized test scores by an average of 11 points. Simply stated, children and adolescents cannot be successful academically, personally, and behaviorally when they are suffering from behavioral health disorders resulting from a multitude of stressors, including but not limited to daily struggles, loss, grief, trauma, substance abuse, depression, and anxiety.

For every one-point increase on the 5-point scale in a child's social competence score in kindergarten, he/she was:

- Twice as likely to attain a college degree in early adulthood;
- 54% more likely to earn a high school diploma; and
- 46% more likely to have a full-time job at the age of 25.

For every one-point decrease in a child's social competence score in kindergarten, he/she had:

- 67% higher chance of having been arrested by early adulthood;
- 82% higher rate of recent marijuana usage; and
- 82% higher chance of being in or on a waiting list for public housing.

Conclusion

School districts across the State are responding to the need for social-emotional learning. Our efforts to date have met with mixed results and this concern continues to grow. We need a more focused approach to this work. We need to strike a balance between the quest for high academic standards with the importance of maintaining a supportive and positive school culture. We have a duty to develop students who are socially competent and emotionally grounded. We also need to be attentive to supporting the social-emotional need of the adults so that they can create the conditions necessary to achieve this objective.

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