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SOCIAL AND EMOTIONAL HEALTH IN THE SCHOOLS

A MASTER'S THESIS
SUBMITTED TO THE FACULTY
OF BETHEL UNIVERSITY

BY
BRITTANY MEUSER

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
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SOCIAL AND EMOTIONAL HEALTH IN THE SCHOOLS

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APPROVED

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Abstract

This thesis examines the role of social and emotional learning skills in the schools.

Teachers and schools are able to use a variety of interventions to address students' social and emotional health needs within the school building. This would include using strategies, collaborations between school support staff, and integrating community resources such as clinical professionals into the school buildings. There are factors that the need to be addressed when supporting students' social and emotional needs such as their culture, disability, and demographics to best support the needs of students.

Teachers are also able to influence their students social and emotional health needs through trainings on how to support them and by building relationships with their students. When teachers are able to get this training in their preservice programs, it allows them to be better equipped to address and handle these needs in the classroom.

When teachers and schools are able to address social and emotional learning skills in the classroom, they are able to teach students how to handle a variety of situations that occur when working with a group of people which can in turn help decrease bullying among students.

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CHAPTER I: INTRODUCTION

Educational Challenges

Social emotional needs of students are impacting the learning in the classroom. Students in today's society are not able to complete their school work or learn the needed skills to their full potential because these social emotional needs are not being addressed. This can create challenges for both the students and the teachers. Social emotional learning is not always considered when planning lessons for students in the classroom. Teachers and schools typically plan curriculum and lessons based on academic skills and then incorporate social skills into the lesson. Not everyone responds to the general lesson taught in the classroom. According to the research, to best address the culture and individual needs for a specific population, it would be best addressed in the smaller group with specific interventions that address the needs of this specific group (Graves et al., 2016). This would also include addressing the needs of the populations in rural or urban areas as some of the needs are the same while others are different due to the culture and availability of resources (Graves et al. 2016; Martinson, 2016; Totan et al., 2014).

Special education students would also fall under needing smaller group and interventions to address their needs. The research shows that if a student has a disability, they are at a higher risk of suffering from emotional and mental health needs (Laurent et al., 2011). By teaching all students SEL skills, these students would not feel like they are being segregated from their general education peers because everyone would be learning the same skills in the general education class and if more support is

needed then they would receive more support in smaller groups with other professionals that could be from the community resources (Castro-Olivo, 2014).

The research has also showed that by collaborating and using a tiered approach which includes community resources to address SEL needs, teachers are able to feel supported and are not the only one responsible for supporting the student. This helps teachers feel more confident in their training and teaching abilities which can help them not feel as overwhelmed or burn out as fast (Franklin et al., 2012; Freeman et al., 2014; Meyers et al., 2015).

Defining Social Emotional Learning

Social Emotional Learning (SEL) is teaching the ability to interpret social meaning, empathy, ability to reason about social problems, identify emotions in self and others, and regulate one's own emotions and behaviors along with how to react to them (McKown et al., 2009). SEL is also considered a part of ones emotional intelligence (Weare & Nind, 2011). The goal of teaching SEL skills is to reduce aggressive interpersonal reactions (Portnow et al., 2015). It has also been found that increasing students SEL skills can improve their ability to self-regulate and enhances positive social and academic development (Daunic et al., 2013). Therefore, by increasing students' SEL skills, they are also increasing their emotional intelligence which has been found to help increase their academic skills (Brackett et al., 2011).

Defining Response to Intervention

Response to Intervention (RTI) is a framework and structure to offer support to all students with behavior and learning needs. RTI became a focus when No Child Left

Behind Act 2001 became law because this law requires schools to use evidence based materials (Greenberg et al., 2003). This law also put a focus on measuring students' progress of learning by taking state tests. RTI is targeted to meet the needs of at-risk students by using a tiered approach with more intensive interventions and support the further up the tiers to help them make progress in their learning. This structure and framework was create to help address and provide interventions for students with disabilities. The first tier is in the general education classroom with the teacher providing instruction to all students. The second tier is for students that need additional support through supplemental programs while the third tier is for students that require intense support. When applying this structure and framework to addressing students' social emotional and mental health needs, clinical practitioners would be the third tier support (Franklin et al., 2012; Freeman et al., 2014; Meyers et al., 2015).

Historical Context of Social Emotional Learning

SEL skills have traditionally been taught in the early years such as preschool and kindergarten. Once these skills are learned they are able to be applied and reinforced across settings such as at home, in the community, and at school (Zins & Elias, 2006). In past generations, parents and families did not have the same pressures, demands, or exposures to stressors or unhealthy behaviors as they do today. The internet was invented, violent video games, social media, and the media have all changed how families get their information. With the increased availability of information, students are able to be exposed to messages that encourage unhealthy behaviors. This also includes students' role models, because they are encouraging these unhealthy

behaviors and are making this type of behavior common (Zins & Elias, 2006). Previous generations did not have to worry about these factors that are concerns in today's world. Families were able to relax, predict their schedules, and have few demands in their everyday lives unlike today where families have activities and sports scheduled every day of the week. Families also were not bombarded with negative events or behaviors through the media all day long. With this change in exposure, it is making SEL an important part of students' educations so they are able to learn how to process and manage their emotional health. Students in previous generations were learning in environments that were positive and welcoming. Teachers and students were able to establish positive relationships where students were allowed to feel safe and secure in their learning (Zins & Elias, 2006).

Research Questions

Due to the increased negative focus of attention and exposures, students need support in addressing their SEL skills. With this need, teachers and schools must look into the ways they can help support and address the social and emotional health needs within the schools. They need to find ways to include SEL strategies, collaboration among the staff in the building and collaboration/integration of community resources. A few aspects that need to be considered and addressed during this process are culture, disability, and demographics of the families and students that are served in the school. These needs have to be considered as they differ from area to area and population to population. Not only do schools and teachers need to consider the needs of the students, they need to figure out the needs of the teachers to help them positively

influence the students. This includes the preservice training, how to build relationships with students, and how to apply SEL skills to the classroom for teachers. This thesis paper addresses these concerns on how SEL needs can be addressed and met within the school building.

CHAPTER II: LITERATURE REVIEW

Literature Search Procedures

To locate the literature for this thesis, searches of ERIC, EBSCO, and Google Scholar were conducted for publications from 1999-2016. This list was narrowed by only reviewing published empirical studies from peer-reviewed journals that focused on mental health, social emotional learning, and supporting mental health in the schools found in journals that addressed the guiding questions. The key words that were used in these searches included “mental health in schools,” “mental health in special education,” “social emotional learning,” “teacher prep programs and social emotional learning” and “supports for student’s mental health.” The structure of this chapter is to review the literature on supporting student’s mental health needs through teaching social emotional learning skills in three sections in this order: Interventions, Culture, and Teacher Influence.

Interventions

Schools offer unique opportunities or intensive, multifaceted approaches for addressing students emotional and mental health needs (Adelman & Taylor, 1999). Although schools are in the business of educating students, they also have to handle emotional and mental health needs in the classroom. By having proactive classroom practices, teachers are able to reduce behavioral problems and increase academic engagement (Lynn, McKernan, & Atkins, 2003). Additionally, structured class schedules and routines help some students regulate their emotions and control their behaviors. McKown, Gumbiner, Russo, and Lipton (2009), examined the relationship of SEL skills in

children, their ability to regulate their own behavior, and the competence of their social interactions. They conducted two studies which concluded that Social Emotional Learning skills include three broad factors: 1) awareness of nonverbal cues; 2) the ability to interpret social meaning through theory of mind, empathy, and pragmatic language; and 3) the ability to reason about social problems. They also found that the better the children performed on the measures of SEL skills the more their teachers and parents reported that the children are able to regulate their behavior and the more competent their social interactions are (McKown et al., 2009). This means that students have the ability to regulate their emotions and the better they are at regulating it, the better their social interactions are with others both at school and in their personal lives.

Students that have unstructured schedules and routines, are not able to regulate their emotions or bodies because they do not know what to expect or anticipate throughout the day. When teachers have structured schedules, students know what to expect throughout the day. Unfortunately, teachers are not able to predict outside factors (things that happen at home outside of the teacher's control) and how they will affect student learning or ability to regulate their emotions within the classroom. Teachers need to use interventions to address these types of barriers students bring into the classroom in order to enhance the well-being of the students (Adelman & Taylor, 1999).

There are many different interventions in regard to emotional and mental health. These interventions are called social and emotional learning, emotional literacy, emotional intelligence, resilience, life skills, and character education (Weare & Nind,

2011). Some of these interventions have been grouped together into a variety of different programs for schools to use.

Not only are students struggling with mental and emotional health needs. They are expressing themselves in the classroom in ways different ways and the negative behaviors need to be addressed. Students could also be internalizing their emotions or behaviors in addition to the outward behaviors. The research and statistics show needs of more support for students in their development of their emotional and mental health support system n (Weare & Nind, 2011), thus creating the need for emotional intelligence to be taught in classrooms.

Classroom Interventions

With the need of direct instruction to develop students emotional and mental health, Portnow, Downer, and Brown (2015) studied the integration of SEL and literacy programing in the third through fifth grade classrooms called the 4R's (reading, writing, respect, and resolution). Randomized controlled evaluations of the 4R's indicated that there is a moderate to large positive impact on teachers and their practices when using this program (Portnow et al., 2015). There are also positive impacts on students' outcomes.

The 4R's program includes two primary components: literacy-based curriculum focused on conflict resolution and social-emotional learning along with 25 hours of teacher training, plus ongoing coaching. The researchers used teacher reports of aggression, student reports of aggression and they measured emotional support through the Classroom Assessment Scoring System (CLASS) (Portnow et al., 2015).

The results of this study suggests that SEL programs reduce aggressive and antisocial behaviors through improving social and emotional skills and create safe and caring learning environment. An unexpected result was a reduction in aggressive interpersonal interactions along with less child-reported aggression over the course of the year. This can lead researchers to suggesting that targeting both emotional support and social emotional skills are key elements to ensuring positive benefits of the 4R's and possibly other SEL interventions (Portnow et al., 2015).

Daunic et al. (2013) looked into integrating social-emotional learning with literacy instruction. They started with acknowledging that deficient self-regulation, in turn, has been linked to deficits in executive function. Executive function has been hypothesized to contribute significantly to social-cognitive and behavioral functioning. Teachers are able to explicitly teach students age-appropriate SEL competences through the use of interactive story books, reading strategies, dialogic reading, and systematic vocabulary development. The researchers used the SELF program which covers five social-emotional learning competencies (self-awareness, self-management, social awareness, relationship management, and responsible decision making) with two large elementary schools in Florida that had a racial and socioeconomic diversity of students (Daunic et al., 2013).

The results of the study found that teachers thought SELF was engaging for students and feasible to incorporate during kindergarten literacy instruction. They also found that preliminary indications that integrating SEL and literacy can learn to improvement in self-regulation that should enhance positive social and academic

development. This can be done because of the pedagogical structure of SEL provides a way for teachers to merge formal instruction in SEL with the instruction of literacy in ways with resources teachers already have in their classrooms (Daunic et al., 2013).

Collaboration

Teachers are not the only ones within the school that are working towards assisting students and addressing their emotional and mental health needs. According to Adelman and Taylor (1999), most schools receive support from school counselor(s), nurse, psychologist, or social worker. Even though there are other supports available they are not always accessible every day of the week in some schools. These additional supports benefit students emotional and mental health, but are dependent on funding.

Maras, Thompson, Leis, Thornburg, and Hawks (2015), piloted a yearlong (with intentions for multi years) collaborative project that developed a comprehensive tiered response model to enhance existing SEL interventions. The model included screening/assessments, organized assessment and interventions with a tiered system of support. They provided teacher in-service training to empower teachers in using classroom management procedures. The pilot also provided individual teacher consultations and student interventions organized at the individual, group, and classroom levels at a rural school in the Midwest (Maras et al., 2015).

Maras, Thompson, Leis, Thornburg, and Hawks (2015), found that school mental health service delivery should be provided in a tiered model mirrored after the public health system and should focus on providing services to all students with more intensive supports for students that are in need of them. When it comes to collaboration, it has

been found that school-based personnel are more effective at improving SEL outcomes than other non-school personnel. The school personnel are more effective in part due to the proximity, accessibility, and reduced stigma of receiving supports for emotional and mental health needs. The school personnel have greater access to students, families, and teachers as they are in the school building five days a week. They also are able to have a better understanding of the dynamic issues faced by students, and have opportunities to reduce barriers and the stigma of emotional and mental health needs as they can provide a variety of service models to the students (Maras et al., 2015).

When looking at the whole school approach, the success of the tiered framework for addressing and supporting students' emotional and mental health depends on the success of the collaboration of the team members that address students' emotional and mental health. This model was found to be most successful when the building principal encourages collaboration with other personnel and when outside agencies are able to continue to consult with school personnel (Maras et al., 2015).

Meyers, Tobin, Huber, Conway, and Shelvin (2015) looked into the roles of the school psychologist, administrators, social workers, teachers, and parents in providing social emotional learning programming within several rural Midwestern school districts. They found that schools are responsible for addressing children's social and emotional needs and are providing approximately 40% of all mental health treatment besides medication. Meyers et al. (2015) paired the Special Services Unit that served a large rural county in central Illinois with a university-based school psychologist in leading a grant-funded initiative that aimed to improving the children's mental health services

throughout the county. This partnership led to an award of a children's mental health grant in the year 2010 to support a 16 month planning period with 3 years of implementation (Meyers et al., 2015).

This model set up SEL programming in the RTI framework. They identified that the universal SEL instruction was considered a Tier I or the primary prevention service which allows for the delivery of school wide SEL programming. Based on the data collected through systematic reviews of interviews and survey responses, the key areas of concern for the community were: 1) High risk behavior, 2) Socioeconomic stressors, 3) Student managing emotions, establishing and maintaining positive relationships, and making responsible decisions, and 4) Insufficient or fragmented services (Meyers et al., 2015).

For students that needed additional support and more intensive support were considered for Tier II and Tier III. If students needed mental health interventions delivered by specialized professionals such as school social workers or psychologist, they were in the tier II and if clinical or doctors were needed they were in tier III. The areas that were considered to be important were: self-awareness, self-management, social awareness, relationship skill, and responsible decision making (Meyers et al., 2015).

It was found that SEL positively influenced students' development in these areas: skill acquisition, positive social behaviors, and attitudes about self and school. SEL reducing the conduct problems and emotional distress students were having. The SEL program also produced an average gain of 11 percentile points on academic achievement test performances (Meyers et al., 2015).

The SEL implementation process requires systemic changes that involve administrative structure, school culture, and classroom practices. It also includes buy in from all staff (administrators, classroom teachers, special education personnel, and school based mental health specialists) as they are supporting and teaching the foundation of these skills (Meyers et al., 2015).

This project found and represents one piece of a broader community-wide effort to address students' mental health care needs. The researchers also found that having internal consultants could benefit from insiders' knowledge and establish trusting relationships with staff and students to help facilitate long-term system change. The most success was found in buildings where the principals were engaged and invested in SEL programming (Meyers et al., 2015).

Franklin, Kim, Ryan, Kelly, and Montgomery (2012) studied teacher involvement in school mental health interventions. During the 2005-2006 school year, approximately three million youth received school-based services for behavioral or emotional problems. With this huge need, it is important that there is a resolution of these behaviors. It is necessary for the improvement of education outcomes and this falls under the school-based mental health professionals. These professionals include but are not limited to school social workers, psychologists and counselors.

Another similar model intervention program that schools and teachers are using to address students emotional and mental health is called response to intervention (RTI). RTI is used as the framework and structure for implementation of evidence-based interventions. There are many programs and frameworks such as response to

intervention (RTI) and positive behavioral interventions and supports that schools are adapting to help address students' mental health needs. These mental health professionals are expected to perform the delivery of mental health promotion, prevention programs aimed at resolving psychosocial problems, enhancing resilience in students and early interventions, building the capacity of school staff and support student treatment plans. This can be done through the use of the RTI framework so teachers are able to best support students. The literature suggests that teachers are valuable partners with school mental health professionals and may take on significant roles in the delivery of mental health interventions in school settings. Schools have the largest opportunity to provide mental health services for children and adolescents. RTI and school-wide behavior supports have potential involvement from teachers in assisting in students' mental health. Teachers can help support students in tier one and tier two interventions, but school mental health professions (school social worker, psychologists, or clinical practitioners) are responsible for tier three interventions (Franklin et al., 2012).

Whole School Approach

Tom Hanley from the U.S. Department of Education (2003) reviewed research and reports related to daunting challenges and possible solutions to improve the outcomes for students with mental health needs. We cannot separate human development and learning when looking at ways to increase social-emotional and academic support for these students. Not only do educators expect students to perform well academically, educators reinforce this with test scores and with social

reinforcement. The same goes with those students that are underperforming. The lack of academic success can suppress further academic pursuit and reduce self-esteem which can lead to students not wanting or liking school (Hanley, 2003). This is why it is important to look at universal and tiered approaches to address these needs with students.

Public health researchers Wells, Barlow, and Stewart-Brown (2003) explored universal approaches to emotional and mental health initiatives in schools. Because promoting mental health in schools is important for educational and social outcomes. These researchers reviewed the evidence base for effectiveness of school-based mental health programs that consisted of three components: 1) General mental health, 2) Self-esteem development, and 3) Suicide prevention. There were three different approaches that were used: 1) Whole school, 2) Confined to the classroom, and 3) Extended beyond the classroom to other parts of the school.

Response to Intervention is a whole-school approach and was originally used as an intervention for at-risk students before they were evaluated and placed into special education. It now is being used for behavioral support as well. These behavioral interventions are called Positive Behavior Supports or PBS and it is focused for classroom management strategies. Franklin et al. (2012), suggests that this can also be a way to deliver social-emotional learning curriculum in classrooms as well. There are different tiers to each intervention and as the tiers increase (tier 1-tier 3) the interventions intensify and fewer students require these interventions. These stages include building a school wide foundation, intervene early, and to provide intensive

interventions (Hanley, 2003). This is the framework that schools are using to address student academic and mental/emotional health needs.

The whole school approach in an elementary school was trying to establish a “caring classroom environment” through co-operative and helping activities. They performed positive role modeling and used role play to teach students (Wells et al., 2003). One part of using the whole school approach, such as RTI, is to develop policy and practice guidelines, so everyone is able to use the same approach to incidences and language used with students (Freeman, Wertheim, & Trinder, 2014). These interventions can be embedded into classes or topics covered in classes where students are not directly told they are learning how to support their own mental health needs. This is especially helpful if some peers are required to take these classes while others are not. Another intervention is to post the guidelines and model around the school, classrooms, staff rooms, and hallways so the information and practice is a visual reminder for everyone (Freeman et al., 2014).

The interventions and frameworks are ways of achieving support for students academically and with their social-emotional needs. Hanley (2003) recommends using a multisystem collaboration that focuses on the structural issues and management systems. This way class-wide curricular modifications can be made to increase levels of engagement for students with emotional disturbances and decrease their problem behaviors. According to Snider and Battalio (2011), social skills have a direct positive relationship to increased academic functioning. Maras, Thompson, Lewis, Thornburg and Hawks (2015), “advocate that in addition to tiered models of behavioral and

academic support, the missing piece of a comprehensive systems change model is to integrate elements of social-emotional learning (p.198)". This means that teachers should be teaching social skills either in a direct class or have them embedded in their classes to positively impact students both mental health and academic success. The interventions extending beyond the classroom used the resolving conflict creatively program and their approach in the elementary schools as a way of dealing with conflict in non-violent ways. The classroom-based intervention was directed at middle and high school students focusing on depression which included lectures and videotapes teachers showed students. Wells et al., (2003) concluded that mental health-promoting interventions were more likely to show at least moderately positive results than mental illness prevention programs.

Overall the research has shown that improving the mental health of the school will require much more than simply providing brief services to individual students, or removing students who do not "fit." This will call for the incorporation and infusion of mentally healthful principles into the classroom, the hallways, and the practices of all professional who work with students (Hanley, 2003).

Implementation

Forman, Olin, Hoagwood, Crowe, and Saka (2009) researched and interviewed school leaders and educators. They looked into the implementation barriers of evidence-based interventions in schools. They found that the number of interventions available for use in schools concerned with child and adolescent mental health has grown over the years. The goal of the interventions is to improve child and adolescent emotional, behavioral, and social functioning. By promoting the use of evidence-based interventions it has become the expectation of high-quality professional practice in school mental health. Even though this is law the implementation of these interventions are low in schools (Forman et al., 2009).

There are stages to the implementation process that includes: adoption, implementation, and sustainability. There are also factors that affect the sustainability of these interventions. These factors are personal (attitudes, beliefs, and characteristics), organizational context for the intervention (administrators/managers attitudes and beliefs) and the external environment of the implementing organization (Forman et al., 2009).

The ways for school to implement evidence-based programs successfully need to address the development of principal support and from other administrators, development of teacher support, development of financial resources to sustain practice, training and consolation strategies, alignment of interventions with school philosophy, goals, policies, and programs, and the development of methods to deal with turnover of

staff (Forman et al., 2009). With these key factors, the success of implementation is greater along with providing staff evidence that the interventions are working to continue their efforts towards addressing and meeting student's mental, emotional and academic needs.

In addition to the implementation needs, researchers Adelman and Taylor (1999) looked into and reviewed literature on mental health in schools and system restructuring of what they are already using. The participation of clinical psychologists in schools is not extensive even though clinical psychologist have much to contribute to the success of mental health services in schools (Adelman & Taylor, 1999). Schools have the advantage of having access to students and families where they are able to reach them if they are in need of support or mental health services.

Schools are in the business of educating students and not necessarily in the business of providing extensive mental health services. Because of this, teachers are asked to help in dealing with problems in student's social and emotional health and development. Unfortunately, most schools may not receive support every day. Most elementary schools only receive support 1 day a week from a couple of professionals such as school counselor, nurse, psychologist, or school social worker. Middle and high schools usually are assigned more support from professionals but it depends on the amount of funding they are able to receive (Adelman & Taylor, 1999).

Many public schools struggle to deal with poor achievement and escalating psychosocial problems (Adelman & Taylor, 1999). There are many preventive and corrective activities that already exists for schools to use with students. This can be

difficult for schools because they need to meet the needs of their students. This includes addressing the needs of the student that are affecting their ability to learn even though it can be challenging. In order for school to be successful they need to weave together school and community resources to address these barriers of their learning and integrating these efforts with everyone designed to promote mental health needs of the students in the schools and communities (Adelman & Taylor, 1999).

When looking at the schools and communities, Weare and Nind (2011), looked at work that reviewed mental health in four areas that included parenting, schools, the workplace, and older people. These reviews identified a wide range of benefits from interventions with children, families, and communities along with a range of mental health, social, emotional and educational outcomes. Weare and Nind (2011) identified that teaching in the following areas are the most effective interventions: 1) positive mental health, 2) balancing universal and targeted approaches, 3) starting early with the youngest children and continuing with older ones, 4) operating for a lengthy period of time and embedding work within a multi-modal/whole-school approach which included the ability to change the curriculum such as teaching skills and linking them to academic learning, 5) improving school ethos, 6) teacher education, 7) liaison with parents, 8) parenting education, and 9) community involvement and coordinated work with outside agencies.

Weare and Nind (2011) also found that if the interventions were not implemented completely or accurately they were ineffective. When implemented with clarity, intensity and fidelity, the interventions are able to help address positive changes

in mental health, mental health problems and disorders, violence and bullying and pro-social behaviors. It has been found that universal approaches on their own are not as effective as those used in addition to a targeted component and that the interventions have a stronger effect on higher risk children. It is important that there is not a lack of consistent, rigorous and faithful implementation of these interventions or the approaches can become too diluted and lack impact for the children they are intending to help (Weare & Nind, 2011).

Han and Weiss (2005) reviewed studies on the sustainability of teacher implementation of school-based mental health programs. They found research that indicates that when properly developed and implemented, the school-based mental health programs can produce positive effects of children and be integrated into the general education curriculum. In order for teachers to sustain changes in the school system it takes reinforcing mechanisms and teachers much feel supported so they are able to implement the programs consistently. Han and Wiess (2005) also found that it is important that the research examines the processes that teachers are trained to implement the programs with accurately and consistently along with the teacher preparation programs.

According to Han and Wiess (2005) a sustainable program must be accepted by all staff and the structure of the program must be motivating or inspiring to teachers for them to be able to want to implement the program for students. It also helps the have teachers or staff observe the significant impact of these programs on their students which will help teachers want to continue implementing them in their teaching and

classrooms. Han and Wiess (2005) believed that this is the foundation for sustainability of the program implementation within the classrooms by the teachers. It can also be determined that the role of the teacher to deliver the programming to the students is the teachers' responsibility to be able to do so with fidelity. Based on these results, program developers and evaluation researchers need to identify effective methods for training these teachers on the programs they are implementing in order for them to be implemented with fidelity and in ways that will positively impacts their students. They also need to find ways to implement support from a program consultant where they can directly demonstrate program techniques in the classroom (Han & Weiss, 2005).

Culture

When looking at SEL teachers have to look at the child's background and culture. Teachers should consider the child's family values and understand what makes them who they are. If teachers are not able to understand and connect with students with different backgrounds from themselves, they are not going to be able to support these students when it comes to their emotional and mental health or educational needs. Student that live in different areas such as rural or urban areas have different values and access to services (Totan et al., 2014). Students that move from another country will have different values and will need a variety of supports to help them feel a part of the community and learning environment (Castro-Olivo, 2014). Students with disabilities or a different race will need supports and different interventions to address the SEL needs as they may differ from others in their classes (Graves et al., 2016; Ruffolo, M.C., Sarri, R., & Goodkind, S., 2004). Students come to school with a variety of different

backgrounds and uncovering their culture and what they bring to the class will help their teachers and peers be able to practice SEL skills such as perspective taking skills and empathy.

Special Education

Ruffolo et al. (2004) studied the protective and risk factors for delinquent, diverted, high risk adolescent girls to inform the development of effective mental health intervention and prevention programs. The girls were identified through their involvement with one of the five participating agencies that provided the girls with three types of programs: home-based, community-based open residential, and community-based closed residential. Sixty-eight percent of the girls lived in families that received welfare, more than one-half indicated a parent was/is in prison or jail and a majority of the girls had been suspended and/or expelled from school while, 19% report that they had been in special education (Ruffolo et al., 2004).

The results of Ruffolo et al. (2004) study showed that on average the girls in all of the programs reported mild to moderate levels of depression while the girls in closed residential settings were significantly more depressed than the girls in the home-based programs. Significantly more girls in the closed residential program compared to the home-based program had attempted suicide. This means that the girls in the most restrictive programs had significantly high levels of depression, greater degree of family disruption, more sexual abuse, higher level of negative life events, more welfare receipt,

and greater involvement in special education programs (Ruffolo et al., 2004). The girls that experienced the greatest number of risk factors in their family and community environments were in the most restrictive settings and programming. Ruffolo et al. (2004) showed that these risk factors have been present in the girl's lives for a while and that they needed earlier assistance from services before their adolescent years. The problem with the early interventions is that the service networks did not target the needs of the population adequately because many of the participants dropped out of earlier interventions. The school-based services were most frequently cited as services the girls received, however, they had been suspended or expelled from school, so linking these services is not always going to help this population (Ruffolo et al., 2004).

Ramdoss, Machalicek, Rispoli, Mulloy, Lang, and O'Reilly (2012) looked into the difficulties with social interaction, reciprocal communication and emotion recognition which are the key characteristics of individuals with Autism Spectrum Disorders (ASD) and the use of computer-based interventions (CBI) to improve social and emotional skills. They proposed that CBI can assist teachers in matching instructional materials to the cognitive functioning of students (Ramdoss et al., 2012).

The results obtained by Ramdoss et al. (2012) in the studies were positive that assess for the effect of CBI on social skills. The facial processing related outcomes were mixed within and across studies, with effects ranging from negligible to very large. While results relating to the recognition of emotional expression in human voices were predominantly positive. Ramdoss et al. (2012) obtained mixed results with the studies that assessed the effect of CBI on facial processing. There were no significant differences

found between groups' scores on the facial expression naming measure. When Ramdoss et al. (2012) looked at the studies of the CBI's effect on social and emotional skills were mediocre. Of all of the reviewed literature, it provided little information regarding the extent on which individuals with an ASD generalized the skills they acquired during CBI to additional contexts such as real life situations. The researchers found that to effectively use CBI, it should be used in conjunction with a group activity or in conjunction with adult tutor to generate the generalization to real life (Ramdoss et al., 2012).

Researchers, Beaumont, and Sofronoff (2008) looked into using a multi-component social skills intervention for children with Asperger syndrome. The participants were then randomly assigned and matched to a group based on age, IQ, social competence as measured on the Social Skills Questionnaires.

The intervention started with a 2 hour training session for both the students and parents where the process and structure of the therapy program were explained. They were using a program called Junior Detective game. This therapy lasted seven weeks with the students going into a room to play the computer for a predetermined time before joining a small group therapy session that focused on social skills and regulating emotions. Over the course of this process the time on the video game decreased and they only had the small group therapy for sessions 5 and 6 while session 7 was a follow-up for re-assessments (Beaumont et al., 2008).

The results of this study showed the average score obtained by the treatment group to have improved from the clinically significant range to the normal range which

suggests that the participant's gains were clinically meaningful. Unfortunately, it could not be determined whether the treatment group showed greater improvements in social functioning at school. Overall, the results continued to show students maintained their improvement at the 6-week and 5 month follow-ups and the teacher follow-up data suggested that the school-based improvements had eroded within 6 weeks of the program ending. This means that students were able to make greater improvements in the emotion-regulation areas such as anxiety and anger management techniques (Beaumont et al., 2008).

Psychological researchers Laurent, Joiner Jr, and Catanzaro (2011), looked at a couple different mental health assessments (Positive and Negative Affect Scale for Children and Physiological Hyper arousal Scale for Children) and compared the effectiveness of identifying students with mental health needs. They used the positive and negative affect scale for children, and physiological hyper arousal scale for children. There were three different groups of students in their study. The first group was the general school sample of student in grades 6-12 and none of these students were identified by their school as experiencing learning or behavior problems. The second group was the referred school sample that have been referred for special education evaluations either as an initial or three year re-evaluation. The third sample group was from an inpatient setting. These children and adolescents were in the psychiatric unit of a large academic medical center and the primary diagnoses of these students is consistent with mood disorders (Laurent et al., 2011).

This study found that there were expected patterns among the positive affect and the negative affect scores of the positive and negative affect scale for children and the physiological hyper arousal scale for children for all three groups of students. Laurent et al. (2011) goal was to provide descriptive information about these groups that might aid in the use of these assessments in activities related to school mental health or in response to intervention screening. Unfortunately, there wasn't an attempt in this study to select students with behavioral/emotional disorder category to see if this would affect the positive and negative effects of student's mental health. Laurent et al. (2011) believe the characteristics of students with learning disabilities may lead to a lower positive affect and higher negative effects on the positive and negative affect scale for children that are associated with depression. The results show that there are relations between the three groups and their performance on these assessments but it is not statistically significant (Laurent et al., 2011).

Laurent et al. (2011), found that students with learning disabilities are at a higher risk of suffering from depression than their nondisabled peers. Besides depression, students with disabilities are also scoring higher on anxiety assessments than their non-disabled peers. It can be concluded that students receiving special education services are at a higher risk for needed mental health supports than their general education peers based on the research and statistics.

Not only are students that are receiving special education services at a higher risk of struggling with their emotional and mental health needs. Student with different cultural backgrounds struggle as well.

English Language Learner (ELL)

Coastro-Olivo (2014) researched and studied promoting social-emotional learning in adolescent Latino English Language Learners (ELL). The skills taught in the social-emotional learning programs include self-awareness, emotion regulation, social awareness, problem solving and goal setting. The research on these interventions has shown that the positive effects of the SEL preventative programming are particularly significant for students identified as high risk and enrolled in disadvantaged schools. Historically, culturally and linguistically diverse students have performed at significantly lower levels than have their Caucasian peers on state tests and have been found to be more likely to dropout of high school (Castro-Olivo, 2014).

When comparing their mainstream peers, Latino ELL students are more likely to report lower levels of school belonging and increased levels of social and emotional problems (Castro-Olivo, 2014). It is important to culturally adapt the interventions for adolescent Latino ELLs. Teachers must explicitly teach these students skills to cope with the many sociocultural challenges that they face in the U.S. schools and society. Students enrolled in middle and high school reported higher levels of acculturative stress and perceived discrimination (Castro-Olivo, 2014). These have been identified as important considerations for the Latino ELL population. ELLs also tend to be segregated from the mainstream social networks, which makes the experiences of these students significantly different than their mainstream peers (Castro-Olivo, 2014). When using SEL programs it is important to teach students how to cope with feelings of segregation, and with the acculturations process. According to Castro-Olivo (2014) the best way to

address these needs are to teach in culturally relevant manners and to make sure the students are able to see the relevance in their daily lives. At this point, it is known that being culturally responsive is important, effective, and socially valid, but more research is needed to determine how much more effective it is when compared to mainstream practices (Castro-Olivo, 2014).

Historically, culturally and linguistically diverse students have performed at significantly lower levels than have their Caucasian peers on state tests and have been found to be more likely to drop out of high school. When students are not feeling connected or are struggling either academically or socially, they will remove themselves from those situations (Castro-Olivo, 2014). ELL students are more likely to report lower levels of school belonging and increased levels of social and emotional problems. It is also important to note that students with languages other than English as their first language are typically placed in shelter content classes to address their needs and abilities of learning a new culture and language. This means ELLs also tend to be segregated, which makes the experiences of these students significantly different than their mainstream peers throughout their educational experience (Coastro-Olivo, 2014).

African American Students

Students have different educational experiences in addition to diversity in culture and race. Graves Jr., Herndon-Sobalvarro, Nichols, Aston, Ryan, Blefari, Schutte, Schachner, Vicorica, and Prier (2016), studied the efficacy of the Strong Star intervention program which is a curriculum that is used to teach SEL skills. The study focused on the culturally adapted version of this program and the SEL outcomes of

African American male students. Sixty-one African American male students, kindergarten through fifth grades, participated in this intervention study at an urban elementary school. Ninety-eight percent of the participants at this school were eligible for free or reduced lunch.

The results of this study indicated positive effects in the areas of self-regulation and self-competence. The intervention did not have an impact on empathy, responsibility, or externalizing behavior. This was the first study using the Strong Star program with an urban African American population and further research is needed to understand why this population did not respond in the same manner as other populations (Graves et al., 2016).

With the diverse populations and experiences of students in schools, curricula to assist in decreasing school discipline of non-white student needs to have more culture specific focus to best address these needs (Graves et al., 2016). There is also a substantial gap in school personnel's knowledge of evidence-based interventions for emotional and mental health in schools along with the implementation of these programs are not implemented to a satisfactory level (Graves et al., 2016). For students growing up in urban neighborhoods where poverty is prevalent puts them at an increased risk for untreated mental health problems. Of the different family cultures and races in America, African American families that live in poverty are underutilizing community-based mental health services and instead may be seeking assistance from family, friends, and religious communities (Graves et al., 2016). Understanding the barriers that students face in different cultures and setting (rural or urban), helps

address the student's needs in SEL programs. To best address the culture and individual needs for a certain population, it would best be addressed in a Tier II intervention within the classroom and in smaller groups (Graves et al., 2016). The needs of students vary from rural to urban settings.

Students Living in Urban and Rural Areas

With the knowledge that there are different needs in urban and rural areas, Totan, Ozyesil, Deniz, and Kiyar (2014) looked at the relationship of social emotional behaviors and the effect they have on students' social emotional learning needs and skills in urban and rural settings. They used the Matson Evaluation of Social Skills with Youngsters (MESSY) which is a self-reported 5-point scale, which includes a teacher form and a student form. This scale broke into five categories: 1) appropriate social skills, 2) inappropriate assertiveness, 3) impulsiveness, 4) overconfidence, and 5) Jealousy/withdrawal (Totan et al., 2014).

Totan et al. (2014) results found positive social behaviors positively affect students' social and emotional learning needs and skills while negative social behaviors negatively affect them regardless of their living situations. Totan, et al. (2014) observed that negative social behaviors in the relationship between social and emotional needs and skills of adolescents living in village, township, and urban have similar levels of mediating effects and in addition, the mediating effects of social skills are high in villages and township than city. Positive social behaviors predict that the social and emotional learning skills of adolescents living in villages are higher than those living in the two other residential settings. They also found that social and emotional learning contribute

to academic success of students in the classroom and by providing learning activities that support students for developing relations with peers, self-management, and problem solving this also contributes to student's success, these skills then teach students how to be good citizens in the community. Not only is it important to create and teach students social and emotional learning but it is important to have adults model through supporting individuals by showing respect, acknowledging their emotions and by not easily giving into situations. By increasing students' social and emotional learning skills, this was found that these skills have a bullying prevention effect. Totan et al. (2014) also found that education programs intended for increasing the social skills in adolescents decreases the stress levels which increased student's ability to develop interpersonal relationships among adolescents. These programs also address problem solving skills along with social skills which has been found to have an effect on reducing drug abuse. This study found that it didn't matter where students lived (rural, township, or urban) that their social emotional needs were the same (Totan et al., 2014).

Even though it has been found that the social emotional needs were the same for students based on where they lived, Martinson (2016), focused on culturally appropriate, sustainable social and emotional learning programming in Latvia. The whole-school approach was used because it was a common approach for the entire school to implement. The teachers in Latvia became well versed on social emotional issues and received materials for conducting the class lessons at each level (primary through secondary). During this process an initial survey in 25 Latvia schools showed that there

was insufficient social and emotional competences as one risk factor of social exclusion and school drop-out which lead to the approval of a targeted social emotional learning program (Martinsone, 2016).

The approved program focused on proactivity for all students and not just the ones that were struggling with different problems and the sustainability of the program for more than several years. The teachers attended a class on social emotional learning in schools and the majority of teachers indicated that the SEL program had been successful in their classrooms. Some shared that their own acceptance of the psychological concepts that are incorporated in these program changed as well. Almost all of the teachers that participated in this study reported positive impacts from the content and materials that were provided (Martinsone, 2016).

Teacher Influence

Students spend multiple hours with teachers a day when they are in school. This creates an opportunity for teachers to positively influence students in many ways. In order for teachers to best support and influence students, they need to have the proper training and background to know what they can do in the classroom and when or who they need to connect students with when the teacher is not able to handle the needs of the students. Teachers are able to get training through the school district and pre-services teacher education programs only if they offer them (Freeman et al., 2014). When teachers have the knowledge and put into practice (Waajid et al., 2013) ways to support students' mental health needs, they are able to teach students how to get along with others and reduce bullying (Smith & Low, 2013). By teaching and modeling SEL

skills in the classroom, teachers are able to help students build relationships with their teachers and peers.

College Prep Courses

Most pre-service teacher education programs have limited opportunities when it comes to developing competency in teaching SEL (Freeman, Wertheim, & Trinder, 2014). There is so much for prospective teachers to learn in the pre-service teacher education programs. They learn the philosophy of education and the development of children along with how to teach. It is also challenging for teachers themselves to managing emotional responses or addressing conflict constructively as these are interpersonal skills that can be difficult to learn and apply (Freeman et al., 2014).

Waajid, Garner, and Owen (2013), wondered how infusing Social Emotional Learning into the teacher education curriculum would impact preservice teachers' conceptions of social emotional learning. A course was developed for preservice teachers in their senior year and it was organized into modules for the students which included four phases: 1) preparation, 2) application, 3) presentation, and 4) assessment (Waajid et al., 2013). This set up was due to undergraduate students being active participants in curriculum development and to have them reflect the best-practices in curriculum and instruction design. Waajid et al. (2013) found from previous studies that preservice teachers perceive social interactions with peers as an important classroom competency and that they view children's ability to understand and regulate emotions as an important component of academic competence (Waajid et al., 2013).

It was found that the conceptual frameworks that were used to guide the preservice students in recognizing that the child, teacher, and the social context such as the classroom mutually influence one another. It was also found that curriculum and instruction infused with SEL can impact the preservice students view on the overall role of emotions in the classroom for the students' classroom learning and behavior. This demonstrates that the SEL concepts can be successfully infused into an undergraduate course specifically in the area of curriculum development and instruction. The findings from the study show a paradigm shift in the participants view from teaching from the teacher centered to a learner centered approach. This also brings an awareness to the preservice teachers on how emotions and emotion-related behaviors impact teaching and learning along with the importance of using a systematic approach can go beyond just a one course experience (Waajid et al., 2013).

To encourage going beyond a one course experience, Koller, Osterlind, Paris, and Weston (2004) reviewed research surveys developed and validated psychometrically to assess teachers' awareness of mental health issues, and to document the degree of relevant mental health training they receive in their university preparatory training program. This survey was administered to two groups of teachers, one group of experienced practicing mentor teachers and a second group comprising of beginning teachers (Koller et al., 2004). It should be noted that the mentor teachers did not receive the training in their university preparatory training program as it was not a requirement.

The participants in the survey rated different topics from their preservice education and the results were telling. Not one item received a rating of “average” when comparing the perception of feeling “well-prepared” or “prepared for the most part” for their jobs after completion of their programs from both groups of teachers. Both groups of teachers also rated similarly for “contribution to success.” Both groups agreed that motivating students to learn, classroom and behavior management strategies, how to communicate with parents, and how to create a positive emotional environment for students were all areas that contribute most to a teacher’s success. The ratings also imply that teachers feel that it’s important to have training in the mental health areas. The research also found that regardless of teachers’ level of experience, they all perceived they were inadequately prepared in their undergraduate program for dealing with mental health issues and handling them proactively (Koller et al., 2004).

It was found that newer teachers felt better prepared to handle mental health needs of students but are still wanting more training compared to the more experienced teachers, which implies that preservice programs have and are changing to address the needs and trends in the current classrooms. One correlation this study made was that with the high teacher burnout and the high number inexperienced teachers in the classroom could aid in the struggle to support and address student’s mental health in the classroom. They suggested that by better preparing preservice teachers in their programs could help them be more prepared to handle these needs in the classroom and remain in the profession longer (Koller et al., 2004).

Ekornes, Hauge and Lund (2012) studied teachers' understanding of the concept of mental health. They based their study and research on data from a sequential, explorative mixed method design amongst K12 teachers in the Western part of Norway. They used focus group interviews that were conducted with participants that average age was 46 years old with an average length of teaching experience of 19 years. There were no teachers that had less than five years of teaching experience in this study (Ekornes et al., 2012).

The results of Ekornes et al. (2012) study showed that 62% of the teachers either agreed or strongly agreed that the term 'mental health' is often linked to illness and diagnosis which indicates that 'old paradigm' still prevails with some teachers. Next, 75% of teachers either agreed or strongly agreed that schools use the term 'well-being' instead of mental health which indicates they are using these words as substitutes rather than complementary terms (Ekornes et al., 2012). With the use of substituting these words for each other, there might be a danger of limiting understanding of the issue and recognition of mental health. It was found by Ekornes et al. (2012) that developing vocabulary for talking about mental health would help teachers and students be able to talk and recognize when people are experiencing difficulties so they are able to prevent illness. One problem Ekornes et al. (2012) found was that when schools link mental health to illness and diagnosis, it could cause some teachers to consider mental health promotion beyond their competence and professional responsibility. Schools need to increase their openness and reduce the stigma that is associated with mental health, along with developing an understanding of the

difference of mental health and well-being to change towards a more positive perception of mental health promoting in schools (Ekornes et al., 2012).

Relationships

Within the classroom, teachers are able to support students mental, emotional, and academic needs. Researchers Murray and Pianta, (2007) looked at the student and teacher relationships and the benefits of positive relationship between teachers and students. Continuing to have a healthy student-teacher relationship has a positive correlation with increasing student's self-esteem and decreasing students with depression. Murray and Pianta (2007) reviewed research from the past two decades and found that students with high incidence disabilities were at a heightened risk of experiencing a number of social, emotional, and behavioral difficulties. They also discovered that the quality of the relationships that children form with teachers has important implications for their emotional and behavioral well-being (Murray & Pianta, 2007).

Students were followed during their early adolescents (grades 6-8) and it was found that students that reported larger declines in teacher-student relationship quality also had a larger increase in depression. The opposite (greater increase in relationship) had a similar outcome (greater increase in self-esteem). Murray and Pianta (2007) also looked into the factors that contribute to teacher-student relationships. They determined that organizational structures and resources, classroom structures and practice, teacher beliefs, behaviors, and actions, and individual skills developing prosocial relationships are all factors that contribute to the teacher-student

relationship. For example, teachers should find ways to provide positive praise and positive feedback to every student in the classroom (Murray & Pianta, 2007).

Overall, the importance of positive and strong teacher-student relationships are important for all adolescents and especially for adolescent mental health and social-emotional functioning. Murray and Pianta (2007) found students with high-incidence disabilities are a particularly vulnerable population which needs explicit and direct support from caring adults. Educators already know that building relationships with students is important for their success in learning, but research supports these relationships positively impact students' emotional and mental health concerns and needs.

In addition to the relationship building, according to Brown, Jones, Larusso, and Aber, (2010), when students are exposed to classrooms marked by high-quality emotional and instructional interactions between teachers and students it is associated with both social and academic development. The trusting and caring relationships student are able to build with their teachers allows them to feel connected to the classroom and feel safe. This allows students to be able to focus on learning and trust that their teacher is supporting them as they take risks with their learning. The teacher-student relationships have joint functions of unique characteristics to students. They include cultural norms, values, and practices they bring to the relationship and classroom create and contribute to the climate of the classroom (Brown et al., 2010). This allows other students to feel connected to their peers and learn about the differences in their classroom.

Brown, Jones, LaRusso and Aber (2010), studied a school-based prevention program called the 4 R's Program (Reading, Writing, Respect, and Resolution). They evaluated it on the quality of emotion, instructional and organizational processes of elementary school classrooms. This program integrates social-emotional learning and literacy curriculum. The researchers found that students experience classrooms through their relationships with their peers and teachers. This is an important element to creating dynamic and enduring interactions with students to help them learn and apply their learning in natural settings. The teacher student relationships are joint functions of unique characteristics to students and the cultural norms, values, and practices they bring to the relationship and classroom create and contribute to the climate of the classroom. Brown et al. (2010) determined that exposure to classrooms marked by high-quality emotional and instructional interactions between teachers and students is associated with both social and academic development. This leads to the research that has determined that classrooms high in emotional support and instructional support have been associated with reducing the gap in achievement between high and low risk students (Brown et al., 2010).

When looking directly at the teacher's social-emotional functioning, Brown et al. (2010) determined that these functioning indicators do not appear to moderate the impact of intervention on classroom emotional support or classroom quality. The higher levels of teachers' perceived emotional ability were related to higher levels of classroom instructional support. Teachers' experiences of job-related burnout were not related to differences in overall classroom quality but their perceptions of their own emotional

abilities at the beginning of the year were positively and strongly related to their ability to establish high-quality social processes in their classrooms by the end of the year (Brown et al., 2010).

It is important that teachers reflect on their work to make sure they are establishing high-quality lessons and learning in their classrooms. Freeman, Wertheim, and Trinder (2014), studied and reported on teacher reflections on the process of planning and implementing a whole school SEL program that includes a conflict resolution focus. The program they used is called Enhancing Relationships in School Communities (ERIS). For this study there were 10 primary schools that participated in an 18-month professional development program that was offered by the researchers to assist in the schools' development of a whole school approach to handle interpersonal issues that uses a cooperative problem-solving approach (Freeman et al., 2014). The implementation was done in "core" teams that consisted of three to five members, the assistant principal/principal, and relevant teachers that attended workshops and managed the change process. Freeman et al. (2014) individually interviewed 29 core team members to find out what the most significant change had taken place, the factors that facilitated these changes and what assisted in overcoming the barriers. The results of this study indicated that significant change stories from the core team members provided an array of factors teachers viewed as motivating and facilitating efforts to implement the whole school approach to cooperative conflict resolution at the level of curriculum and daily practice in the school community (Freeman et al., 2014). Freeman et al. (2014) also found that monitoring and providing feedback were important to

motivate the initial engagement in the program and it also provided continued encouragement throughout the change process. Data collection was used to show the teachers there really was a problem with students and conflict resolution and once they saw the data, they were aware, and motivated to change their comment to supporting students in these areas (Freeman et al., 2014).

With this motivation, teachers reported greater student gains in understanding and use of cooperative methods when they feel they are a part of the development/implementation process. When teachers are provided the materials and professional development around using more cooperative approaches on handling conflict, they are better able to address, implement, and teach their students more effectively. Teachers need adequate professional development, preparation and support in order to buy into the programs to best support students and be consistent. Teachers express that they need explicit, clear and simple, structure to help them stay on track during disputes and it helps them stay motivated to use the models their buildings are using (Freeman et al., 2014).

Bully Prevention

Smith and Low (2013), examined SEL and how they contribute to bullying prevention in schools. They found that using the social-emotional framework to be the best model for understanding and preventing bullying perpetration and victimization. The research says that approaches that target the multiple levels of the school social-ecology that affect prevalence, maintenance, and growth in bullying behaviors is the most effect way to address bullying prevention (Smith & Low, 2013).

The skills that are taught and learned through the SEL programs can help orient youth towards prosocial peer interactions and interpersonal problem solving, and provide them with strategies for coping with peer challenges (Smith & Low, 2013). By increasing student's social competences can reduce their vulnerability to bullying by helping them make and gain friends along with gaining social support that reduces bullying. By teaching assertiveness and emotion management skills these skills fit into the bullying prevention strategies because they empower students to speak up more effectively if they are being bullied and help others if they are bystanders by reporting to adults, assisting the victim, or by intervening directing (Smith & Low, 2013). It should be noted that SEL by itself is not the answer on how to prevent bullying in schools. Incorporating the SEL skills into a comprehensive multicomponent program and includes at the whole-school level along with in the classroom are important to improving the school climate and the adult responsiveness to these situations. By teaching the prosocial skills and behaviors in the classroom students are encouraged, modeled, and awarded throughout the process and school environment. This can lead to having safer environments within the school that will decrease the opportunities for students to be in bullying situations because they have been taught how to manage their emotions in positive ways (Smith & Low, 2013).

Berg and Aber (2015) looked into the impact of interpersonal climate on children's academic outcomes. Using the context of whole-school, social emotional learning programs, they believed that a positive school climate is characterized by supportive, orderly, and fair interpersonal climates. Their question was how contextual

features of the classroom and children's feeling of safety contribute to children's school adjustment remains. The two main goals of their study are: 1) to understand the contribution of school interpersonal climate on children's school success; and 2) to examine whether the impact of the whole-school implementation of social and character development programs are moderated by interpersonal climate (Berg & Aber, 2015).

The results of this study concluded that children who experienced a lack of community were less engaged and had more difficulty academically. This leads to the importance of children's own experiences in their academic success. This study also found that it is important to consider if a child had a good fit actually reported being more engaged, compared to children who had a poor fit. This program didn't directly show an improvement in academic outcomes and that they had lower engagement. It did show that if the schools had a lower engagement overall, and being in a more negative climate initially, helped boost the impact of this program on the children's engagement (Berg & Aber, 2015).

Greenberg et al. (2003) reviewed studies and articles that indicated that school-based prevention and youth development interventions are most beneficial when they simultaneously enhance students' personal and social assets, as well as, improve the quality of the educational environments. Greenberg et al. (2003) found that over the last century, society and life expectations of children have changed considerably. It has been found within these changes are increased economic and social pressures on families, weakening of the community institutions that nurture children's social,

emotional, and moral development, and easier access to media that encourages unhealthy behaviors (Greenberg et al., 2003).

Because No Child Left Behind Act (2001) was passed into law, schools have needed to focus on finding and using evidence based materials. This has led to schools focusing on the tested areas as that is how schools are being held accountable for educating students. With this shift, SEL programming has not been a focus area. SEL programming focuses on: 1) building children's skills to recognize and manage their emotions, 2) appreciate the perspectives of others, 3) establish positive goals, 4) make responsible decisions, and 5) handle interpersonal situations effectively (Greenberg et al., 2003). These skills must be developed for negotiating diverse contexts and handling challenges at each developmental level. This can be done through effective classroom instruction, student engagement in positive activities in and out of the classroom, along with having broad student, parent, and community involvement in program planning, implementation, and evaluation. Greenberg et al. (2003) found that with the combination of classroom instruction and volunteer service, the risk for teen pregnancy and adolescent failure decreases. When looking at the reality that schools face, schools are hard-pressed to meet the many demands that they are faced with. It is very difficult to reform school programming and practices especially when educators make the choice to emphasize academics only (Greenberg et al., 2003).

CHAPTER III: DISCUSSION AND SUMMARY

Summary of Literature

Schools are intended to be a safe place for students to learn the needed skills to be productive members of society. One of the barriers that teachers and schools are having to overcome in order to prepare students for their future is how to address the students' social and emotional needs. SEL programming focuses on: 1) building students' skills to recognize and manage their emotions, 2) appreciate the perspectives of others, 3) establish positive goals, 4) make responsible decisions and 4) handle interpersonal situations effectively (Greenberg et al., 2003). By making SEL a priority in the classroom, teachers are able to meet the students' needs in order to prepare them for learning. This can be integrated into the academic lessons teachers are already being taught or be addressed on its own. Teachers can use specific curriculum that helps them integrate SEL into their reading lessons or the school could use a tiered system to help address and support the students SEL needs (Daunic et al., 2013; Freeman et al., 2014; Hanley, 2003; Portnow et al., 2015). By integrating tiered approaches of SEL into the schools, community agencies and programs are able to collaborate with school officials and families to support their student's mental health needs (Adelman & Taylor, 1999; Franklin et al., 2012; Maras et al., 2015; Meyers et al., 2015; Ramdoss et al., 2012; Wells et al., 2003). With this collaboration, access to community resources increases because they will not have the responsibility of having to seek these services out on their own or miss school when they can be provided within the school building (Graves et al., 2016;

Totan et al., 2014) and reduce the stigma associated with mental health (Ekornes et al., 2012).

When students are taught SEL skills, these skills and interventions are able to extend beyond the classroom. Students are able to apply skills to resolving conflict, working with a group of others, or in the work place (Weare & Nind, 2011; Wells et al., 2003). Students also need assistance with transferring these skills to real life, especially special education students that struggle with generalization (Beaumont et al., 2008; Ramdoss et al. 2012).

When schools are looking to implement evidence based programs successfully that address students SEL needs, teachers need to make sure there is support from administration, resources, financial resources, and training for teachers in order to have successful outcomes of these programs (Forman et al., 2009; Freeman et al., 2014). After teachers have the support needed, administrators need to reinforce the programs and teachers so that they are able to continue to implement the programs consistently (Han & Weiss, 2005).

Another aspect that needs to be considered when supporting students SEL needs and mental health is each students' culture and background. Students with high levels of depression, greater degree of family disruption, sexual abuse, higher level of negative life events, socioeconomic status, and involvement in special education programs are at a higher risk of needing more restrictive programming (Ruffolo et al., 2004). With earlier interventions to address students SEL and mental health needs, students will be able to receive the support they need before needing restrictive programming. Although,

when students are suspended or expelled from school, they are not able to receive the services that are integrated or linked to the school (Ruffolo et al., 2004).

Students that have a learning disability are at a higher risk of suffering from depression than their nondisabled peers and it has been found that students receiving special education services are at a higher risk of struggling with their emotional and mental health needs (Laurent et al., 2011). Special education students are not the only ones that struggle with the feelings of not belonging or their social emotion health. ELL students have a lower feeling of belonging and increased levels of social emotional learning and health needs compared to their mainstream Caucasian peers (Castro-Olivo, 2014).

Another factor, in addition to culture is race and socioeconomic status, in assisting students with SEL and mental health needs. The research found that African American families that live in poverty are underutilizing community-based mental health services and that these services are harder to access in rural areas (Graves et al., 2016; Totan et al., 2014). It was also found that the curriculum used for with students needs allow for adjustments to be made to all for the population and needs of the students because some of the needs are different for urban areas compared to rural along with the availability of services (Martinsone, 2016; Totan et al., 2014).

Preservice teachers need to receive education on how to adapt curriculum to meet their students' needs in addition to learning how to teach (Freeman et al., 2014). In teacher preservice programs, teachers need to have in their classes and learn how infuse SEL in their curriculum, so they know from experience the importance of infusing

these skills in their curriculum development and instruction design (Waajid et al., 2013). By doing this, preservice teachers are able to view the overall role emotions have in the classroom related to learning and behavior (Waajid et al., 2013). This also helps new teachers feel better prepared to handle mental health needs of students and should help decrease the high teacher burn-out rate (Koller et al., 2004).

Research has shown that building relationships with students not only helps students feel more connected but also supports student mental and emotional needs (Brown et al., 2010; Murray & Pianta, 2007). This helps students feel safe and allows them to be able to focus on learning and trust their teacher as they take risks with their learning (Brown et al., 2010). When teachers have this foundation, they are able to foster prosocial peer interactions and interpersonal problem solving (Smith & Low, 2013). Teachers then can teach strategies for coping with peer challenges in way that can gain social support and reduce bullying (Smith & Low, 2013). This can also lead to creating a positive school climate and academic success (Berg & Aber, 2015).

Limitations of the Research

Mental health in general is an issue that our society is starting to understand and find ways to help address. Because this is at the forefront of our society's concerns, it was important to limit the search for research to students (both general and special education), teachers, and how to support mental health needs in the school system and classroom. There are connections to preservice training programs from universities for teachers, collaboration among school personal and outside agencies, and the influences of teachers understanding and abilities to address the mental health needs within the

classroom or school system. Other studies looked at using the whole school approach or the classroom approach to implement SEL programs. These programs were found to help address and teach students how to manage their emotions and mental health needs. This led to searching to see how SEL programs worked for students in different settings such as rural and urban, general and special education, or different cultures.

The limitation of the current research is that there are not any studies that have followed students from preschool through high school or beyond to see how using SEL in the programs have impacted students long term. Additionally, there wasn't a lot of research done outside of social, emotional, learning disabilities on how to support students with mental health needs within the special education field. When it comes to other disability areas, the research was limited on how using SEL programs could be used or their impact on students. There were studies done on how teachers can help students address their mental health needs, but the specific ways teachers need to be supported prior to entering the classroom or how to support them through the implementation process were acknowledged but limited.

Implications for Future Research

Future research should focus on how to better support teachers in the teaching and implementation process of using SEL programs within the classroom and school wide. If teachers are not able to see how these programs are positively impacting their students, they will not find value in teaching these skills. Many teachers may also feel that they are not qualified to address students' mental health for a variety of reasons.

These reasons include lack of knowledge on the teachers' part, the teacher struggles with their own mental health, and the fact that they are not trained to be counselors.

Another area future research needs to focus on is collaborating with outside agencies and school personnel. How can access to counselors, therapists, and other resources become easier and integrated within the school setting? By finding a way to do this could reduce the stigma that is associated with needing help with one's mental health and could allow earlier interventions. This could help families have access to services that could not afford them. This would allow students to receive services at the school instead of having to schedule appointments. Researchers would also need to look at ways to implement this and how to support this process over time.

Implications for Professional Application

Teachers are responsible for educating students and preparing them for the future. Their job is to ensure that students are able to be productive members in society and that students learn the skills mandated by the state standards. This can become a challenge for teachers when their students bring precipitating factors into the learning environment. Teachers are then expected to help the student address these needs and get them to a place where they are able to learn the required standards the states have set.

The literature regarding supporting social emotional needs in the classroom should lead educators towards better practices and support that increases students' ability to manage their mental health needs. Both general and special education teachers can support all students in their classrooms by teaching them social emotional

learning skills. They can also work in collaboration with other school personnel and professionals from other agencies in the community.

Based on the research that was presented, educators can learn that there is a pattern of success when implementing social emotional learning programs in the classroom and school building. Collaboration of community services with the school personnel, students are able to receive an education that focuses on the whole student. By being student centered, teachers are able to build relationships with their students and help them grow into productive members of society where they are able to be mentally prepared to be success in the work force.

Due to the mandates of No Child Left Behind, teachers have had to cut teaching SEL skills from their curriculum to meet the demands of the high stakes testing. With the decrease in teaching SEL skills, students have not been learning how to manage or cope with their emotions. The research shows that when students are taught SEL skills, they are able to increase their learning in the academic settings and problem solve with their peers or co-workers. The research also shows that SEL skills can be integrated into other core academic areas instead of being taught in isolation. By integrating these skills, students are able to learn the SEL while they are learning to read.

Whether implementing a school wide tiered system or a classroom approach, teachers are able to teach and build a foundation of SEL skills with their students. When using a tiered intervention system, collaboration among a variety of school personnel and community professionals can happen. This can help improve the practice of educating students by working with a continuation of services across settings (school,

home, and community). It also helps reduce the stigma associated with seeking mental health support along with making access to these services easier for students and families. By bringing community services to the school setting; students, parents, teachers, and mental health professional can work together as one. This can also ease the financial burden and increase the access to services in rural communities where services are not as easily accessible compared to more urban areas.

Conclusion

It is clear that it would be of benefit for districts to use school wide tiered systems, classroom interventions, and collaboration with community agencies to support student's SEL and mental health within the school setting. Teachers should not be and are not expected to address students SEL and mental health needs independently. This needs to be a team effort with collaboration with mental health professional. These interventions and services can be done in the classrooms and schools. This will help take the stigma away from needing mental health support along with increasing the access to these services for students in rural areas and/or socioeconomic status level. By having more intensive services in the schools and supports for SEL, students with different cultures, races, and disabilities are able to receive services that can assist their mental health needs. When teachers are able to directly teach SEL skills to students, they are able to learn and transfer these skills to group situations and into the work world. Student are also able to build positive relationships with their teachers and peers which help them have positive self-esteem and prevent bullying situations.

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