



**Guidelines for Social and Emotional
Development and Learning (SEDL)**

www.emsc.nysed.gov/ssss/sedl/SEDLinAction.pdf

New York State School Boards
Association
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What

“...develop guidelines
for voluntary implementation by school districts
that incorporate social and emotional development
into elementary and secondary school education
programs...”

Combine high behavioral *and* academic
expectations

With high levels of student and adult support.

Why

“The biggest achievement gap is:

- between what kids can and will do,
- between their actual achievement and their potential.”

Eric Cooper, National Urban Alliance



How

By attending to the students' social-emotional parts of their brain
And creating conditions where school environments are calmer and safer:

Teachers can teach more effectively,
Students learn better,
Parents and community take pride in their children's school.

Defining SEDL Competence

The ability to

- understand, manage, and express
- the social and emotional aspects of one's life
- so to successfully manage life tasks:
 - learning,
 - forming relationships,
 - solving everyday problems, and
 - adapting to the complex demands of growth and development

(Elias et al, 1997)

SEDL begins at home and is facilitated through seven approaches

Outreach to and engagement of families and community;
Attention to school and classroom environment;
Teaching social emotional skills
After school, out-of-school, extra curricular and service learning programs and mentoring;
Aligned district and school personnel policies and practices to support all students;
Collaboration between school district and community service providers;
Staff development for administrative, instructional, student support staff and partners.



**For classrooms and schools
A district-wide system of support**

1. **Promotion and Prevention:** Promote healthy development, prevent problems
2. **Early Intervention:** Address problems as soon after onset as feasible
3. **Treatment:** Have a system for assisting those with chronic and severe problems.

Adelman, H. & Taylor, L. (2007).
Mental Health in Schools: Much More than Services for a Few. UCLA

**Promotion and Prevention:
School Environment and Culture**

“We believe that the framework that improves the school culture must be in place first.”

James Comer (2005)

“School culture orients the behavior of members of the school community ...”

Deal & Peterson, 1990

**Guidelines to Families and
Communities**

Community Members, Groups, Agencies

“The essential raw materials needed to reform our educational system are waiting to be mobilized through effective leadership (*A Nation at Risk*, 1983).”

This requires thinking outside the “schools alone” box.

Families

Schools can successfully promote SEDL plans when they reflect and respect the knowledge, traditions and cultural perspectives of parents and caregivers (Nisbett, 2009).



Guidelines to Educators

School Leaders –articulate the value and the science of social-emotional development to build public understanding and commitment.

Student Support Service Professionals – identify school-wide programming needs and gaps in services; work with school wide teams to give support.

Teachers – create, model and reinforce a respectful environment; teach SEDL skills with instruction.

What SEDL Programming in Schools Looks Like

- Gr 4 Lesson "Giving and Receiving Compliments"
- Gr 5 Peace Helpers of younger students: resolve conflicts.
- Gr 7 ELA read *Wings* and discuss being a bullying bystander
- HS Peer Leadership and peer mediation
- HS Service Learning volunteers' meeting with local residents
- Full-Service Schools: The Children's Aid Society
- Warren County Interagency service coordination to families
- University Partnership Safe Schools Healthy Students

Lessons Learned in Illinois

- 1) Even if it is good for kids, if it costs additional money, it is unlikely to pass.
- 2) If it is good for kids and saves money it stands a much better chance.
- 3) Good science is essential, perhaps catalytic.



If it's voluntary what's the point?

- Offer school districts compelling information, example and evidence.
- Provide a rationale for schools to attend holistically to child growth and maturation.
- Attract interest and persuade school communities that social and emotional development and learning programming is within their reach.

With these guidelines

New York State aims to

- Highlight the learning standards and key ideas that promote children's social and emotional development.
- Help schools and districts plan and act efficiently in their program investment and resource allocation choices.

The Guidelines have over 50 resource links

e.g.: www.learningmatters.tv/blog/on-the-newshour/stop-think-act-the-program/2301/



NYSSBA Conference New York City

Doug Bailey
Donna Bradbury
New York State Office of Mental Health

October 16, 2009

The American Dream:

Each young person is fully prepared for adulthood, with a supportive family and community, effective school and high quality health care.

The American Reality:

1 out of 10 children have a serious emotional disturbance, **more children suffer from psychiatric illness than from leukemia, diabetes, and AIDS combined.** Only 20% of those with an emotional disturbance receive treatment.

Emotional disturbance is associated with the highest rate of school dropout among all disability groups.

Only 30% of children age 14 and older with emotional disturbance graduate with a standard high school diploma.

Suicide is the third leading cause of death for 15 to 24-year olds.



Children with Emotional Issues – Impact on Education

In New York State, nearly 70,000 young children will be expelled from preschool for behavioral reasons each year. The expulsion rates for preschool children far exceed the rates for K-12.

Nearly all children with severe mental illness have experienced erratic academic programming due to their cyclical psychiatric crises and frequent changes in their learning environment.

Youth in high school with mental health problems are more likely to fail or drop out of school.

By high school few young people have a future vision that drives engagement in school or vocational pursuits.

Why?

We wait too long to identify and treat kids

Well intended, yet maladaptive responses

All child serving systems work extremely hard to help children with an emotional disturbance, but it is not enough

Children and youth can only achieve their full potential if together we operate at ours.

The Ready by 21 Challenge © Copyright 2008, The Forum for Youth Investment
Available online at

Scientific Imperatives

There is a long and rich scientific history substantiating the fact that there is a developmental progression to behavioral/emotional problems among young children

Kessler et al shows that the age of onset for serious mental illness in adulthood occurs in early adolescence, yet identification and treatment are often delayed for years.

Emotional or behavioral problems unrecognized in childhood can cascade into full blown psychiatric disorders with serious debilitating consequences in adolescence or adulthood



**Achieving the Promise – A New Way of
Serving Children and Families**

The largest, single year investment in children's mental health in this State's history (\$62 million).

National example of major system reform.

Child and Family Clinic-Plus, Evidence Based Treatment Dissemination Center, Waiver Expansion and Rural Telepsychiatry.

**Achieving the Promise – A New Way of
Serving Children and Families**

Research shows - if we identify and intervene early, we are more likely to:

- keep issues from affecting emotional, intellectual, or physical development
- keep issues from lasting a long time or from getting worse
- improve school performance and personal relationships with family and friends

Child and Family Clinic-Plus

Intended Outcomes

Shifts Clinic from a PASSIVE program that waits for clients to an ACTIVE program

Provides incentive and capacity to intervene earlier in the child's trajectory, when their potential for life long recovery can be greater.

Earlier Recognition of children in need of mental health services

Fundamental focus on engagement of families



What Services does Child and Family Clinic-Plus Offer?

Screening: Where children are- schools, health centers, preventive services

Assessment: comprehensive, to pinpoint needs and strengths of both child and family;

In-home treatment: to make sure interventions work in “real-world” settings;

Expanded clinic capacity: improved access

Evidence based treatment: interventions that have been shown to work.

The Children’s Plan

A Vehicle for Dramatic Improvements in Child Outcomes

Each young person being fully prepared for adulthood with a supportive family and community, effective school and high quality health care.

Unprecedented and Historic Collaboration

One hundred and twenty five (125) participants (parents, youth, local governments, providers, stakeholders, advocacy groups) worked to develop recommendations for The Plan.

Over one thousand (1,000) individuals attended a series of five regional forums to provide feedback on The Plan.

The Plan was submitted to Legislature under the signature of ALL child-serving state agency Commissioners.

Each of the nine (9) child-serving agencies have made a commitment to The Plan and twenty-two (22) joint initiatives to be addressed within the first year.



Plan Themes

Social and emotional development and learning form a foundation for success in school, work and in life.

Every action should strengthen our capacity to engage and support *families* in raising their children with emotional health and resilience.

The right service is available at the right time in the right amount.

One family-one plan

An adequately sized workforce that is culturally competent and steeped in a new paradigm of integrated, family-driven care must be developed and sustained.

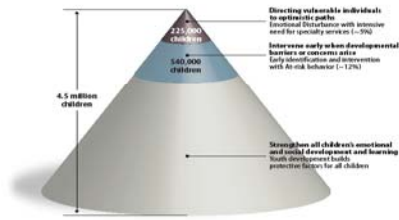
For more information....

Clinic-Plus: www.clinicplus.org

The Children's Plan:
<http://www.omh.state.ny.us/omhweb/engage/>

NYS Education Department SEDL Guidelines
<http://www.emsc.nysed.gov/sss/sed/>

Visual Framework for social emotional development and learning in New York State (0-18yrs population 4.5 million 2006 US census estimate)





SEDL in Action:

What SEDL Practice in Schools Looks Like

Social and emotional development and learning begins at home and is further facilitated within or in cooperation with schools through seven approaches in different combinations:

Outreach to and engagement of families and community;

Attention to school - classroom environment and relationships;

Skill acquisition through sequenced social - emotional learning opportunities and standards-based instruction;

After school, out-of-school, extra curricular and service learning and mentoring;

Alignment of district and school personnel, policies, and practices to support students;

Collaboration between school district and community-based service providers;

Staff development for administrative, instructional, student support staff and willing partners.

Questions & More Questions – Answers
to Follow!!

Why is implementing SEDL of critical importance to schools?

What is the impact on the district's budget?

What is the impact on instructional time?

What is meant by, "schools collaborating with mental health and other community agencies or organizations"?

Will collaborating with Mental Health increase my district's number of special education students?

If we collaborate with Mental Health, will mental health clinicians duplicate the work of school PPS staff?

How have communities in general reacted to such collaborations?

Child and Family Clinic Plus – What is it and why should my district participate?

What should we look for when administrators talk to us about inclusion of families and the surrounding community?
