

MERRELL'S

Grades
6–8

STRONG KIDS

A Social & Emotional Learning Curriculum

SECOND EDITION



Dianna Carrizales-Engelmann
Laura L. Feuerborn
Barbara A. Gueldner
Oanh K. Tran





Other programs in **Strong Kids™**:
A Social & Emotional Learning Curriculum

*Merrell's Strong Start—Pre-K:
A Social & Emotional Learning Curriculum,
Second Edition*

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Second Edition*

*Merrell's Strong Teens—Grades 9–12:
A Social & Emotional Learning Curriculum,
Second Edition*



Merrell's Strong Kids—Grades 6–8

A Social & Emotional Learning Curriculum

Second Edition

by

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CHAPTER 1

About *Strong Kids*



*Strong Kids*TM: *A Social and Emotional Learning Curriculum* is a social and emotional learning curriculum that consists of five brief and practical social and emotional learning (SEL) programs designed for the purpose of teaching social and emotional skills and assets that promote resilience and mitigate risk in children and adolescents. These introductory chapters provide information on the following:

- The importance of promoting children's mental health and doing so in the context of SEL
- The design of the *Strong Kids* program
- Evidence of the program's effectiveness
- Tips for using the curriculum effectively and with confidence
- Updates to the second edition.

Strong Kids—Grades 6–8 is designed specifically for use with children in Grades 6–8, or those who are approximately ages 11–14 years. Because *Strong Kids—Grades 6–8* is designed to be both a prevention and an early intervention (EI) program, it has a wide range of applications and may be used effectively with children who are high functioning, typically developing, at risk for social and emotional problems, or struggling with social and emotional difficulties. *Strong Kids—Grades 6–8* can be implemented in a variety of settings: general and special education classrooms, group counseling settings, and youth treatment facilities that have an educational component.

For younger students in the early elementary grades, the *Strong Kids* curriculum also offers *Strong Start—Pre-K*, *Strong Start—Grades K–2*, and *Strong Kids—Grades 3–5*. For older students in higher grades, the curriculum also offers *Strong Teens—Grades 9–12* for use with high school-age students.

Youth in the *Strong Kids—Grades 6–8* age range experience a host of changes during this time in development. Bodies are changing, the complexities of social relationships extend to romantic feelings, friendships may be tenuous at times, navigating relationships through social media becomes increasingly complex, emotional experiences seem more intense, and youth may more openly question parents' and other adults' values and voice their opinions—sometimes in an irritable tone. Youth often become increasingly aware of differences

between themselves and the idealized models portrayed in the media. They may also experience difficulties with adjustment and a loss of self-concept in some areas. Beginning at about age 13, rates of depression begin to increase and gender differences begin to become particularly pronounced, with girls reporting depression at a higher rate than boys.

In the middle grades, students also are expected to be more independent with schoolwork and managing themselves in general. Pressures to be organized and responsible for planning ahead and making deadlines, and juggling a more complex extracurricular schedule, can feel overwhelming. Many young people also live in communities or families in which they are exposed to ineffective or inappropriate models for solving conflict and dealing with problems.

Stress increases with these demands, and youth need to cope effectively. *Strong Kids—6–8* is designed to increase their awareness of these issues and offer strategies to manage emotional and social complexities while having fun and engaging in activities that support their academic, social, and emotional learning.

PROMOTING CHILDREN'S MENTAL HEALTH

As many researchers, writers, and public officials have noted, changes in the structure of society and families have resulted in an increasing percentage of children and families who are at risk for developing a variety of behavioral, social, and mental health problems (e.g., Costello & Angold, 2000; Doll & Lyon, 1998; Farmer & Farmer, 1999; Hoagwood & Erwin, 1997; Satcher, 1999). The numbers of children and youth affected by these problems are surprisingly high. Greenberg, Domitrovich, and Bumbarger (2001) asserted that between 12% and 22% of children and adolescents younger than age 18 experience mental health problems of sufficient severity to be in need of mental health services. These percentages represent a staggering figure of up to 1 out of every 5 children and adolescents in some instances. The Centers for Disease Control and Prevention (2013) estimated that among adolescents within a 12-month period, 8% will attempt suicide and 20% of students have been bullied, and during a 30-day period, 41.4% texted or e-mailed while driving a car and 34.9% consumed alcohol. Without question, effective early responses to these problems, including mental health prevention and EI curricula in educational settings, must occur if these challenges are to be stemmed.

Despite sincere and well-meaning attempts to offer real solutions to social, emotional, and mental health problems of students in school settings, many of the programs or interventions that have been implemented are simply ineffective. Walker stated that “educators are notorious for embracing programs that look good but do no actual good” (2001, p. 2). In these educators’ defense, we should note that school personnel who work on the front lines of serving children and youth who have significant mental health issues are often overworked and not provided with sufficient resources with which to make the impact they desire. Furthermore, some developers and publishers of mental health prevention programs tend to overwhelm educators and clinicians with claims of effectiveness, even when there is little or no supporting evidence. Worse yet are

reactionary school policies, such as the perennial “get tough” approaches that are not only ineffective in the long term but also contribute to the development of systems that are hostile, aversive, socially toxic, and incompatible with optimal development of academic skills and mental health (Hyman & Perone, 1998; Skiba & Peterson, 1999).

Despite these problems and challenges, there is reason for optimism regarding our ability to positively affect the social and emotional health and resilience of children and adolescents, even those from very adverse life circumstances. One reason for this optimism is the accumulation of a large body of scientific evidence regarding what has been termed *developmental resilience* (Doll & Lyon, 1998). This notion of resilience concerns the ability of individuals to cope successfully with adversity, risk factors, and severe life stress and for young people to develop into competent and happy adults despite these problems.

Central to this notion of developmental resilience is the idea that some characteristics of resilience—the cognitive, behavioral, and affective skills that enable one to cope effectively with adversity—may be systematically taught and learned. Although some aspects of resilience or developmental hardiness may be innate or biologically based, the evidence shows that learning plays a crucial role in developing the ability to cope effectively with problems and challenges. Stated simply, the ability to be resilient and to cope effectively in the face of adverse circumstances and challenges in life is something that can be acquired in great measure through systematic and effective instruction in the critical requisite skills involved.

Although the primary mission of public education has traditionally been perceived as promoting the development of academic skills, there is growing support and advocacy for the systematic inclusion of skills that may be considered “nonacademic” but are, in fact, key to supporting students’ overall development (Pellegrino & Hilton, 2013). Critical thinking, problem solving, creativity, communication, and responsible thinking are necessary for students to succeed in the 21st century (Partnership for 21st Century Skills, 2008), and a growing body of evidence demonstrates that social and emotional skills are particularly relevant (see Durlak, Dymnicki, Taylor, Weissberg, & Schellinger, 2011, for a meta-analytic review) and believed to be a “missing piece” (Elias, 2006, p. 6). There is no question that most educators, parents, students, and the general public also support and expect a broader mission for schools (Greenberg et al., 2003). Some examples of this expanded agenda include character education, development of good work habits, promotion of good citizenship, development of social and emotional competence, and promotion of a healthy and productive lifestyle. Commenting on the need for this broader agenda, Greenberg and his colleagues stated

High-quality education should teach young people to interact in socially skilled and respectful ways; to practice positive, safe, and healthy behaviors; to contribute ethically and responsibly to their peer group, family, school, and community; and to possess basic competencies, work habits, and values as a foundation for meaningful employment and. . . . We consequently assert that school-based prevention programming—based on coordinated social, emotional, and academic learning—should be fundamental to preschool through high school education. (2003, pp. 466–467)

We emphatically agree with this statement. In addition, we propose that teaching young people positive social, emotional, and behavioral skills is not only an essential mission for educators and mental health professionals but also one of the most critical challenges facing our society in the 21st century. Students are placed under so many stressors at times during their young development that teaching resilience is critical for academic and life success.

SOCIAL AND EMOTIONAL LEARNING

A framework, aptly named *social and emotional learning*, has guided efforts to effectively teach the social and emotional health and resilience of young people. Drawing from the fields of child and adolescent development, health promotion, principles of instruction, affective neuroscience, positive psychology, cognitive therapy, behavioral theory and application, and prevention science (Zins, Bloodworth, Weissberg, & Walberg, 2004), specific skills are ideally taught over the course of students' academic tenure (i.e., preschool through high school). These skills also should be taught with coordination and strategy in mind (Devaney, O'Brien, Resnik, Keister, & Weissberg, 2006; Greenberg et al., 2003). That is, how will the skills be infused throughout a busy school day? How will we know students are learning and applying the information? What kind of support is needed and is this support feasible? The goal is to provide *all* students with effective instruction and support to mitigate risk behaviors and outcomes and enhance protective factors known to affect positive overall development (Greenberg et al., 2003). Achieving this goal is possible by applying current evidence and continuing to investigate ways in which we can improve.

The efforts of the Collaborative for Academic, Social, and Emotional Learning (CASEL) at supporting SEL in youth have been instrumental in understanding the key areas for social and emotional development and best practices in facilitating this process. CASEL has endorsed five person-centered and inter-related competency areas that are essential to cognitive, social, and emotional development: self-awareness, self-management, social awareness, relationship skills, and responsible decision making (CASEL, 2014; Zins et al., 2004). There is growing evidence that SEL programming, highlighting these competency areas, is effective (e.g., Durlak et al., 2011; Durlak & Wells, 1997; Payton et al., 2008; Sklad, Diekstra, De Ritter, Ben, & Gravesteyn, 2012). Improvements have been measured in areas such as identifying emotions, resolving conflict, self-efficacy, attitudes toward school, positive social behaviors, and academic performance. Conduct problems, as well as emotional distress, have been reduced. In addition to benefits for youth, teachers view SEL to be a priority (Bridgeland, Bruce, & Hariharan, 2013), and school staff are able to implement SEL effectively and without mental health training (Durlak et al., 2011).

Since the early 1990s, many SEL programs have been developed and used in educational and mental health settings. The type of program ultimately selected will depend on a variety of factors such as the needs of the setting, financial considerations, training and resource requirements, and time constraints. *Strong Kids* was designed with these variables in mind and, we believe, offers an affordable and relatively low-resource option, using principles of effective

instruction and evidence-based strategies for promoting mental health, to effectively teach SEL skills.

MODEL FOR PREVENTING BEHAVIORAL AND EMOTIONAL PROBLEMS

Education researchers have adapted a public health prevention model for use in school systems (e.g., Merrell & Buchanan, 2006; U.S. Department of Education, 2004; Walker et al., 1996). We believe that this three-tiered model (see Figure 1.1) has great importance for promoting SEL and for school-based promotion of children’s mental health in general. Sometimes referred to as the “triangle,” this model of prevention and intervention includes service delivery at three levels of prevention: students who currently are not experiencing learning or social/behavior difficulties (*primary prevention*); students who are considered to be at risk for the development of learning or social/behavior difficulties (*secondary prevention*); and students who currently are experiencing significant learning or social/behavior difficulties (*tertiary prevention*).

We can visualize this model and its three levels of prevention as a triangle. The entire triangle represents all students within a school setting, the majority of whom are not experiencing difficulties (i.e., the bottom portion of the triangle),

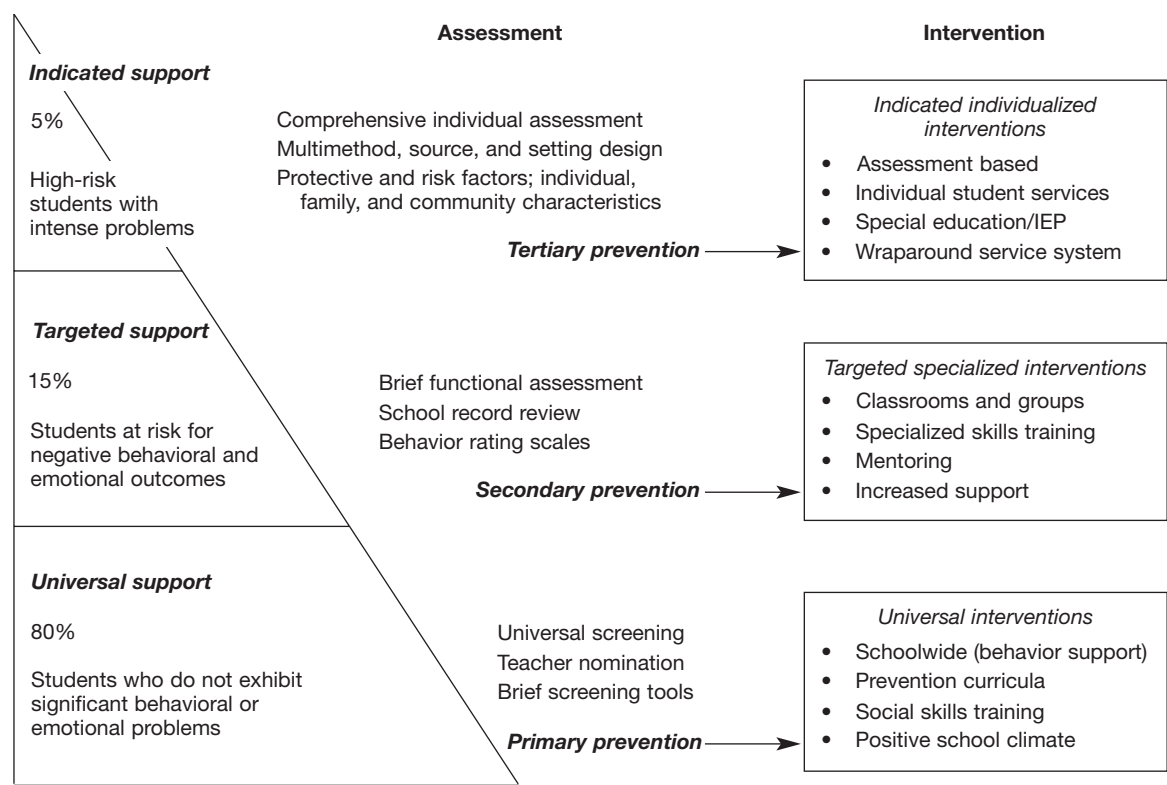


Figure 1.1. The prevention triangle model, specifically adapted for how to make systems work for assessing, identifying, and serving students with behavioral, social, and emotional problems. (Key: IEP, individualized education program.)

some of whom are at risk of developing significant problems (i.e., the middle portion), and an even smaller percentage who are currently experiencing significant difficulties (i.e., the top portion). Typical practice is to focus on those students who are at the top of the triangle—those who are currently experiencing significant learning or social-emotional difficulties. Practitioners tend to spend the majority of their time and effort providing tertiary prevention (i.e., individualized assessment and intervention services) to these students on a case-by-case basis. These students make up the smallest percentage of the school population, but because of the significance of their problems, they often require the majority of time and resources from school personnel (Walker et al., 1996). Figure 1.1 illustrates the prevention triangle model, specifically adapted for how to make systems work for assessing, identifying, and serving students with behavioral, social, and emotional problems.

Shifting to a systemwide prevention model requires looking at the “big picture” by considering the needs of *all* students, not just those who are referred because they are currently experiencing significant difficulties. The foundation of a prevention approach is the use of universal interventions (i.e., primary prevention) designed to enhance the delivery of effective instruction and improved school climate to promote the academic, social, and behavioral resilience of *all* students in the school. This idea requires that educators begin to move some resources and energy toward those children and adolescents who are not currently experiencing significant difficulties in order to promote skills to provide a sort of inoculation for the developmental challenges that may occur. The premise is to reduce the probability that these youth will eventually rise to the “top of the triangle” where more resources are required. More specifically, primary prevention for students who are not currently experiencing learning or social/behavior difficulties is accomplished through schoolwide and classwide efforts that involve the consistent use of research-based effective practices, ongoing monitoring of these practices and student outcomes, staff training, and professional development. The goal of primary prevention is to create school and classroom environments that promote student learning and health and decrease the number of students at risk for learning or social/behavior problems.

As important as it is to focus on primary prevention, we also know that not all students respond similarly to these efforts. Thus, it is important to monitor student progress and to assess whether students are at risk (i.e., in need of secondary prevention efforts) or are experiencing significant difficulties (i.e., in need of tertiary prevention efforts). Identifying students at risk for learning, social-emotional, and behavior difficulties is an important aspect to comprehensive prevention efforts. For students identified as at risk and in need of secondary prevention efforts, the focus is on the delivery of specialized interventions (often at a small-group level) to prevent the worsening of problems and to prevent the development of more significant concerns. The focus on early identification and EI is important.

With respect to mental health and social-emotional problems of children and adolescents, we believe that this prevention model is an ideal way to think about providing SEL programs and other services. Thinking in this way about the challenges faced in promoting social-emotional wellness and mental health

among children and adolescents makes these challenges more manageable. Instead of waiting until students have developed severe problems and require extensive time and effort to simply be managed, you can continually focus a portion of your resources on prevention activities that will ultimately reduce the number of students at the “top of the triangle.”

DESIGN OF THE *STRONG KIDS* CURRICULUM: BACKGROUND

The *Strong Kids* curriculum was developed by the Oregon Resiliency Project (ORP) at the University of Oregon and under the direction of the late Kenneth W. Merrell, Ph.D. Several goals led the research and development efforts to

1. Target each of the five pathways to wellness advocated by Cowen (1994), a pioneer in the modern science of mental health and wellness promotion:
 - Forming wholesome early attachments
 - Acquiring age-appropriate competencies
 - Having exposure to settings that favor wellness outcomes
 - Having the empowering sense of being in control of one's fate
 - Coping effectively with stress
2. Make available a program that was prevention oriented, practical, cost-effective, and feasible for teachers to implement in the classroom and within the course of a typical class period
3. Design the program to be useful across grade levels, thereby providing a means to provide a more cohesive and collaborative approach to SEL programming (Zins, 2004).

As we revised this curriculum, we envisioned *Strong Kids* as a carefully designed SEL program to prevent the development of certain mental health problems and promote social and emotional wellness among young people (see Chapter 4 for more information on the revisions). *Strong Kids* is not the right SEL program for all types of problems. We especially targeted the domain of internalizing behavioral and emotional problems (e.g., depression, anxiety, social withdrawal, somatic problems), using a largely cognitive-behavioral theoretical orientation given its evidence of effectiveness with youth in these areas (Weisz, Hawley, & Doss, 2004), to promote *social and emotional resilience*. *Strong Kids* should not be considered a comprehensive program for preventing school violence or antisocial behavior, even though it may play a role in supporting these aims as part of a comprehensive program of effective behavior support.

The advantage of this programming approach is that *Strong Kids* follows the recommendations outlined by Durlak and DuPre (2008) for skill training by being sequenced, active, focused, and explicit. One disadvantage of this approach is that the program is not designed to be a complete mental health treatment package for children and youth with severe mental health problems. Although our research to date has shown that the curriculum can make a meaningful

difference with these populations, it should be used as one component of a comprehensive, intensive intervention program in such cases.

IMPLEMENTATION GUIDELINES AND LESSON STRUCTURE

The *Strong Kids* and *Strong Teens* programs were designed to circumvent common barriers to implementation such as time, resources, and training while upholding criteria for effective instructional design and delivery (Carnine, Silbert, Kame'enui, & Tarver, 2009; Coyne, Kame'enui, & Carnine, 2006). Thus, this curriculum was developed with both time feasibility and ease of implementation as high priorities. Even an exceptionally strong intervention program will fail to make an impact if its time requirements and difficulty of implementation result in few people being able to use it within the time and training constraints of a school system or other youth-serving agency. We recommend teaching the *Strong Kids—Grades 6–8* lessons once per week for 12 weeks, although there is evidence to support implementation at a more accelerated tempo such as two lessons per week for 6 weeks with similar effective outcomes (Tran, 2008). The one lesson per week format may allow students sufficient time to complete any homework that may be assigned, internalize the concepts taught, and practice the new skills they learn, both at school and outside of school.

Each lesson takes between 60 and 80 minutes to complete. All lessons can be shortened by stopping at the end of an activity and finishing up with the Closure activity found at the end of the lesson. When continuing the lesson, teachers simply resume by starting with the Mindfulness-Based Focusing Activity found in the Introduction section, followed by the point in the lesson where the lesson was stopped during the previous instructional period and again ending with the Closure activity. For each lesson, we have suggested a stopping point. Please refer to the Running Short on Time? section, found at the beginning of each lesson, for these suggestions. Lessons also can be lengthened, using additional activities found at the end of each lesson, at the instructor's discretion.

Each lesson includes instructional scaffolding (e.g., optional scripting and explicit directions) to eliminate the need for intensive preparation, a review and introduction of the lesson and key concepts, a range of examples to define the concept, and opportunities to practice and integrate skills through activities such as modeling, guided practice and role play, and independent practice. Generalization and maintenance of skills are promoted by providing strategies for practice throughout the school day, in other academic areas, and across settings.

We specifically designed *Strong Kids* as a low-cost, low-technology program that can be implemented in a school or related educational setting with minimal professional training and resources. It is not necessary to be a licensed mental health professional to learn and implement this curriculum. General and special education teachers, speech-language pathologists, school counselors, social workers, psychologists, and other education or mental health professionals may serve as effective group leaders. The program may be taught in a general education classroom or in selected small-group settings. One of the advantages of the *Strong Kids* curriculum is that it is designed to support academic skills and to be integrated within an instructional program. The activities in this

curriculum not only promote SEL and resilience but also support literacy, language arts, social studies, and health.

Strong Kids—Grades 6–8 is highly structured and semiscripted, designed to cover very specific objectives and goals. We developed the objectives and goals for each lesson, as well as the implementation guidelines, based on current research findings in education and psychology, aiming for a prevention and intervention program that is built on a solid base of empirical evidence. Each lesson follows a similar format with the following sections:

Social and Emotional Competency Areas: CASEL (2014) endorsed five key areas necessary in building SEL skills (self-awareness, self-management, social awareness, relationship skills, and responsible decision making); skills categories are assigned to each lesson where content reflects these areas.

Purpose and Objectives: Describes the skills students will learn

Materials Needed: Lists the materials needed for advance preparation

Running Short on Time?: Suggests an optional stopping point to segment the lesson

Instructor Reflection: Provides an opportunity for instructors to reflect on the content of the lesson to increase knowledge and personalize the application

Review: Lists topics covered in the previous lesson

Introduction: Introduces the concepts for the lesson

Mindfulness-Based Focusing Activity: Helps students focus and prepare for the lesson

Key Terms and Definitions: Provides an introduction to any relevant vocabulary

Instructional Content and Practice Activities: Provides content and activities specialized to each lesson's theme

Putting It All Together: Reviews the key concepts practiced in the lesson

Closure: Provides a brief breathing and reflection activity

In addition, each lesson provides optional scripts to aid content delivery, sample situations and examples to better illustrate the content, and opportunities for guided and independent practice. Group leaders can follow the script and examples directly or modify the sample script to present the lesson's main ideas using language that is most appropriate for their group(s). At the end of each of the 12 lessons is a section titled *Tips for Transfer Training and Homework*. This section includes optional homework assignments and take-home handouts, tactics that are further designed to reinforce learning outside of the *Strong Kids—Grades 6–8* instructional setting. This section also prompts instructors to precorrect (i.e., anticipate students' errors and difficulties in learning the skills), remind (i.e., provide verbal or visual prompts of the steps and actions needed to use the skills), and reinforce (i.e., provide social reinforcement, such as praise, when students use the skills) the lesson objectives. These instructional principles are known to improve skills maintenance over

time and generalization across settings (e.g., Langland, Lewis-Palmer, & Sugai, 1998; Sugai, Bullis, & Cumblad, 1997). Ideas for making the content especially relevant to students are included in each lesson, typically within each practice activity. Additional suggestions for activities are listed at the end of each lesson and are provided to encourage practice that is embedded throughout the course of the school day, to make the lesson content relevant to students, and to allow additional opportunities to practice and reinforce the concepts. Lesson 12 can be used as a “booster lesson” to provide an opportunity to reteach and reemphasize critical *Strong Kids* content and skills after a period of time—usually several weeks to a few months—and following the completion of the 12 lessons.

EVIDENCE

The *Strong Kids* curriculum, from *Strong Start—Pre-K* to *Strong Teens*, has been evaluated and continues to be studied within a multitiered model (universal and tertiary prevention and intervention programming), across age and grade levels (elementary through high school-age individuals), and in a variety of settings. The strongest evidence exists for a unilateral increase in knowledge of social and emotional content across studies. Some studies also have found significant decreases in internalizing problem symptoms and increases in social and emotional skills and assets. Teachers and students have found the program worthwhile and feasible, thereby providing evidence for the social validity of the program. A reference section at the end of this chapter provides relevant sources for these studies. If you are conducting research or a program evaluation of the *Strong Kids* curriculum, we would be very interested in hearing from you.

SUMMARY

We are at a pivotal point in history whereby our youths’ social and emotional resilience is developing through direct instruction and application, with the use of materials developed from years of research and practice across multiple relevant disciplines. The *Strong Kids* curriculum offers one way of helping our youth develop into socially and emotionally healthy individuals. Together, we can prepare today and tomorrow’s global citizens for 21st century stressors and opportunities.

Strong Start, Strong Kids, and Strong Teens: Research

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