MERRELL'S

STRONG START

Pre-K

A Social & Emotional Learning Curriculum

SECOND EDITION

Sara A. Whitcomb
Danielle M. Parisi Damico
Foreword by Hill M. Walker

STRONG KIDS™

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

Merrell's Strong Start—Grades K–2: A Social & Emotional Learning Curriculum, Second Edition

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

Merrell's Strong Start—Pre-K

A Social & Emotional Learning Curriculum

Second Edition

by

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SECTION I

Introduction and Overview

Excerpted from Merrell's Strong Start—Pre-K: A Social & Emotional Learning Curriculum, Second Edition
by Sara A. Whitcomb, Ph.D., and Danielle M. Parisi Damico, Ph.D.

CHAPTER 1

About *Strong Start*

Strong Kids™*: A Social and Emotional Learning Curriculum* consists of five brief and practical social and emotional learning (SEL) programs that have been designed for the purpose of promoting the SEL of children in prekindergarten through 12th grade. *Strong Start—Pre-K*, the first volume in the Strong Kids curriculum, is for children in preschool (or approximately ages 3–5). *Strong Start* is designed to be both a prevention and an early intervention (EI) program, and it has a wide range of applications with high-functioning or typically developing children or with children who have learning or behavioral challenges. It can be used in a variety of settings.

We view *Strong Start* as a carefully designed SEL program intended to prevent the development of certain mental health problems and promote social and emotional wellness among young children. Moreover, we created this curriculum as a companion to the proven *Strong Start—Grades K–2*, *Strong Kids—Grades 3–5*, *Strong Kids—Grades 6–8*, and *Strong Teens—Grades 9–12* programs, which are largely cognitive-behavioral in nature and were designed for use with older children and adolescents. *Strong Start* is not the right program for *all* problems or purposes. The overall goals and objectives of the lessons focus on helping young students build awareness of their emotions and the emotions of others as well as create strategies for managing emotions in healthy ways.

Strong Start is a low-cost, low-technology program that can be implemented in a school or related educational setting. It is not necessary to be a licensed mental health professional in order to learn and implement this curriculum. The curriculum also can be taught in a self-contained manner within a specific environment and does not require expensive community wraparound services or mandatory parent training groups. The advantage of this programming approach is that *Strong Start* is brief, efficient, skill based, portable, and focused.

There are several appropriate settings for use of this curriculum, including, but not limited to, public preschool settings, private preschool settings, Head Start, and early childhood facilities that have an educational component. A wide range of professionals may appropriately serve as group leaders or instructors for this curriculum: general and special education teachers, speech-language

pathologists, school counselors, social workers, psychologists, early interventionists, and other education or mental health professionals.

PROMOTING CHILDREN'S MENTAL HEALTH

The primary mission of schools traditionally has been viewed as promoting the development of academic skills, but there is no question that most educators, parents, and the general public support and expect a broader mission for schools. 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 citizenship.…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 agree with this statement. We also propose that teaching children positive social, emotional, and behavioral skills is a critical challenge facing our society. 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., Weissberg, Walberg, O'Brien, & Kuster, 2003). Greenberg, Domitrovich, and Bumbarger (2001) stated 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 services. Educators are faced with working with these populations while also managing pressures from accountability efforts, schoolwide reform, increasing class sizes, and shrinking budgets.

Despite sincere and well-meaning attempts to offer real solutions to the social, emotional, and mental health problems of students in school settings, many of the programs or interventions that have been implemented are simply ineffective, inefficient, or fragmented. 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, 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 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, 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.

SOCIAL AND EMOTIONAL LEARNING

Another reason for optimism regarding our ability to positively affect the social and emotional health and resilience of children is the evidence in the area of SEL (Zins, Bloodworth, Weissberg, & Walberg, 2004). SEL has been defined as systematic, cohesive, and effective instructional programming designed to teach social and emotional skills to children and adolescents, to prevent mental health problems, and to provide effective EI for those problems that are beginning to emerge (Greenberg et al., 2003). There are many manifestations of SEL programs, ranging from simple training in social or other life skills to expansive, multipronged efforts to prevent antisocial behavior and conduct problems. Since about the early 1990s, an impressive array of evidence-based SEL programs has been developed and made available for use in education and mental health. These programs vary substantially in mode of instruction, time and resources required, and cost, but they typically target internal developmental assets such as self-awareness, self-management, social awareness, relationship skills, and responsible decision making (Collaborative for Academic, Social, and Emotional Learning [CASEL], 2012). An analysis published by Durlak, Weissberg, Dymnicki, Taylor, and Schellinger (2011) suggested that SAFE programs are effective. SAFE programs are those that are *sequenced*, *active*, *focused*, and *explicit*. This analysis included a review of 213 studies of universal SEL interventions for children in preschool through 12th grade. Study outcomes consistently suggested statistically significant improvements in social-emotional skills, socially appropriate behavior, positive attitudes, and academic performance. In addition, statistically significant decreases were found in conduct problems and emotional distress.

The specific type of SEL program selected will depend on the specific needs and requirements of an institution or community and the competencies and problems that are most important to target, but those efforts that are most successful tend to be implemented in a planned, cohesive manner within a system. Fragmented, uncoordinated efforts seldom produce more than superficial, short-term results. Emory Cowen (1994), a pioneer in the modern science of mental health and wellness promotion, has argued that there are five main pathways to wellness:

1. Forming wholesome early attachments
2. Acquiring age-appropriate competencies
3. Being exposed to settings that favor wellness outcomes
4. Having the empowering sense of being in control of one's fate
5. Coping effectively with stress

It stands to reason, then, that for optimal effectiveness and impact, any comprehensive SEL program should address most, if not all, of these critical pathways.

SOCIAL AND EMOTIONAL NEEDS OF PRESCHOOL CHILDREN

To be effective, a curriculum must be designed and implemented to be developmentally appropriate for the students for whom it is intended. For preschool children, there are some unique cognitive, social, and emotional developmental needs that must be considered. Cognitively, children in this age range are *concrete thinkers*, meaning that they have not yet developed the ability to think abstractly or symbolically. They usually have difficulty with tasks that require a great deal of interpersonal insight or self-reflection. In addition, most preschool children have not yet learned to read. Therefore, any curriculum designed for this age group must be explicit and somewhat concrete, use examples with which the children are familiar, use repetition and review to help teach mastery of skills, require no reading skills, and be short enough and interesting enough to maintain their attention.

Children in preschool are developing emotionally and experiencing many emotional changes. They experience many feelings and tend to understand the general notion of feelings or emotions, but they usually have a very limited vocabulary of words to describe different emotions. For example, most preschool children will understand the concepts of *happy*, *sad*, and *mad*, but they may be less likely to know more sophisticated emotional words such as *worried*, *thrilled*, *joyful*, *tense*, or *proud*. Some of the critical tasks for children in this age range, in terms of emotional development, include developing a sense of self-control, learning new emotional words, learning that what is "right" or "wrong" may be based on more than just the immediate consequences of the behavior, and learning that how something appears is not always how it is.

Socially, preschool children are learning how to initiate effective social interactions with other children and how to develop friendships. They are in the process of learning how to engage socially with individuals outside of their family. Some of the critical skills during this period include learning to negotiate and compromise, learning to be empathetic or understand the feelings and experiences of another person, and learning how to effectively join groups and initiate conversations. Many of the friendships children develop at this age are not lasting, but they tend to be very important in terms of providing a situation in which children can learn the skills required to make friends and to be a good friend to others. Children who fail to acquire the empathy or social skills needed to be successful in making and keeping friends are at risk for a variety of social and emotional problems, ranging from isolation and peer rejection to loneliness, poor self-esteem, and even depression.

In sum, any SEL program designed for use with preschool children must take into account the unique developmental needs of this age group if it is to be effective. The developmental needs that must be considered include cognitive, emotional, and social development, among other issues.

MODEL FOR PREVENTING BEHAVIORAL AND EMOTIONAL PROBLEMS

Educational researchers have adapted a public health prevention model for use in school systems (e.g., Merrell & Buchanan, 2006; U.S. Department of Education,

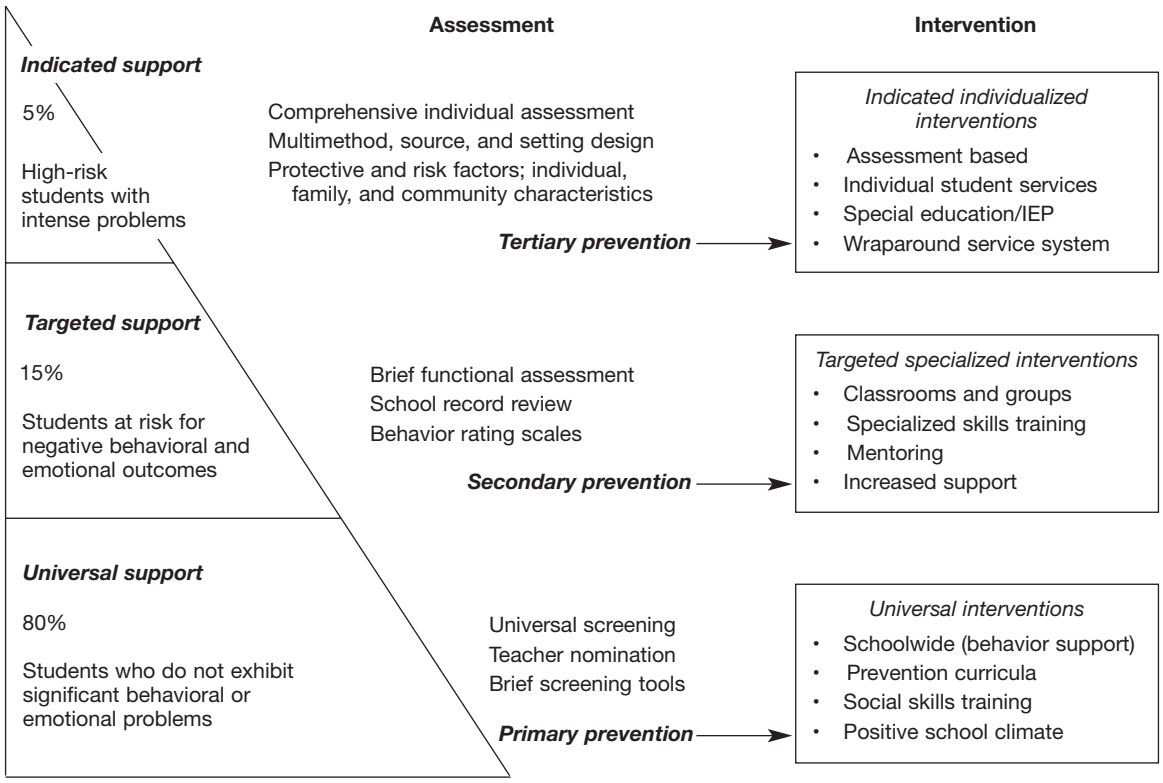

Figure 1.1. The prevention triangle model, specifically adapted for how to make systems work for assessing, identifying, and serving students with behavioral, social, and emotional problems. (*Key:* IEP, individualized education program.)

2004; Walker et al., 1996). We believe that this 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), 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 and/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).

Shifting to a systemwide prevention model requires that we look at the "big picture" by considering the needs of all students, not just those who are referred because they are 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 improve school climate to promote academic, social, and behavioral resilience of all students in the school. This idea requires that we begin to move some resources and energy toward those children and adolescents who are not currently experiencing significant difficulties in order to help them acquire skills to reduce the probability that they will eventually rise to the "top of the triangle." More specifically, primary prevention for students who are not currently experiencing learning and/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, and 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 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 we face 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, we can continually focus a portion of our resources on prevention activities that will ultimately reduce the number of students at the top of the triangle.

AN EVIDENCE-BASED PROGRAM

We continue to make efforts to establish a solid evidence base for *Strong Kids™: A Social and Emotional Learning Curriculum* (including *Strong Start—Grades K–2*, *Strong Kids—Grades 3–5*, *Strong Kids—Grades 6–8*, and *Strong Teens—Grades 9–12*). In 2010, Merrell reviewed the studies that had been conducted

to date. Each of these studies found that groups of students who participated in one of the Strong Kids programs showed significant gains in their knowledge of curriculum concepts of SEL. Many of the studies have shown significant reductions of problem emotional-behavioral symptoms as a result of participating in the programs. In addition, some of the studies have evaluated the feasibility and acceptability of the programs from teacher and student perspectives. These studies, without exception, showed a very high amount of satisfaction and confidence in the programs by both students and teachers. They also have helped us to understand what we consider to be best practices in implementation. Since that review, a number of additional studies have been conducted with similar findings. These studies have occurred in a range of settings, primarily at the primary and secondary levels of intervention. Visit www.strongkidsresources.com to access information on these studies, or see the list below.

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