NC Early Childhood FOUNDATION

i(cs) INSTITUTE for CHILD SUCCESS

What Works for Third Grade Reading

NC Pathways to Grade-Level Reading Working Paper

Social-Emotional Health: Health and Development on Track, Beginning at Birth

Table of Contents

I. **Pathways Measure of Success**

II. **Definitions**

III. **Social Emotional Health: Why It Matters**

IV. **Social Emotional Health: Connections to Other Pathways Measures of Success**

V. **Policy Options that Support Young Children's Social-Emotional Health**
- A Framework for Infant and Young Child Mental Health
- Formal Family Supports and Services
- Children's Health Services
- Play and Social-Emotional Development

VI. **Practice Options that Support Young Children's Social-Emotional Health**
- Implementing a Statewide Social-Emotional Health Screening, Referral and Treatment System
- Integrating the Pyramid Model into Birth-to-Third Grade Education Settings Statewide
- Supporting Parents and Families
- Providing Advocacy Services and Strategies for Domestic Violence Victims
- Reducing Community Violence
- Tracking Progress on a Broad Set of Social Emotional Health Indicators

VII. **Program Options that Support Young Children's Social-Emotional Health**
- Positive Parent-Child Interactions
- Young Children in Formal Learning Environments
- Improved Mental Health for Parents
- Trauma-Informed Interventions for Young Children

Appendix A. Program Descriptions

I. Pathways Measure of Success

Percentage of children exhibiting self-regulation, good interpersonal skills, and no behavior problems

II. Definitions

The following terms are referenced in this brief:

Adverse Childhood Experiences (ACES) refers to a set of experiences in the lives of young children including child abuse and neglect, parental substance use, mental illness and incarceration, family domestic violence, and the absence of parent through divorce, death, or abandonment.[i] Extensive research has linked adverse childhood experiences to chronic health problems, risky health behaviors, and even death.[ii]

CAPTA is the federal Child Abuse Prevention and Treatment Act. It provides federal funding to support state agencies for the prevention, assessment, investigation, and treatment of child abuse and neglect.[iii]

Child abuse is defined by the federal Administration for Children and Families as "any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation."[iv]

Child neglect, defined by the federal Administration for Children and Families as acts of omission, includes physical, emotional, medical and educational neglect, and inadequate supervision. Emotional neglect includes isolating a child, not providing affection or emotional support, or exposing a child to domestic violence or substance abuse.[v]

Community violence is defined by the National Child Traumatic Stress Network as "intentional acts of interpersonal violence in public areas by individuals who are intimately related to the victim." Examples of community violence include bullying, conflicts between gangs, assaults, robberies, homicides, and attacks with weapons.[vi]

Domestic violence includes intimidation, physical, sexual or psychological violence or emotional abuse perpetrated by one partner upon another to maintain power and control. It is also called Intimate Partner Violence.[vii] North Carolina defines domestic violence as "attempting to cause bodily injury or placing a victim or a member of the victim's family in fear of serious bodily injury or continued harassment resulting in significant emotional distress." The definition includes stalking, rape and sexual offenses.[viii]

Early Intervention is the process of providing services, education, and support to infants and toddlers who have been evaluated as having a physical or mental delay, disability, or special need, or whose risk factors place him or her at high risk of delay.[ix] These services are offered to parents regardless of income level as part of the federal IDEA Part C program for infants and toddlers with developmental delays or disabilities. State eligibility requirements vary, but services must be available to address needs in each of the following domains: physical and motor, cognitive, communication, self-help, and social-emotional skills. Social-emotional development and skills including age-appropriate play, emotional security, and happiness.[x]

Ecological framework is an approach that understands children's social-emotional and self-regulatory development as embedded within circles of influence, beginning with child's biology, genetics, and temperament; his or her skills and motivation (both internal and external); caregiver support by parents; teachers, mentors, and program staff; and the environmental context, including external challenges and resources.[xi]

Executive function is a set of cognitive skills that enable children and adults to focus attention, plan, follow directions, and multi-task. Self-regulation skills are often described together with executive function skills.[xii]

EPSDT is the Early Periodic Screening, Diagnostic, and Treatment program for children in lower-income families funded through the federal Medicaid program. This program provides funding for well-child visits for children living with income-eligible families.[xiii]

IDEA is the federal Individuals with Disabilities Education Act. Under this federal law, all states must provide children with a free and appropriate public education. **Part C** defines the services that must be available for very young children, ages birth to three, diagnosed with atypical development, including in physical, cognitive, language, or social-emotional domains.[xiv]

Implicit bias is a point of view that is activated involuntarily. Implicit bias exists beyond intentional control. It is based on "unconscious cognition" that influences what we believe, think, and do.[xv]

Infant/Early childhood mental health is defined as a young child's emerging capacity for close, secure relationships with adults and peers. Positive infant mental health allows a child to experience and manage a broad range of emotions and to explore the world in a secure way.[xvi] See the definition for social-emotional development below.

North Carolina Foundations for Early Learning and Development is a set of developmental standards that describe learning and development from birth to age five. The standards can be used to improve teacher knowledge and guide curriculum development and planning, create shared goals across programs, and help families build age-appropriate expectations for children in the early years.[xvii]

North Carolina Emotional and Social Development Early Learning Standards present a learning framework organized around three domains of emotional and social learning from birth to five years: developing a sense of self, developing a sense of self with others, and learning about feelings.[xviii]

Pyramid model is a three-tiered framework to advance young children's social-emotional development. The model is disseminated by the federal Technical Assistance Center for Social-Emotional Intervention and includes promotion, prevention, and intervention evidence-based practices and programs.[xix]

Resilience refers to internal capacities to withstand chronic adversity and "bounce back" after exposure to violence or trauma. It includes self-esteem, healthy attachments and relationships, and protective factors within one's family, peer supports, or neighborhood.[xx]

Self-regulation is the process of managing one's feelings, thoughts and behaviors in a constructive manner. Self-regulation involves cognitive and social-emotional competencies including goal-setting, impulse control, and problem solving. Self-regulation is a vital executive function skill that begins to emerge during a child's first five years but is not completely developed until early adulthood.[xxi]

Social and emotional development is the process during which children develop skills necessary to build strong attachments with adults, maintain positive relationships with peers and adults, develop empathy, construct a healthy personal identity, and manage their own behaviors through self-regulation.[xxii] Social-emotional development is often described in terms of a child's temperament, attachment, social skills or social competence, and emotional regulation.[xxiii]

Social Emotional Learning (SEL) is a specific term most frequently used within an educational context to describe the learning process for social-emotional competence. Five core competencies involved in social emotional learning are self-awareness, social awareness, self-management, relationship skills, and responsible decision-making.[xxiv]

III. Young Child Social-Emotional Health: Why It Matters

The emotional, social, and behavioral competence of young children is a strong predictor of academic performance in elementary school[xxv] and beyond, even affecting employment and income in adulthood.[xxvi] Children who exhibit self-control have good interpersonal skills with both peers and teachers,[xxvii] have fewer behavioral problems, and are more successful in school.[xxviii] Physical health[xxix] and oral language development and skills[xxx] both impact and are impacted by social-emotional health.

The foundation for young children's developing social-emotional health and competence lies in the relationships that they have with their primary caregivers. These relationships begin at birth. Positive parent-child interactions support the natural learning process by which young children acquire social knowledge and develop emotional competence, empathy, trust in others, and interpersonal skills with adults and other children. Non-nurturing, non-responsive or abusive relationships between parents and their young children can derail children's social and emotional health and development.[xxxi]

Between nine and 14 percent of children birth to five years old experience emotional, relational, or behavioral disturbances. In low-income families, up to 35 percent of children may experience social-emotional challenges.[xxxii] It is estimated that some 91,000 young children in North Carolina experience challenges in social-emotional development.[xxxiii]

The assessment of kindergarten readiness often includes a measure of children's social-emotional and self-regulation development, including such skills as being able follow directions, manage emotions, and engage with peers and adults in a positive way.[xxxiv] Students rated by their teachers as "not ready" versus "fully ready" in these skill areas are more likely to be boys and come from families living in low-income circumstances. By the fourth grade, these students were more likely to have been retained, require special education services, and to have been suspended or expelled, even after controlling for other performance measures such as language and literacy, cognition, and even physical health.[xxxv]

Recent national civil rights data confirms significant racial disparities among children suspended, expelled, or disciplined. Black public school children are nearly four times more likely to be suspended than other students. While black boys and girls constitute just 20 percent of preschool enrollment, they account for nearly half of the out-of-school suspensions.[xxxvi] In-school and out-of-school suspensions and expulsions add to the problem of chronic absences, may further impair young children's developing sense of self, and can reflect implicit bias among teachers and other educational professionals.

Child care, preschool, and elementary classrooms that create pro-social learning environments[xxxvii] promote the continued development of children's social skills, emotional competence, empathy and self-regulation.[xxxviii] A recent meta-analysis of 213 studies reveals an 11 percent gain in academic achievement for students who participated in evidence-based Social-Emotional Learning (SEL) programs over those who did not. SEL students improved their classroom behavior and their ability to manage stress and depression, and had better attitudes about themselves, others and school.[xxxix]

Early and regular behavioral health screenings with comprehensive assessments as warranted ensure the early detection of behavioral health needs.[xl] Effective behavioral health treatment can often mitigate or eliminate future behavioral health conditions.[xli] Without intervention, behavioral and social-emotional challenges in young children, including aggression, may be less easy to overcome after age eight.[xlii]

IV. Social-Emotional Health: Connections to Other Pathways Measures of Success

Just like the domains of child development, the Pathways Measures of Success are highly interconnected. In fact, young children's social-emotional health and development is a measure of success that impacts almost every other Pathways measure. The table and text below outline the measures that *influence* or *are influenced by* Social-Emotional Health.

Health and Development on Track, Beginning at Birth	Supported and Supportive Families and Communities	High Quality Birth-through-age-Eight Learning Environments with Regular Attendance
Healthy Birthweight	Formal and Informal Family Supports	High Quality Birth-through-age-Eight Early Care and Education
Early Intervention	Safe at Home	Regular Attendance
Physical Health	Positive Parent-Child Interactions	

Healthy Birthweight

Being born with low birthweight is linked to short- and long-term health problems, learning disorders, social-emotional and behavior problems, grade retention, and school failure.[xliii]

Early Intervention

Undetected developmental problems and emotional disturbance may cause delays in acquiring speech and language, the inability to maintain relationships, and serious impediments to school learning. Poor peer relationships are associated with later emotional and mental health problems, school dropout, delinquency, aggression, poor social skills, and lack of empathy for peers.[xliv]

Very young children who experience development delays may also experience problems with social interactions and social competence including more solitary play and less social success in peer interactions.[xlv] Young children who experience delays in social-emotional development may be eligible for participation in the federal IDEA Part C program,[xlvi] however two-thirds of infants and toddlers with developmental delays are not identified in a timely way.[xlvii] The North Carolina Infant and Toddler

Program (NC ITP) is the administrative organization for IDEA Part C. In 2015-16, services were provided to 10,172 children ages birth to three.[xlviii]

Physical Health

Health challenges in the lives of young children can impact their social-emotional development. Babies with fussy temperaments may be held and comforted less and, thus, experience a less-positive set of parent-child interactions.[xlix] Similarly, both the physical and emotional health of parents plays a role in their children's social-emotional development. Parents who are not physically or emotionally present, because of their own health problems including chronic illness, mental health challenges or substance use, may exhibit unpredictable behavior ranging from loving to harsh or withdrawn.[l]

Formal and Informal Family Supports

Children live in families coping with substance abuse, maternal depression, parental loss, or exposure to trauma are more likely to experience mental health, social-emotional, or behavioral challenges during their early years.[li] The development of self-regulation skills can be disrupted by episodic or chronic stress and adversity including poverty and trauma experiences. While normal stress can help children to build coping skills, toxic stress negatively impacts development and can produce long-term changes in neurobiology.[lii]

Connections to responsive and supportive networks, services, and institutions can decrease parental stress and increase knowledge and understanding of child development and parental behavior, which can lead to improved outcomes in social-emotional development.[liii] High-quality home visiting, parenting education, and family preservation programs that are coordinated with early learning programs and other formal and informal supports can teach parents and support them in meeting their children's social, emotional, and physical needs.[liv]

Safe at Home

Children who have been abused or neglected can develop a broad range of social-emotional and mental health problems, including poor impulse control, social isolation, anxiety, and difficulty coping with and regulating their emotions. In more severe or chronic circumstances, children may develop pathological behaviors including self-punishment.[lv] Later in their development, abused or neglected children may experience emotional instability, depression, and aggressive or even violent behaviors directed at others.[lvi]

Witnessing violence, especially among family members, places children's physical and social-emotional health at risk.[lvii] Nearly half of women in the United States have been victims of domestic violence, with one in four experiencing severe physical violence.[lviii] Nearly one in ten children in America has witnessed one family member assault another and more than one in four have witnessed family violence during their lifetimes.[lix] Even among infants and toddlers, exposure to violence can result in post-traumatic symptoms.[lx] Exposure to just one kind of violence increases the probability that a child will be exposed to other types of violence, and exposed multiple times.[lxi] It is estimated that up to 25 percent of US women have been victims of domestic violence;[lxii] in North Carolina in 2015-16, 56,000 women, men, and children were served by domestic violence shelters and support programs.[lxiii]

Positive Parent-Child Interactions

Positive parent-child relationships beginning at birth provide the foundation for language, cognitive, social, and emotional development. Warm, nurturing, and responsive parent-child interactions promote young children's secure attachment and emotional health, the development of coping and problem-solving capacities, and the ability to learn the skills and rules about social engagement.[lxiv]

High Quality Birth-through-age-Eight Early Learning and Education

The implementation of social-emotional learning curriculum and practice in early care and education settings requires a focus on basic peer relationships, friendship, and play as well as emergent self-control and social problem-solving.[lxv] Lower quality early care and education programs may not provide the same opportunities for social-emotional learning and development as programs where teachers are well-trained, compensated and supported.[lxvi]

Regular Attendance

Students' social and emotional health can impact their attendance at school.[lxvii] Young children who struggle with self-regulation and related behavior challenges are suspended from school beginning in the preschool years at rates 300 percent greater than in the K-12 grades.[lxviii] There is significant disparity in the rates of school suspensions and expulsions based on children's race and gender.[lxix]

V. Policy Options that Support Young Children's Social-Emotional Health

A Framework for Infant and Young Child Mental Health. *Encourage cross-agency collaboration at the community, county, and state levels to implement a comprehensive, shared framework for advancing young children's mental health and social-emotional development.*

Once focused intensively on the language and early reading skills of children at entry to kindergarten, teachers are now coming to understand the importance of children's social-emotional and self-regulation skills. While some children struggle more than others, social-emotional development and competence is a universal issue.

Children's social-emotional health and self-regulation must be addressed across the child-serving sectors. Agencies providing early intervention, mental health, early learning, and child protection services can collaborate to build a statewide, comprehensive framework for children's social-emotional health, with competencies that are included in professional development for all providers who work with children. This integrated system for children should include smooth transitions as children age.

Zero to Three[lxx] and the Center for the Study of Social Policy (CSSP)[lxxi] have published strikingly similar frameworks for use in creating a comprehensive policy approach to young children's positive, age-appropriate social-emotional development. Both offer **promotion**, **prevention**, and **intervention** components, some of which focus on all children and others which target groups of children and families likely to be at risk of health and mental health challenges.

A comprehensive framework for ***promoting*** young children's social-emotional health and development could include:

- Social marketing efforts around the importance of supporting children's social-emotional health and development, focused on both the public and parents
- The use of technology to answer parents' questions about their children's behavior or development
- Screening for social-emotional development at all well-child visits
- The integration of social-emotional learning principles and practice into existing government programs such as TANF and child care—for example, training early childhood teachers and other service providers on infant and young child mental health competencies
- Universal home visiting services offered at birth

A ***prevention*** approach to policy on young children's social-emotional development focuses on those families where there are internal and external risks that are known to result in delays, challenges, or impairments. Elements of a prevention approach drawn from the Zero to Three and CSSP frameworks include:

- Early identification including expanded behavioral health screenings within Early and Periodic Screening, Diagnostic and Treatment (EPSDT) using specified, validated screening tools, and training for medical professionals
- Embedding mental health professionals in child care and early education settings to assist teachers and parents to address early behavioral issues
- Self-help groups and other informal supports for parents worried that they might abuse their young children
- Fully implementing opportunities for early identification and access to treatment services for young children engaged in the child welfare system by linking CAPTA and IDEA programs
- Targeted home visiting services, focused on families experiencing trauma and toxic stress

Intervention programs drawn from the frameworks include:

- Early Intervention through IDEA Parts C and B
- Specialized treatment provided to address parental mental health or substance use disorders and trauma from domestic violence
- Specialized treatment programs to address parent-child interaction problems
- Targeted home visiting services, specifically for very high-risk families or those engaged with the child welfare or adult mental health systems
- Special education services through the public schools

A comprehensive framework for children's mental health would also address the need for improvement at the organizational level, including systemic challenges (e.g., payment for services), administrative policies, data capacity and workforce development. Specifically:

- Early childhood provider training and development in service integration, trauma-informed case practice, and family engagement
- Improvements in coverage and rates for Medicaid providers to include prevention and treatment services for families with young children who experience behavioral or social-emotional challenges
- Cross-sector data sharing that enables better communication and response between educational entities and health and human service agencies

- The creation of statewide plans and formal collaborative agreements to advance children's social emotional development and learning[lxxii]

Formal Family Supports and Services. *Invest in formal family supports that address income, housing, child care, workforce, and mental health needs of vulnerable families with young children, and maximize enrollment of eligible parents and families.*

Pathways working papers on *Formal and Informal Family Supports* and *Parent-Child Interactions* provide detailed data and information on each of these public policy areas that could, if adopted and taken to scale, reduce community conditions that jeopardize the healthy social-emotional development of children and the effective functioning of parents. Of special importance is the need to assure that low-income women identified with postpartum depression can access treatment through the Medicaid program.

Children's Health Services. *Maintain North Carolina's high rates of health insurance for children and low-income children's access to screening, diagnosis, and treatment through Medicaid under the Early and Periodic Screening, Diagnostic and Treatment program (EPSDT).*

One in three US children receives health care services through Medicaid or the Children's Health Insurance Program (CHIP).[lxxiii] Access to health care for children covered by Medicaid and CHIP is significantly better than for uninsured children, and Medicaid-covered children's access is comparable to that of children covered by private insurance.[lxxiv] In 2015, 96 percent of children in North Carolina were insured, with more than 40 percent of children insured through Medicaid and Health Choice (North Carolina's CHIP). Any reductions in Medicaid funding or elimination of CHIP will increase the number of North Carolina children who are uninsured and potentially jeopardize access to medically-necessary services even for those still insured.[lxxv]

Play and Social-Emotional Development. *Systematically incorporate new research and North Carolina guidance around the important role of play in early education and kindergarten settings for developing young children's social-emotional health.*

Over the past several decades, the formal learning experience of America's preschoolers and kindergartners has taken on a much more academic focus with the inclusion of more seat time[lxxvi] and a return to teaching practices more reflective of the elementary school years.[lxxvii] This movement has been supported by parents trying to give their children a strong academic start[lxxviii] and by educators seeking to address the nation's long-standing academic achievement gap.[lxxix] Recent meta-analyses suggest that, at least in settings serving low-income children, American early education is paying less attention to young children's social-emotional development by moving away from rich learning environments characterized by music, art, and play. Instead, the focus is on the use of textbooks and teacher-directed instruction.[lxxx]

North Carolina already provides some guidance around the importance of play and developing young children's social-emotional health in early education settings. The North Carolina Foundations for Early Learning and Development is a set of developmental standards that describe learning and development from birth to age five. The standards can be used to improve teacher knowledge and guide curriculum development and planning, create shared goals across programs, and help parents and other kin build age-appropriate expectations for their children in the early years.[lxxxi]

These standards assert that "Children are active learners and they learn through play. Children need hands-on learning experiences to develop the skills and knowledge described in Foundations. They learn by doing, and they need time to practice what they are learning, to ask questions, to investigate, and to use what they are learning in their everyday activities."[lxxxii] The Foundations guidance articulates the following goals for play and learning (cited directly):

- **Curiosity, Information-Seeking, and Eagerness**: Children show curiosity and express interest in the world around them [and] actively seek to understand the world around them.
- **Play and Imagination:** Children engage in increasingly complex play [and] demonstrate creativity, imagination, and inventiveness.
- **Risk-Taking, Problem-Solving, and Flexibility**: Children are willing to try new and challenging experiences [and] use a variety of strategies to solve problems.
- **Attentiveness, Effort, and Persistence**: Children demonstrate initiative, maintain attentiveness, and focus [and] persist at challenging activities.[lxxxiii]

Another resource, the North Carolina Emotional and Social Development Early Learning Standards, present a learning framework organized around three domains of emotional and social learning from birth to five years: developing a sense of self, developing a sense of self with others, and learning about feelings.[lxxxiv]

VI. Practice Options that Support Young Children's Social-Emotional Health

Implementing a Statewide Social-Emotional Health Screening, Referral and Treatment System

Building on North Carolina's successful implementation of screening and referrals for developmental delays and services (see the Pathways *Physical Health* working paper), ensure universal social-emotional health screening, referral and treatment as well.

Integrating the Pyramid Model into Birth-to-Third Grade Education Settings Statewide

The Pyramid Model for Promoting the Social and Emotional Development of Infants and Young Children is a "tiered intervention framework" based on evidence-based interventions that promote young children's social-emotional and behavioral development.[lxxxv] The model follows the structure of the framework approach described under the Policy section of this working paper, with universal promotion, targeted prevention, and highly targeted intervention levels.

The first level, Tier I—promoting young children's social-emotional development—is based on what is needed to build strong nurturing interpersonal relationships and environments. Practices associated with each element of Tier I are shown in the chart below, cited directly from the model.

Promoting Relationships: Parent-Child, Teacher-Child and Peer-to Peer	Promoting Environments: Classrooms and Early Education Programs
• Actively supporting children's engagement • Embedding instruction within children's routine, planned, and play activities • Responding to children's conversation • Promoting the communication attempts of children with language delays and disabilities • Providing encouragement to promote skill learning and development.[lxxxvi]	• Using curriculum that fosters all areas of child development • Using developmentally and culturally appropriate and effective teaching approaches • Designing safe physical environments that promote active learning and appropriate behavior • Providing positive and explicit guidance to children on rules and expectations • Design of schedules and activities that maximize child engagement and learning.[lxxxvii]

Tier II is focused on preventing impaired social skill development and emotional dysregulation and is based on the understanding that while all children require some adult guidance to learn appropriate expression of their emotions, cooperation and problem-solving, some children require more systematic and intentional instruction.[lxxxviii] For family members and teachers, Tier II practices include guidance, coaching, and support to promote children's targeted social and emotional skills, including regulation of children's emotions and stress and building the capacity to understand the feelings and emotions of others.

Tier III interventions are intensive and individualized, and designed from Positive Behavior Intervention and Support (PBIS) practices. PBIS can be implemented across environments and by caregivers. Within the context of the Pyramid Model, PBIS involves the following practices:

- Convening a team, including the family and teacher or other caregivers, to create and implement a child's intervention plan
- Conducting a functional assessment to identify factors related to the child's behavior
- Identifying strategies designed to address factors that trigger the child's behaviors
- Implementing "replacement skills" as alternatives to the challenging behaviors and strategies to ensure that the challenging behavior is not reinforced[lxxxix]

PBIS in North Carolina. From 2008 through 2011, North Carolina participated in a multi-state initiative to implement the Pyramid Model. Training during this implementation period was provided to practitioners and administrators from Smart Start, Head Start, Early Head Start, Migrant Head Start, Early Interventionists, and Child Care specialists. The work and resources of this team continue to be available online.[xc] Currently, the national Technical Assistance Center for Social Emotional Intervention (TACSEI), funded through the US Department of Education's Office of Special Education Programs, offers technical assistance to states on the pyramid model to improve the early care and education workforce and support young child social-emotional development.[xci]

Positive supports implemented by North Carolina school districts participating in the statewide initiative are shown below.

Universal Practices Expect to Benefit 80 percent of Students	Target Group Interventions, 15 percent of Students	Intensive Interventions, 5 percent of Students
School-Wide Rules and Procedures Systemic Reinforcement Social Skills Instruction Culturally Responsive Practice Data-Based Decision-Making Parent/Community Partnerships	Social Skills Instruction Reinforcement of Specific Skills Group Behavior Strategies Classroom Coaching	Individualized Interventions Functional Behavior Assessment Behavior Intervention Planning

As reported by the North Carolina Department of Public Instruction, schools implementing PBIS experienced more instructional time, improved staff and student attendance, increased student proficiency in math and reading, increased parent participation and partnership, improved community involvement and support, and decreased staff turnover.[xcii]

North Carolina Healthy Social Behaviors in Child Care Center Settings initiative. This project, based on the CSEFEL pyramid model, addresses behavioral issues by offering services to child care center teachers and administrators designed to identify, prevent and modify challenging behaviors with a goal of reducing the expulsion rate of NC child care centers.[xciii] Healthy Social Behavior Specialists are housed in the regional lead child care resource and referral agencies and, as a team, serve all 100 counties in North Carolina. A Project Manager, employed by Child Care Resources Inc., provides guidance and oversight of the project. More than 4,000 child care centers have been served since the project began in 2005.

The Healthy Social Behaviors project is being expanded to provide more pyramid model training to cross-sector early childhood professionals, help create course content to embed social-emotional development theory and practice in college coursework, and expand training for program administrators and child care center owners on North Carolina's new policy on suspensions and expulsions in licensed child care settings.

Supporting Parents and Families

In addition to a policy commitment to maintain family supports, including the provision of health and mental health screenings and treatment for parents with younger children, practices articulated in the Pathways *Formal and Informal Family Supports* working paper can support parental mental health and, by extension, the positive social-emotional development of younger children. Critical family support practices include:

- North Carolina's benefits modernizing initiative to streamline the state's eligibility process and improve capacity to collect and analyze critical data can increase enrollment of eligible adults and families and reduce stress involved in multiple applications.
- A review of practices within and across agency benefit categories to determine where family needs and eligibility would allow services to be "bundled" and provided in an integrated manner can improve cost-efficiency, improve family economic outcomes, and reduce cognitive load on already stressed low-income families.
- Trauma-informed case practice can be embedded as part of all programs serving families who have experienced chronic adversity and toxic stress.

Providing Advocacy Services and Strategies for Domestic Violence Victims

Survivors of intimate partner violence often need family supports and mental health services. Seven in ten need legal services, nearly five in ten need help with government benefits, four in ten need help with housing and finances, and three in ten need help securing health care.[xciv] Research has shown that advocacy services for domestic violence victims that addresses these issues decrease the risk of re-abuse and increase women's well-being.[xcv]

A review of trauma-informed, evidence-based practices commissioned by Futures Without Violence[xcvi] serves as the basis for 16 trauma-informed strategies that can help build social-emotional resilience among young children and parents in the face of intimate partner violence (i.e., domestic violence). *Note: Since 4 in 5 instances of domestic violence are perpetrated against women, the term "mother" is used below, but men/fathers can also be victims of domestic violence.*

- Understand that children of all ages, from infancy through adolescence, are vulnerable to the adverse impact of exposure to intimate partner violence.
- Establish a respectful and trusting relationship with the child's mother.
- Let mothers and children know that it is okay to talk about what has happened if the child would like to engage in this type of discussion.
- Tell children that violence is not their fault, that they are not responsible for violence, and that it is not their job to intervene (or coach their mothers to do so).
- Foster children's self-esteem by showing and telling them that they are lovable, competent and important.
- Help children know what to expect.
- Model and encourage good friendship skills.
- Use emotion words to help children understand how others might feel during disagreements.
- Recognize that, when children are disruptive, they are generally feeling out of control and may not have the ability to use other strategies to express themselves.
- Incorporate the family's culture into interventions, and support mothers and children to explore the values, norms, and cultural meanings that impact their choices and give them strength.
- Actively teach and model alternatives to violence.
- Involve mothers in conversations with their children about the children's views of the abuse.
- Discuss child development with mothers.
- Help mothers teach their children how to label their emotions.
- Address mothers parenting stress.
- Work with mothers to help them extend both their own and their child's social support network.

Reducing Community Violence

A recent meta-analysis of over 5,000 published studies on community violence studies resulted in the identification of a set of evidence-informed place, people and behavior-based practices.[xcvii] The chart that follows is created from this meta-analysis and presents evidence-informed practices along with an indication of the strength of the evidence and the level of impact.[xcviii]

Type of Practice	Name	Level of Evidence	Level of Impact
Place-based	Hot spots policing	Strong	Modest
Place-based	Disorder policing	Strong	Modest
Place-based	Community-oriented policing	Moderate	None
Place-based	Urban renewal	Modest	Modest
Place-based	Crime Prevention Through Environmental Design	Moderate	Modest
Place-based	Neighborhood watch	Modest	Modest
Place-based	Poverty de-concentration	Modest	Moderate
People-based	Problem-oriented policing	Moderate	Modest
People-based	Procedural justice	Modest	Modest
People-based	Focused deterrence	Moderate	Strong
People-based	Cognitive Behavior Therapy	Strong	Strong
People-based	Recidivism reduction interventions	Strong	Strong when employ Cognitive Behavioral Therapy.
People-based	Vocational training	Mixed	Modest
People-based	Mentoring	Modest	Modest
People-based	School-based programs	Moderate	Mixed. Note: Effective programs employed Cognitive Behavioral Therapy. Perry Preschool had strong effects
People-based	Family-based programs	Moderate	Moderate: Multi-Systemic Therapy, Multidimensional Treatment Foster Care
People-based	Juvenile curfews	Moderate	None
People-based	Restorative Justice	Moderate	Modest
People-based	Aftercare programs	Moderate	Modest
People-based	Electronic monitoring	Strong	None
People-based	Boot camp	Strong	None
People-based	Scared Straight	Strong	None
Behavior-based	Gun enforcement	Moderate	Moderate
Behavior-based	Comprehensive gun violence reduction	Moderate	Strong
Behavior-based	Gun buy-backs	Strong	None
Behavior-based	Gun legislation	Mixed	Modest
Behavior-based	Drug courts	Strong	Strong
Behavior-based	Drug enforcement	Moderate	Negative
Behavior-based	Gang behavior regulation	Modest	Moderate
Behavior-based	Gang prevention	Modest	Modest
Behavior-based	Comprehensive gang reduction	Modest	None

Tracking Progress on a Broad Set of Social Emotional Health Indicators

While this Pathways brief employs a broad measure of social-emotional well-being (i.e., percent of children exhibiting self-regulation, good interpersonal skills, and no behavior problems), a report developed by the National Center for Children and Poverty for the U.S. Department of Health and Human Services[xcix] proposes several other indicators. Many of these measures are included in the full Pathways to Grade Level Reading Measures of Success Framework.

- Proportion of children under age 6 who receive behavioral screenings
- Proportion of mothers of children under age 6 screened and appropriately referred for depression
- Proportion of preschool and child care settings with access to mental health consultation
- Proportion of preschool and child care settings that implement validated effective curricula for social skills development
- Rate of children under age six who are expelled from child care or preschools due to behavioral problems
- Rate of substantiated cases of child abuse and neglect among children birth to age six
- Proportion of children birth to age six in stable out-of-home placements (no more than two placements during time in foster care)[c]

VII. Program Options that Support Social-Emotional Health

There is a broad array of evidence-informed programs that contribute to the development of young children's social-emotional health. These are grouped below into categories based on the purpose of the intervention. Some programs appear more than once. Programs that treat children or adults experiencing domestic violence are included, as appropriate, within each more general category.

Positive Parent-Child Interactions

The following evidence-based programs, recognized by the federal *Compendium of Parenting Interventions,* support young children's social-emotional development by advancing positive parent-child interactions. Evidence is based on peer-reviewed published research.[ci] Program descriptions are provided in Appendix A.

- Adults and Children Together-Raising Safe Kids
- Child First
- Circle of Security
- Healthy Families America
- Incredible Years: Preschool
- Legacy for Children
- Nurturing Parenting Program
- Parents as Teachers
- Strengthening Families Program
- Systemic Training for Effective Parenting
- Triple P, Levels 2, 3 and 4

Young Children in Formal Learning Environments

The following evidence-based programs, recognized by the Collaborative for Academic, Social, and Emotional Learning, support young children's social-emotional development within formal early education settings.[cii] Program descriptions are provided in Appendix A.

Program	Age/ Grade Served	Improved Academic Performance	Increased Positive Social Behavior	Reduced Conduct Problems	Reduced Emotional Distress
4Rs	PreK-8	Yes	Yes	Yes	Yes
Al's Pals	PreK-3		Yes	Yes	Yes
Caring School Community	K-8	Yes	Yes	Yes	Yes
High Scope	PreK	Yes	Yes	Yes	Yes
I Can Problem Solve	PreK-5			Yes	
The Incredible Years Series	PreK-2		Yes	Yes	
Michigan Model for Health	K-12		Yes	Yes	
Open Circle	K-5		Yes	Yes	
PATHS	PreK-6	Yes	Yes	Yes	Yes
Peaceworks: Peacemaking Skills for Little Kids	PreK-2		Yes	Yes	
Positive Action	PreK-12	Yes		Yes	
Raising Healthy Children	K-6	Yes	Yes	Yes	
Resolving Conflict Creatively Program	Pre-8			Yes	Yes
RULER Approach	K-8	Yes	Yes		
Second Step	PreK-8		Yes	Yes	Yes
Social Decision Making/Problem Solving Program	K-8	Yes	Yes	Yes	Yes
Too Good for Violence	K-12		Yes		
Tools of the Mind	PreK-K			Yes	

Improved Mental Health for Parents

The following evidence-based programs, recognized by SAMHSA, treat maternal depression including during the postpartum period and support mothers and their children. The impact on young children's social-emotional development results from a reduction of depressive symptoms that interfere with a mother's capacity for positive parenting interactions. Program descriptions are provided in Appendix A.

- **Cognitive Behavior Therapy** works to reduce negative feelings, thoughts and behaviors. It is often used with antidepressant medication.[ciii]

- **Interpersonal Therapy** educates adults about postpartum depression, helps to identify past contributory events, and focuses on the development of strategies to manage depressive symptoms.[civ]
- **Clinician-Based Cognitive Psychoeducational Intervention for Families** assesses the mental health of all family members, helps children to develop relationships within and beyond the family to aid their own functioning, teaches families about mood disorders, and helps to reduce children's feelings of guilt.[cv]
- **Peer Support** builds volunteer opportunities for a person who has experienced a mental health challenge to help others in a similar situation. Peer support results in better knowledge about and use of services, and a significant reduction in maternal postpartum depressive symptoms.[cvi]

Trauma-Informed Interventions for Young Children

The following evidence-based or promising interventions, recognized by SAMHSA and/or the California Clearinghouse for Evidence-Based Programs, treat infants and young children with diagnosed mental health or social-emotional challenges. These challenges may occur from family violence, witnessing community violence, ineffective parenting, adverse childhood experiences (ACES), or other stressors in the lives of families with young children. Program descriptions are provided in Appendix A.

- Attachment Bio-Behavioral Catch-up
- Child-Parent Psychotherapy
- Nurse Family Partnership
- Parent-Child Interactive Therapy
- Triple P/Positive Parenting Program
- Video Interaction Guidance
- Watch, Wait and Wonder

Appendix A. **Program Descriptions**

Descriptions below are generally cited directly from the reference source.

4Rs

The 4Rs Program (Reading, Writing, Respect, and Resolution) provides read-alouds, book talks, and sequential, interactive skills lessons to develop social and emotional skills related to understanding and managing feelings, listening and developing empathy, being assertive, solving conflict creatively and nonviolently, honoring diversity, and standing up to teasing and bullying. 4Rs is a grade-specific program available for students in prekindergarten through eighth grade. Divided into seven units, each grade has approximately 35 lessons — one a week throughout the year. Units also include extension activities, infusion ideas, recommendations of other books, and 4Rs Activity Sheets to reinforce students' understanding. The 4Rs program reinforces skills and concepts covered in each unit with a Family Connection activity that students take home to complete with their caregivers and 4Rs "Family Connections" parent workshops. Peer mediation and Peace Helper programs are also available to support classroom- and school-wide programming. All 4Rs stories incorporate a variety of cultures, ethnicities, and backgrounds. Initial training for the 4Rs program typically lasts 25-30 hours and is required. 4Rs offers a train-the-trainer system to support sustainability.[cvii]

Adults and Children Together-Raising Safe Kids

The Adults and Children Together Raising Safe Kids (ACT-RSK) intervention aims to help parents and caregivers provide safe environments in which to raise children without violence. ACT-RSK is designed to prevent and reduce child maltreatment, increase positive, nonviolent parenting skills, and reduce children's aggression. ACT-RSK is a community-based intervention for groups of parents with children from birth to 8 years old. Families ACT-RSK has been adapted for and piloted with incarcerated fathers. This intervention was developed by the American Psychological Association.[cviii]

Al's Pals

Al's Pals promotes resiliency in early childhood with explicit instruction to develop social competence, autonomy, and problem solving. Al's Pals is designed for use with children three to eight years old. It includes 46 core lessons and 9 booster lessons. Each lesson lasts approximately 10-15 minutes, with two lessons implemented per week. Children learn to get along with others, use self-control, accept differences, resolve conflicts peacefully, cope, and make healthy choices. Al's Pals lessons incorporate SEL concepts into academic content areas typically taught in early childhood including numeracy, literacy, and the scientific method. Teachers learn ways to establish an accepting, caring, cooperative classroom environment that fosters children's positive social-emotional growth and development. In addition, the program offers extensive suggestions and materials for generalizing and practicing new skills in class beyond the lesson. Letters to parents, to be sent home after select lessons, are also designed to reinforce new skills. Al's Pals provides brief suggestions for adapting the lessons based on different cultures represented in the classroom. Initial training for Al's Pals is either done in-person (two days) or online (seven two-hour sessions). Training is required, and Al's Pals offers a train-the-trainer system to support sustainability.[cix]

Attachment Bio-Behavioral Catch-up (ABC)

ABC targets several key issues that have been identified as problematic among children who have experienced early maltreatment and/or disruptions in care. These young children often behave in ways that push caregivers away. The first intervention component helps caregivers to re-interpret children's behavioral signals so that they provide nurturance even when it is not elicited. Nurturance does not

come naturally to many caregivers, but children who have experienced early adversity especially need nurturing care. Thus, the intervention helps caregivers provide nurturing care even if it does not come naturally. Second, many children who have experienced early adversity are dysregulated behaviorally and biologically. The second intervention component helps caregivers provide a responsive, predictable environment that enhances young children's behavioral and regulatory capabilities. The intervention helps caregivers follow their children's lead with delight. The third intervention component helps caregivers decrease behaviors that could be overwhelming or frightening to a young child. ABC is for caregivers of infants 6 months to 2 years old who have experienced early adversity.[cx]

Caring School Community

Caring School Community, a program designed for use in kindergarten through sixth grade, is organized around four core educational practices: Class Meetings (30-35 per grade), Cross-Age Buddies, Homeside Activities, and Schoolwide Community-Building Activities. Class Meetings present a schedule of lessons and activities to be implemented throughout the school year. Forty Cross-Age Buddies activities promote bonding between pairs of older and younger students while at the same time supporting exploration of a wide range of academic subjects. Homeside Activities are implemented once or twice a month. These are first reviewed in class, then completed at home with caregivers, and then reflected upon and concluded in class. Schoolwide Community-Building Activities are implemented throughout the school year to build relationships, share knowledge, and promote pride in the school environment. Caring School Community offers suggestions to support English Language Learners, and Homeside Activities are available in English and Spanish. Initial training for the Caring School Community program typically lasts half a day to two full days and is not required. Caring School Community offers a train-the-trainer system to support sustainability.[cxi]

Child First

Child First works to decrease the incidence of emotional and behavioral disturbance, developmental and learning problems, and abuse and neglect among high-risk young children and families. Child First serves pregnant women and families with children birth through age five. A mental health/developmental clinician and care coordinator work as a team to provide services that include a comprehensive assessment of child and family needs, observation and consultation in early care and education settings, a family and child plan of care, a parent-child mental health intervention, and care coordination. The program typically lasts six to 12 months, depending on a family's needs. During the first month, the clinician and care coordinator conduct joint home visits twice per week, and thereafter visits occur either separately or jointly and at least weekly.[cxii]

Child-Parent Psychotherapy

CPP is a treatment for trauma-exposed children aged 0-5. Typically, the child is seen with his or her primary caregiver, and the dyad is the unit of treatment. ***CPP*** examines how the trauma and the caregivers' relational history affect the caregiver-child relationship and the child's developmental trajectory. A central goal is to support and strengthen the caregiver-child relationship as a vehicle for restoring and protecting the child's mental health. Treatment also focuses on contextual factors that may affect the caregiver-child relationship (e.g., culture and socioeconomic and immigration related stressors). Targets of the intervention include caregivers' and children's maladaptive representations of themselves and each other and interactions and behaviors that interfere with the child's mental health. Over the course of treatment, caregiver and child are guided to create a joint narrative of the psychological traumatic event and identify and address traumatic triggers that generate dysregulated behaviors and affect. CPP serves children age 0-5, who have experienced a trauma, and their caregivers.[cxiii]

Circle of Security (COS)
Circle of Security is a group-based intervention designed to create a secure attachment between children and their caregivers, or help them shift to one. Research has shown that children with secure attachments to caregivers have stronger emotional, social, and cognitive resources than their non-secure peers.[cxiv]

Circle of Security Parenting (COS-P) is "more scalable" and "less intense" than COS. Circle of Security Home Visit (COS-HV) is a modification of COS to home visiting programs. Families served are "high-risk" parents or caregivers of children ages 0 to 5. Intervention objectives are to promote or shift to secure parent-child attachment for better child outcomes, help parents recognize child cues that signal exploration and seeking of haven of safety, and help parents learn appropriate responses and sensitivity to child's attachment needs.[cxv]

Healthy Families America (HFA)
HFA is a home visiting program that shows results for positive parenting. Healthy Families America (HFA) goals include reducing child maltreatment, improving parent-child interactions and children's social-emotional well-being, and promoting children's school readiness. Local HFA sites select the target population they plan to serve and offer hour-long home visits at least weekly until children are 6 months old, with the possibility for less frequent visits thereafter. Visits begin prenatally or within the first three months after a child's birth and continue until children are between 3 and 5 years old. In addition, many HFA sites offer parent support groups and father involvement programs. Sites can also develop activities to meet the needs of their specific communities and target populations.[cxvi] Three studies found positive parenting practices as a primary outcome; 33 found no effect on this indicator. Five studies found positive parenting as a secondary outcome; 35 found no effect as a secondary outcome.[cxvii]

High Scope
HighScope Educational Approach for Preschool is a comprehensive system of teaching practices and educational structures designed to enhance the learning environment and to support developmentally appropriate instruction in prekindergarten. The curriculum fully integrates academic, social, and emotional learning as part of the five dimensions of school readiness identified by the National Education Goals Panel: approaches to learning; language, literacy, and communication; social and emotional development; physical development, health, and well-being; and arts and sciences. The HighScope approach emphasizes active participatory learning, positive adult-child interactions, an optimal learning environment, regular routines, and assessment. The daily routine established by the program incorporates a "plan, do, review" cycle that supports independent learning and assessment and includes both small- and large-group activities. The program encourages teachers to learn about students' families by making a home visit prior to the child's first day, as well as by incorporating home-based materials and activities. HighScope provides extensive strategies, suggestions, and professional development around supporting English Language Learners and working with a diverse population of students and families from various cultural and ethnic backgrounds. Initial training for HighScope varies from 2 to 20 days long, depending on needs and resources. Training is not required, and HighScope offers a train-the-trainer system to support sustainability.[cxviii]

I Can Problem Solve
The I Can Problem Solve program teaches students how to generate alternative solutions, anticipate consequences, and effectively solve problems. It is designed for use in prekindergarten through the elementary grades and is divided into three sets of lessons for prekindergarten (59 lessons), kindergarten and primary grades (83 lessons), and intermediate elementary grades (77 lessons). The

scripted lessons take approximately 20 minutes to implement and focus on both pre-problem-solving skills and problem-solving skills. Instruction introduces central concepts, which is then followed by explicit skill instruction in social and emotional competencies. Dialoging is a central component of this program. Beyond the lesson, teachers are encouraged to infuse program methods to support positive student-teacher interaction into their regular classroom routine. To reinforce most lessons, the program provides parent pages as well as suggested strategies for connecting with core academic subject areas. Initial training for the I Can Problem Solve program typically lasts one to two days and is required. I Can Problem Solve offers a train-the-trainer system to support sustainability.[cxix]

Incredible Years: Preschool

The Incredible Years (IY) Preschool Basic Program (Preschool Basic Program) is part of the IY series and is designed for parents of children ages 3 to 6 years. This group-based intervention teaches parents how to build their children's school readiness skills, and encourages them to partner with teachers and childcare professionals to promote children's social and emotional development. The IY series includes interventions for parents and teachers, and children of different age groups, including babies, toddlers, preschoolers and children with autism or language delays. [cxx]

Legacy for Children

Legacy for Children™ is a group–based, parent-focused public health preventive intervention model that consists of regular group meetings of mothers, including mother-only time and mother-child time. The main purpose of the meetings is to provide low-income mothers with an opportunity to develop and explore goals for their children with other mothers in similar circumstances. Legacy for Children™ has been used with families from several cultural backgrounds who are experiencing poverty and expecting a child or have children 0 to 5 years old. This intervention was developed by the federal Centers for Disease Control and Prevention.[cxxi]

Michigan Model for Health

The Michigan Model for Health, designed for use in kindergarten through twelfth grade, is the state health curriculum for Michigan. The program provides separate sets of lessons each year from kindergarten through sixth grade, with separate units to support health education topics including nutrition and physical activity; safety; alcohol, tobacco, and other drugs; personal health and wellness; and social and emotional health. The unit on social and emotional health includes 8-14 structured lessons each year that focus on making friends, identifying and understanding feelings, making decisions and solving problems, developing respect, and setting goals. Each consists of three parts: instruction, practice, and closure. Continued practice is encouraged, and most lessons provide strategies for infusing learned skills beyond the lesson. There are occasional take-home sheets and student assessments. Initial training for the Michigan Model for Health typically lasts one to two days. Training is offered and required in the state of Michigan and strongly encouraged in other states. Out-of-state training is dependent upon availability of trainers and support staff. The program offers a trainthe-trainer system to support sustainability.[cxxii]

Nurse Family Partnership

The Nurse-Family Partnership (NFP) is designed for first-time, low-income mothers and their children. It includes one-on-one home visits by a trained public health registered nurse to participating clients. The visits begin early in the woman's pregnancy (with program enrollment no later than the 28th week of gestation) and conclude when the woman's child turns 2 years old. NFP is designed to improve (1) prenatal health and outcomes, (2) child health and development, and (3) families' economic self-sufficiency and/or maternal life course development.[cxxiii]

Nurturing Parenting Programs
The Nurturing Parenting Programs (NPP) are family-centered interventions designed to build Nurturing Parenting skills and reduce abusive and neglectful parenting practices. The trauma-informed sessions are either delivered through group-based programs, home-based programs, or a combination of the two. All the NPP programs described in this profile are for expectant families or families with children 0 to 5 years old. NPP serves teenage and adult parents experiencing risk factors, or interested in learning parenting skills or in preventing child abuse. Interventions are also available for military families, teen parents, families with substance abuse, and families with a child with special needs.[cxxiv]

Open Circle
The Open Circle program, for use in kindergarten through fifth grade, is designed to equip teachers with effective practices for creating a cooperative classroom community and establishing positive relationships and effective approaches to problem solving within the classroom. The program has, on average, 34 structured lessons each year that cover relationship building and communication skills, understanding and managing emotions, and problem solving. Lessons begin with a review of the previous lesson, introduce new concepts, develop and practice new skills, provide homework/extension activities, and suggest connections to literature. Supplementary lessons are also provided to support each core lesson. The Open Circle program also has a separate unit on bullying, as well as separate components to support school-wide implementation and family involvement. Open Circle provides information on "Key Cultural Factors" and "Dimensions of Difference and Similarity" to support implementation with diverse groups. The program provides frequent suggestions and reminders for teachers regarding cultural sensitivity and ethnic norms. Additional reading is recommended for teachers, and letters to parents/caregiver are available in English and Spanish. Initial training for the Open Circle program typically spans four seven-hour training days and also includes two two-hour on-site training sessions. Trainings are spread across the academic year and are required.[cxxv]

Parents as Teachers
Parents as Teachers (PAT) is a universal-access, family-focused parent education intervention. The intervention focuses on early detection of children's developmental delays and health concerns, and on parents' knowledge of early childhood development, parenting practices, and school readiness. It is often coupled with the PAT home visiting model but can be used in early care and education settings that provide home-based services. PAT serves expectant families and families with children up through the kindergarten year and has been implemented with families with low incomes, teen parents, first-time parents, immigrant families, families with substance abuse or mental health issues, and families of diverse cultures and ethnicities. PAT may be modified to be culturally responsive to "special populations," or offered in conjunction with other early care and education programs.[cxxvi]

Parent-Child Interaction Therapy
Parent-Child Interaction Therapy improves the quality of parent-child relationships and changes how parents and children interact with one another. Parents learn specific skills to build a nurturing and secure relationship with their children while increasing their children's desirable behavior and decreasing negative behavior. Coaches work directly with parent-child pairs to help them learn new skills. In addition to reducing child maltreatment, this program has shown improvements in parenting behavior and child behavior.[cxxvii]

PATHS
The Promoting Alternative Thinking Strategies (PATHS) program promotes peaceful conflict resolution, emotion regulation, empathy, and responsible decision making. PATHS is designed for use in prekindergarten through sixth grade, with separate sets of lessons for first through fourth grade and combined sets of lessons for use in preschool and kindergarten and in fifth and sixth grade. Each lesson is scripted, beginning with an introduction that states background and goals, implementation guidelines, suggestions for engaging parents, a list of common questions and answers, supplementary activities (some of which connect to academics), and/or family handouts. Each lesson ends with reminders and suggestions for generalizing learned skills beyond the lesson to the classroom. PATHS lessons incorporate a variety of cultures, ethnicities, and backgrounds. Parent letters and informational handouts are available in English and Spanish. Initial training for the PATHS program typically lasts two days and is not required. PATHS offers a train-the-trainer system to support sustainability.[cxxviii]

PeaceWorks: Peacemaking Skills for Little Kids
PeaceWorks: Peacemaking Skills for Little Kids is designed to promote conflict resolution skills with students in prekindergarten through second grade. The implementation structure and number of activities varies by grade, with a range of 30-85 activities available. Scripted lessons and activities cover topics such as listening skills and cooperation, using "I-care language," understanding and managing emotions, and taking responsibility. The program provides teachers with many strategies for infusing aspects of the program throughout the classroom and within core academic content areas. It also offers additional components for school-wide programs and partnering with families. Initial training for Peace Works typically lasts five to six hours (up to 18 hours) and is not required. A train-the-trainer system to support sustainability is offered.[cxxix]

Positive Action
The Positive Action program is designed to promote a healthy self-concept and to establish positive actions for the body and mind. The program emphasizes effective self-management, social skills, character, and mental health, as well as skills for setting and achieving goals. The Positive Action classroom curriculum contains separate sets of lessons for use each year, from prekindergarten through twelfth grade. Each grade has approximately 140 sequenced lessons, all of which include a step-by-step script organized around a different theme. All content is based on a single fundamental philosophy: You feel good about yourself when you do positive actions (positive self-concept), and there is a positive way (positive actions) to do everything. Additional program components support classroom-wide, schoolwide, family, and community involvement. Positive Action offers separate units for bullying prevention, drug education, conflict resolution, and promoting a positive school climate that can each be added to the core program. Initial training for the Positive Action program typically lasts one-half day to five days, dependent upon scope and sequence of implementation, and is not required. Positive Action offers a train-the-trainer system to support sustainability.[cxxx]

Raising Healthy Children
Raising Healthy Children, a school-wide approach designed for use with students in kindergarten through sixth grade, incorporates school, family, and individual programs to create a caring community of learners. The classroom component, Get-Alongs, includes eight classroom-based units with daily lessons and activities that span an eight-month period (approximately one unit per month). Academic integration strategies and recommended literature are also included. Teacher workshops on classroom management, instructional strategies, and social and emotional learning impact teacher practices in the classroom and throughout the school. School-wide implementation teams and ongoing coaching also facilitate this school-wide approach. Family involvement occurs through homework assignments that are

part of the Get-Alongs units, family workshops, outreach, and other family activities. Initial training for Raising Healthy Children typically lasts one to three days and is required. Full implementation and training spans a three-year period. Raising Healthy Children offers a train-the-trainer system to support sustainability.[cxxxi]

Resolving Conflict Creatively Program

The Resolving Conflict Creatively Program includes sequenced, skill-building, classroom lessons (all titled Connected and Respected) designed to foster the creation of caring, peaceable school learning communities for prekindergarten through eighth grade. Lessons emphasize building relationships, understanding feelings, developing empathy, managing emotions, and developing social responsibility. The program offers 16 Connected and Respected lessons for each grade to be implemented in workshop format. This facilitative approach includes a gathering, review of agenda, main activities and discussion, summary, and closing activities. Each lesson also includes suggestions for extension activities, infusion ideas, and connections to literature. In addition to the classroom lessons, the program includes a peer mediation and family component that are central to program implementation. A goal of the Resolving Conflict Creatively Program is to address stereotyping and reduce racial/ethnic/gender put-downs in the classroom. A checklist is provided for each grade level to assist in addressing this. Initial training for the program typically lasts 24-30 hours and is required. The Resolving Conflict Creatively Program offers a train-the-trainer system to support sustainability.[cxxxii]

RULER Approach

The RULER Approach to Social and Emotional Learning is a school-wide approach designed for use in kindergarten through eighth grade to promote emotional literacy, which includes Recognizing, Understanding, Labeling, Expressing, and Regulating emotions (the "RULER" skills). RULER implementation involves systematic professional development for the adults involved in the education of children (school leaders, teachers, support staff, and families) so that emotions become central to learning, teaching, and parenting. In the first year, teachers learn and then teach the "anchors" of emotional literacy: four tools that were designed to help both adults and students to develop their RULER skills, self- and social awareness, empathy, and perspective-taking ability, as well as to foster a healthy emotional climate. Subsequently teachers learn how to integrate the approach into their standard curriculum and experience The Feeling Words Curriculum, a language-based emotional literacy program for students. In addition, RULER has an interactive training program designed to provide adult family members with strategies for extending and promoting social and emotional development at home. Initial training for RULER typically lasts at least two days and is required. RULER offers a train-the-trainer system to support sustainability.[cxxxiii]

Second Step

Second Step provides instruction in social and emotional learning with units on skills for learning, empathy, emotion management, friendship skills, and problem solving. The program contains separate sets of lessons for use in prekindergarten through eighth grade implemented in 22 to 28 weeks each year. The Early Learning program in Second Step also includes a unit for transitioning to kindergarten. Second Step uses four key strategies to reinforce skill development: brain builder games (to build executive function), weekly theme activities, reinforcing activities, and home links. Teachers are encouraged to give children daily opportunities to practice. Second Step also connects new skills to other areas in the curriculum (e.g., literacy, arts, dramatic arts) and provides a structure for each day of the week. The first day contains a script and main lesson. The second day includes a story and discussion. The third and fourth days involve practice activities in small and large groups. On the fifth day students read a book connected to the overall unit theme, and teachers send home a "Home Link"

activity that gives students an opportunity to practice new skills with their caregivers. Second Step lessons and accompanying photographs incorporate a variety of cultures, ethnicities, and backgrounds. Home Link activities are available in English and Spanish. Initial training for Second Step typically lasts one to four hours and is not required.[cxxxiv]

Social Decision Making/Problem Solving Program
The Social Decision Making/Problem Solving Program covers approximately 30 topics each year designed to develop self-control, social awareness, and effective decision-making skills. The program contains separate sets of lessons each year for kindergarten through eighth grade. Sessions follow a structure that includes an introduction to the topic, modeling of the skill, opportunities for practice, reflection and discussion, and suggestions for practice beyond the structured lesson. Also included are tips for teachers to support effective pedagogy and instructional practices to promote social and emotional learning, as well as strategies for integrating new skills and concepts into core academic subject areas. The program provides frequent take-home activities and supplementary books for parents on the importance of social and emotional development. The program manual includes a section for frequently asked questions that address cultural relevance. Occasional suggestions for remaining sensitive to and aware of various cultures and ethnicities are included throughout the lessons. Initial training for the program typically lasts one to three days and is not required. The Social Decision Making/Problem Solving program offers a train-the-trainer system to support sustainability.[cxxxv]

Strengthening Families Program
The Strengthening Families Program (SFP) is a family skills training intervention that provides children's life skills, parenting life skills, and family life skills sessions to strengthen parenting and overall family functioning. Families Served SFP is designed for 'high-risk families' with children 0 to 3, 3 to 5, 6 to 11, and 12 to 16 years old. Intervention objectives are to strengthen parenting skills, improve children's behavior, improve social skills, reduce child depression and aggression, and enhance family functioning.[cxxxvi]

Systemic Training for Effective Parenting
Systematic Training for Effective Parenting (STEP) provides skills training for parents to give them the tools they need to deal with frequently encountered parenting challenges. Early childhood STEP adapts the STEP principles and techniques for use with parents of young children, focusing on child behavior, self-esteem, communication, cooperation, discipline, and social and emotional development. Families served are parents of children birth to age 6.[cxxxvii]

Too Good for Violence
Too Good for Violence is a violence prevention and character education program for students in kindergarten through eighth grade that teaches character-based skills such as respect, celebrating diversity, and understanding feelings and actions. The curriculum consists of seven scripted lessons that take 30-60 minutes EACH to implement. Infusion activities that integrate social and emotional skills with academic content areas are also provided in addition to recommended readings, videos, and home activities to be completed with parents or caregivers. Family and community involvement is emphasized, and suggested activities and recommendations for teachers are provided. Initial training for the program typically lasts FIVE hours and is not required. Too Good for Violence offers a train-the-trainer system to support sustainability.[cxxxviii]

Tools of the Mind
Tools of the Mind is an early childhood program for students in prekindergarten and kindergarten that promotes self-regulated learning and is designed to be embedded within the classroom. With a focus on early literacy, mathematics, and other cognitive competencies such as self-reflection, the program encourages teachers to scaffold student learning while encouraging use of mental "tools" through self-regulation activities, make-believe play, and a structured classroom environment that enable students to control their social, emotional, and cognitive behaviors. The Tools of the Mind program also provides structures for family involvement and information for parents who wish to reinforce the activities with their children outside of the program. Initial training for Tools of the Mind typically lasts two days and is not required. A train-the-trainer system to support sustainability is offered.[cxxxix]

Triple P (Positive Parenting Programs) Levels 2, 3 and 4
Triple P—Positive Parenting Program is a multilevel parenting and family support intervention designed to prevent and treat behavioral and emotional problems in children and teenagers. There are five levels of interventions of increasing intensity and narrowing population reach. Triple P level 2 is a "light touch" intervention providing brief assistance to parents who are generally coping well but who have one or two concerns with their child's behavior or development.

Triple P Level 3 focuses on support for parents of a child with mild to moderate behavioral difficulties. Level 3 interventions deal with a specific common, non-clinical problem behavior or issue. Parents are taught "thought generalization enhancement strategies" to encourage positive behaviors.

Triple P Level 4 is for parents of children with more severe behavioral difficulties, who may or may not yet meet diagnostic criteria for a behavioral disorder.[cxl]

Wait, Watch and Wonder
Wait, Watch and Wonder is aimed at parents and their children who are experiencing relational and developmental difficulties. It was designed for children 0 to 4 years of age, but has been used with older children. The focus of the approach is on strengthening the attachment relationship between caregiver and child, to improve the child's self-regulating abilities and sense of efficacy and enhance the caregiver's sensitivity. A unique feature of the approach is the use of infant-led play sessions in which mothers are encouraged to observe their infants and allow them to initiate activities. The target population is parents and their children who are experiencing relational and developmental difficulties.[cxli]

Video Interaction Guidance
SPIN VIG is a home visiting program that targets the relational skills of abusive/neglectful/at-risk parents. It can operate as a stand-alone program, or be integrated into existing parent education/support programs. The model is informed by attachment theory, theories of primary inter-subjectivity, learning theory, and adult learning principles. SPIN VIG was developed in the Netherlands in the early 1980s and disseminated across that country with ten years of government funding. SPIN Institutes, located in approximately ten countries in Europe, Eastern Europe, the Middle East, and North America, including the US, oversee the model's fidelity and development. SPIN VIG practitioners videotape parent-child interactions and offer strengths-based self-modeling feedback using carefully edited video samples of parents' successful interactions with their children. Interactions are analyzed, and feedback plans are designed, using a process that focuses on creating sustained patterns of successful interactions to improve relational skills and meet goals jointly developed by parent and

practitioner within the context of broader program goals. The target audience for this intervention is At-risk children and families, families in conflict, foster parents/children, and adoptive families.[cxliii] This is rated as a promising program.

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