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# Urban teachers' perspectives on promoting social and emotional well-being in the classroom

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Promoting Social and Emotional
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## ABSTRACT

This qualitative study explored urban elementary school teachers' perspectives on

promoting mental health in the classroom.  Despite the increased research indicating the value of

classroom-based mental health interventions and the growing availability of social and emotional

health curricula, there is yet to be a widespread adoption of mental health promotion practices in

classrooms.  As there is little empirical research on what teachers believe their role is regarding

the promotion of social and emotional well-being, this study attempts to reduce the research to

practice gap by eliciting teachers' perspectives on this topic.  Teachers increasingly need to meet

the social and emotional needs of their students because one in five children and adolescents are

affected by mental health issues in the United States today (Parens & Johnston, 2008).  It is

imperative to understand their experiences in order to influence a necessary shift towards

integrating mental health promotion in the classroom.

Interviews were conducted with twelve teachers, ten females and two males, from the

San Francisco, Oakland, Berkeley and Richmond public schools.  Teachers were asked about the

mental health services available at their schools and their administrations' stance on promotion of

social and emotional well-being.  In addition, teachers explained their training and what practices

regarding social-emotional health were integrated into their classrooms.  Lastly, teachers spoke

to their perceptions of their role and what barriers they face regarding implementation of social

and emotional learning into their classroom.

A theme analysis of the data indicated that teachers in this study believe that the provision of social and emotional learning is well within their role as classroom teachers. However, the majority experience obstacles that prevent them from implementation. Two prominent obstacles emerged: lack of time due to the demands of No Child Left Behind and a lack of resources. The study's findings suggest that there is a need for broad educational reform that must include a paradigm shift. Policy makers must increase a child's chance of achieving academically, socially and emotionally by providing teachers with the resources, autonomy and support they need to focus on the whole child.

# URBAN TEACHERS' PERSPECTIVES ON PROMOTING SOCIAL AND EMOTIONAL WELL-BEING IN THE CLASSROOM

A project based on independent investigation, submitted in partial fulfillment of the requirements for the degree of Master of Social Work.

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# TABLE OF CONTENTS

**CHAPTER I**

**INTRODUCTION**

Many children growing up in the urban centers of the United States are facing socio-environmental challenges such as poverty, community violence, language barriers, and racial discrimination in communities that may be experiencing alienation after generations of facing demoralizing social conditions (Holcomb-McCoy, 2004). As one would imagine, the hardships associated with growing up in a low-income urban environment make one less likely to sustain robust mental health (Gonzalez, 2005). In fact, mental health issues affect one in five low socio-economic status children under the age of 18 (Hosman, Jane Llopis, & Saxena, 2005). Because low-income urban youth are at greater risk of developing mental health issues, it is crucial that they receive services that promote social and emotional well-being. Public schools are an effective place to center these efforts because the small percentage of low-income urban children who do receive mental health services, receive them at school (Burns, Costello, Angold, Tweed, Stangl, Farmer, & Erkanli, 1995; Hoagwood & Erwin, 1997).

There is a growing educational movement that involves integrating evidence-based practices that promote life effectiveness, called social and emotional learning (SEL). SEL is designed to be implemented by classroom teachers on a school-wide basis (Merrell & Gueldner, 2010). However, although research has shown that SEL is an effective way to prevent mental health issues and increase academic achievement, it is not widely used in public schools today (Reinke, Stormont, Herman, Puri, & Goel, 2011).

There are relatively few empirical studies that seek to understand teachers' perspectives on the promotion of social and emotional well-being in the classroom; the research does indicate, though, that teachers often encounter mental health related issues in the classroom, but do not feel well quipped to address them (Hallfors & Dorn, 2002). The emerging body of literature on classroom-based mental health interventions implemented by teachers illustrates that students' social-emotional competence increased (Caldarella, Christensen, Kramer, & Kronmiller, 2009; Greenberg, Kusche, Cook and Quamma, 1995; Merrell, 2010). In addition, a positive correlation has been found between social-emotional interventions and academic achievement (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011).

The purpose of this study was to investigate teachers' perspectives on what they believe their role ought to be regarding the promotion of social and emotional well-being. The qualitative study used a cross-sectional research design and open-ended questions to collect narrative data from teachers. As teachers are integral to successful classroom mental health promotion interventions, it is useful to understand their experiences with SEL in schools. Therefore, this study examined 12 urban teachers' perspectives and attitudes regarding meeting the mental health and SEL needs of their students. More specifically the study explored teachers' views on the standards and practices of administration, resources available to students, training, barriers, and their strategies regarding meeting students' social-emotional needs. In addition, teachers were asked questions that elicited data regarding what they were doing or would have liked to be doing regarding social-emotional health development, and what they would need to make their hopes a reality.

The results of this study provided empirical data regarding teachers' perspectives on their role in promoting social-emotional health. The findings indicate that teachers are eager to foster

social and emotional well-being in the students.  In fact, all respondents shared an example of an incident where they were involved in their students' social-emotional needs.  Many noted the connection between working within in urban schools serving predominantly low-income students, and the increased importance of teachers providing social and emotional learning and support.  However, teachers face many barriers including  "pacing" (the fast pace at which they are expected to teach academic material), lack of training, lack of administrative support, and lack of access to resources for school-based mental health services.  Lastly, the findings indicate that the teachers in the study believe it is within their scope to promote the social and emotional well-being of their students.

This study sought to elicit teachers' opinions and perceptions as a means to lessen the research-to- practice gap that has been identified in school-based mental health and to better understand what is perpetuating that gap.  The findings from this study suggest that the gap is, in large part, being maintained by the standards and expectations of No Child Left Behind.  Because schools and teachers are held accountable for test scores and thus have to rigidly follow academic curriculum, little time and resources are left for the social-emotional needs of students.

In order to effect change in how children receive mental health services in schools, it is essential to understand teachers' beliefs and practices, and any barriers they encounter to providing social-emotional support to children.  SEL is a hopeful movement within education.  Although many children are facing challenges, SEL provides teachers with tools and methods to promote mental health, social-emotional skills, and academic achievement (Collaborative for Academic, Social and Emotional Learning, "Benefits of SEL", n.d.).  In addition, SEL is designed to benefit all children and aims to foster skill development that increases a child's

capacity to overcome hardships.  That in turn reduces the risk of children developing mental health issues that get in the way of both learning and, in the future, living a full and happy life.

Finally, this study aimed to give voice to teachers who, historically, have been underappreciated and undervalued, yet, by in large, are knowledgeable, passionate and dedicated to meeting every students' needs in an increasingly demanding educational climate. With more research to inform decisions about how to promote mental health and academic achievement in our young people, social workers, education policy makers, principals, and administrators will have more responsibility to redefine educational standards to meaningfully include SEL. Additional research into what is sustaining the gap could lead to a deeper understanding of what teachers can do to address their students' social and emotional well-being.  Policy needs to be developed that requires social and emotional learning curriculum to be part of public education.

# CHAPTER II

# LITERATURE REVIEW

This chapter begins by discussing the prevalence of mental health issues in urban young people in the United States—including the risks associated with developing mental illness and the longer-term impact if left unaddressed. Next, it provides both a definition of and a rationale for SEL. Then it discusses teachers' perspectives on social and emotional learning in the classroom. Last, a review of the SEL literature in which pathways to wellness and academic achievement through classroom-based teacher-led interventions are discussed.

**Prevalence of Mental Health and Youth**

In the United States, approximately one in five children and adolescents are affected by mental health issues (Parens & Johnston, 2008). Children and adolescents living in urban communities have greater risk for developing mental health problems due to racism, discrimination, community violence and poverty. Urban children, in particular low-income children of color, are at greater risk of developing mental health problems and are 50-75% less likely to receive mental health services. Those who do receive care tend to disengage before any positive treatment outcomes are achieved (Gonzalez, 2005). Additionally, urban youth have been found to experience greater stress and internalize problems more than suburban or rural youth (Foster, Rollefson, Doksuz, Noonz, Robinson, & Teich, 2005). Coutinho, Oswald & Forness' (2002) research found that emotional disturbance has been positively correlated with those living in poverty. Therefore children attending urban schools may be more susceptible to mental health problems since urban schools, by and large, serve children from diverse

backgrounds, many of whom live in poverty. In that environment, risk factors for those with untreated mental health issues that impede students' academic outcomes are increased (Duchnowski & Kutash, 2011).

Although four out of five children in the United States are fairing relatively well regarding their mental health, "many children are in a surprisingly fragile state, and a single stressful event or situation could push them over the edge and into a crisis mode" (Merrell & Gueldner, 2010, p. 4). And for the one in five children who do experience mental health issues, approximately 80% do not receive any services (U.S. Department of Health and Human Services, 1999). Mental health issues left untreated or unaddressed can lead to diminished self-esteem, poor physical health, increased risk of substance abuse, academic failure, school dropout, joblessness, poverty, conflicted interpersonal relationships and suicide (Michael & Crowley, 2002). Of those who do receive services, research has shown that the majority of children get their mental health needs met at public schools (Burns et al., 1995; Hoagwood & Erwin, 1997).

**Defining Social and Emotional Learning**

Social and emotional well-being, which is promoted through social and emotional learning, is summarized as the process through which children acquire the knowledge, attitudes, and skills they need to recognize and manage their emotions, demonstrate caring and concern for others, establish positive relationships, make responsible decisions, and handle challenging situations constructively (Collaborative for Academic, Social, and Emotional Learning, "What is SEL?," n.d.). Greenberg, Weissberg, O'Brian, Zins, Fredricks, Resnik and Elias (2003) describe SEL as, "Through developmentally appropriate classroom instruction and application of learning to everyday situations, SEL programming builds children's skills to recognize and manage their

emotions, appreciate the perspective of others, establish positive goals, make responsible decisions, and handle interpersonal situations" (p. 468). Merrell and Gueldner (2010) describe the social aspect of SEL to mean promoting positive relationships with others. The emotional aspect of SEL underscores the importance of fostering self-awareness, especially as it relates to how thoughts are connected to emotions, or intrapersonal development (Merrell & Gueldner, 2010). To help conceptualize social and emotional learning further, The Collaborative for Academic, Social and Emotional Learning outlines the following five core areas of social and emotional competency in the "Skills and Competencies" section of their website:

1) *Self-awareness*—accurately assessing one's feelings, interests, values, and strengths; maintaining a well-grounded sense of self-confidence

2) *Self-management*—regulating one's emotions to handle stress, control impulses, and persevere in overcoming obstacles; setting and monitoring progress toward personal and academic goals; expressing emotions appropriately

3) *Social awareness*—being able to take the perspective of and empathize with others; recognizing and appreciating individual and group similarities and differences; recognizing and using family, school, and community resources

*4) Relationship skills*—establishing and maintaining healthy and rewarding relationships based on cooperation; resisting inappropriate social pressure; preventing, managing, and resolving interpersonal conflict; seeking help when needed

5) *Responsible decision making*—making decisions based on consideration of ethical standards, safety concerns, appropriate social norms, respect for others, and likely consequences of various actions; applying decision-making skills to academic and social situations; contributing to the well-being of one's school and community (n.d).

Social and Emotional Learning is not meant to be a stand-alone effort in promoting wellness in students; it is designed to supplement and enhance existing school programming (Merrell & Gueldner, 2010). Zins & Elias (2006) state, "SEL programming is intended to enhance the growth of all children, to help them develop healthy behaviors, and to prevent their engaging in maladaptive and unhealthy behaviors" (p. 2). Ideally, SEL efforts and curricula are coordinated across all grade levels at a school and receive district support, as this is likely to lead to better outcomes for students (Greenberg et al., 2003). In addition, this allows for the bolstering of all students' strengths through comprehensive and integrated efforts to develop student's social-emotional skills while promoting prevention of violence, drug use and dropping out. This is done most effectively through classroom instruction, student engagement, and parent and community involvement (Collaborative for Academic, Social and Emotional Learning, "Safe and Sound", 2003).

Schools can choose from many pre-packaged SEL curricula to integrate into their classrooms. The field of SEL is quickly evolving and there are now many options for curriculum. Examples are Caring School Community, Promoting Alternative Thinking Strategies, Second Step: A Violence Prevention Curriculum and Strong Kids (Merrell & Gueldner, 2010).

The literature reviewed conclusively states that promoting social and emotional well-being of students in schools is a necessary component to schooling and is becoming more essential every day. SEL is an educational movement that many researchers, educators and teachers have developed to promote wellness and mental health in children. The Collaborative for Academic, Social, and Emotional Learning describes SEL as "as an umbrella that encompasses many different educational movements covering similar concepts and skills. It can

provide a framework within which several major trends can coherently work together"

(Collaborative for Academic, Social and Emotional Learning, "Other Movements," n.d.).

**Rationale for Social and Emotional Learning**

The research regarding how promoting social and emotional well-being impacts

academic achievement is only beginning to emerge, but the findings have revealed a positive

correlation with improved academic success, in addition to playing a role in preventing mental

illness. (Durlak et al., 2011). Despite the increased availability of evidence-based interventions

and the importance of targeting the school setting, the widespread adoption and implementation

of these practices and interventions to both promote children's mental health and intervene with

children with specific issues have not occurred (DuPaul, 2003; Kratochwill, 2007; Reinke et al.,

2011; Schaughency & Ervin, 2006).

No Child Left Behind is at least one major barrier to the universal adoption of SEL

practices in public schools. The No Child Left Behind Act of 2002 has emphasized academic

accountability measured by high stakes tests and district report cards. Zins, Bloodworth,

Weissberg, & Walberg (2007) state that schools "are hesitant to engage in any activities for

which they cannot predict clear, discernable benefits to students' academic progress as reflected

in their test score" (p. 193). No Child Left Behind has caused educators to focus on increasing

tests scores in academic areas, therefore a shifting away from, for many schools, promoting

primary prevention and mental health efforts (Merrell & Gueldner, 2010).

The process of developing social and emotional competencies through SEL ideally

begins in infancy with competent, loving parents who are able to provide positive role modeling,

but not all children are equally exposed to home settings that favor wellness outcomes (Merrell

& Gueldner, 2010). Factors that seem to be common among children who successfully deal with

adversity are: affectionate, strong ties with family; the wider community; and social charisma. (Jindal-Snape & Miller, 2008). Those who successfully cope with adversity are thought to embody resilience. Luthar (2003) explains this further. She says that "Resilience refers to patterns of positive adaptation in the context of significant risk or adversity" (p. 4).

Not all children are raised in an environment that encourages the development of resilience, but resilience can also be promoted through education. Gilligan (2000) states that the protective value of positive in-school experiences in promoting resiliency in at-risk children is imperative. He posits that there are five important factors to understand when addressing resiliency and he emphasized the importance of positive school experiences as a protective factor. These five factors are: 1) decreasing the number of problems in the child's life; 2) thinking about his or her life course in terms of a 'developmental pathway' which can be altered by even one favorable event; 3) providing him or her with a secure base (e.g., secure attachments with parents and siblings, supportive social network, and routines); 4) developing self-esteem through positive experiences, relationships and success; and 5) developing self-efficacy, (Gilligan, 2000). Merrell and Gueldner (2010) emphasize the importance of positive school experiences that promote resilience when they argue that it is just as important as the "three R's" (reading, writing, and arithmetic). "We should make social-emotional resilience the "fourth R," and move toward universal social and emotional instruction and learning as part of the school curriculum" (Merrell & Gueldner, 2010, p.11).

A safe classroom environment that allows children to collaboratively understand their feelings and promotes the joy of learning provides long-term benefits that children miss out on when they are too angry, scared or hurt to participate in learning (Elias & Bruene-Butler, 1997). Durlak et al. (2011) further expand on this idea by stating that, "Emotions can facilitate or

impede children's academic engagement, work ethic, commitment, and ultimate school success" (p.405).

Social and emotional learning as a universal approach has much to offer in terms of preventing mental illness (Merrell & Gueldner, 2010). There are many of the elements important to social and emotional learning help to prevent high-risk behaviors that can lead to depression or suicide (Collaborative for Academic, Social and Emotional Leaning, "SEL & Prevention," n.d.). Durlak et al. (2011) concluded that compared to students who did not receive any SEL interventions, those students who did, "demonstrated enhanced SEL skills, attitudes, and positive social behaviors following intervention, and also demonstrated fewer conduct problems and had lower levels of emotional distress" (p. 413). The evidence is becoming so clear that the Institute of Medicine is shifting its thinking about promotion efforts. The Institute of Medicine Report (2009) indicated that modifying the school environment to promote prosocial behavior, specifically by developing students' skills at decision making, self-awareness, and conducting relationships, can serve as a foundation for both prevention and treatment of mental, emotional, and behavioral disorders.

**Teachers' Perspectives on Promoting Social-Emotional Health**

There is a limited amount of empirical research about teachers' perspectives of their role in promoting social-emotional health in their students. The empirical research studies' findings are briefly summarized below.

Reinke et al. (2011) designed a quantitative study that surveyed 292 urban teachers about various topics including their beliefs about what mental health needs their students had and their role in promoting mental health. The results showed that teachers believed their role was to support students through classroom-based behavioral interventions and the school psychologist's

14

role was teaching social-emotional lessons (Reinke et al., 2011). One reason for this separation of roles may be teachers' lack of knowledge as it pertains to meeting the mental health needs of their students.

Walter, Gouze, and Lim (2006), through their quantitative, cross-sectional study that surveyed 119 teachers about their beliefs about mental health service needs in the inner city found that "most teachers had taught students with mental health problems, most had little education in mental health and little consultation with mental health professionals" (p. 61). Walter et al. (2006) continues: "teachers' knowledge about mental health issues were limited, and they did not feel confident about managing mental health problems in their classroom" (p. 61).

Williams, Horvath, Wei, Van Dorn, and Jonson-Reid's (2007) study elicited teachers' perspectives on the mental health needs of urban elementary students through qualitative focus groups. The researchers explain their decision to use qualitative methods by noting how valuable the data provided is in gaining a more comprehensive understanding of the challenges teachers face "as gatekeepers to mental health services for children in urban locations" (Williams et al., 2007, p. 105). They found that in addition to parents being a barrier to children receiving mental health services, as they did not support teacher's referrals for mental health interventions, "teachers were expressing an almost hopeless feeling that anything they did regarding mental health services would make a difference" (p. 103).

Hallfors & Dorn (2002) explain that prevention is peripheral to the main mission of academic instruction and that funding is lacking to support strong prevention infrastructure. In addition to finding mental health prevention largely missing in schools, the literature also

suggests that although teachers are well aware that issues surrounding mental health problems are prevalent in their classrooms, they do not feel well equipped in dealing with them.

The literature offers reasons as to why the research to practice gap may exist. It appears likely that teachers and schools are not given the support and resources they need in order to initiate a paradigm shift. Zins and Elias (2006) explain that a major barrier schools face when implementing SEL programming is time—finding time for it in an already packed school day. This in turn creates another problem with executing SEL programming: fidelity. "Fidelity to program procedures has been found to lead to better outcomes; conversely, poor fidelity results in decreased effectiveness" (Zins & Elias, 2006, p. 9). Cost can also be a barrier to implementing SEL programming. Although many SEL programs provide a good return for their costs, some do not, and schools need to be careful when adopting an SEL (Zins & Elias, 2006).

The literature makes a strong case for the need of SEL programming for all students. There is evidence that SEL leads to many positive outcomes for children including increased academic achievement and increased resilience. However, the existing literature on teachers' perspectives on promoting social-emotional health illustrates a need for further study. As is evident from the literature above, there are many factors that contribute to the continued existence of the research to practice gap: lack of training and knowledge of SEL; discomfort with implementing SEL interventions; time limitations in large part due to demands of No Child Left Behind; and lack of funding and resources. Although there is information available about what is keeping teachers and schools from addressing their students social-emotional needs, this area needs further study to further the understanding of what is needed.

As stated above, Williams et al. (2007) emphasized on the importance of collecting qualitative data to truly understand the challenges teachers face in meeting the mental health

needs of their students.  However, two other studies also influenced the research design for this project.  Reinke et al. (2011) and Walter et al. (2006) both used quantitative methods to conduct their research.  Both had over 100 subjects, utilized multiple surveys and measurement tools, and addressed teacher training and skills in addressing mental health issues and the barriers to supporting mental health needs (Reinke et al., 2011; Walter et al, 2006).  Although they both gathered data through surveys relevant to the topic, there was one drawback that Reinke et al. (2011) emphasized: namely that "survey data only provides a glimpse into the perspective of respondents."  She explained that "individual interviews would potentially add richer information on the topic" (Reinke et al., 2011, p.10).

This study has been motivated by the limitations Reinke and colleagues found in their data collection methods by designing a study that addresses individual teachers' perspectives.

**A Review of the Research on SEL Programs**

The research regarding how promoting social-emotional health impacts academic achievement is only beginning to emerge, but the findings have revealed that, in addition to playing a role in preventing mental illness, promoting social-emotional health positively correlates with academic achievement (Durlak et al., 2011).  Although the empirical research on the effectiveness of school based mental health interventions (specifically SEL interventions) is still emerging, there is strong evidence of their effectiveness.  That said, there continues to be only a few studies in this area.

Caldarella et al. (2009), in testing the efficacy of the Strong Start (a classroom based program designed to promote social-emotional competence for children in grades K-2nd) utilized a quasi-experimental, non-equivalent control group design to study twenty-six 2nd graders who participated in the curriculum.  The findings were statistically significant, "meaningful

improvements in teachers ratings of students internalizing and peer-related pro-social behaviors" (Caldarella et al., 2009, p. 51).  The control group was described as having  "experienced significant worsening of internalizing behaviors and decreased levels of peer-related pro-social behaviors" (Caldarella et al., 2009, p. 51).  Although results were favorable, there were limitations to this study.  The sample size was small, primarily Caucasian, lacked economic diversity, did not include many at-risk students, and teachers (who rated behaviors) were not blind to which children were in the treatment classroom (Caldarella et al., 2009).

Merrell (2010) reviewed the work of Oregon Resiliency Project's team who have conducted fifteen studies over eight years to evaluate the effectiveness of Strong Kids, a teacher facilitated school-based mental health program.  Strong Kids is an umbrella term that includes; Strong Start, Strong Kids and Strong Teens, which are a collection of five separate SEL curricula that are conceptually similarly, but developmentally appropriate.  The Strong Kids programs are designed with the belief that  "teaching and learning the essential elements of emotional education, cognitive restructuring, interpersonal problem solving, social skills training, empathy training, problem solving, stress reduction and relaxation, and behavioral change would lead to improved outcomes for student participants" (Merrell, 2010, pg. 59).  In his review, Merrell found that the research revealed that kids who participate in the programs demonstrate increases in emotional knowledge, coping strategies, self-management skills, and may result in "enhancements in the general resiliency and ability to cope with adversity" (Merrell, 2010, p. 67).  The author found similar results in the same curriculum tailored to Latino students (Merrell, 2010).

The PATHS (Promoting Alternative Thinking Strategies) Curriculum is a universal school-based prevention curriculum aimed at reducing aggression and behavior problems by

promoting the development of social and emotional competence in children during the elementary school years (Riggs, Greenberg, Kusche, & Pentz, 2006).  The evidence-based curriculum consists of 30-45 lessons in which classroom teachers teach students how to identify feelings, breathing exercises for relaxation, perspective taking, and academic skills (Merrell & Gueldner, 2010).  Greenberg et al. (1995) conducted a study to assess the effectiveness of the original PATHS Curriculum.  Four Seattle area elementary schools took part in the study—two of which were randomized as control schools.  The sample consisted of 286, low and high-risk, $2^{nd}$ and $3^{rd}$ graders, 130 of which received the intervention, and 30% of students had special needs (Greenberg et al., 1995).  After receiving training, teachers provided PATHS lessons for approximately 10 months.  The findings indicated that from pre- to post-test, intervention students showed improvements in their range of affective vocabulary, comfort in discussing basic feelings and understanding of how one manages feelings (Greenberg et al., 1995).

In a more recent study, The Conduct Problems Prevention Research Group performed a longitudinal analysis of the main effects of the Fast Track PATHS Curriculum (an intervention targeted at integrating services for at-risk students with universal interventions into a comprehensive model that included the child, school, families and the community) intervention over three years.  The 2,937 students studied were ethnically diverse 1st, 2nd and 3rd graders from three different U.S. locations (Greenberg, Bierman, Coie, Dodge, Lochman, McMahon, & Pinderhughs, 2010).  In the study, teachers implemented the Fast Track PATHS Curriculum (Kusche & Greenberg, 1995) with support from Fast Track universal intervention staff at each site (Greenberg et al. 2010).  Sixty five to 80% of lessons were from published PATHS Curriculum and the rest were designed for this particular program and lessons geared towards parent education and social skill training.  The majority of the lessons focused on the

development of skills related to understanding and communicating emotions, increasing of

positive social behavior, and promoting self-control and other steps in social problem solving

(Greenberg et al., 2010). The results of the study, which were evaluated by classroom, showed

that "well-implemented multiyear social– emotional learning programs can have significant and

meaningful preventive effects on the population-level rates of aggression, social competence,

and academic engagement in the elementary school year" (Greenberg et al., 2010, p.156).

The literature also states that PATHS is an effective intervention for students with special

needs. Chi-Ming, Greenberg, and Kusche (2004) conducted a study of 133 students in eighteen

special education classrooms in which students were taught the PATHS Curriculum. The

treatment group data demonstrated that the intervention "reduced the rate of growth of teacher-

reported internalizing and externalizing behaviors 2 years after the intervention and produced a

sustained reduction in depressive symptoms reported by the children" (p. 66).

One of the most widely used SEL-type interventions is Second Step: A Violence

Prevention Curriculum. It teaches students from pre-kindergarten through 9th grade, to increase

their social competency and reduce physical and verbal aggression through three main curricular

domains: empathy building, problem-solving and managing emotions (Merrell & Gueldner,

2010). Grossman, Neckerman, Koepsell, Liu, Asher, Beland, Frey and Rivara (1997) conducted

a randomized controlled trial to evaluate the impact of Second Step and whether it leads to a

reduction in aggressive behavior and increase in prosocial behavior. The study consisted of 790

second and third grade students from 29 classrooms at 12 urban and rural schools in Washington

(Grossman et al., 1997). Six schools were randomly assigned intervention schools, and within

each classroom 12 students were randomly selected for intensive behavioral observation

(Grossman et al., 1997). The teachers at the intervention schools were trained in and

implemented 30 Second Step Lessons over six months (Grossman et al. 1997). Through teacher

ratings, parent ratings and direct observations, data was collected over three periods (a week

before intervention, two weeks following the conclusion, and six months after completion) that

indicated that those who received the intervention showed a decrease in physically aggressive

behavior and an increase in neutral/prosocial behavior (Grossman et al., 1997).

Although not a formal SEL curriculum, Johnson's (2008) research focused on what

factors increase resilience in at-risk students. The study demonstrated that "'little things' that

teachers do, nurture and promote their students' resilience in school" (Johnson, 2008, p. 385).

"Small repeated actions to connect with students by teachers at the micro-level can disrupt

seemingly hegemonic school processes that threaten the well-being of students" (Johnson, 2008,

p. 396). Some examples of "little things" are: being available, listening, being positive,

intervening when a child's safety is threatened, remembering birthdays, and laughing at jokes

(Johnson, 2008). These teaching strategies could be helpful to teachers in implementing social

and emotional learning in their classrooms.

As previously stated, there is a limited amount of literature about how promoting social-

emotional health correlates to academic achievement. However, studies have begun to show a

positive relationship. Hoagwood, Olin, Kerker, Kratchwill, Crowe and Saka (2007) identifies a

gap in the literature regarding the correlation between SEL and academic achievement in her

article that reviews empirical studies about school based mental health interventions. She states

that "Robust constructs to assess outcomes in both the mental health and academic domains

exist; yet, the majority of school-based mental health interventions that have been examined have

largely failed to include these dual domains in their outcome measurement" (Hoagwood et al.,

2007, p. 89). However, in their meta-analysis of 213 school-based SEL programs, Durlak et al.

(2011) found that the programs produced "improved academic performance on achievement tests and grades" among other positive outcomes (p. 417). These findings have recently substantiated something that SEL experts have thought to be true, but more research studies illuminating this correlation are needed.

The research above speaks to the value and effectiveness of incorporating school-based mental health promotion curriculum into schools. As more research findings are published, it seems likely that they will corroborate the findings of the above-described studies that school-based mental health interventions enhance students' social and emotional health and well-being and their overall experience at school and in life. As the literature suggests teachers ideally play a large role in delivering SEL.

## CHAPTER III

## METHODOLOGY

This chapter discusses the purpose of this research project, the research question, the study sample, the data collection and data analysis procedures, and the limitations of the study.

**Research Design**

The purpose of this study was to examine urban public elementary school teachers' perspectives on promoting students' mental well-being in the classroom. The specific research question was: What are urban teachers' perspectives on their role in promoting social-emotional health? The study was designed to investigate how teachers experience their schools' expectations regarding the promotion of social-emotional health and their own beliefs and practices as it relates to integrating SEL into the classroom. It also focused on the balance between tending to social-emotional needs of students and focusing on academic achievement. Lastly, teachers were asked about the existing barriers to providing social and emotional learning in the school setting.

This research project was a descriptive study, using qualitative methods and a cross-sectional design. This design allowed for data to be collected that offers a sense of what teachers experience when it comes to the social-emotional health issues of their students. The study used open-ended questions to gather narrative data from the participants. A twenty-two-item interview guide was created, along with a five-item demographic survey (Appendix A). A cross-sectional design, interviewing each teacher once, was chosen because of limited time and resources for this project. The study information and data were collected through in-person individual interviews of female and male teachers of varying racial/ethnic backgrounds and

experience who currently work in urban public elementary schools in San Francisco, Oakland, Berkeley and Richmond, California.

**Sample**

A sample of urban teachers was used for this study. They were recruited from urban elementary schools in the Bay Area (San Francisco, Oakland, Berkeley and Richmond). The sample consisted of a total of twelve teachers. Ten of the participants identified as female, and two as male. Seven of the teachers taught in Oakland, three in San Francisco, one in Richmond and one in Berkeley. Of the twelve teachers, eight identified as white, two as Asian and white, one as Asian and Latina, and one as Asian.

For this study, participants were recruited through convenience sampling. The researcher aspired to recruit a sample that represented all genders, was racially diverse and represented all elementary grades. Given this sampling goal and the small size of the study, there was no guarantee of recruiting a diverse sample. The sample did contain some diversity, but was predominantly female and white. Teachers were contacted by email through professional and personal contacts in the areas of San Francisco, Berkeley, Oakland, and Richmond. A recruitment letter/email (Appendix B) and informed consent (Appendix C) were be emailed to the contacts. Personal and professional contacts were also asked to forward the recruitment email to their colleagues who met the criteria and who might be interested in participating in the study.

When a teacher responded to the email, this researcher called or emailed the participant directly to confirm that the participant met the inclusion criteria before moving forward and scheduling an interview. The inclusion criteria was: 1) currently teaching elementary grades in either Oakland, San Francisco, Berkeley or Richmond, CA public schools; 2) over the age of 18

years old; and 3) conversant in English.  If they met the inclusion criteria an in-person interview was scheduled.

The potential risks for participating in this study were minimal.  However, it was anticipated that participants might experience some distress when reflecting on their experiences with students that were in need of social-emotional support.  For that reason, the list of mental health referral sources was distributed to all participants at their interview (Appendix D).  It was made clear at the interview and throughout the recruitment process that participation was voluntary and that all identifying information would be held in confidence.

One of the potential benefits of participating was that by reflecting on their experiences of promoting the social and emotional well-being of their students, teachers could develop a deeper appreciation for the importance of the work they are doing.  Participating may have also helped those teachers who unintentionally support their students' social-emotional health realize ways to incorporate such practices more systematically, thus bolstering the students and themselves.  Those who did not incorporate social and emotional learning explicitly may have been inspired to do so after offering their perspectives during the interview.

**Data Collection Methods**

For this study, qualitative data was collected through in-person interviews with twelve urban, public, elementary school teachers.  The rights and privacy of participants were presented to the Human Subject Review Board at Smith College School for Social Work before data collection began to ensure the privacy and protection of participants. The approval of the project (Appendix E) assured that the study was in accordance with the NASW Code of Ethics and the Federal regulations for the Protection of Human Research Subjects.  A consent form detailing the risks and benefits of the study was sent to the participants prior to the interview for subjects to

review.  Each participant and the researcher signed the informed consent document at the beginning of each interview and each kept a copy for their records.

Once the informed consent was signed, the interviewee was asked to fill out the demographic survey.  This researcher asked questions in the same order and limited probing questions to ensure that data was fairly structured.  This was to limit the influence of research bias entering the interview conversation.  Two recording devises were used during each interview.  One was a Microsoft Word recording option on the researcher's laptop and the other was an Iphone recording application.

Each interview started with reviewing the definition of social-emotional health.  The definition used was as follows: "The process through which children acquire the knowledge, attitudes, and skills they need to recognize and manage their emotions, demonstrate caring and concern for others, establish positive relationships, make responsible decisions, and handle challenging situations constructively"(Collaborative for Academic, Social and Emotional Leaning), "What is SEL?", n.d.).  After asking teachers if they had any questions regarding the terms used, this researcher reminded them to refrain from using identifying information regarding their students or school during the interview.  At that point the interview each participant was given a short paper survey that asked demographic questions.  After each participant completed the demographic questions, the interview began.

All of the interviews for this project were held in public libraries, in the offices of local non-profits, and other locations selected by the interviewees for their convenience.  Interviews typically took between 30 and 75 minutes.

The in-person interview format did have some weaknesses.  For example, there was a risk that subjects would withhold or edit their remarks because of the researcher's physical presence

and/or facial expressions. This researcher encouraged full honesty and assured subjects that their answers would be confidential. Subjects appeared to be confident and forthcoming with sharing their thoughts and opinions. It did not appear that any teacher was swayed noticeably by researcher's presence, expression or follow-up questioning.

One over-arching concern was that the teachers who were interviewed might not completely understand what was meant by social-emotional health, and might not recognize which of their actions were beneficial to their students' social-emotional health. To ensure as much clarity as possible, the definition of social-emotional health that was in the informed consent was reviewed before the interview. In addition, teachers were encouraged to share both the formal and informal ways of promoting social-emotional health in their classrooms. The teachers certainly all had answers to all the questions, but it was clear to the researcher that some of the teachers had more background and a greater working understanding of social and emotional learning than others—and those who did could provide much more nuanced answers to the questions.

**Data Analysis**

Once the interviews were complete, the qualitative data was transcribed from the digital recordings of the interviews. A transcriber, who signed a confidentially agreement (Appendix F), transcribed all audio recording verbatim. Following transcription, both demographic data and qualitative data were analyzed. The demographic data served a descriptive purpose in this study. Because there were only twelve subjects, the information from the demographic data served as a window into patterns regarding who participated, their racial background, level of experience, gender and where they received their teacher preparation, but no conclusions were drawn.

The qualitative data collected was examined by doing a thorough theme analysis.  The data was grouped by individual question and answer.  Once grouped, the answers were then organized by theme.  Themes were determined by answers that consisted of a similar responses and/or opinions.  Certain key words, phrases, or ideas were indicators of themes.

Once patterns and relationships between variables began to emerge, themes and patterns were identified and named.  Quotes and specific examples were highlighted to help illustrate the conclusions this researcher was drawing from what was observed in the data.  To assist this process, memoing was used as this researcher sorted through the data.  The memo process included taking notes on code meanings, theoretical ideas and preliminary conclusions.

## CHAPTER IV

## FINDINGS

**Introduction**

The purpose of this study was to explore urban elementary school teachers' perspectives on what they believe their role is regarding the promotion of social and emotional well-being in their students. There is currently a gap between the research on the subject and actual practice in the classroom. The benefits to integrating social and emotional learning into the classroom are clear, yet what is currently happening in classroom practice is not inclusive. There is a limited amount of research that seeks to understand what may be sustaining this gap and by asking teachers about their beliefs, practices, and opinions about social and emotional learning, the field can better understand what is needed to enact a necessary paradigm shift in our education system.

This chapter presents the data collected from interviews with twelve public elementary school teachers from San Francisco, Oakland, Richmond and Berkeley, California. Each teacher answered demographic questions on a paper survey about their gender, race/ethnicity, number of years teaching, and where they received their training. The qualitative interview questions were organized by the following themes: district/state/school standards and practice; preparation, training and practice; mental health services and the role of school/teacher; reality and barriers of implementation; and closing remarks by participants.

**Demographic Data**

This study was comprised of twelve participants: ten women and two men.  Of the twelve, nine self-identified as white (75%), one identified as both white and Asian, one as Asian and Latina, and one as Asian.  Seven of the participants teach in public elementary schools in Oakland (58%), three in San Francisco, one in Richmond, and one in Berkeley.  Seven schools were represented in this study.  The seven Oakland teachers represented two schools—four from one school and three from another.  Each of the remaining participants was the only teacher from their school interviewed for this study.  Four of the teachers had over ten years of teaching experience (33%), two of the teachers had between five and ten years of experience, and six had under five years of experience.  None of the teachers was in their first year of teaching.  The participants were trained in programs throughout the country and one entered the profession through Teach for America.

**District and School Standards and Practice**

This section contains participants' responses to questions regarding their state's, district's and school administration's attitude towards to promotion of social and emotional well-being in the classroom.  The participants were asked five questions on this topic.

In response to the first question (what is the school administration's attitude and expectation regarding the promotion of social and emotional learning both in the classroom and outside the classroom?), six teachers (50%) felt that the administration at their school valued promoting social-emotional health of their students.  Many expressed that an emphasis on academic achievement would often overshadow this value, but they indicated that they knew their administrators were thoroughly in support of promoting social-emotional health.  For example, one teacher postulated that the promotion of social and emotional well-being was likely

in the school's mission.  He went on to say, "However, how that gets played out on a day to day basis is, high stakes testing, the effect of No Child Left Behind, being given more priority."  This response illustrated a theme of administrative inconsistency that emerged from teachers' answers to the first question.  Of the other half, two teachers (17%) expressed that while their administrator's attitude appeared to technically support promoting social and emotional well-being, the administrator did not seem to prioritize it in practice.  For example, one teacher shared that her administrator would not follow-through with the SEL curriculum or provide resources for teachers.  The remaining four teachers (33%) did not experience the promotion of social-emotional health by administrators at their schools.  One summed up the sentiment of all four by saying: "I haven't had a whole lot of support from the administrator.  It doesn't seem to be a big priority."

In discussing the second question (what the school does to promote social-emotional health both in and outside of the classroom), eleven teachers (91%) stated that their school had at least one therapist that their students could see for either crisis counseling, individual or group therapy.  However, all of them mentioned access issues, which ranged from unclear referral processes to mental health providers not having enough capacity for all students who were in need.  Five teachers (42%) mentioned SEL curricula was being used, and of the five, one teacher had the impression that it was being delivered in the way it was intended.  The teacher thought that the school counselor delivered the SEL curriculum, Too Good for Violence, one time per month in each classroom as it was in hers, but was not sure what happened outside of her classroom.  In contrast, the remaining four teachers reported that SEL curriculum was not being implemented consistently or it was looked upon more as a resource that teachers were welcome to integrate into their classrooms, rather than mandatory.  Four teachers (33%) shared that their

31

school had variations on what one called "guiding principals" which were phrases or letters that stand for words such as compassion, respect, prepared, proud, and positive and were meant to be woven into the school-wide culture as values their school community lived by. When they were asked to name all of them, not one teacher could recite them all from memory. Another teacher captured well what many teachers expressed, saying "They supposedly have a curriculum, but not everybody has the same curriculum. We do Tribes, which is a school-wide positive behavior support, but not everybody is trained on that. There's a disconnect." Many teachers named what they were doing in their own classrooms and gave the impression that SEL promotion in the classroom was "teacher dependent". However, the examples were not school-wide promoted practices; instead, they were what each teacher brought to their individual classroom practice. One teacher did not know if there was a counselor on staff. The teacher stated, "I can't think of one thing that is emotionally supportive or mental health oriented besides our Physical Education."

The third question asked teachers to describe the quality of interactions with the mental health staff at their school. Eight teachers (66%) described having positive interactions with the mental health staff at their school. Many of them mentioned that the communication was especially good when it was about a student in their class who was in therapy with one of the providers. One teacher stated, "I am constantly communicating with them. They are seeking me out. I meet with them and we talk about goals, what's working, what's not working, so I think that is good." However, four teachers explained that they had either had no interaction (one), very brief (two), or poor quality interactions (one). Another said of the mental health providers tend to be "quieter personalities moving in the background" and she shared that if she had not made a point to get to know them, she would not have any connection with them.

The following question asked teachers to discuss what actual SEL resources were available to students and whether or not they thought their students were receiving social-emotional health services. Most of the teachers repeated what they stated in question two. However, three teachers (25%) shared that there was some kind of peer-to-peer support in which students are trained by teachers either to be reading buddies or to help with conflict resolution, primarily for younger students at the school. Lastly, many teachers explained that they have access to SEL curricular materials.

In response to whether teachers believed that the social-emotional services provided were adequate, ten (83%) stated no, although within that ten, four respondents made a point of praising the work of the counselors and acknowledging that what they have is good, but that it is not enough. One teacher shared that her school made an effort to keep their counselor and school psychologist when they were faced with budget cuts. She said that:

> When there were drastic budget cuts we made some pretty difficult decisions […] we had to cut back on that (English language development) because we also have this need for the emotional piece of the kids which was we're not going to cut our psychologist and counselor.

And the teacher shared their school's solution, saying that "We were very creative. We partnered with this organization that has PhD students to do their residency with us." Teachers from two schools in this study specifically mentioned that their school partnered with outside agencies to provide mental health services for their students.

In speaking about whether or not services were adequate, one teacher illustrated a point made by many:

I think part of our job is not only to provide academic, but also emotional and social. We have to cultivate the person and in order to do that, you have to talk about emotionally being healthy and feeling safe. It is only the really bad cases that are getting these services.

One teacher captured another theme that emerged in the answers to this question, that of the existing services being overwhelmed by the need in their urban area. She said, "Our school is in a very tough area and our kids are surrounded by violence and tough things. There is not an outlet for them to talk about those issues." Both of the teachers who responded yes to this question were in the first year at their school. They were both pleased that their school had services. For one the services included monthly delivery of SEL programming by the school counselor; for the other it was seemingly comprehensive counseling services for students.

After discussing whether their schools were providing adequate social-emotional health related services, teachers were asked to share what they would change about how students receive social and emotional learning services at their school. One teacher noted that she felt positively about what was being offered, aside from wanting to involve parents more to increase access to counseling. Eleven of the teachers offered concrete suggestions grouped in the following four areas: 1) a uniform SEL curriculum that would be practiced school wide (58%); 2) more training/professional development for teachers (42%); 3) administration making the addressing of the social and emotional needs of children a priority (42%); and 4) increasing access to counseling services (42%). In explaining why professional development was so important, one teacher said, "We are with these kids everyday and we're not necessarily trained on how to deal with some of these issues." Another teacher shared her opinion regarding SEL, saying: "I would definitely want that built into the curriculum […] I feel like the way we teach

any other subject, we need to be explicit about teaching kids how to interact with each other, be kind, and emotionally and physically healthy […] I just feel that component is missing from most schools." Finally, one teacher underscored the limitation that time presents. She said, "I wish we had more time for this." She continued, "It is not the highest priority."

**Preparation, Training and Practice**

The following section contains participants responses to eleven questions regarding their professional preparation, training and individual practice. The data is presented by question, highlighting themes and quotes that best capture the teachers' thoughts and opinions.

The sixth question in the interview asked teachers to talk about what specific training they received regarding SEL. Ten (83%) of the respondents described formal trainings they had either attended or received in their teacher preparation program. The remaining two believed they had acquired skills through life experience and were "self-taught." One stated, "It has not been formal training, and I do think it would be great if teachers, if that was part of their training." Many of the teachers stated they had been through formal professional development trainings on topics such as team building, strengths-based approaches, behavior modification, and SEL curricula (Second Step, Morning Meeting, Responsive Classroom, and Tribes). However, many mentioned that they taught themselves about these interventions or learned about them through collaborating with colleagues. One teacher who recently learned about and began implementing Morning Meeting from a colleague shared, "I have noticed a significant difference when kids come in and they are already having a bad morning […] by the end you know they are really excited." Within the group who had been trained formally, a number of teachers expressed the unsystematic way these were delivered and expressed interest in getting more formalized systematic training.

Four teachers (33%) stated they had been trained in conflict-resolution or non-violent communication strategies, including "I-Statements."  One teacher just completed her Masters in Counseling and another was working on a Masters in Urban Education.  Both expressed that their masters' training allowed them to meet the social and emotional needs of their students better than they could before they entered their respective programs.  Interestingly, the teacher who was receiving a Masters in Urban Education stated that she had learned to think about how to integrate the students' culture and background to help them achieve academically and encourage kids to develop a voice.  However, the respondent described a dilemma she faces that illustrates the pressure to send contradictory messages to the students.  "Because I have had No Child Left Behind training, or stripping, I have become part of this machine where I am very test oriented, and I speak to that too." And, "I use the language, I use the test skills every day, because they need it.  It's a tool they need for success.  But it is also feeding into the No Child Left Behind high-stakes testing, you need to do good, you need to get a high score."

When asked what they do both implicitly and explicitly to promote social-emotional health in their own classroom, teachers shared a variety of strategies.  Eleven out of twelve shared multiple strategies used, and three themes emerged: 1) respondents teach problem-solving/conflict resolution with an emphasis on non-violent communication (42%); 2) teachers get to know students and families individually with the intention of forming strong relationships (42%); and 3) teachers promote the development of self-awareness through naming emotions, role-modeling sharing their feelings, validating feelings and carving out space for students to share their feelings in meeting once a week (50%).  One teacher captured her efforts to develop individual relationships with students and families in the following quote.

I want to know as much about what's going on in a supportive way, so that I know what to build up on. Otherwise, you are just always saying this is how they're not measuring up to the standards and expectations. And those might be more middle-class laden expectations.

Additionally, one teacher stated she does a lot in her classroom, but shared only one example of picking weekly "Star Students".

The next five questions asked teachers to recount a particular incident when they got involved with a student's social-emotional needs, what they did to intervene, what they thought might be behind the student's behavior, and to name any resources they wish they would have had to address the situation. All of the teachers (100%) gave an example of when they were involved with one or more students who were facing challenges that negatively impacted their social and emotional well-being. Teachers were cued to their students struggles by observing behaviors such as crying often, swearing, inappropriate touching, throwing chairs, withdrawn mood, clinginess, consistently unable to "function in a classroom." Parental loss (deportation, death, left family) was named as the core issue in half of the examples teachers gave. Half of the teachers intervened by advocating for students to get counseling services (50%), a number reached out to parents to gather information to help them support the student, and a few teachers alluded to using their classroom as a place to promote respect, empathy, and the importance of working as a team. The latter was noted as a technique to help ensure their students felt safe at school, to reduce bullying, and as a way of combating problematic behaviors of a few and turning it into a teachable moment for all. The following quote briefly sums up what many teachers shared regarding what their role was in terms of intervening: "getting her into counseling and trying to make school as positive for her because home is never positive."

The most striking theme among the teachers regarding their involvement with students who were displaying signals that their social-emotional health was compromised, was the commitment to advocating on behalf of their student. One teacher shared an aspect of the advocacy process:

> I was being told by people higher up that 'you have to hold this child accountable to their work' and I am like this child has real difficulty functioning in a classroom. Though it took some time of me continuing to go back to my director […] I was glad that he was able to get the student signed up with our school therapist and then I was able to collaborate with her.

Another teacher shared an example of a student who was sent back a grade, and to the teacher's classroom, after the school year started. The teacher immediately realized something was emotionally off for the child and was most likely being held back because of unaddressed issued. The teacher contacted past teachers, the school psychologist and the family to figure out "where we have not followed through" with the student. After a lot of "research", the teacher advocated for the child to be assigned to a case manager, as the parents were facing challenges that interfered with them being available to play that role. Another example of great advocacy was given by a teacher who had a student who was making threats to kill people with hammers and "just looked angry". The teacher was unsuccessful at encouraging the student's parents to get help because they did not believe there was anything out of the ordinary going on. Eventually the teacher was able to convince the parents to have their child assessed. The student was found to have some severe mental health issues and was transferred to a different school that the teacher assumed could better meet the student's needs. Lastly, a few teachers shared therapeutic

techniques that they employed with the students such as art therapy, pictorial stories of the incident that occurred, and writing letters back and fourth to each other.

In asking teachers what resources they would have liked to have to address the situation, four out of twelve teachers (33%) expressed the desire for more training. One stated, "I would love someone that could come to my classroom and lead some social learning exercises with my students so that I can sit back and either act like a participant or as an observer, so that I can grow in my ability to deliver this kind of instruction and this kind of coaching." Eight teachers (67%) expressed the desire for support: for parents, for themselves, from administrators and through collaboration, and for their students. A number of the teachers touched on the need for more adults in school being available to check in with kids. In addition, a number expressed the desire for more access to food, clothing and other basic needs for their students. It was clear that many teachers felt alone and unsure how to get their student the help they needed.

When asked to discuss specific strategies that they use in their classrooms to help students manage stress/anxiety or anger, and communicate better, teachers shared a variety of techniques they use. Eleven out of twelve teachers shared strategies they teach their students, and the remaining teacher did not experience her students as stressed or anxious. Five teachers (42%) helped their students to engage in deep breathing. Four teachers (33%), one who encouraged breathing included, tell their students to take breaks. Another strategy that many teachers mentioned was modeling for and/or helping students verbalize their stress in words with an emphasis on normalizing and validating the feelings their students express. One teacher shared this approach: "If they are emotional about something, I always acknowledge it, 'Oh you must really feel "this" and I understand." One teacher tells students to focus on one thing a time especially when they have many stressors, saying "I generally encourage children to just focus at

39

the task at hand or look at the other things we can improve today." Helping students develop an "I can" attitude was a theme throughout many of the respondents answer to this question. Lastly, a teacher offered that she believes it is important to promote stress management techniques because "You can't be successful without emotional-physical, it's all connected. It's all connected."

Ten out of twelve teachers (83%) integrate movement and/or breathing into their teaching practice. Five of the ten teachers incorporate both movement and breathing. Many said they use movement during transitions to help their students refocus. Others modeled needing to take a deep breath, often paired with positive self-talk, when they were feeling overwhelmed and noted that their students would mimic them when they were seemingly overwhelmed by emotions. "I model for them self-talk, like […] I need patience, I need a breath, and its funny because I hear them say that when they want to tattle or something." Four teachers (33%) lead their classes in stretching exercises or yoga inspired movement as part of the routine practice. One teacher explained:

> When it gets really loud or they are starting to get over stimulated, we do this thing called
> Volcano—where you put your hands together, you take a deep breath and you go
> (motions making lava erupting hand movement), it is a yoga thing.

The teacher explained why she does this practice, saying "I don't know what goes on at home, but if I am the only one to teach them, then so be it. It is the most important thing to be part of society, to really be able to regulate yourself."

The following data are in response to a question about how teachers help their students communicated better. Half (50%) of the respondents reported that they teach their students to use, "I-Statements" or a very similar variation. A teacher gave an example: "I feel _____, when

you \_\_\_\_, please stop."  One teacher described a protocol that augments the "I-statement" with including the person who is being spoken to responding with what they heard and what they are willing to do to resolve the conflict.  Almost all the teachers, eleven out of twelve, touched on the theme of empowering their students to verbalize their feelings, their life experiences, conflicts they are having or seeing, ways to resolve conflicts and apologies.  This was well captured by one teacher who said, "Ideally I want them to be doing this all the time without event thinking about it, without me being there."  Many touched on doing this through modeling, both the "wrong" way and the "right" way with their students.  A few teachers shared their practice of pausing the class when there is a "teachable moment."  One teacher explained what she is striving for when she hears something like "I told you" from a student is: "trying to interrupt negative comments and trying to use that as a teachable moment, giving them other language tools."  Another teacher takes a more directive approach and either tells her students to use an "I-statement or to stop doing whatever is making them angry.

After discussing how teachers help their students communicate, teachers were asked how they help their students manage anger.  Two out of twelve teachers (17%) reported that anger was not something they see too often among their students.  One of the two teachers explained that she tries hard to get ahead of it by teaching them how to share and build trusting relationships with her.  She wondered aloud if her class getting promoted from first grade to second together has helped reduce anger issues.  Half the teachers (50%) spoke about validating their students' anger and sending the message the anger is a natural emotion.  Some do this directly, others model for their students when they are angry and speak to it directly, explaining why they are angry, as well as how the plan to calm down, by asking for a break, or using I-

41

statements to the class.  Another general theme among respondents was helping students find a way to express their anger, either verbally, in writing, through drawing, or physically.

**Self care.**  This section ended with a question to teachers about their own strategies and self-care practices as a means to manage the stress of their job.  Anecdotally, the majority of teachers laughed when they heard this question.  Two self care connected themes clearly emerged to this question.  Teachers use exercise or meditation (75%) and talking to a support network of friends/colleagues (58%) as their primary strategies for managing their own stress.  A couple of the more veteran teachers stated that they have become proficient in boundary setting, which allows them to decompress and understand how to put energy into what they can control.  Two of the second year teachers spoke to the ongoing struggle with self-care, and how hard it is to set boundaries and that they fight the urge to work constantly.

The question also asked teachers to reflect on how their self-care practices are integrated into their classroom, if indeed they are.  All twelve teachers responded with some way they integrated their practices into their own classroom.  Six of the eight teachers (42%) who exercise or meditate for self-care incorporate exercise, physical activities (talking about the importance of exercise) or moments of silence/guided meditation in their classroom.  In addition to bringing their physical practices to class, seven of twelve promote relationship building in a variety of ways.  One notable way was by emphasizing the importance of apologizing.  Three respondents (25%) made a point of sharing how much they value apologizing to their class when they are angry or stressed as way to take care of themselves, as a means to nurture their relationships with their students and also for the purpose of role-modeling how to apologize and clearly delineating that their anger does not indicate how they feel about their class or the individuals in it.  One teacher explained that modeling how to apologize is central for her, stating:

It has always felt important to me that the kids see that adults can apologize […] and feel kind of humbled by the experience.  I also want that you are still a good person even though you apologize and do something wrong.

Another teacher stated:

I will talk about how I am feeling with the kids, so they know if I am frustrated, they know why I am frustrated, and I want it to be clear […] that it is not something I am feeling towards them, it is because of a certain reason.

She continued:

I can think of times I have just freaked out in front of them […] I've explained that that was an example of when I was not thinking about what I was saying […] and that I do see it as a mistake I can learn from.

**Mental Health Services and the Role of the School/Teacher**

This section contains teachers' responses to three questions regarding the role of the school and teacher in promoting social-emotional health in their students.

The first question asked respondents to share their opinion on the connection between social-emotional health and academic achievement.  All twelve (100%) agreed there was a connection between social and emotion health and a students' ability to achieve academically. One teacher stated that her own experience as a student, in a "stable" environment, school worked for her.  She continued and explained that she could theoretically see how it could be hard for students who are crying at school to do their best.  Eleven out of twelve teachers unequivocally expressed how profound they felt the connection was.  One teacher stated, "Well, when you are not feeling well balanced socially and mentally, it's very hard to focus on academic development and that is for sure.  So to me it is a foundational, fundamental thing." Another

teacher shared an anecdotal observation she has made about her students: "The students who are struggling emotionally and socially, tend to struggle academically as well. I noticed those are usually the students who haven't received any sort of tools." She went on to explain that students who had been through counseling have the necessary tools. Finally, one teacher summed up the sentiments of many, saying:

I think it is huge. I think you can't have one without the other. I think if you are not healthy emotionally, it's hard to make any academic growth because otherwise they have so much going on emotionally, that's just too big of a barrier.

The next question asked what role teachers should play regarding the promotion of social-emotional health. Teachers gave a variety of answers. All teachers (100%) believed that it was within their scope to promote social-emotional health. Four out of twelve teachers (33%) expressed that it is just as important or more important than promoting academic performance. One teacher stated, "I think that is probably one of our most important jobs as teachers." She continued, "It does fall on us to teach it to them because one way or the other we can't let them fall through the cracks." Five out of twelve teachers (42%) explained that their job is to develop the whole child. One teacher captured this clearly, stating:

It's not only my job to teach numbers and ABC's, but it's to cultivate the whole person. That means giving them the tools to learn how to communicate, express themselves, know and define their feelings, and to feel them, and to know that's healthy.

Another teacher drew the connection about why it is specifically necessary in urban areas:

I hate to say this, but especially teaching in a place like East Oakland, where these children come from situations that I could not have imagine having dealt with at age seven, you know these kids need so much social and emotional support."

44

Lastly, teachers were asked what they would need to make whatever they believed their role should be regarding the promotion of social-emotional health into a reality. Two clear themes emerged from the majority of respondents— time and resources. Teachers spoke about the pressure to spend time on academic curriculum, one teacher illustrated the point, "You are supposed to hit the curriculum running the first day because our kids are behind already on the first day, and that's a reality." Another teacher shared that what would be needed would be "more time to for either doing non-academic things, also just more time to reflect, like how did my class go, was I too hard on that kid, was my love too tough when I should have been more nurturing, there is no time for reflection." In explaining her desire for resources, one teacher stated, "I want to help this student so much, but where do you start at? What's the first thing you do? What is the first 20 minutes of the activities you do? So training, I think it is very important."

**Reality and Barriers of Implementation**

The teachers were asked what barriers are in place that prevent them from attending to the social-emotional health of their students. Nine out of twelve teachers (75%) referenced time in light of the emphasis on high stakes testing and the high paced academic curriculum. One teacher captured what many expressed: "Time, school's priorities, standardized curriculums, high stakes testing, scripted learning, a lot of those do not give teachers professional space to attend to different situations." The teacher continued, "I think there's a blame-the-teacher mentality." Another teacher answered: Just the crazy amount of academics we are expected to get through during the day. Some of these kids, I know, I could sit down with for an hour or two and work on their social-emotional needs, but I have to teach the math lessons […] it seems like every year we are

45

expected to jam more into the curriculum, the harder it is to focus on the social and emotional.

One teacher expanded on this idea and said the following, "as long as we at school are so focused on writing data driven instruction and differentiation of materials, there is no way that we can place as much emphasis on students as people." He continued:

> Money that is allocated to the schools is going to be based, in some sense, on the outputs that the students are producing and the outputs that we are measuring are not directly linked to social and emotional well-being.

> Other barriers that were enumerated were:  absence of access to mental health services due to a lack of contacts with community organizations; and a lack of funding.  One teacher explained the bind the schools are in regarding funding, stating, "Every year we're having the conversation that, some position has got to be cut, but we have not cut our psychologist, which is good."  She later stated, when specifically speaking to the problem of funding: "Funding.  I know that's being cut left and right, federally and at the state level."  Another teacher stated: "Money that is allocated to schools is going to be based, in some sense, of the outputs that the students are producing, and they are not directly linked to social and emotional well-being".  Also, teachers expressed that they need more training/professional development, one stating  "I don't have strategies."

**Closing Question**

The final question asked the teachers if they wanted to comment on anything else about social and emotional learning.  Teachers had a variety of responses, however one theme emerged clearly.  Respondents want to see social and emotional learning become a priority in public education.  One teacher said, "It should be a part of every schools mission."  Another teacher

framed an argument within the testing culture that exists in education today, saying "It would be important for schools and teachers to be intentional teasing apart and reflecting on the relationship between academic performance, teacher performance, student performance and their social-emotional health."  Teachers expressed some frustration over the fact that they believe in SEL, but do not have the skills needed to implement it in their own classroom, underscoring the need for professional development.

**Summary**

The data presented in this chapter reflects teachers' thoughts, opinions, experiences, and feelings regarding the promotion of social-emotional health in their students.  All the respondents believe it is within the scope of their work to promote the social and emotional well-being of their students.  It is clear that teachers are, in many ways, already doing this work; however they are also feeling the tension of an educational climate that emphasizes the need for teachers to move through quickly paced academic curriculum rather than SEL.

The next chapter will discuss these findings and the relevance to the literature reviewed above.  It will also examine the implications of the data, including practice and policy recommendations.

# CHAPTER V

## DISCUSSION

The purpose of this study was to explore urban elementary school teachers' perspectives on their role in promoting social and emotional well-being for their students. This chapter discusses the findings in the following order: participant demographics; differences in the state/district and school standards; an examination of teachers' preparation, training and practice regarding addressing social-emotional needs; and a discussion of the contextual findings regarding participants' views on promoting mental health and the role of the teacher, including barriers that were identified by the participants. The chapter closes with a discussion about the studies limitations, the future of mental health promotion in the classroom and opportunities for future research.

### Participant Demographics

This study consisted of twelve participants, all elementary school teachers in urban public schools in Oakland, San Francisco, Berkeley and Richmond, California. There were two qualities that stood out regarding those interviewed for the study. One was the level of experience or number of years each participant had been teaching. The second was their collective level of support for the promotion of social-emotional health among their students.

Six of the twelve participants had five or less years of teaching experience. Although it is difficult to determine what impact the teachers with less experience had on the study findings, it seems possible that those who with less experience may have responded differently to certain questions. More specifically, a teacher with shorter tenure may not have experienced as many

instances which required that they get involved with the students' social-emotional needs. The examples provided by the teachers with the least experience were less serious cases of mental and emotional problems of their students. For example, one second year teacher spoke about an incident in which two of her students were fighting over a chair. She noted that one of the students appeared very sad. However, the complexities of the incident were much lower than most other examples given. That is not to say that their examples were any less important or valuable to the study, and as mentioned above it is not possible to determine whether or not there is a correlation. It seems possible, however, that teachers who have less experience teaching may have a different perspective on the level of social-emotional challenges their students are facing. In addition, those with more experience were more likely to explain details about family or environmental challenges when they were involved in a situation relating to the social-emotional health of their students.

Another noteworthy aspect of this sample was their dedication to addressing their students' social-emotional needs. All twelve respondents felt that it was within the scope of their work to meet the social-emotional needs of their students in some way. This could be a reflection of the location in which the study was conducted. The Bay Area tends to be politically progressive and therefore it seems possible that teachers in the Bay Area would have more progressive stance on education. Since many teachers named the policies of No Child Left Behind, passed under George W. Bush, as one of the primary reasons they cannot meet their students needs to the extent they would like, it appears likely that this sample consisted of politically progressive respondents who disagree with the policies of No Child Left Behind.

**State, District and School Standards**

Teachers were asked questions about the administration's attitude towards the promotion of social-emotional health. The findings indicated that although half of the respondents thought that their administrators believed in promoting social-emotional health in students, there was a disconnect, meaning that administrators supported and valued the promotion of students' social-emotional health, but it was not prioritized. The theme of administrative inconsistency regarding providing mental health support for students was prevalent among respondents and suggests that administrators are in a bind, as it appears that there is a lack of available services and that likely leads to the inconsistency teachers experience from their administrators. If indeed true, this appears consistent with what is found in the literature regarding of the small percentage of students receiving mental health services. One in five children experience mental health issues, and approximately 80% do not receive any services (U.S. Department of Health and Human Services, 1999).

Many teachers explained that academics are prioritized over SEL and mental health promotion. It appears from the findings that the adoption of No Child Left Behind and the emphasis on high stakes testing have influenced teachers' decisions not to prioritize meeting students social-emotional needs instead of finding time to stress both academic learning and SEL. These findings are consistent with the literature. Schools are unlikely to engage in activities that are not directly linked to bettering test scores (Zins et al., & Walberg, 2007). No Child Left Behind has caused educators to focus on increasing tests scores in academic areas, and therefore to shift away from promoting primary prevention and mental health efforts (Merrell & Gueldner, 2010). The findings from this study imply that educators are focusing on increasing test scores due to demands and pressure from administrators, schools, and districts to

do so.  In discussing barriers, one veteran teacher noted that the increase in standardized curriculum and high stakes testing has taken away from teachers' "professional space" to attend to different situations.  In addition, the teacher shared that this emphasis is leading to newer teachers learning "specific slices of curriculum" and therefore making it harder for them to learn the "art of teaching," that according to that teacher includes social and emotional learning.  This teacher's experience suggests that there was a time when there was more focus on SEL and that that has been reduced by the demands of No Child Left Behind and the pressures on teachers to help their students perform well on standardized test.  Interestingly, integrating SEL into schools would help administrators and teachers meet the standards set by No Child Left Behind.  The research has shown that SEL interventions correlate with increases in academic achievement and overall child outcomes.

Inconsistency continued to be the theme that recurred as teachers spoke about what their individual schools did to promote social-emotional heath.  Eleven of the schools had counseling services available to students; however, the findings indicated that the majority of teachers either were unsure of how to refer their students for those services or noted that services were limited to those with "severe" issues.  It appears that the majority of schools in this study recognized the need for mental health services, but were not able to meet the demand of their population.  This may be due to the increased challenges the children are facing due to the urban environment in which they are living.  In addition, urban public schools often serve students who are low socio-economic status.  Thus, families often do not have the resources seek mental health services outside of school.  And because of inadequate public funding, urban public schools regularly need to make difficult choices to meet their budgets, which often leads to deep cuts in mental health services.  This unfortunate reality is exactly why integrating SEL into schools is

important.  Because schools are often unable to provide mental health services to their students outside of the classroom, it becomes even more imperative to reconsider how mental health provision is delivered in the classroom.  SEL does require an investment of time and money. However, the research indicates that it helps students develop social-emotional life skills that increase student outcomes, thus, increasing mental health efforts across the board (Merrell & Gueldner, 2010).

Interestingly, the findings also indicated inconsistencies regarding how SEL-type interventions were integrated into the curriculum at individual schools.  Six teachers explained that either guiding principles or SEL curriculum were part of what teachers were expected to integrate into their classrooms.  Of those six, however, only one believed the intervention was delivered as intended.  The findings suggest that although administrators may theoretically support the promotion of the social and emotional well-being of their students, the practice differs from the theory.  It appears that the majority of administrators that respondents work with do make an effort to integrate SEL practices into their schools.  The inconsistent messaging, training and expectations surrounding the interventions, though, leads to a lack of clarity and a haphazard delivery of SEL.

Although the majority of teachers expressed a desire for more access and clearer referral processes regarding mental health staff at their school, most of the sample held the school mental health counselors in high regard.  Of the four who did not, they either had brief interactions, or did not have anyone providing mental health services in their school.  Eight teachers expressed that they had had positive interactions with mental health staff at their schools, and they were very emphatic about how helpful it was to collaborate with the mental health staff.  Teachers were grateful to have mental health providers' perspectives on what their student needed in order

to do well in class.  The one teacher who reported having negative experiences with the counselor described him as either being absent from school for unknown reasons or in his office, but with the door closed at all times.  This suggests that teachers are open to and want to understand what they can do to support and supplement the work their students are doing in therapy.  This is consistent with the literature.  Reinke (2011) hypothesized that teachers were open to consulting with school psychologists about how implement behavioral interventions in the classroom.

Although teachers generally regarded the mental health staff positively, the findings clearly indicate that teachers do not believe their schools are providing adequate social-emotional services for their students.  They not only think the mental health staff itself in inadequate, but also that they are unable to provide SEL interventions in their own classroom for a variety of reasons.  Interestingly, the two teachers who expressed that their school was adequate were first year teachers at their schools.  Although it is not possible to know how these findings were impacted by experience, it does seem likely that those with less experience may have a limited scope, as they are new to their school.  This hypothesis is substantiated by the fact that other teachers who were interviewed at the same two schools disagreed and stated that the school was not providing adequate support to their students.

Most teachers responded that there were not adequate social-emotional health services at their school and many had ideas about what they would change about how students received support.  The fact that over half of teachers (58%) responded that they wanted a uniform SEL-type curriculum implemented school-wide, followed by more training and professional development is promising.  This finding indicates an openness of teachers to implement social and emotional learning interventions in their classrooms.

Interestingly, the lack of adequate services was contextualized by the urban environment where the respondents teach a majority of low-income students. The theme of inadequacy of services in light of greater need for services is consistent with the literature. Research shows that urban youth have been found to experience greater levels of stress. This is in addition to a positive correlation found between growing up in poverty and the increased risk of developing emotional disturbances (Foster et al., 2005; Coutinho et al., 2002).

In summary, teachers expressed that the majority of the schools and administrators appeared to support the promotion of social and emotional well-being of students. However, the findings indicate that there is a chasm between the vision of many of the schools' administrators and what happens in practice. Teachers were careful to show their appreciation for what was being implemented regarding social-emotional health, but a strong theme of wanting more for their students, school-wide, was present in the findings.

**Teacher Preparation and Practice**

This section will examine teachers' preparation, training and practice in addressing the social-emotional needs of their students. The findings indicate that respondents have a varied amount of training in SEL learning interventions, yet all are faced with situations in which their students are either struggling with a social-emotional issue or see a need to integrate SEL into their classrooms.

Teachers were asked to explain what training or experience they had to prepare them to promote the social-emotional health of their students. Eight out of ten teachers shared differing degrees of training they received either at their current jobs or in their teacher training. Although the findings indicate that most of the sample had some training, a theme emerged regarding the quality of the training. Teachers had varying perspectives about how well the trainings prepared

them to address their students' needs.  Trainings led by their schools tended to last one day and be on a specific topics, such as attention deficit disorder, child protective services procedures or portions of an SEL curriculum.  These trainings were appreciated by teachers, but many expressed the desire to have more systematic and formalized trainings.

One noteworthy feature of the findings is that a number of the teachers described trainings in graduate programs, their credential programs, or when they worked at independent schools as the most memorable and applicable trainings they attended.  Additionally, the majority of teachers within the group that had some training reported being "self taught" as well.  Much of what they implemented regarding the promotion of social-emotional health did not come out of the trainings they attended.  Rather, they were learning through experience or through collaboration with colleagues.  Thus, the findings show that formalized trainings are indeed offered to teachers, yet the high number of respondents who feel "self-taught" indicates a gap in the effectiveness and usefulness of the trainings.  This is consistent with the literature.  Rienke et al. (2011) found that 78% of teachers reported that they were inadequately trained to manage the mental health needs of their students.  Additionally, 51% of respondents stated that lack of training and/or coaching were one of the reasons that students' mental health needs do not get sufficiently addressed (Rienke et al., 2011).

After teachers reflected on the amount of training they had received regarding the promotion of social-emotional heath of their students, they were asked to explain what they did in their individual classrooms regarding SEL or promoting mental health in their students.  The findings reveal that all of teachers perceive themselves as doing at least one thing to promote their students social and emotional well-being.  Additionally, it is promising that half of the teachers in this study are fostering self-awareness in their students.  This indicates that teachers

are willing to teach social and emotional lessons in their classrooms. The remaining half of the sample described SEL-type interventions they implement, that could be categorized as behavioral interventions. This is partially consistent and partially inconsistent with the literature. One study states that although teachers believe it is within the scope of their jobs to implement behavioral interventions, it is more appropriate for the school psychologist to teach social-emotional lessons (Reinke et al., 2011). It appears that at least half of the teachers in this study would disagree with that study, as they already consider themselves providers of social and emotional learning. In addition, the findings indicate that those who may not be currently teaching social or emotional lessons or behavioral lessons would welcome the opportunity if given more time and training. Although the findings of this study differ in some ways from the one described above, there was also some overlap. The majority of teachers in this study specifically stated that they would like to have a specialist to consult with, and that appears to indicate that they would like support from the school psychologist in training and implementation, and to consult with when challenges arise.

In considering why teachers in this study were invested in providing SEL to their students, it was helpful to examine their encounters with students struggling with something social or emotional in nature. All twelve respondents shared an incident in which they became involved with their students' social-emotional needs. The findings indicate the half of the incidents were preceded by students losing a parent due to death, deportation, abandonment, or the child being removed from its family's care. The findings illustrate what could be the effect of conducting this study in an urban environment. Although impossible to confirm because of the limited size of this study, it does seem likely that the high instance of parental loss and subsequent internalizing and/or externalizing symptomology observed by teachers could be

correlated with the additional stressors students face when growing up in a low-income urban area, confirming the conclusions found in the literature. Gonzalez (2005) found that particularly low-income children of color are more at risk of developing mental health problems. He also states that 50-75% of the same children will not receive the services they need. This is consistent with the findings of this study in which half of the students were referred to and received counseling services and the other half were not referred or services were not available.

When teachers reflected on their experiences with students who were struggling with something that appeared to be negatively affecting their mental health, the issue of advocacy clearly emerged. Teachers shared efforts they made to help their students, whether it was referring them to counseling (and collaborating with the provider), calling home, arranging team meetings to discuss the student, or implementing interventions tailored specifically for the student; the data suggests that teachers went to great lengths to get help for their students who were demonstrating a need for it. When teachers were asked what resources they would have liked to have to address the situation, the majority of teachers said they wanted to feel less alone, to have more opportunities to collaborate with professionals, and to receive more training in how to manage their students needs. The findings from this study indicate that teachers are already involved in addressing their students' mental health needs and are very interested in learning how to do so more effectively. This was further shown in the responses to the questions about what teachers do in their individual classrooms to help students learn to manage stress, anger, and to communicate more effectively. The findings indicate that the majority of teachers have individualized strategies to promote those issues. In addition, all twelve have self-care practices outside of school that they integrate into the classroom. The examples they gave, for instance modeling communication strategies such as apologizing in their classroom, appeared to be linked

to what they practice for self-care.  The findings indicate that this sample consistently demonstrated a commitment to their mental health and self-awareness, which is promising because the literature states that teachers who possess emotional intelligence are more effective teachers, models, and nurturers of social-emotional skills (Kremenitzer, 2005).

**Benefits and Barriers to Promoting Social-Emotional Health**

The objective of this study was to understand, in a more in-depth way, teachers' perspectives on what their role ought to be when it comes to promoting the social-emotional health of their students.  Analysis of the data shows that all of the teachers in this study believe it is their job to support students socially and emotionally, as well as provide SEL.  Teachers emphasized that they are serving predominantly low-income students in urban areas, which many noted, leads to a greater need for social-emotional support.  This is consistent with the literature.  Williams (2007) states that growing up in the inner city or urban environment, with neighborhood disadvantage, results in a significant number of urban youth meeting criteria for mental disorders.  The literature substantiates the greater need in urban areas.  However, the findings regarding what a teachers' role should be differs from the literature.  Reinke et al. (2011) proposed that researchers and school psychologists target this area, making the connection between academic achievement and mental health more evident as means to increase SEL in schools.  Interestingly, the findings of this study indicate that teachers are very much aware of the connection.  The vast majority of teachers in this study unequivocally and emphatically agreed that there is a connection between social-emotional health and academic performance.  One recent and significant study in the field of SEL recently proved this connection as well.  Durlak et al. (2011) states that SEL participants not only show improvements in social-emotional skills, they also show improvements in academic achievement.  This research study hypothesizes

that with the awareness respondents have exhibited about the connection between social and emotional well-being, teachers are purposefully making an effort to integrate SEL into their classrooms in individualized ways.  Although this study is too small to draw generalizations from, it is encouraging that the majority of participants agreed that there was a connection. Given that the teachers in this study did indeed see the connection, it is disconcerting that the research to practice gap still remains.

Having examined the findings regarding teachers' perspectives on their role in promoting mental health and how it positively correlates with academic achievement, the barriers teachers face to providing mental health support for their students is the next area of concern.  Time was discussed by participants throughout the interviews as a constant challenge—time is in limited supply because teachers are expected to cover a significant amount of academic material every day, in large part due to the demands of No Child Left Behind.  The findings suggest that the emphasis on high stakes testing, scripted learning, and standardized academic curricula, as a result of No Child Left Behind, have stripped away teachers' ability to meet their students' social-emotional needs.  Teachers also shared that resources are directly linked to student performance on tests, meaning that schools are getting funding based on the outcomes of measurable standards.  This works against social and emotional learning in two ways.  First, because teachers are responsible for their students test scores they have to prioritize learning that will translate into achieving good test results.  Second, as was noted by one participant, SEL learning is not something policy makers view as having measurable outputs.  Therefore, one can hypothesize that the impact of No Child Left Behind on teachers' time and priorities is what, in large part, is maintaining the research to practice gap.

In addition to time, resources are lacking. Teachers noted that there is a dearth of training and expertise among staff regarding SEL. This implies that funding is a major issue that schools face. It seems likely that limited funding requires schools to make tough decisions about what resources to invest in for students and teachers. Although the majority of teachers in this study have some access to resources, the consensus was they felt underprepared and under supported to provide comprehensive SEL in their classrooms.

**Study Limitations**

This qualitative study uncovered some expected and some unexpected findings that are important to the field. However, it is important to note that the study consisted of a small sample size. For this reason, the study findings are not generalizable. Additionally, subjects were all teaching in urban areas and the majority were from Oakland, which did not allow for even representation from the cities that the study recruited from.

Recruitment for this study was done through convenience sampling. Because teachers were recruited through this researcher's professional and personal network it was difficult to recruit for diversity. As a result of challenges in finding participants, this researcher relied on early participants spreading the word, and therefore about half of the sample represented only two schools. Also, it is likely that those who participated have a particular interest in supporting the social and emotional well-being of their students and that may have impacted the results.

In addition to small sample and an ability to attract those with a certain level of interest in the topic, this researcher is biased. This study was conducted because of this researcher's interest and investment in this topic. Although an effort to be objective was made in the interviews, in writing the results and findings, it is likely that researcher bias has impacted how

questions may have been asked and answered, how data was analyzed, and how the discussion was organized.

**Implications and Recommendations for Practice**

In examining teachers' perspectives on what they believe their role in promoting social-emotional health is, a deeper understanding of what is maintaining the research to practice gap was found. Analysis of the data shows that teachers want to play a role in supporting their students' mental health. However, they are faced with the demands of administrators and No Child Left Behind to prioritize academic instruction over SEL. In addition, teachers expressed great interest in being more intensively trained to provide SEL interventions and understand how to best support their students who are struggling with social-emotional challenges. These findings are significant because they illustrate that teachers in this study believe it is their job to promote the social-emotional well-being of their students, yet they are unable to perform this part of their job due to pressure to teach academic subjects.

The study findings have many implications and recommendations for practice; the most striking is the need for educational reform. Education has become narrowly focused on academic achievement measured by standardized tests under No Child Left Behind. It does not appear that any teacher in this study believes that academic achievement should not remain central to the opportunities that public schooling affords. However, the narrow views on how one achieves must be rethought. The first step to rethinking education in the United States and how to improve educational, social, and emotional outcomes for children is for those in decision-making roles, including all taxpayers, to reevaluate the level of investment that we make in children's learning and growth. The current system is under constant financial duress and forces schools to make cuts that directly impact students' chances to succeed. Our federal and state

61

governments must find ways to amply fund all public schools, especially the ones in low SES areas and urban centers.

As the research has begun to prove, children are more successful academically if there is an investment in their social-emotional needs, in addition to their academic needs. The majority of teachers in this study explained that their students' global needs are not being met at school. They all expressed that it is within their role to be providing social and emotional learning, yet they face many obstacles that make it extremely hard to do so. As long as teachers are expected to meet the expectations and standards of No Child Left Behind these obstacles are most likely going to remain in place.

The findings of this study suggest that reform must include more support, training, and resources for teachers to implement school-wide SEL programming. This must include state standards that outline what students are expected to know each year and the resources to make this a possible task for teachers. As of today, the State of Illinois is the only state that has SEL standards (Collaborative for Academic, Social and Emotional Learning, "SEL in Your State", n.d.). Illinois should be considered a role model that every other state should follow. In addition to statewide standards and support, teachers must be given more flexibility to meet the academic standards for their students. As many teachers pointed out, the emphasis on the fast pacing of academic lessons makes it nearly impossible to find time to do anything else. This immense pressure to cover a large amount of academic material, and to ensure their students do well on standardized tests needs to be relieved and refocused. Because students are likely to be more available learners and more mentally healthy if SEL is implemented in schools, it is imperative that time and energy be invested in SEL rather than encouraging "teaching to the test". If administrators and teachers are held rigidly accountable for academic performance of students

and are under immense pressure to cover seemingly overwhelming amount of academic material, the research to practice gap will likely persist.  Durlak et al. (2011) challenges stakeholders to invest in their students' academic achievement in an alternative way, "Educators who are pressured by the No Child Left Behind legislation to improve the academic performance of their students might welcome programs that could boost achievement by 11 percentile points" (p. 417).

In addition to broad reform, another recommendation for practice is the need for leadership buy-in and support.  Teachers cannot effectively implement SEL in their classrooms or schools without administrative support.  Merrell and Gueldner (2010) state, "Staff and administrative "buy-in" and support are necessary to make the system work on a school wide basis" (p. 13).  As the findings of this study suggest, teachers are open to and invested in promoting social and emotional well-being; therefore one could hypothesize that with buy-in from administrators and policy makers, a paradigm shift could occur.

The last practice implication is the increased need for teacher training.  According to the findings, teachers are eager to receive SEL training and integrate it into their classrooms.  The findings also indicate that teachers want a formalized systematic training and delivery of SEL in their schools.  With support from administration and school mental health staff, teachers could not only get formalized training in SEL, but also have ongoing consultation.  The potential benefit of training teachers and helping them carve out time in their day to teach their students SEL lessons is that their students would likely be more successful academically, and also more socially and emotionally intelligent and aware.

**Future research.** As this study's participants had differing views from teachers in a similar study, additional research eliciting teachers' perspectives, perhaps a large-scale study, on their role in promoting SEL would allow the field to gain a clearer perspective on what is impeding the widespread adoption of classroom based mental health promotion practices. More specifically, a large-scale study in an urban area that gathers survey data from teachers would confirm whether the findings from this study are representative of a larger sample of urban elementary school teachers. In addition, it would be interesting to do a comparison with teachers in independent schools and more affluent schools where students may be getting SEL more readily outside of school.

Another interesting aspect of the findings was the number of teachers who expressed that they were not prepared to implement SEL in their classroom. This suggests an opportunity to further study teacher preparation and training. Future studies should examine the extent of training pre-service teachers receive regarding classroom-based mental health. It would also be worthwhile for further research to explore connections between those who are effective and comfortable with implementing SEL and where they received their teacher preparation or what experiences have led them to be more competent in this area.

Lastly, a large-scale, longitudinal study of urban students who received SEL should be conducted with a control group of urban students who do not. The study should follow students from kindergarten through adulthood as a means to explore and identify the long-term gains and benefits of SEL interventions. With further research in this area, more could be known about how to help teachers feel ready and effective in meeting their student social-emotional needs, as well as demonstrate the impact of these services on students.

**Conclusion**

In summary, the findings of this study suggest that teachers are committed to promoting their students social-emotional needs, but are facing great obstacles. By and large, teachers are not experiencing consistent support from their administrators to promote social and emotional well-being in their students; however teachers are creatively finding ways to implement techniques on their own. In addition, teachers are not well-equipped to meet their students' needs, whether it is due to limited access to mental health providers for their students or due to their own lack of training, or both. Although there are many reasons that teachers are not able to meet their students' social-emotional needs, the good news is they are very interested in playing a role in supporting their students' mental health. It is the hope of this researcher that by eliciting the voices of those on the front lines and with the most first hand experience of what children need to learn, that policy makers and administrators will begin to invite them to the conversation more as educational and mental health policies for children are developed and instituted.

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**Appendix A**
**Interview Guide**

Part I:  Demographic, Employment and Education Questions
(The demographic questions will be answered on a survey/paper form given to participants at the beginning of the interview.)

1.  What gender do you identify yourself to be?

    a.  Female

    b.  Male

    c.  _____

2.  What ethnicity/race do you identify yourself to be? (Check all that apply)

    o   White/Caucasian

    o   Hispanic/Latino

    o   Black/African American

    o   Asian

    a.  Not listed, please specify: _____

3.  Where and when did you receive your teacher training?

    a.  Where (College/University/Pre-Service Training Program)?

        _____

    b.  What year did you receive your preliminary teaching credential?

        _____

4.  How many years have you been teaching?

    a.  _____

5.  How many years have you been teaching at your current school?

    a.  _____

*District/State/School Standards and Practice:*

1. What is the school administration's attitude and expectations regarding the promotion of social and emotional health (learning) both in the classroom and outside of the classroom?

2. What does your school do to promote social and emotional health (mental health) in students both in the classroom and outside the classroom?

3. Describe the quality of interactions with the mental health oriented staff at the school?

4. What are the social and emotional learning resources available to students at your school?
   o Are there adequate social and emotional health services for your students at this school?

5. What, if anything, would you change about how students receive social and emotional education at your school?

*Preparation, Training and Practice:*

6. What specific training or experience have you had related to social and emotional education? Examples: trained in team building, group facilitation, emotion regulation, coping strategies, healthy communication strategies, promoting resilience, and/or strengths based approaches with students.

7. What do you do in your individual classroom to promote social and emotional health? Both explicitly and implicitly.

8. Has there been a particular incident when you got involved with a student's social-emotional needs?

9. If yes, please share a specific situation in which that one of your students was struggling with something social or emotional in nature?

10. What was your role in intervening with this student?

11. What do you think was behind her/his behavior?

12. What resources do you wish you would have had to deal with the situation?

13. What if any strategies have you taught your students to manage stress?
    o Why or why not?

14. Have you ever incorporated any movement and/or breathing exercises in your classroom?

    o  Why or why not?

15. In what ways have you taught your students to communicate better?

16. In what ways have you encouraged students to manage their anger?

17. How do you manage the stress of this job?  What, if any, self-care practices do you have?

    o  If you do have self-care practices, are they integrated into the classroom in any way?

*Mental Health Services and the Role of School/Teacher:*

18. What is the connection between social and emotional health and academic performance?

19. What are your thoughts about what a teacher's role should be when it comes to promoting social and emotional health in the classroom?

20. What would you need to make this a reality?

*Reality and Barriers of Implementation:*

21. What, if any, barriers are in place that prevent you from attending to the social and emotional health of your students?

*Closing Question:*

22. Is there anything else that you would like to share about social-emotional learning?

**Appendix B**

**Recruitment Email/Letter**

Dear Potential Participant!

**Are you an elementary school teacher in the San Francisco, Oakland, Berkeley or Richmond public schools? If so, I need your help!**

My name is Sara Lipton-Carey and I am a Master of Social Work (MSW) student at Smith College School for Social Work.  I'm conducting interviews of teachers for a study regarding how teachers promote good social and emotional health in their students.

If you choose to participate, you will have the opportunity to contribute to the body of research on school-based mental health practices and needs. The interviews provide a chance to explore your experiences and thoughts on promoting emotional and social well-being in urban students.  This research study is for my thesis and is being conducted as part of the requirements for my degree.

Participation involves meeting with me for an in-person interview at a location that is private and convenient for you. The interview will take approximately 45-75 minutes to complete. Participation in this study is confidential.

If you are interested, please call or email me, so we can set up a time to meet. **If you know others who may be interested, please forward this email to them!** Please review the Informed Consent for this study, which is included in this correspondence.

Thank you for your consideration and for all that you do!

Sara Lipton-Carey
M.S.W. Candidate '12
sliptonc@smith.edu
(xxx) xxx-xxxx

Dear Potential Research Participant:

My name is Sara Lipton-Carey. I am currently a second year graduate student at Smith College School for Social Work. I am conducting a research study to explore the perspectives of elementary school teachers on promoting social and emotional health in their students. Social and emotional health refers to: "The process through which children acquire the knowledge, attitudes, and skills they need to recognize and manage their emotions, demonstrate caring and concern for others, establish positive relationships, make responsible decisions, and handle challenging situations constructively"(CASEL, 2011). This research study is for my thesis and is being conducted as part of the requirements for the MSW degree.

You are being asked to participate in this study because you are currently teaching at a public elementary school in San Francisco, Oakland, Berkeley or Richmond. If you are not actively teaching at the elementary level at a school in one of the aforementioned cities or if you are not proficient in English, you will not be eligible to participate. If you choose to participate, you will be asked to schedule an in-person interview in which you will share your experiences and views related to the social and emotional well-being of your students. I will also ask for some demographic information, such as ethnicity/race, gender, education background and years of teaching experience. The interview will take place at a time and place that is convenient for you and will last approximately 45-75 minutes.

There is no payment for participating in this study. However, you may benefit from knowing that you have contributed to a body of work that could inform policy leaders in shaping how social and emotional learning enters the classroom. You may also benefit from sharing your thoughts and opinions, potentially gaining a new perspective on your experience as a teacher. There is minimal risk anticipated from participating in the study. You may become slightly uncomfortable recalling and reflecting on some challenging experiences with your students. A list of referrals is included at the end of this consent should you feel that mental health services are needed after the interview.

I will maintain strict confidentiality, consistent with Federal regulations and the mandates of the social work profession. The interviews will be audio recorded and transcribed by me, or a transcriber. If a transcriber is used, they will be required to sign a confidentiality agreement.

The interviews will be numerically coded and any identifying information will be removed or disguised if used in any publication or presentation to ensure strict confidentiality.  Your confidentiality will be protected through the numerical coding of transcribed interviews and by the storage of data in a locked file for a minimum of three years.  After three years, all data will be destroyed unless I continue to need them for academic or professional purposes, in which case it will be kept secured.  Please refrain from using names or identifying information when discussing your students.

Your participation is completely voluntary.  You may withdraw from the study at any time.  If you choose to participate in the study, you may refuse to answer or skip any question. You may stop the interview at any time.  If subjects withdraw before April 1st, 2012, all corresponding data will be destroyed.  If you have questions about any aspect of the study or concerns about your rights, please feel free to contact me or the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.  If you choose to participate, please remember to keep a copy of this form for your records.  Thank you for your time and participation in this study.

Sincerely,

Sara Lipton-Carey

 (xxx) xxx-xxxx

sliptonc@smith.edu

**YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.**


Researcher Signature _____Date _____


Participant Signature _____Date_____

**Appendix D**
**Bay Area Mental Health Referral List**

**Berkeley Mental Health Division Adult Services Program**
2640 MLK Jr. Way, Berkeley, CA 94704
510-981-5290
M-F 8am-5pm
Crisis evaluation and intervention, case management, psychotherapy (individual, family, or group), psychiatric medication evaluation and maintenance for Berkeley and Albany residents. Sliding scale.

**Psychological Services Center**
1730 Franklin St. Suite 212 Oakland
510-628-9065
M-Th 9am-8: 30pm F 9am-4: 30pm No drop-in services
Individual, couples, and family therapy for children, teenagers, and adults. Training clinic for the California School of Professional Psychology.

**Alameda County Mental Health Care Services Access Mental Health**
800-491-9099
M-F 8:30am-5pm
Telephone screening and referrals for people needing psychotherapists and psychiatrists accepting sliding scale or Medi-Cal; also for people with chronic mental illness needing admittance to an Alameda County community mental health center.

**Feminist Therapy Referral Project**
510-843-2949 *http://www.feministtherapy.org*
Referrals for individuals, couples, families, and groups.
Low-Fee Referral Network
510-433-9499

**Pacific Center for Human Growth**
2712 Telegraph Ave., Berkeley, CA 94705
510-548-8283 *http://www.pacificcenter.org*
M-F 4pm-10pm Sat 11am-5pm
Mental health counseling serving the gay, lesbian, bisexual, transgender, and questioning community.

**San Francisco Psychotherapy Research Group Clinic and Training Center**
415-677-7946, ext 1
9 Funston Avenue (The Presidio), San Francisco, CA
Low fee psychotherapy clinic. Sliding scale fees based on income, up to $85 per session.

**Integral Counseling Center at Pierce Street**
2140 Pierce Street, San Francisco, CA
415.776.3109

**Appendix E**

January 1, 2012

Sara Lipton-Carey

Dear Sara,

You did a terrific job on your revisions and even caught something we did not and fixed it. Great job! Very professional and thoughtful work! With this letter you have been officially approved by the Human Subjects Review Committee.

*Please note the following requirements:*

**Consent Forms**:  All subjects should be given a copy of the consent form.

**Maintaining Data**:  You must retain all data and other documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

**Amendments**:  If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

**Renewal**:  You are required to apply for renewal of approval every year for as long as the study is active.

**Completion**:  You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished).  This requirement is met by completion of the thesis project during the Third Summer.

I think this study is very interesting and important. I have several teachers in my family with whom I have discussed this very issue. Good luck with your work and Happy New Year!

Sincerely,

David L. Burton, M.S.W., Ph.D.
Chair, Human Subjects Review Committee

CC: Shella Dennery, Research Advisor

# Appendix F

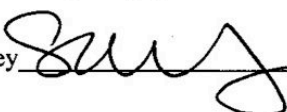**Volunteer of Professional Transcriber Assurance of Research Confidentiality**

This thesis project is firmly committed to the principle that research confidentiality must be protected and to all of the ethics, values, and practical requirements for participant protection laid down by Federal guidelines and by Smith College School for Social Work Human Subjects Review Committee. In the service of the commitment:

- All volunteer and professional transcribers for this project shall sign this assurance of confidentiality.
- A volunteer, or professional transcriber should be aware that the identity of participants in research studies is confidential information, as are identifying information about participants and individual responses to questions. The organizations participating in the study, the geographical location of the study, the method of participant recruitment, the subject matter of the study, and the hypotheses being tested are also confidential information. Specific research finding and conclusions are also usually confidential unless they have been published or presented in public.
- The researcher for this project, Sara Lipton-Carey, shall be responsible for ensuring that all volunteer or professional transcribers handling data are instructed on procedures for keeping the data secure and maintaining all of the information in and about the study in confidence, and that they have signed this pledge. At the end of the project, all materials shall be returned to the investigator for secure storage in accordance with federal guidelines.

**PLEADGE**

I hereby certify that I will maintain the confidentiality of all the information from all the studies with which I have involvement. I will not discuss, disclose disseminate, or provide access to such information, except directly to the researcher, Sara Lipton-Carey, for this project. I understand that violation of this pledge is sufficient grounds for disciplinary action, including termination of professional or voluntary services with project, and may make me subject to criminal or civil penalties. I give my personal pledge that I shall abide by this assurance of confidentiality.

Signature _____ Date _2|14|12_
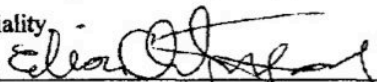
Sara Lipton-Carey _____ Date _2/14/12_

80

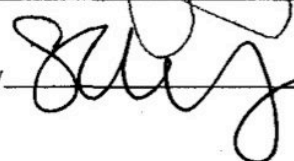**Volunteer of Professional Transcriber Assurance of Research Confidentiality**

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Signature _____ Date 02/06/12

Sara Lipton-Carey _____ Date 02/06/12