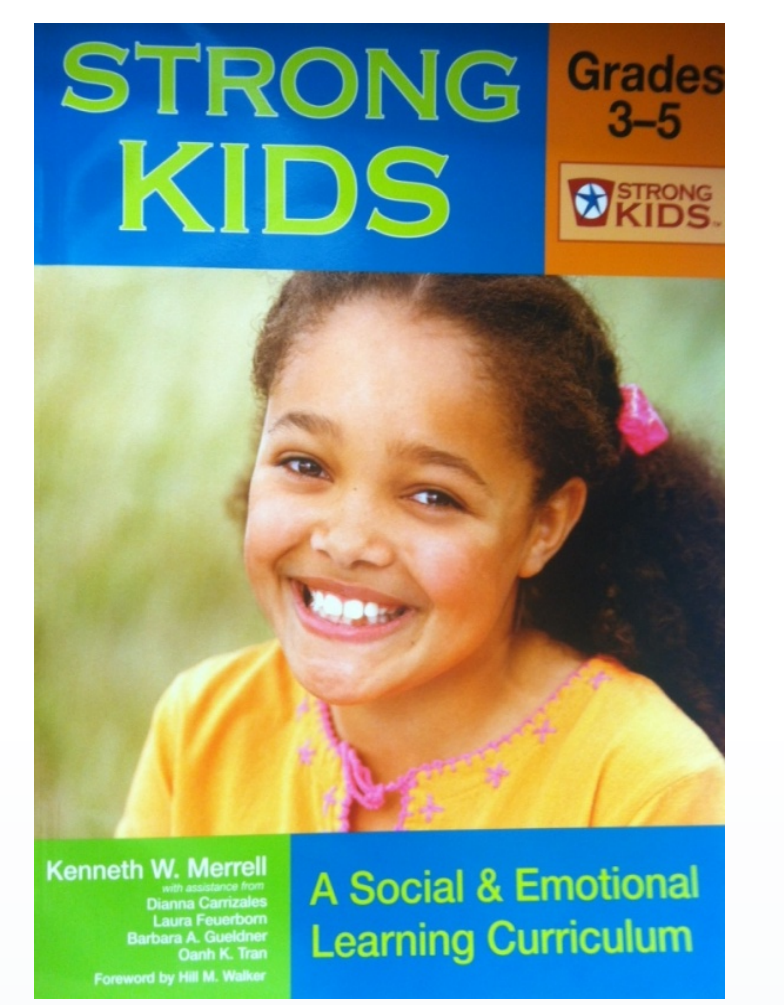# Evaluating a Social and Emotional Learning Curriculum, *Strong Kids,* Implemented School-wide

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Introduction

Social and emotional learning programs have been developed as prevention and intervention strategies, but schools have been slow to adopt and sustain them. As a result, successful outcomes can be limited and changes not very long-lasting. One program, *Strong Kids* (Merrell et al., 2007), has a growing body of research which demonstrates its potential to bridge the gap between research and practice.

Social & Emotional Learning Core Competencies

Image from casel.org

Social-Emotional Learning
Promotes *resilience* by teaching skills to:
- Recognize and manage emotions
- Develop care and concern for others
- Make responsible decisions
- Form positive relationships

Strong Kids
Design/Format: 10-12 lessons, semi-scripted, empirically based, targets internalizing problems (i.e., depression, anxiety, withdrawal)

Lesson Titles: e.g. "Understanding Your Feelings", "Understanding Other People's Feelings", "Clear Thinking", "Letting Go of Stress"

Teaching Methods: direct instruction, discussion, role-play and modeling, children's literature, drawings/posters

Method

Procedures
- Non-equivalent control group design
- 12 lessons and 2 booster lessons taught weekly by classroom teacher
- 37% of lessons observed to assess treatment fidelity

Measures
- Systematic Screening for Behavioral Disorders (SSBD)
- School Social Behavior Scales 2 (SSBS-2 Peer Relations subscale, 5 point Likert)
- Social Skills Rating System (SSRS-I Internalizing subscale, 3 point Likert)
- Social Validity Questionnaire and Focus Group

Treatment School
- Title 1
- 82% free or reduced lunch
- 61% Hispanic
- 17 teachers participated
- 360 student participants
- 51 students identified as at-risk

Control School
- Title 1
- 82% free/reduced lunch
- 53% Hispanic
- 11 teachers participated
- 266 student participants

Question 1: Does school-wide implementation of the *Strong Kids* curriculum have a significant effect on students' social and emotional competence relative to students in a control school?

While students in the control school experienced an increase in internalizing symptoms, students in the treatment school experienced a decrease in internalizing symptoms. A significant time by group interaction was found between the treatment and control groups [F (1,612) = 5.24, $p < .05$, $\eta_p^2 = .01$].

SSRS Internalizing Subscale
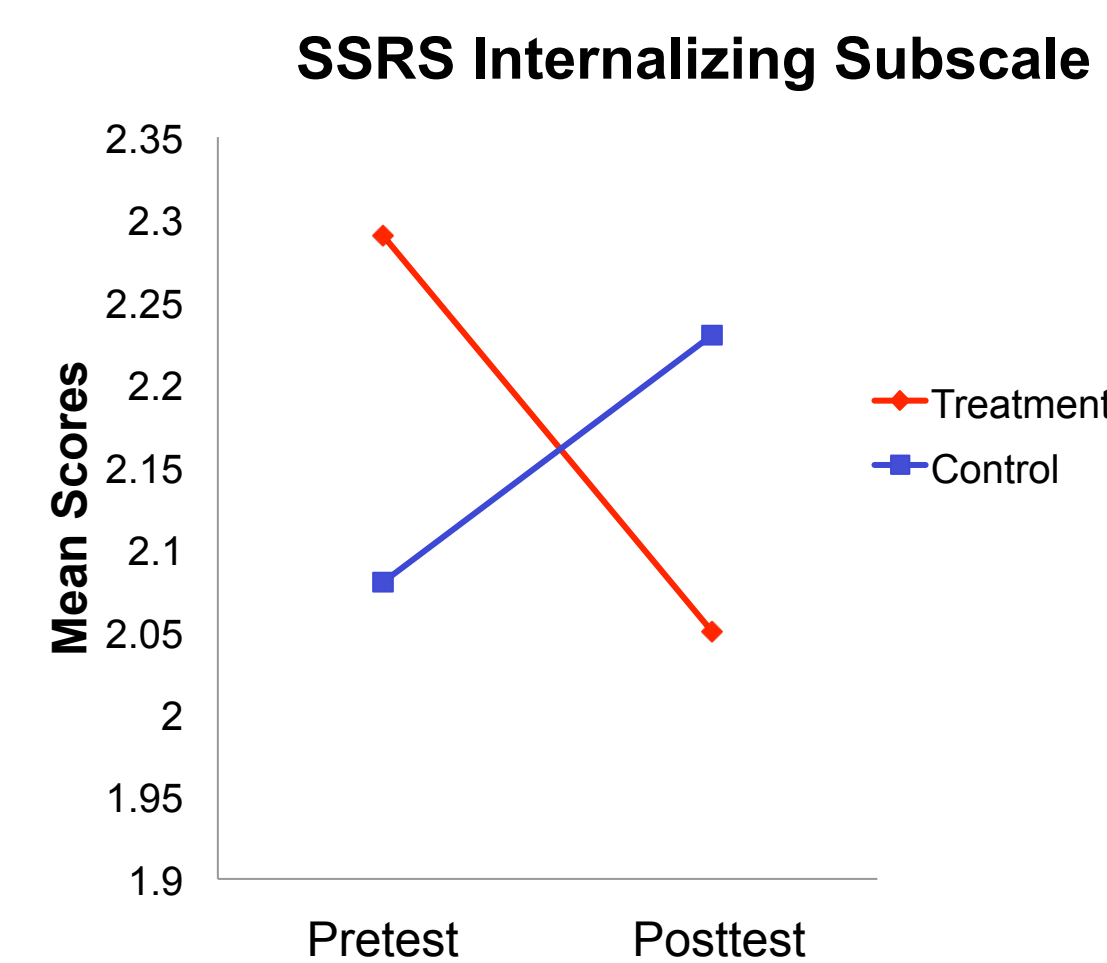
Although there was improvement for the treatment group on the peer relations measure, a similar improvement was also observed for the control group. There was not a significant time by group interaction between treatment and control groups [$F(1, 612) = 1.31$, $p > .05$, $\eta_p^2 = .002$].

SSBS Peer Relations Subscale
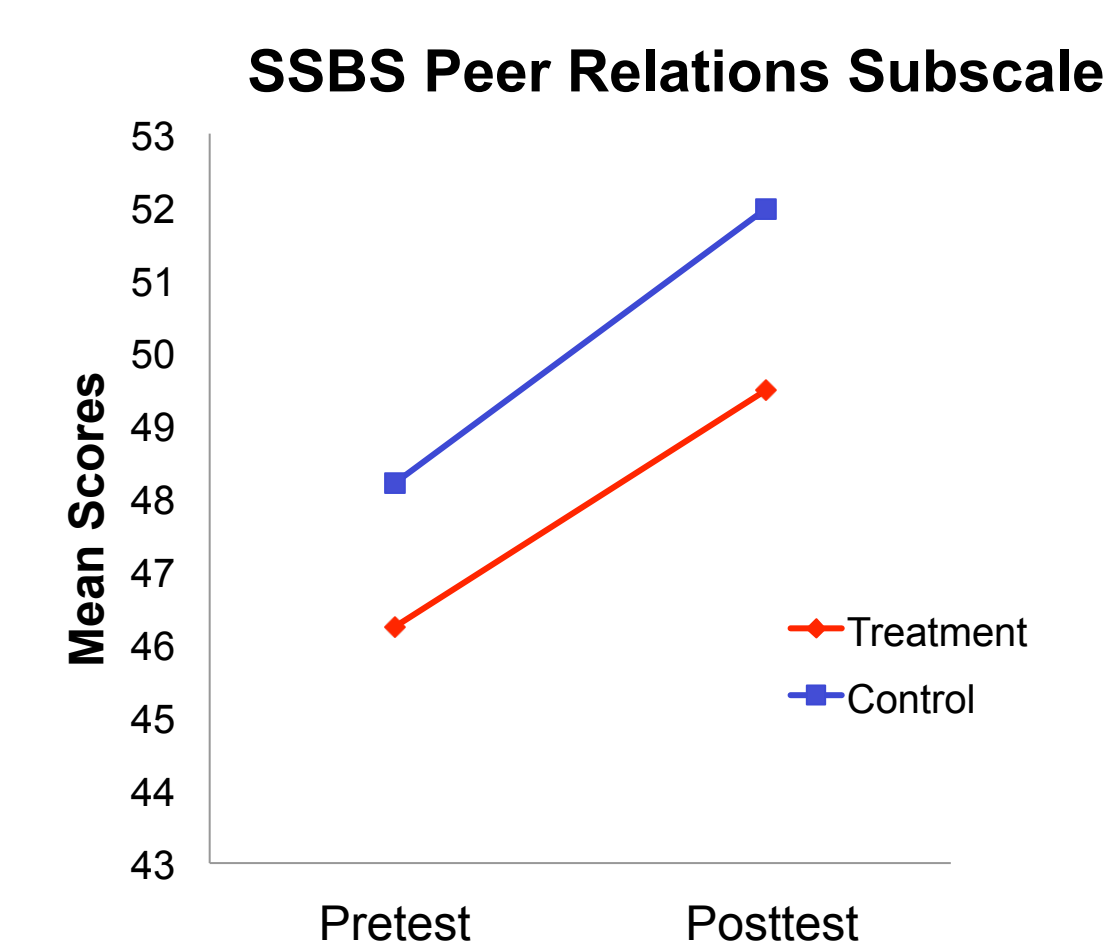
Question 2: Do students identified as "at-risk" have different outcomes than students not "at-risk?"

Non-at-risk students experienced no notable change in internalizing symptoms while the at-risk students showed a significant reduction of symptoms. There was a significant interaction between at-risk and non-at-risk students [$F(1,346) = 21.93$], $p < .001$] with a medium effect size ($\eta_p^2 = .06$).

At-risk vs. Not-at-risk Internalizing
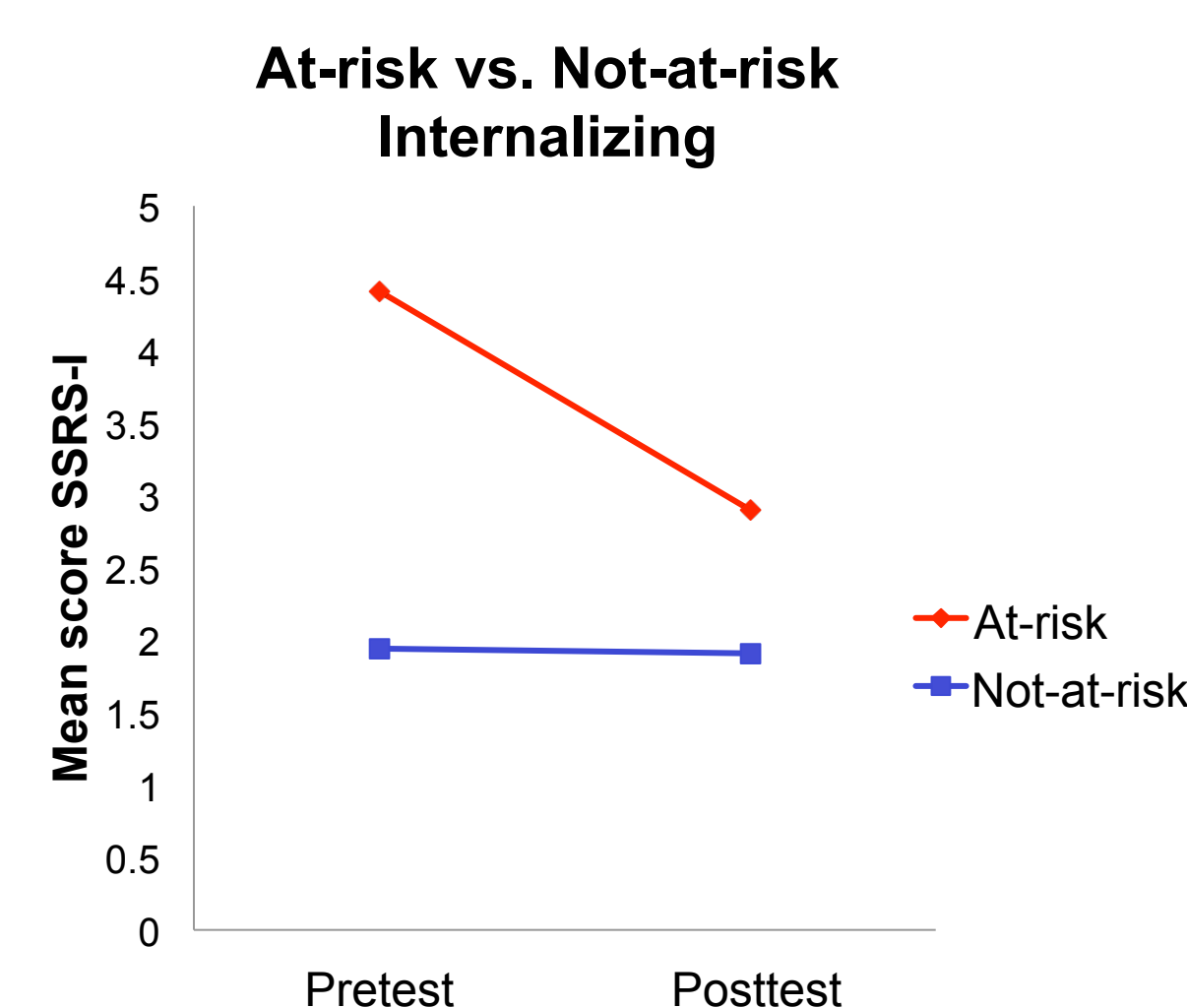
Although both the at-risk and non-at-risk students had increases in prosocial behaviors, the at-risk students' gain was greater. A significant group by time interaction [$F(1, 346) = 13.5$] was found. The interaction effect was significant at the $p < .001$ level, but was considered a small effect ($\eta_p^2 = .04$).

At-risk vs. Not-at-risk Peer relations

Question 3: Can teachers implement *Strong Kids* with fidelity?

- 82% of lesson components fully implemented (72% Strong Start, 92% Strong Kids)
- Average lesson time: 37 minutes
- Most frequently omitted sections were reviews of previous weeks lesson, lesson introductions, and lesson conclusions

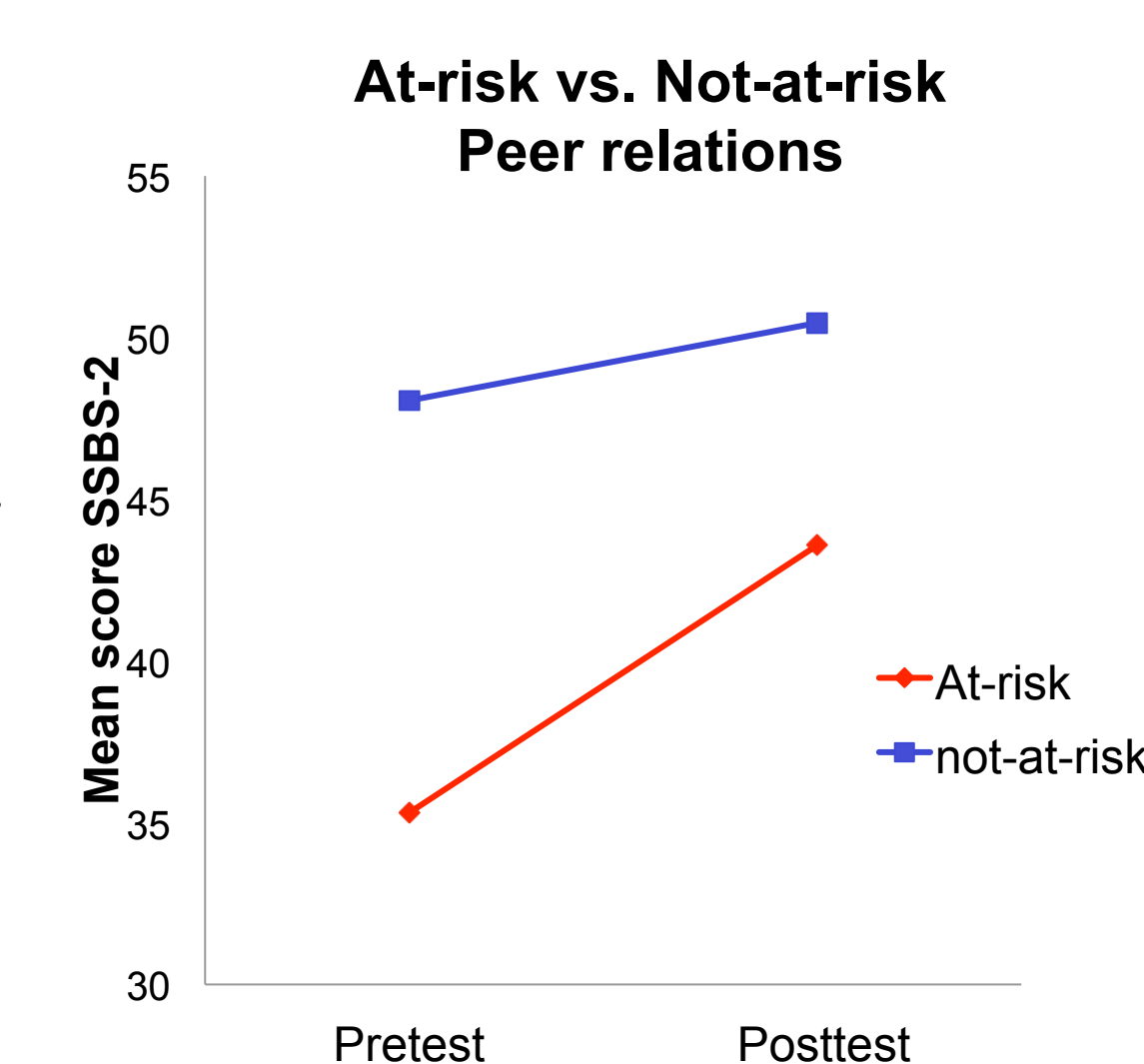## Question 4: Do teachers view the curriculum as socially valid?

Selected Survey Items	Disagree	Neutral	Agree
Students social and emotional concerns are great enough to warrant the use of a curriculum like *Strong Kids.*	0%	14%	86%
It is feasible for a regular education teacher to teach social and emotional knowledge and skills.	0%	29%	71%
The length of lessons was appropriate for my students.	50%	7%	43%
I felt that the curriculum manual alone provided sufficient training to teach the lessons.	36%	0	64%
Students demonstrated a transfer of knowledge and skills from the lessons to other school situations.	29%	14%	57%
I feel my students learned important skills from *Strong Kids.*	7%	14%	79%
I would like to implement *Strong Kids* again.	14%	29%	57%

"We can help all the kids academically and they may still not succeed but when you help them emotionally you're empowering them for the rest of their lives. And seeing them use the things we have taught is very rewarding."

"I felt like Strong Kids gave us common vocabulary so if a situation arose we could use the vocabulary and talk about it and be able to discuss it using something they understood."

"[A student] at one point, came up to me and asked me for help when she was having a problem. I think it gave her an avenue to seek help and it really helped her. And she was an internalizer."

"I thought the attention span was the hardest thing" -- "time was too long for my kindergarten kids."

"It's very rewarding as a teacher because we spend a lot of time teaching the students academics, but we know for our students, at this school, the most helpful thing for them is emotional help."

Many teachers noted that school-wide implementation was important in setting the same expectations for all students -- it helped students recognize that the principles taught were important to all teachers. Most wanted to continue using Strong Kids the following year.

Conclusions
- Strong Kids appears to be a feasible and effective school-wide SEL program
- Significant reduction in internalizing ratings of at-risk students
- Teachers rated the curriculum as socially valid, though a common complaint was that lessons were too long for younger students