Scaling Up a Prekindergarten Social Emotional Health Program: Lessons Learned in an Urban School District

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Addressing Children’s Social Emotional Health

The rate of childhood mental health issues is alarming. Fully 49.5% of children will have a diagnosable mental illness by age 18, and 22% will experience some serious impairment. That is 17.1 million children—more than the number of children who will experience cancer, diabetes, and AIDS combined. (Merikangas et al., 2010). At the Momentous Institute, our largest program is mental health support for children and families, but we know that, despite our adult interacting with children—teachers, childcare workers, and parents—can use to build and repair social emotional health so that we can all work together to buffer kids from these alarming statistics. The study reported here focused on the first-year implementation of a comprehensive social emotional health program that was integrated into prekindergarten classrooms in a large urban school district. The program provided prekindergarten teachers with professional development and training around research-based practices aimed at strengthening students’ social and emotional skills.

We must take what we know from the mental health field and create digestible, applicable strategies that every adult interacting with children can use to buffer kids from these alarming statistics.

Social and emotional skills include the ability to regulate behaviors and emotions, develop personal strengths such as perseverance and optimism, and interact well with others. More than two decades of research show that schools that intentionally focus on these kinds of social and emotional skills have students who are more socially and emotionally healthy and who in turn perform better academically than students at schools without such a focus (Durlak et al., 2011; Greenberg et al., 2003; Sklad et al., 2012; Zins et al., 2004). In a meta-analysis of more than 200 studies of social emotional learning programs with elementary and secondary students, Durlak et al. (2011) found that students in these programs scored 11 percentile points higher on achievement tests than nonparticipating students and had improved social and emotional skills and fewer conduct problems.

Because social and emotional skills are foundational for academic success, many programs have been developed to target these skills in early childhood (i.e., preschool). Attending to the social emotional health needs of young children can, in fact, be a preventive measure. In addition to helping to grow these skills in children in the short term, studies show that these skills might buffer students from problems they may encounter as they progress through elementary, middle, and high school. Moffitt et al. (2011), for instance, found that self-control, as measured by parent, teacher, and self-report ratings during the first 10 years of children’s lives, was a positive predictor of many outcomes in adulthood, including income, financial security, physical and mental health, and lack of criminal convictions. More recently, Jones, Greenberg, and Crowley (2015) found that prosocial behaviors, as assessed in kindergarten, predicted success in young adulthood, including high school and college graduation, full-time employment, and lack of involvement with police.

Studies examining the short-term effects of prekindergarten social emotional health programs have indicated promising results. Prekindergarten students experienced improvements in their self-regulation, prosocial behavior (e.g., cooperation, sharing), and school readiness (Bierman, Domitrovich, et al., 2008; Bierman, Nix, et al., 2008; Diamond et al., 2007; Flook et al., 2015; Raver et al., 2008, 2011). However, the long-term effects of these prekindergarten programs are less clear. For instance, students who benefited from a social emotional health program in their prekindergarten year did not sustain improvements in social emotional functioning in their kindergarten year (Morris et al., 2014).

An exception to this finding was a study by Thierry et al. (2014) in which prekindergarten students who showed improvements in their self-regulation as a result of a year-long social emotional health program evidenced academic gains by the end of their kindergarten year. This particular program was embedded within a larger social emotional health program developed by the Momentous Institute, a nonprofit organization with more than 95 years of experience in building and repairing children’s social emotional health. The organization’s elementary school serves students from prekindergarten through fifth grade and operates at the intersection...
of mental health and education. The school thus has a long history of focusing on both the social emotional health needs and academic needs of students, most of whom are growing up in poverty. Longitudinal studies of students who graduated from the school have found that 99% graduated high school on time and 86% enrolled in higher education. Of these students, 87% persisted from their first to second year of college.

The Current Study: The Momentous Model

The current study focused on the initial stages of the Momentous Institute’s efforts to bring its mental health/education model to scale in multiple prekindergarten classrooms within a large urban school district. From the start, the Momentous Institute partnered with the district’s leadership with the goal of implementing core features of the school’s model into selected district elementary schools, focusing on prekindergarten. The district selected four high-need schools in which the majority of students were from low-income backgrounds. The schools were considered high need because all of the schools faced challenges with the academic performance of their students, as evidenced by unacceptable accountability ratings from the state.

Most existing prekindergarten social emotional health programs take one of three approaches to improving students’ social emotional functioning. The first approach is a student curriculum from which students are directly taught social and emotional skills, including self-regulation, emotion recognition, and empathy (Bierman, Domitrovich, et al., 2008; Bierman, Nix, et al., 2008; Diamond et al., 2007; Flook et al., 2015; Schönert-Reichl & Lawlor, 2010). A second approach is more teacher focused and involves coaching teachers in effective classroom management and emotional support strategies (Heller et al., 2012; Pianta et al., 2005; Webster-Stratton, 1999). A third approach is based on a mental health model and focuses on consulting with teachers about challenging students identified with higher levels of problem behaviors (Downer et al., 2015; Pianta & Hamre, 2001).

The Momentous model examined in the current study is a hybrid of these three approaches. The Momentous Social Emotional Health (SEH) program is comprehensive, covering all core aspects of social and emotional development by:

- Explicitly teaching these skills through a curriculum;
- Coaching teachers on ways to improve their practices that support the social and emotional development of students; and
- Providing teachers with effective ways to intervene with particular students in need of more targeted support.

These three aspects of the program were delivered by way of:

- A year-long student curriculum consisting of lessons targeting social emotional skill development;
- Professional development sessions for teachers throughout the school year; and
- Monthly one-on-one coaching with teachers on implementation of the lessons, along with strategies to help infuse social emotional health in teachers’ daily interactions with students.

A unique aspect of the Momentous SEH program that distinguishes it from other SEH programs is, thus, the inclusion of both an educational and mental health perspective whereby coaching sessions are conducted by both an educational and a mental health consultant. In addition, the Momentous SEH program provides teachers with training in understanding how adverse childhood experiences such as the death of a parent, parental divorce or separation, or the incarceration of a household member affect students’ social and emotional functioning. Other SEH programs often exclude teacher training that addresses the needs of students who have experienced adverse or traumatic events. The focus on trauma is important because 46% of children in the United States have been exposed to at least one adverse experience (Sacks et al., 2014), and nearly one in eight children (or 12%) has experienced three or more adverse life events associated with levels of stress that can be particularly damaging to their physical and mental health (Sacks et al., 2014).

In this current report, we focus on lessons learned with respect to the first-year implementation of this program in an urban school district. We will discuss the strengths of the program, along with barriers or limitations to the program’s implementation.

Study Participants and Method

Students. The four district-selected elementary schools served students from prekindergarten through fifth grade. All had state accountability ratings over the last three years that identified them as needing academic improvement (based on third- through fifth-grade students’ scores on state assessments in reading and math). Three schools served a majority of African-American students, and one school served a majority of Hispanic students (see Table 1). Parents were asked to complete a survey regarding any adverse events experienced by their child (Sacks et al., 2014). These adverse experiences are potentially traumatic events that can have lasting negative effects on health and well-being (Felitti et al., 1998) and include such experiences as economic hardship, witnessing neighborhood violence and/or domestic violence, parental divorce, incarceration of a parent, or living with someone with mental illness. Across the four schools, parents reported that 36% of students had experienced one or more adverse events, which was below the national average of 46%.

Teachers. A total of 24 prekindergarten teachers and teaching assistants participated in the SEH program. The average years of teaching experience for the lead teachers within each school is shown in Table 1. The teachers’ ethnicity across all schools

<table>
<thead>
<tr>
<th>School</th>
<th>Total Enrolled</th>
<th>Free or Reduced Lunch</th>
<th>African American</th>
<th>Hispanic</th>
<th>Other</th>
<th>Years Teaching (M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School A</td>
<td>39</td>
<td>93%</td>
<td>3%</td>
<td>83%</td>
<td>14%</td>
<td>1.0</td>
</tr>
<tr>
<td>School B</td>
<td>68</td>
<td>90%</td>
<td>72%</td>
<td>28%</td>
<td>0%</td>
<td>2.8</td>
</tr>
<tr>
<td>School C</td>
<td>64</td>
<td>89%</td>
<td>86%</td>
<td>14%</td>
<td>0%</td>
<td>6.8</td>
</tr>
<tr>
<td>School D</td>
<td>54</td>
<td>85%</td>
<td>64%</td>
<td>30%</td>
<td>6%</td>
<td>2.0</td>
</tr>
<tr>
<td>All schools</td>
<td>225</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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was 52% African American, 22% Hispanic, and 26% white.

**Procedure and Description of Program Components**

**Business as Usual SEH Practices.** The district had an existing prekindergarten academic curriculum for the core subject areas. It also had a social emotional learning supplement to this curriculum, known as Conscious Discipline (Bailey, 2000). Conscious Discipline is not a curriculum but a collection of strategies and activities that teachers can use to assist with behavior management. These strategies and activities included breathing exercises to help students regulate their emotions along with various read-alouds and songs to help students understand their emotions and develop prosocial behaviors. These activities overlapped to some extent with the Momentous Institute SEH program. However, the Momentous Institute program is more extensive, consisting of lessons along with one-on-one coaching by teacher and mental health staff.

**The Momentous SEH Program Components.** The SEH curriculum provided to teachers consisted of 10 units composed of two to four lessons each with activities and strategies to help enhance students’ self-control, self-awareness (e.g., helping students regulate their behaviors, cognition, and emotions), and relationship skills (e.g., helping students problem solve, recognize others’ emotions, and take others’ perspectives) (see Appendix A for all units and lessons). The training with teachers consisted of six sessions (five full day and one half day) with Momentous Institute staff. The topics covered in each session ranged from an introduction to SEH, with a focus on how trauma and stress affect the development of young children to ways of assessing students’ social emotional health (see Appendix B for all session topics).

Each month, teachers also received one-on-one observations and consulting from Momentous Institute education (teacher) and was delivered to students and the extent of student engagement during each lesson. Completion of each lesson was rated on a scale from 1 to 5 with, 1 indicating that none of the lesson was delivered and 5 indicating all of the lesson was delivered. Student engagement during each lesson was rated on a scale from 1 to 5, with 1 indicating students were not engaged and 5 indicating students were very engaged.

A monthly formative assessment of teachers’ progress in their explicit instruction of SEH lessons was developed for the purpose of this study. During each visit, the teacher coach rated the teacher on six components of explicit instruction of the lessons using a scale from 1 to 4, with 1 indicating the component was not at all evident and 4 indicating the component was very evident. These components included the following:

- Use of social emotional vocabulary throughout the lesson;
- Use of real-world examples of the targeted skills;
- Encouragement of student interaction; and
- Use of “wrap up” to emphasize important points.

The observations were also used to track the number of debriefing/coaching sessions completed with teachers during the school year.

**Observations of School Climate.** Near the beginning and at the end of the school year, two observers, independent of the program staff, visited each school and rated the school’s overall climate, using the positive and negative climate dimensions of the Classroom Assessment Scoring System (CLASS; Pianta et al., 2008). Indicators of positive climate included verbal and nonverbal behaviors displayed by teachers and students that indicated they had experienced positive relationships marked by warmth, respect, and enjoyment. Indicators of negative climate included verbal and nonverbal behaviors that reflected negativity in and around the school’s classrooms, such as negative affect (teacher irritability, harsh voice, peer aggression), punitive control (yelling by teachers, threats from teachers to students), and disrespect (teachers’ teasing/humiliation of students). Each of these dimensions was rated using a scale from 1 to 7, with 1 to 2 indicating low levels of the dimension, 3 to 5 indicating mid-levels, and 6 to 7 indicating high levels.

**End-of-Year Teacher Evaluations.** At the end of the school year, all teachers completed a survey where they were asked to rate the quality of the program delivery components, using a 5-point scale, with 1 indicating very low quality and 5 indicating very high quality. For both the professional development sessions and the debriefing/coaching, teachers were also asked to rate the extent to which their knowledge and skills and teaching practices improved in the following four areas:

1. Teaching students about social emotional health;
2. Creating a positive classroom climate;
3. Managing student behavior; and
4. Interacting with students in positive ways throughout the school day.

The knowledge/skills section included an additional item, that of understanding how trauma affects students’ behavior. The teaching assistants rated only the professional development sessions, because they did not participate in the debriefing/coaching. For each item, teachers and their assistants rated their extent of improvement, using a 4-point
scale, with 1 indicating no improvement and 4 indicating great improvement. They were also asked a series of open-ended questions regarding any challenges and/or triumphs experienced as a result of the program. In the last part of the survey, teachers were asked to rank the three program delivery components (professional development sessions, SEH curriculum, and debriefing/coaching) in order of most important to least important in helping them to improve their practices to promote the social and emotional development of their students.

Study Results: Implementation of the SEH Program

Professional Development Sessions. A total of six professional development sessions (five full-day and one half-day) were conducted with teachers. Attendance across the sessions was high for lead teachers (M = 96%; range = 91% to 100%) but lower for the teaching assistants (M = 75%; range = 58% to 92%).

Lesson Completion. Ten units, consisting of a total of 32 lessons, were to be completed during the school year. The surveys indicating extent of lesson completion were submitted by most teachers through unit four. For the four units, teachers indicated high levels of lesson completion and high levels of student engagement (Table 2). Although surveys were completed for only four units (14 lessons total covering the brain, emotion recognition, and self-regulation), formative observations of teachers indicated that a majority of teachers completed at least one lesson from units six through nine also. Specifically, 64% of teachers were observed teaching at least one lesson from units six and eight, and 73% of teachers were observed teaching at least one lesson from units seven and nine.

Formative Observations of Teachers. Beginning in October, the teachers were observed each month as they taught their students a lesson from the SEH curriculum. Most teachers were observed teaching at least one lesson from each of seven units (primarily units one, three, four, six, seven, eight, and nine). Scores on these formative monthly observations are shown in Figure 1. Scores improved steadily through December. A dependent samples t-test examining the difference between October and December scores indicated a significant improvement in the delivery of SEH lessons, \( t(7) = 4.26, p < 0.01 \). Mean lesson delivery scores for each school are shown in Table 3. Teachers at School A, School C, and School D showed the greatest improvement from October to February. Teachers at School B evidenced the lowest level of improvement.

Debriefing/Coaching Sessions. The maximum number of debriefing/coaching sessions that teachers could receive was 8. The actual average number of sessions that teachers received at each school received ranged from 7.5 at school A to 6.3 at school D.

### Table 2: Implementation of the Social Emotional Health Curriculum

<table>
<thead>
<tr>
<th>Social Emotional Health Curriculum</th>
<th>Mean Lesson Completion Rating M (SD)</th>
<th>Mean Student Engagement Rating M (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit 1</td>
<td>4.40 (0.71)</td>
<td>4.37 (0.78)</td>
</tr>
<tr>
<td>Unit 2</td>
<td>4.29 (0.91)</td>
<td>4.36 (0.69)</td>
</tr>
<tr>
<td>Unit 3</td>
<td>4.40 (0.79)</td>
<td>4.54 (0.67)</td>
</tr>
<tr>
<td>Unit 4</td>
<td>4.20 (0.71)</td>
<td>4.58 (0.49)</td>
</tr>
</tbody>
</table>

Note: Ratings for both lesson completion and student engagement based on scale from 1 to 5, with 5 indicating highest level of completion and engagement.

### Table 3: Mean Scores for Lesson Delivery

<table>
<thead>
<tr>
<th>Month</th>
<th>School A</th>
<th>School B</th>
<th>School C</th>
<th>School D</th>
</tr>
</thead>
<tbody>
<tr>
<td>October</td>
<td>2.7</td>
<td>3.0</td>
<td>2.5</td>
<td>2.5</td>
</tr>
<tr>
<td>November</td>
<td>3.0</td>
<td>3.0</td>
<td>2.5</td>
<td>2.9</td>
</tr>
<tr>
<td>December</td>
<td>2.6</td>
<td>3.6</td>
<td>3.8</td>
<td>3.5</td>
</tr>
<tr>
<td>January</td>
<td>3.0</td>
<td>3.0</td>
<td>3.7</td>
<td>2.6</td>
</tr>
<tr>
<td>February</td>
<td>2.4</td>
<td>3.0</td>
<td>3.3</td>
<td>3.5</td>
</tr>
<tr>
<td>March</td>
<td>3.2</td>
<td>3.7</td>
<td>3.8</td>
<td>---</td>
</tr>
<tr>
<td>April</td>
<td>3.9</td>
<td>3.7</td>
<td>3.3</td>
<td>3.8</td>
</tr>
<tr>
<td>May</td>
<td>3.8</td>
<td>3.4</td>
<td>---</td>
<td>3.2</td>
</tr>
<tr>
<td>Gain score (Oct to May)</td>
<td>1.1</td>
<td>0.4</td>
<td>0.8</td>
<td>0.7</td>
</tr>
</tbody>
</table>
Observations of School Climate.
Beginning-of-year observations of the overall climate of the schools, positive and negative, indicated mid-range levels for each dimension in three of the schools (positive climate: \( M = 4.0 \); negative climate: \( M = 4.0 \)) and high levels in one school (positive climate: \( M = 6.0 \); negative climate: \( M = 1.0 \)). End-of-year observations indicated no change in these ratings.

End-of-Year Teacher Evaluation of Program
Teachers’ and assistants’ completion rates for the end-of-year evaluation surveys were 100% for teachers and 83% for the assistants. In the first part of the survey, the teachers and assistants were asked to rate the overall quality of the professional development sessions and the social emotional health curriculum, using a 5-point scale, with 1 indicating very low quality and 5 indicating very high quality. For professional development quality, both teachers and their assistants rated the sessions of high quality (\( M = 4.4, SD = 0.8 \)). For the SEH curriculum, teachers (\( M = 4.7, SD = 0.5 \)) rated the quality higher than did their assistants (\( M = 4.1, SD = 0.8 \)), \( F(1, 20) = 4.61, p < 0.05 \). Only teachers rated the monthly debriefing/coaching because the assistants did not participate in these sessions; the teachers rated these as being of high quality (\( M = 4.1, SD = 0.8 \), but lower than teachers’ curriculum (\( M = 4.7 \)) and professional development ratings (\( M = 4.4 \)).

In addition, for both the professional development sessions and the debriefing/coaching, teachers were asked to rate (1) the extent to which their knowledge and skills improved and (2) the extent to which their teaching practices improved. The teaching assistants rated the professional development sessions only, because they did not participate in the debriefing/coaching. For each item, teachers and their assistants rated their extent of improvement, using a 4-point scale, with 1 indicating no improvement and 4 indicating great improvement. Average scores for each component are shown in Table 4. Teachers and their assistants’ ratings were averaged, given that no difference between the two groups was indicated for these ratings. Most areas were rated similarly, with the means indicating that teachers thought their knowledge/skills and teacher practices were enhanced in all areas. The lowest rating was indicated for management of student behavior.

Teachers and their assistants were also asked open-ended questions about things they would change about the professional development sessions, debriefing/coaching sessions (teachers only), and curriculum. For the professional development sessions, no consistent theme emerged and each teacher mentioned a variety of suggestions for improvement (e.g., holding the assistants responsible for attendance, more information about dealing with dysregulated students, more frequent meetings). For the debriefing/coaching, however, common themes did emerge and included:

- Including the teaching assistants in the coaching;
- Having more frequent coaching sessions;
- Starting the coaching earlier in the school year; and
- Providing feedback on how to improve specific students’ behavior.

For the curriculum, common themes that emerged were:

- Understanding how the SEH curriculum fit in with the existing curriculum;
- Making the lessons shorter;
- Including the books associated with each lesson; and
- Incorporating student movement into the lesson activities.

Teachers and their assistants were also asked about any challenges and/or triumphs they experienced in addressing the SEH needs of their students. For challenges, common themes included having the time to plan for the lessons, having more administrative support, and dealing with their own (teacher) self-control. For triumphs, many teachers indicated perceiving improvements in their students’ social and emotional functioning. They also indicated a deep appreciation for the social emotional content that they were able to learn, as reflected in the quotations below:

Moments goes into depth with their trainings, whereas the district trainings only skim the surface with the same topics. I really liked that.

The trauma piece was powerful for me.

Learning about the brain and how it is affected from birth to now was eye opening for me.

I loved the calming strategies for my students and for myself. What our district curriculum is missing is how taking care of yourself is as important as taking care of the children.

Finally, teachers only were asked to rank the three components of the program delivery (professional development sessions, SEH curriculum, and debriefing/coaching) in order of most important to least important in helping them to improve their practices that promote the social emotional development of their students. As shown in Figure 2, most teachers (57%) ranked the curriculum as most important. About 29% ranked the professional development sessions as most important, followed by 14% who ranked the debriefing/coaching as most important.

<table>
<thead>
<tr>
<th>Table 4: Mean Ratings of Professional Development Components</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Component</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Trauma and behavior</td>
</tr>
<tr>
<td>Teaching social skills</td>
</tr>
<tr>
<td>Creating positive climate</td>
</tr>
<tr>
<td>Student behavior management</td>
</tr>
<tr>
<td>Positive interactions</td>
</tr>
</tbody>
</table>

**Teaching Practices**

<table>
<thead>
<tr>
<th>Component</th>
<th><strong>Professional Development</strong></th>
<th><strong>Debriefing/Coaching</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching social skills</td>
<td>3.5 (0.60)</td>
<td>3.3 (0.45)</td>
</tr>
<tr>
<td>Creating positive climate</td>
<td>3.3 (0.46)</td>
<td>3.3 (0.65)</td>
</tr>
<tr>
<td>Student behavior management</td>
<td>3.3 (0.65)</td>
<td>2.9 (0.67)</td>
</tr>
<tr>
<td>Positive interactions</td>
<td>3.8 (0.43)</td>
<td>3.8 (0.45)</td>
</tr>
</tbody>
</table>

Note: Ratings based on scale from 1 to 4. Ratings for professional development included both teachers and assistants. Ratings for debriefing/coaching included teachers only.
The majority of teachers (72%) rated the debriefing/coaching as least important. Teachers (57%) tended to rank the professional development sessions in the middle.

**Discussion**

In sum, much was learned from the first-year implementation of the Momentous Institute’s SEH program in selected prekindergarten classrooms. A summary of the findings is presented below, first with respect to implementation of the program and barriers encountered and second with respect to directions for future implementation of the program.

Of the three program components, teachers rated the quality of the SEH curriculum as highest, followed by professional development sessions and the debriefing/coaching. One reason for the lower quality rating for the debriefing/coaching sessions was that many teachers indicated (in the end-of-year evaluation survey) that the coaching did not help them to address the behavioral management needs of individual students as much as they had hoped. This aspect of the program would be strengthened by increasing the number of coaching sessions from once a month to twice a month. In addition, the coaching will be more individualized, based on teachers’ scores on a standardized assessment that will be used to measure change in teacher practices related to emotional support and classroom organization (i.e., the CLASS). This movement away from a one-size-fits-all approach to coaching may help to ensure stronger impact of the program by focusing more attention on teachers who need it and less attention on those who do not.

Monthly observations of teachers by the teacher and mental health coaches showed that teachers made significant gains in their ability to deliver the lessons included in the curriculum. However, the teachers’ completion of all lessons was not fully documented. One issue mentioned in the teachers’ end-of-year evaluations was that they were unsure how the lessons fit in with the district’s existing curriculum. Although program staff made repeated attempts to obtain the curriculum, these were unsuccessful. As a result, even with the support of district leadership, specific items needed for effective implementation of some components were difficult to obtain.

Although lead teachers’ attendance at professional development sessions was excellent, the assistants showed more variable attendance. Lead teachers, in particular, expressed a deep appreciation of the social emotional health material presented during the professional development sessions. This finding is consistent with other studies showing that the vast majority of teachers feel that their district professional development largely excludes information about social emotional health.

This concern was actually mirrored by program staff during the middle of the year. Observations of the school’s climate indicated higher levels of expressed negativity around the school (i.e., negative climate), which did not change from the beginning to the end of the school year. The inclusion of principals in the program would thus be an important lever for improving the broader culture and climate of the schools.

**Future Directions**

**Curriculum.** For the next year that the program is implemented, each of the three program delivery components will be modified in order to strengthen the overall program. With respect to the curriculum, a crosswalk between the Momentous curriculum and the district’s existing curriculum will be completed so that teachers can clearly see how the social emotional health curriculum fits in with the district’s curriculum. In order to better document teachers’ delivery of each lesson to students, teachers will be interviewed individually about the lesson completion during the one-on-one coaching sessions with program staff.

**Coaching.** The intensity of coaching will be strengthened by increasing the number of coaching sessions from once a month to twice a month. In addition, the coaching will be more individualized, based on teachers’ scores on a standardized assessment that will be used to measure change in teacher practices related to emotional support and classroom organization (i.e., the CLASS). This movement away from a one-size-fits-all approach to coaching may help to ensure stronger impact of the program by focusing more attention on teachers who need it and less attention on those who do not.
that teacher assistants spend just as much time with students as do lead teachers, they will be included in the debriefing/coaching sessions along with teachers. The coaching will also better address the behavioral management needs of individual students. Students with lower levels of social skills and higher levels of problem behaviors will be systematically identified using a norm-referenced social skills survey, which will be completed by teachers for selected students. The coaches will help the teachers identify interventions aligned with the students’ needs and assist the teachers in effective delivery of the interventions to students. Teachers and coaches will track improvement in students’ behaviors every six weeks using a standardized progress report.

References
Appendix B: Professional Development Sessions

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Professional Development Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>August</td>
<td>Introduction to social emotional health Impact of trauma on the brain Curriculum: Unit 1</td>
</tr>
<tr>
<td>September</td>
<td>Observations at Momentous School Parent Engagement Teacher self-care and mindfulness</td>
</tr>
<tr>
<td>October</td>
<td>Developmental milestones Assessment of social emotional health Teacher self-care Curriculum: Units 3 &amp; 4</td>
</tr>
<tr>
<td>November</td>
<td>Mindfulness Types of stress Development of self-awareness</td>
</tr>
<tr>
<td>February</td>
<td>Locus of control What does emotional support look like in classroom? Curriculum: Unit 6</td>
</tr>
<tr>
<td>April</td>
<td>Learning the dance Working effectively with your teaching partner Curriculum: Unit 10</td>
</tr>
</tbody>
</table>


