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A DEVELOPMENTAL APPROACH TO SOCIAL EMOTIONAL LEARNING PRACTICES
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ABSTRACT

The acquisition of social and emotional skills is arguably one of the most important tasks to accomplish throughout child development. Children with high levels of social and emotional skills have more positive academic and non-academic outcomes than their peers with lower levels of skills. Studies have shown that socially and emotionally competent children perform higher on achievement tests, develop healthier relationships with peers and adults, have fewer mental health issues, and are more likely to resist risky behaviors. Conversely, children who lack social emotional skills are at risk for developing problems in many areas of life including school, interpersonal relationships, and their physical and mental health (CASEL, 2003). Humans are not born with innate abilities to accurately express and read every emotion, nor do we know how to develop healthy relationships as soon as we are born; these skills must be promoted and fostered throughout childhood in a progression that is appropriate for each developmental stage (CASEL, 2003 & Elias, Parker, Kash, & Dunkeblau, 2007). There has been a great deal of interest in the area of social and emotional development that has lead to the formation and organization of many social emotional learning programs aimed at promoting socio emotional competencies and preventing problem behavior in children. Six programs in particular do an excellent job educating and encouraging children to develop healthy ways to deal with social and emotional issues through various methods and techniques that have been shown to effectively increase a child's social emotional skills (CASEL, 2003).

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Chapter 1

Introduction to Social Emotional Learning

School administrators and educators often worry about the poor academic performance of their students due to problems including increased disruptive behavior, poor attention, school violence, bullying, and many other non-academic issues. A common response to this decline is to adjust academic workloads and provide more help to the students in the form of tutoring and study sessions. With the increased pressure to meet certain academic standards, schools often over-emphasize the academic development of their students while neglecting the important life lessons learned through social emotional development (Elias, Parker, Kash, & Dunkeblau, 2007). Few would argue that the primary goal of schools is to promote academic skills and knowledge; however this can be difficult if the children are absent, suspended, expelled, dropping out, or preoccupied with stressors at home, at school, or in the community. Although it is obviously impossible to teach children who are not physically present in the classroom, it is also quite difficult to teach those students who are present in body but not in mind. Their minds are dealing with life stressors and although they are physically present in class, their thoughts are on social/emotional issues. Often, they are not paying attention, lacking concentration, barely participating, and neglecting assignments (Elias et al., 2007).

These young people need skills that are not normally part of the school's core curriculum, such as impulse control, emotion regulation, stress management, empathy,

and problem solving. These social emotional skills are necessary for proper academic learning to take place (Rosenblatt & Elias, 2008). Without adequate coping and emotion regulation skills, the majority of a child's attention and resources will be focused on responding to emotional stressors instead of his or her school work; therefore his or her academic learning and performance will suffer (Rosenblatt & Elias 2008). Elias and colleagues (2007) argue that the very nature of school-based learning is relational and that social emotional skills are essential for building and maintaining the relationships needed for lasting academic success. SEL programs help young students develop pro-social attitudes and skills that will help them make healthy, responsible decisions and avoid negative behaviors such as inattention and bullying. By developing these attitudes and skills, students are reducing the emotional barriers to effective learning, and thus reaching their academic potential and ultimately applying what they learn in school to life (Elias et al., 2007; Rosenblatt & Elias, 2008).

In recent years, more and more school districts are recognizing the importance of including social emotional skill development in a child's education. Unfortunately, some schools still believe that academic development and social emotional development are two distinct goals that cannot be reached simultaneously because they believe one may be pursued only in sacrifice to the other (Rosenblatt & Elias, 2008). Current research does not support this belief; many studies have shown that social emotional learning programs actually lead to increases in students' academic performance (Rosenblatt & Elias, 2008). Recognizing the importance of social emotional skills on a child's academic development is critical, however half of the battle is understanding how and when to teach children these skills.

Just as the academic school subject areas, there are many social and emotional skills for youth to develop such as: impulse control, anger management, emotion regulation, empathy, problem solving, decision making, goal setting, resisting peer pressure, communication, evaluating risks, etc (Rosenblatt & Elias, 2008). Just as the other school subjects are taught in a specific format, so should the social emotional skills. For example, a math teacher might present the material to the class, model the skills by doing an example problem, give the students a practice problem to apply the skill they've learned, then reward the students for doing a good job. Teaching social emotional skills should also be taught in the present, model, practice, apply, reward format (Elias et al., 2007). Math skills are also taught sequentially as part of a comprehensive K-12 program where skills are taught and reinforced to every child in every grade, every year. Often times, educators implement emotional competency training in response to a problem that has occurred in the school or community rather than as part of a planned program. They may hold a 45-minute assembly for the entire school and send the students back to class hoping to have made a difference in the child's attitudes and behaviors. A short assembly would not be an effective way to teach math and neither would it work for social emotional skills (Elias et al., 2007). These social emotional skills needs to be taught the same way academic skills are taught; as a sequential, comprehensive program reaching every child in every grade. When students are young, in kindergarten through third grade, they need to learn and practice certain skills that are more basic and introspective, such as self-awareness and decision-making. As children get older, they need to build upon the skills they have and learn more advanced and interpersonal skills, such as

empathy training and peer pressure resistance (Elias et al., 2007; Rosenblatt & Elias, 2008).

Although there is a place for social emotional learning as an intervention strategy, ideally social emotional programs should come from a prevention and promotion point of view, where children are taught certain skills at an early age and build upon them each year.   In order to reduce the frequency of unsociable and risky behaviors in schools, programs are needed for all students, not just the problem children (Elias et al., 2007). When children are faced with the stressors of life, they need to be able to cope. What child has never had to resist impulses, or deal with peer pressure? It is imperative that all children receive social emotional skill training as a comprehensive program as part of the formal academic curriculum (Elias et al., 2007).

Chapter 2

Emotional and Social Development

Emotional and social competence are very closely intertwined, with emotions playing a large role in the social development of children (Denham, von Salisch, Olthof, Kochanoff, & Caverly, 2002). The behaviors of other children in one's social group often affect a child's emotions and likewise, the emotions the child expresses within the group affect the other members and their interactions and feelings toward the child. Children observe the behaviors and emotions of others and use this important information to make immediate and future decisions (Denham et al., 2002). For example, if a child sees a classmate acting out and expressing anger towards others, he may decide to stay away from that peer for the day and may possibly decide to keep his distance for a while. Social interactions and relationships are guided by emotional transactions (Halberstadt, Dunsmore, & Denham, 2001). A developmental science framework helps link emotional and social development in a way that aids our understanding of how the social tasks of each developmental stage help clarify the role and function of emotions in each period, while certain aspects of emotional competency are key to building social relationships (Denham et al., 2002). Given the interdependency of emotional and social competence, it is important to have an understanding of both emotional and social development.

Defining Emotion

Pinpointing an exact definition of emotion is difficult because there are many aspects of emotion; Greenberg and Snell (1997) have identified four components of emotion: an expressive component, an experiential component, a regulatory component, and a recognition of processing component. Greenberg and Snell (1997) also claim that neural/brain processes are involved in the components of emotion and emotion development, which will be discussed in detail in a separate section later in this chapter.

The first component of emotion is skills of expressing emotions through motor abilities and movement. People use facial expressions, body language, posture, and vocal tone and content to express their feelings and show their emotions to others (Greenberg & Snell, 1997). Humans are born with the ability to express basic emotions through facial and body actions, but through development, the emotions become more differentiated and people need to learn to refine their expressions. For example, an infant can show signs of distress through facial expressions, but overtime distress is differentiated into feelings of sadness and anger and people need to be able to express both emotions (Greenberg & Snell, 1997).

The second component of emotion is the experiential component, or a person's conscious recognition of his emotions and feelings (Greenberg & Snell, 1997). Humans become aware of our feelings through cues that come from the central nervous system (e.g. heart rate and changes in neurochemicals) and feedback and cues that come from the environment. We interpret what is happening both internally and externally and then state our feelings. People are able to recognize and express their feeling states after language acquisition because they verbally report what they are experiencing

emotionally. However, feeling states can be quite complex; therefore people are often inaccurate when verbally reporting their experiences (Greenberg & Snell, 1997).

The third component of emotion, as stated by Greenberg and Snell (1997), is emotion regulation. People tend to act in certain ways based on the emotions they are experiencing. For example, when people are feeling joy, they have an exuberant activity level and conversely, when people feel sad, their action level is low. When a person feels angry, his action tendency would be to strike out at something and when a person feels fearful, he freezes and withdraws (Greenberg & Snell, 1997). Infants do not have the ability to regulate their emotions, therefore is it quite obvious to see what emotion they are expressing. As children develop, they are better able to regulate their emotions and control their natural action tendencies. For example, when an 8-year-old feels angry, he can control the desire and tendency to strike at something and use a different strategy instead (Greenberg & Snell, 1997).

The fourth component of emotion is recognizing emotions in others. A person can recognize another's emotional state by processing his body language, including facial expression and posture, along with their vocal tone (Greenberg & Snell, 1997). The ability to recognize emotions in other begins to develop in infancy and continues through early childhood (Greenberg & Snell, 1997; Saarni, 1997).

Emotional Development

Denham and colleagues (2002) describe the "experience of emotions" as the recognition of one's own emotions and also the regulation of their emotions in a social context. Children must go through the process of emotional experience in order to become aware of their own emotions and to effectively regulate and experience their emotions (Halberstadt et al., 2001). The process of emotional experience begins with arousal (Denham, 1998). Something happens, either an event, a child's own actions, or the actions of others, that arouses feelings in the child. These aroused emotions can be automatic and they need to be understood by the child, not just reacted to, because children need to know what they are feeling so they can react appropriately in order to attain their desired outcome of the situation (Denham et al., 2002). It is important for children to be able to recognize the emotions they are experiencing in order for them to be emotionally competent.

Preschoolers often need help and support from caregivers for effective emotion regulation and recognition (Denham et al., 2002). Adults use emotion language to help children identify their feelings and regulate their emotions and also help children see associations between events and emotions. Adults structure the child's environment in ways that promote emotion regulation; they use effective behavioral coping strategies in emotional situations to show children proper problem solving techniques in real-life situations. Over time, young children become aware of the positive connections between their emotion regulation efforts and their feelings and begin to use effective coping strategies more often (Denham et al., 2002).

Children in middle childhood use their developing cognitive and problem-solving skills to identify and regulate their emotions on their own (Denham et al., 2002). The acquisition of higher cognitive abilities allows children in middle childhood to better control their emotional experience and to intentionally shift their thoughts in order to see different perspectives of a situation and create new solutions (Denham, 1998).

It is also important for children to learn how to express their emotions in a way that promotes healthy relationships over time (Denham et al., 2002). Children must learn which expressions of emotions will benefit them the most in terms of their goals and they must also learn to express their emotions to others appropriately and convincingly. Throughout childhood, children learn that their goals are not always met by expressing their most intense emotions, therefore over time, they learn to express their emotions more indirectly and less dramatically (Denham et al., 2002).

Children in preschool can vividly express the "basic" emotions of sadness, happiness, anger, etc. During this period they are also beginning to develop "social" emotions, such as empathy and shame. Preschoolers are learning to blend emotions and can show a mixture of feelings brought on by a single event. During middle childhood, children create emotional messages that are more complicated than younger children because they have learned to use more even more blended signals and complex emotions including guilt and pride (Denham et al., 2002).

Children must learn how to experience and express emotions before they can fully understand emotions and understanding emotions is extremely important in the development of emotional competence (Denham et al., 2002). Children must be able to recognize when someone is sending them an emotional message and then the message

must be interpreted correctly, or the child may be put at a disadvantage (Denham et al., 2002). Preschoolers have a broad understanding of emotions and can name basic emotions and the causes and consequences of each one by describing emotion-eliciting situations. Children at this age are only beginning to acquire a more sophisticated knowledge of emotion, including ambivalence and simultaneity (Denham et al., 2002).

Complex understanding of emotions really develops during middle childhood; at this age children better understand that different events draw different emotions from different people. They have also improved in finding the nuances of emotions in self and others. This new understanding of personal emotions and how others perceive emotions in themselves leads to higher levels of emotional competence as children mature, ultimately aiding in the formation of healthy, lasting social relationships (Denham et al., 2002).

Theories of Emotional Development

        Erikson's Theory of Psychosocial Development and Emotional Development. Erikson is often considered a theorist of personality and identity development; however he defines his stages of development in terms of emotions (Hesse & Cicchetti, 1982). Erikson uses emotions to define the experiential aspects of each of his psychosocial stages: trust versus mistrust, autonomy versus shame/doubt, initiative versus guilt, industry versus inferiority, identity versus role confusion, intimacy versus isolation, generativity versus stagnation, and integrity versus despair, disgust, and contempt (Erikson, 1950).

Erikson uses emotions in two ways: he defines each psychosocial stage in terms of a different set of emotions that are highly characteristic of the respective stage and he claims that a set core of emotions, including love and anger, are present in every stage, but they are displayed differently depending on the context and the developmental stage of the person. Together, this suggests that people are able to express most emotions at a rather early age; however a person's emotional repertoire peaks at different stages in development and they way people express certain emotions changes depending on their developmental stage (Hesse & Cicchetti, 1982).

The first stage of Erikson's psychosocial model is trust versus mistrust (Erikson, 1950). In this stage, infants first develop attachments. Erikson claims that if an infant develops a trusting relationship with their caregiver, then the child will feel positive emotions, including pleasure. Conversely, if the infant's first attachment leads to the development of mistrust, he will feel emotions such as sadness, depression, anxiety, rage, and pain (Erikson, 1950).

During the second stage of psychosocial development, autonomy versus shame and doubt, the developing infant must obtain autonomy in order to feel emotions of pride, high self-esteem, and love. If the child does not succeed in gaining autonomy, he will feel emotions of shame, doubt, and rage that are turned against himself (Erikson, 1950; Hesse & Cicchetti, 1982).

When children in early childhood are exploring their large physical and social environments during the stage of initiative versus guilt, they will gain feelings of curiosity, interest, pleasure about attack and conquest, enjoyment of competition, and hope if they succeed in developing initiative (Erikson, 1950). If they are not able to

develop initiative, children will instead develop feelings of guilt and jealousy (Erikson, 1950).

If a child in middle childhood succeeds in becoming industrious, or productive and conscientious, during Erikson's fourth stage of industry versus inferiority, the child will feel emotions of enjoyment and pride due to his personal achievements. If the child develops a sense of inferiority, he will feel emotions of anxiety, terror, despair, frustration, and rage (Erikson, 1950; Hesse & Cicchetti, 1982).

Erikson (1950) defines the period of adolescence as the identity versus role confusion stage. The emotion characteristics he uses to describe this developmental stage are more comprehensive then what he describes in earlier stages. At this stage in development, adolescents integrate self-values into their simple feelings and create more complex emotions and ideological feelings. For example, love is a common emotion in the identity versus role confusion stage as adolescence is the time when people begin to fall in love, rather than just feel love towards caregivers as people did in earlier stages (Hesse & Cicchetti, 1982). The negative emotions associated with role confusion are doubt and confusion, which are also complex emotions because they imply the coexistence of conflicting feelings (Erikson, 1950; Hesse & Cicchetti, 1982).

The sixth stage of Erikson's psychosocial development model, intimacy versus isolation, is the last one that can be clearly defined in terms of emotional development (Hesse & Cicchetti, 1982). When people move out of adolescence and succeed in developing intimacy, they begin to feel emotions of friendship, love, and kindness, all of which are complex and not only combine many emotions, but also merge moral and social attitudes into the emotions (Erikson, 1950; Hesse & Cicchetti, 1982). For

example, kindness involves acts of giving and positive feelings towards others, which involves an individual's moral and social attitudes (Hesse & Cicchetti, 1982). If a person develops isolation rather than intimacy, he will feel emotions of sadness, anxiety, and depression (Erikson, 1950).

Erikson (1950) does not characterize his final stages, generativity versus stagnation and integrity versus despair, disgust, and contempt, in terms of emotional development. Hesse and Cicchetti (1982) suggest this could be because there are more important issues other than emotions that need to be resolved in adulthood. Also, adults do not need to develop new emotions because they are able to generalize their emotional repertoire to new situations.

Piaget's Theory of Cognitive Development and Emotional Development. Piaget is known mainly for his theories on cognitive development, yet, he has made many attempts to relate cognitive and emotional development throughout childhood (Hesse & Cicchetti, 1982). Piaget stated that cognitive and emotional development show parallel courses of development with cognition providing the structural aspects and emotion providing the energetic aspects of development (Piaget, 1967, 1981; Piaget & Inhelder, 1969). Although certain cognitive domains are necessary for certain emotions to develop, Piaget (1967) suggests that cognitive and emotional development are intertwined.

Piaget (1967, 1981) describes emotional development using the stages of cognitive development. During infancy, or what Piaget calls the stage of sensorimotor development, emotional and cognitive development are closely linked. In this stage

infants are cognitively learning conceptions of objects, space, time, and causality, which leads infants toward more stable, long-lasting affects rather than reflex-like, fleeting affects; this development is the beginning of attachments and relations with others (Hesse & Cicchetti, 1982).

As young children develop more stable emotional relationships, they begin to move toward what Piaget calls the preoperational stage of cognitive development (Piaget, 1967). During the preconceptual period of the preoperation stage (ages two to four), children's thought and cognitions tend to fluctuate and shift rapidly. The characteristics of children's cognitions closely correspond to the characteristics of emotions at this age; children's emotional expression, experience, and behavior also fluctuates often as children have been known to hate their parents one minutes and love them the next (Cowan, 1982). As children move into the intuitive period of the preoperational stage, gaining skills such as goal-directed behaviors and symbolic functions (Piaget, 1967), they develop emotionally and are able to remember emotions longer, even without the conditions normally enticing them (Hesse & Cicchetti, 1982). Children must acquire the symbolic capacities gained in the preoperational stage in order to experience feelings of inferiority and superiority regarding themselves and feelings of sympathy and antipathy regarding others (Piaget, 1981). The changes in the emotional domain during this period of development allow children to experience feelings of self-esteem and develop longer-lasting attachments towards peers and caregivers (Piaget, 1967).

As children move into the concrete operational stage, which is characterized by logical operations, children are able to take other people's social and cognitive perspectives and form higher-order categories (Piaget, 1967). At this age (middle

childhood, ages seven to eleven), children learn to coordinate his or her own point of view with the perspectives of others. This decline in egocentrism is often referred to as role-taking or perspective taking (Cowan, 1982). As children increase their capacity to coordinate social perspectives, they increase their ability to be empathic (Shantz, 1975). Along with these changes in cognitive development, children in this stage develop what Piaget calls "moral sentiments," or feelings of justice and honesty. The acquisition of these new feelings allows children to coordinate conflicting values and feelings (Piaget, 1967).

According to Piaget (1967, 1981), it is not until the last stage of cognitive development, or the formal operational stage, that adolescents have the emotional capability of reasoning and feeling with respect to abstract contexts. During this stage of cognitive development, children are beginning to think scientifically and construct theories about the physical world; at the same time, children are coordinating their feelings about themselves, others, and the world in general to these new theories through their newly acquired system of values and morals they gained through emotional development (Hesse & Cicchetti, 1982).

In summary, Piaget claims that cognitive and emotional development are parallel and both occur in stages that are characteristic of different levels of development (Hesse & Cicchetti, 1982). Piaget was able to generalize the structures of cognitive development to emotional content, suggesting that the aspects of development that are characteristic of both cognitive and emotional development are neither cognitive nor emotional, but are more general structures of human development that infiltrate all of human experience (Hesse & Cicchetti, 1982).

The Emotionality of Childhood

Characteristics of Childhood Emotions

For the most part, the emotions of children do not last very long. Although adult emotions are often long and drawn out, a child may express a certain emotion for a few minutes to get it "out of his system" and then stop it rather suddenly (Humphrey & Humphrey, 1989). Children characteristically move through more transitory emotional states rather than longer-lasting dispositions (Hesse & Cicchetti, 1982). Feelings of anger, fear, and happiness are three emotions that children often feel for brief moments of time and move on from quickly (Hesse & Cicchetti, 1982).

Children often feel emotions very intensely, much more so than an average adult (Hesse & Cicchetti, 1982; Humphrey & Humphrey, 1989). A child might react very violently to a situation that an adult would find rather insignificant, which may confuse some adults who do not understand child behavior (Humphrey & Humphrey, 1989). Children tend to use their face and entire body to express a particular emotion, leading to very intense emotional expressions (Hesse & Cicchetti, 1982). The strength of children's emotions is subject to change. Sometimes emotions start out rather weak and later develop into stronger feelings and conversely, some emotions that were once strong may decline and weaken. For example, when a child is young he may feel fearful around strangers, but as he develops and learns there is little to fear, his fear wanes (Humphrey & Humphrey, 1989).

It is not uncommon for children to rapidly change their emotions. A child is able to switch from crying to laughing or from anger to joy very quickly (Humphrey & Humphrey, 1989). Although no one has identified a definite reason for this, Humphrey and Humphrey (1989) believe that it may be because children do not feel emotions as deeply as adults and are therefore able to get over their feelings and move on more rapidly. It could also be because children do not have as much life experience as adults and are not as developed intellectually. Piaget (1967) argues that children fluctuate between emotions so quickly due to their limited cognitive functions; children at this stage are not able to focus on more than one cognitive dimension at a time, and because cognitions and emotions are so closely linked, they do not have the cognitive capacity to focus on more than one emotion at a time. Children cannot integrate emotions or express multiple emotions at the same time; instead they fluctuate between emotions rapidly, going from feelings of anger to feelings of affection rather quickly (Hesse & Cicchetti, 1982). It is known that children have short attention spans and that could also cause them to rapidly switch from one emotion to another (Humphrey and Humphrey, 1989).

When children are young, their emotions appear with a high degree of frequency, meaning they express their emotions much more often than older children and adults (Humphrey & Humphrey, 1989). As children grow up, they learn how to control their feelings and adjust to situations that would have previously caused an emotional reaction. Throughout development, children experience many types of emotional situations and learn socially acceptable ways to confront them, especially if a child is reprimanded for a violent emotional response. In order to avoid punishment, children may try to deal with

situations in ways that do not involve emotional reactions (Humphrey & Humphrey, 1989).

As children develop, they change how they express their emotions due to social restraints; what might have been socially acceptable at one age may not be at another. Rather than overtly expressing every emotion, children learn to manage their feelings and control outbursts. This may be why some children develop moods, which Humphrey and Humphrey (1989) define as states of emotions that are drawn out over a period of time and expressed slowly. Common moods of children include "sulking" due to repressing feelings of anger, being "jumpy" from suppressing fear, and acting "humorous" because they are controlling feelings of joy and happiness (Humphrey & Humphrey, 1989).

Every child differs in his or her emotional responses to situations. In a scary situation, one child may run away and hide, another child may seek comfort from his mother, and another may just stand there and cry. There are many reasons why different children have different emotional reactions to situations including past experiences with certain emotional situations, the parents' willingness to help their children become independent and family relationships in general (Humphrey & Humphrey, 1989).

Factors that Influence Children's Emotions

There are a variety of intrapersonal, interpersonal and environmental factors that can influence the kind and intensity of children's emotions. A child's level of intelligence can affect their emotions. According to certain studies, children of low intelligence have a more difficult time controlling their emotions than children of high

intelligence. It is hypothesized that intelligent children get frustrated less often than children with lower levels of intelligence because they are able to figure things out. It could also be that intelligent children are more skilled at perceiving things and situations that would provoke certain emotions and are therefore able to avoid those things (Humphrey and Humphrey, 1989).

Fatigue is another factor that can influence childhood emotionality. There are two types of fatigue, acute and chronic. Acute fatigue is the natural reaction to sustained bodily exertion and is due to the accumulation of the by-products of muscular exertion and to oxygen debt. Along with the physical features, there is also a psychological characteristic to acute fatigue. When a child is bored with his work and becomes preoccupied with the boredom he will become "fatigued" much sooner than if he were not bored and thinking about his discomfort (Humphrey & Humphrey, 1989).

Chronic fatigue is a feeling of fatigue that lasts over a long period of time and may be due to a variety of medical conditions ranging from a serious disease to malnutrition. There are also psychological factors of chronic fatigue such as extreme boredom, depression, and obsessive worrying about having to do something one does not want to do (Humphrey and Humphrey, 1989).

Both types of fatigue have a tendency to make children irritable and as a result more prone to sudden occurrences of negative emotions, such as anger. Actions can be taken to decrease the chance of those outbursts including nap and snack time. Studies have shown that hunger can lead to bursts of anger in children (Humphrey and Humphrey, 1989).

In a similar regard, an inferior health status can negatively influence a child's emotions. Temporary ill health, such as a cold, often makes children irritable and therefore more prone to negative outbursts. Studies have shown that healthy children have fewer outbursts than unhealthy children (Humphrey & Humphrey, 1989).

A child's social environment is also a factor that influences his or her emotions. If a child is in a negative environment full of fighting and unrest, he is predisposed to unpleasant and potentially harmful emotional conditions. Also, if a child's schedule is too busy, it can cause excessive emotional excitation (Humphrey & Humphrey, 1989).

Family relationships can influence childhood emotionality as well. There are many conditions with family relationships that can negatively affect the emotional development of children including parental neglect, overanxious parents, and overprotective parents (Humphrey and Humphrey, 1989). Conversely, healthy relationships with family members can influence childhood emotionality in positive ways.

The aspiration levels of children and their parents can also affect emotions in childhood. Children may set goals for themselves that are too high because they have not been made aware of their own limitations and as a result will face many failures in life. Also, some parents have expectations for their children that are beyond the child's abilities at certain developmental stages. Both circumstances can lead to emotionally unstable situations, which can negatively influence children's emotional development (Humphrey and Humphrey, 1989).

Brain development is a very important biological factor that influences the emotionality of children. The development of certain structures of the brain, specifically

the limbic system and the neocortex, have been linked to changes in components of emotional competence, including self-regulation (Rothbart & Bates, 2006). Research has provided evidence connecting emotional development and the maturation of the brain, particularly the amygdala and the frontal lobes (Yeates, Bigler, Dennis, Gerhardt, Rubin, Stancin, et al., 2007). For example, Rothbart and Bates (2006) found associations between the acquisition of emotional control and the development of the limbic system during early childhood. Thompson (2006) also found that the ability of self-control is linked to changes in the neocortex, specifically the production and pruning of synapses.

Brain development is quite complex and plays a very large role in the development of emotions in children (Rose-Krasnor & Denham, 2009). It is important to have a sound understanding of the structures of the human brain, how they developed, and the connection they have to the emotionality of children. The following section provides an overview of the neurobiology of emotion and links brain development with the development of emotions during childhood.

Neurobiology of Emotion

Studying emotional development in children is not a new concept in the discipline of developmental psychology; the research on this topic, in fact, has a relatively long history (Greenberg & Snell, 1997). However, only recently have researchers begun to explore the neurobiological foundation of emotions. Modern advances in technology used to study the brain (e.g., EEG, neuroimaging), along with the recent belief that

emotion plays a more central role in behavior and development, have increased the awareness and interest in the role of neurobiology in emotions (Damasio, 1994).

Past theories on the development of emotions have separated emotion from the brain. Descartes hypothesized that emotions originate primarily in the body, more specifically in the "gut and heart", and that rational thought was the primary concern of the brain, or "mind" (Greenberg & Snell, 1997). Overtime, this view has changed and current researchers believe the brain plays a much more significant role in emotion processing.

Humans undergo an extended course of both socioemotional and brain development. There is an enormous amount of brain development that occurs after birth with some areas of the brain (e.g., the frontal lobes) not fully developing until adolescence. Current research on the neurobiology of emotional development focuses on the interaction between socioemotional development and brain development (Greenberg & Snell, 1997). Panksepp (1994) explains that certain developmental milestones (e.g., social bonding, developing sexuality during puberty) may have a bidirectional tie to the development of certain parts of the brain (e.g., the central nervous system). New research is also revealing ways in which early life experiences may impact brain development and in turn may possibly leave a lasting impact on emotional processing (Greenberg & Snell, 1997).

Children vary greatly in their emotional development level and ability to understand, express, and regulate their emotional lives. In one classroom there may be students who are able to verbalize their feelings and use the support of teachers and peers while others may act impulsively without accurately identifying what is happening or

why (Greenberg & Snell, 1997). Having a basic understanding of brain development and brain organization in terms of emotional competence is important when developing social and emotional learning strategies for children.

Evolution of the Human Brain

It is important to be aware of the evolution of the human brain when developing an understanding of the neurobiological basis of emotional development. Over the course of one million years, the human brain has evolved and undergone huge gains in the higher structures of the brain. The lower parts of the brain, including the brain stem, are the structures of the brain that humans have in common with most other animals. These lower parts regulate basic survival functions, for example breathing and hunger (Maclean, 1978).

Over the past millions of years, humans have needed to add to their skills necessary for survival due to the increasing complexity of their environments. Sylwester (1995) explains that emotions are needed to provide a quick assessment of danger and to sort through the range of sensory information coming from both the external environment and from internal bodily signals. In order for humans to acquire these new emotions, changes in the brain were necessary, driving emotional brain systems to evolve from the brain stem.

The evolution of the olfactory bulb, used to sense smell, was one of the earliest stages of the evolution of the emotional brain. Smell is a critical survival ability; it is used to detect danger as well as potential mates (Greenberg & Snell, 1997). As human

evolution progressed, the emotional brain developed and became more complex. The limbic system, which is believed to provide many of the neural foundations for emotions in humans, also appeared at this stage (Greenberg & Snell, 1997).

About 100 million years ago, several new layers were added to the cortex, the outermost layer of the brain. Humans have a larger neocortex than all other species and it is hypothesized that the neocortex is responsible for the development of higher order mental skills; for example rational thought and inhibition of impulses. Traditionally, the neocortex has been associated with intellect, however recent research has begun to focus on the involvement of this area of the brain with emotions (Damasio, 1994).

Maclean (1978) proposed a simple model of the brain dividing it into three sections based on their functions; the cortex for reason and logic, the limbic system for emotions, and the brain stem for survival. More recent models are much more complex and emphasize the connections between the different neural systems in determining behavior (Greenberg & Snell, 1997). There are many areas of the brain that are involved in the emotional development of humans, however certain areas are more involved than others. It is important to remember that the brain is a highly complex system with many connections between the different regions (Greenberg & Snell, 1997).

The Limbic System

Maclean (1978) identified the limbic system as the central site of emotions in the brain. More recently, however, researchers are unsure whether the component parts of the limbic system indeed act as a system when it comes to human emotions. While the

amygdala is centrally involved in emotions, other limbic structures such as the hippocampus are only minimally involved. Also, it has been found that emotions are processed in other parts of the brain, outside the limbic system. Nevertheless, it is clear that many structures in the limbic system are involved in processing emotions and regulating feelings (Greenberg & Snell, 1997).

The structures of the limbic system are involved in many aspects of emotional processing, including recognizing emotional facial expressions, actions tendencies, and storing emotional memories (Greenberg & Snell, 1997). Limbic structures also receive internal signals from the body, as well as sensory information coming from the environment. Through its evaluation of the emotional content of this incoming information and its connections to other brain systems, the limbic system begins to respond to this information (Greenberg & Snell, 1997).

The limbic system includes many brain structures surrounding the brain stem including the amygdala, hippocampus, thalamus, and hypothalamus. The thalamus and hypothalamus are involved in processing incoming information; the thalamus receives external sensory information from the environment whereas the hypothalamus receives information and signals from within the body. Both the thalamus and the hypothalamus relay this information to the amygdala, the primary brain structure involved in the neurobiology of emotion (Sylwester, 1995).

The amygdala is a small almond-shaped structure that connects to many other regions of the brain. The primary function of the amygdala is to interpret incoming sensory information in the context of the individual's emotions (Greenberg & Snell, 1997). The amygdala assigns emotional meanings to memories and when a powerful

emotion is experienced, the amygdala saves this memory with an extra level of strength.

This may explain why people often have strong memories of emotionally charged

experiences (Goleman, 1995). The amygdala is able to store emotional memories outside

of a person's consciousness and these memories can still impact behavior without

entering conscious awareness. This is why it is believed that emotionally charged

experiences in early childhood might have a long-term effect on behavior and current

functioning (Greenberg & Snell, 1997).

The Frontal Lobes

Along with the limbic system, the frontal lobes also play a vital role in emotion

regulation. The frontal lobes contain the outermost and evolutionarily most recent layer

of the brain, the neocortex, which is area of the brain that receives and analyzes incoming

sensory information. In terms of emotions, the frontal lobes have unique and complex

neural connections with the limbic system that provide the arena for the interplay

between cognitions and emotions (Maclean, 1990). It has been hypothesized that the

frontal lobes work to regulate emotions and help people control and cope with their

emotions (Dawson, Panagiotides, Klinger, & Hill, 1992). According to Goleman, the

frontal lobes act as the "emotional manager" due to its role in overriding emotional

impulses (1995).

Many studies have shown that injuries to the frontal lobes affect the victims'

emotion regulation and social competence. Specifically, children with brain damage to

the frontal lobes have shown deficits in self-regulatory behavior and social awareness, yet

they test in the normal range for cognitive functioning (reading and mathematics). With regards of emotional regulation, children with brain injuries in the frontal lobes often have impulse control issues and frequent mood swings. Socially, brain-damaged children have a hard time maintaining meaningful friendships. Injuries to the frontal lobes in childhood negatively affect moral development and empathic understanding, hindering the development of social and emotional maturity (Greenberg & Snell, 1997).

Linking Brain Development and Emotional Development

Returning to the simple model of the brain proposed by Maclean (1978), the brain stem (survival) is developed by birth and infants are able to sustain their own vital life functions. The limbic system (emotions) is less mature than the brain stem at birth, but it develops more quickly than the neocortex. The cerebral cortex (reason and logic) is the last area of the brain to develop and is quite immature at birth. Throughout early childhood the neocortex develops quickly and continues to mature through adolescence.

During the prenatal and early infancy stages, the brain develops by overproducing synapses, or neural connections. The brain then prunes or strengthens these synapses based on external experiences and maturational processes early in life in order to further develop the brain (Greenberg & Snell, 1997). Dawson, Hessl, and Frey (1994) explain that infancy is an important period for brain development and suggest that early child-parents relationships likely influence the neural connections and in turn brain development.

Over the course of childhood, the frontal lobes go through an expanded period of development that is not completed until adolescence. Throughout early child development the frontal lobes play a critical role in emotion regulation and development (Greenberg & Snell, 1997). There have been studies that used EEG results to show that infants use their frontal lobes in mediating emotional behavior within the first year of life (Dawson, 1994).

After infancy and throughout childhood, the neural connections between the frontal lobes and the limbic system increase, allowing emotions to be processed in other areas of the brain and for qualitative changes in emotional development to occur during this period of life (Greenberg & Snell, 1997). The specific organization of the connections between the frontal lobes and the limbic system depend on external social experiences and genetic factors.

Although research has been complicated by the fact that the frontal lobes continue to develop through adolescence, it is clear that this area of the brain is critical in regulating emotions from infancy on, particularly when it comes to emotional impulses (Greenberg & Snell, 1997). The fact that the brain, specifically the frontal lobes, undergoes such a prolonged period of development in childhood suggests that environmental influences play a large role in the development of the neural connections in children and in turn their emotional development. Learning experiences during childhood are critical because connections are forming and being laid down for the management of emotions. These patterns and connections learned during childhood are likely hard to alter once development is complete, suggesting that childhood is a critical period for emotional development (Greenberg & Snell, 1997).

Social Development

Social skills and behaviors permeate all aspects of a child's present and future and have a great affect on their later development and happiness in life. The better a child is able to get along with others, the greater his popularity will be among his peers, teachers, and parents (Matson & Ollendick, 1988). Having adequate social skills leads to positives outcomes and consequences in life. There is evidence suggesting that having good social skills and being able to relate well to others is a critical component of positive growth and development in children (Hartup, 1983). Students with higher levels of social skills tend to develop an important foundation for achieving academic success (Walker & Hops, 1976) and have been shown to have more interpersonal successes and social acceptance among peers (Asher & Taylor, 1981). Horney (1945) hypothesized that social skills and interpersonal functioning were central to emotional adjustment and mental health and that children who develop positive and effective social skills are likely to develop a personality style characterized by highly adaptive and successful social behaviors.

Conversely, a deficit in social skills can have disturbing consequences that result in lifelong problems (Matson & Ollendick, 1988; Merrell & Gimpel, 1998). A lack of social skills has been linked to a myriad of problems including juvenile delinquency, school drop out, and mental health problems (Matson & Ollendick, 1988) Deficiencies in social skills are related to major problems in adjustment with peers at school and also with family at home. Kagan and Moss (1962) found that problems with social skills can lead to social interaction anxiety, sex role identification, and patterns of sexual behavior. Merrell and Gimpel (1998) found inadequate social skills to have negative effects on

externalizing problems, internalizing problems, and psychiatric disorders. Children with inadequate social skills often act out and have problems that negatively affect their lives including aggression, antisocial behavior, hyperactivity, and conduct disorder syndrome (Quay, 1986). Children with social problems also often have internalizing disorders such as depression, anxiety, social withdrawal, and certain physical problems that often have emotional or psychological components (Merrell & Gimpel, 1998).

It had been very difficult for professionals to define social skills because the construct is simple, yet it relies on many psychological constructs and human traits such as, personality, intelligence, language, attitude, and behavior-environment interaction (Merrell & Gimpel, 1998). The variety of traits, abilities, and behaviors that constitute social skills has resulted in many definitions of the term and has made it incredibly difficult to create one single definition (Merrell & Gimpel, 1998). Michelson, Sugai, Wood, and Kazdin (1983) looked at numerous definitions of social skills and recognized similar wording and terminology used among the definitions. Based on this information, they were able to identify seven components of social skills that are included in many definitions:

1. Social skills are mostly gained through learning, specifically social learning, including observation and modeling.

2. Social skills consist of verbal and non-verbal behaviors that are explicit and distinct.

3. Social skills include both effective initiations and appropriate responses.

4. Social skills elicit beneficial responses from the social environment.

5. Reciprocity and timing of certain behaviors are important in social interactions.

6. Social skills performance depends both on the characteristics and traits of the person and the specific situation or environment. For example, age and gender of the recipient affects a person's social performance.

7. Some people have deficits or excesses in their social skills, but there are interventions available that help promote effective social skills.

Along with the definition of social skills, it is important to understand the practical aspects of social skills by examining concrete examples that provide frameworks for viewing these skills. Stephens (1978) developed a general framework of basic categories and subcategories of social skills, which was later detailed by Cartledge and Milburn (1986). Social skills were grouped into 4 main categories and then broken down further into 30 subcategories.

Self-Related Behaviors	*Environmental Behaviors*
Accepting consequences	Care for the environment
Ethical behavior	Dealing with emergencies
Expressing feelings	Lunchroom behavior
Positive attitude toward self	Movement around environment
Responsible Behavior	
Self-Care	
Task-Related Behavior	*Interpersonal Behaviors*
Asking and answering questions	Accepting authority
Attending behavior	Coping with conflict
Classroom discussion	Gaining attention
Completing tasks	Greeting others
Following directions	Helping others
Group activities	Making conversation
Independent work	Organized play
On-task behavior	Positive attitude toward others
Performing before others	Playing informally
Quality of work	Property: own and others

Social cognitive development refers to the changes in cognitive functioning that allow children to develop and acquire increasingly complex social skills that help them create meaningful relationships with other people (Merrell & Gimpel, 1998). During child development, social cognitive development is imperative for learning and acquiring social skills and behaviors. According to Bandura's theory of social learning, children use observational learning to advance their social cognitive development (Bandura, 1978). Based on this theory, children learn how to perform new behaviors through watching models and remembering what they observe. Children then exercise their new physical and cognitive ability to act out the new behavior and gain the motivation to do so (Bandura, 1978).

Bandura (1978) also explained the process of triadic reciprocity as part of his social cognitive theory. Included in triadic reciprocity are the person, the behavior, and the environment. These three different parts of the triad contribute to development by influencing each other. For example, a child is born with a highly sensitive temperament and is easily frightened by new situations and people (the person variable). The child avoids new stimuli and adopts a behavioral style of avoidance and inhibition (behavior variable). The child does not seek out stimulating environments and therefore loses out on opportunities for social interaction development (the environment variable). In turn, people in the environment may ignore the child creating deficits in the child's social skills potentially leading to the development of withdrawn and socially isolated patterns of behavior (Merrell & Gimpel, 1998). These three variables are mutually influential and shape each other, ultimately strengthening a child's behavioral/personality style, even if it is maladaptive (Merrell & Gimpel, 1998).

Social cognitive development is also described as consisting of many specific skills and processes that aid in the development of social competence in distinct ways (Merrell & Gimpel, 1998). Eisenberg and Harris (1984) studied social cognition and identified five factors that directly contributed to social competence: perspective taking, conceptions of friendship, interpersonal problem-solving strategies, moral judgment, and communication skills. These social cognitive factors are critical in the development of children's social skills and each play an important role in every stage of development, including early childhood, middle childhood, and adolescence.

Social Skills Development During Early Childhood

The early childhood developmental period begins at age three and extends to about first grade, or age seven. In terms of cognition, Piaget (1983) grouped children at this age into what he called the preoperational stage. Kindergarten-age children lack the ability of logical reasoning and are easily confused between reality and appearance. Piaget (1983) also describes young children as egocentric, meaning they have a hard time taking the perspective of others and understanding their experiences. With regards to morality, Kohlberg (1969) suggested that children at this age are in the preconventional moral reasoning stage; they consider actions as right or wrong only in terms of the immediate consequences of that action. Young children experience a wide range of emotions, but can only describe them along a limited number of dimensions (e.g. happy or sad, good or bad). Erikson (1950) described the psychosocial development of children

in early childhood and identified the development of autonomy as a crucial factor; children at this age are increasing their independence from their parents.

In terms of social skills, Eisenberg and Harris (1984) found that during this stage, young children rapidly increase their ability to understand the cognitions and emotions of others, although the preoperational nature of children at this age does put some natural limits on this skill. By age 5, the ability to think in terms of consequences becomes important and communication skills become critical. Children gain communication skills such as listener responsiveness, turn-taking, positive reinforcement, and how to maintain attention (Eisenberg & Harris, 1984).

Friendship characteristics and activities require more social skills as children develop through early childhood. Children progress from parallel play to coordinated play and Gottman (1983) suggests the highest level of coordinated play is fantasy play, which helps children practice different social roles and helps children learn how to resolve some fears. Friendships during early childhood are based on maximizing excitement and entertainment, playing together, physical proximity, and common activities and possessions among the children (Parker & Gottman, 1989).

Social Skills Development During Middle Childhood

The developmental period of middle childhood ranges from about the end of first grade to early adolescence, or ages 7-13. Piaget (1983) placed children at this age in the concrete operational stage of cognitive development, specifically stating that they have gained the ability to use simple logic, but they have not yet mastered the skill of abstract

thinking and can only perform mental operations on tangible objects and actual events. Children in the concrete operational stage have developed skills that were formally elusive to them in the preoperational stage including reversibility, decentration, and conservation (Piaget, 1983).

During middle childhood specifically, social development is characterized by learning to function beyond the family and become more comfortable in a broader social context (Merrell & Gimpel, 1998). In terms of psychosocial development, Erikson (1950) believed that children of about this age alternate between feelings of competence after mastering a new challenge and feelings of low self-esteem based on failure. Kohlberg (1969) found that children in middle childhood make moral decisions with more complexity than younger children. He referred to this new moral stage as conventional morality, where children pay more attention to rules and social conventions when making decisions instead of just looking at the immediate consequences.

During the developmental stage of middle childhood, children acquire more social skills, including affective and cognitive perspective-taking, and they become better able to understand people's personalities and learn to appreciate that there is more to a person's inner state than the immediate, observable situation (Eisenberg & Harris, 1984). It is also important for children in this developmental age group to learn how to generate alternative solutions for social problems that may arise. If children in middle childhood have only a limited number of options and solutions for social problems, they become increasingly at risk socially (Merrell & Gimpel, 1998), which is why it is critical for children to develop means-end thinking as an interpersonal problem-solving skills (Pelligrini, 1980).

It is also important for children in middle childhood to develop new communication-related social skills. In this developmental period specifically, children learn skills such as mutual attention and providing feedback. It is critical that children use cooperative, helpful, and positive communication because their peers are expecting it at this age (Keane & Conger, 1981).

In middle childhood, friendships are based on more than just proximity like as is often in early childhood. Older children have gained more values and can identify specific traits they feel are important for their friends to have. Children at this age tend to describe their friends as people who help and support them, and value traits such as trust, loyalty, and admiration (Eisenberg & Harris, 1984). The majority of children in middle childhood are preoccupied with fitting in and being included by their peers, so children at this age tend to be concerned about self-presentation and try to avoid rejection as much as possible (Goldstein & Gallagher, 1992). In elementary school, the social world of children becomes more complex and hierarchies of social groups begin to form that differ in social status and power (Hartup, 1984). Teasing increases between these groups and children begin to use humor, gossip, and negative evaluation, which sometimes cause negative social consequences. However, these negative social behaviors also serve the purpose of strengthening specific peer groups and keeping the hierarchy intact (Merrell & Gimpel, 1998).

Social Skills Development During Adolescence

Adolescence is often described as beginning around sixth or seventh grade, or age 13, and it ends when children begin to assume more adult-like roles and responsibilities, which can vary greatly between individuals. Typically defined, adolescence ends during the upper teenage years (Merrell & Gimpel, 1998). Piaget (1983) theorized that the onset of adolescence marks the beginning of the formal operational stage of cognitive development; children at this age now have the ability to use formal logic and also learn how to think abstractly (Piaget, 1983). Normally developing adolescents no longer need to rely on trial-and-error methods to solve problems; they are much more systematic in their approaches (Piaget, 1983).

Kohlberg (1969) places adolescents in the postconventional moral reasoning stage. In this stage, people place more emphasis on their personal morals and values when decided between right and wrong instead of relying solely on external consequences (Kohlberg, 1969). It is important to note that not all adolescents reach this level of moral development; some remain in the lower level of conventional morality (Kohlberg, 1969).

Adolescence is often described as a period of storm and stress when young people are working hard to develop a sense of who they are and what they are all about (Merrell & Gimpel, 1998). Erikson (1950) labeled the developmental task at this stage as identity versus confusion, suggesting that working through this crisis is central to adolescent development. Everybody resolves this crisis in different ways and at different paces; some individuals put off the task of figuring out themselves until much later in life (Erikson, 1950).

Social expectations, demands, and abilities become more much complex during adolescence because the cognitive and social capabilities of people at this age are maturing (Merrell & Gimpel, 1998). Adolescence marks the formal development of emotional perspective taking, or empathy. A study conducted by Walker, Steiber, and Eisert (1991) found that the skills needed for empathy do not often emerge until adolescence. One reason for this may be that adolescents have advanced language skills that younger children do not possess, meaning adolescents have an increased number of supportive social communication statements that lead to more appropriate verbal comforting strategies (Eisenberg & Harris, 1984). Empathy is a social skill that is expected by the end of adolescence and the lack of this skill could lead to social problems with peers and adults (Merrell & Gimpel, 1998).

Friendships become more complex during adolescence and are often described as autonomous and typified by the process of self-exploration (Gottman, 1983). Gottman (1983) states that adolescents find out who they are, what they believe, and who they will become through their relationships and interactions with friends, suggesting that Erikson's (1950) task of identity versus confusion takes place in the context of friendships. In adolescence, friends are defined as people with close, open relationships who do not cause problems for each other (Eisenberg & Harris, 1984). Exclusivity becomes important in adolescent friendships, while being nice becomes less important (Selman, 1981).

Positive emotional and social development are both extremely important in the growth and well-being of children as they mature and progress through life. Many studies have shown that children with high levels of social and emotional skills who can

accurately express and read emotions and develop healthy relationships have more positive academic and non-academic outcomes, including higher test scores and less substance abuse (CASEL, 2003). There are numerous risk factors and possible problems that children face that could hinder socio-emotional development and negatively effect their overall development and outcomes in life. For example, familial stresses in childhood (e.g. divorce, abuse, etc.) will produce emotional stress in children, which will hamper emotional development (Elias et al., 1997; Hesse & Cicchetti, 1984; Humphrey & Humphrey, 1989). Children who cannot effectively regulate and express their emotions, or accurately read the emotions of others, will most likely develop unhealthy social relationships and potentially spiral down a negative life trajectory. For this reason, it is important that efforts are made to remove the negative aspects of child's life, or at least keep them under control (CASEL, 2003; Humphrey & Humphrey, 1989). Social emotional learning programs are needed to promote healthy socio-emotional development in children and help kids learn to cope with stressors in their lives and keep them headed in a positive direction (CASEL, 2003). There are hundreds of social emotional programs available to educators, however it is important to note that not all programs are created equal (CASEL, 2003). The following section is an evaluation of six of the best programs created for the development of social and emotional skills in children.

Chapter 3

Evaluations of Social and Emotional Learning Programs

Social and emotional learning (SEL) programs helps students learn and develop academic, social, emotional, and ethical skills. SEL implementation maximizes the potential of all students by preventing problems and promoting students' wellbeing and success in both school and life (CASEL, 2003). According to the Learning First Alliance, schools that include SEL in the curriculum benefit from the students' improved attitudes and behaviors (CASEL, 2003).

The Collaborative for Academic, Social, and Emotional Learning (CASEL) describes social and emotional learning as "the process of developing the ability to recognize and manage emotions, develop caring and concern for others, make responsible decisions, establish positive relationships, and handle challenging situations effectively." There are many programs designed to encourage social and emotional learning in children by promoting student engagement in learning, attachment to school, social skills, and safety. Both educators and parents want all children to attend schools that use proven methods of enhancement in students' social and emotional growth (CASEL, 2003). According to a 2000 Gallup poll, 76 percent of respondents wanted more in-school education on the topic of racial and ethnic understanding and tolerance and 85 percent agreed that schools needed more drug and alcohol prevention education (CASEL, 2003). The cover story in the March 1999 edition of the National PTA magazine described the powerful effect social and emotional learning can have on student's preparedness and

readiness to learn and the article also stressed that schools share in the responsibility for giving children help in this area (CASEL, 2003).

In 2001, the National Conference of State Legislators passed a resolution calling for social and emotional learning in schools, stating, "Legislators have an obligation to help our children acquire the skills they need to become productive and contributing members of our society. As part of this responsibility, we must encourage our schools the ensure that children are well trained in academic subjects and also given the social-emotional skills that build character and lay the foundation of good citizenship," (CASEL, 2003). The federal No Child Left Behind Act of 2002 (NCLB) requires schools to teach social and emotional learning through prevention/intervention programs that are grounded in empirically based research that provides evidence of effectiveness (CASEL, 2003). Under NCLB, schools must be safe and drug-free, prevent at-risk youth from dropping out, provide support for delinquent youth to ensure their continued education, and close the achievement gap between advantaged and disadvantaged children by providing all students with social and emotional learning programs that teach skills necessary to be successful in school and in life (CASEL, 2003). Studies have shown that many of these skills acquired through social emotional learning programs help prevent high risk behaviors in students, including drug use, violence, early sexual activity that puts adolescents at risk for sexually transmitted diseases and teen pregnancy, and suicide (CASEL, 2003).

Schools are able to meet these NCLB requirements through the use of comprehensive, integrated, and evidence-based programs. Many social and emotional learning programs fit into the prevention guidelines of NCLB, including 1) The

High/Scope Preschool Program; 2) Promoting Alternative Thinking Skills (PATHS); 3) Caring School Community, 4) Skills, Opportunities, and Recognition (SOAR - Formerly the Seattle Social Development Project), 5) Teenage Health Teaching Modules, and 6)Lion's Quest. Each program has shown evidence of effectiveness, and when implemented in schools, has increased student achievement and overall wellbeing. The addition of these programs to a school's curriculum enhances the students' school experience and helps create well-rounded, productive, and democratic citizens (CASEL, 2003).

The following is a review of the six social emotional learning programs listed above. These programs were selected based on CASEL's extensive review of 80 programs designed to promote health, prevention, and positive youth development (CASEL, 2003). In order to be included in CASEL's review, the programs had to fulfill four main criteria: 1) the program must be school based and presented in a sequential order to the general student population and not just at-risk students, 2) there have to be at least eight lessons per program year, 3) the program must span across two consecutive grade levels or at least promote lesson reinforcement beyond the first year of the program, and 4) the program must be nationally available (CASEL, 2003). CASEL requires these factors in order to assure that all of the programs are of sufficient intensity and duration, that student learning can build upon the lessons that came before, and that teachers present key materials and implement the programs consistently in classrooms across the country (CASEL, 2003).

All of the programs in this review have been labeled by CASEL as a "Select SEL" program; meaning that the programs all meet CASEL's standard of excellence in

the three areas that CASEL has identified as the most important factors in SEL programs: outstanding SEL instruction, evidence of effectiveness, and outstanding professional development. These programs have also been shown to consistently address all or nearly all five groups of SEL skills and competencies as identified by CASEL. These skills are self-awareness, social awareness, self-management, relationship skills, and responsible decision making. CASEL defines self-awareness as the ability to recognize and identify one's emotions along with developing and nurturing one's own strengths and positive qualities. Being socially aware means that a person is able to understand other people's thoughts and feelings and can take the perspective of others and appreciate their differences. Self-management skills include examining and regulating one's emotions and taking steps toward reaching positive goals. Relationship skills include effective communication, cooperation, conflict resolution, and the ability to resist inappropriate and risky social pressure in order to establish and maintain healthy, rewarding relationships. CASEL defines responsible decision making as assessing situations and problems and generating, executing, and evaluating ethical solutions that promote the well being of yourself and others (CASEL, 2003).

The main interest in CASEL's review of social and emotional learning programs is the evidence of effectiveness. The evaluations of the programs must show evidence of positive outcomes in children's behavior through well designed studies that include a pre-test and post-test assessment, a comparison control group, and measures in student behavior change, not just changes in attitude (CASEL, 2003). CASEL also noted if the programs received a positive designation in one or more federal reviews. All of the

programs summarized in this review have been included in federal reviews and received positive designation.

High/Scope Educational Approach for Preschool and Primary Grades

The High/Scope Education Approach for Preschool and Primary Grades is a program designed for children in pre-kindergarten through third grade. There is strong evidence that this program is effective and it has been identified as a program that works in several federal reviews (CASEL, 2003). The Office of Juvenile Justice and Delinquency Prevention designated the High/Scope program as "Promising", the U.S. Surgeon General voted it "Promising-Level 2 (Risk Prevention), and the Substance Abuse and Mental Health Services Administration designated it as "Effective" (CASEL, 2003).

In the High/Scope program, preschoolers are put in a natural learning environment where they engage in 58 "key experience" activities that are designed to help foster the development of the children's critical skills and abilities. Some of the skills include language, music, social relations, numbers, space, time, and movement. The framework is empirically-based and was created with 5 key principles in mind: active learning, supporting children's initiative and understanding their learning, a child-friendly and home-like learning environment, a consistent daily routine, and constant and consistent child assessment (CASEL, 2003).

The 58 "key experiences" that make up the High/Scope program address all 5 of the SEL competence categories. In order to gain relationship management skills, children

begin having fun with language by learning how to read and write and they participate in group games through collaborative play. Self-awareness is addressed through activities on expressing feelings. Children learn social awareness through practicing being sensitive to others and their feelings and needs. Self-management is learned through exploring different materials and planning, doing, and reviewing. Children are taught how to solve problems and make choices in order to help increase their responsible decision making skills (CASEL, 2003).

CASEL (2003) describes some features of the High/Scope program that make it distinctive from other programs. For example, this program specifically promotes academic achievement and enhances school readiness skills, which not all programs do. They do this through the use of developmentally appropriate learning materials and instructional methods. The High/Scope program is also sensitive to diversity, which is not seen in every SEL program. This program specifically makes a point to use photos of people of different ages, genders, races, and cultures in all of their printed material (CASEL, 2003).

Evaluation

Schweinhart, Barnes, & Weikart (1993) conducted a study of the long-term evaluations of the High/Scope Preschool Program by following 123 African American children from age 3 to age 27. The children were randomly assigned to either a 2-year High/Scope active learning program or to a non-program control group. In comparison to the control group, at age 27 the High/Scope group had many more positive social and academic outcomes in their lives. For example, the people who participated in the

High/Scope program had higher salaries, were more likely to graduate from high school, and were more likely to own their own home. At age 14 they scored higher on the SATs and other standardized tests and at 19 they had a higher level of general literacy. Females from the High/Scope program were less likely to have children out of wedlock and were more likely to be married by age 27. Overall, the children in the High/Scope group spent less time in special education classes than the children in the control group. Schweinhart and colleagues (1993) ran a cost-benefit analysis on the High/Scope Preschool Program and estimated that this program saves the public $7.16 forever dollar spent.

Another study conducted by Schweinhart and Weikart (1997) followed 68 3-year-old children who were living in poverty. The children were randomly assigned to a two-year High/Scope program, a traditional nursery school, or a Direct Instruction model in which teachers directed student activities. The study followed the children to age 23 and found that the High/Scope and nursery groups had better outcomes than the Direct Instructional group, including fewer arrests and spent fewer years in special education classes.

PATHS – Promoting Alternative Thinking Strategies

The PATHS program was created for kindergarten through sixth grade classes to help promote social and emotional competence, increase critical thinking skills, and improve the classroom environment by preventing violence, aggression and other problem behaviors (CASEL, 2003). These skills are taught in 30-45 lessons in each grade level k-6. There is strong evidence that the PATHS curriculum is effective and is

had been designated a "Model" program by the Office of Juvenile Justice and

Delinquency Prevention and the Substance Abuse and Mental Health Services

Administration. It was also designated a "Promising" program by the U.S. Department of

Education and a "Promising-Level 2 (Risk Prevention)" program (CASEL, 2003).

In the PATHS curriculum, young students learn to identify a wide range of

feelings based on their associated physiological reactions and discover how to calm

themselves by using certain breathing techniques. Children also learn how to solve

interpersonal problems by taking the perspective of others. Teachers use creative

instructional strategies in order provide consistent opportunities for the students to apply

their newly acquired skills outside of the lessons (CASEL, 2003). For example, a teacher

may hold a meeting with the entire class when conflicts arise and work the students to

come up with a solution (CASEL, 2003).

CASEL has identified a distinctive feature of the PATHS curriculum that is not

found in many other SEL programs. Primarily in grade 5, students in the PATHS

program learn specific study skills and work habits in order to promote academic

achievement. Students learn skills in classroom listening, organization, planning, and

academic goal setting. Teachers also encourage their students to apply the problem-

solving skills they have learned in other PATHS lessons to various academic content

areas (CASEL, 2003).

Evaluation

One study conducted by Greenberg and Kusche (1998) looked at first- through

sixth-grade African American and Caucasian students, as well as deaf and special needs

students. The length of the PATHS intervention was one academic year and the follow-up was four to five years later. Greenberg and Kusche (1998) found significant academic improvements among deaf children at all grade levels, especially in reading comprehension. Peers, teachers, and parents all rated the positive SEL outcomes of the PATHS curriculum. The peers noticed reduced aggression and hyperactive-disruptive behavior, specifically among first graders in regular education classrooms. The teachers rated more positive outcomes including more behaviors related to emotional adjustment and less behavioral impulsivity. Parents of deaf children rated high levels of social competence among their children in grades one through six.

Observers in a different study conducted by Kam, Greenberg, and Kusche (1999) compared the behaviors and actions of first-graders in an intervention classroom to first-graders in the control group classroom. The observers noted many more positive behaviors in the intervention group than in the control group. For example, in the intervention group, the children followed rules, expressed emotions appropriately, and showed interest and enthusiasm in their work while staying on task.

Caring School Community (Child Development Project)

The main purpose of the Caring School Community program is to help build a strong school community by strengthening the relationships between all of the students, between the students and teachers, and between the school and families (CASEL, 2003). By emphasizing good citizenship throughout the multiyear program, the Caring School Community program expects to increase student attachment to school and help the

students gain positive social, emotional, and academic outcomes. The evidence of the effectiveness of this program is strong and it was designated a "Promising" program by the U.S. Department of Education and a "Model" program by the Substance Abuse and Mental Health Services Administration (CASEL, 2003).

The Caring School Community program consists of four components that give the students many opportunities to learn and practice skills in all five categories of SEL competencies. The four components are class meetings, cross-age buddies or peer mentoring, inclusive school-wide activities, and home/family involvement activities (CASEL, 2003). For example, during class meetings students learn responsible decision-making skills because they have a role in choosing what to learn and they also help establish and monitor the class rules. The students also learn social awareness through the buddies component by learning and practicing how to understand the feelings, concerns, and interests of others. They learn skills in self management through activities designed to strengthen their skills in goal setting and self control and they learn self awareness by learning how to examine and describe how the feel (CASEL, 2003). All of the four components of the Caring School Community program address communication skills, which strengthens the relationship management category of the SEL competencies. All of the competencies are learned through teacher modeling, rehearsal, and independent application (CASEL, 2003).

Some of the distinctive features in the Caring School Communities program include Reading for Real and Number Power. Reading for Real is a component of the program that covers reading comprehension, speaking, writing, and analytical skills. Number Power helps students learn math by applying the skills to real-life situations.

These features promote academic achievement among the students and work to transform the classroom environment and teaching methods to promote learning (CASEL, 2003).

Evaluation

Soloman, Battistich, Watson, Schaps, and Lewis (2000) conducted the largest study that evaluated the Caring School Community program. The study consisted of more than 5,000 Caucasian, African American, and Latino students who were randomly assigned to the intervention group or the control group. The intervention period lasted up to five years through grades K-6. The outcomes for the students who participated in the Caring School Community program were much more positive than students from the control group. At post-test, students who participated in the program reported lower alcohol and marijuana use. Teachers reported that students who were involved in the intervention were more likely to work out their own methods of learning, were friendlier and more supportive of their peers, and used problem-solving behaviors to resolve their own interpersonal conflicts.

A smaller follow-up study conducted by Battistich (2001) evaluated the effects of the Caring School Community program on 525 students after they entered middle school. The study found that students who participated in the intervention program had earned higher grade point averages and test scores, were more involved in positive youth activities, and were less likely to be involved in misconduct at school including acts of violence than the students in the control group. This study did not find any differences related to alcohol and tobacco use between the intervention and control groups.

Skills, Opportunities, and Recognition (SOAR)

SOAR is a school-wide program from grades K-6 that promotes changes in teaching strategies that strengthen instructional practices in order to help students develop healthy behavior. The program deals with evidence-based protective and risk factors and ultimately provides students with skills, opportunities, and recognition at school and at home (CASEL, 2003). There is strong evidence in the effectiveness of SOAR and it was given designation in federal reviews (CASEL, 2003). SOAR was designated an "Effective" program by the National Institute on Drug Abuse and the Substance Abuse and Mental Health Services Administration, a "Promising" program by the U.S. Department of Education and the Office of Juvenile Justice and Delinquency Prevention, and a "Model-Level 1 (Violence Prevention)" program by the U.S. Surgeon General (CASEL, 2003).

Teachers and school staff receive professional development training through an eight-step model created for teaching social and emotional skills. This model uses CASEL's three-stage framework for SEL instruction, which is providing information, guided practice, and opportunities for application. Teachers are taught how to incorporate social and emotional learning into their classroom teaching and throughout the school. The social and emotional skills taught through SOAR addresses four of CASEL's five SEL competencies; self-awareness, self-management, responsible decision making, and relationship management (CASEL, 2003). In order to gain self-awareness skills, children are taught how to identify their emotions and increase their self-confidence. Self-management is taught through lessons on managing emotions. Students

learn responsible decision making by learning how to respect others, problem solve, and take personal responsibility for their own actions. In order to gain skills in relationship management, students spend time working together and they learn how to give encouragement and compliments to their peers and also how to refuse unwanted or risky behavior (CASEL, 2003).

The components of SOAR were designed to help children learn how to behave responsibly and solve problems at school as well as at home. Through this program, children develop strong bonds with their teachers, peers, and families. A large part of SOAR is family involvement and parents learn many of the same skills as the teachers. Both teachers and parents learn how to communicate healthy beliefs and clear standards for behavior to their students in order to help children develop healthy behaviors. Parents and teachers are also taught to recognize the individual characteristics of each young person and to foster the development of strong bonds to their families, schools, and communities (CASEL, 2003). One component that is specifically designed for parents is the Preparing for the Drug Free Years program (now called Guiding Good Choices), which gives parents information and skills to help reduce the likelihood of substance abuse by their children (CASEL, 2003).

Evaluation

Lonczak, Abbott, Hawkins, Kosterman, and Catalano (2002) conducted a study to evaluate SOAR and assess the intervention. The sample included Caucasian, African American, and Asian American students in grades 1-6. The groups included a full six-year intervention, a two-year intervention (grades 5-6), and a control group. The

outcomes for the full intervention group were significantly more positive than the other 2 groups. The students who participated in the full six-year intervention had positive academic, social/emotional, and health outcomes. Boys from low-income families who were part of the full intervention scored much higher on the combined reading and math tests of the California Achievement Test than boys in the other groups and they also showed higher social skills and less interaction with anti-social peers. Girls from low-income families who participated in the fill intervention smoked cigarettes less frequently than girls in the other groups.

This same study conducted a follow up nine years after the intervention ended when the students were 21 years old. The results showed that students who participated in the full six-year intervention program engaged less frequently in heavy drinking and sexual intercourse than students from the other 2 groups. They had fewer sexual partners, engaged in fewer violent acts, and had positive behaviors in school. The positive health outcomes of students from the full intervention included a later age of first sexual encounter and fewer sex partners. The researchers also found that among African Americans, there was higher condom use and lower rates of sexually transmitted diseases. There were also fewer pregnancies and births among African American women who participated in the six-year program than women from the control group.

Catalano, Mazza, Harachi, Abbott, Haggerty, and Fleming (2003) looked at students in grades 1-2 who participated in SOAR for 1.5 years. The results included higher teacher and parent ratings of participants in the intervention group in reading and math. These students also gave more effort in school and had a greater desire to do well.

There were also documented gains in social skills including cooperation and problem solving and declines in anti-social behaviors for among the intervention students.

Teenage Health Teaching Modules

The Teenage Health Teaching Modules is a health education curriculum for adolescents in grades 6-12 consisting of 41-91 lessons per year. The aim of this program is to help students develop skills in communication, decision-making, goal formulation, self-assessment, risk assessment, health advocacy, and self-management (CASEL, 2003). The Teenage Health Teaching Modules is one of the only programs reviewed by CASEL that includes lessons and prevention programming across all five behavioral content areas (drug prevention, violence prevention, healthy sexual development, other health topics, and citizenship) in an effective way (CASEL, 2003). Both the U.S. Department of Education and the Substance Abuse and Mental Health Services Administration designated this program as "Promising" (CASEL, 2003).

Students learn many health related skills that they can practice and apply beyond the classroom. They learn how to assess risks and manage stress and other emotions that impact health. Through the theme of the program, "Concern in Action," students learn to support their peers in making healthy and responsible decisions. Through their assignments and projects the students learn how to advocate for good health in their communities (CASEL, 2003).

Evaluation

A study conducted by Errecart, Walberg, Ross, Gold, Fiedler, and Kolbe (1991) looked at middle and high school students and found significant positive effects specifically among the high school students. Students involved in Teenage Health Teaching Modules had a reduced use of tobacco, alcohol, and illegal drugs. These students also ate less fried food at post-test.

A second study conducted by Slaby, Wilson-Brewer, and DeVos (1994) used 237 students, primarily African American seventh and eighth grade students who were believed to be at high risk for violence. This study investigated the middle school violence prevention module of Teenage Health Teaching Modules and the results were mixed. The positive outcomes on student's social problem skills were only marginally significant as were the outcomes of aggression and anti-social behaviors. Teacher reports did suggest that students who participated in the program had improvements in behavior as victims of violence and as bystanders as well as reduced aggressive behaviors.

Lions-Quest ("skills" series)

Lions-Quest is a program series for students in grades K-12 that is divided up into three units based on grade level. Skills and Growing is for grades K-5, Skills for Adolescence is for grades 6-8, and Skills for actions is for grades 9-12. Lions-Quest has about 64-103 lessons per year that provide coverage on a broad range of topics including substance abuse prevention, violence prevention, and citizenship in order to help students learn and develop the behaviors and skills needed to become healthy and productive

adults (CASEL, 2003). There is strong evidence that Lions-Quest is an effective program and certain units have been designated in federal reviews. Skills for Adolescence has been designated an "Effective" program by the Substance Abuse and Mental Health Services Administration and a "Promising" program by the U.S. Department of Education (CASEL, 2003).

Through even unit in Lions-Quest, students learn a wide range of skills and practice how to apply them to everyday life. The children learn skills in anger management, practice taking other people's perspectives during conflicts, learn to use self-talk to manage their emotions, and begin to identify and appreciate the special qualities in everyone that makes people different (CASEL, 2003). Students also practice the 5 keys to effective listening, the 5-step decision making model, and the three steps for effective refusal. The main values that Lions-Quest aims to develop in children are honesty, self-discipline, respect for self and others, and the important of family and friends. The students also take part in service learning projects where they are given the opportunity to reflect on their personal skills and contributions (CASEL, 2003).

Evaluation

Eisen, Zellman, Massett, and Murray (2002) evaluated Lions-Quest for 12 months and the participants included Caucasian, African American, and Latino students from all grades K-12. The students were divided into Lions-Quest intervention groups and control groups. Compared to the control groups, students who took part in Lions-Quest had higher grade point averages, fewer schools suspensions, and higher grades in both English and math. Along with the positive academic outcomes, there were many positive

outcomes for students with regards to substance use as well. Students who participated in the program reported lower lifetime and 30-day alcohol use, 30-day binge drinking, 30-day cigarette use, lifetime marijuana use, and current beer, liquor and chewing tobacco use.

Chapter 4

Conclusion

Based on research in the field, there is a general agreement that it is important for schools to foster children's social and emotional development (Zins, Bloodworth, Weissberg, & Walberg, 2004). Studies have shown that the inclusion of social emotional learning programs in schools and classrooms decreases problem behaviors, such as bullying and inattention, and promotes positive behaviors in children of all ages including skills in self-awareness and responsible decision making (Zins et al., 2004). Social emotional learning plays a critical role in both the academic and nonacademic outcomes in children's lives and researchers have found empirical evidence that suggests social emotional learning efforts improve children's success in both school and life (Zins et al., 2004). Prosocial behaviors in the classroom has been linked to positive intellectual outcomes including higher achievement test scores along with improvements in children's health, safety, citizenship, and interpersonal skills (Pasi, 2001).

The evidence presented in this paper makes a case that social emotional learning practices promote positive developmental outcomes and can improve the success of children in both school and life. The programs used to support this claim all incorporated comprehensive, multiyear, and multicomponent approaches and had many similar characteristics; all of the programs taught children developmentally appropriate social emotional learning skills based on sound theories and solid research (CASEL, 2003; Elias et al., 1997).

Future Directions

Research and Evaluation

In order to gain more knowledge about the magnitude and universality of social emotional leaning effects, large-scale randomized trials are necessary. The small-scale studies that have been conducted in the past have not established the full breadth of the effects that social emotional learning has on school and life success. Large-scale studies will give researchers more information about the effects of social emotional learning on a wider variety of schools and a greater range of children of various ages and demographics (Walberg, Zins, & Weissberg, 2004). Randomized field trials are used to eliminate potential biases in the study and will make the findings on social emotional learning more convincing (Walberg et al., 2004).

More detailed descriptions of the studies, features, and outcomes of social emotional learning programs will help researchers and educators better understand the links between social emotional skills and positive outcomes. Meta-analyses of studies and findings will allow policy makers and educators to make more educated decisions on which social emotional learning programs to implement based on the effects of the programs and the documented short and long-term outcomes (Walberg et al., 2004).

Cultural Considerations

There are cultural differences in the skills associated with emotional and social competence that are a function of the "collectivistic versus individualistic" nature of specific cultures (Triandis, 1993). In Western and more individualistic cultures, shyness

is often associated with peer rejection and psychosocial maladjustment, but it does not have the same negative associations in more collectivistic cultures, such as China (Rose-Krasnor & Denham, 2009). There has also been research that shows how culturally based differences in parenting styles and behaviors can affect social competence in children (Rubin & Chung, 2006).

Miller (2004) argues that there is a great need to recognize the differences between cultures and recognize how those differences can affect social and emotional development and competence in children. It is important to have an understanding of how children from different cultures develop and view social competence in order to interact with them effectively (Rubin, 2007). Research on cross-cultural relationships is needed because it could be harmful for a child to be exposed to an incompatible social emotional learning program (Rose-Krasnor & Denham, 2009).

Summary

Overall, the findings based on each social emotional learning program presented in this paper were consistent and showed positive outcomes in many aspects of child development. The successful results of all of the programs suggest that safe and orderly environments are conducive to learning and that caring teachers foster a desire to learn in students and promote students' feelings of connection to their school (Walberg et al., 2004). Also, social emotional learning programs work best when they address all or nearly all of the five social emotional learning competencies: self-awareness, social awareness, self-management, relationship skills, and responsible decision making. When

SEL programs, like the ones described in this paper, address these competencies, children develop emotional and social skills, including the ability to recognize and regulate their emotions, effectively communicate with others, resolve their conflicts, resist pressure to engage in risky behaviors, maintain healthy relationships, and make responsible decisions; all of these skills promote healthy development in children and lead to successful lives (CASEL, 2003).

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WORK EXPERIENCE

The Child Development and Family Council, State College, PA (September 2009 – Present)
- *Assistant Group Supervisor*. Help plan daily activities for elementary age children and gather necessary materials. Supervise and interact with children. Set up action plans and discipline methods for behavior problems. Communicate and interact with parents.

Youth Service Bureau, State College, PA (May 2009 – Present)
- *Big Brothers Big Sisters.* Currently act as mentor to 8 year old girl. Meet weekly with mentee, creating fun and interesting activities to do together.
- *Bellefonte Youth Center*. Interact with children ages 5-13 in various activities ranging from arts and crafts to substance use prevention programs.

The Pennsylvania State University, University Park, PA (January 2010 – Present)
-*Undergraduate Teaching Assistant – HDFS 411 "The Helping Relationship"*.
Meet weekly with professor and graduate student teaching assistant, grade papers and assignments, and work directly with undergraduate students during lab sessions.

The Pennsylvania State University, University Park, PA (October 2007 – Present)
- *Tour guide for undergraduate admissions.* Lead groups of 10-20 prospective students and families on campus tours. Provide information about Penn State, answer impromptu questions, keep groups entertained throughout 2-hour tours, and sell the school.

LEADERSHIP EXPERIENCE

HDFS Undergraduate Student Organization, University Park, PA (September 2007 – Present)
- Currently act as president of group. Increased group membership by 600%. In charge of organizing and running meetings, delegating responsibilities, and working directly with HDFS staff and faculty.

Women's Leadership Initiative, University Park, PA (September 2008 – May 2009)
- Chosen for selective group through recommendations and application process. Gained invaluable leadership skills through seminars and lectures, which will be used in every future endeavor.

HONORS

Student Marshal for the Department of Human Development and Family Studies (Spring 2010)

National Society of Collegiate Scholars, University Park, PA (September 2007 – Present)

Dean's List, University Park, PA (Fall 2006, Fall 2007 – Fall 2009)