

Implementation Research to Take Social Emotional Learning to Scale in Schools

Assistant Professor [Valerie Shapiro](#), co-director of the [Center for Prevention Research in Social Welfare](#), has received a [Stuart Foundation](#) grant to study the implementation of social-emotional learning strategies in Bay Area schools.

This research project, in collaboration with [Dovetail Learning](#), [Berkeley Unified School District](#), [San Lorenzo Unified School District](#), and the [Devereux Center for Resilient Children](#), will collect information from various sites to understand the naturally occurring variation that exists in implementation activities and outputs. This project will explore the relationship between program implementation and outcomes, generating recommendations for the routine implementation of social-emotional learning programs. This research will support the adoption and high-quality implementation of effective social-emotional learning programs in schools, promoting the social and emotional wellbeing of children.

Please contact the study principal investigator, Dr. Valerie Shapiro (vshapiro@berkeley.edu), for additional information.

Nearly 20% of youth between the ages of 12 and 17 in the United States have a mental, emotional, or behavioral disorder.^{1,2} Longitudinal research has identified reliable predictors of these problems.³ The predictors serve as clues as to what incidents and characteristics disrupt normative child development and what skills and supports children need to succeed. To promote positive youth development, communities need to intentionally act (“intervene”) in ways that reduce children’s experiences of risk and adversity (reduce “risk factors”) while uncovering and augmenting children’s strengths (increase “protective factors”). Resilience research has revealed that most children naturally have protective factors; intrinsic and learned capacities to overcome the adversities they face.⁴ Social emotional learning (SEL) interventions in schools are intended to uncover, recognize, and nurture these endemic capacities in children, disrupting trajectories toward problem occurrence, and strengthening their prospects for school and life success.⁵ There are SEL interventions that have been tested and demonstrated to be effective for supporting positive youth development.² Emerging science demonstrates that SEL interventions can impact a broad array of important child outcomes.⁶ SEL interventions increase social and emotional skills; improve student attitudes about themselves, others, and school; enhance social and classroom behavior; reduce emotional distress; and promote academic achievement.⁷

Despite these scientific advances, rates of mental, emotional, and behavioral problems in young people remains high. This is due, in part, to having an underdeveloped science to inform the widespread *delivery* of SEL interventions.⁸ SEL interventions are *implemented* by engaging in specified activities designed to put a program into practice.⁹ SEL interventions need to be implemented well for SEL interventions to achieve desired results.¹⁰ While research efforts are typically devoted to creating and evaluating interventions, only 1% of intervention research dollars are devoted to specifying and studying how to implement interventions effectively; knowledge that can actually help professionals use and apply interventions responsibly and reliably.^{11,12} A lack of knowledge about implementation can result in a carefully conceived, evidence-based intervention being subverted through inattentive or ineffective implementation approaches, ultimately undermining the intervention’s potential impact.²¹

This project will study the delivery of a SEL intervention (*The Toolbox Project*) to determine the implementation characteristics associated with the growth of social-emotional competence (indicated by *Devereux Student Strengths Assessment* scores) in children.

¹ Kessler, R.C., McGonagle, K.A., Zhao, S., Nelson, C.B., Hughes, M., Eshleman, S., et al. (1994). Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States. *Archives of General Psychiatry*, 51, 8-19.

² O’Connell, M.E., Boat, T., & Warner, K.E. (Eds.). (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. Washington, DC: National Academies Press.

³ Coie, J. D., Watt, N. F., West, S. G., Hawkins, J. D., Asarnow, J. R., Markman, H. J., et al. (1993). The science of prevention. A conceptual framework and some directions for a national research program. *American Psychologist*, 48, 1013-1022.

⁴ Masten, A. S. (2014). *Ordinary magic: Resilience in development*. New York: Guilford Press.

⁵ Shapiro, V.B. (2015). Resilience: Have we not gone far enough? A response to Larry Davis. *Social Work Research*, 39(1): 7-10.

⁶ Greenberg, M.T., Weissberg, R.P., O’Brien, M.U., Zins, J.E., Fredericks, L., Resnik, H., et al. (2003). Enhancing schoolbased prevention and youth development through coordinated social, emotional, and academic learning. *American Psychologist*, 58(6-7), 466-474.

⁷ Durlak, J. A., & DuPre, E. P. (2008). Implementation matters: A review of the research on the influence of implementation on program outcomes and the factors affecting implementation. *American Journal of Community Psychology*, 41, 327-350.

⁸ Wandersman, A., Duffy, J., Flaspohler, P., Noonan, R., Lubell, K., Stillman, L., et al. (2008). Bridging the gap between prevention research and practice: The interactive systems framework for dissemination and implementation. *American Journal of Community Psychology*, 41(3), 171-181.

⁹ Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).

¹⁰ Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of effective prevention programs. *American Psychologist*, 58, 449-456.

¹¹ Pronovost, P. J., Rinke, M. L., Emery, K., Dennison, C., Blackledge, C., & Berenholtz, S. M. (2004). Interventions to reduce mortality among patients treated in intensive care units. *Journal of Critical Care*, 19(3), 158-164.

¹² Proctor, E. K., & Rosen, A. (2008). From knowledge production to implementation: Research challenges and imperatives. *Research on Social Work Practice*, 18(4), 285-291.