



Social-Emotional Learning and Development: Educational Strategies

Connected 24

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Social-Emotional Development

Interrelated **cognitive**, **affective**, and **behavioural** competencies that help children...

- Cooperate with others
- Follow directions
- Pay attention
- Self-regulate



2



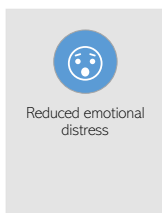
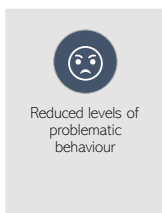
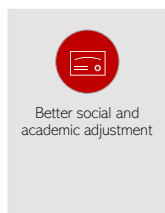
SE competence in childhood associated with...

Future positive health, education, and well-being

3

Targeting social and emotional competencies associated with...

4



5



Representative sample of 3,595 kindergarten teachers

- >50% of students did not have the self-regulatory skills needed to be productive in school

6

Development and Psychopathology 28 (2016), 899–911
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Biological processes in prevention and intervention: The promotion of self-regulation as a means of preventing school failure

CLANCY BLAIR¹ and ADELE DIAMOND²

¹Pennsylvania State University, and ²University of British Columbia

Abstract

This paper examines interrelations between biological and social influences on the development of self-regulation in young children and considers implications of these interrelations for the promotion of self-regulation and positive adaptation to school. Emotional development and processes of emotion regulation are seen as influencing and being influenced by the development of executive cognitive functions, including working memory, inhibitory control, and mental flexibility important for the effective regulation of attention and behavior. Developing self-regulation is further understood to reflect an emerging balance between processes of emotional arousal and cognitive regulation. Early childhood educational programs that effectively link emotional and motivational arousal with activities designed to exercise and promote executive functions can be effective in enhancing self-regulation, school readiness, and school success.



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8

5 most important competencies



Source: Taylor et al., 2017; Weissberg et al., 2015

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5 most important competencies

- 1 Self-awareness
–Recognizing emotions
- 2 Self-management
–Regulating emotions and behaviour
- 3 Social awareness
–Perspective taking, empathy
- 4 Relationship skills
–Healthy relationships
- 5 Responsible decision-making
–Making good choices across a variety of different situations

Source: Taylor et al., 2017; Weissberg et al., 2015

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Emotional Self-Regulation

Strategies used to adjust intensity or duration of emotional state



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Linked to adults' ability
to regulate emotions

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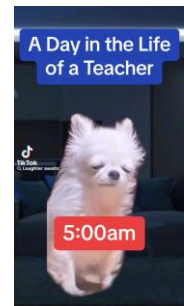
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Social Learning

Students' poor self-regulation:
Impact on educators

15

Impact on educators



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Impact on educators



Increased Stress
Levels



Time and Energy
Drain



Classroom
Management
Challenges



Individualized
Attention



Impact on Teaching
Strategies



Emotional
Exhaustion

17

Addressing Self-Regulation Skills

49^{RCTs}

JAMA Pediatrics | Original Investigation

Effectiveness of Universal Self-regulation-Based
Interventions in Children and Adolescents
A Systematic Review and Meta-analysis

Angg Permay, MD, David Hays, PhD, Shalochin, PhD, Anne Lisa Sudharto, MEd, PhD,
Sarah Lynn Brannaman, PhD, Russell A. Veen, MEd, PhD

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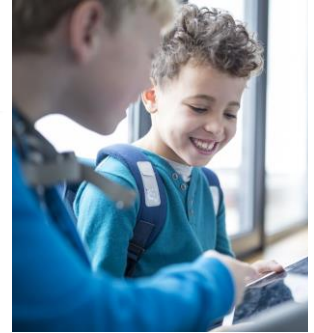
Positive impact on students'

academic achievement
social skills
mental health
behavioral problems
conduct disorders
school suspensions
substance abuse

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Social-Emotional Development

How do we promote SE learning and development?



20



Build Resilience

ability to withstand, adapt to, and recover from adversity, challenges, or stressors

21



How?



22



Focus on peer relationships

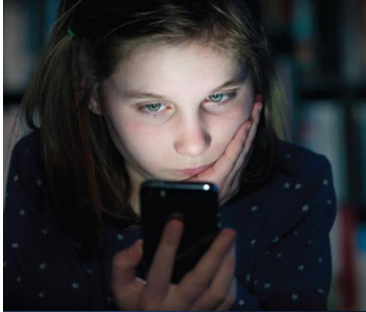
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Priority of relationships

- Need to belong is a fundamental human motivator
- Social ties are not just a luxury, they are essential for optimal development

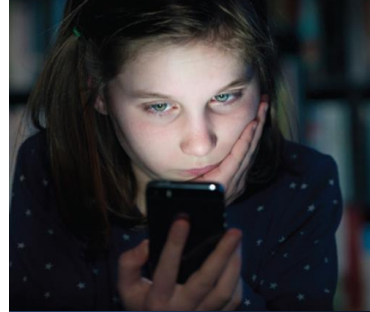


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Bullying
victimization
thwarts need to
belong

25



Negatively impacts all aspects of functioning

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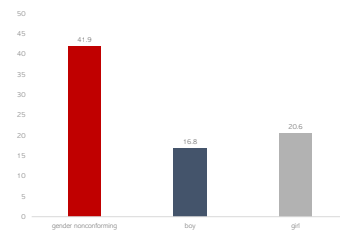
World Prevalence



Biswas et al., 2020; UNICEF, 2020; Vaillancourt et al., 2010; 2021

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Bullied Frequently



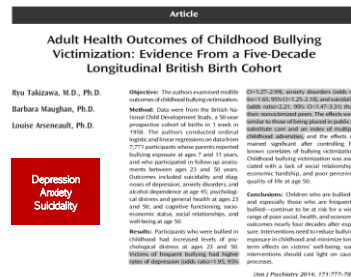
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Poorly treated youth
either get mad or
they get sad.

- Immediate
- Long-term

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Adult mental health consequences of peer bullying and maltreatment in childhood: two cohorts in two countries

Scott Taylor-Longs, William E. Copeland, Eyal Segev, David Walker

Background

The adult mental health consequences of childhood maltreatment are well documented. Maltreatment for peers (ie, bullying) has also been shown to have long-term adverse effects. We aimed to determine whether these effects are per se due to being exposed to both maltreatment and bullying or whether bullying has a unique effect.

Methods We used data from the two longitudinal study of Parents and Children in the UK (ALSPAC) and the Great Smoky Mountains Study in the USA (GSM). Longitudinal studies. In ALSPAC, maltreatment was assessed as physical, emotional, or sexual abuse, or severe neglect/neglecting for both between ages 3 months and 13 years, or reported by the mother in questionnaires, and being bullied was assessed with child reports at 5, 10, and 13 years using the previously validated Bullying and Friendship Interview Schedule. In GSM, both maltreatment and bullying were reported around 6th annual parent and child interviews between ages 7 and 16 years. To identify the association between maltreatment, being bullied, and mental health problems, linear logistic regression analyses were run. The primary outcome variable was overall mental health problems (anxiety, depression, or self-harm or suicidality).

Findings 4016 children from the ALSPAC cohort and 1481 children from the GSM cohort provided information about bullying victimization, maltreatment, and overall mental health problems. The ALSPAC study used a 1991 and the GSM cohort included participants from 1993. Compared with children who were not maltreated or bullied, children who were only maltreated were at increased risk for depression in young adulthood in models adjusted for sex and family background according to the GSM cohort (odds ratio [OR] 1.1, 95% CI 1.1 to 1.7). According to the ALSPAC cohort, those who were only being maltreated were not at increased risk for any mental health problems compared with children who were not maltreated or bullied. In contrast, those who were both maltreated and bullied were at increased risk for overall mental health problems, anxiety, and depression according to both cohorts and self-harm according to the ALSPAC cohort compared with mental health. Children who were bullied by peers only were more likely than children who were maltreated only to have mental health problems in both cohorts (ALSPAC OR 1.4, 95% CI 1.1 to 1.7; per 100, GSM OR 1.5, 1.2 to 1.7; per 100), with differences in anxiety (GSM OR 1.8, 95% CI 1.4 to 2.2; 16; depression (ALSPAC 1.7, 1.1 to 2.7), and self-harm (ALSPAC 1.7, 1.1 to 2.4) between the two cohorts.

Interpretation Being bullied by peers in childhood had generally more long-term adverse effects on young adult mental health. These effects were not explained by maltreatment. The findings have important implications for public health planning and clinical development in dealing with peer bullying.

Keywords Bullying; Maltreatment; Mental health; Depression; Anxiety; Self-harm; Suicide; National Institute of Mental Health; The National Institute on Drug Abuse; NIMH Study Center; Anxiety; and the William T. Grant Foundation.

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Childhood mental health problems			Anxiety		Depression		Self-harm or suicidality	
Maltreatment, being bullied, or both in more than one (not maltreated nor being bullied)	ALSPAC (n=4016)	OR (95% CI)	GSM (n=1481)	p-value	ALSPAC (n=4016)	p-value	ALSPAC (n=4016)	p-value
Anxiety (n=4016)	100 (2.5%)	1.0 (reference)	100 (6.8%)	—	100 (2.5%)	—	100 (2.5%)	—
Depression (n=4016)	100 (2.5%)	1.0 (reference)	100 (6.8%)	—	100 (2.5%)	—	100 (2.5%)	—
Self-harm (n=4016)	100 (2.5%)	1.0 (reference)	100 (6.8%)	—	100 (2.5%)	—	100 (2.5%)	—
Any (n=4016)	100 (2.5%)	1.0 (reference)	100 (6.8%)	—	100 (2.5%)	—	100 (2.5%)	—
Being bullied only (n=4016)								
Anxiety (n=4016)	100 (2.5%)	1.0 (reference)	100 (6.8%)	—	100 (2.5%)	—	100 (2.5%)	—
Depression (n=4016)	100 (2.5%)	1.0 (reference)	100 (6.8%)	—	100 (2.5%)	—	100 (2.5%)	—
Self-harm (n=4016)	100 (2.5%)	1.0 (reference)	100 (6.8%)	—	100 (2.5%)	—	100 (2.5%)	—
Any (n=4016)	100 (2.5%)	1.0 (reference)	100 (6.8%)	—	100 (2.5%)	—	100 (2.5%)	—
Maltreatment only (n=4016)								
Anxiety (n=4016)	100 (2.5%)	1.0 (reference)	100 (6.8%)	—	100 (2.5%)	—	100 (2.5%)	—
Depression (n=4016)	100 (2.5%)	1.0 (reference)	100 (6.8%)	—	100 (2.5%)	—	100 (2.5%)	—
Self-harm (n=4016)	100 (2.5%)	1.0 (reference)	100 (6.8%)	—	100 (2.5%)	—	100 (2.5%)	—
Any (n=4016)	100 (2.5%)	1.0 (reference)	100 (6.8%)	—	100 (2.5%)	—	100 (2.5%)	—
Both maltreatment and being bullied (n=4016)								
Anxiety (n=4016)	100 (2.5%)	1.0 (reference)	100 (6.8%)	—	100 (2.5%)	—	100 (2.5%)	—
Depression (n=4016)	100 (2.5%)	1.0 (reference)	100 (6.8%)	—	100 (2.5%)	—	100 (2.5%)	—
Self-harm (n=4016)	100 (2.5%)	1.0 (reference)	100 (6.8%)	—	100 (2.5%)	—	100 (2.5%)	—
Any (n=4016)	100 (2.5%)	1.0 (reference)	100 (6.8%)	—	100 (2.5%)	—	100 (2.5%)	—

OR
1.7 child
4.7 abused
3.5 both

Table 1. Association of childhood mental health problems and maltreatment and being bullied. *ALSPAC*, Avon Longitudinal Study of Parents and Children; *GSM*, Great Manchester Study; *OR*, Odds Ratio; *CI*, Confidence Interval; *p*, p-value. *ALSPAC* data are based on 4016 children who were interviewed at age 12. *GSM* data are based on 1481 children who were interviewed at age 12. *OR* and *CI* are based on the *ALSPAC* data. *p* values are based on the *GSM* data. *OR* and *CI* are based on the *ALSPAC* data. *p* values are based on the *GSM* data. *OR* and *CI* are based on the *ALSPAC* data. *p* values are based on the *GSM* data. *OR* and *CI* are based on the *ALSPAC* data. *p* values are based on the *GSM* data. *OR* and *CI* are based on the *ALSPAC* data. *p* values are based on the *GSM* data. *OR* and *CI* are based on the *ALSPAC* data. *p* values are based on the *GSM* data. *OR* and *CI* are based on the *ALSPAC* data. *p* values are based on the *GSM* data. *OR* and *CI* are 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OR
1.7 child abuse
4.7 bullied
3.5 both

Table 1 Mental health outcomes of maltreatment and being bullied by peers

31

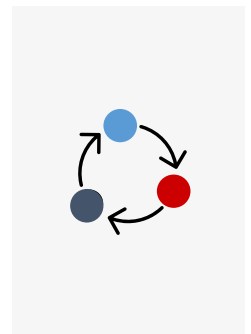
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Individual and societal economic impacts
• 4 decades after exposure

Bullied in childhood = < employed in mid-life
• Impact on mid-life income and accumulated wealth
Higher societal employment costs for men
Higher health service costs for women



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Temporal Sequence: Interpersonal Risk

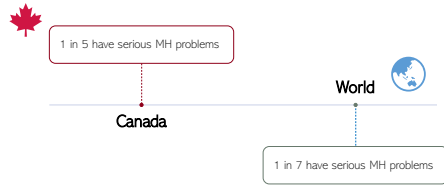


"Strong evidence exists for a causal relationship between bullying victimization, mental health problems and substance use".

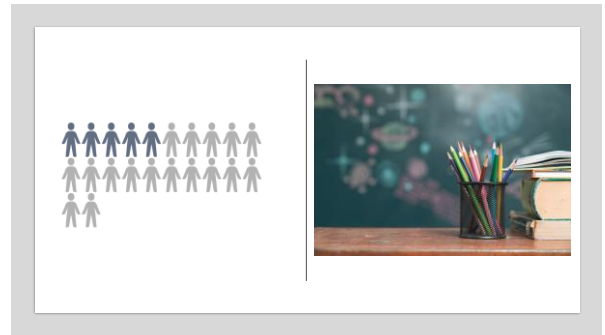
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Scope of the Problem

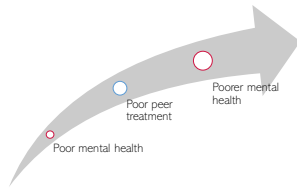


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Temporal Sequence: Symptoms Driven

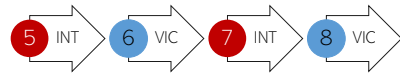


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J. Abnormal Child Psychol
DOI 10.1007/s10802-013-9791-5

Longitudinal Links Between Childhood Peer Victimization, Internalizing and Externalizing Problems, and Academic Functioning: Developmental Cascades

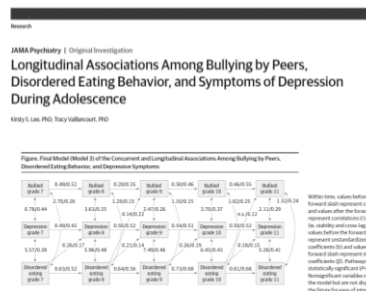
Tracy Vaillancourt · Heather L. Brittain · Patricia McHughall · Eric Jinks



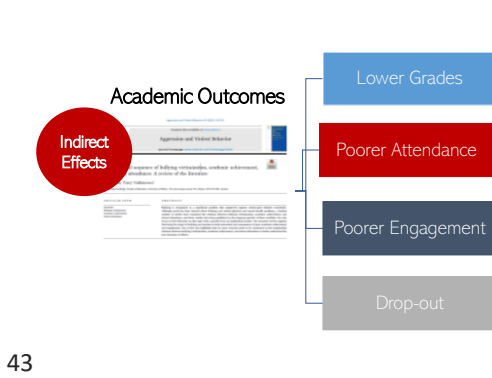
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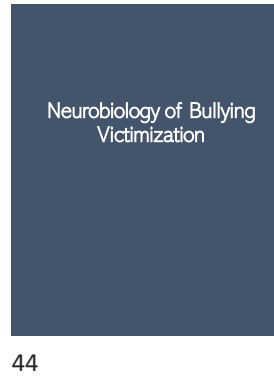
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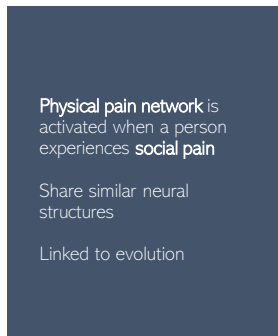
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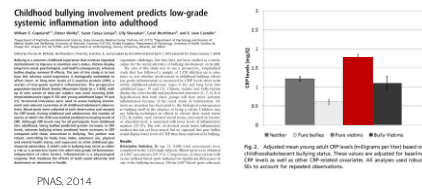
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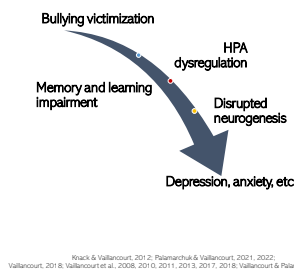
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Social pain impacts inflammation



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Reack & Vallencourt, 2012; Palamarchuk & Vallencourt, 2021, 2022; Vallencourt, 2018; Vallencourt et al., 2008, 2010, 2011, 2013, 2017, 2018; Vallencourt & Palamarchuk, 2021

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Focus on positive peer relationships and monitor them



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Focus on your
relationships with
students

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Most consistent
asset of resilient
youth is a strong
bond with
competent adult

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Mattering

Tendency to evaluate
oneself as important
or significant to
others



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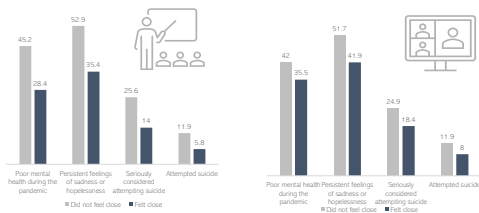
Students' Perceptions of Mattering During COVID-19



Vaillancourt et al., 2021

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Connectedness and Mental Health



CDC, 2021

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"significant improvements in academic engaged time and reductions in disruptive behavior"

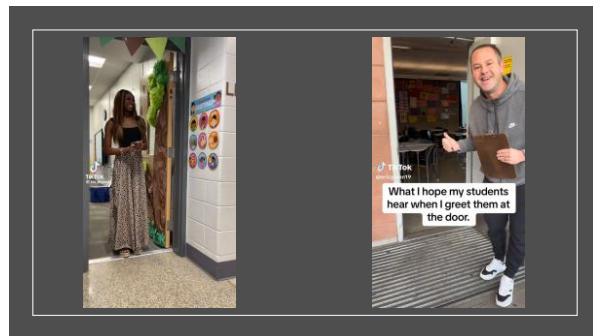


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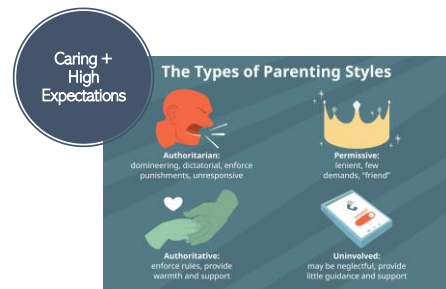
"teachers found...strategy to be feasible, reasonable, and acceptable"



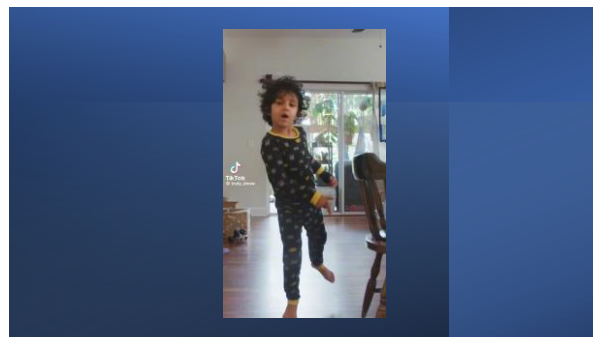
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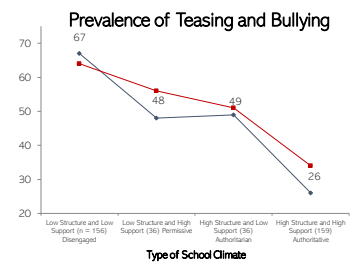
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Cornell et al., 2015; Gregory et al., 2010

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High expectation with appropriate support leads to the best outcomes

Structure + Support = Best Outcomes



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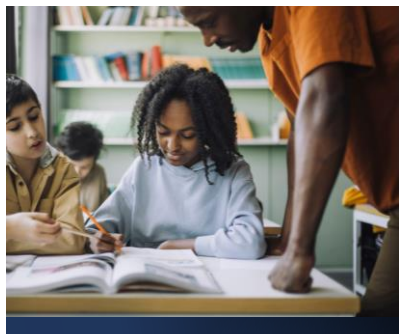
SEL and Bullying

Bullying has strong linked to social emotional competencies

Applying a school-wide SEL framework reduces bullying perpetration and victimization

Divecha et al., 2020; Espelage et al., 2015, 2018; Oberle et al., 2016; Smith & Low, 2013; Yang et al., 2020

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Guide students' thinking

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Youth Development

Identity

incoherent, disjointed incomplete

Autonomy

turn away from parents and move toward peers

Intimacy

close relationships change dramatically

Emotion Regulation

capacity is still unfolding

Risk-Taking

disproportionate amount of reckless behaviour

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Greatest Structural Changes

PFC: thoughts & actions in accordance with internal goals

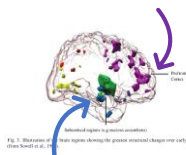
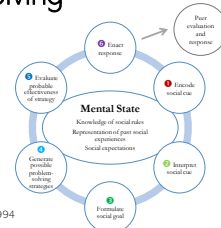


Fig. 3. Illustration of brain regions showing the greatest structural changes over early and late adolescence.

NAC: directs motivation to seek rewards

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Social Problem Solving



Social information-processing model: Crick & Dodge, 1994

66



Be students' surrogate pre-frontal cortex



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Individual's inability or unwillingness to tolerate feelings of discomfort, distress, or unease

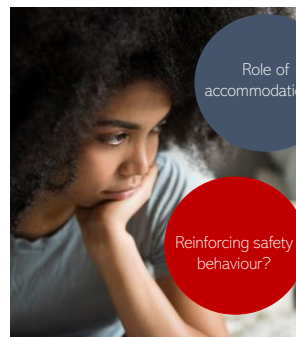
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- avoiding challenging situations
- becoming easily overwhelmed by minor stressors
- seeking immediate relief from discomfort

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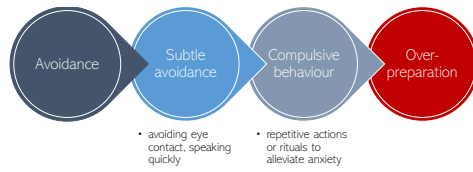
Being insulated from distress & discomfort \uparrow anxiety

- Higher accommodations associated with:
 - > severe symptoms
 - > impairment
 - < Tx outcomes

Krygman, Farrell, Britain, & Vallancourt, 2023

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Examples of Safety Behaviour



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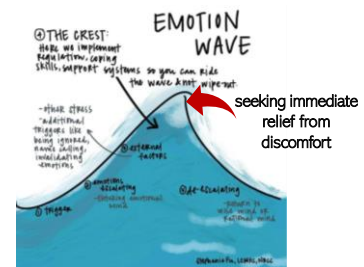


- Failure is part of life and so is stress
- need to learn how to deal with adversity and obstacles
- but not all stressors are equal

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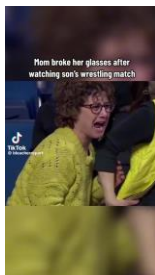


Emotion wave



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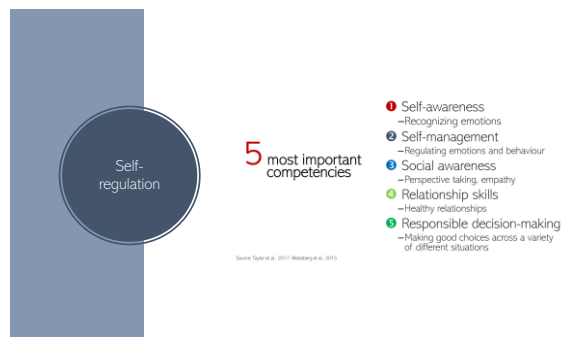
76



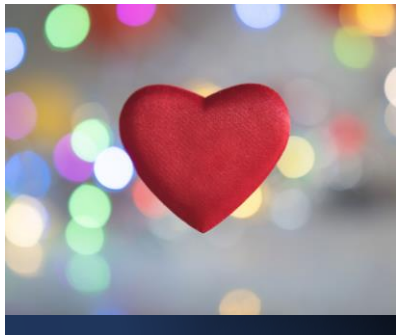
RECALL

Linked to adults' ability to regulate emotions

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Take care
of yourself

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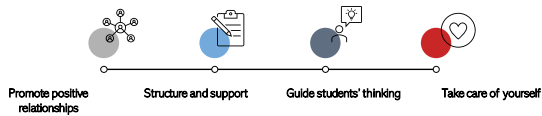


“Resilience is contingent
on the adults in the lives
of children being healthy”

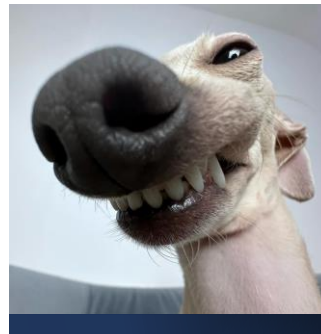
Vaillancourt & Luthar, 2022; NASEM, 2019

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Summary



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