

# The Framework for Social, Emotional, and Behavioral Wellness of PK-12 Students Endorsement Program Guidelines

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**COMMONWEALTH OF PENNSYLVANIA  
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## **DEFINITION OF AN ENDORSEMENT CERTIFICATE**

Following approval by the Department of Education, baccalaureate or graduate degree granting institutions, alone or in cooperation with other institutions, community colleges or school entities, may offer short programs (12 credits maximum) that lead to the Program Endorsement. The Program Endorsement documents knowledge in new and emerging areas where formal certification does not exist. The Program Endorsement is intended to improve an educator's skills in addressing complex classroom settings and challenges. These endorsements are added to existing Level I or Level II certificates but are not required to perform service in these areas.

## **INTRODUCTION TO SOCIAL, EMOTIONAL, AND BEHAVIORAL WELLNESS OF PK-12 STUDENTS ENDORSEMENT**

The purpose of this endorsement is to further prepare professional educators to build resiliency in students by facilitating social, emotional, and behavioral wellness in order to address non-academic barriers to learning. This document describes the professional knowledge, skills, and competencies that candidates will learn by completing a prescribed sequence of courses (including field experiences). In addition to specific requirements and competencies, these guidelines discuss the Social, Emotional, and Behavioral Wellness of PK-12 Students Endorsement Program design, candidate competencies, field experiences, and any prerequisite certificates needed by the candidate.

### **Prerequisite for Social, Emotional, and Behavioral Wellness of PK-12 Students Endorsement Program:**

Candidates who have earned a Level I or Level II instructional, supervisory, educational specialist, or an administrative certificate may also complete the endorsement program. Consistent with Chapter 354, all endorsement programs must include some components of field experiences (see 22 PA Code &354.25 (d)). Field experiences are defined as a range of formal, required school and community activities participated in by the candidates who are enrolled in educator preparation programs. These activities generally include supervision and mentorships from a professional with expertise in the endorsement area. Effective field experiences provide candidates with increasing exposure to learning situations and school settings under the guidance of program faculty and trained mentors throughout the preparation program.

### **Institutions must demonstrate:**

1. How they implement the field experience;
2. The duration of the field experience; and
3. How these experiences are closely integrated with coursework, assessment practices, and program goals.

# **OVERVIEW OF THE SOCIAL, EMOTIONAL AND BEHAVIORAL WELLNESS OF PK-12 STUDENTS ENDORSEMENT**

## **The Case for Social and Emotional Learning**

Social and emotional learning (SEL) is the process through which children and adults acquire the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions. Social and emotional skills are critical to be a good student and citizen. Extensive research, including a meta-analysis of 213 studies, has shown that programs designed to promote social and emotional competence in students produce important outcomes, including improvements in standardized academic test scores that are, on average, 11 percentage points higher for students who received SEL programming, compared to students who did not receive SEL (Durlak, Weissberg, Dymnicki, Taylor, & Shellinger, 2011). In addition, high-quality instruction in SEL has been associated with reduced problem behaviors including conduct problems, drug use, and violence (e.g., Botvin et al., 1995; Farrell & Meyer, 2001). The cost effectiveness of these approaches has also been established in a recent report finding that programs designed to promote social and emotional competence produce, on average, a benefit to cost ratio of 11:1 (Belfield et al., 2015).

SEL skills develop in the context of social relationships and within school and classroom contexts, where children learn, apply and practice the skills of self-awareness, self-management, interpersonal awareness, relationship skills and decision-making. Because SEL is influenced by the culture and climate of the school and classroom (Bradshaw, Koth, Bevans, Jalongo, & Leaf, 2008; Thapa, Cohen, Higgins-D'Alessandro, & Guffey, 2012), it is important that educators and school leaders attend to school-wide routines, habits, and practices that reinforce a positive school climate, while also teaching the social, emotional, and cognitive skills that undergird positive youth development.

When a student has not mastered critical social and emotional skills, or they are experiencing an emotional crisis, teachers may observe the student's struggles or may be sought out by the student for support. Unfortunately, most aspiring educators and school leaders receive little to no explicit training in social, emotional, and behavioral wellness. As a result, many are not prepared to select and implement proactive or preventative strategies to build SEL competence or to recognize and make decisions about how to support students who are experiencing social or emotional difficulties.

## **Increasing Social, Emotional, and Behavioral Needs in Education**

According to the Center for Behavioral Health Statistics and Quality (2015), approximately one in five children currently have or will experience a severe mental disorder. However, due to an array of reasons, only 40 percent of individuals with

mental disorders receive treatment in any year. For people who do experience mental-health disorders, most experience their first symptoms before young adulthood (half with onset of symptoms by age 14). It is further reported that close to half of these students will likely drop out of school. Further alarming is the fact that suicide is the second leading cause of death among adolescents and young adults (Center for Disease Control and Prevention, 2013). Given the amount of time children and adolescents spend in school, coupled with the proportion of students that have mental health challenges, it is not surprising that educators (and in particular teachers) are on the front line to notice challenges, and, in turn, implement evidence-based prevention and intervention programs.

Beyond the limited exposure that educators receive regarding mental health conditions and treatment, most pre-service and in-service training curricula for educators do not explicitly or comprehensively address the adverse impact that childhood exposure to trauma can have on learning. Adverse Childhood Experiences (ACEs) are traumatic events that can have negative, long-lasting effects on learning, health, and well-being over the lifespan. Building awareness and skills associated with trauma-informed classroom practices within educators is a logical, necessary step to creating trauma-informed instructional practice in our schools.

Trauma, in particular, is commonly viewed as one of the most powerful risk factors associated with mental health disorders and is directly linked to suicide risk (National Alliance on Mental Illness, 2015). Looking further into the prevalence of specific mental health disorders associated with (at least in part) childhood trauma, the data is compelling as it pertains to the importance of educators receiving training in trauma-informed approaches to instruction.

A little over one in five (22.2 percent) adolescents between the ages of 13-18 experience a mental disorder that has a severe impact on daily functioning (Merikangas et al., 2010). In essence, this equates to the potential for as many as five students in a typical classroom of 25 students having a mental disorder that severely affects daily functioning across schools in Pennsylvania. An equally concerning statistic is the fact that the majority of such mental disorders occur by the age of 14. Even more alarming is that the median age of the onset of anxiety disorders (one of the most common disorders that appear during childhood) is seven years of age (National Institutes of Mental Health, 2014). Substance abuse or dependence is the most commonly diagnosed disorder for young people, followed by anxiety disorders, depressive disorders, and attention deficit hyperactivity disorder.

Depression, like other mental health disorders, appears on the rise in school-age students. According to the Johns Hopkins School of Public Health (2016), the rate of adolescents reporting a recent experience with depression has grown by 37 percent over the past decade, with one in six girls reporting an episode of clinical depression within the past twelve months (Mojtabai, Olfson, & Han, 2016).

These reported findings, in concert with other emerging data from the previously referenced resources, further indicates that there is an increasing number of untreated adolescents with depression. While not surprising, these findings further highlight the important role that educators play in supporting social, emotional, and behavioral wellness in students. Students with mental disorders such as, but not limited to, depression are at greater risk for a variety of unhealthy behaviors when compared with their developmental peers. Students with depression are less likely to participate in school activities, are more likely to skip class or miss time away from school, disrupt classroom activities, and engage in risky behavior such as using controlled substances, and are at greater risk to attempt suicide.

Many youth also experience co-occurring mental health disorders. For example, a youth with an anxiety disorder may also develop depression, or a student who is depressed may abuse alcohol or other drugs perhaps in an effort to self-medicate.

The increasing presence of such mental health disorders in tandem with the rising rates of youth suicide in the Commonwealth was publicly acknowledged in 2014 and prompted the passage of Act 71 by the Pennsylvania General Assembly that same year.

Act 71 codified school-based suicide prevention in the Commonwealth of Pennsylvania. Commencing in the 2015-16 school year, the following requirements were in effect.

Responsible Entity	Requirements of Act 71
Each Local Educational Agency (LEA)	<ol style="list-style-type: none"> <li>1) SHALL adopt an age-appropriate youth suicide awareness and prevention policy;</li> <li>2) SHALL include four hours of training in youth suicide awareness and prevention every five years for professional educators in grades 6–12; and</li> <li>3) MUST incorporate a youth suicide awareness and prevention curriculum into its existing instructional programs.</li> </ol>
State Department of Education	<ol style="list-style-type: none"> <li>1) SHALL develop a model youth suicide awareness and prevention policy, in consultation with a youth suicide prevention organization;</li> <li>2) SHALL develop a model youth suicide awareness and prevention curriculum and make it available to all school entities; and</li> <li>3) SHALL compile, develop, and post on its publicly accessible Internet website guidelines and materials for training of educators and resources and age-appropriate educational material.</li> </ol>

## **PROGRAM DESIGN**

The professional core courses, competencies, and experiences for the Social, Emotional, and Behavioral Wellness of PK-12 Students Endorsement Program must be designed to address the specific set of issues, knowledge, and competencies that are relevant to teaching and learning. The program must prepare educators who will be able to support students' mastery of academic standards and the content assessment anchors. The program consists of required competencies and includes field experiences. The program design must describe clearly how the relevant set of knowledge, skills, and competencies inform the program design, and the application must also indicate how the institution will assess whether candidates have acquired the required knowledge, skills, and competencies.

All courses (12 credits maximum) must be grounded in theories of cognitive, social, emotional, and behavioral development and demonstrate research-based practices which enable candidates to gain knowledge and experience needed to work successfully with family members and the broader community in supporting social, emotional, and behavioral wellness of PK-12 students.

The Social, Emotional, and Behavioral Wellness of PK-12 Students Endorsement Program establishes that eligible individuals will demonstrate competency related to the following targeted domains:

- I. Social Emotional Wellness Learning and Youth Development;
- II. Characteristics and Impact of Adverse Childhood Experience, Trauma, and Mental Illness on PK-12 Students;
- III. Behavioral and Mental Health Literacy;
- IV. Prevention and Intervention to Support Social, Emotional, and Behavioral Wellness across PK-12 Educational Environments; and
- V. Collaboration with Families, Agencies, and the Community.

### **Field Experiences**

Effective educational services require professionals to acquire a wide range of instructional and clinical skills related to social, emotional, and behavioral wellness of PK-12 students. It is essential that candidates seeking the Social, Emotional, and Behavioral Wellness of PK-12 Students Endorsement have experiences in interacting with PK-12 students that have experienced trauma, adverse childhood experiences and/or have a mental illness. Candidates for the Social, Emotional, and Behavioral Wellness of PK-12 Students Endorsement will be required to complete educational and behavioral field experiences for students that include the implementation of evidence-based SEL programs and that incorporate trauma informed practices. It is recommended that candidates have access to a range of functional levels of such students; however, depth of experiences, rather than breadth, is of the utmost importance. To assure the consistency of field experiences with course content and the 12-credit maximum requirement, field experiences will be integrated into course content.



Field experiences will include direct interactions with professionals who are delivering universal and indicated SEL interventions targeting all youth within the school community, recognizing that this broader population will include youth who have experienced trauma and those with mental illness, although these concerns may not always be known to school staff. Candidates may have unique field experience opportunities that allow for direct interactions with professionals serving students with known trauma and/or behavioral issues. Field experiences will provide candidates with exposure to formulating and providing effective social, emotional, and behavioral practices across multi-tiered systems of support, including universal prevention, targeted intervention, and individual-intensive intervention. Competencies related to providing multi-tiered supports to enhance social, emotional, and behavioral wellness of PK-12 students are unlikely to be acquired devoid of field experience.

## **CANDIDATE COMPETENCIES**

Similar to the requirements in Chapter 354 of Title 22 of the Pennsylvania School Code, this section outlines the competencies required for endorsement, which ensures that candidates complete a well-planned sequence of courses and field experiences to develop an understanding of the structure, skills, core concepts, facts, methods of inquiry, and application of technology related to the endorsement area (see 22 PA. Code &354.25 (a)(3)). The competencies of the Endorsement in Social, Emotional, and Behavioral Wellness of PK-12 Students are derived from standards established through evidence-based professional literature and are consistent with guidance provided by leading organizations in the field (see appendix for a list of these organizations). Aligned resources and tools to support acquisition of these competencies can be found on the [Standards Aligned System \(SAS\)](#) portal.

### **Social Emotional Wellness Learning and Youth Development**

Candidates will demonstrate their ability to:

- A. Describe and define what social emotional learning is and how it relates to resiliency, including the research linking SEL to positive and negative developmental outcomes;
- B. Explain how research grounded in different theoretical traditions frame social and emotional wellness, and the relevance of this prevention science to educators;
- C: Discuss how a multi-tiered system/Positive Behavior Intervention and Supports (PBIS) approach is used to guide the selection and implementation of evidence-based SEL programs and practices;
- C. Evaluate research on social and emotional wellness programs and practices to identify those that are likely to address the needs of a specific student population and students with targeted needs; and
- E. Demonstrate an understanding of typical child, adolescent, and young adult development.

## **Characteristics and Impact of Adverse Childhood Experiences, Trauma, and Mental Illness on PK-12 Students**

Candidates will demonstrate their ability to:

- A. Describe and define Adverse Childhood Experiences (ACEs), Trauma, and Mental Illness, including how such experiences and conditions can impact growth, development, and learning of children and adolescents;
- B. Discuss the relevance as an educator of understanding ACEs, Trauma, and Mental Illness, and the role of schools in reducing risk factors and increasing protective factors;
- C. Describe the relevant history of stigmatization and stereotyping associated with ACEs, Trauma, and Mental Illness, and their relationship to educational services;
- D. Identify and describe examples of ACEs, Trauma, and Mental Illness that will predictably be part of some of their PK-12 students' life experiences; and
- E. Describe the cultural implications associated with ACEs, Trauma, and Mental Illness.

## **Behavioral and Mental Health Literacy**

Candidates will demonstrate their ability to:

- A. Describe the most common types of Mental Illness that PK-12 students may experience, including both internalizing and externalizing conditions;
- B. Explain the processes and general relationship between diagnosis via the Diagnostic and Statistical Manual V (DSM-V) and the classification system under the Individuals with Disabilities Education Act (IDEA);
- C. Identify and describe the roles of other relevant child-serving systems within communities that can be supportive to addressing matters associated with social, emotional, and behavioral wellness of PK-12 students (e.g., children's mental health and juvenile justice); and
- D. Identify and describe the requirements for schools (e.g., Student Assistance Program and Act 71) to support a youth who appears in emotional distress.

## **Prevention and Intervention to Support Social, Emotional, and Behavioral Wellness across PK-12 Educational Environments**

Candidates will demonstrate their ability to:

- A. Describe the features of a Multi-Tiered System of Support (MTSS) framework to support social, emotional, and behavioral wellness;
- B. Plan and implement universal prevention strategies associated with the MTSS framework:

- a. That are culturally responsive and address students' developmental social and emotional learning needs; and
- b. That are reflective of trauma-informed practices in the classroom with all students;
- C. Plan and implement (when necessary) approaches to de-escalate non-crisis and crisis situations in the instance when the safety of students or others may be in jeopardy that reflect trauma-informed principles;
- D. Demonstrate an understanding of how to use academic and behavioral progress monitoring data (e.g., individual, classroom, school-wide) to support educational practice; and
- E. Participate in suicide prevention activities in alignment with the requirements of Act 71.

### **Collaboration with Families, Agencies, and the Community**

Candidates will demonstrate their ability to:

- A. Demonstrate authentic collaboration with youth, families, school, and community partners regarding student social, emotional, or behavioral needs in simulated or actual contexts;
- B. Demonstrate culturally responsive approaches when communicating with family, school, and community partners regarding student social, emotional, or behavioral needs in simulated or actual contexts;
- C. Demonstrate the skills necessary to authentically engage youth in decision-making processes;
- D. Describe and comply with protections associated with confidentiality, including release of information; and
- E. Communicating and advocating for the social, emotional, and behavioral wellness of students PK-12 with police, initial responders, and other groups within the community.

### **FACULTY**

Endorsement certificate programs submitted for review to the Department of Education must include a review of qualifications of faculty assigned to instruct each course within the endorsement program. Faculty who instruct in the program must have demonstrated expertise in education methods appropriate to instructing in the program. Evidence of qualifications includes related academic degrees, professional certifications and licenses, professional experiences in basic (PK-12) and/or higher education, and professional development pertaining to the competencies assigned to the course(s) to be instructed (similar to 22 Pa. Code & 354.25 and 354.26).

## **APPLICATION PROCESS**

The institution's certification officer will recommend the candidate for the endorsement after successful completion of the Social, Emotional, and Behavioral Wellness of PK-12 Students Endorsement Program. The candidate must complete the required PDE application for endorsement and pay the appropriate fee to add the endorsement to their instructional certificate. The application process may be found under [Certifications](#) on the PDE website.

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## APPENDIX

### Leading Organization Guidance

ACES in Education

[ACES Too High](#)

[American Foundation for Suicide Prevention](#)

[American Psychological Association](#)

[Collaborative for Social and Emotional Learning \(CASEL\)](#)

Council for Exceptional Children's statement on Ethics, Standards, and Guidelines related to special education teachers (2009)

[Evidence-based Prevention and Intervention Support \(EPIS\) Center](#)

[National Association of School Psychologists](#)

[OSEP Center for Positive Behavior Intervention and Support](#)

Pennsylvania Department of Education [Act 71](#)

[Prevent Suicide PA](#)

[Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)

[Suicide Awareness Voices in Education](#)

[Suicide Prevention Resource Center](#)

The Association for Positive Behavior Support Standards of Practice for Providing Individual-intensive Positive Behavior Support (2007).

[The JED Foundation](#)

[The Trevor Project](#)