ABSTRACT
Social and emotional development directly influence occupational performance in school, play, and social participation. With the adoption of social and emotional learning (SEL) standards becoming more widespread, it is important that occupational therapy practitioners understand how SEL standards, principles, and language can be incorporated into occupational therapy practice. This will ensure that therapists are documenting services and advocating for the profession in ways that are meaningful for school and health care teams as well as the recipients of occupational therapy services. This article examines the basic constructs of SEL, the domain of occupational therapy in SEL, and areas for intervention in SEL development.

LEARNING OBJECTIVES
After reading this article, you should be able to:
1. Describe SEL and its constructs
2. Explain the distinct value of occupational therapy in social and emotional development
3. Identify ways to incorporate SEL assessment and intervention into your own pediatric practice setting

INTRODUCTION
“In every society, children will inherit social roles now occupied by adults” (Elias, 2003, p. 6). Preparing the children of today to be productive, caring, and responsible citizens is a key component of the educational system. Occupational therapy practitioners recognize the importance of social and emotional skills for occupational performance throughout school and life. “Emotions play an important part in the child’s appraisal of his or her experience and in the child’s readiness for action in response to contextual change” (Case-Smith & O’Brien, 2015, p. 71).

Social and emotional learning (SEL) is becoming more widely adopted in states and school districts as a curricular outcome. SEL is the process through which children and adults acquire and effectively apply 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 (Collaborative for Academic, Social, and Emotional Learning [CASEL], 2012).

With the implementation of Response to Intervention (RtI) programming (Fletcher & Vaughn, 2009) and advocacy by the American Occupational Therapy Association (AOTA) for occupational therapy’s role in mental health promotion and prevention in schools (e.g., AOTA’s School Mental Health Toolkit [https://goo.gl/Mn4LnE]), occupational therapy practitioners are better positioned to address children holistically. This may involve increasing the role of occupational therapy in special education departments beyond motor skills and handwriting, or advocating for the role of occupational therapy in schoolwide programming. Because occupational therapy practitioners have an important role on the educational team, it is imperative that clinicians in early intervention and schools understand the principles and terminology of SEL both to align current assessment and treatment with educational standards and to advocate for the role of occupational therapy in supporting SEL.

WHAT IS SEL?
In the 1960s, James Comer, a professor at the Yale School of Medicine’s Child Study Center, developed a pilot program to improve outcomes in two low achieving elementary schools in New Haven, Connecticut. The resulting improvements in academics and attendance launched the SEL movement (George Lucas Educational Foundation, 2011). Roger P. Weissberg, a professor of psychology at Yale, and Timothy Shriver, an educator in the New Haven public schools, worked from 1987 to 1992 to establish and implement the K–12 New Haven Social Development Program (George Lucas Educational Foundation, 2011). During that time, the W.T. Grant Consortium on the School-Based Promotion of Social Competence developed a list of skills required for emotional competence, which included “identifying and labeling feelings, expressing feelings, assessing the intensity of feelings, managing feelings, delaying gratification, controlling impulses, and reducing stress” (George Lucas Educational Foundation, 2011).

In 1994, CASEL was created and focused on introducing the concept of social emotional learning. The mission of this collaborative is to make SEL an integral part of education, from preschool through high school (CASEL, 2012).
SEL programming is based on the understanding that the best learning emerges in the context of supportive relationships that make learning challenging, engaging, and meaningful; social and emotional skills are critical to being a good student, citizen, and worker; and risky behaviors (e.g., using drugs, acting violently, bullying people, dropping out of school) can be prevented or reduced when multi-year, integrated efforts develop students’ social and emotional skills (CASEL, 2012, p. 9).

CASEL developed five interrelated sets of competencies that cover cognitive, affective, and behavioral skills. The competencies are:

1. **Self-awareness.** The ability to accurately recognize one’s emotions and thoughts and their influences on behavior. This includes accurately evaluating one’s strengths and limitations and possessing a well-grounded sense of confidence and optimism.

2. **Self-management.** The ability to regulate one’s emotions, thoughts, and behaviors effectively in different situations. This includes managing stress, controlling impulses, motivating oneself, and setting and working toward achieving personal and academic goals.

3. **Social awareness.** The ability to take the perspective of and empathize with others from diverse backgrounds and cultures; to understand social and ethical norms for behavior; and to recognize family, school, and community resources and supports.

4. **Relationship skills.** The ability to establish and maintain healthy and rewarding relationships with diverse individuals and groups. This includes communicating clearly, listening actively, cooperating, resisting inappropriate social pressure, negotiating conflict constructively, and seeking and offering help when needed.

5. **Responsible decision-making.** The ability to make constructive and respectful choices about personal behavior and social interactions based on ethical standards, safety concerns, social norms, the realistic evaluation of consequences of various actions, and the well-being of self and others (CASEL, 2012).

All 50 states have adopted SEL standards for preschool, which may be accessed on each state’s Department of Education website. These standards vary widely across states. In Maine, the home state of the authors, the emotional standards target self-concept, self-regulation, sympathy and empathy, and adapting to diverse settings. As an example, outcomes for “Emotional Development: Adapting to Diverse Settings” include:

- “Ability to be flexible or adjust to routine or unexpected changes, including physical setting, daily schedule, staffing, and group size/attendance
- Adjusts to transitions from one activity setting to the next during the day with appropriate emotions and behaviors” (Maine Department of Education, 2015, p. 20).

Standards targeting social development include building relationships with adults, building relationships with other children, and respecting similarities and differences. Outcomes for “Social Development: Building Relationships With Children” include:

- “Participates cooperatively in large and small group activities
- Participates in classroom and group routines
- Uses different turn-taking strategies” (Maine Department of Education, 2015, p. 24)

Only three states currently have free-standing, comprehensive K–12 SEL standards that meet CASEL’s criteria: Illinois, Kansas, and Pennsylvania. In this past year, CASEL announced that it was partnering with eight other states (California, Georgia, Massachusetts, Minnesota, Nevada, Pennsylvania, Tennessee, and Washington) to develop SEL standards to guide program implementation and teacher training (Blad, 2016). Illinois’ SEL standards include three goals that are each broken down into smaller learning standards with specific behavioral outcomes in age-appropriate increments. For example, with goal 1, “develop self-awareness and self-management skills to achieve school and life success,” the first learning objective is “identify and manage one’s emotions and behavior” (Illinois State Board of Education, 2013). That objective is demonstrated at each age level by these outcomes:

- “Early elementary: Recognize and accurately label emotions and how they are linked to behavior.
- Late elementary: Describe a range of emotions and the situations that cause them.
- Middle school/junior high: Analyze factors that create stress or motivate successful performance.
- Early high school: Analyze how thoughts and emotions affect decision making and responsible behavior.
- Late high school: Evaluate how expressing one’s emotions in different situations affects others” (Illinois State Board of Education, 2013).

A 2011 meta-analysis demonstrated that SEL programming in schools not only promotes social-emotional skills, but it also results in improved academic performance (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011). As SEL frameworks and evidence have emerged in the past several decades, so have their importance to stakeholders in states and school districts. With the adoption of SEL standards becoming more widespread, it is important that occupational therapy practitioners understand how SEL standards, principles, and language can be incorporated into occupational therapy practice. This will ensure that practitioners are documenting services and advocating for the profession in ways that are meaningful for partners and recipients of occupational therapy services.
SEL AND OCCUPATIONAL THERAPY

Occupational therapy practitioners more than likely already incorporate these outcomes into therapy services because they recognize that social-emotional skills are vital for participating in childhood occupations, such as play, school, and activities of daily living. For example, in school:

Children need to develop positive interaction skills and appropriate classroom behavior so they can successfully participate .... School is the place where children learn academics and develop social-emotional skills by making and keeping friends, coping with feelings and stress, learning to self-advocate, and interacting in groups. (American Occupational Therapy Association [AOTA], 2009)

Many of these considerations are embedded in everyday clinical work within special education departments (e.g., running social skills groups, working on self-regulation and sensory skills). However, sometimes occupational therapy practitioners in the educational system are marginalized as the “sensory specialists” or “handwriting specialists,” and they may be overlooked with regard to the social-emotional functioning of students, in both special education and regular education. Because of the profession’s distinct focus on occupational performance, occupational therapists can become integral and effective members of teams developing and implementing SEL programming and intervention for all children. At the heart of the occupational therapy profession is understanding occupational analysis and how the person, environment, and occupation interact for optimal participation.

Understanding how to document therapy services effectively to align with school standards and to advocate for occupational therapy’s role in nontraditional programming in the general education setting requires additional attention. For example, consider Illinois’ SEL goal 1:A, to “develop self-awareness and self-management skills to achieve school and life success: Identify and manage one’s emotions and behavior” (Illinois State Board of Education, 2013). In an RtI approach, an example of a Tier 1 intervention supporting this SEL goal might be an occupational therapy practitioner providing an in-service for teachers and staff about strategies for implementing a schoolwide self-regulation program, such as the Zones of Regulation. A Tier 2 intervention might include an occupational therapist reviewing schoolwide or classroom data and providing ongoing, consultative support to teachers and staff about effectively incorporating a self-regulation program within the context of the school environment and daily routines. A Tier 3 intervention might be an occupational therapy practitioner providing specialized instruction and remediation for self-regulation skills to students identified with an individualized education program (IEP). Because many pediatric occupational therapy providers are using an RtI approach or the emotional regulation programs already, it is easy to see how regular clinical practices can be used in support of SEL. After all, occupational therapy practitioners “bring expertise related to how children’s social-emotional difficulties affect their engagement in everyday occupations and routines with caregivers and peers” (Little, Wallisch, & Irvin, 2016, p. 3).

INTERVENTION FOR SEL ACROSS CHILDHOOD

In the current literature, researchers in occupational therapy are not yet using the term SEL, even though some in the profession have begun to discuss it more specifically (Little et al., 2016). Given the current political climate in education and the number of occupational therapy practitioners who work in schools and early intervention, it would be beneficial to use the constructs and terminology of SEL to support the continued work of occupational therapy. The Occupational Therapy Practice Framework: Domain and Process, 3rd Edition (Framework; AOTA, 2014b) and the foundational principles of the profession clearly support work in this area, and many therapists are already incorporating these constructs into their practice. “Because of the dynamic nature of mental health and mental ill health in a person’s life, occupational therapy practitioners tune into and address the mental health needs of all clients in all practice settings” (Arbesman, Bazyk, & Nochajski, 2013, p. e121). Thus, research within and outside of the profession provides direction and support for developing interventions and for advocating for the role of occupational therapy.

Early Development

The primary context of social-emotional development for infants and toddlers is the child–caregiver relationship. Like other areas, social-emotional development is influenced by a variety of other factors in early life. For example, trauma early in life is significantly associated with social-emotional and behavioral difficulties in children (Snyder et al., 2012), as is household material hardship (Huang, Kim, & Sherraden, 2017). Children with sleep disturbances, including difficulties falling asleep, staying asleep, or getting enough sleep, have a higher incidence of social-emotional problems than their typical peers (Hysing, Sivertsen, Garthus-Niegel, & Eberhard-Gran, 2016). Children born prematurely are at an increased risk for developing social-emotional or psychiatric disorders (Johnson et al., 2010) based on factors such as neuroanatomical differences related to prematurity (Rogers et al., 2012), and parental mental health challenges (Treyvaud et al., 2010). Additionally, children born prematurely who also have feeding difficulties as infants and toddlers have more social-emotional challenges than preterm children who do not have feeding difficulties (Crapnell, Woodward, Rogers, Inder, & Pineda, 2015).

Given that occupational therapy practitioners regularly work with the populations of infants and toddlers who are at risk for
social-emotional challenges, and that social-emotional challenges interfere with optimal development, it is important to consider screening and assessing social-emotional development no matter the reason for referral. Occupational therapy practitioners regularly work with families on occupations, such as sleep and feeding, and thus should always consider the reciprocal relationship between social-emotional development and occupational performance. Specific occupational therapy interventions that give support in early development for social-emotional skills include touch-based interventions (such as massage and skin-to-skin contact in early infancy) and coaching parents to increase “social–emotional support, responsiveness, sensitivity, and positive affect” with their infants and toddlers (Case-Smith, 2013, p. 401).

Preschool
Children entering preschool experience a major contextual change, perhaps most especially in their social context with peers and teachers. It becomes a place of developing and testing new social-emotional skills (Gunter, Caldarella, Korth, & Young, 2012). Additionally, preschoolers’ social-emotional skills are strong predictors of academic readiness and adjustment in kindergarten (Denham, Bassett, Zinsser, & Wyatt, 2014). Preschoolers who participated in specific SEL programming in their classrooms demonstrated a decrease in internalizing behaviors, such as anxiety or social withdrawal (Gunter et al., 2012), and a positive influence on “social competence, aggressive–oppositional behavior, learning engagement, attention problems, student–teacher closeness, and peer rejection” as measured longitudinally in the first, second, and third grades (Nix et al., 2016, p. 320). The growing body of literature examining SEL in preschoolers is opening up an opportunity for occupational therapy practitioners in this setting.

Occupational therapists can identify challenges in occupational performance in preschool routines influenced by the social context, and assess social-emotional skills impacting social participation. Therefore, they are well equipped to contribute to the SEL of preschoolers through consulta
direct service provision in special education, and through collaborating on teams to develop SEL programming for all preschoolers. Several areas of intervention are supported in occupational therapy literature for preschoolers, including supporting SEL skills through peer-mediated groups, providing direct instruction, and choosing toys that promote social-emotional skill development (Case-Smith, 2013).

School Age
Several studies demonstrate that SEL is important for school-aged children as well. Durlak et al. (2011) demonstrated that a universal, schoolwide program led to an increase in prosocial behavior, social-emotional competencies, and improved academics among students. Zhai, Raver, and Jones (2015) demonstrated that regular exposure to SEL activities increased social-emotional skills and improved academics in third graders. Wentzel (1991) studied the relationship between social competence and academic achievement in 423 sixth- and seventh-grade students and 11 middle school teachers in the Midwest. They were given questionnaires to fill out in a class period, and grade point averages (GPAs) were monitored. The children who were perceived as being “socially responsible” by their classmates, those who actively were “trying to be socially responsible,” those who could be trusted by their classmates, and those who were adept at solving interpersonal problems all achieved higher GPAs and excelled above peers who were not perceived in those ways. The children who were rejected by their peers tended to receive the lower grades. This study also showed that social responsibility “mediates almost entirely the relationship between GPA, peer status, social responsibility goals, interpersonal trust, and interpersonal problem solving” (Wentzel, 1991, p 10). These results demonstrate a complex relationship between social competence and academic achievement. This lends further evidence that a child’s social context should be explored when struggling with academic performance.

With the implementation of RtI, AOTA (2014a) proposed that occupational therapists could expand the role of occupational therapy in schools by developing Tier I universal core instruction interventions to promote and support mental health as well as physical health. Occupational therapy practitioners may participate in Tier II and Tier III of RtI by being part of problem-solving teams. This could include those collaborative teams that are developing SEL programming schoolwide.

The convergence of academic, social, and emotional learning serves all students well, we found. It misses the point to embrace SEL largely as a behavior management or character development tool for at-risk students in urban schools, though certainly such programs play a part in closing the achievement gap. Our five study schools demonstrate the capacity of SEL to enrich student learning, aspiration, and engagement across the entire spectrum of students (Cervone & Cushman, 2014, p. 6).

For example, bullying prevention using positive behavior supports emphasizes remediating problem behavior and preventing further bullying. Bullying prevention within an SEL framework emphasizes promoting a positive school climate (e.g., warmth, respect) and positive student interactions (increasing SEL competencies). Students who have greater SEL competency are less likely to be aggressors, targets of bullying, or passive bystanders. Occupational therapy practitioners can provide specialized knowledge of the interactional relationship among performance skills, performance factors, context, and client factors. SEL improves occupation
Adolescence/Transitions

Adolescence can be one of the most confusing and difficult times of an individual’s life. Adolescents find themselves wanting autonomy but still needing caregiver guidance and assistance. They are undergoing physiological changes, changing peer relationships as they learn more self-identity, and accepting increasing responsibility. Myriad biological and psychological changes occur during adolescence. “Services at the high school level are extremely important in supporting adolescents in their developmental trajectory towards adulthood” (Aviles, Anderson, & Davila, 2006, p. 36). Occupational therapy services during these formative years tend to be delivered in a consultative mode, as opposed to direct services that are often reserved for students with severe intellectual and physical conditions. Yet children who experience trauma, abuse, neglect, significant loss, domestic violence, community violence, and family turmoil are more likely to do poorly in academics, present with negative behaviors, and ultimately demonstrate difficulties navigating the context of school (Aviles et al., 2006).

Today in America, more than 1 million school-aged children do not graduate from high school with their peers, with huge consequences to them, society, and our economy. Even among high school graduates, too few enroll in and complete college or job training programs. Ironically, America has a widening skills gap and 3.6 million available jobs right at a time of high underemployment, particularly among youth. Tragically, these educational trends result in nearly 7 million youth (ages 16–24 years) disconnecting from school or work, leaving many of them unable to support themselves, raise families, and give back to their communities. Such disconnection also costs taxpayers $93 billion per year and $1.6 trillion over their lifetimes (Civic Enterprises and Peter D. Hart Research Associates, 2013, p. 11).

Aviles et al. (2006) suggested that schools need to partner with students to provide services on a formal basis, but also to provide a supportive context that can foster social-emotional skill development, resulting in academic achievement. “An adolescent’s environment, specifically the school context, may serve as a source of resilience. Skills that adolescents acquire in school can serve as a foundation for success for the future in higher education and employment opportunities” (Aviles et al., 2006, p. 37).

Various environmental and personal factors can affect the social-emotional health and well-being of youth coming into adulthood. The use of proper assessments of context, students’ strengths and weaknesses, and intrinsic and extrinsic factors is vital to developing a supportive environment for competence in social emotional skills. “Occupational therapists can use the International Classification of Functioning, Disability, and Health (ICF) framework to identify key resources in the environment systematically” (Case-Smith & O’Brien, 2015, p. 348).
Many of the skills that enable students to navigate successfully—such as self-awareness and management, grit and determination, empathy and conflict resolution, discipline and industriousness, and application of knowledge and skills to real-world situations—are not being systematically integrated into American schools. These are the very life skills and experiences that dropouts themselves say would have kept them in school and on track, as social and emotional learning (SEL) provides students with the fundamental skills to achieve in school and succeed in life. These are also the skills that teach all of us how to handle our relationships, our careers, and ourselves in an effective and fulfilling manner, enabling success not just in school, but in work and civic life. (Civic Enterprises and Peter D. Hart Research Associates, 2013, p. 11)

Civic Enterprises conducted a survey for CASEL in November and December 2012. This survey was given to teachers from kindergarten to 12th grade. Results showed that 32% of the 604 teachers surveyed felt that their schools placed too little emphasis on developing the students’ ability to apply knowledge and skills to real-world situations, 30% felt there was too little emphasis on developing students’ social and emotional skills, and 26% felt there was too little emphasis on developing critical thinking and reasoning abilities in students (Civic Enterprises and Peter D. Hart Research Associates, 2013).

CONCLUSION

It is clear that our educational system recognizes the need for schoolwide SEL opportunities. Much of the literature points to the negative effects poor social-emotional competence has on academic achievement, life skills, and career advancement, as well as the importance of positive relationship development across the life span. It is not clear that occupational therapy is being utilized to its fullest potential in SEL. The Framework definitively outlines occupational therapy’s role in fostering the development of social-emotional skills, and the competencies of SEL directly align to the Framework. Yet there seems to be a divide between regular education and special education. Understanding the principles of SEL will afford occupational therapy practitioners the opportunity to use their expertise as integral members of a school team serving the needs of students in general and special education. Occupational therapy practitioners’ ability to articulate these principles will help communicate the distinct value of our service to those outside the profession.

REFERENCES


How to Apply for Continuing Education Credit

A. To get pricing information and to register to take the exam online for the article *Occupational Therapy’s Role in Social-Emotional Development Throughout Childhood*, go to www.aota.org/cea, or call toll-free 877-404-2682.

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C. Answer the questions to the final exam found on page CE-8 by April 30, 2019.

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Final Exam

**Article Code CEA0417**

**Occupational Therapy’s Role in Social-Emotional Development Throughout Childhood**

To receive CE credit, exam must be completed by April 30, 2019.

**Learning Level:** Entry

**Target Audience:** Occupational Therapists and Occupational Therapy Assistants

**Content Focus:** Play, Education; OT Process: Evaluation and Intervention

1. Why is an understanding of social emotional learning (SEL) principles important to occupational therapy practitioners?

A. To identify at-risk students in the community

B. To align current assessment and treatment with educational standards and to advocate for the role of occupational therapy in supporting SEL

C. To increase the number of referrals to special education services

D. It is only important for occupational therapy practitioners who work in a traditional mental health setting.
2. Which states have adopted SEL standards?
   A. All 50 states have SEL standards for preschool, and three states have free-standing SEL standards for K–12 that meet CASEL standards.
   B. All 50 states have SEL standards for K–12, and 15 have standards for preschool.
   C. All 50 states have SEL standards for preschool and K–12.
   D. Only three states have adopted SEL standards in preschool and K–12 that meet CASEL standards.

3. A study by James Comer in the 1960s found that programming that targeted SEL resulted in:
   A. Improved peer relationships among at-risk youth
   B. Improved vocational skills for youth in transition
   C. Improved academics and attendance in low-achieving schools
   D. Improved self-concept, self-awareness, and resilience for children with learning disabilities

4. In what age groups does CASEL recommend that SEL programming be implemented?
   A. Preschool through high school
   B. Early intervention and preschool
   C. Early intervention through 3rd grade
   D. Kindergarten through 5th grade

5. “The ability to regulate one’s emotions, thoughts, and behaviors effectively in different situations” is the definition of which SEL construct?
   A. Self-awareness
   B. Social awareness
   C. Self-management
   D. Responsible decision-making

6. A classroom teacher notices inappropriate social behaviors and conflict within a math group. After consulting with an occupational therapist, the teacher begins to incorporate strategies for active listening, negotiating conflict, and cooperating. These strategies reflect which SEL competency?
   A. Social awareness
   B. Responsible decision making
   C. Self-awareness
   D. Relationship skills

7. Based on the description in Question 6, under which RtI tier is the occupational therapist providing SEL support?
   A. Tier I
   B. Tier II
   C. Tier III
   D. Individualized education program (IEP) consultation

8. For children born prematurely, difficulties in which occupation are associated with decreased social-emotional development?
   A. Functional mobility
   B. Feeding
   C. Play
   D. Self-care

9. Occupational therapy practitioners play an important role in supporting SEL programming in schools because they can:
   A. Bridge the divide between special education SEL intervention and general education SEL programming, increasing teacher support social skills and academics and delivering inclusive intervention
   B. Support social work goals in the IEPs
   C. Only work with students who have IEPs
   D. Make outside referrals for mental health services

10. Case-Smith (2013) identified several promising intervention approaches that occupational therapy practitioners currently use to address SEL for preschoolers, including:
    A. Facilitating peer-mediated groups
    B. Providing direct instruction in social and emotional skills
    C. Choosing toys and games that promote growth in social and emotional skills
    D. All of the above

11. In an SEL framework, occupational therapy practitioners working on a bullying prevention program in a school would emphasize:
    A. Remediating problem behaviors in identified at-risk groups
    B. Implementing negative sanctions, such as expulsion and suspension, and recommending home-remediation strategies
    C. Promoting a positive school environment through universal programs that address self-awareness, social awareness, and responsible decision making
    D. Individualized behavior planning for students identified with problem behaviors

12. One of the foundational principles that supports occupational therapy’s role in SEL is:
    A. Occupational therapy practitioners use only a sensory processing approach to self-regulation.
    B. Occupational therapy practitioners practice primarily under the medical model and can bill private insurance.
    C. Occupational therapy practitioners understand the personal, social, and physical contexts that influence SEL and understand how SEL supports performance in meaningful occupations.
    D. Occupational therapy practitioners are the only professionals qualified to address behavioral, emotional, and social goals in schools.