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**Identifying and Responding to Students' Social-emotional Learning Needs
related to COVID-19**

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Abstract

In this practice-oriented article, the authors aim to provide teachers with tools to identify and respond to students' social-emotional learning (SEL) during COVID-19 and beyond. Related to the principles of whole schooling, this content connects with Principle 1: Creating Learning Spaces for All, Principle 4: Build a Caring Community, and Principle 6: Partner with Families and the Community. In this article, the authors provide an overview of SEL literature and research-based related strategies, then introduce two vignettes, one pre-COVID-19 and one peri-COVID-19 (i.e., during COVID-19), and conclude with a discussion connecting SEL literature and strategies to the data they received from surveying students' SEL needs at their school. The authors hope that by sharing how they surveyed students to identify their SEL needs because of the pandemic, that administrators and teachers can recreate a similar "SEL roadmap" that they used to navigate students' emotional support needs resulting from excessive stress, anxiety, and isolation connected to remote learning and the pandemic at large.

Keywords: Social-emotional learning; COVID-19; inclusive education

Introduction

Throughout this practice-oriented article, the authors aim to provide teachers with tools to identify and respond to students' social-emotional learning (SEL) during COVID-19 and beyond. Related to the principles whole schooling, this content connects with the following principles: *Principle 1: Creating Learning Spaces for All*, *Principle 4: Build a Caring Community*, and *Principle 6: Partner with Families and the Community*. This article provides an overview of SEL literature and research-based related strategies, then they introduce two vignettes, one pre-COVID-19 and one peri-COVID-19 (i.e., during COVID-19), and conclude with a discussion connecting SEL literature and strategies to the data they received from surveying students' SEL needs at their school.

Literature Review

Social-emotional learning can be defined in various ways. The Collaborative for Academic, Social, and Emotional Learning (CASEL) (2023), defines SEL as “how children and adults learn to understand and manage emotions, set goals, show empathy for others, establish positive relationships, and make responsible decisions.” (p. 3). Embedding SEL in school practices is important because they can facilitate the development of supportive, caring, cooperative, and safe learning environments. These practices can create a positive school climate, promote high expectations for student learning, and facilitate parental and community involvement (CASEL, 2023; Reicher, 2010). The authors also view SEL as an integral aspect of inclusive education because education broadly should focus not only academic learning, but also explicitly taught SEL strategies which can provide the foundation for an improved quality of life by student participation in a caring and safe school climate (Cohen, 2006).

Social-emotional learning is important for all children and adults, but especially critical for those facing a crisis. Social-emotional learning is often referred to as a trauma-sensitive practice. Trauma is the response to a deeply distressing or disturbing event that overwhelms an individual's ability to cope and often causes feelings of helplessness, diminishes their sense of self and their ability to feel a full range of emotions and experiences. Long term effects of trauma often include unpredictable emotions, flashbacks, and strained relationships, which can lead to toxic stress (American Psychological Association [APA], 2022).

Trauma affects kids' social-emotional skills, such as their ability to identify, express, and manage emotions (Gulbrandson, 2018). Toxic stress occurs as a result from prolonged exposure

to excessive stress and adversities. If children are exposed to safe and predictable environments, such as schools, home, and community resources, positive, nurturing relationships can be built with key adults, decreasing the amount of toxic stress experienced. A trauma-sensitive environment that supports kids' need to feel safe and supported—paired with strong social-emotional competencies and SEL supports for students—helps ensure kids will cultivate healthy student behaviors (APA, 2022).

Many of the students in the authors' school experience poverty, and discuss some of the trauma they have experienced. According to Hughes and Tucker (2018),

Poverty is a strong reinforcing factor in the accumulation of adverse childhood experiences (ACEs) and subsequent toxic stress correlated with unfavorable health outcomes in adulthood. Being poor is associated with so many childhood adversities that it may be considered an ACE in itself, more pervasive and persistent than all others. (p. 124)

Social-emotional learning is a core concept of the authors' curriculum. To create their curriculum, they pull from a variety of programs including, but not limited to, CASEL (2023) and the Clayton Pilot Model Program (2021). The authors use texts, school culture and wellness initiatives, and various strategies to provide SEL based learning.

SEL Strategies for Students and Families

Connected to *Principle 1 (Creating Learning Spaces for All)*, one research-based SEL strategy the authors have implemented is a Morning Zone Check-In. At their school, the authors help their students regulate and identify their emotional state through use of the Zones of Regulation (Kuypers, 2011). Reviews of the Zones of Regulation encourage those who teach the framework to state and restate the fact that “all zones are OK.” Using the Zones framework, the authors' students learn healthy coping and regulation strategies, understanding that most of life is about how they react to it, and that there are no bad zones (Kuypers, 2021).

A second SEL strategy the authors developed, connected to *Principle 6 (Partner with Families and the Community)*, was an “SEL Hotline,” which is a school phone number established for the use of students and their families. Given the fact that the COVID-19 pandemic affected both students and families, the authors thought it was appropriate to devise a tool that would allow students and families to seek assistance for a variety of SEL needs. In a recent interview with Leadership for Educational Equity (2021), Dena Simmons provided

recommendations for school systems wanting to provide SEL support to students during the pandemic. One of Simmons' suggestions was to create opportunities for SEL development, healing, and self-care for the entire community. Given the disproportionate impact of COVID-19 on communities of color, it would be a disservice to the authors' students to assume the needs of their families are the same. Research from The Pennsylvania State University particularly highlighted the disparity of the effects of COVID-19 saying,

“Although the ripples of the pandemic’s impact continue to unfold while we prepared this brief, what is certain is that the effects are being felt differently across every household and school community in the nation. The pandemic’s disproportionate impact on Black, Indigenous, and people of color (BIPOC), persons with disabilities, and the elderly, and its interface with income, education, and health infrastructures, has flashed a bright light on current and persistent systemic inequities in our society” (Cipriano et al., 2020, p.2)

The authors' SEL Hotline was created to provide all families and community members with an equal, and confidential opportunity to request assistance, which the authors believe helped to close the gap in their community. Using the SEL Hotline, the authors were able to provide families with housing, food, as well as connections to mental health professionals.

A third SEL strategy that is connected to *Principle 4 (Build a Caring Community)* that the authors have found effective in their school is having an allocated day of the week (i.e., “SEL Wednesdays”) where they implement a variety of SEL-based activities for all students. On this day, the authors provide schoolwide SEL support through multiple outlets. The authors provide multiple SEL-based groups where all students can join. These groups include but are not limited to: (a) social skills groups, (b) confidence building groups, (c) children from divided or separated families, (d) grief support, stress/anger control, and (e) mindfulness. The authors also hold various assemblies, spirit days, school-wide kindness, and community initiatives, and many more activities to support the SEL needs of their students. The authors' goal is to find a way to not only reach all students, but also help to support their entire school's SEL needs. According to Zieher et al. (2021),

Educators' implementation and use of social and emotional learning early in the COVID-19 pandemic, found that educators whose schools or districts provided social and emotional support and SEL guidance to their staff reported fewer challenges implementing SEL during distance learning, less self-judgment and emotional

exhaustion, and used SEL with their students more. (p. 388)

The authors' school does not teach SEL as a lesson plan, rather it is infused in their curriculum and modeled by teachers and staff.

While the authors have applied a variety of SEL strategies in their United States school context, they believe these strategies could be implemented by practitioners in other countries. Regardless of country, the authors believe that SEL is critical for all students, but particularly crucial for people in crisis situations (e.g., a global pandemic). Toxic stress is something that stems from prolonged exposure to excessive adversities and stress, and can be mitigated if children are exposed to predictable and safe learning environments, and have nurturing relationships with important adults, such as teachers, who actively teach explicit SEL strategies (United States Agency for International Development [USAID], 2018).

The authors' hope for writing this piece is that interested administrators and teachers can use this article as a "SEL roadmap" to support students and their pandemic-related SEL needs. The authors' SEL roadmap was guided by the following questions: (a) How are *all* students (e.g., both students with and without disabilities) coping with COVID-19? (b) How have students' social and emotional needs changed related to the pandemic? (c) What can teachers and administrators do to best support students as they navigate the "new normal" caused by COVID-19?

Consider James in this first vignette. The vignette is based on a real student, however all identifying information has been changed to maintain anonymity.

Vignette One: SEL before COVID-19

James is a 10-year-old boy who lives with his parents and his two younger sisters. James' parents have been married for 16 years and provide James with a stable, loving, and supportive household, meeting his basic needs (i.e., food, shelter, physical safety, emotional security). He is in the fifth grade and thriving. Like most young boys his age, James loves sports, FaceTiming his friends, playing practical jokes on his sisters, and going to school. At school, James does well. He enjoys English Language Arts and social sciences, and says that recess and lunch are his favorite subjects. This is most likely because James values his peer interactions. His outgoing and friendly personality make him a likable kid who is easy to get along with. James' teachers report that he is a bright young man, an independent thinker, happy, and a pleasure to have in class. James has only one discipline infraction since starting school, which was for getting an

extra drink after recess. James' parents report that he is everything they could have asked for in a son. He is responsible, loving, and kind. James used to throw temper tantrums as a young boy, ages three to six, but has since outgrown them. Everything is going great for James, and he has high hopes for the future, that is until everything he knew as normal and secure came to a screeching halt.

Vignette Two: SEL during COVID-19

It is March 16, 2020, and James is told he cannot go to school for the rest of the school year because of a worldwide pandemic. At first James is confused, like many other students. But James, a naturally happy and positive young man, looks on the bright side of things and thinks of this as an early summer break. As his school scrambles to provide academic services for the remainder of the school year, James can adjust and finish out the year in positive spirits. As the summer approaches, the pandemic is gaining momentum, bringing with it stress, anxiety, panic, and depression. James' parents watch the news, and he listens from his room, getting more and more nervous by the day. James begins overeating, starting arguments with his sister, and scratching his arms and legs. James' dad has lost his job, causing a rift between his parents, and the household stress levels begin to increase. James hears his parents worry about food security, housing, and utility payments, and James begins to take on those worries himself. As the months go on, James' world has gone from secure, hopeful, and structured, to anxious, hopeless, angered, and frustrated. James has become withdrawn, self-conscious, and angry, resulting in undesirable social and emotional behaviors.

Fast forward to the start of James' sixth grade year in September 2020. School is completely online, people are forced to stay at home, to limit contact with extended family, to cease all recreational activities, and to wear a face mask when going out. James has no interest in "going to school," resulting in his low academic achievement. He has gained 10 pounds, is lashing out at home, is isolating in his room, and showing external signs of anxiety. He has even gone to the emergency room where he was diagnosed with panic attacks. Now, ask yourself a few questions: (a) If James, who comes from a supportive, loving, financially stable home, is in crisis, how are all your students without a strong foundation coping? (b) How have your students' social and emotional needs changed? (c) What can you do to best support your students' during this "new normal"? (d) How can you meet all these new unique SEL needs when you can only see my students virtually?

To unpack these questions, in the next section, the authors share some results of the validated [Vanderbilt University Response to Stress Questionnaire \(RSQ\)](#) (2021) they gave their students. They then describe the significance of the results and connect them to literature. As an extension of this work, Part 2 of this article (see Light-Stevenson & Elder, under review) provides strategies that they implemented to address the changing social and emotional needs of their students, as well as how they were able to structure their interventions in a virtual setting to ensure students' needs were met.

School Context

The authors' school is a grades four to six public elementary school in the northeastern United States. The school is considered a "high needs" Title I institution. Their school has approximately 500 students, almost half of whom (45.6%) live at or below the poverty line. They have 85 students with disability labels and have individualized education programs. At this school, they embed SEL into the core curricula, textbooks, school-wide wellness initiatives, and various explicit SEL teaching strategies. Author One is a Social-Emotional Counselor who creates and facilitates the Social-Emotional program in the school, runs various small counseling groups and provides individual counseling sessions. Author Two is a professor-in-residence who supports administrators, teachers, and staff to develop sustainable inclusive education and SEL practices.

Compelling Data from the Response to Stress Questionnaire

The data the authors present in this article is part of a larger institutional review board (IRB)-approved project related to the development of sustainable inclusive education practices. The authors consider SEL to be an integral aspect of inclusive education (Cohen, 2006; Reicher, 2010). In September 2020, staff distributed the RSQ to 348 students and received 331 responses. The research focus of the Vanderbilt University Stress and Coping Laboratory (2021) team is on how children, adolescents, and families cope with stress and adversity in their lives. One of the measures they developed is the RSQ. The RSQ measures coping and involuntary stress responses. The questionnaire asks that participants keep COVID-19 in mind when responding. The authors decided on this validated survey as it measures a multitude of behaviors and/or emotional challenges that may occur as a direct result of the stress connected to COVID-19. These behaviors often affect academic and behavior development. With the data collected, school systems can develop new ways to intervene and support those students who are affected.

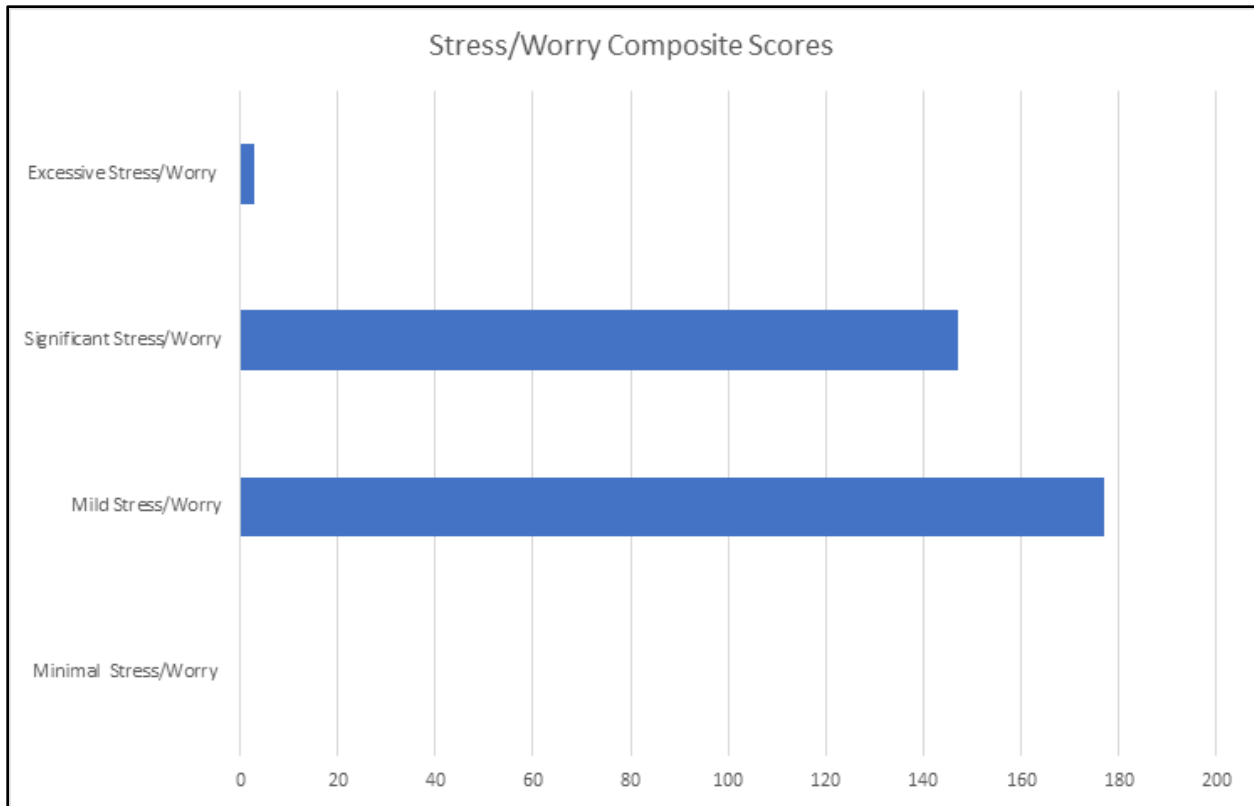
The RSQ can be filled out by both children and adults. Below, the authors present six points of data and explain their significance. The authors chose these data points because they felt that they clearly represent and reinforce the need for specific interventions related to new stress connected to COVID-19.

Data Point #1: Student Stress Levels

The first piece of data represents the composite scores for the stress level of students surveyed (see Figure 1). The RSQ asked students to choose from four answers, similar to a Likert scale, with answer options being on a scale of one to four. Author One calculated the scores by adding each answer, taking into account reverse scoring. The scoring scale has not been validated, rather it is meant to be interpreted by the survey administrator. Composite scores revealed that 54% of students surveyed are experiencing Mild Stress/Worry relating to COVID-19, 44% are experiencing Significant Stress/Worry, and 2% are experiencing Excessive Stress/Worry. An important takeaway of this data point is that *every* student ($n= 331$) surveyed reported experiencing some level of stress greater than Minimal Stress/Worry.

Figure 1

Stress/Worry Composite Scores



Excessive Worry/Stress =214 and above Significant Stress/Worry=142-213
 Moderate Stress/Worry=70-141 Minimal Stress/Worry=69 and below

The mental health of children has been affected in many ways since the pandemic began. This is evident in the case of the student in the vignette, James, whose behavior, both socially and emotionally, shifted tremendously because of the pandemic. All children are at-risk of being exposed to COVID-19 stressors, as the composite scores showed. However, children with pre-existing psycho-social and other disability labels, such as ADHD, anxiety, or behavior disabilities, are at a greater risk for adverse effects (Shah et al., 2020). As of April 12, 2021, 27 countries had closed schools, or are operating on a partially open schedule due to the COVID-19 pandemic, impacting 177,179,786 learners, consisting of about 10.1% of students globally (UNESCO, 2021).

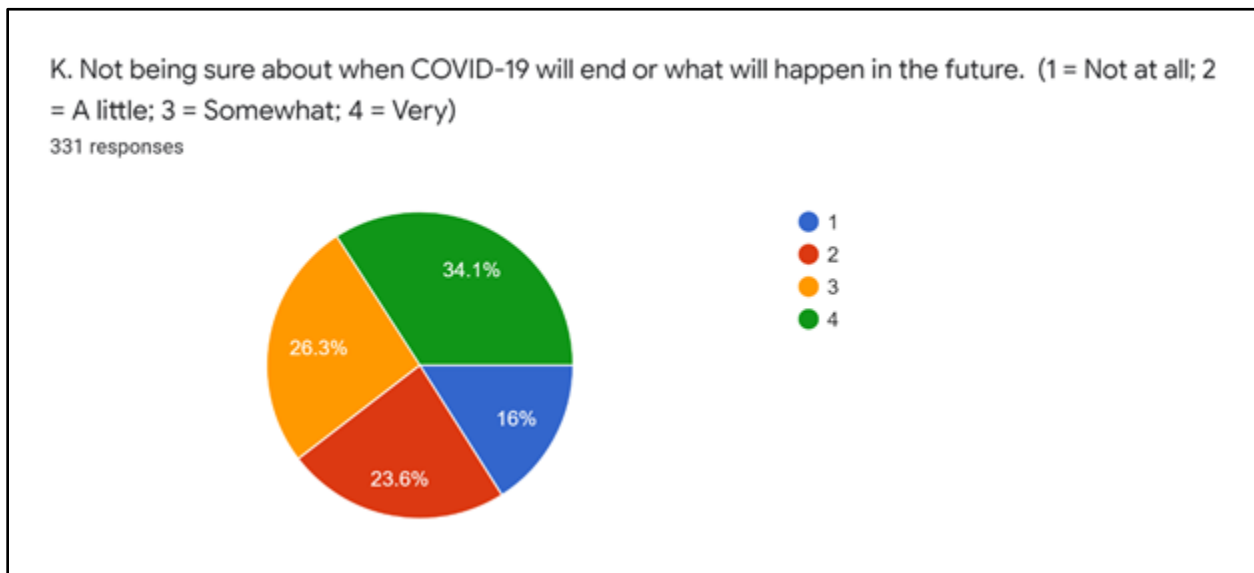
Data Point #2: Student Stress about the Uncertainty of COVID-19

The authors' second data point revealed that over half of the students surveyed reported they were stressed/worried about their future (see Figure 2). When they were asked about being unsure as to when COVID-19 will end, or what will happen in the future, 26.3% of students are

Somewhat Stressed/Worried, while 34.1% of students are Very Stressed/Worried. Somewhat and Very Stressed/Worried about the future accounted for approximately 60% of responses ($n=198$). Research supports the notion that early exposure to circumstances that produce persistent fear and chronic anxiety can have lifelong consequences by disrupting the developing architecture of the brain, which can affect how children process emotions, learn, solve problems, and relate to others (Shonkoff et al., 2010).

Figure 2

Student Stress about the Uncertainty of COVID-19



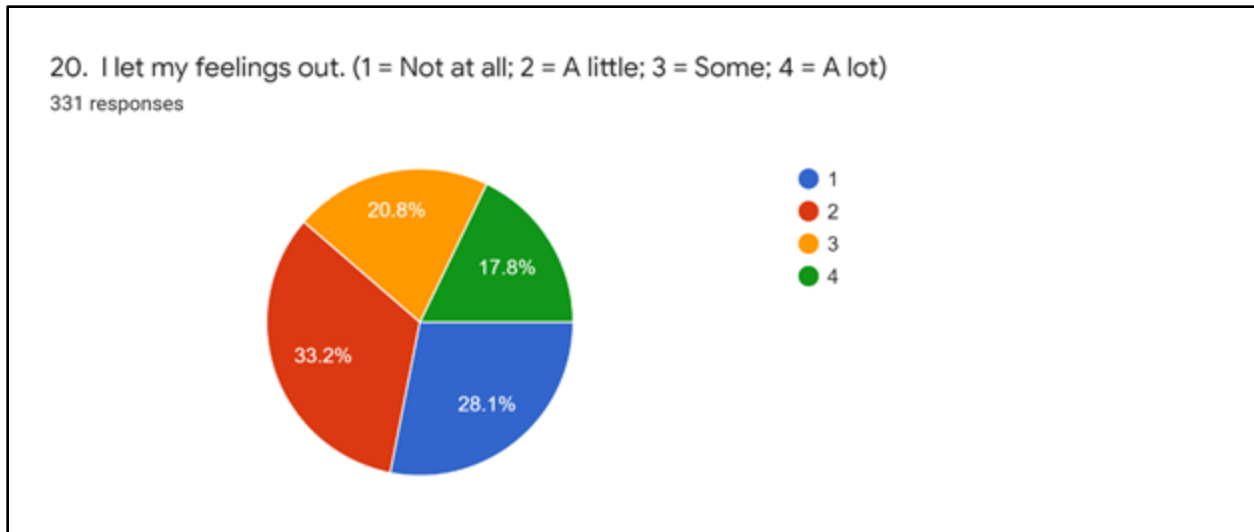
Again, the authors can connect the effects of exposure to fearful events and experiences to students like James. After prolonged exposure to various media coverage about COVID-19, as well as learning about his family's financial and food insecurities, James' emotional and learning development have stopped. His academics have declined, and his emotions are teetering between panic, anger, fear, and worry. Knowing that students harbor worrisome feelings about COVID-19, Data Point #3 explores whether students communicate those feelings.

Data Point #3: Student Communicating their Feelings

For Data Point #3, the RSQ asked students whether they let their feelings out when they are faced with stressful or worrisome thoughts about COVID-19 (see Figure 3).

Figure 3

Students Communicating their Feelings



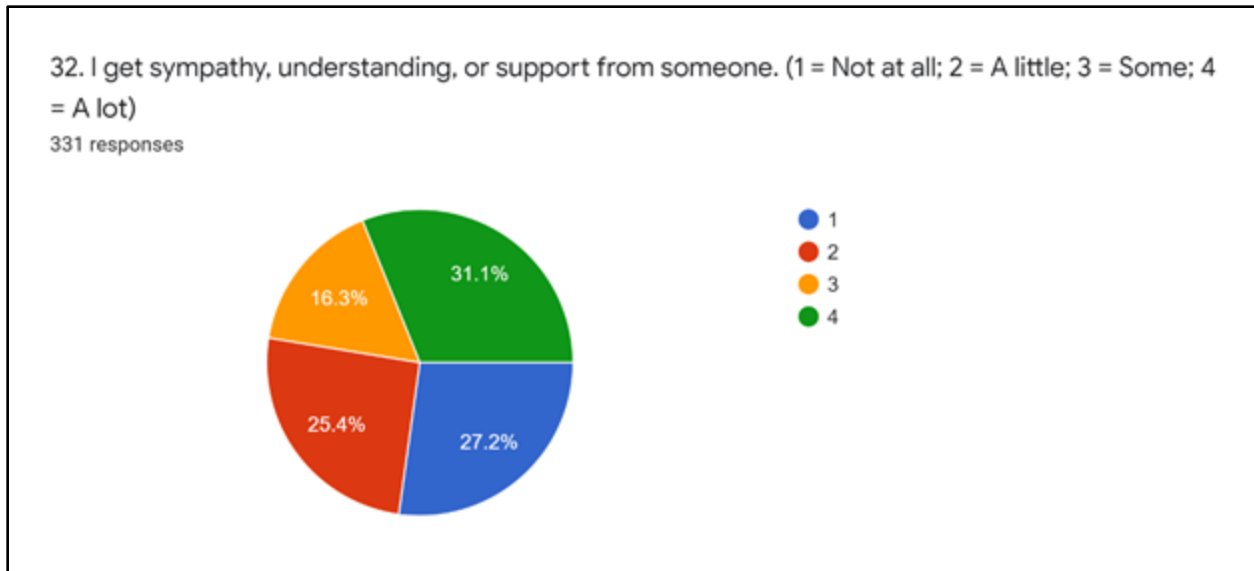
28.1% of students ($n= 93$) said “Not at All.” During non-pandemic circumstances, simple check-in messages from instructors communicate care and connection and mean a lot to students (Murphy et al., 2021). In these times of greater uncertainty and challenge, these check-in messages and opportunities are even more important because they make students feel seen and valued despite being socially distanced (Murphy et al., 2021). With most schools in North America operating remotely or in a hybrid format, students do not have immediate access to support such as counselors or teachers. Additionally, some may not be able to connect virtually (UNESCO, 2021). As a result of not feeling supported, students may feel as though they do not have an outlet for their feelings and subsequently hold them in (Murphy et al., 2021).

Data Point #4: Students Feeling Supported

The authors’ next data point, which asked students whether they receive understanding, support, or sympathy from someone when they are stressed or worried about COVID-19, revealed that 27.2% felt unsupported (see Figure 4). That is approximately 90 students who are left to cope with their feelings and emotions alone. The combination of students repressing their emotions and feeling alone can lead to destructive social and emotional behaviors.

Figure 4

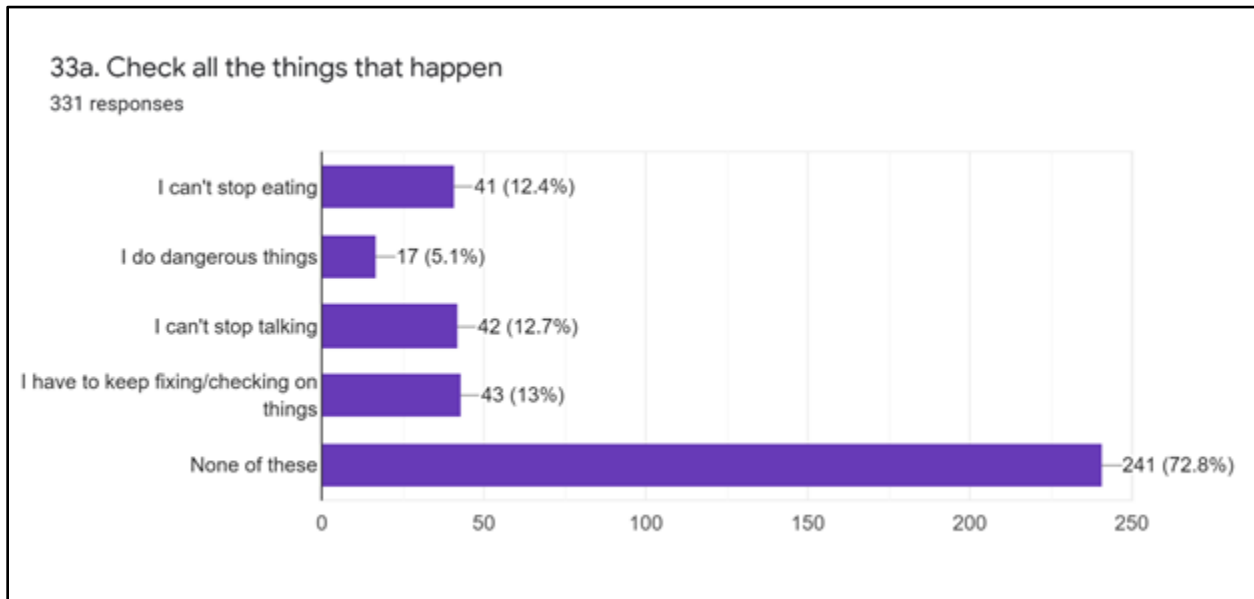
Students Feeling Supported



Repressing emotions and feelings most often leads to impairments in the students' ability to develop relationship skills, students' withdrawal from social situations, and students' reacting in unexpected ways in response to previously benign circumstances (Patel & Patel, 2019). These data points are significant because the repression of unpleasant emotions can give rise to elevated levels of stress, which can be detrimental to health and general well-being (Patel & Patel, 2019).

Data Point #5: Destructive Behaviors

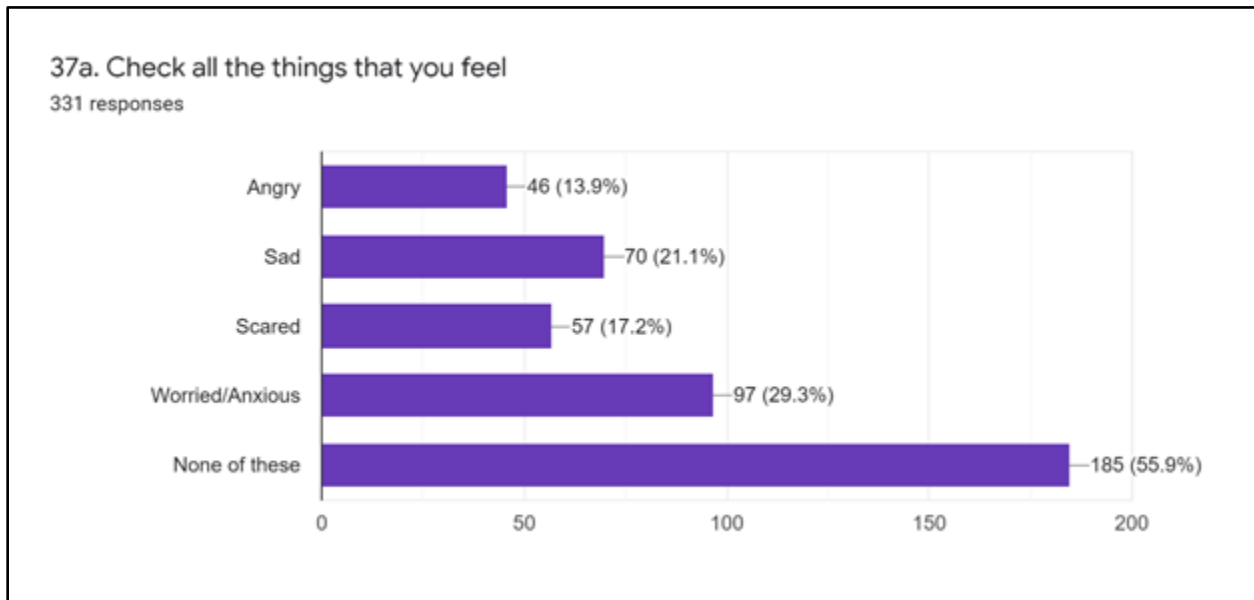
The authors present the destructive behaviors discussed above in the fifth data point. Through the RSQ, students reported whether they can control what they do when faced with the stressful parts of COVID-19. Respondents were allowed to check all answers that apply to them. The actions listed are indicative of impulsive and compulsive behaviors.

Figure 5*Destructive Behaviors*

The results of this data point were quite alarming. Forty or more students admitted to impulsive behaviors such as over-eating, uncontrollable talking, and compulsive behaviors such as having an urge to constantly fix and/or check things. Even more alarming is the fact that 17 students admitted to doing dangerous things. These behaviors are often done subconsciously and provide a sense of control for the child in an uncontrollable situation. Habits of thinking and feeling are stored in the subconscious mind, where your sense of comfort resides, and helps create and maintain behaviors to remain there (Brian Tracy International, 2021). Due to COVID-19, children's ability to cope with changes to their routine is now being challenged, resulting in anxiety, outbursts, or impulsive decisions (Mastorci et al., 2021).

Data Point #6: Student Emotions

The authors' final statistic, Data Point #6, asks students to report all the feelings they experience immediately after or during when faced with the stressful parts of COVID-19 (see Figure 6). Almost 100 students ($n=97$) indicated feeling worried/anxious; 70 students feeling sad; and 46 and 57 feeling angry and scared, respectively. Thus, COVID-19 is a source of toxic stress for some children.

Figure 6*Student Emotions*

Toxic stress response can occur when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, exposure to violence, and/or the accumulated burdens of isolation/quarantine (Harvard University, 2021). When a toxic stress response occurs continually, or is triggered by multiple sources, it can have a cumulative toll on an individual’s physical and mental health—for a lifetime, as well as disrupts the development of the brain (National Scientific Council on the Developing Child, 2005/2014). Mild, moderate, and even severe anxiety and depression are treatable, but 80% of kids with a diagnosable anxiety disorder and 60% of kids with diagnosable depression are not getting treatment (Anxiety & Depression Association of America [ADAA], 2021). It is imperative that all school stakeholders work together to support children who are experiencing anxiety, fear, or sadness. Research shows that untreated children with anxiety disorders are at higher risk to perform poorly in school, miss out on important social experiences, and engage in substance abuse (ADAA, 2021). According to Groenman et al. (2017), they found that identifying anxiety disorders and providing early interventions may help to prevent substance abuse disorders later

in life. Another study by Owens et al. (2012) provides a clear link between high levels of anxiety and lower academic performance.

Surveying Students

In the previous sections, the authors highlighted data points that underscored the urgency of designing and implementing a COVID-19-related coordinated SEL program. In the next section, the authors provide a specific example of the first step they put into place to meet the needs of all students and families. The authors' first step was to initiate a survey, which helped to identify the SEL needs, and to begin planning how to deliver additional support for their students. Given that the current SEL needs are uniquely linked to COVID-19, the authors administered a relevant survey first, so that they could design appropriate interventions. To do this, the authors created a voice recording of the RSQ Survey, which they identified to provide a more inclusive and accessible environment to all their students. In the next section, the authors describe the format of the survey.

Voice Recordings of the RSQ Survey

Given the age level and large number of students in their school, the authors thought it was best to recruit their special area teachers (e.g., PE, computer lab, music, art) to administer the survey. Prior to administering, Author One made a video for students that provided background information about the RSQ, the rationale behind using the survey, and instructions to complete the survey. Author One replicated the survey using a Google Form, so that student responses were sent directly to Author One and kept confidential. Special area teachers each took a section of the survey and recorded voice-over descriptions of each question. To listen to a sample voice recording of the survey, follow [this link](#). To read a transcript of an excerpt of the sample voice recording, see Appendix A. The purpose of providing video directions was to provide students with a thorough understanding of each question and answer, as well as to accommodate those students who benefit from oral instructions. All students received the link to the RSQ as well as the instructional and introduction videos via email. Students had 90 minutes to complete the survey during their weekly SEL meeting. As a universal accommodation, any student who required more time to complete the survey was given the time. Special area teachers and Author One were available via Zoom to provide any assistance to students while completing the survey. Author One used the "Export to Excel" feature in Google Forms, to easily score and sort the results. Once the authors had the results, their next step was to implement relevant SEL

strategies to meet the needs of their students. For more information on the specific SEL strategies they implemented see (Light-Stevenson & Elder, under review).

Discussion

There are many different strategies needed to address the umbrella effect of COVID-19, and these strategies are not only effective in the United States. The authors chose to highlight their first step, which was implementing an SEL survey. There are many other assessment surveys that can be used; however, authors chose the RSQ because it was COVID-19- specific. They consider this to be the beginning of important dialogue. Following the administration of the survey, and analysis of data, the authors suggest practitioners consider implementing some of the SEL strategies they have found effective, and that they have outlined in the literature review above (see Cipriano et al., 2020; Kuypers, 2011, 2021; Leadership for Educational Equity, 2021; Zieher et al., 2021) to meet the ever-evolving SEL needs of students because of the pandemic and beyond. The authors chose these strategies because they were responsive to the identified unmet SEL needs (e.g., mild/significant stress and worry, high stress about uncertainty of the future, few opportunities to communicate feelings, limited opportunities to feel supported, an increase of destructive behaviors, an increase of negative emotions) of a vast majority of their student population based on their analysis of survey data.

Conclusion

Even though the world is rounding a corner with COVID-19, the SEL impacts will be long-lasting and some even permanent. Whether it is student retention, drop-outs, or an overall decline of mental health, the ramifications of the pandemic are significant and need to be supported as such. Whether you are addressing stress levels, feelings about the unknown, communication of feelings, students needing support, impulse control, or students experiencing negative emotions, the authors invite you to survey your students. The authors are particularly interested in how practitioners around the world have taken these ideas and improved them to meet their local context. The authors encourage practitioners to let the authors know how your process went, the needs you identified, and how you subsequently improved SEL supports at your school.

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Appendix A

Survey Directions Voice Recording Transcription

OK, so I am just going to read the directions at the top real quick. When dealing with the stress of COVID-19, below is a list of things that children and teenagers sometimes do, think, or feel when they're dealing COVID-19. Everyone deals with problems in their own way. Some people do a lot of the things on this list, or have a bunch of feelings, other people just do or think a few of these things. Think of all the stressful parts of COVID-19 that you indicated above.

For each item below, circle one number from 1 (Not at all) to 4 (A lot) that shows how much you feel or do these things when you have the problems with COVID-19 like the ones indicated above. Please let us know about everything you do, think, and feel, even if you don't think it helps make things better.

So answer these honestly, ok. So Number 1, when thinking about COVID-19, I try not to feel anything. If that is "Not at all" for you, select Number 1. If that is "A little bit" for you, select Number 2. If that's "Sometimes," you would select 3, and if that's "A lot" or "all the time" you would select 4.

Number 2, when dealing with the stress of COVID-19, I feel sick to my stomach or get headaches. If that's "Not you at all," if that's not how you feel, again, you would select Number 1. If you feel that "A little bit of the time" you would select Number 2. "Sometimes" would be Number 3, and "A lot of times" if you feel sick to your stomach about COVID-19 you would select Number 4. Again, you are going to be honest. Take your time listening and reading these questions.

Number 3, I try to think of different ways to change or fix the situation. Number 1, "Not at all." Number 2, "A little bit of the times" you think of different ways to fix the situation. Number 3 is "Sometimes." And Number 4 is "A lot." You think of a lot of different ways to fix the situation.

Write out your plan or your thoughts on Number 3A. OK, so you are going to type in there, click your cursor on that line in there and just type one of your ideas in there on how you would fix your situation.

Number 4, when faced with the stress of COVID-19, I don't feel anything at all, it's like I have no feelings. So, if you are indifferent or you have no feelings about COVID-19, if it didn't bother you at all, you would select Number 1. If it bothered you only "A little bit," Number 2. If

there were “Many things” that bothered you during COVID-19, you would select Number 3. And, “A lot” would be Number 4.

Number 5, I wish that I were stronger and less sensitive so that things would be different. Number 1, you would say, “Not at all.” If you didn’t wish you were stronger or less sensitive, you would select Number 1 “Not at all.” Or, “A little bit,” Number 2. Number 3, “Some,” and Number 4 “A lot,” if you wish you were a lot stronger and less sensitive so that things would be different.

Number 6, I keep remembering what happened with COVID-19 or I can’t stop thinking about what might happen in the future. Number 1 would be “Not at all.” Number 2, again, “A little bit.” Number 3, “Eh, sometimes I can’t stop thinking about it.” Or, Number 4 would be “A lot of times.”