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# Taking SEL to Scale in Schools

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The Role of Community Coalitions

Handbook of social and emotional learning: Research and Practice

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## **Taking SEL to Scale in Schools: The Role of Community Coalitions**

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## **Taking SEL to Scale in Schools: The Role of Community Coalitions**

Prior chapters and other research (Durlak, Dymnicki, Taylor, Weissberg, & Schellinger, 2011; National Research Council and Institute of Medicine, 2009) have identified the existence of many high-quality, school-based social and emotional learning (SEL) programs which have been found, when well implemented, to enhance social emotional competence, promote academic achievement, and prevent mental, emotional, and behavioral problems. Additional empirical research has supported these findings, linking social and emotional skills to better outcomes for youth, even among those living in adverse conditions. Such evidence indicates that schools have much to gain by implementing such curricula. However, research also reveals that effective SEL programs are not currently being widely used in schools (Gottfredson & Gottfredson, 2002; Ringwalt et al., 2011).

This chapter discusses how community coalitions can help increase the spread of SEL programs in classrooms, schools, and school districts. We identify some of the challenges likely to be faced when attempting to scale up and increase dissemination of effective SEL programs, as based on the experiences of 12 community coalitions implementing the Communities That Care (CTC) prevention system in the context of a randomized, controlled evaluation of this system (for more details regarding this project, see: Hawkins et al., 2008). In this multi-year project, while schools in some communities were initially reluctant to adopt SEL curricula, all communities eventually did so. As a result, over half the middle school student population in these communities was provided with programming demonstrated to foster social and emotional competence and prevent the development of problem behaviors. We discuss how obstacles that typically hinder the adoption and implementation of SEL curricula were overcome when community coalitions using the CTC system partnered with school officials and personnel.

Before reviewing the lessons learned from this project, we begin with a description of Communities That Care.

### **The Communities That Care prevention system**

The Communities That Care (CTC) prevention system (Hawkins & Catalano, 1992) was developed to assist communities in incorporating scientific advances regarding the promotion of healthy youth development and prevention of youth problem behaviors (e.g., school drop-out, teenage pregnancy, substance use, delinquency, and violence) into their everyday practices. The primary goal of CTC is to improve youth outcomes community wide by increasing the use of programs and policies that have demonstrated effectiveness in reducing the risk factors associated with problem behaviors, increasing the protective factors associated with better outcomes, and achieving healthier youth development. Recognizing that widespread change will not be achieved through the efforts of one person, or even a small body of committed individuals, the CTC system relies on broad-based coalitions of community members to work together. The active involvement of community stakeholders, and increased skills, information, and resources that accompany this collaboration should help increase community consensus and buy-in for change efforts, minimize duplication of services, and result in more cost-effective services that are better implemented and more likely to be sustained (Hawkins, Catalano, & Arthur, 2002; Kania & Kramer, 2011; Stevenson & Mitchell, 2003; Wandersman & Florin, 2003).

The CTC system was developed to engage community members and foster their collective involvement in change efforts (i.e., enhancing their "collective impact"; see: Kania & Kramer, 2011) . CTC is locally managed by a coalition of diverse community stakeholders, who, guided by data collected from school and community records and surveys of students in local

schools, match community profiles with tested programs proven effective in controlled studies to produce better youth outcomes. The coalition oversees and monitors implementation of the new policies and programs in appropriate community organizations, including schools and health and human service organizations. CTC provides clear guidance to coalitions in the steps required to achieve change. Six structured training workshops are provided in order to identify, discuss, and practice the steps, processes, and actions (referred to as “benchmarks and milestones” in the CTC materials) that should be undertaken by coalitions to achieve change. Proactive technical assistance is offered throughout the process to assist coalition members.

Capitalizing on the natural appeal of coalitions, and the recognition that communities have different problems and will need different solutions to address them, CTC emphasizes that change efforts must be community specific and owned and operated by local community members (Hawkins et al., 2002; Hawkins, Van Horn, & Arthur, 2004). CTC does not stipulate that particular programs be implemented; rather, communities create unique action plans that address their particular needs using a variety of programming types and formats, including school, family, community, or individually focused interventions. In regards to the focus of this book, if significant proportions of local youth have reported deficits in social and emotional competencies, then coalitions may decide to select SEL programs to address these needs. Unlike the typical process used to adopt school programs (e.g., when decisions are made by a staff person or administrator), choices made by coalitions are based on group consensus, and new SEL curricula in schools are viewed as part of a community-wide change effort.

Although the CTC system does not mandate the use of school-based or SEL programs, the remainder of this chapter focuses on how CTC coalitions can help increase the spread of such curricula. We will describe the barriers typically faced when adopting and implementing SEL

and other school curricula, and strategies used by CTC coalitions when working with school partners to overcome these challenges. Our attention will be centered on decision-making processes related to the adoption of new programs, but we also touch upon issues related to implementation and sustainability of these interventions.

### **The Community Youth Development Study**

Our findings are based on experiences of coalitions participating in the Community Youth Development Study (CYDS), a ten-year community randomized trial designed to test the efficacy of the CTC system in reducing adolescent risk factors, increasing protective factors, and decreasing problem behaviors (Hawkins et al., 2008). The project involved 24 small- to medium-sized towns in seven states, ranging in size from 1,500 to 50,000 residents. These communities were randomly assigned in fall 2002 to implement the CTC prevention system (n=12) or to provide prevention services as usual (n=12). In the first five years of the project, the 12 intervention communities received training and technical assistance in the CTC system, funding for a full-time coalition staff member (the CTC coordinator), and up to \$275,000 (across Years 2-5) to implement prevention programs targeting schools, families, and students in Grades 5-9, which was the age focus of the study.

#### **Adoption of the CTC system in intervention communities**

A process evaluation (Fagan, Hanson, Hawkins, & Arthur, 2009) indicated that all 12 intervention communities in this study fully implemented the CTC model. All intervention communities formed a prevention coalition in the first year of the study and active coalitions were maintained over time. While a range of community stakeholders were represented on coalitions (including law enforcement, health and human service agencies, youth service groups, local or state government, business, religious groups, youth, and parents), school personnel

tended to comprise the greatest proportion of all members in communities. In the first year of the research project, school representatives (superintendents, curriculum specialists, principals, vice principals, prevention staff/counselors, teachers, and other staff) made up 26% of the membership across communities (Fagan, Brooke-Weiss, Cady, & Hawkins, 2009).

Consistent with the CTC guidelines, local youth in all communities in Grades 6, 8, 10, and 12 completed the Communities That Care Youth Survey every two years during the study. This school-based survey provides valid and reliable self-reported measures of 30 risk and protective factors as well as problem behaviors (Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002), and data from the survey was used to determine the foci of coalition efforts. In this study, coalition members reviewed trends in their local data to identify student-reported risk and protective factors that were consistently elevated or depressed over time. Coalitions then prioritized two to seven factors of concern, which they intended to target with prevention activities. To avoid duplication of services, coalition members also conducted a resource assessment of programs and policies already in place in their communities that addressed their priority areas.

In order to receive research funds, coalitions in this study had to select interventions which: a) addressed their community's prioritized risk and protective factors; and b) had been tested in controlled trials and demonstrated to be effective for families or children in Grades 5 through 9 in reducing risk factors, enhancing protective factors, and reducing behavior problems. During one of the CTC training workshops, coalition members reviewed information from the *CTC Prevention Strategies Guide* ([www.communitiesthatcare.net](http://www.communitiesthatcare.net)), which provides short descriptions of 39 tested and effective programs for the study age group, including school-wide interventions, school-based social and emotional learning curricula, tutoring, mentoring



programs, after-school activities, parent training programs, and community-based interventions. Based on input from all coalition members, and taking into account program requirements, financial costs, human resources needed, and local social/political factors, coalitions selected programs that addressed their prioritized risk and protective factors and which were considered feasible to implement. In Years 2-5 of the study, the new programs were implemented and monitored by coalition members to ensure they were being fully delivered (for a full description of implementation monitoring procedures used by coalitions, see: Fagan, Hanson, Hawkins, & Arthur, 2008).

### **Adoption of school-based programs and SEL curricula**

Communities in this study all decided to adopt new school-based programs, including SEL programs, at some point during the first five years of this study. Their decisions to do so were influenced by the fact that: a) effective SEL programs were identified in the CTC *Prevention Strategies Guide*; b) these programs were perceived to be relatively cost effective and not costly to implement when existing school staff could teach them; and c) coalitions recognized that these services could reach a large proportion of youth if delivered community wide, preferably in all schools in the community that served students in the relevant age group. As shown in Table 1, five communities adopted school-based programs in Year 2 of the project, four communities adopted school-based programs in Year 3, one community did so in Year 4, and two communities adopted school programs in Year 5. Nine different school-based prevention programs were implemented across the 12 intervention communities during the study, and five sites implemented multiple school-based programs. As shown in Table 2, six of the nine programs used by CTC communities involved delivery of classroom-based curricula with SEL elements.

## **Tables 1 and 2 about here**

The adoption of new school-based programs in all 12 communities involved in this study is notable, given prior research demonstrating that a large proportion of elementary, middle, and high schools in the U.S. are failing to implement effective school curricula (Gottfredson & Gottfredson, 2002; Hallfors & Godette, 2002; Ringwalt et al., 2011). For example, a national study of the diffusion of drug use prevention curricula (which may include SEL elements) indicated that only 47% of middle schools (Ringwalt et al., 2011) and 10% of high schools (Ringwalt et al., 2008) reported using programs that had been tested and shown to be effective. We think that the involvement of broad-based community coalitions contributed to this success. As noted by others (Mihalic, Fagan, Irwin, Ballard, & Elliott, 2004; Saul et al., 2008), the dissemination of evidence-based programs in schools is often hindered by a lack of information regarding what works, a lack of “champions” who will generate support for these curricula, competing beliefs about what should be taught in schools, and many structural barriers that impede incorporation of new innovations. As described in the next section, these challenges can be avoided or faced and overcome using the CTC system.

### **Strategies used by CTC coalitions to foster adoption and dissemination of effective SEL programs**

#### *Providing information about effective SEL programs*

One of the first barriers to the adoption of school-based and/or SEL programming is the difficulty faced by school personnel in accessing scientific evidence regarding effective programming (Mihalic et al., 2004; Saul et al., 2008). Such information is often published in scientific journals inaccessible to school personnel, and these articles frequently describe methodological issues and procedures not easily understood by practitioners (Mihalic et al.,

2004). While user-friendly materials and lists describing “best practice” and “model” programs are more readily available now than in the past (see, for example, <http://www.bestevidence.org/>, <http://ies.ed.gov/ncee/wwc/>, and <http://www.colorado.edu/cspv/blueprints/>), such lists often rely on differing criteria to establish effectiveness, and making sense of these data can still be difficult for school staff (Hallfors, Pankratz, & Hartman, 2007). Schools need assistance to obtain and comprehend information regarding tested and effective programs.

As previously described, the CTC prevention system provides coalitions with information about what works in the *Prevention Strategies Guide*. Short summaries of effective programs and their implementation requirements are reviewed by coalition members during one of the CTC training workshops. School personnel participating in coalitions thus gain firsthand access to information about what works. In order to spread this information to school administrators and staff who did not participate in the CTC coalition or training, coalitions in this research trial held subsequent formal and informal meetings with school boards, principals, teachers, and other school personnel to describe effective program options. In some communities, coalition coordinators obtained copies of the new curricula and reviewed program content with teachers and administrators. One coalition coordinator and school principal visited a nearby town to observe delivery of a program under consideration (the Lion’s Quest Skills for Adolescence curriculum); following the visit, the principal decided to adopt the curriculum in his school.

#### *Building champions and strong supporters*

Not all administrators were so easily convinced. In many communities, administrators voiced concerns about the burden (or waste) of using classroom time to teach curricula that were perceived to be peripheral to the core mission of the school. In our study communities, as across the country, schools faced great pressure to improve academic outcomes and test scores, which

often resulted in the belief that the school had to focus exclusively on instructional programming that targeted academic performance (Durlak et al., 2011; Elias, Butler-Bruene, Blum, & Schuyler, 2000; St Pierre, 2001). These attitudes increased the difficulty of installing SEL programs.

In the CTC trial, coalitions realized they needed to create a “win/win” situation and demonstrate to school personnel that the adoption of SEL and other curricula would contribute to their central mission. To do so, some coalition coordinators obtained copies of state and local mandated learning requirements, then matched these objectives to program content to show how implementation of these curricula would help schools meet their academic needs. Another approach was to provide school administrators with research showing linkages between prevention programs and academic success. For example, there is evidence that schools whose students report less exposure to risk factors and more exposure to protective factors have higher standardized test scores and grades (Arthur, Brown, & Briney, 2006; Fleming et al., 2005). Coalition members emphasized that by implementing SEL curricula known to decrease risk and enhance protection, schools could improve students’ academic performance. Other evidence suggests that, in regards to SEL programs, students with better problem-solving, emotional regulation, and decision-making skills are more likely to attend school regularly, have better academic achievement, and are less likely to engage in disruptive classroom behavior that can impede learning (Durlak et al., 2011; Greenberg, 2010). When community stakeholders share these findings with school personnel, they may help persuade them that the adoption of new programs is worth the investment.

In all study communities, coalitions recognized the need to build “champions” who would advocate for the adoption of new programs. Strong support among key personnel must be

present in order to ensure both the adoption and successful implementation of new programming (Miller & Shinn, 2005; Rohrbach, Grana, Sussman, & Valente, 2006). Such champions are needed both at the administrator level, from school superintendents and principals who have the authority to make programmatic decisions and allocate resources for their implementation, and from teachers and staff who must be willing to teach new programs fully, with enthusiasm, and in a manner that elicits a positive response from students.

In the CTC study, all coalitions spent significant time building relationships and fostering support from school personnel. In some cases, coalition coordinators and/or other members had pre-existing relationships that allowed immediate entrée to school staff. In other cases, relationships had to be built, usually through multiple conversations conducted during formal meetings and informal visits. The first step in the process was typically inviting key school representatives to join the CTC coalition. Our process evaluation indicated that schools that more quickly adopted new curricula tended to have more members on the CTC coalitions at the outset of the project (Fagan, Brooke-Weiss, et al., 2009). Direct training in the CTC model helped convince school representatives that adopting tested and effective programs to address elevated risk and depressed protective factors reported by students in their own community would benefit the school and the larger community, and that doing so would not compete with the need to improve students' academic achievement.

Coalitions were strategic in deciding whom to approach to participate on coalitions and whom to engage in conversations regarding new programming. They relied on their collective knowledge of the school to determine who was most open to change and innovation, who would best understand the benefits of new programs, and who was best able to influence the decision to adopt a new program. In some cases, communities decided that a top-down approach (i.e.,

engaging district or building administrators) was needed to leverage support for new programming, as decisions in their district had to be first endorsed by school executives. They then worked to build relationships with these administrators. “Bottom-up” approaches were also used. In these cases, coalitions recognized that the school administration was not likely to be receptive to new programming, particularly if it was introduced by someone who was not employed by the school district. Thus, coordinators started by engaging teachers, and once teacher support was gained, the staff person(s), rather than the coalition member, approached the administration to solicit approval for new programs.

A final strategy, used to generate support when full enthusiasm was lacking or systemic barriers to program adoption could not easily be overcome, was to pilot in-school programs. In two communities in our project, schools were averse to providing their own staff to teach new curricula, so the coalitions identified and funded a qualified instructor to deliver programs, with the hope that schools would eventually supply their own teachers. In another case, a community with seven elementary schools decided to initiate a new SEL program in the school with the most supportive principal, then invited teachers from all other schools to attend the initial program training workshop to become familiar with the program’s content. The coalition also invited the school curriculum director to observe program lessons once implementation was underway in the early adopting school. In this manner, the coalition engendered further understanding of and support for the program and was able to implement it district wide in the following year, with partial funding from the school district. As this example makes clear, “scaling up” SEL programs is often a process that must be nurtured over time.

*Overcoming structural and organizational barriers to implementation*

Even when schools are open to innovation and personnel perceive the benefits of SEL programming, there may still be structural or organizational barriers that impede the adoption of new curricula. When these situations arose in CTC communities, coalitions found it helpful to identify the particular need that challenged program adoption and propose a mutually beneficial solution to it. In one community, for example, the coalition coordinator asked the superintendent specifically about his district's needs. Learning that his teachers needed individual time with low-performing students to improve their academic performance, the coalition decided to provide staff from outside the school to teach the new curriculum, which would allow classroom teachers time to meet with students.

In a few sites, coalitions found that other, non-effective or untested curricula were already in place, resulting in a lack of time in the school day to teach new curricula. Often, such curricula had been created by teachers and/or had strong local support, and school personnel were reluctant to discontinue their use. In these cases, coalition members worked with schools to determine if current prevention efforts should be retained or dropped. Rather than criticize past choices, coalitions opted to compare and contrast the content and demonstrated benefits of the proposed program with current programming. In some cases, it was clear that content was not dramatically different between the two choices, but that new programs had been more carefully evaluated and demonstrated effective at improving student outcomes, whereas existing programs had not. Coalitions then reminded school officials of their common mission—to foster healthy and successful students—and challenged school personnel to invest their time and money in strategies that did work rather than those that were unproven. To address proactively the argument that new programs would be too costly to adopt, coalition members provided evidence that curricula that significantly reduce problem behaviors can save money in the long term; for

example, by improving student graduation rates, preventing delinquency and crime, and reducing utilization of substance abuse and mental health services (Aos, Lieb, Mayfield, Miller, & Pennucci, 2004). They also had the advantage in this study of being able to provide some research funds to cover program start-up costs.

### **Guidelines and recommendations for using coalitions to scale up SEL programs**

While there are many daunting challenges to overcome when attempting to install and scale up new SEL programs in schools, the lessons learned from the evaluation of the CTC prevention system illustrate that community coalitions and school/community partnerships can help increase the spread of effective SEL programs. Coalitions can draw upon their pre-existing relationships with school personnel, which provide needed credibility and entrée to school administrators and staff, when attempting to convince a school to adopt a new program. Even if success is not achieved immediately, locally based coalitions can take small steps, repeated over time, to bolster their credibility, demonstrate their interest in partnering with schools, and foster champions. By seeking adoption from within the community, coalitions engage in joint decision making and work with partners to achieve a common vision. Because these actions are not easy to undertake, in the next section we summarize some of the lessons learned from our work and provide additional recommendations for fostering increased uptake of SEL programming.

#### *Build a coalition that includes school representatives and other members of the community*

Schools are all too often called upon to solve community youth problems, but they cannot do so alone. Fostering the healthy development of young people community wide necessitates the active participation of stakeholders from all sectors of the community (Kania & Kramer, 2011). Thus, a foundation of the CTC system is the creation of diverse coalitions with representation from school personnel and all others who have a stake in improving the lives of



youth. The creation of broad-based community coalitions is necessary to create a climate of shared communication, resources, accountability, and collaboration. That is, when diverse sectors of a community are involved in discussion and decisions regarding the mission, vision, and goals of the coalition, they are more likely to have a shared sense accountability and collective responsibility for achieving targeted changes in behaviors (Kania & Kramer, 2011). Further, their involvement allows each member/organization to understand how their particular goals are related to the larger mission. It is therefore important that coalitions communicate to school personnel how the implementation of SEL programs link to the larger community goals of fostering healthy youth development (Elias, Zins, Graczyk, & Weissberg, 2003). Doing so will help integrate school efforts with community-based activities and create “win/win” situations.

*Get a “foot in the door” and persist with efforts to engender support for SEL programs*

Research has indicated that the adoption of SEL programs and other new innovations is a process that must be fostered. Community agencies are often resistant to change and content with the “status quo” (Backer, 1995; Rogers, 1995) which, in the case of schools, often means reluctance to incorporate effective SEL programs into their core curricula (Durlak et al., 2011). Overcoming resistance to change requires persistent effort, demonstration of good faith, and continued negotiation and discussion. Coalitions may need to take small steps to “get a foot in the door”; that is, to build credibility and trust with schools in the hopes that they will eventually adopt a school-based program. If schools initially refuse to adopt SEL programming, coalitions may consider adopting community-based programs that foster academic, social, and emotional competencies, and then communicate to school personnel how these extracurricular activities are helping students. For example, after-school tutoring programs can promote student academic learning and commitment to school, while parent training interventions can improve

student/parent communication and family bonding. Coalitions could ask schools to help them recruit students and parents into these types of programs, or to provide space in which to conduct programming. In this manner, coalitions build trust and credibility with schools and engage school partners without asking them to sacrifice classroom time, personnel, or other resources. Further, these activities demonstrate that the coalition is working along with schools to improve the healthy development of youth and their families, and that the school is not expected to do so alone.

At the same time, however, if the ultimate goal is to increase the uptake of SEL programs, coalitions must actively pursue this priority. Doing so will require persistent effort, engaging school personnel at all levels in multiple conversations, and repeated messaging that both students and schools will benefit from the adoption of SEL programming. In the CTC trial, all 12 communities eventually adopted new school-based programming, but in some cases, three years of negotiation were needed before this occurred.

*Think big but start small*

In a similar vein, it is naïve to believe that a school will move easily and rapidly through the stages of adoption and implementation. More realistically, it is better to start small, piloting an SEL curriculum in one school or with one teacher (preferably one already supportive of the program), in order to become familiar with the program content and methods of delivery, identify implementation obstacles, and allow time for implementers to reach peak performance. Once initial challenges are faced and hopefully overcome, a coalition can consider scaling up and spreading the new program to additional teachers, grades, and/or schools. Newly created champions can help engender support among new adopters and provide advice and solutions when delivery challenges are faced. By progressing slowly, the initiative is allowed time to grow,

the school can adjust to new processes, and the foundation for larger, sustained efforts can be built. As Elias et al. (2003, p. 315) note: “It is nice to think big, but in reality, small wins and baby steps provide the essential foundation on which later, larger, and enduring successes can rest.”

School personnel should also be warned in advanced that SEL programs are not “magic bullets” that will result in immediate and large impacts on youth. Such programs tend to have relatively modest effects on children’s social and emotional competence, and there are likely to be some delays before the full effects on outcomes are realized (Durlak et al., 2011). Yet, high-quality implementation of these curricula with large numbers of youth has the potential to produce community-wide changes, which can then be celebrated and used to foster increased support for and dissemination of programming. In the CTC research trial, community coalitions ensured that school boards and the general public were regularly updated regarding program activities, the numbers of youth served by new programs, and evidence of effectiveness, and they publically applauded school administrators and teachers for their efforts in promoting youth competencies. These efforts paid off. In some cases, school administrators and/or school boards approved the integration of the new program into the regular school programming and took over the costs of funding the program.

### **Potential problems and pitfalls**

Some coalition-based change efforts have not resulted in successful school/community partnerships or desired improvements in children’s well-being (Flewelling et al., 2005; Hallfors, Cho, Livert, & Kadushin, 2002; St Pierre & Kaltreider, 2004). Significant challenges will arise when building and maintaining broad-based coalitions, and even strong coalitions will encounter obstacles when attempting to introduce, grow, and institutionalize new SEL programming into

schools. In the final section of this chapter, we identify a few additional challenges that can impede the successful adoption of SEL curricula and offer solutions for overcoming these barriers.

*Failure to fully engage the community in youth development efforts*

Much research has noted the difficulties faced when attempting to engage community members in broad-based coalitions aimed at promoting healthy youth development (Feinberg, Meyer Chilenski, Greenberg, Spoth, & Redmond, 2007; Merzel & D'Afflitti, 2003; Stith et al., 2006). Even when coalition members share a concern or goal, it can be difficult to create and maintain a strong commitment to this cause, and moving the group from planning to action, which requires expenditure of resources and time, can be challenging. Most coalitions rely on volunteers who often participate during their personal time and may not always be available to attend meetings or to take necessary actions. It is also challenging to ensure cohesion and collaboration among coalition members who come from diverse backgrounds and who may have different skills, needs, resources, and ideas about what is needed to achieve success. Membership turnover is likely to occur, which further complicates the ability to maintain focus, commitment, and support.

Because coalitions are usually composed of volunteer members, it is important to employ staff who can ensure that tasks are achieved and functioning is maintained (Kania & Kramer, 2011). Communities should be prepared to set aside resources for at least one paid staff member with diverse skill sets, including the ability to facilitate meetings, encourage collaboration, foster joint decision making, and delegate tasks. The CTC system stipulates that coalitions should have a part- or full-time paid coordinator, as well as a coalition chairperson, who can assist in facilitating meetings, promoting a sense of ownership for coalition activities among each

member, providing meaningful opportunities for participation, keeping enthusiasm alive, and creating a climate of cohesion and joint decision making.

#### *Personnel turnover*

Coalitions are likely to face turnover among the general membership, and instability may be even more common among school representatives. Some research has indicated that turnover rates are as high as 50% among new teachers, and that superintendents are employed an average of only two years in urban school districts (Elias et al., 2003). These figures suggest that coordinators should recruit multiple school representatives to participate on coalitions and that they refrain from identifying a single administrator or teacher as their only champion or agent of change. It is also important that once the decision to adopt the new SEL program is made, the coalition continues to work with school personnel to ensure that the curriculum is institutionalized in the school or school district. It is also likely that some of those charged with delivering SEL programs will leave. Thus, it is helpful to identify a program coordinator or, even better, an implementation team charged with overseeing implementation procedures and recruiting new implementers as needed (Elias et al., 2003).

#### *Poor implementation quality*

The decision to adopt a new program is only the first step in the successful implementation and scale-up of SEL curricula. It is equally important to ensure that programs are fully implemented and delivered with fidelity, in accordance with the content, activities, and delivery methods specified by program creators. Evidence has shown that the quality of implementation of effective school-based programs suffers when these curricula are replicated in communities (Gottfredson & Gottfredson, 2002; Hallfors & Godette, 2002). School personnel often make changes to the core components of programs; for example, shortening lessons,

omitting key content or activities, or changing the mode of instruction outlined in the curriculum. Variation in teaching practices is often seen as desirable by school personnel, particularly when teachers make adjustments to curricula to respond to student strengths and needs or to better fit school cultures, practices, or leadership. However, it is also true that closer adherence to the core components of effective programs (i.e., strong implementation fidelity) is associated with more positive changes in student attitudes and behaviors (Durlak & DuPre, 2008; Fixsen, Naoom, Blase, Friedman, & Wallace, 2005).

In order to ensure high-quality implementation, it is important that all instructors charged with delivering SEL programs receive training from program developers to become familiar with the active ingredients responsible for program success (Fixsen et al., 2005). Such workshops typically allow time for demonstration and practice in teaching the curricula, which will help instructors more quickly master the content. Because challenges are likely to arise in the classroom, it is also important for instructors to receive periodic booster trainings, if available from developers, and to have ongoing coaching or support from those familiar with the program. If the school has designated a program coordinator, s/he can act as a teacher/coach, especially if s/he has received training and is experienced in delivering the program.

Coalitions also have a role to play in ensuring high implementation quality of SEL curricula. In the CTC system, a workgroup of the coalition is charged with monitoring implementation practices of selected programs, identifying potential problems, and helping schools and other agencies take corrective actions to improve practices when challenges arise. In our research project, coalitions asked teachers to complete short surveys indicating the extent to which they taught each lesson, and had community volunteers observe lessons to assess implementation (Fagan et al., 2008). They reviewed this information and worked with school

personnel to provide feedback to teachers if problems were identified. Teachers were not always receptive to this assistance, especially during the start-up phases of implementation, but their fears were alleviated when they realized that this information was not linked to job performance evaluations. Coalition members emphasized that monitoring and feedback was solely being used to improve the delivery of curricula in order to achieve the goal that the entire community was working towards: more positive outcomes for local youth.

### **Conclusion**

While evidence indicates that high-quality SEL programming is available to communities, and implementation of these programs can result in greater social and emotional competence, enhanced academic achievement, and more positive and healthy youth development, effective SEL curricula have not been widely adopted by schools. As we have outlined in this chapter, building community/school partnerships through the creation of broad-based coalitions is a promising strategy for increasing the dissemination and use of SEL programs.

Through our work with communities implementing the Communities That Care prevention system, we have documented how coalitions can successfully partner with schools to promote the adoption of SEL and other school-based programs. Ideally, this will be viewed as a win/win situation for all parties, as greater use of such programming helps schools achieve their core mission of improving students' academic performance and helps coalitions to reach their goal of promoting youth development community wide. In our project, while some schools were initially reluctant to devote instructional time to SEL curricula, all communities eventually did so. As a result, the 12 communities participating in this study reached over half their middle school student population, on average, with school-based programming demonstrated to reduce

student risk, increase protection, including social and emotional competence, and prevent the development of problem behaviors (Fagan et al., 2008). These results are encouraging, and we hope that the lessons learned from this project will be used by other communities in order to foster more positive youth development nationwide.



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**Table 1: School-based Programs Implemented in the Community Youth Development Study, by Community and Year**

<b>Community</b>	<b>Program(s) Selected</b>	<b>Year(s) Implemented</b>
	All Stars	Years 2-5
A	Program Development Evaluation	Years 2-3
	Class Action	Year 5
T	Life Skills Training	Years 2-5
	Lion's-Quest Skills for Adolescence	Years 3-5
O	Lion's-Quest Skills for Adolescence	Years 2-5
C	Lion's-Quest Skills for Adolescence	Years 2-5
J	Life Skills Training	Years 2-5
I	Life Skills Training	Years 3-5
	Olweus Bullying Prevention	Years 3-5
N	Stay SMART	Year 3
	Life Skills Training	Years 4-5
H	Life Skills Training	Years 3-5
W	Project Alert	Years 3-5
	Project Towards No Drug Abuse	Year 5
Q	Olweus Bullying Prevention	Years 4-5
G	Project Towards No Drug Abuse	Year 5
X	Stay SMART	Year 5

NOTE: Year 1 of the study involved formation and training of CTC coalitions; program adoption and implementation occurred in Years 2-5

**Table 2: School-based Programs Incorporating SEL Elements Implemented by CTC Communities**

<b>SEL Elements</b>	<b>All Stars Core</b>	<b>Life Skills Training</b>	<b>Lion’s Quest SFA</b>	<b>Project Alert</b>	<b>Project TNDA</b>	<b>Stay SMART</b>
Identifying/managing emotions		√	√		√	√
Empathy/perspective taking			√			
Goal setting	√	√	√		√	√
Decision making	√	√	√		√	√
Communication skills		√	√	√	√	√
Conflict resolution		√	√			√
Interpersonal problem solving		√	√	√	√	√