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High School Social Emotional Curriculum

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High School Social Emotional Learning Curriculum

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By

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Abstract

High School Social Emotional Learning is a topic that is difficult to implement without being patronizing to the audience. This project seeks to determine best practices for school counselors, including a literature review on barriers to adolescents receiving adequate mental health care. Since the biggest barrier for high schoolers to seek mental health care is the fear of stigma, these lessons are intended to be fun and help reduce the stigma associated with mental health issues. Guided by the ASCA Student Standards: Mindsets and Behaviors, lessons that can be utilized in stand-alone group guidance classes have been curated.

Keywords: school counseling, social-emotional learning, mental health, stigma, high school

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High School SEL

I work in a rural area K-12 small school system, serving about one hundred students. One of the struggles I have as a school counselor is seeing students struggle with emotional regulation, anxiety, and depression. In a Needs Assessment questionnaire completed by students in the fall of 2021, trends noted included friendship issues and feeling sad. To increase my effectiveness, I began researching ways to help students with these issues. I started with my mentor counselor, who also works in a rural area school. From there I searched curriculum, CASEL's website, many peer-reviewed journal articles, and of course ASCA's website. As I specifically researched rural mental health, I learned that students in rural areas can have a higher need for mental health services yet have limited access to those services than those students living in a more urban setting. In fact, two thirds of all counties in the US are considered rural areas, and only 10% of mental health providers are in rural areas (Hills & Hills, 2019). One way technology has assisted rural youth is through the advancement of telehealth services, whereby a counselor and client can meet in a virtual setting (Chen et al., 2020). This has shown to be an effective practice in many rural areas as some of the barriers to getting services (travel, travel time, childcare services) are removed, allowing students to complete therapy courses quicker and with better results (Jones et al., 2014; Shealy et al., 2015; Wexler et al., 2015).

Addressing Mental Health

Schools are a haven for students most of the time. This is the place they go to learn and gain book knowledge about things like math, reading, and science. School is also a source for social connection and growth. While each school is unique and each school population is unique, there are some issues that are common amongst them. One can ascertain that middle schools & high schools in one part of the United States will have similar characteristics to those in another

part of the United States. In every school, there are teachers, administrators, janitorial staff as well as school counselors. While each person has a specific role and duties to perform, school counselors have a special role in identifying students who need a listening ear and providing that for students who need one. Although school counselors are a first line resource to students with mental health issues, they may not be the best qualified professional to help the student. Counselors recognize the scope of their practice skills and make referrals to professionals often outside the walls of their school building. Rural area schools are especially in a challenging situation where access to proper professional mental healthcare is difficult to get. Resources available to a rural counselor may be limited to what pamphlets can be found in the office, with providers more than an hour's drive away. While the first stop for a student with mental health needs may be the school counselor, in rural areas the first referral is often to the student's primary medical provider (Jones et al., 2014). Those providers are medical doctors first and will treat those conditions they are familiar with and not always treat that mental health piece; there is no way to be an expert in every area of medicine (Nelson & Bui, 2010). Often students are hesitant to seek medical treatment for mental health issues as it can be seen as a sign of weakness or could be socially unacceptable in some peer groups or communities (Gulliver & Christensen, 2010). What then, is the best way for students in rural areas to get the mental healthcare that they need? Naming barriers and discovering solutions to them is the first step in solving this cultural problem. Finding viable means to overcome the barriers to meet student needs is the focus of this paper, as well as finding age-appropriate curriculum for high school students.

Adolescents and Mental Health Issues

When considering the mental health issues for adolescents, research has found notable causations. Nelson and Bui (2010) suggest that events of trauma can negatively impact the

mental health of youth, especially if the youth does not have a supportive family environment or does not get appropriate mental health care. Kress, Paylo, & Stargell (2019) discuss the different stages of human development and offers that the flux of hormones, growth, and change that occurs during maturation are difficult to navigate. During this time of a child's life, they are very social learners and rely upon their peer group, and not so much on their parents. This can lead to interpersonal issues in the family dynamic, or issues in the social dynamic as well. Rapid development from a child into adolescence is characterized by maturation sexually, including development physically and hormonally. When all these factors are taken into consideration it is no wonder that adolescence is a time of turmoil for many. Developmentally, this age group is heavily influenced by peers and social situations, adding another layer to the difficulty that is growing up. Given that students in this age do rely heavily upon their peers' opinions and approval, it should come as no surprise that they do not want to seek or admit they need help for mental health issues (Shealy et al., 2015). Gulliver et al. (2010) noted that there is a general reluctance among people in this adolescent age group to seek mental health care.

Barriers to Receiving Services

To figure out what could improve the mental health of adolescents, research into what the reasons adolescents are not getting proper mental health care was completed. Gulliver et al. (2010) utilized a thematic analysis of twenty-two published studies regarding what hindered and what helped adolescents seek treatment for mental healthcare. When asking the adolescent or young adult themselves why they do not get proper mental health care, the top reason was reluctance (stigma) to seek mental health care (Gulliver et al., 2010). The research team found that 66 to 72% of adolescents with high anxiety or depression do not seek professional help for that condition. The preference of this age group is to either seek help through peers or family, or

even on their own. This is a world-wide issue, not just limited to the United States; Gulliver et al. (2010) found data from Germany, Norway, and Australia to support the lack of care this demographic seeks and receives. Again, pointing towards that developmental piece for adolescents, as noted by Kress et al. (2019). Sawchuck (2021) points out that current curriculum for high school SEL programs often falls short and misses the mark for high school students. A primary developmental need he says is for social status. Sawchuck pointed out that while you can use an anti-bullying program for elementary students with the message of "don't do it," that falls flat with high schoolers. We need to find something better and relevant for them.

Another problem for rural dwellers is the availability of adequate mental health counseling is in short supply in rural areas. Wade et al. (2008) identified the lack of access to mental health providers is a significant barrier to receiving services. Two thirds of all counties in the US are considered rural areas, and only 10% of mental health providers are in rural areas (Hills & Hills, 2019). For every 100,000 people living in a rural area, there are sixteen psychologists, and in urban areas that number is higher at 39 per 100,000 (Shealy et al., 2015).

Although rurality as a variable has been shown to be a barrier to adequate care, each study has different guidelines and finding agreement among the qualitative reports is difficult (Hauenstein et al., 2007). There are other barriers that can be addressed for this population including the following: Hauenstein et al. (2007) and Shealy et al. (2015) both noted that research has shown barriers of transportation, topography, distance, availability of providers, and stigma as factors that affect the ability of those needing treatment. Ethnicity or cultural issues also may be a contributing factor as there is evidence that American Indian youth ages 10-24 have a higher suicide rate than any other subculture or ethnic group (Wexler et al., 2015). Wade et al. (2008) pointed out that students with no insurance or public insurance are less likely to seek

mental health care. Financial constraints are also a barrier to receiving services (Wade et al., 2020).

Jones et al. (2014) identified rural areas as having limited resources for mental health care. Reported barriers to getting needed care include needing later office hours, lack of specialty clinics, providers and treatments, expense of travel, time off work and school, lack of anonymity, and childcare for those not involved in the therapy. Rural providers often see patients with co-occurring disorders but are only treating one rather than both disorders (such as mental health issue and substance abuse) due to a lack of training/available resources. Travel time for the patient to see the therapist can be 2 to 3 hours per day. This can create an all-day event for the patient to see the therapist in the office, which can be inconvenient and expensive. If the therapist is driving to a satellite site, it limits the time a therapist can see patients. Shealy et al. (2015) agrees that mental health care needs in rural areas are unmet due to the frank unavailability of providers, and discussed that stigma is a barrier in rural communities as people seeking help for mental health lack the luxury of anonymity. In rural areas, everyone knows everyone's business and social news spreads like wildfire. There are no secrets in rural America, and the risk of embarrassment for seeking mental help is high and personal (Chen et al., 2020). Other barriers for rural dwellers include a higher rate of unemployment as well as poorer mental health than those in urban areas. Those living in rural areas are much less likely to get mental healthcare from a mental health specialty (Hauenstein et al., 2007).

Hauenstein et al. (2007) discussed one barrier to studying rurality is the difficulty to ensure anonymity among participants. Because there are less people in a rural area, protecting anonymity is a barrier to the actual study of rurality. Some studies must avoid including zip codes in their data sets as a method to protect rural citizens from identification.

To see how other rural schools deal with the topic of Social Emotional Learning in the High School level, a brief survey was issued to six neighboring school districts. This informal poll showed that none of these schools offer a high school curriculum that is followed by the school counselor. Many have access to professional mental health counselors within thirty miles of the school and some have students utilizing telehealth services.

Addressing Barriers

Although there are several barriers to youth receiving appropriate mental health care in the rural setting, there are efforts to address and eliminate them found in numerous studies completed across the United States.

Hawaiian research on in-patient care being mostly utilized by those families from rural areas that said it was easier for families to use that option than it was for them to make frequent trips to the provider for out-patient care. However, when looking specifically at data from the public mental health system, a disparity exists. Heflinger et al. (2015) in their quantitative study, analyzed the data provided by the Hawaiian Department of Health concerning mental health services received by children and adolescents. This study was significant as it was a state-wide study of nearly 3,000 data points. One of the pieces of data that proves relevant to this current writing shows that rural children are more likely to be placed in out of home treatment facilities, have longer stays in those facilities, and are less likely to continue follow up therapies. In this regard, the barrier to access to care was removed; however, it indicates a disparity in that urban adolescents receive in-home therapies for similar diagnosis while their non-urban counterparts must go to inpatient treatment. This adds a significant expense to treatment for rural families.

In Ohio and Kentucky, some schools have implemented a School-Based Health Center. In these schools, medical providers and counseling staff are on site or school-adjacent, which again removes that barrier of distance and travel time to service provider (Wade et al., 2008). In this quantitative study, the authors looked at demographic data collected by the participating schools which was automatically sent to a data collection processor. Their findings suggest students who utilized a School-Based Health Center for mental health services were more likely to be from rural settings, have no insurance or public insurance, suggesting that when care is available, people are using it. Data was collected from all participating schools, and this study specifically compared results from four more urban setting-schools and four more rural-setting schools. School-Based Health Care is one way to get students the care they need that removes the barrier of transportation and distance to care facilities. In this approach, students can be referred by their parents or school staff, for medical or mental health care on site at participating schools. Over the first 3-years of operation in this study, referrals for all health services grew and over 20% growth was seen in referrals for mental health care. One shortcoming of this study was that the SBHC programs do target specific students they deem as high need, so some results may be a bit skewed when compared with the full population of this geographic study area.

Another option that increases access to mental health for students could be the use of a Crisis Text line. In their study, Thompson et al. (2018), discussed the opportunities a Crisis Text Line offers to people in a mental health crisis in Texas. The researchers used spatial error regression in their methodology design for two reasons; identifying reasons for utilizing the Text line and to compare the usage of this service between rural and urban users. Previously, telephone hotlines offered an avenue for those in crisis to call in and talk through their issues with someone, anonymously. It was an effective tool but as technology advanced, texting

became more popular and thus, a Crisis Text Line was born. Text-based services are becoming a much-needed resource for teens suffering with depression or having suicidal thoughts. The availability, anonymity, and control of utilizing this type of service is appealing to youth. Removing the barriers of rurality and stigma, crisis text lines are a valuable resource for teens in crisis, and the increase in use and popularity supports this statement. A drawback to this style of resource is that a therapeutic relationship may not be carried over from one text conversation to the next.

Shealy et al.'s (2015) qualitative study takes place in the rural Southeastern part of the United States. After discussion of supportive statistics regarding the use and importance of telemedicine, the authors present a case study in rural South Carolina. In this instance, telemedicine is the mode of mental healthcare providing Trauma-Focused Cognitive Behavior Therapy, and in this case proved to be an effective method of treatment. The use of telemedicine can be an effective route of providing services to underserved populations in rural areas, and removes barriers related to travel, distance, and childcare needs of caregivers. Despite some technical difficulties, related to internet connectivity and video/voice problems, this was a positive experience for all involved in the therapy.

Hills & Hills (2019) discuss the growing use and reliability of technology in healthcare and implications for its use in rural areas. This qualitative article supports the idea of increasing mental telehealth services to rural areas. A key piece of data presented is that two thirds of all counties in the US are considered rural areas, and only 10% of mental health providers are in rural areas. Chen et al. (2020) also took note of this phenomenon and said that the use of telemental health allowed anonymity and took away the stigma of seeing a mental health provider as in the case of a local professional who did not want his clients to know he was seeing

a counselor. People would have recognized his car in the parking lot, and it could have been detrimental to his business. Having the option to receive care in the privacy of his office or at his home increased his participation in treatment.

As advances in technology continue, telemedicine is making excellent strides to remove the distance to service barrier. Although the Department of Veteran's Administration (VA) is one agency leading the way in advancing telemedicine for adults, this technology can transfer to treatment for adolescents as well. According to Chen et al. (2020), the VA has established a best practice to meet their clients where they are, literally. This includes meeting options for Veterans to see specialists in their normal clinic setting, through a video conference at the clinic, or through a stable internet connection in their own homes. This has been life changing for those patients who suffer from agoraphobia, PTSD or other diagnosis that prevent them from leaving their home. Telemental health provides care similarly for those in rural areas where care is hundreds of miles away, thus removing that 'travel for an entire day' barrier (Chen et al., 2020).

Hauenstein et al. (2007) analyzed data from a large survey sample of adults living in the US, and their findings, although based on the adult population, are still valid when comparing the rurality/urbanity access to care issue. This mixed design methodology studied data obtained from the National Health Interview Survey over four years. Using an interval of 6 months, participants were interviewed over a period of 2.5 years. This resulted in over 73,000 data points and given the nature of the randomized survey, the results are reliable. Findings of note in this survey are that the response rate is between 73%-78%, which is outstanding (Hauenstein et al., 2007).

Jones et al. (2014) proposes that adding telemental health services can eliminate barriers to care for those in rural areas. Shealy et al. (2015) notes that the arrival of and increased use of

telemedicine to serve patients in rural areas has been a positive way to reach that population by reducing the most common barriers to service access.

Increasing Accessibility to Services

When considering how to increase accessibility to services, one must consider the ways in which students are made aware of services. As has been established earlier in this article, adolescents prefer to receive mental health services anonymously, and it also is beneficial for the teen if they know someone who has seen said therapist. Wexler (2015) stated that students were more likely to go to therapy if the therapist was someone they had a previous relationship with or if they had a friend who had a good relationship with that therapist. Wade et al. (2008) surmised that students were getting referred more often for mental health care because they were more familiar with the program offered and resources available as time went on. Jones et al. (2014) and Shealy et al. (2015) suggest telemental health as a viable option for teens/adolescents to have immediate access to care. Not only does telemental health care offer privacy and anonymity which is important to the teens, it also improves the attendance of treatment. Because adolescents are more likely to continue the treatment, telemental healthcare can also shorten the length of treatment. Another benefit to telehealth is the removal of the traveling barrier for both the patient and provider. Increasing the flexibility in a care-giver's ability to get a child to treatment reduces burden on them as well. One drawback to the use of this type of therapy is that while it is convenient for many, technology has not reached all rural areas at this time, and even where there is strong connectivity, problems with connections or devices can happen. As discussed in Shealy et al. (2015) a plan between the provider and client should be made in the event of service disruption during a therapy session. During the pandemic of 2020, there was much focus put into online platforms and broadband internet access. The ability to be virtually connected allowed

much of the United States and the world to remain employed, active in school learning, and to see medical and behavioral health professionals. As cited by Summers-Gabr (2020), the United States government brought forth funding changes that allowed increased access to broadband services during the 2020 pandemic. Although this was a good effort, Summers-Gabr notes that the funding supplied in these packages are more of a band-aid than a cure-all. In the United States, the cost for bringing broadband internet to all areas is estimated to be $80 billion and the US government allocated $100 million. To receive services, the patient must have access to a device to access the internet, such as a computer or smart phone (Summers-Gabr, 2020).

Telehealth

Thanks to advancements in technology, as noted previously, there have been advancements in treatment options as well. Several studies have looked at telehealth as an efficient and effective means to provide services. In twenty years of data, Wade et al. (2020) found that this delivery method is equally effective as face-to-face therapy, and showed positive results regarding the presenting problems, stating about half of family therapy participants no longer required services at the six-month follow up. Jones et al. (2014) found telehealth services to be a viable and satisfactory means to provide rural residents with the trauma focused CBT (Cognitive Behavioral Therapy) that the clients needed. They reported client, family, and therapist satisfaction in the delivery and completion of therapy services.

A case study from Shealy et al. (2015) is quite supportive of utilizing telehealth services. In their findings, when a clinician is offering treatment in an online, real-time, video connected arena, there are comparable results to traditional, in-person face to face treatments. The mode of treatment of trauma-focused CBT is effective in either modality which is significant and a hybrid model where the client/clinician meet in person to complete the intake process and develop

therapeutic rapport before taking the therapy online is recommended. Satellite offices can also offer telehealth services (Nelson & Bui, 2010). One concern explored by Summers-Gabr (2020) looked at data concerning access to a key component of telehealth, broadband internet access. The need for services conducted using telehealth was intensified by the COVID-19 pandemic and again, those in rural areas still lagged in care when compared to their urban counterparts. Taylor et al. (2020) also points out that there is potential for much more use of digital systems and suggests that research continues to develop services beyond therapy.

School-Based SEL

Although it may seem that the school counselors are responsible for carrying the burden of social-emotional learning, research shows that much more information is available as a school/teaching resource aimed at classroom teachers infusing SEL into their regular lessons than there is aimed at SEL being presented through the school counseling program. Classroom teachers are expected to infuse SEL concepts into their everyday lessons, greatly broadening the net of responsibility (BARR Center, 2020; CASEL, 2021; Coleman, 2021; Maras et al., 2015; McCormac & Snyder 2019; Payton et al., 2000; Prothero 2020;). Although the school counselor should assist in training and delivery of the school's SEL program, collaboration from all staff leads to a natural multi-tiered support system (MTSS) that infuses SEL throughout the student's day and increases a successful SEL program (Maras et al., 2015). The importance of SEL in schools has been studied and found that SEL has a positive impact on academic performance and healthy development of children (Durlack et al., 2011).

School counselors have a unique responsibility to both provide short-term mental health services in school and balance career and educational goals with students (ASCA, 2021). Finding ways to include all three elements in guidance lessons is a challenge, and effective learning for

students involves relationship building and activity rather than lecture or group talk alone (Poane et.al., 2008). Therefore, having an object lesson or activity that students can relate to or create is important to have an impression for students. Considerations for effective schoolwide SEL programs need to include all staff as the burden of teaching these skills cannot rest on the school counselor alone. Incorporating a school-wide evidence-based curriculum requires teachers to be present and engaged in lesson delivery (McCormac & Snyder, 2019). However, incorporating SEL skills into the classroom does not require expensive curriculum, and can be as simple as including a time to share, play a game involving taking turns and practicing active listening skills (Barack, 2020; Tantillo, 2017). When considering what lessons to present, a student needs assessment survey should be conducted to ensure issues that are important to students are covered, as well as those lessons most students need (McCormac & Snyder, 2019). An effective school counselor relies upon data to develop and curate appropriate lessons with teacher collaboration (ASCA, 2021).

In their report, Prothero (2020) discusses a school wide SEL program in Dallas, Texas. Following a student needs assessment and data driving the team, teachers are leading a school-wide SEL committee that puts together 15-minute relevant and important topical lessons for students. This has allowed further dialogue and relationships to develop between staff and students; eliminating the burden of SEL to fall solely upon the school counselor. A key component of these topical lessons is helping students to feel involved, important, and visible. One student reported less homophobic language and slurs since the implementation of learning about LGTBQ issues. Having discussions about topical issues raises awareness, which allows for inclusion and an increased sense of safety/belonging. Seeing firsthand the difference social awareness makes allows SEL skills to be valuable to everyone. (Prothero, 2020). Part of this

program includes the teacher checking in with students emotionally before they begin learning. Putting students and teachers in touch with what is going on emotionally and recognizing that can allow a student to improve their learning for the day. Infusing SEL throughout the school day and in every classroom helps students grow and develop a growth mindset. Just as wearing safety equipment is essential to responsible decision making, so are social emotional learning skills; learning to deal with those before one enters the workplace is essential as no employer wants to teach an adult employee how to handle big emotions on a job (Prothero, 2020).

One article that highlights the necessity and ease of incorporating SEL into the classroom was written by an English teacher. Coleman (2021) wrote of her success with connecting with students in her classroom as she utilized a daily personalized reflection writing and cited a 2018 survey that showed students described their school as "Tired, bored, and/or stressed" (Coleman, 2021). The author states that it is difficult to learn, absorb new information, and think critically when we have negativity in our thoughts. Giving students an opportunity to write those things out can help clear their minds and be ready to learn. Using SEL skills can also help students connect to authors and see their point of view in literature. A large part of studying literature is drawing out emotionality, which helps us connect to the author's writings. Schools must work together to increase morale and student belonging. The burden of SEL instruction does not rest on the school counselor alone, but with all teachers in every core subject. We must make SEL so common that it is a natural part of every conversation (Coleman, 2021).

Tan et al., (2018) conducted a study in central Illinois and found a connection between low SEL skills and low academic performance, corroborating Coleman's (2021) statements above. Durlack et al. (2011) conducted a meta-analysis of 213 school-based SEL programs

covering grades K-12 and found that SEL has a positive impact on academic performance and healthy development of children.

Tan et al. (2018) found that as the students' opinions of SEL importance varied, so did their needs for SEL. Findings indicated that eighth grade students with Fs as grades should have increased SEL opportunities as 9th graders. They recommend a holistic, person-centered approach that tailors a SEL program to student's individual needs vs a one size fits all approach. This may involve MTSS strategies with increased relationship with school counselors. An interesting finding was the strategy for helping students with behavior issues; teaching students who struggle with externalizing, bullying, hyperactivity and internalizing problems like self-control and engagement should work on self-regulation and pro-social skills (Tan et al., 2018). It bears repeating: building relationships is key to successful programs. The Building Assets, Reducing Risks (BARR) model has been recognized in Minneapolis, Minnesota as an evidence-proven program under Every Student Succeeds Act (ESSA). In this collaborative model, the school and community work together to develop and implement 30-minute sessions weekly in the classroom (BARR, 2020). This helps to build student-teacher relationships and creates a sense of belonging in the classroom. Also, in this program teacher teams meet and plan for students who are struggling and develop the best course of action that often includes parents. Again, relationships are key.

In their program study, Mogro-Wilson & Tredinnick (2020) recognized that most SEL programs are targeted for younger students, which shows us that the high school age students are an important population to focus on. In their use of the Connect with Kids curriculum, they learned that the use of music and art as a medium improved the effectiveness of that particular

SEL program when compared with students that did not have music and art as part of the same program.

Another consideration of an effective program is that both staff and students have practical applications of skills in and outside of the classroom setting, which may include role-playing (Maras et.al., 2015, Payton et.al., 2000). The basic framework for social emotional learning can be credited to the CASEL organization, which promotes key components of a quality SEL program to include emotional management, empathy, goals, and problem solving, effective, developmentally appropriate communication (Payton et.al., 2000). According to VanVelsor (2009), one of the values of SEL is increasing interpersonal intelligence such as pro-social behavior, problem-solving as well as encouraging academic achievement. Students will succeed in careers when they have SEL maturity. By enabling students' competency, we can ensure the future workforce contributes to society; we also do not discount the importance of strong academic competency though. Learning is a social as well as emotional process. There is a direct correlation between high emotional intelligence and high academic performance; studies show this to be consistent from elementary through college age students (Durlack et al., 2011; Tan et al., 2018;VanVelsor, 2009).

Need for SEL training in High School

The needs for SEL training in high school directly ties to the social-emotional domain as identified by the ASCA. Studies have shown a direct correlation between high social emotional skills and high academic success (Durlack et al., 2011; Tan et al., 2018; VanVelsor, 2009).

In order to assess the need for curriculum that counselors could use for leading their schools with the SEL factor, an informal qualitative survey of six rural K-12 school counselors was conducted.

All counselors defined the area in which they lived and worked as “Rural,” and all are counselors in a K-12 setting or PK-12 setting with student populations ranging from 130-360 in North Dakota. When asked if they use a specific curriculum for SEL in grades 7-12, the respondents all said they do not. Some indicated they pulled resources from various places including Teachers Pay Teachers, Overcoming Obstacles, and ruReady.ND.gov. These counselors indicated there is a need for further SEL education in their students, noting that while some students seemed to have adequate SEL skills, others did not, and the disparity was wide. The ways these issues are addressed ranged from working with individual students, providing topical small groups, and collaborating with teachers to build SEL skills in the classroom. Respondents identified their “go-to” supports and resources as the NDSCA (North Dakota School Counseling Association) listserv, colleagues, the APA (American Psychological Association), Therapist Aid, Second Step, Overcoming Obstacles, the ASCA website and CASEL.

Common mental health needs identified by survey respondents include anxiety, self-harm, suicidal ideation, emotional regulation, lack of extrinsic motivation, sexual abuse, emotional neglect, depression, lack of coping skills for managing those big emotions, lack of resilience. Counselors currently address these issues by increasing 1-1 meetings, small group instruction and referrals for parents. Some are also collaborating with school administrators to create partnerships with outside organizations to provide professional counseling services via telehealth during school hours.

As has been earlier identified in this paper, rural areas tend to have distance as a barrier to receive services, but the results of this informal survey show that there is access to a professional counselor in about a 25-mile radius from most schools. One school has an in-person counselor

weekly, and another indicated that the local counselor in their town was currently full. In that school's case, the next closest counselors would be about seventy-five miles away. A handful of students are utilizing telehealth counseling offered by outside agencies.

An observation discovered through this survey is that the respondents are in tune with their students' needs and are meeting them to the best of their ability. Although each has access to different resources there is a need specifically for high school SEL lessons. Curriculums mentioned by the respondents were made more for the up to eighth grade. Therefore, the goal of this curriculum aims to bridge the gap and supply quality lesson plans for SEL in high schools. As stated by Sawchuck (2021), it's difficult to find quality lesson plans for high school students that they won't roll their eyes over. All educators should strive to utilize or create lessons that incorporate relationship building skills in ways that students will respond to.

In searching for quality lessons, much consideration was given to activities that would be interesting to high school students. Incorporating elements that students can manipulate and use to express themselves visually and in writing were important as well. Ensuring the lessons have flexibility to current students needs was also important. The ASCA standards were utilized to ensure the lessons meet the needs of a comprehensive school counseling program. The most appropriate Mindset Standards for this curriculum guide are M 1. Belief in development of whole self, including a healthy balance of mental, social/emotional, and physical well-being as well as M.2 Sense of acceptance, respect, support and inclusion for self and others in the school environment; and M4. Self-confidence in ability to succeed.

The data at the authors current school indicate there are several students who fall into a moderate or low risk category when looking at grades and attendance. School staff have raised concerns that many students lack appropriate emotional regulation (making trivial things into big

issues), and some have difficulty expressing their needs for assistance with assignments. As a result of those conversations, the school data, and current research, lessons have been gathered that specifically work on these social skills. In looking at the ASCA Standards, the focus would be Behavior Standards in the Social Skills section, although some of the Learning Strategies and Self-Management Skills are also applicable. Each lesson has at least two different standards identified appropriately. There is a component of artistic material or expression in each lesson, and each lesson is from a credible, published author. The intent of this is for any school counselor to pick up the book and be able to utilize any lesson at a moment's notice.

Conclusion

School counseling professionals have a myriad of responsibilities. One of the most important is ensuring students have the social and emotional skills they need to become successful adults. Finding curriculum that meets their educational needs and is congruent with ASCA's Standards while maintaining student interest is challenging. Including aspects of art and play into lessons allows for connections that help the skills to stick, and when done well students engage and enjoy them (Trice-Black, 2013). Keeping a balance between solid education without being patronizing is the main goal of this project.

High School SEL Curriculum

School counseling is a balancing act between meeting needs of students while maintaining district and state education requirements. Not only do school counselors need to help students manage graduation credits and career goals, they also must respond to the daily needs of students in crisis. The American School Counselor Association standards, known as Mindsets and Behaviors, help guide school counselors in delivering a comprehensive school counseling program. Finding curriculum that meets those standards that is accessible and easy to follow, interesting to teens, and affordable can be challenging and overwhelming.

The needs of students are consistent over time; they need supporting, responsive relationships to grow into healthy and mature humans. School counselors can foster this growth through individual, group, and classroom guidance lessons. Teaching SEL is not a job only for the school counselor, but also for all teachers and adults who work around students. Although counselors is a K-12 setting can be tempted to utilize the same curriculum for elementary and high school student lessons, this does not always go over well as it can feel patronizing for the older students.

These lessons have been curated to meet the needs of teaching social emotional skills to students in grades 7-12. The six lessons cover different topics with individual activities that can apply to students of almost any age. Utilizing traditional mediums like pencil and paper together with nontraditional high school items like clay and building bricks, students will be able to connect with peers and counselor through different activities that helps bring unity and cohesion to any classroom. The lessons can be modified easily, if needed. Each lesson also identifies the related ASCA Mindset and Behavior Standards to help counselors meet the requirements of their comprehensive counseling program. Nearly every Social Skills Standard has been identified in

these six lessons, and all can be touched upon with an inclusion of a discussion on post-secondary education/lifelong learning. The Behavior Standards are focused mainly in the Social Skills category, although with some tailoring more Learning Strategies and Self-Management Skills could also be worked into the discussion. For further ideas on lessons, see the full resource listed at the end of each lesson. At the close of each session, counselor should provide an Evaluation Form to each student for completion as an exit ticket. The form can be found in the Appendix section.

To successfully deliver these lessons, the following items will enhance the curriculum experience; be sure to have enough supplies for each student.

Markers/colored pencils/crayons

4x6 index cards or paper

Basic Lego set in a variety of colors

Play dough or clay (optional: plastic table cloth, plastic knife to cut the clay)

*If purchasing, the small party favor size playdoh comes in 15 packs and works well for this activity; however the next size up would be great too.

Building relationships is a key component of every good comprehensive school counseling program and having fun with students is a great way to begin that relationship. Although these lessons are designed to be universal across cultures, class discussions should always recognize any cultural differences that may be present. The lessons compiled in this

program will help you build relationships with students and help them develop important skills for success in life.

Lesson 1: It's Not Just Me?!

ASCA Standards Mindset & Behavior:

M 1. Belief in development of whole self, including a healthy balance of mental, social/emotional, and physical well-being

M 3. Positive attitude towards work and learning

B-SS 2. Positive, respectful, and supportive relationships with students who are like and different from them

Learning Objective: Students will identify areas of interpersonal relationships which are commonly shared among group members and normalize interpersonal problems.

Modality: Group/classroom guidance lesson

Materials: It's Not Just Me?! Statements (included)

Procedure: Divide the room into three areas: definitely true, sometimes true, and not true at all.

Explain the three identified areas of the room, definitely true, sometimes true, and not true at all. Ask all group members to stand and then once a statement is read, they are to move to the area of the room which is most true in response to that statement. The group leader then reads a statement, and the participants move around the room to the appropriate area. After everyone has moved to their appropriate area, the group leader will process and comment on various aspects, for example, if there is a concentration in one area or ask follow up questions (designated in italics below the original statement).

It's Not Just Me?! Statements:

1. There are things in my relationship with my parents that I would like to change.
    a. *How would you feel if those things were different?*
2. There are things in my relationships with my friends that I'd like to change
    a. *How would you feel if those things were different?*
3. There are things in my relationship with my parents/friends that I'd like to remain the same.
    a. *What would you like to remain the same?*
4. There are things my parents and I cannot agree on.
    a. *What things?*
    b. *What happens when you try and talk about it?*
    c. *How do you feel then and what do you do about it?*
5. I don't always tell my parents/friends how I feel
    a. *What stops you from telling others how you feel?*
    b. *What helps you tell others how you feel?*
6. I have been teased.
    a. *How did you feel when you were teased?*
    b. *What did you do when you were teased?*
    c. *What are some appropriate ways to deal with teasing?*
7. There is someone with whom I can confide.
    a. *Who?*
    b. *How do you feel after you talk about personal stuff?*
8. There have been big changes in my family recently.
    a. *What has changed?*

   b. *How has this change made you feel about yourself?*

   c. *What is difficult about this change?*

   d. *How do you feel about this change?*

9. I feel pressured by my friends to do things I don't want to do.

   a. *What do you feel pressured to do?*

   b. *How do you think your friends would respond if you didn't do it?*

10. I feel happy most of the time.

   a. *What makes you feel happy?*

   b. *What can you do to create more happy moments in your life?*

11. I have fun with my friends.

   a. *What do you enjoy doing with your friends?*

   b. *What was one of the best times ever with your friends?*

Lesson Wrap Up: Although it's easy to feel isolated and alone, we can see from today's activities that we have a lot in common, and we aren't alone. What is one surprising thing you learned in today's lesson? Did you make connections with someone you were surprised to connect with? What was that like for you?

Evaluation: Have students complete the evaluation before they leave class.

Reference: Lowenstein, L. (2011). *Assessment and treatment activities for children, adolescents, and families. practitioners share their most effective techniques*. Champion Press.

Lesson 2: Mood Map

ASCA Standards Mindset & Behavior:

M 1. Belief in development of whole self, including a healthy balance of mental, social/emotional, and physical well-being

B SMS 2. Self-discipline and self-control

B SMS 7. Effective coping skills

Learning Objective: Students will be able to identify various levels of emotional intensity.

Students will be able to identify events that trigger certain emotions.

Modality: Group/classroom guidance lesson

Materials: Various Lego bricks, paper, colored pencils, markers, etc. Video clip: https://www.youtube.com/watch?v=ow7OQH-EzkU

Procedure:

1. To begin, watch the video clip. It shows rubber bands being put on a watermelon until the force of the bands makes the watermelon explode. After the video, discuss how each rubber band can represent different events that can put pressure on us or "squeeze" us, resulting in stronger emotions.
2. Next, explain that we are going to be making a map to help us think about what events might cause us to feel strong emotions and eventually reach a point where we might "flip our lid," lose our temper, or the emotions become very intense.
3. To do the activity, students will receive a piece of paper and colored pencils. On one side of the paper, they can write the word "calm," then on the opposite side write a strong

emotion they experience (it may help to have a list of emotion vocabulary to refer to). Then draw a line showing a pathway between the two emotions; wavy with a dash line makes it look like a treasure map.

4. Then, students will build Lego structures to represent both emotions represented on their map. Next students will add events along the pathway that lead to an increase in emotional intensity. Build a small Lego structure for each event and write the corresponding emotion. For example, a student who gets upsent in class and is going from calm to overwhelmed may have a sequence of: Starting point: Calm, a. I don't understand the directions (confused), B. Classmates are distracting me (irritated), C. Others are finishing their work, but I need more time (anxious). Endpoint: Overwhelmed.

Discussion Questions

1. When you reach the final point on your map, how does that affect you?
2. Which event on your map is most challenging for you?
3. What are some ways you can recognize when your emotions are increasing?
4. What are some strategies you can use to calm down or handle each event?
5. How will learning ways to manage these situations help you be successful?

Follow up/extension activity: Students will build or draw a compass depicting calm-down strategies or solutions to cope with each of the events depicted on their map.

Evaluation: Have students complete the evaluation before they leave class.

Reference: Tulluk, Derek. (2020) Brick-Based Counseling 2: Let's Keep Building. YouthLight Inc. Chapin, SC.

Lesson 3: The Power to Choose

ASCA Standards Mindset & Behavior:

M 5. Belief in using abilities to their fullest to achieve high-quality results and outcomes

B -SS 5. Ethical decision-making and social responsibility

B-SS 9. Social maturity and behaviors appropriate to the situation and environment

Learning Objective: Students will discuss strategies for decision-making. Students will apply decision making strategies to various scenarios.

Modality: Group Counseling

Materials: Basic set of Lego Bricks in assorted colors.

Procedure: Begin by sharing a picture of a road or pathway that branches in multiple directions. Explain that sometimes in life we will find ourselves at a crossroads where we must decide about which path we want to go down. Every day, we make lots of choices such as what to eat, what book to read, what game to place etc. Have the students share examples of choices they make, even if they are small things. Then ask if they have ever had to make any bigger choices such as choosing to be a responsible reporter when there was a problem or spending money on something they have been saving up for.

2. Next share that we will be playing a game with Lego materials where they will get to build a structure, but it will be made depending on the choices we make. To play the game you will ask a series of questions and give students options for what Lego bricks to add to their structure. For example, “during a conflict with a friend, would you choose A, play a different game or B. talk

about the problem to find a solution. Add a red brick for A or blue brick for B." Here are a few sample questions:

1. You are feeling very angry about something. Which would you do to calm down?

A. Listen to relaxing music (add a green brick)

B. Go for a walk (add a blue brick).

2. Your friend is trying to get you to do something you are not supposed to do. How would you respond?

A. Tell them not to do it (Add a yellow brick)

B. Talk to an adult for help (Add a white brick)

3. A classmate is bothering you while you are working on an assignment. How do you handle the problem?

A. Ignore it (add a black brick)

B. Ask them to please stop (add a red brick)

3. Play the game by reading your questions, choices, and which colors to add to the structure. Before starting, you may wish to discuss strategies for making good decisions and explain that sometimes choices are not necessarily right or wrong, just different and that it is important to pick what they feel is the best decision.

4. This activity can be expanded in a variety of ways to explore decision making for assorted topics such as emotion management, conflict resolution, or even college and career readiness. Sample questions are provided below, but you can modify the questions or topic to fit specific

topics as needed. You can also increase the number of options students can choose from to add more complexity to the game.

Discussion questions

1. How does it feel to make your own choices?
2. Looking at the Lego structures, you can see that everyone made some different choices. Is it possible for us to make different choices and be successful? Why?
3. If you head down the wrong path, is it possible to turn around and go a new way?
4. How do you deal with making a choice that had a negative or unwanted outcome?
5. What strategies will help you to make the best choices as you move forward?

Follow up or Extension Activity:

Students will create a Lego structure representing a significant choice that they recently made and discuss how this decision impacted them. Examples might include signing up to play on a sports team or deciding to ask a new person to sit with them at lunch.

Evaluation: Have students complete the evaluation before they leave class.

Reference: Tulluk, Derek. (2020) Brick-Based Counseling 2: Let's Keep Building. YouthLight Inc. Chapin, SC.

Lesson 4: Once Upon a Time…

ASCA Standards Mindset & Behavior:

M 1. Belief in development of whole self, including a healthy balance of mental, social/emotional, and physical well-being.

B-LS 2. Creative approach to learning, tasks and problem solving

B SMS 3. Independent work

B-SS 1. Effective oral and written communication skills and listening skills

Learning Objective: Students will learn insights into their life circumstances and learn coping strategies based upon the character's experience.

Modality: Group guidance lesson

Materials: Story starts and endings, paper/pencil or students may use laptops to write.

Procedure: Students will be given writing materials and story prompts. Ask students to draft a story using the beginning and ending prompts for one or more stories. Give ample time for students to complete their stories.

Discussion questions:

1. What was this experience like for you?
2. What situations in your own life were similar to the stories you created?
3. What thoughts and feelings did you experience while writing these stories?
4. How did you decide on what the ending of the story should be?
5. What influences how each story ends?

Evaluation: Have students complete the evaluation before they leave class.

Reference: Bowman, Susan and Randall, Kyle (2018). *See My Pain! Creative Strategies and Activities for Helping Young People Who Self Injure, 3rd Edition.* YouthLight Inc.

Lesson 5: Say it With Clay

ASCA Standards Mindset & Behavior:

M 4. Self confidence in ability to succeed

B-SMS 2. Self-discipline and self-control

B-SMS 7. Effective coping skills

B-SMS 9. Personal safety skills

B-SS 9. Social maturity and behaviors appropriate to the situation and environment

Learning Objective: Students will learn a tactile way to express a variety of emotions and situations. They will also learn how to transfer any abusive behavior into clay.

Modality: Group counseling

Materials: Modeling clay or play dough, plastic to cover work area, plastic knife for cutting the clay

Procedure: Have the students get used to the clay by working with it as we talk. Then give the students a specific objective and have them create anything that comes to mind.

Sample clay work (Pick a few depending on time, but allow plenty of time for the final one, creating a symbol of safety).

1. Create a symbol of your life right now
2. Show something you wish you could change
3. Create a symbol for happiness
4. Create a self portrait

5. Show something you wish you had more control over
6. Sculpture an animal that most represents you
7. Create a symbol of hope
8. Create a symbol of someone or something that is most helpful to you
9. Create a symbol of safety
    a. Have students share how it makes them feel safe
    b. Describe the safe place
    c. What do you do in your safe place?
    d. Is there anyone in your safe place?
    e. Who would you want in your safe place? Why?

Evaluation: Have students complete the evaluation before they leave class.

Reference: Bowman, Susan and Randall, Kyle (2018). *See My Pain! Creative Strategies and Activities for Helping Young People Who Self Injure, 3rd Edition.* YouthLight Inc.

Lesson 6: Drawing Out Loud

ASCA Standards Mindset & Behavior:

M 2. Sense of acceptance, respect, support and inclusion for self and others in the school environment.
M 3. Positive attitude toward work and learning.

B -LS 2. Creative approach to learning, tasks and problem solving

B -SS 4. Empathy

B -SS 6. Effective collaboration and cooperation skills

Learning Objectives: Students will be able to…

Practice empathy and collaborate with fellow students

Materials 4x6 index cards or paper, pen, or pencil

Procedure Provide students with the "why" of the activity: Drawing Out Loud empowers us to explore the connections between social awareness, managing vulnerability and compassion for ourselves and others. By drawing together, we not only build relationships with our classroom community, but we also build awareness of ourselves within our school environment.

Begin the activity by discussing concepts of self-compassion, empathy, self-worth and other feelings or emotions like Happy, Vulnerable or Angry. Write key words on the board.

Have students get into small groups of 4 or 5. Each student will need a 4x6 piece of paper and a pen or pencil to write with. Each student should print their name on the back of the paper so it can be returned to them at the end of the activity.

Next write a question on the board such as:

Why do we say "it's OK" after someone hurts us? Why does making that person feel better matter more than the fact that they hurt us? Next time someone hurts us, what can we say instead?

What does being compassionate with yourself look, sound, and feel like?

What does being compassionate with others look sound and feel like?

Who in your life is it hardest to be compassionate with – yourself, others, etc.? Why?

What does it mean to be grateful?

What five things are you most grateful for? Why?

What does it mean to be happy?

How does where I come from shape who I am and how I operate in the world?

How do neighborhoods create emotional and physical dividing lines between people?

Do you participate in friendships and relationships at the cost of YOU? Or do you make room for the future friendships and relationships that you deserve?

How do you treat yourself? What do you value? What do you deserve?

Do you agree with the statement, “We teach people how to treat us?” Why or why not?

How do you ask for Personal Space or Safe Touch when someone is not respecting your boundaries?

How do you create boundaries with people that have none of their own?

What does it mean to be the person you want other people to be?

What does “Finding your voice” look, sound, and feel like?

What does equity of voice mean to you?

What does it mean to have a strong sense of self-worth?

How can being self-aware improve your ability to self-regulate?
What does the bablance between Self-Efficacy and Social Harmony look, sound, and feel like?
Give students 1 minute to draw their answers to that question. When the minute has concluded, ask the students to pass their papers to the right.

Next: For the next round, sutdents will have 1 minute to add to the drawing that has been passed to them. Encourage students to expand on what is on the page. The point is not to have four or five indivdual drawings but one cohesive design. The goal for the students is to express tehir own feelings and emotions while witnessing and working with the feelings and emotions of their peers.

Last: Once the papers have been passed four or five times, ask the students to return the drawings to the original artist. If time permits, call on a few volunteers to share a one word check in on the activty. What did they observe? How did it feel? What did they learn?

Teacher Tip: To keep this activity emotionally and physically safe, it is important to lay a few ground rules. Ask your students to not put any names or identifying information on the paper. They may use familiar public locations but their drawings cannot depict any one particular person and connot single out a particular culutre, race, ethnic group, religion, sexual orientaion class or gender.

Evaluation: Have students complete the evaluation before they leave class.

Reference: Philibert. (2018). Everyday SEL in High School: Integrating Social-Emotional Learning and Mindfulness into Your Classroom (1st ed., Vol. 1). Routledge. https://doi.org/10.4324/9781315461014

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Appendix

Evaluation Form

Date: _____ Participant Name: _____

Today's Topic: _____

At the end of the session, please complete the following by circling your response according to this scale:

1. I feel welcome	1	2	3	4	5
2. The topic was relevant	1	2	3	4	5
3. The presentation was fun	1	2	3	4	5
4. I learned something new today	1	2	3	4	5

One thing I liked about this group:

One thing I would like to do differently in this group:

I would like to talk to the counselor privately Yes No

Thank you for coming today! Please turn in your completed form in the box by the back door.