Dedicated to pre-service, in-service, and college instructors who are learning or reinforcing how to teach skills-based health/social emotional learning.

Dedicated to my personal editor, soul mate, and best friend—my husband, Richard.
<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Health/Social Emotional Education for the 21st Century</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Theoretical Foundations</td>
<td>17</td>
</tr>
<tr>
<td>3</td>
<td>Curriculum and Instruction</td>
<td>41</td>
</tr>
<tr>
<td>4</td>
<td>Assessment</td>
<td>73</td>
</tr>
<tr>
<td>5</td>
<td>Teaching National Health Education Standard 1</td>
<td>109</td>
</tr>
<tr>
<td>6</td>
<td>Teaching National Health Education Standard 2</td>
<td>133</td>
</tr>
<tr>
<td>7</td>
<td>Teaching National Health Education Standard 3</td>
<td>193</td>
</tr>
<tr>
<td>8</td>
<td>Teaching National Health Education Standard 4</td>
<td>241</td>
</tr>
<tr>
<td>9</td>
<td>Teaching National Health Education Standard 5</td>
<td>297</td>
</tr>
<tr>
<td>10</td>
<td>Teaching National Health Education Standard 6</td>
<td>351</td>
</tr>
<tr>
<td>11</td>
<td>Teaching National Health Education Standard 7</td>
<td>405</td>
</tr>
<tr>
<td>12</td>
<td>Teaching National Health Education Standard 8</td>
<td>453</td>
</tr>
</tbody>
</table>
# Contents

Preface \(\text{xxv}\)

Acknowledgments \(\text{xxvii}\)

Reviewers \(\text{xxix}\)

About the Author \(\text{xxi}\)

Foreword \(\text{xxiii}\)

## Chapter 1  Health/Social Emotional Education for the 21st Century  

1

Introduction  

Skills-Based Health Education and Social Emotional Learning  

Why Is Comprehensive Skills-Based Health/SEL Important?  

A Brain-Friendly Pedagogy  

The National Health Education Standards  

Social Emotional Learning Competencies  

The Power of Coordination: Whole School, Whole Community, Whole Child Model  

Health Education  

Physical Education and Physical Activity  

Nutrition Environment and Services  

School Health Services  

School Counseling and Psychological and Social Services  

Social and Emotional Climate  

Physical Environment  

Employee Wellness  

Family Engagement  

Community Involvement  

How Skills-Based Health/SEL Education Supports the National Initiatives Centers for Disease Control and Prevention  

Healthy People 2020  

The Partnership for 21st Century Skills  

Common Core State Standards  

Review Questions  

References  

## Chapter 2  Theoretical Foundations  

17

Introduction  

The Role of Self-Efficacy in Changing Behavior
Theories of Behavior Change
- Attribution Theory
- Health Locus of Control
- Unrealistic Optimism
- Prochaska’s Trans-Theoretical Model of Health Behavior Change
- The Health Belief Model
- The Protection Motivation Theory
- Theory of Planned Behavior
- Social Cognitive Theory
Review Questions
References

<table>
<thead>
<tr>
<th>Chapter 3</th>
<th>Curriculum and Instruction</th>
<th>41</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The Verbs of the Performance Indicators</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>Planning District Curriculum Using Backward Design</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td>CDC Resources</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td>Planning Skills Units Using Backward Design</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td>Lesson Plans</td>
<td>52</td>
</tr>
<tr>
<td></td>
<td>Continuous Cycle of Curriculum Improvement</td>
<td>53</td>
</tr>
<tr>
<td></td>
<td>Characteristics of Effective Health Education</td>
<td>53</td>
</tr>
<tr>
<td></td>
<td>Classroom Application</td>
<td>56</td>
</tr>
<tr>
<td></td>
<td>Classroom Application</td>
<td>57</td>
</tr>
<tr>
<td></td>
<td>Classroom Application</td>
<td>58</td>
</tr>
<tr>
<td></td>
<td>Classroom Application</td>
<td>58</td>
</tr>
<tr>
<td></td>
<td>Classroom Application</td>
<td>59</td>
</tr>
<tr>
<td></td>
<td>Classroom Application</td>
<td>59</td>
</tr>
<tr>
<td></td>
<td>Classroom Application</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>Classroom Application</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>Classroom Application</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>Classroom Application</td>
<td>61</td>
</tr>
<tr>
<td></td>
<td>Classroom Application</td>
<td>61</td>
</tr>
<tr>
<td></td>
<td>Classroom Application</td>
<td>61</td>
</tr>
<tr>
<td></td>
<td>Classroom Application</td>
<td>62</td>
</tr>
<tr>
<td></td>
<td>Classroom Application</td>
<td>62</td>
</tr>
<tr>
<td></td>
<td>Classroom Application</td>
<td>63</td>
</tr>
<tr>
<td></td>
<td>Classroom Application</td>
<td>63</td>
</tr>
<tr>
<td></td>
<td>Training Health Educators</td>
<td>64</td>
</tr>
<tr>
<td></td>
<td>National Certification</td>
<td>64</td>
</tr>
<tr>
<td></td>
<td>Health Education Code of Ethics</td>
<td>64</td>
</tr>
<tr>
<td></td>
<td>Professional Development</td>
<td>64</td>
</tr>
<tr>
<td></td>
<td>Review Questions</td>
<td>69</td>
</tr>
<tr>
<td></td>
<td>Answers to the True/False</td>
<td>69</td>
</tr>
<tr>
<td></td>
<td>References</td>
<td>70</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 4</th>
<th>Assessment</th>
<th>73</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Purpose of Assessment</td>
<td>73</td>
</tr>
<tr>
<td></td>
<td>Assessment Vs. Grading</td>
<td>73</td>
</tr>
<tr>
<td></td>
<td>Using Assessment in the Classroom</td>
<td>74</td>
</tr>
<tr>
<td></td>
<td>Formative and Summative Assessment</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Formative and Summative Assessment Tools</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Formative Assessment Tools</td>
<td>76</td>
</tr>
<tr>
<td></td>
<td>Formative Tools That Provide General Information</td>
<td>76</td>
</tr>
<tr>
<td></td>
<td>Thumbs Up/Thumbs Down</td>
<td>76</td>
</tr>
</tbody>
</table>
“Give Me Five or More” 76
Stop Lights 77
Rate It 77
There, Almost There, Not Even Close 78
The Learning Continuum 78
Bull’s Eye 78
Stop/Go 78
Self-Sorting 79
Question Box 79
Audience Response Systems 79
Formative Tools That Provide Specific Information 79
Cubes 79
Sticky Note Splash 79
Dice 80
Bow Ties 80
Sorts 80
Whiteboards 80
Carousels 81
Sticky Bar Graphs 81
Peaks and Valleys 83
Football Field 83
Board Game—Green, Yellow, Red Rectangles 83
Performance Task Reflection 83
Letter-Card Responses 84
Summative Assessment 85
Giving Feedback for Summative Assessments 86
Summative Assessment Tools 86
Rubrics 87
Advantages of Using Rubrics 87
Communication Tool 88
Types of Rubrics 88
Performance-Based Assessment 99
Performance Tasks 99
Assessing Performance Tasks 102
Assessment Guidelines 103
Assessment Promotes Student Learning 103
Assessment Strategies are Aligned with Standards, Curriculum, and Instruction 104
Assessments Must Be Equitable, Valid, and Reliable 104
Students Receive Clear Assessment Information Regarding What Performance Evidence is Expected 104
Feedback from the Instructor Helps Students Improve Their Performance. If Necessary, Students Should Have More Than One Opportunity to Demonstrate What They Know and Are Able to Do 105
Students and Parents/Guardians Receive Information Regarding Achievement of the Standards 105
Instructors Continually Review and Adjust Their Assessments and Assessment Systems, When Necessary 106
Assessment Systems 106
Classroom Assessment 106
School and District Assessments 106
State Assessments 106
Review Questions 107
References 107
Chapter 8 Teaching National Health Education Standard 4

Standard 4

Pre K–2

What Does the Skill of Interpersonal Communication Look Like in the Prek–2 Classroom?

Unit Name: Kindergarten—Using Interpersonal Communication Skills for Personal Safety

How the Wscc School Health Team Helps Students Use Interpersonal Communication/Relationship Skills to Enhance Health and Avoid or Reduce Health Risks

Grades 3–5

What Does the Skill of Interpersonal Communication Look Like in the Grades 3–5 Classroom?

Unit Name: Grade 4—Using Interpersonal Communication Skills to Cope With Bullying

How the Wscc School Health Team Helps Students Use Interpersonal Communication Skills to Enhance Health and Avoid or Reduce Health Risks

Grades 6–8

What Does the Skill of Interpersonal Communication Look Like in the Middle School Classroom?

Unit Name: Grade 8—Using Interpersonal Communication Skills to Refuse Alcohol

How the Wscc School Health Team Helps Students Use Interpersonal Communication Skills to Enhance Health and Avoid or Reduce Health Risks

Grades 9–12

What Does the Skill of Interpersonal Communication Look Like in the Grade 11 Classroom?

Unit Name: Grade 11—Using Interpersonal Communication Skills to Cope With Sexting

How the Wscc School Health Team Helps Students Use Interpersonal Communication Skills to Enhance Health and Avoid or Reduce Health Risks

Review Questions

References
Chapter 9  Teaching National Health Education Standard 5

Standard 5  
Teaching the Skill  
Pre K–Grade 2  
What Does the Ability to Use Decision-Making Skills to Enhance Health Look Like in the Prek–2 Classroom?  
Unit Name: Pre-Kindergarten—Using Decision-Making Skills to Be Safe With Medicine  
How the Wscc School Health Team Helps Students Use Decision-Making Skills to Enhance Health  
Grades 3–5  
What Does the Ability to Use Decision-Making Skills to Enhance Health Look Like in the Grade 5 Classroom?  
Unit Name: Grade 5—Making Decisions to Lose Weight by Eating Healthy and Increasing Physical Activity  
How the Wscc School Health Team Helps Students Use Decision-Making Skills to Enhance Health  
Grades 6–8  
What Does the Ability to Demonstrate Decision-Making Skills to Enhance Health Look Like in the Grade 8 Classroom?  
Unit Name: Grade 8—Using Decision Making to Help a Friend With an Eating Disorder  
How the Wscc School Health Team Helps Students Use Decision-Making Skills to Enhance Health  
Grades 9–12  
What Does the Skill of Decision-Making Look Like in the Grade 9 Classroom?  
Unit Name: Grade 12—Using Decision-Making Skills to Cope with the Pressure to Use Alcohol and Marijuana  
How the Wscc School Health Team Helps Students Use Decision-Making Skills to Enhance Health  
Review Questions  
References  

Chapter 10  Teaching National Health Education Standard 6

Standard 6  
Teaching the Skill  
Prek–2  
What Does the Skill of Goal Setting to Enhance Health Look Like in the Prek–2 Classroom?  
Unit Name: Grade 1—Goals for Dental Health and Recycling  
How the Wscc School Health Team Helps Students Use Goal-Setting Skills to Enhance Health  
Grades 3–5  
What Does the Skill of Goal Setting Look Like in the Grade 3 Classroom?  
Unit Name: Grade 3—Setting Goals to Improve Relationships  
How the Wscc School Health Team Helps Students Use Goal-Setting Skills to Enhance Health  
Grades 6–8  
What Does the Skill of Goal Setting Look Like in the Grade 8 Classroom?  
Unit Name: Grade 7—Setting Goals to Improve Wellness  
How the Wscc School Health Team Helps Students Use Goal-Setting Skills to Enhance Health  
Grades 9–12  
What Does the Skill of Goal Setting Look Like in the Grade 12 Classroom?
Scenario I

“Mr. Editore, what happened to your arm?” asked Chris, a student at the Trafficanto Middle School. “Were you in an accident?”

“I am fine; I’ll tell you in class.”

“When I broke my arm, the doctor gave me a cast. What doctor did you go to? Yours is sticks and bandages!”

Mr. Editore smiled and said, “I’ll see you inside.” When the bell rang, Mr. Editore entered the classroom and observed the students looking at the splints, bandages, and blankets placed at each of five stations. They were curious and eager to begin class.

“So, you are all wondering what happened to me?” Mr. Editore said as he removed the bandages and splints.

“Actually, I thought it would be a good way to start the practicing healthy behavior unit on first aid.”

“I need a volunteer for a role-play. Anyone? Okay. Thanks, Neil.”

“Here is the setup. Neil, you and I are mountain biking, and you tried to jump over a tree trunk but didn’t make it. Your lower arm looks broken, and you are screaming in pain! Ready?”

Teacher: It’s a good thing I know first aid! Give me your arm.

Neil: (Moans in pain.)

Teacher: First, I’ll place these two straight pieces of wood on either side of the break and secure them with strips of an old T-shirt. How are you doing, Neil?

Neil: (Moans in pain.) I thought I could make it over that log.

Teacher: The bone did not come through the skin, so it’s a closed fracture. That’s good news. I’ll make a sling with my jacket to immobilize your arm. I can walk both bikes out of the woods.


After the story and demonstration, students applauded and eagerly went to their stations, motivated to practice the skill of splinting. As he walks from station to station, students ask questions, and Mr. Editore offers suggestions for improvement.

A summative assessment, given at the end of the unit, consists of students demonstrating first aid in response to a variety of scenarios. Mr. Editore uses an analytical rubric to grade their performance and a written test for the content.

Scenario II

At the Hightower Middle School, Mrs. Adams began her first aid class by distributing a worksheet and directing the students to complete it during her multimedia presentation on fractures and splinting. Mrs. Adams frequently stops the presentation to correct Kyle and Amy, who are misbehaving. She assesses her students on how accurately they complete the worksheet and answer questions on a written test.

Skills-Based Health/Social Emotional Learning

What is the difference in pedagogy between these two scenarios? If you broke your arm, which student would you want to administer first aid? One who has learned content and skill, or one who has learned only content?

To be prepared for the 21st century, students must be knowledgeable about their health, appreciate the value of social and emotional learning, have the skills to respond to life’s challenges in a healthy way, avoid risky behaviors, and develop and maintain healthy behaviors. In other words, they need comprehensive, PreK–12, skills-based health/social emotional learning education.

WHAT IS NEW?

In the second edition of Skills-Based Health/SEL Education, college professors, pre-service teacher candidates, and in-service educators learn to align social emotional learning competencies to standards and design and teach skills-based/SEL units and lessons through a step-by-step backward design.

■ Step 1—Access and analyze student risk behaviors.
■ Step 2—Select a National Health Education Standard 1 and a skills (Standards 2–8) performance indicator.
to reduce the risk factor. Align an SEL competency to the standards.

- **Step 3**—Infuse the performance indicators with content.
- **Step 4**—Design the assessment based on the infused performance indicators and SEL competency.
- **Step 5**—Design the instruction based on the assessment.
- **Step 6**—Outline the lessons for the skills-based/SEL unit.

**ORGANIZATION OF THE TEXT**

**Chapter 1, Health/Social Emotional Education for the 21st Century**, provides an overview of the Every Student Succeeds Act of 2015 and examples of comprehensive school and community programs that support safe and healthy students. Also new to the chapter is how social emotional learning (SEL) competencies are aligned with the National Health Education Standards and how brain research supports the skills-based/SEL pedagogy of student-centered learning. The foundation of the text is still the National Health Education Standards and performance indicators and how to teach content through the skill. The CDC/ASCD Whole School, Whole Community, Whole Child (WSCC) section provides an explanation of the model and samples of research that support each component.

**Chapter 2, Theoretical Foundations**, updates include alignment with social emotional competencies, the WSCC model, and chapter worksheets that challenge the student to demonstrate the application of the theory with classroom practice.

**Chapter 3, Curriculum and Instruction**, trains the student, step by step, to use the verbs of the performance indicators and SEL competencies to inform assessment and instruction. To accommodate different learning styles, graphic organizers and tables demonstrate how to teach the verbs. The organizers are also linked to chapter worksheets to provide additional practice. The chapter references the CAEP Health Education Teacher Education Standards, which provide the instructional foundation for teacher education institutions. The end of the book includes worksheets that provide reinforcement and practice of content, skill, and SEL competencies.

**Chapter 4, Assessment**, includes how to align and integrate SEL competencies with the infused performance indicators. The chapter presents additional formative assessments and how to use them to improve teaching and learning. The rubric section presents different types of rubrics and how to score non-standard criteria on a standards rubric.

**Chapter 5, Teaching National Health Education Standard 1**, demonstrates through the grade spans, how to pair Standard 1 performance indicators with skills indicators and SEL competencies to target instruction and reduce risk factors.

**Chapters 6–12** are the skills chapters. In each grade span, the student learns how to align SEL competencies using the step-by-step process. To differentiate instruction, directions are provided for the college instructor and in-service teacher. Every table provides time for student practice through the writing of prompts and answering performance indicator/SEL questions, and a space to reflect. Every grade span includes a sample unit plan, rubric, lesson outline, and how the instruction aligns with SEL and the WSCC model.

**Instructor and Student Support Material**

- Lecture Outlines in PowerPoint format
- Test bank
- Chapter worksheets at the end of the book are also available in electronic format on the companion website. These worksheets reinforce information taught and provide additional practice.

The second edition includes a multitude of chapter worksheets that provide practice in learning to teach a skill/SEL competency: steps for teaching the standard, blank unit plan and lesson outline templates, and classroom skill/SEL practice worksheets for the in-service teacher.

Over the past few years, I have embraced SEL because it strengthens, supports, and reinforces the work of skills-based health and physical educators. As PreK–12 licensed professionals, we are best equipped to teach the SEL competencies and implement school-wide initiatives through the WSCC model. We have been teaching many of the recommended CASEL curricula for years. The research that supports the efficacy of SEL often supports skills-based instruction. Aligning SEL to skills-based health/physical education and 21st-century skills provides a solid foundation of content and skills to prepare youth to cope with life’s challenges in a healthy way.

Use the second edition to embrace skills-based health/SEL education, as I have, because it is effective, rewarding, and enjoyable.
As a second edition writer, I am excited to share improved instructional strategies and tools designed as a result of using the first edition. I have every confidence this text facilitates and improves teaching and learning. Of course, the main objective is to help youth develop and maintain healthy behaviors. This second edition provides the knowledge and skills educators need to continue to help our youth respond to the challenges of everyday living in a healthy way, improve their academic performance, and prepare them for life in the 21st century.

I could not have completed the book without the guidance and encouragement of the Jones & Bartlett Learning staff. Many thanks are extended to the editors, proofreaders, graphic designers, artists, and support staff who made this experience exciting and rewarding.

I also extend thanks to my family, friends, and colleagues who validated my work and encouraged me throughout this extraordinary endeavor.
Reviewers

Thank you to all the reviewers who provided your voices, suggestions, and critiques to make this a better, stronger text.

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Mary is the author of *Skills-Based Health Education, Second Edition*, a text used by university health teacher preparation programs and in-service health education professionals. The text uses a backward design step-by-step process to train teachers how to teach skills-based health/SEL education. She is a member of SHAPE America, MAHPERD, and ASCD. She was the 2017–2018 vice president for health education for the Massachusetts Association for Health, Physical Education, Recreation, and Dance (MAHPERD). Mary is currently the past health education vice president for MAHPERD.

On the national level, Mary presents at SHAPE America national conferences, designs and webinars for SHAPE America, and participates in SHAPE America Twitter Chats and is the current chair of the HETE/PETE national conference committee. She served on the committee to revise the national Health Education Teacher Education (HETE) standards, the SHAPE America National Health Education Standards committee, the HEAP assessment committee, and has coauthored SHAPE America online professional development courses. She served on the committee that revised the National Health Education Standards and the SHAPE America committee that produced the Appropriate Practices for School Based Health Education.

Mary is a health education consultant and helps districts transform their content-driven curriculum to a skills-based/SEL program. She is also a vendor for the Massachusetts Department of Elementary and Secondary Education.

Mary has been married to her husband Richard for 50 years. They enjoy traveling, ballroom dancing, cooking, having fun with their family, in particular their five grandsons, and time with friends.
A new feature of the second edition of Skills-Based Health Education is the integration of the social emotional learning (SEL) competencies self-awareness, social-awareness, responsible decision making, self-management, and relationship skills\(^1\) into skills-based instruction.

The implementation of SEL includes freestanding lessons, general teaching practices, lessons integrated within academic curriculum, and school-wide initiatives.\(^2\) Skills-based health/SEL education is designed to be taught PreK–12 by licensed educators and implemented through an approved district-wide curriculum. The combination of the two approaches through the Whole School, Whole Community, Whole Child model provides comprehensive skills-based programming that benefits the student, school, families, and the community.

The Collaborative for Academic, Social, and Emotional Learning (CASEL) provides research about the efficacy of SEL and documents the effectiveness of selected health curriculum in the CASEL guidelines. Since skills-based health education shares the same skills as SEL and use many of the curriculum recommended in the CASEL guide, the research also supports skills-based health education.\(^3\)

This text trains educators to combine the National Health Education Standards and the Social Emotional Learning Competencies in planning, assessment, and instruction with the goal of helping youth increase their academic performance and develop and maintain healthy behaviors for life in the 21st century.

**References**
