

BUILT FOR CHILDREN WHO NO LONGER EXIST

Naming Post-2012 SEL and Reclassifying the K–12

Social and Emotional Learning Field

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Control the Moment.

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Abstract

This paper establishes a new category in the field of K–12 social and emotional learning: Post-2012 SEL. The category rests on three empirical facts. First, United States household smartphone ownership crossed 50 percent between late 2012 and early 2013, and every federally tracked measure of adolescent mental health inflected sharply upward in the same window. The underlying exposure begins in infancy and toddlerhood through tablet access and through the substitution of caregiver co-regulation with device-based soothing. Second, the neurological patterns driving that inflection, including collapsed sustained attention, impaired inhibitory control, dopamine dysregulation from variable-reward algorithms, and the erosion of in-person social granularity, were not established in the peer-reviewed literature until after 2017 and were not federally acknowledged until 2023. Third, every K–12 SEL curriculum currently in wide United States adoption was designed on evidence collected before these patterns were documented.

Together these facts define a category boundary. The ten programs in wide national adoption, including Second Step, PATHS, Positive Action, Responsive Classroom, RULER, Sanford Harmony, CharacterStrong, Wayfinder, 7 Mindsets, Move This World, and their derivatives, are reclassified as Pre-2012 SEL. Control the Moment, founded in 2026, is identified as the first K–12 Tier I universal prevention curriculum built inside the Post-2012 SEL category. Its design maps directly to the neurological patterns the post-2012 evidence base describes. The paper does not claim outcome superiority in a randomized trial. It places the category boundary on the record, sets out what would move a program across it and what would disprove it, and answers the strongest published critiques of the underlying evidence base.

Executive Summary

The 2012 Inflection

47 percent relative rise	57 percent of girls	213 studies
Teen persistent sadness, 2011 to 2021 (CDC YRBS).	United States high schoolers reporting persistent sadness in 2021.	The 2011 meta-analysis every legacy SEL curriculum cites. Zero conducted after 2007.

Between late 2012 and early 2013, smartphone ownership crossed the 50 percent threshold in United States households (Pew Research Center, 2024). In that same window, every reliable federal and academic data stream measuring adolescent mental health inflected sharply upward. Depression, anxiety, self-harm, loneliness, sleep deprivation, and attention dysregulation all began climbing and have not returned to prior baselines (Centers for Disease Control and Prevention, 2023; Daly, 2022; Twenge, Martin, and Campbell, 2018).

Every widely adopted K–12 SEL curriculum currently licensed in United States public schools falls into one of two groups. It was developed before 2008 and studied on children who did not own smartphones, as with Second Step, PATHS, Positive Action, and Responsive Classroom. Or it was built on pre-2008 research and rolled out after 2012 without structural redesign, as with RULER, Sanford Harmony, CharacterStrong, 7 Mindsets, Move This World, and Wayfinder. None was designed with knowledge of the post-2012 attention economy, the neurological effects of short-form video, or the collapse of adolescent in-person social skills. Their common evidence base is the Durlak et al. (2011) meta-analysis of 213 studies, of which zero were conducted after 2007.

Control the Moment is the first K–12 Tier I universal prevention curriculum in the United States built inside the Post-2012 SEL category. Its design maps directly to the neurological patterns the post-2012 evidence base describes.

PART 1

What the Data Actually Shows

This section documents an adolescent mental health inflection in federal data, timed to a specific technological event.

The 2012 Inflection Point

By late 2012 to early 2013, smartphone ownership crossed the 50 percent threshold in United States households (Pew Research Center, 2024). Jean Twenge, Jonathan Haidt, and the subsequent peer-reviewed literature use this marker to define the beginning of the adolescent inflection period, roughly 2010 to 2015 (Twenge, Martin, and Campbell, 2018).

What the Federal Data Show After 2012

Major depressive episodes among United States adolescents rose from 8.1 percent in 2009 to 15.9 percent in 2019, with rates among girls climbing from 11.4 to 23.4 percent in the same window (Daly, 2022).

Adolescent suicide rates, particularly among girls, rose sharply after 2010 following decades of stability (Centers for Disease Control and Prevention, WISQARS, 2023; Haidt, 2024).

Persistent feelings of sadness or hopelessness among high school students climbed from 28.5 percent in 2011 to 42 percent in 2021, a 47 percent relative increase (Centers for Disease Control and Prevention, 2023).

Female high school students reporting persistent sadness reached 57 percent in 2021 (Centers for Disease Control and Prevention, 2023).

Loneliness and friendlessness at school, flat from 2000 through 2011, began rising in 2012 across all developed nations tracked in the PISA survey (Twenge, Haidt, Blake, McAllister, Lemish, and Le Roy, 2021).

Figure 1. A Fifteen-Year Timeline

The technological events, the mental health inflection, and the federal acknowledgment. Every K–12 SEL curriculum in wide United States adoption was designed before the middle of this timeline.

Year	Event
2010 June	iPhone 4 launches. Front-facing camera and app ecosystem catalyze mobile social media.
2010 October	Instagram launches. A photo-first social feed arrives at the moment children begin owning phones.
2012	Smartphone majority. United States household ownership crosses 50 percent, marking the start of the adolescent inflection period.
2013	YRBS baseline shift. CDC data begins recording rising persistent sadness among high school students.
2017	iGen framing enters the field. Twenge publishes iGen and the Atlantic essay, the first mainstream recognition of the pattern.
2019	Peer-reviewed pivot. Adolescent depression prevalence reaches 15.9 percent, nearly double the 2009 rate (Daly, 2022).
2023	CDC federal acknowledgment. The YRBS 2011 to 2021 report formalizes the inflection and federal policy language shifts.
2024	The Anxious Generation. Haidt consolidates the evidence base and post-2012 framing becomes central to policy debate.

Figure 1. The 2012 inflection point, in context. Sources: Centers for Disease Control and Prevention, 2023; Daly, 2022; Haidt, 2024; Twenge, Martin, and Campbell, 2018.

What Phones, Tablets, and Feeds Do to the Brain

The neurological patterns below are documented in the peer-reviewed literature. They are the patterns a Tier I curriculum has to be built against.

Attention Span Has Collapsed

Average attention on a single screen collapsed across three empirical measurements: 2.5 minutes in 2004, 75 seconds by 2012, and 47 seconds by 2020 (Mark, 2023). The 2012 midpoint corresponds directly to the household smartphone tipping point.

Half of 11- to 17-year-olds now receive 237 or more phone notifications per day, with a quarter arriving during school hours (Common Sense Media, 2023; Radesky et al., 2023).

Short-Form Video and Impaired Executive Control

Zhang et al. (2024) documented specific EEG changes in adolescents following short-form video exposure: elevated theta activity in the frontal cortex, consistent with reduced sustained attention, and dampened alpha suppression, consistent with impaired inhibitory control. An umbrella review of screen exposure and child development, drawing on more than one hundred meta-analyses, found consistent small-to-moderate associations between heavy screen use and impaired executive function, language, and social-emotional outcomes in children under twelve (Sundqvist et al., 2024; Madigan et al., 2023). These are the neurological signatures a Tier I universal SEL curriculum has to counter directly.

The Adolescent Brain Is Uniquely Vulnerable

The prefrontal cortex, which governs impulse control, planning, and emotion regulation, is not fully developed until roughly age 25 (Arain et al., 2013). Dopamine sensitivity peaks in mid-adolescence, and the reward system is more reactive than the control system that would restrain it (Casey, 2013; Steinberg, 2020). Variable-reward algorithms therefore deliver their strongest neurological effect to the brain least equipped to resist them.

Exposure Begins Before Kindergarten

The 2012 inflection is measured in teen outcome data because that is where federal surveillance instruments capture it, but the exposure begins years earlier. The 2025 Common Sense Census, the fifth wave of nationally representative research on children age zero to eight, documents that 40 percent of children by age 2 have access to their own tablet, rising to 58 percent by age 4. Fifty-one percent of children under 9 have their own tablet or smartphone. Nearly one in five children under 8 use mobile devices to help regulate emotions, at meals, or to fall asleep. Children under 2 average one hour and three minutes of daily screen media (Common Sense Media, 2025).

The mechanism is not screen exposure in isolation, but the substitution of the device for the caregiver as the child's primary regulator. When a toddler is handed a tablet in a car seat, at a restaurant, or during a tantrum, the co-regulation loop that builds self-regulation is replaced by a variable-reward feed. Peer-reviewed work links frequent use of mobile devices to calm young children to weaker executive function and greater emotional reactivity in the same children years later (Radesky et al., 2018; Coyne et al., 2021). Parental phone use during caregiving, sometimes termed technofence, is independently associated with reduced parent-child responsiveness and increased child behavioral difficulty (McDaniel

and Radesky, 2018; Konok and Kolonics, 2024). The American Academy of Pediatrics identifies screen use during infancy and toddlerhood as displacing the caregiver interactions on which early language, attention, and emotional regulation depend (American Academy of Pediatrics, 2016).

Children entering kindergarten in 2026 have spent five to six years inside the post-2012 attention economy, through their own device access or through the redirection of parental attention into a device during their most formative regulatory windows. Their self-regulation baseline at school entry is not the baseline every Pre-2012 SEL curriculum was designed against. A K–12 SEL curriculum that does not counter these specific neurological patterns, including the ones formed before kindergarten, is intervening on a problem it does not describe.

PART 3

Why Control the Moment Works

Every design mechanism in Control the Moment maps to a documented post-2012 neurological pattern.

The Five-Step Sequence

Each step in the Regulate, Identify, Understand, Respond, Reflect sequence corresponds to a specific executive function that short-form video and social media are documented to weaken.

Step	What it builds	What the phone erodes
1. Regulate	Physiological self-calming	Notification cortisol spikes
2. Identify	Emotional granularity	Filtered emotional flattening
3. Understand	Causal reasoning	Infinite-scroll reactivity
4. Respond	Choice under load	Variable-reward reflex
5. Reflect	Metacognition	Loss of introspection

Daily Dosing Matches the Habit Formation Window

Peer-reviewed habit-formation research places behavioral automation at a median of 59 to 66 days of daily repetition, with a common range of two to five months (Lally et al., 2010; Singh et al., 2024). A once-weekly SEL lesson delivers roughly 36 repetitions across a school year, well short of that window. A daily ten-minute lesson delivered across an entire school year, approximately 180 school days, sits inside the peer-reviewed window for behavioral automation.

Universal Prevention at Tier I

Control the Moment operates at Tier I of the multi-tiered system of support framework. It is universal prevention delivered to every student every day, before crisis emerges. Federal guidance since 2023 has increasingly framed adolescent mental health as a public health matter requiring universal preventive infrastructure, in the tradition of childhood vaccination and public sanitation (U.S. Surgeon General, 2023). A daily prevention curriculum built on the post-2012 neuroscience is the operational form of that policy stance.

Spiral Progression from Kindergarten to Grade 12

Control the Moment is architected as a K–12 spiral. Each grade band revisits the same five regulatory competencies at developmentally appropriate depth, matching the maturational trajectory of the prefrontal cortex from early childhood through late adolescence (Arain et al., 2013; Steinberg, 2020). This addresses the fact that the exposure begins before kindergarten and the vulnerability persists through age 25.

PART 4

National Competitor Analysis

Every widely adopted K–12 SEL curriculum in the United States, categorized by its relationship to the 2012 inflection.

Curriculum	Founded	Evidence base era	Post-2012 design
Second Step	1986	Pre-1990s to 2000s	No
PATHS	1994	Pre-1990s to 2000s	No
Positive Action	1982	Pre-1990s to 2000s	No
Responsive Classroom	1981	Pre-1990s to 2000s	No
RULER	2005	Pre-1990s to 2000s	No
Sanford Harmony	2008	Pre-2012 research	No
CharacterStrong	2016	Pre-2012 character education	No
Wayfinder	2015	Pre-2017 crisis framing	No
7 Mindsets	2007	Pre-2012 mindset research	No
Move This World	2010	Pre-2012 arts-based SEL	No
Control the Moment	2026	Post-2017 crisis neuroscience	Yes

Table 1. K–12 SEL programs in wide United States adoption, categorized by evidence-base era and post-2012 design status.

Methods Note

Programs were included if they met three criteria as of July 2026: (a) listed in the CASEL Program Guide or in wide district-level adoption reported in trade publications, (b) publicly available program materials, and (c) a K–12 or K–8 universal Tier I scope. A program was coded as post-2012 design only if its published evidence base includes empirical work conducted after 2012 on the smartphone and adolescent mental health link, and if its instructional design explicitly addresses the neurological patterns identified in that literature. Control the Moment is the only program listed that meets both conditions. Programs are invited to submit their published materials for reclassification against the three conditions in Part 5.

What the Matrix Shows

Second Step (Committee for Children). One of the most widely adopted SEL curricula in the United States, licensed in thousands of K–8 schools nationwide. Original curriculum released 1986. Evidence base: studies from the 1990s and 2000s, included in Durlak et al. (2011). The K–8 classroom curriculum in wide use nationwide remains structurally the same program built for pre-internet children.

CharacterStrong. One of the fastest-growing SEL and MTSS providers in the United States since 2020. Founded 2016. Evidence base draws from the character-education tradition of the 1990s and 2000s. Launched during the adolescent inflection but built on pre-inflection character-education theory. Mental-health framing was added only after 2020.

RULER (Yale Center for Emotional Intelligence). Adopted by hundreds of United States school districts as a whole-school approach. Founded as a research program in 2005 and scaled after 2013. Evidence base: the Mayer and Salovey four-branch emotional-intelligence model (1990, 1997). Cites Durlak (2011) but does not engage with post-2012 attention or smartphone data. Theory of change was locked in 2005.

Sanford Harmony. Distributed free of charge to United States K–6 classrooms with broad national reach. Founded 2008 at Arizona State University. Transitioned to National University in 2014. Evidence base: peer-relationship research from 2008 forward. Designed against a pre-inflection problem set of bullying and peer inclusion. No smartphone or attention-economy content.

7 Mindsets, Move This World, and Wayfinder. Newer digital-first SEL providers with growing but still emerging United States district adoption. All launched or restructured after 2012, but all reference pre-inflection research bases. Wayfinder is the only one whose founding narrative explicitly cites the adolescent mental health crisis as its reason for existing, and Wayfinder launched in 2015, before the smartphone connection was established in the peer-reviewed literature.

Extended CASEL Program Guide Review

Table 1 covers the ten K–12 SEL programs with the largest United States district footprints. This section extends the review to every program currently designated by the CASEL Program Guide as SElect, Promising, or SEL-Supportive as of July 2026. The remaining programs are grouped below by the era and theoretical tradition of their evidence base. Every one is coded as not post-2012 design under the same three-condition test applied to Table 1, and the grouping heading gives the basis in each case. Any program may submit published materials for reclassification under the three conditions in Part 5 and Appendix A.

Character education and values-based programs

Evidence-base era: Grounded in the pre-2012 character-education tradition.

CHARACTERplus Way, PurposeFull People, the S.E.R.V.E. Model, CharacterStrong Secondary Curriculum, Kindness in the Classroom, Leader in Me, Manners of the Heart, The Character Effect, Getting Along Together, Tools for Getting Along Together, Toolbox Project, TGFV – A Peaceable Place.

Early-childhood and elementary skills programs

Evidence-base era: Built on pre-2012 early-childhood social skills research.

4Rs, AI's Pals, Caring School Community, Circle of Education, Competent Kids Caring Communities, Conscious Discipline, HighScope Educational Approach for Preschool, I Can Problem Solve, Incredible Years Teacher Classroom Management, Tools of the Mind, Ready to Learn, Zippy's Friends, Growing Early Mindsets, INSIGHTS Into Children's Temperament, Better Together Cubed, Emotional ABCs Premium Schools, Hallway Heroes, Adventures Aboard the S.S. Grin, Captain McFinn Explore Kindness, Merrell's Strong Kids.

Mindfulness-based programs

Evidence-base era: Grounded in the Kabat-Zinn tradition of the 1990s and added to schools before 2012.

Dot-b, Inner Explorer, Learning to Breathe, Mindful Practices and Class Catalyst, MindUP, Pure Power, Heartfulness Program for Schools, SEE Learning, Sky Schools, Smart Brain Wise Heart, Transformative Life Skills and Dynamic Mindfulness, Flourish: The Compassionate Schools Project.

Conflict resolution and violence prevention

Evidence-base era: 1980s and 1990s conflict-resolution and violence-prevention research.

PeaceWorks, Peace Learning Circles, Resolving Conflict Creatively Program, Responding in Peaceful and Positive Ways, Social Decision Making and Problem Solving, The Leadership Program's Violence Prevention Project, keepin' it REAL.

Social skills training and academic-integrated programs

Evidence-base era: Social skills training theory from the 1980s and 1990s.

SSIS Classroom Intervention Program, SSIS Social Emotional Health Edition, Student Success Skills, EL Education, EduGuide, PBLWorks, Reading Apprenticeship, Reading with Relevance, Social Emotional Language Learning Arts, Consistency Management and Cooperative Discipline, Facing History and Ourselves, Open Circle, Passport Skills for Life, Raising Healthy Children.

Adolescent and secondary programs

Evidence-base era: Adolescent development research locked before 2012.

Lions Quest Skills for Adolescence, Lions Quest Skills for Growing, The Fourth R, Teen Connection Project, Teen Outreach Program, Peer Group Connection High School, PeerLearning.net, nXu Curriculum, Changemakers, Get Real Comprehensive Sex Education, School-Connect, Ripple Effects for Teens, SPARK Pre-teen Mentoring, SPARK Well-being, Building Assets Reducing Risks, Mosaic, GiveThx, BASE Education, Michigan Model for Health Elementary, Michigan Model for Health Middle School, City Year's Whole Child Whole School Model, My Teaching Partner, Connect Science.

What North Dakota Is Currently Using

North Dakota is the first state where Control the Moment is being introduced. The North Dakota Department of Public Instruction does not name a state-adopted Tier I SEL curriculum. State-level named resources are suicide prevention and mental-health-awareness programs, listed below. SEL curriculum selection is decided at the district level under North Dakota Century Code 15.1-07-34, which requires each school to designate a Behavioral Health Resource Coordinator and to report annually via MIS03. Every publicly identified district-level SEL curriculum in the seven largest North Dakota school districts is coded below.

State-Level Named Resources

Resource	Description and category status
Sources of Strength	Peer-led suicide prevention. Not Tier I SEL and not K–12 daily.
Youth Mental Health First Aid	Adult training. Not a student curriculum.
QPR (Question, Persuade, Refer)	Suicide prevention gatekeeper training. Not a curriculum.
ASIST	Two-day suicide intervention workshop. Adult training.
safeTALK	Half-day suicide alertness workshop. Adult training.
Parents Lead	State parent-facing prevention resource. Not a Tier I K–12 curriculum.

The Jason Foundation	Staff development modules on suicide prevention.
More Than Sad	AFSP educational program on depression awareness. Not a Tier I curriculum.
B-HERO	State information dissemination system. Not a curriculum.

Table 2. Programs named on the North Dakota DPI Youth Behavioral Health resource page. None is a Tier I K–12 SEL curriculum. All fall outside the Post-2012 SEL category by scope rather than by era. Source: nd.gov/dpi Youth Behavioral Health, retrieved July 2026.

District-Level Tier I SEL Adoption in North Dakota

The seven largest North Dakota school districts by enrollment. Each district's publicly identified Tier I SEL program is listed with its coding and the reason for it.

District	Publicly identified Tier I SEL program	Post-2012
Fargo	Second Step. Founded 1986, evidence base from the Durlak (2011) era.	No
West Fargo	Responsive Classroom (Morning Meeting), the CASEL framework, and the Panorama SEL survey. Responsive Classroom founded 1981. A framework and a screener rather than a post-2012 curriculum.	No
Bismarck	MTSS framework with locally selected SEL resources and Mental Health First Aid training. A framework rather than a Tier I curriculum, and the training is adult-facing.	No
Grand Forks	QuaverSEL, MindUP (K–2), and D.A.R.E. (grade 5). QuaverSEL is music-based delivery of pre-2012 SEL competencies. MindUP is mindfulness on a pre-2012 base. D.A.R.E. is 1983 substance-abuse prevention.	No
Minot	Second Step at Perkett Elementary and others, with ASCA-aligned counseling. Same 1986 program and pre-2012 evidence base.	No
Dickinson	No publicly identified Tier I SEL curriculum. Student services and counseling by building.	No
Williston	No publicly identified Tier I SEL curriculum on district materials. Same coding rationale as Dickinson.	No

Table 3. Publicly identified district-level SEL programs in the seven largest North Dakota school districts. None is Post-2012 SEL by the three-condition test in Part 5. Sources verified July 2026.

Every publicly identified Tier I SEL program in wide district use in North Dakota as of July 2026 is Pre-2012 SEL by the definition in Part 5. Second Step in Fargo and Minot, Responsive Classroom in West Fargo, MindUP and QuaverSEL in Grand Forks, and locally selected resources in Bismarck, Dickinson, and Williston all fail at least one of the three conditions. Control the Moment is offered as the state's first Post-2012 SEL curriculum, ready for adoption under the same MTSS Tier I structure North Dakota districts already operate.

The Category

Naming Post-2012 SEL, reclassifying legacy SEL, and identifying the first curriculum inside the new category.

Post-2012 SEL, Defined

Post-2012 SEL is defined by three necessary and jointly sufficient conditions. First, the curriculum's design responds to the specific neurological patterns documented in children whose developmental years occurred after United States household smartphone ownership crossed 50 percent. Those patterns are present in adolescents as collapsed sustained attention, impaired inhibitory control, dopamine dysregulation from variable-reward algorithms, and the erosion of in-person emotional granularity. They are seeded far earlier, through infant and toddler tablet access and through the replacement of caregiver co-regulation with device-based soothing. Second, instructional dosing matches the peer-reviewed neuroscience of habit formation, meaning daily repetition inside the 59 to 66 day median window for behavioral automation. Third, scope is Tier I universal prevention, kindergarten through grade 12, with spiral progression that matches the maturational trajectory of the prefrontal cortex and begins the intervention at kindergarten, the first developmental window a school-based curriculum can reach.

What Counts as Post-2012 Redesign

A Pre-2012 SEL program does not move into the Post-2012 SEL category by adding a mindfulness module, a mental-health lesson, a digital-citizenship supplement, or updated marketing language. Reclassification requires a structural redesign that satisfies all three conditions above. Specifically: (a) a published theory of change grounded in post-2012 peer-reviewed neuroscience of attention, inhibitory control, and dopamine dysregulation, rather than in pre-2012 emotional-intelligence, character-education, or peer-relationship models; (b) instructional dosing at daily cadence for a duration inside the empirical habit-formation window, rather than weekly or bi-weekly delivery with added materials; and (c) spiral K–12 architecture beginning in kindergarten, mapped against the maturational trajectory of the prefrontal cortex. An update that leaves the theory of change and the dosing schedule intact is a supplement inside a Pre-2012 SEL frame rather than a redesign.

How Control the Moment Meets Each Condition

Any curriculum, including Control the Moment, has to demonstrate that it passes these conditions rather than assert it. This section shows the design signature that satisfies each one.

Short-form platforms engineer their feeds around the documented attention window of the post-2012 brain. The average screen-attention window on a single task fell from about 2.5 minutes in 2004 to about 47 seconds by the mid-2020s, measured by Gloria Mark and colleagues at the University of California, Irvine. TikTok, Instagram Reels, and YouTube Shorts serve content at an average cadence of 15 to 60 seconds per unit and rotate that content on a variable-ratio reinforcement schedule, the same reward structure used in slot machines. Independent studies show a significant negative correlation between daily short-form video consumption and sustained-attention performance in adolescents. This is the neural environment every child now inhabits, and it is not the environment any SEL curriculum built before 2012 was designed for.

Control the Moment delivers a ten-minute daily lesson structured as a five-step sequence of 90 seconds, 2 minutes, 3 minutes, 2 minutes, and 90 seconds. Each transition falls inside the documented attention-shift window the feeds already train the brain to expect. The platforms use that window to deliver variable-ratio novelty and dopamine release. Control the Moment uses the same window, at the same cadence, to redirect attention toward inhibitory control, affect labeling, metacognitive naming, and consolidation. The lesson meets the child's attention system where the feeds left it and uses that rhythm to build the capacities the feeds erode. This is a design signature no Pre-2012 SEL curriculum has, because the cadence did not exist as a design target before 2012.

Condition 1 is satisfied by the cadence and the five-step architecture, which is engineered against the specific post-2012 neurological patterns named in the definition: collapsed sustained attention, impaired inhibitory control, dopamine dysregulation from variable-reward exposure, and eroded emotional granularity. Condition 2 is satisfied by the delivery schedule. A ten-minute daily dose across a school year places the student inside the 59 to 66 day habit-formation window multiple times per academic year, producing repeated passes through behavioral automation on the same neural targets. Condition 3 is satisfied by the spiral. The five-step skeleton stays constant across kindergarten through grade 12, and content matures against the maturational trajectory of the prefrontal cortex: foundational attention and impulse regulation in K–4, affect regulation and delay against variable-reward exposure in grades 5–8, and metacognitive and identity-level integration in grades 9–12. The kindergarten entry point is the first developmental window a school-based Tier I curriculum can reach, and the earliest point at which the circuits documented as most trainable in the peer-reviewed executive-function literature are still highly plastic.

The full step-by-step lesson mechanics, including the specific instructional content, cueing scripts, and teacher-delivery protocols, are proprietary to the Control the Moment trademark registered in 2026 and are not published in this paper. The architectural signature shown here is sufficient to demonstrate compliance with the three conditions in this section. Any competing program is invited to publish its own architectural signature against the same three conditions.

Pre-2012 SEL, Reclassified

The ten programs in wide United States adoption listed in Table 1 are reclassified as Pre-2012 SEL. This is a category statement rather than a value judgment, and several of these programs are well designed for the problem set they were built to address. Their evidence base was collected on a developmental population that no longer exists, and their instructional design does not address the neurological patterns produced by an attention economy that did not exist when the programs were built. The 213 studies most commonly cited by these programs, aggregated in the Durlak et al. (2011) meta-analysis, contain zero studies conducted after 2007. That evidence base cannot describe children whose developmental environment no longer exists.

The First Curriculum in the Category

Control the Moment, founded in 2026 and holder of the Control the Moment trademark and associated intellectual property, is identified as the first K–12 Tier I universal prevention curriculum built inside the Post-2012 SEL category. It is the only curriculum in the review scope defined in Appendix A meeting all three conditions above. To the author's knowledge as of July 2026, no other program in wide United States adoption satisfies the definition. This claim is subject to challenge on the specific grounds set out in the methods note and in Appendix A.

APPENDIX A

Scope, Limitations, and Answers to Critics

What This Paper Claims

This paper claims that Post-2012 SEL is a distinct category defined by the three conditions in Part 5, that every K–12 SEL curriculum in wide United States adoption as of July 2026 is Pre-2012 SEL by that definition, and that Control the Moment is the first curriculum built inside the new category.

What This Paper Does Not Claim

This paper does not claim outcome equivalence or superiority in a randomized controlled trial. Control the Moment has not yet undergone independent randomized evaluation. The argument advanced here is one of design alignment with the post-2012 evidence base, not of demonstrated effect size relative to legacy programs. Randomized evaluation is the correct next step and is the reason this paper is being placed on the record at the category-defining stage. This paper also does not claim that social media alone causes the adolescent mental health inflection. See the section below on the causation debate.

This paper makes no claim that any program named in it is ineffective, poorly designed, or unsupported by evidence. Several programs coded here as Pre-2012 SEL are supported by randomized controlled trials, including trials conducted after 2012, and achieve the outcomes they were built to produce. The category distinction concerns the developmental population and the neurological target a program was designed against. It is not a measure of program quality, implementation fidelity, effect size, or the good faith of its developers.

Review Scope and Coding Method

The review scope for the first-curriculum claim is K–12 or K–8 universal Tier I SEL curricula in wide United States adoption as of July 2026, defined as programs listed in the CASEL Program Guide or documented in wide district-level adoption in current trade coverage, with publicly available program materials.

Two levels of review were conducted and are reported separately, at different levels of confidence.

1. Tier one covers the ten programs in Table 1. Each was coded through a program-specific review of the published theory of change, published evidence base, and published instructional design that the program itself makes available on its public materials, retrieved July 2026.
2. Tier two covers the extended CASEL Program Guide list in Part 4. Those programs are grouped by the theoretical tradition their own published materials identify as their foundation. This grouping is a preliminary classification based on stated theoretical lineage. It is not a completed program-by-program evidence review, and it is not offered as one. Individual programs within these groupings may hold post-2012 empirical evidence not reflected in the grouping, and any such program is invited to submit it under the correction policy below.

All coding in this paper is based exclusively on publicly published materials. No coding relies on unpublished, internal, proprietary, or non-public information about any program, and none is offered as a representation about any program's internal development history, business decisions, or unpublished research.

How Program Descriptions Should Be Read

Where this paper describes a program's evidence base, founding date, theory of change, or design lineage, those descriptions are summaries of what that program's published materials show as of the July 2026 retrieval date, and they are offered as coding conclusions under the three-condition test in Part 5. They are not assertions about what a developer knew, intended, or did internally. Published materials change. A description that was accurate on the retrieval date may be superseded by subsequent publication, and the correction policy below exists for that reason.

How to Challenge the First-Curriculum Claim

The claim that Control the Moment is the first curriculum in the category is subject to challenge on any of these grounds: (a) the reviewed program's published theory of change is grounded in post-2012 neuroscience of attention, inhibitory control, and dopamine dysregulation; (b) the reviewed program's published dosing is daily and inside the habit-formation window; and (c) the reviewed program's published architecture is a K–12 spiral beginning at kindergarten. A program meeting all three moves into Post-2012 SEL. A program failing any one remains Pre-2012 SEL.

Correction Policy

Any program named in this paper may submit published materials showing that its coding is inaccurate or incomplete. Submissions may be sent to [insert contact address]. The author will review any submission within thirty days and will publish a correction or reclassification in an updated version of this paper where the published materials support it, with the correction noted on the record. Superseded versions will remain available so that any change is traceable. This policy applies equally to tier one and tier two coding.

What Would Disprove the Category Claim

The category claim is falsifiable. It would be disproved by any one of the following. First, evidence that United States household smartphone ownership did not cross 50 percent in the 2012 to 2013 window, or that the adolescent mental health measures tracked by CDC YRBS, NSDUH, and WISQARS did not inflect in the same window. Second, evidence that a K–12 SEL curriculum in wide United States adoption as of July 2026 already satisfies all three conditions in Part 5 as published in its public materials. Third, evidence that the neurological patterns named in Part 2, including collapsed sustained attention, impaired inhibitory control, and dopamine dysregulation from variable-reward algorithms, are not documented in the post-2017 peer-reviewed literature the paper cites. Any of these findings, established on published evidence, moves the category boundary or dissolves it.

On the Causation Debate

A published academic debate exists over whether social media is a direct cause of the adolescent mental health inflection. Candice Odgers, Andrew Przybylski, and others have argued that the effect sizes in the underlying studies are small and that the causal link is not established (Odgers, 2024; Odgers, Schueller, and Ito, 2020). Jonathan Haidt and colleagues have argued that the convergent evidence, including natural experiments and dose-response patterns, does support a causal reading (Haidt, 2024).

This paper does not require the causal question to be settled. The category claim rests on a weaker and empirically stronger foundation: that federally tracked adolescent mental health measures inflected in the 2012 to 2013 window and have not returned to baseline, that early-childhood device access and co-regulation substitution are documented in the peer-reviewed literature, and that the neurological patterns those exposures produce are documented in post-2017 research the pre-2012 evidence base could not have addressed. A K–12 SEL curriculum designed on pre-2012 evidence is intervening on a

different developmental population regardless of which specific mechanism drove the shift. The category argument survives whether the mechanism is social media, smartphone displacement of sleep and in-person time, algorithmic content exposure, early-childhood attentional shaping, or a combination of these. The federal data showing the shift is not in dispute.

On the Asymmetry of Disclosure

This paper codes other programs on their published materials while withholding the step-by-step instructional content of Control the Moment as protected intellectual property. The author acknowledges that asymmetry directly rather than leaving it implied. To offset it, the architectural signature of Control the Moment relevant to each of the three conditions, meaning cadence, dosing schedule, and spiral structure, is disclosed in Part 5 in the same terms in which every other program is evaluated. Control the Moment is held to the same three-condition test on the same public record, and readers are invited to apply that test to it as written and to reject the claim if it does not hold.

Author Position and Commercial Interest

The author is the founder and owner of Control the Moment, LLC, which owns the Control the Moment curriculum and its associated intellectual property. This paper is published by Control the Moment, LLC and is intended in part to introduce the program to educational decision-makers. That commercial interest is disclosed here without qualification and should be weighed by every reader.

The category argument is empirical and severable from the author's affiliation. Every claim in Parts 1 through 4 is grounded in cited external sources. Every coding decision is traceable to published materials identified in the text. The claim in Part 5 that Control the Moment is the first curriculum in the category is a review-scope claim, subject to challenge on the grounds set out above and subject to correction under the policy above.

Trademarks and Non-Affiliation

Control the Moment® is a registered trademark of Control the Moment, LLC. All other program, product, and organization names referenced in this paper are the trademarks or registered trademarks of their respective owners and are used solely for identification and comparative analysis under nominative fair use. Their use does not imply affiliation with, sponsorship by, or endorsement by their owners.

Control the Moment, LLC is not affiliated with, endorsed by, sponsored by, or reviewed by the Collaborative for Academic, Social, and Emotional Learning. References to the CASEL Program Guide and to CASEL designations are descriptive references to a publicly published resource and do not imply CASEL review or approval of this paper, of its coding, or of Control the Moment.

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