

No New Wars!

Prevention Should Be a Comprehensive Strategy, Not a Fad

Reprinted From Education Week, May 15, 1996

By Timothy P. Shriver & Roger P. Weissberg



Coming through the door at Anywhere High School, a visitor is struck by the legacy of more than two decades of school-based “prevention wars.” In the main office, a bulletin board announces the start of a new AIDS program, led by a teacher who taught classes in health and nutrition when those issues were highly visible. This year’s “life issues” classes are required because they cover a new state-mandated unit on the prevention of sexually transmitted diseases. Up in the science wing, biology teachers are introducing the substance-abuse program, which once was a full-semester class but is now a one-month unit on what drugs and tobacco do to the body. There’s only one dropout-prevention worker, where a couple of years ago there were four. He is planning meetings with the 100 or so students who have been absent more than 20 days and is frustrated because they don’t show up. Meanwhile, social studies teachers have begun teaching about violence in America and the superintendent has scheduled a special meeting of the board of education to develop a plan to combat teenage pregnancy.

Need we wonder why new “prevention” initiatives are met with ambivalence in most schools, or why it may be time for policymakers to try a new approach to such programming? School personnel see the importance of programs to enhance students’ social, emotional, and physical well-being, but they also regard prevention with skepticism and frustration, since most have been introduced as a succession of disjointed fads. Fragmentation breeds breakdown and the school emerges as a hodgepodge of social initiatives with little direction or effectiveness.

This chaos has its roots in a misguided approach to problem behaviors. Over the years, policymakers and educators have joined forces to battle a series of social and behavioral problems, waging separate “wars” on drug abuse, unwanted teen pregnancy, AIDS, suicide, violence, and dropouts. Although these “wars” have been well-intentioned, the individual battles have had limited success due to the lack of a coordinated strategy to address students’ needs. Unfortunately, they have also left behind continuing high levels of problems.

“It is time for a different strategy, one that capitalizes on what schools are already in the business of doing: promoting the personal and social development of children.”

CASEL Collections is a publication of the Collaborative for Academic, Social, and Emotional Learning at the University of Illinois at Chicago. CASEL Collections are reprints of social and emotional learning pieces written by CASEL members and others concerned about the social and emotional health of children.

This formula is unlikely to be effective in schools. Rather than solving problems, it usually leads to new ones—problems that no institution can easily overcome. Consider the following negative outcomes that result from the fragmentation at Anywhere High: Ten or 20 staff members may work on similar issues without any coordination or expertise or resources; few of the prevention programs last more than a few years, not long enough for improvements to be made; many initiatives are reactive rather than preventive, and by the time the work is begun, the problem is well out of hand; and, the different programs are frequently aimed at the same children, splitting them into categories of problem behaviors and never addressing the causes underlying the social problems in the first place.

It is time for a different strategy, one that capitalizes on what schools are already in the business of doing: promoting the personal and social development of children. Let's not counter each behavior problem that arises with a new categorical initiative that has no place in the structure of the school. Instead, schools should proactively build comprehensive programs that help children develop socially and emotionally. As a result, children will become competent in ways that can help them learn better and avoid problem behaviors.

Comprehensive social- and emotional-development programs are based on the understandings that many different kinds of problem behaviors are caused by the same risk factors, and that the best learning emerges from supportive and challenging relationships. Preventing problems such as violence, drug abuse, or dropping out is most effective when multi year integrated efforts develop children's social and emotional abilities through engaging classroom instruction; prosocial learning activities outside the classroom; and broad parent and community participation in program planning, implementation, and evaluation. Comprehensive programs begin at an early age and continue in a developmentally appropriate sequence through high school.

“Comprehensive social and emotional development programs are based on the understandings that many different kinds of problem behaviors are caused by the same risk factors, and that the best learning emerges from supportive and challenging relationships.”

Such an approach realistically addresses problems at their psychosocial roots. Destructive behaviors develop in part from a complex web of familial, economic, and cultural circumstances. These factors are part of the fabric of life and difficult to attack. Yet strategies that help children develop the resilience to cope adaptively with modern-day stresses can be effective, and it is there that schools need to focus their efforts.

Many educators claim to provide instruction that enhances social and emotional learning. But most base their efforts only on intuition and struggle independently, with little support. Moreover, programs that address these issues too often are relegated to second-class status. We need more systematic, well-designed programs implemented by well-trained staff members in supportive educational contexts.

One of the most ambitious such programs in the country has been in development for six years in New Haven, Conn. While the project continues to evolve, its fundamental features should capture the attention of policymakers. It was launched to coordinate all prevention efforts into one comprehensive strategy with the goal of building a K-12 curriculum and activity sequence that nurtures the positive development of all children. The program has been implemented through broad collaboration among teachers, parents, administrators, and community leaders, who make it possible for children to receive the support, guidance, and nurturing that make positive development a reality.

The New Haven project began when several school system committees separately responsible for substance abuse, dropouts, delinquency, teen pregnancy, and violence each noted that the prevalence of these problems was too high, that existing prevention efforts were piecemeal, and that long-term, comprehensive program was needed.

In response, the superintendent created a new department within the school system to coordinate, implement, and evaluate a K-12 program for all students

focusing on the promotion of social and emotional development. Teachers, parents, administrators, and community leaders chose a program name that emphasized the positive development of children, rather than harping on the bad things that children shouldn't do. Instead of the "department of prevention services," they called the new entity the department of social development." Over the next few years, the department accomplished three primary goals:

- First, it implemented a K-12 social development curriculum with 25 to 50 hours of classroom instruction at each grade level. The curriculum emphasized self-monitoring, problem-solving, conflict resolution, and communication skills; values such as respect for self and others, character, and personal responsibility; and content about substance abuse, health, culture, and citizenship.
- Second, the department created school and community activities that offered children education, recreational, and health promotion opportunities outside the classroom. These activities reinforced classroom instruction, and included programs such as mentoring, an Extended Day Academy with after-school clubs, an outdoor adventure class, and peer-mediation and leadership groups.
- Third, each school's "mental health team"—composed of mental health workers, school personnel, and parents—encouraged attention to the climate of the school and the issues that either contribute to or detract from the growth of children. These teams ensure the coordinated planning and implementation of new programs supported by all segments of the school community, and are sensitive to the ever-changing needs of the community.

This three-pronged approach emphasized comprehensive, coordinated programs to address the needs of the whole child rather than initiating targeted wars to address discrete problems. And what of results? Over the past six

years, the project has reported reductions in problem behaviors while garnering high ratings from students, teachers, administrators, and parents. Perhaps more important, the lessons it has taught about design and implementation are paramount for the creation of future programs. Here, from work to date, are six basic principles that have emerged for creating effective school-based prevention programs:

√ *They should simultaneously—and seamlessly—address students' mental-emotional, social, and physical health, rather than focusing on one categorical outcome.* Ultimately, comprehensive and integrated programs that target multiple social and health problem behaviors have greater potential than short-term interventions of a single problem behavior.

√ *They should be based on developmentally appropriate, sequential preschool-to-high-school classroom instruction.* Programming should start before students are pressured to experiment with risky behaviors and should continue through adolescence.

√ *Competence-enhancement programs must address students' cognitive, affective, and behavioral skills; their attitudes and values about themselves and others; their perceptions of social norms; and their understanding of information about targeted social and health domains.* Currently, there are too many ineffective prevention programs that stress knowledge about specific problems and fail to concentrate on the skills and values necessary to help children engage in health-protective behaviors.

√ *Effective instruction requires teaching methods that ensure active student engagement, emphasize positive behavior, and change the ways in which children and adults communicate about problem situations.* Innovative teaching techniques such as modeling, role playing, performance feedback, and positive reinforcement are critical.

√ *Multilevel interventions in which peers, parents, the school, and community members create a learning climate and reinforce classroom instruction are needed to address the widespread social problems of children.* Children grow and develop at home and in the school and community. Combining environmental support and reinforcement from peers, family members, school personnel, health professionals, religious leaders, and the media increases the likelihood that students will adopt healthier lifestyles. In every environment, greater cultural sensitivity to socio- demographically diverse students must be developed.

√ *System-level policies and practices to support program implementation and institutionalization must be developed.* It is critical, for example, for teachers to be trained before the program is implemented and for them to be supported and coached for extended periods of practice. Coaching and other teacher supports communicate to teachers that their efforts and their training needs are being noticed and validated. efforts in the schools is both complicated and promising.

As these principles suggest, the future of prevention efforts in the schools is both complicated and promising. Anywhere High need not be the model for how schools respond to students needs. Retreat from responsibility is not the only alternative. A new war is not the missing ingredient. We do not need another short-term, categorical prevention program that undermines all the work launched in the past. Nor do we need a new law promising high-profile expenditures designed for political visibility rather than actual support of children.

What we do need is a new approach that understands that the best we can do for children is support their full growth and development. When prevention is conceived in the best interests of the child, it will be educational in the fullest sense of the word.■

About the Authors

Timothy P. Shriver

Chair of the Collaborative for Academic, Social, and Emotional Learning and President and Chief Executive Officer of Special Olympics, International.

Roger P. Weissberg

Executive Director of the Collaborative for Academic, Social, and Emotional Learning (CASEL) and is a Professor of Psychology and Education at the University of Illinois at Chicago (UIC).

For more information, contact CASEL at:

**Collaborative for Academic, Social and Emotional Learning
University of Illinois at Chicago
Department of Psychology (MC 285)
1007 West Harrison Street
Chicago, IL 60607**

**e-mail: casel@uic.edu phone: (312) 413-1008
web site: www.casel.org**