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**Center for Research on School Safety, School Climate  
and Classroom Management**

Georgia State University

***Primary Prevention and Social Skills Training***

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Primary prevention refers to the strategies designed to prevent an entire population or a particular subgroup (e.g. all students in a community, school district, or school) from developing a disorder. Prevention is implemented before individuals show sign of the disorder. Risk reduction overlaps with primary prevention in that it refers to strategies designed for members of a subgroup that are defined as being at-risk, but do not show signs of the disorder (Meyers & Nastasi, 1999).

Primary prevention can be most effective when educators take advantage of the many opportunities in which prevention can be implemented in the normal school curriculum and instructional process rather than being limited to external prevention programs (Meyers & Nastasi, 1999). Research on characteristics common to resilient children provides a rationale for prevention. Personal qualities such as self-esteem, problem-solving skills, and social competence have been found to be associated with resilience or invulnerability to stress (Cowen, Wyman, Work, & Parker, 1990).

There are two basic approaches to primary prevention in the school: modifying the student to increase competence and modifying the environment to reduce stress. Examples of the former include: strategies designed to increase interpersonal skills, programs that foster self-esteem and strategies that focus on the development of social and coping skills. Examples of modifying the environment include: provision of health, social, and educational supports, and the promotion of a positive school environment (Meyers & Nastasi, 1999).

The effects of cognitive behavioral interventions and social skills training on the behavior of children and adolescents have been an area of active research in the last couple of decades. Cognitive-behavioral interventions attempt to decrease undesirable behaviors by changing the social cognitive mechanisms linked with such behavior. Among the types of interventions that have shown the most promise in the literature are instruction of social perspective taking, moral reasoning, and social problem solving skills (Tolan & Guerra, 1998).

Teaching students social perspective taking has been linked to reductions in serious delinquent behavior (Chandler, 1973) as well as to the reduction of depressive symptoms (Cardemil, Reivich, & Seligman, 2002; Zubernis, Cassidy, Gillham, Reivich, & Jaycox, 1999). Instruction in moral reasoning has been shown to result in a decreased number of behavior referrals for official disciplinary action and with fewer police contacts (Arbuthnot & Gordon, 1986). In addition, social problem solving skills instruction has been linked to significant reductions in externalizing behaviors (Kadzin,

Bass, Siegel & Thomas, 1989; Pepler, King, Craig, Byrd, & Bream, 1995), decreases in ratings of aggressive behaviors (Guerra & Slaby, 1990), and self-reported delinquent behaviors including weapon carrying, skipping school, and vehicle theft (Battistich, Schaps, Watson, & Solomon, 1996).

Social skills training programs focus on the skill development of prosocial behaviors by using discussion, modeling, rehearsal and feedback. Social skills training has been found to result in the reduction of referrals to juvenile court (Hammond, 1991) and decreased number of delinquent behaviors (Gottfredson, 1987). It has also been linked to a decrease in the use of coercion and violence in dating (Naylor, Tolan, & Wilson, 1988) as well as to the reduction of alcohol and drug abuse (Botvin, Baker, Dusenberry, Tortu, & Botvin, 1990; Pentz, Mihalic, & Grotzinger, 1997).

Social skills training has also been found to have an effect on several school measures, such as improved grades and greater involvement with school activities (Gottfredson, 1987). In addition, social skills training was found to reduce the number of inappropriate behaviors in the classroom such as aggression, impulsivity, and out-of seat behaviors (Kamps, Tankersley, & Ellis, 2000).

A more research has become available supporting preventative programs, educators and policy makers have developed a realistic perspective on the necessity of programs to prevent psychopathology and promote positive development, especially with children and adolescents growing up in high-risk environments (Panel on High-Risk Youth; Panel on High-Risk Youth, National Research Council, 1993). Greenberg, Domitrovich, & Bumbarger (2001) provide the following conclusions regarding preventative programs:

- Short-term preventive interventions produce time-limited benefits, at best, with at-risk groups whereas multi-year programs are more likely to foster enduring benefits.

- Although preventive interventions may effectively operate throughout childhood (when developmentally-appropriate risk and protective factors are targeted) given the resistance to treatment of serious conduct problems, ongoing intervention starting in the preschool and early elementary years may be necessary to reduce morbidity.

- Preventive interventions are best directed at risk and protective factors rather than at categorical problem behaviors. With this perspective, it is both feasible and cost-effective to target multiple negative outcomes in the context of a coordinated set of programs.

- Prevention programs that focus independently on the child are not as effective as those that simultaneously "educate" the child and instill positive changes across both the school and home environments. The success of such programs is enhanced by focusing not only on the child's behavior, but also the teacher's and family's behavior, the relationship between the home and school, and the needs of schools and neighborhoods to support healthy norms and competent behavior.

- There is no single program component that can prevent multiple high-risk behaviors. A package of coordinated, collaborative strategies and programs is required in each community. For school-aged children, the school ecology should be a central focus of intervention.

➤ In order to link to other community care systems and create sustainability for prevention, prevention programs will need to be integrated with systems of treatment. In this way, communities can develop common conceptual models, common language, and procedures that maximize the effectiveness of programs at each level of need. Schools, in coordination with community providers, are a potential setting for the creation of such fully-integrated models. It is surprising that few comprehensive interventions have been developed and evaluated that combine school-wide primary prevention together with secondary prevention and treatment.

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