



MINISTERSTVO ŠKOLSTVÍ,  
MLÁDEŽE A TĚLOVÝCHOVY



INVESTICE DO ROZVOJE VZDĚLÁVÁNÍ

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# School-based Prevention of Risk Behaviour: proposed structure, scope, and content of the Comprehensive Preventive Programme for elementary schools in the Czech Republic

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## Introduction

- The Basic Preventive Programme (BPP) refers to a general/model framework for a school-based prevention programme for elementary schools (6-15 years).
- This concept was introduced by the Czech Ministry of Education (in 2000). Unfortunately, no accurate specifications of the parameters of such a programme have been provided and no specific model that meets the objectives and requirements of the Ministry of Education and the general standards of good and effective school-based prevention has been discussed. Also referred to as the “minimum prevention programme”.
- This program (BPP) has to be implemented in all schools in the Czech republic but nobody knows what exactly it means from the technical, personal and intervention perspective...



## 1. Aim of the project component (2009-2012)

- 1) To draw up a model structure and scope of the **BPP (based on puzzle principle)** as an option for a **comprehensive long-term programme for basic schools** (attended by children aged 6-15) intended to promote healthy lifestyles among students and their personality and social development, and the development of their social and communicative skills, including components addressing specific forms of risk behaviour.
- 2) To develop this model based on the concept of **risk behaviour and school prevention** and harmonize terminology and theoretical background.



## Consultants of the project component

### **National:**

prof. Hana Papezova (Charles University in Prague)

prof. Stanislav Stech (Charles University in Prague)

### **International:**

Jeff Lee (Mentor Foundation International, London)

Peer van der Kreeft (University College Ghent HoGent)

...and special thanks to all of them.



## 2. Risk behaviour: general framework - A

- 1) *Risk behaviour* is understood to be (Ministry of Education, 2010) those behaviour models whose consequences result in a proven increase in educational, health, social and other risks for the individual or society.
- 2) *High-risk behaviour models* are considered a set of phenomena, the existence and consequences of which can be subjected to scientific investigation and may be influenced through prevention and treatment interventions.



## 2. Risk behaviour: general framework - B

**The following are most frequently classified as being high-risk behaviours in the Ministry documents:**

bullying and violence in schools, including other forms of extremely aggressive behaviour; truancy; use of addictive substances; non-substance addictions (gambling, problems associated with uncontrolled computer use, etc.), use of anabolic substances and steroids; criminal behaviour in general; sexually risky behaviour; vandalism; xenophobia, racism, intolerance and anti-Semitism; commercial abuse of children; child neglect and mistreatment; etc.



### 3. Methodology

**Sample:** Documentation pertaining to programmes carried out in the Czech Republic, school laws and by-laws, and published guidelines on the prevention of risk behaviour.

**Methods:** Using qualitative content analysis of all identified school documents with relevance to the BPP, legal norms, and the documentation pertaining to the programmes that have been implemented, in combination with a literature search, the authors designed and developed a structure, content, and scope for a programme intended for basic schools.





## 4. Data Sources (set of documents)

- applicable documents on school-based primary prevention,
- national, regional, and local primary prevention policy documents,
- the standards of professional competency of providers of primary prevention programmes focused on substance use,
- the school's long-term prevention strategy,
- school regulations,
- the school's emergency plan and procedures applicable to high-risk behaviours among children and young people, and
- the rules governing sanctions.





## 5. Results



## 5.1. BPP: key characteristics - A

- In the context of elementary school **we defined 4 age groups**: 6-8 years, 9-10 years, 11-13 years, 14-15 years.
- The core concept is definition of “**the key outcomes**” for all age groups (we used the concept of learning outcomes: knowledge-skills-competences). For all 4 age groups we have set of learning outcomes for all basic types of risk behaviour.



## BPP: key characteristics - B

- The specific components were determined using the **terminology of descriptors** and defined concretely by means of knowledge, skills, and competences.
- **Knowledge** refers to a structured aggregation of relevant findings and experience related to a certain area. It includes the information a child possesses at a certain level of their development and in a certain school grade. Children acquire it by learning and then apply it in practice in the form of competences. They are **articulated using verbs** such as “know”, “show”, “identify”, “understand”, “comprehend”, “have a good command of”, “master”, and “distinguish”.



## BPP: key characteristics - C

- **Skills** refer to the ability to apply technical knowledge. They may be viewed as a body of procedures, methods, behaviours, and actions which a child may put to use according to their level of development. They are **articulated using suitable verbs** such as “can”, “apply”, “organise”, “carry out”, and “use”.
- **Competences** refer to the ability to apply the knowledge and skills to specific conditions. The purpose is to provide students with a set of key competences at a level which they can reach and thus prepare them for further education and their meaningful engagement in society. The competences are **articulated using verbs** such as “are able”, “can”, “are adept at”, “manage”, “apply”, “collaborate”, and “consider”.



## BPP: key characteristics – example

Truancy	
Year 1-2	Students
Knowledge	know the school regulations and school absence excuse procedures.
Skills	can go to school regularly and observe the school regulations.
Competences	have their attitudes to the school regulations all worked out and comply with school attendance rules.
Year 5-6	Students
Knowledge	understand the system of excusing absences from school.
Skills	can adhere to the rules of behaviour adopted by the school.
Competences	apply their knowledge and skills concerning absence excuse procedures and compliance with school attendance rules.



## 5.2. BPP: Basic rules/principles

- We defined **just outcomes** – not a recommendable/possible interventions how to achieve these outcomes (there are a lot of different/possible interventions for different age groups and different type of risk behaviour).
- The choice of particular preventive interventions is the main responsibility of schools/preventive workers. We defined just control system if they achieved with kids what we want = **expected outcomes** – not concrete set of interventions what exactly they have to implement.
- The choice of particular interventions depends on **real conditions of concrete school**: from the perspective of economy, personal situation, number of kids etc.
- We recommended the total number of hours for all basic



## 5.3. Final structure of BPP

In general, the BPP is to comprise at least three components:

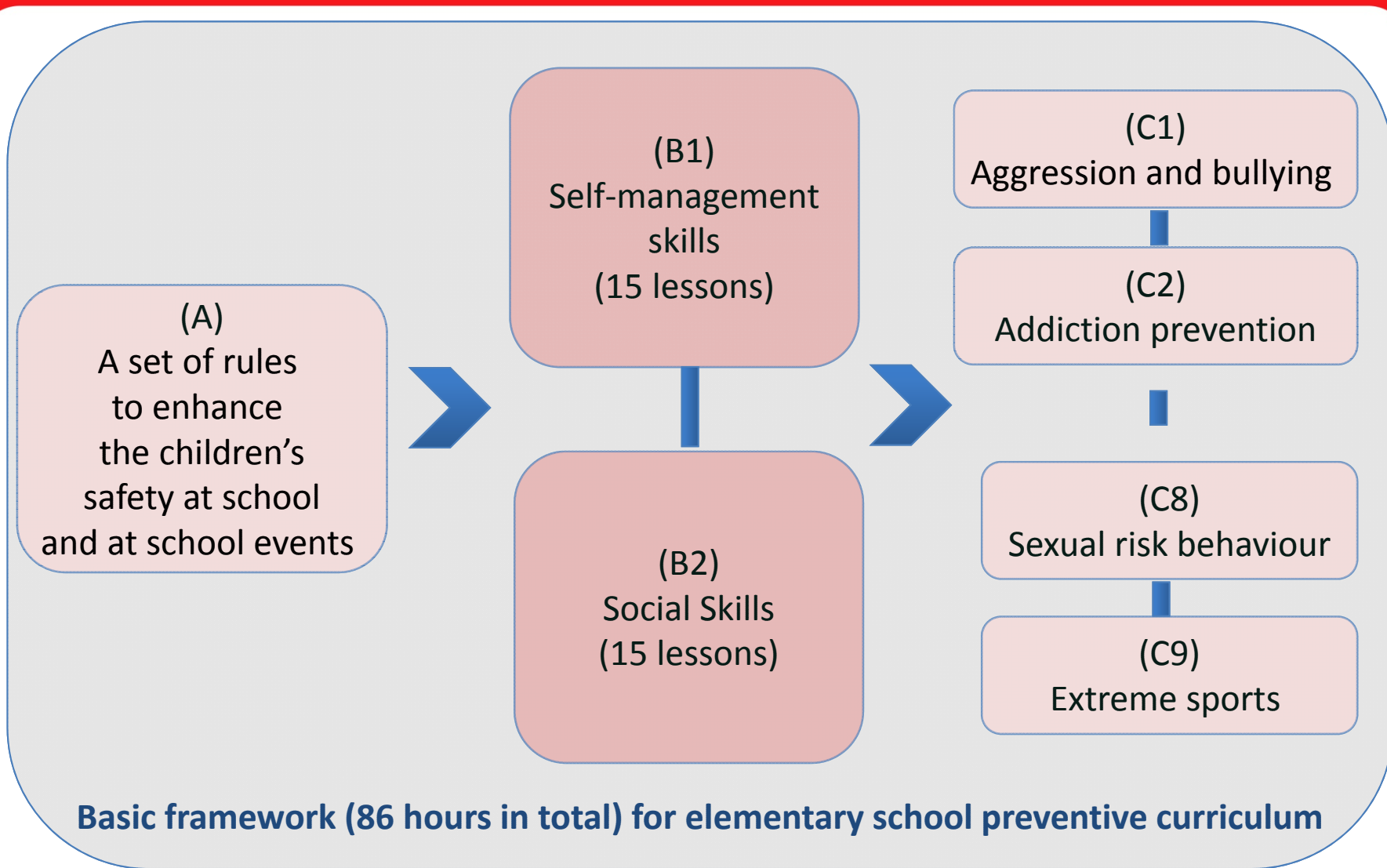
- a) a set of rules to enhance children's safety at school and at school events,
- b) programmes intended to promote the development of social skills and self-management skills,
- c) programmes specifically aimed at addressing the individual forms of risk behaviour. The BPP is expected to comprise a total of 86 lessons during the years of basic school attendance from the first to the ninth grades (i.e. approximately from the age of 6 to 15).

The BPP is developed annually for each academic year by the school prevention worker (formal position).





## General structure of the Basic Preventive program





## 5.4. Self-management skills (15 lessons)

- **Critical thinking** may be defined as the ability to analyse and assess information and experience in an objective manner.
- **Creative thinking** enables a person to explore and assess different alternatives and consequences of their actions and thus facilitates both decision making and problem solving.
- **Problem solving** is an important competence in relation to mental health and well-being. It refers to the ability to deal constructively with the problems and conflicts encountered in our day-to-day lives.
- **Decision making** helps us to make effective choices about significant aspects of our lives. It may be of relevance to health prevention in the event that young people make decisions about their health by considering alternative options and the specific consequences of the choices they make. ...etc....



## 5.5. Social skills (15 lessons)

- Social skills may be defined as capabilities for adaptive, learnt, and socially acceptable behaviour that enable individuals to deal effectively with the demands and challenges of everyday life.
- Social skills include the ability to resist social pressure, **assertiveness**, **empathy**, **communication**, problem solving and thinking through the consequences of one's actions, the building of a healthy social network, media literacy, including the ability to resist advertising for addictive substances, employment skills, coping with a new environment, and **parenting skills**, **social perception** (self-reflection, getting to know others), conflict management, **coping strategies**, and creativity in social behaviour and communication....etc....



## 5.6. Proportional distribution of topics pertaining to nine risk behaviour domains according to 4 age categories during the entire period of basic school attendance

<b>Year</b>					<b>Number of lessons/ total</b>
<b>Prevention</b>	<b>I II</b>	<b>III IV</b>	<b>V VI</b>	<b>VII, VIII, IX</b>	
Truancy	1	0	1	0	<b>2</b>
Bullying/aggression	1	3	3	4	<b>11</b>
Risky sports/road use	1	2	3	2	<b>8</b>
Racism/xenophobia	0	1	1	1	<b>3</b>
Religious sects	0	1	1	1	<b>3</b>
High-risk sexual behaviour	0	1	2	4	<b>7</b>
Addiction	2	2	4	2	<b>10</b>
Abuse	1	1	1	1	<b>4</b>
Eating disorders	0	2	4	2	<b>8</b>
<b>Total number of lessons</b>	<b>6</b>	<b>13</b>	<b>20</b>	<b>17</b>	<b>56 lessons</b>



**Example: Recommended knowledge, skills, and competences of the third- and fourth-grade students of basic schools for the Substance Use Prevention domain (it is recommended that a total of two lessons are dedicated to the issue at this level)**

Year	Knowledge	Skills	Competences
III, IV	<p>Students</p> <ul style="list-style-type: none"> <li>- know the laws restricting smoking and the use of alcohol and illicit drugs,</li> <li>- are aware of the main negative (health and social) consequences of drug use,</li> <li>- know what to do if they find out that their friend uses drugs,</li> <li>- know refusal strategies to apply when offered a drug by a friend/classmate/parent/stranger,</li> <li>- know who to talk to at school in the event of a drug use problem,</li> <li>- are informed about helping agencies in the community, including their contact details.</li> </ul>	<p>Students</p> <ul style="list-style-type: none"> <li>- manage their behaviour as a result of their understanding of the consequences and health risks of drug use,</li> <li>- are morally determined inside not to use drugs,</li> <li>- can provide guidance to a friend who is experiencing a drug problem,</li> <li>- can refuse a drug offered by a friend/relative or a stranger,</li> <li>- find it rewarding to seek help in the event of a drug use problem,</li> <li>- can independently seek professional help in the event of a substance use problem.</li> <li>- apply their communication skills while engaged with counselling services.</li> </ul>	<p>Students</p> <ul style="list-style-type: none"> <li>- are adept at reflecting their knowledge and skills in their attitude to addictive substances (i.e. they are familiar with drug-related risks and aware of their negative health and social consequences),</li> <li>- manage to apply refusal strategies when offered a drug by a friend/relative or a stranger,</li> <li>- are able to seek help in the event of a drug use problem and contact the competent school prevention worker,</li> <li>- collaborate in addressing a friend's/sibling's/parent's drug use problems,</li> <li>- manage to communicate with teachers/psychologists or the police investigating drug use in the school.</li> </ul>



## Summary...

## ...what next?

- We have very positive informal feedback by schools (preventive workers, directors).
- Ministry of Education have opened discussion about pilot implementation right now and try to support it.
- ...but **the core task now is creating of Manual of good practice with particular interventions for all areas in the structure** – because we have just structure and general idea about comprehensive curriculum. On the other hand we have first 16 examples (interventions) and some other providers offer their interventions to insert into the national databank.
- ...but the second core problem: we don't have enough number of tested interventions in our databank (just 4 interventions - from 16 - were evaluated) and there is only limited capacity for more extensive work. It means to accept inserting new interventions into our database with no testing...



**For full-text in english:**

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**Thank you for  
your attention**