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Professional career training for school prevention specialists at universities

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Abstract

The level of responsibility of teachers – school prevention specialists in regard to a healthy lifestyle and general health promotion depends to a marked extent on their own approach to drugs and health in general. On the basis of these facts, the author looks at mapping the situation at elementary schools in implementing activities in terms of primary prevention and ascertaining the options for preparing and training school prevention specialists at elementary schools.

The author also looks at the tasks of teachers – school prevention specialists in terms of primary prevention of drug addiction at schools, determines the principal tasks and objectives of their application and also the ability to exert influence in regard to having a positive impact on the attitude not just of pupils, but also teaching colleagues, parents and the wider neighborhood. It focuses on the field of primary prevention in terms of its application in promoting a healthy lifestyle. It is true that if the family fails, then the school becomes the place for primary prevention of drug addiction. This involves delegating remedies to the responsibility of schools.

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1. Introduction

In addition to the family, school is an important socialisation factor which influences the formation of children's, or young people's, personalities, and it is a means for mutual communication and co-operation between people in

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which there is mutual interaction between individual subjects. In the socialisation process in the school environment, communication towards the pupil is purposeful and planned with the principal objective of preparing the child, or young person, for life in society. As a major socialisation factor, school must respond to continuous and rapid developments in all aspects of life in society, and as such ever greater demands are placed on it as an institution providing education and nurture.

One circumstance which schools must undoubtedly respond to is the increasing growth in socio-pathological phenomena in society, increasing drug consumption, including and principally amongst children and young people. As such, school must play an important role in the process of preventing socio-pathological phenomena, including drug consumption, while also taking account of other socio-pathological phenomena because they are mutually related, not existing in isolation.

According to J Verbovská (2005, p. 11), the objectives of school prevention are:

- • To change interactive relations within school, replacing an authoritarian atmosphere with humanist-creative nurturing.
- • To prefer a healthy lifestyle in school and out-of-school activities.
- • To nurture in pupils personal responsibility for their decisions.
- • To create the space in school to provide assistance in dealing with pupils' problems (family, social, personal, educational, etc. problems)
- • To promote the development of positive relationships in a social context.
- • To provide systematic and comprehensive information to the pupil on these issues.
- • Educational awareness-raising in regard to improving pupil - teacher - school - family feedback.

And it is the school environment which provides the space for meeting these needs, and also a space where specialist plans can be made, and where individual preventive programmes can be implemented within the educational process in order to teach children to say no to drugs and direct them to a healthy lifestyle. Besides standard teaching staff, teachers – school prevention specialists also work within the school.

2. Teacher – school prevention specialist

The role of the school prevention specialist is part of the school counselling services. The specialist is a teacher who is “expertly trained for providing educational advice in the field of prevention, paying particular attention to prevention and monitoring child and youth behaviour in terms of educational, psychological and social norms, ascertaining negative phenomena and failures and remedying them.” (Tyšer 2006, p. 7).

A fundamental prerequisite for meeting objectives in prevention is a competent teacher who should have specialist knowledge and furthermore be equipped with communication skills, able to work with groups and individuals, have excellent organisational skills and whose personal competence corresponds to the ‘good teacher’ standard. In order for such a teacher to be truly fully prepared for performing the role of prevention specialist, the systemic and co-ordinated training of such a prevention activity implementer in schools and school facilities is required. In performing their role, the school prevention specialist should focus mainly on working with pupils with behavioural problems, and adjust all their activities in this regard. They also provide counselling activities, in particular in the field of co-operation with the family.

Co-operation should also be established with the network of institutions operating in the prevention field in their region. This co-operation allows the propagation of additional educational and preventive procedures and methods in working with problematic children and young people. Here, mutual co-operation between school specialists is also necessary. This kind of co-operation is mainly of benefit in facilitating the exchange of information and experience. Co-operation should also take place within the school between all staff in order to solve issues regarding the method of educating problematic children and young people.

The standards of school prevention specialist activities are described in detail in legislative standards

- MEYS CR Guidelines 20 006/2007 – 51 on primary prevention of socio-pathological phenomena amongst children, pupils and students within schools and school facilities.

This MEYS guideline lays down the activities of the school prevention specialist as regard their tasks, remuneration and qualification requirements.

- MEYS CR Decree no. 72/2005 Coll. on the provision of counselling services in schools and school counselling centres. Activities are divided up into:
 - o Methodology and co-ordination
 - o Information
 - o Counselling

3. Methodology and co-ordination activities

- Co-ordinating the creation and inspection of the implementation of the school's preventive programme.
- Co-ordinating and participating in implementing school activities focused on preventing truancy, addiction, violence, vandalism, sexual abuse, abuse by sects, pre-criminal and criminal behaviour, risky expressions of self-harm and other socio-pathological phenomena.
- Methodological management of the school's teaching staff's activities in the field of preventing socio-pathological phenomena (looking for problematic behaviour, preventive work with classes, etc.).

3.1. Information activities

- Securing and providing specialist information on the issue of socio-pathological phenomena, available programmes and projects, methods and forms of specific primary prevention by school teaching staff.
- Presentation of the outcomes of school preventive work, acquiring new specialist information and experience.

3.2. Counselling activities

- Co-operation with form tutors in catching warning signals related to the possibility of socio-pathological phenomena developing for individual pupils and classes, and participation in monitoring the level of risk factors which are important for the development of socio-pathological phenomena within the school.
- Preparing conditions for integrating pupils with specific behavioural disorders within the school, and co-ordinating the provision of counselling and preventive services to these pupils by the school and specialist school facilities.

The school principal names one of the teaching staff in the role of school prevention specialist. A prerequisite for performing the role of school specialist is to hold the status of teaching staff member, as defined in §2 of Act No. 563/2004 Coll., on Teaching Staff and amending certain Acts. According to this act, this can be someone meeting qualification as a teacher, educator, special teacher, psychologist, leisure activities teacher, assistant teacher, trainer or head teaching staff member. At elementary and secondary schools, this role is held by a teacher. Meeting the qualification requirements is laid out by §24 of the same act, which says that all teachers are obliged to undertake further training. A precise description of who can undertake specialist study focused on preventing socio-pathological phenomena, how long it should last, what it involves (including a breakdown of topics and their subcategories) and conditions for completion are described in the Standards for Awarding Further Education Accreditation to Teaching Staff: "Study is designed for master's graduates of teaching fields or for graduates of non-teaching fields who have additional teaching study in accordance with § 22 para. 1 a) of Act No. 563/2004 Coll."

3.3. Preparation and training of school prevention specialists

This is a systematic, continuous and co-ordinated process which lasts the whole period of the teacher/specialist's career. As such, it can essentially be said that it is a life-long development of professional teacher/specialist competencies and permanent personal development for the teacher/specialist. The further training of teaching staff is a basic prerequisite for the transformation of schooling and the most effective method of aligning the content and method of teaching and education with rapid transformations in the cultural/social and economic/technical context.

Further education, as already mentioned a number of times, only occurs in the second phase. According to Průcha (2009), the further education of teachers has these wider characteristics:

- a) We perceive the further education of teachers as a life-long development of professional competencies. This development follows on from preparational education itself (professional training).
- b) The further education of teachers includes all activities which building on the currently achieved teacher qualifications serve to maintain and also improve his professional skills.
- c) We also include here all training activities which teachers themselves get involved in in order to expand and improve their current knowledge and skills, and also in order to develop their professional position.

Průcha further says that it is this second phase of teacher training which can be termed professional development, which he breaks down into: “professional improvement of their own teaching practice, self-study and further education of teachers. The term is then used in a narrower sense and is defined as an institutionalised part of teachers’ professional development” (2009, p. 413). The further education of teachers should thus lead to their work being continuously innovated and improved, in order to implement new methods, or in order to change current methods. The same applies directly to the role of school prevention specialist.

Every school prevention specialist has the opportunity to acquire qualifications for their activities by studying for performing specialist activities in accordance with § 9 of Decree No. 317/2005 Coll., on the Further Education of Teaching Staff, the Accreditation Commission and the Teaching Staff Career System. In length, the study lasts at least 250 teaching hours, ending in the defence of a final written thesis and final exam in front of a commission. After successful completion, the graduate receives certification. As of the present time, the following higher education bodies have been awarded MEYS accreditation:

Faculty of Education, Masaryk University in Brno, Further Education Department
 Faculty of Education, University of West Bohemia in Plzeň, Education Department
 Faculty of Education, University of South Bohemia in České Budějovice, Department of Pedagogy and Psychology
 University of Hradec Králové – Faculty of Education, Department of Education and Psychology
 Ostrava University in Ostrava – Pedagogical Faculty, Centre of Further Education
 Palacký University in Olomouc, Faculty of Arts, Life-long Learning Institute

We also learn automatically from our daily activities without ever being aware of it. As such, intervention specialists also continue to learn in this way, but nevertheless the most important part of a specialist’s professional development is informal education. This means that which expands the knowledge, skills and competencies he already has. This includes these forms of education:

- a) specialist study after which they acquire new competencies for performing a specific role. This specialist study is a 250-hour long accredited specialist course for school prevention specialists.
- b) supplementary education, in which school prevention specialists respond to changes which occur over the course of carrying out their role. This involves participating in various seminars, lectures, workshops, excursions and other training events focused on the specific field of risky behaviour.

3.4. Objectives of the further education of school prevention specialists

As given by Lazarová et al. (2006, pp. 14-18):

- Improving the professional skills of teachers/specialists – to improve competencies and qualifications, become an expert, meet with other experts.
 - Internal school development – professionalization of school, improving staff competencies, developing a collective identity, providing stimuli to staff to acquire new and ambitious goals, developing practice reflection, changes in organisation, recognising inefficiencies in organisation.
 - Improving the teaching process – this is a complex process which changes according to number of pupils and teachers, teaching material, the premises in which lessons take place and their length. But it is important to introduce new innovative elements and methods here.

In the 2014/2015 academic year, the author undertook a research survey as part of his dissertation pre-research focused on the training and further education of prevention specialists. The objective was to map the level of

preparedness of such teachers for performing their role in primary prevention in schools. The survey was undertaken using a questionnaire at 70 elementary schools in the Czech Republic (Table 1). The age group in the research group of 70 teachers – prevention specialists most frequently represented was the 41 – 50 years age group, with a 30-year age range for men (RM = 30) and 32-year range for women (RF = 32). The summary of length of teaching experience makes it clear that most of the specialists looked at have many years of continuous teaching practice behind them, with the most frequently represented group having experience of over 16 years (63%). Another interesting fact which can be compared with official schools statistics is that a change in teaching profession mostly affects men (in our case this also includes their absence in the third category of teaching experience length – from 11 to 15 years).

Table 1. Respondent categories according to age and total length of teaching practice

Gender	All resp.		Age		Age		Age		Age		Length of teaching practice							
			23 - 30		31 - 40		41 - 50		51 - 60		1 - 5		6 - 10		11 - 15		16 or more	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Frequency	13	57	1	6	2	12	3	23	6	17	1	5	2	8	-	10	10	34
Frequency relative (%)	19	81	1.4	8.6	2.9	17.1	4.3	32.9	8.6	24.2	1.4	7.2	2.8	11.4	-	14.2	14.2	48.8
Σ gender	70		7		14		26		23		6		10		10		44	
Σ gender (%)	100		10		20		37.2		32.8		8.6		14.2		14.2		63	
Range			RM = 30				RF = 32				RM = 31				RF = 36			
(xmax – x min)			(57 – 27)				(58 – 26)				(34 – 3)				(38 – 2)			

An important role in maintaining the authority of the prevention specialist teacher will be played by his own motivation to perform the role (Table 2). The data acquired confirms a certain assumption that a particular proportion – 64.3% – were chosen and named in the role by school management (Group A). Only 5 respondents (7.1%) see long-term interest in prevention as their motivation (Group B) and the same number see taking on the role as based on previous work in prevention or educational counselling (Group C). The fourth group (D) of 3 respondents (4.3%) said that role was accepted on the basis of other (non-teaching) previous activities. Only a fraction of teachers chose to select various combinations of options to express their motivation. Of the whole survey group investigated, only one recipient stressed that she is undertaking the role on the basis of her long-term interest and previous experience (Group BC). In assessing their own perception of the importance of the role for the school and for themselves, 56% of those questioned saw their role as of little importance and are overloaded with other activities which they give higher priority.

Table 2. Respondents according to period working in prevention and motivations in being named in role of prevention specialist

Period working in prevention	Number of respondents	Frequency relative (%)	Incentive to accept role of specialist	Number of respondents	Frequency relative (%)	Incentive to accept role of specialist	Number of respondents	Frequency relative (%)
1 – 5	40	57.1	A	45	64.3	AC	5	7.1
6 – 10	22	31.4	B	5	7.1	AD	1	1.4
11 – 15	6	8.6	C	5	7.1	ABC	1	1.4
16 or more	0	0	D	3	4.3	BC	1	1.4
unknown	2	2.9	AB	2	2.9	unknown	2	2.9
Σ	70	100	Σ	60	85.7	Σ	10	14.3

A key issue in how well teachers working in this specific field operate is, of course, the specialist preparatory training for it they undergo. We can perceive this issue on the one hand in terms of training for specific activities, for dealing with extreme situations, and on the other hand in terms of their overall learnt expertise, which allows teachers to conceive preventive measures at school and implement these measures in real life. In the survey undertaken, teachers

expressed their overall feeling of preparedness for performing the role of specialist (Table 3). On a scale of 1 (excellent) to 6 (insufficient), the top and bottom positions are almost equally represented, expressed in the average rating coming to (5.8%, 26.2%, 30.4%, 13%, 4.3%) 11.5, i.e. below the 'less than good' level. The result of the first finding is in correlation with the following questionnaire item, which was an assessment of the preparation at universities. Here in absolute frequency 54.3% of respondents questioned place it in the penultimate level – feeling thus more badly prepared than well prepared. Accumulated, those giving a rating on the scale of between 5 and 6, representing an absolutely negative assessment, came to 77.2% of respondents of a total of 70 teachers in absolute frequency and 84.4%. In order to objectivise this result, it should be noted that the vast majority of respondents (77.2%) are of an age where this issue was not considered relevant at the time they were studying at university and it was not included in their higher education training. Our questionnaire further asked for an assessment of post-graduate preparation, in particular courses undertaken by education faculties (item 3), and further courses provided by other institutions (item 4). 40 of 70 teachers questioned did not participate in courses run by universities (i.e. 57.1%). In contrast, 64 of 70 teachers, or 91.4% of respondents, took part in courses organised by other institutions. Important here are the differences in assessing the quality of the educational environment in both cases. Courses held outside universities are given a rating in accumulated frequency of 1 and 2 (excellent – very good) by 48.6% of respondents, with 25.7% of respondents giving a rating of 3 – good, meaning that 82.86% of teachers give an overall positive assessment of their preparatory course. Only 17 respondents, or 24.3%, give a positive assessment of post-graduate courses organised by universities, with 57.1% of respondents not having taken part in any courses organised by university faculties. The survey also looked at a qualitative assessment of the courses the specialists attended in the course of their preparatory training (item 5). One-off courses have a leading position amongst preparatory training for specialists. A very positive finding is the active self-study of teachers who chose or were named in the role of prevention specialist. The number of specialist instructions including study of specialist literature for individual categories in length of teaching and methodological practice is expressed with a correlation co-efficient of $r = 0,65$, i.e. medium significance in relation to increasing period of practice stated.

Table 3. Questions assessing prevention specialist preparation

Scale	Frequency absolute						Frequency relative (%)					
	1	2	3	4	8	9	1	2	3	4	8	9
1 - 6												
1	4	1	0	12	27	12	5.7	1.4	0	17.2	38.6	17.2
2	18	2	10	22	16	21	25.7	2.8	14.3	31.4	22.9	30
3	21	5	7	18	15	21	30	7.2	10	25.7	21.4	30
4	14	2	3	7	3	5	20	2.8	4.3	10	4.3	7.1
5	9	16	4	4	5	8	12.9	22.9	5.7	5.7	7.1	11.5
6	3	38	6	1	1	1	4.3	54.3	8.6	1.4	1.4	1.4
0	1	6	40	6	3	2	1.4	8.6	57.1	8.6	4.3	2.8
Σ	70	70	70	70	70	70	100	100	100	100	100	100

Key: - We gave each level on the scale of 1 to 6 the following qualities: (excellent – very good – good – less than good – more bad than good – insufficient) - The figures in the items for absolute and relative frequency are identical to the questionnaire items (1 – expressing a feeling of expressing a feeling of current 'overall preparedness', 2 – assessing preparations at universities, 3 – assessing post-graduate preparations organised by universities, 4 – assessing 5 post-graduate preparations organised outside universities, items 5 – 7 are open and assess global statements, 8 – reflections on support from school management, 9 – reflections on support and co-operation with other colleagues)

4. Conclusion

These findings confirm that teachers – school prevention specialists, as well as certain personality prerequisites essential for undertaking the role, should also meet requirements of professional expertise in the issue of drug addiction

and other socio-pathological phenomena, and stress must be placed on permanent training and the acquisition of new findings within the field and their effective exploitation in implementing individual activities in the application of preventive measures. But what is the actual situation like? Why does primary prevention often fail? Do teachers – prevention specialists really have the necessary expert knowledge and personality traits allowing them to be an erudite and accepted authority for pupils and other partners? Do they really identify themselves with the programme being implemented, and do they dedicate sufficient time to it despite the fact that they perform the role of co-ordinator in addition to their principal employment? Are they performing the role of co-ordinator on the basis of their own decision, or were they forced by school management into taking the role?

The conflicting assessment of preparations organised by universities and positively received, but unsystematically piecemeal, training provided by other institutions are signals of open space for highlighting teaching and methodological support for teaching faculties. Teachers – school prevention specialists, as well as certain personality prerequisites essential for undertaking the role, should also meet requirements of professional expertise in the issue of drug addiction and other socio-pathological phenomena, and stress must be placed on permanent training and the acquisition of new findings within the field and their effective exploitation in implementing individual activities in the application of preventive measures. But what is the actual situation like? Why does primary prevention often fail? Do teachers – prevention specialists really have the necessary expert knowledge and personality traits allowing them to be an erudite and accepted authority for pupils and other partners? Do they really identify themselves with the programme being implemented, and do they dedicate sufficient time to it despite the fact that they perform the role of co-ordinator in addition to their principal employment? Are they performing the role of co-ordinator on the basis of their own decision, or were they forced by school management into taking the role?

In seeking answers to these questions, it is appropriate to consider the preparatory training of future teachers at universities. Universities should prepare students in all cases for work in preventing socio-pathological phenomena as part of their degree programmes, and pay attention to, or create sufficient space for, undertaking practice in institutions which are involved in the issue of social pathology, and allow them to thus acquire the widest possible portfolio of skills and knowledge, or change their current opinions and positions in regard to the issue in question. Preparatory training for prevention specialists should be cyclical and systematic, and it should also involve elements developing personality, something which offers a space for universities with visions of specialist preparation for prevention co-ordinators in order to fully professionalise the role without having it linked to another role.

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