

## Psychosocial Prevention of Dangerous Behaviour in Childhood and Adolescence

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**ABSTRACT:** Children and adolescents are strongly oriented to the present. Most important for them is the satisfaction of present needs, and the possibility of new adventures and experiences. Pointing out the negative consequences of an unhealthy action is of no importance to children and young people. They have other, more important concerns than 'prevention'. Particular attention should be paid to the dangerous behaviour of young people. With such behaviour, young people try to achieve recognition, for example. For this reason, children and young people should be given the space and the opportunity to achieve this in a different way. The purpose of this study was to approach, analyze and ultimately examine Psychosocial Prevention of Dangerous Behaviour in Childhood and Adolescence in order to assist prevention and health promotion work. The method adopted for the study was a review of the relevant literature. Based on this study, we find that the more successful prevention proposals so far have been aimed at enhancing general life skills. Personal resources, such as a positive image of oneself, the perception of one's body and one's self-confidence, as well as social resources play a decisive role in this matter. The ability to support these factors arises from the field of movement, play and sport. In summary, the opportunities for movement, play and sports do not only satisfy the need of children and adolescents to enjoy life, to gain experience and independence, but they are also a potential means of enhancing general competencies (cognitive, kinetic, aesthetic, social and emotional abilities).

**KEY WORDS:** *Psychosocial Health Prevention, Childhood and Adolescence*

### I. INTRODUCTION

The first suggestions for explaining children's and adolescents significant for health behaviour refer to models oriented on knowledge and models that refer to perceptions. However, the models do not seem to correspond to the actual behaviour regarding health because they do not explain how health behaviours arise. Furthermore, young people's behaviour with regard to health is unpredictable on the basis of health knowledge and health perceptions. Significant for health behaviour is less dependent on perceptions and elements of knowledge, and it should be considered with regard to its basic motives in the context of different life situations and life stages of varying functionality. It serves for the subjective satisfying of requirements and tasks, which in adolescence go hand in hand with the process of individuation and completion. For this reason, the present study explains what requirements should be met by successful prevention proposals in childhood and adolescence.

### II. METHODOLOGY

The present research is a bibliographic review study, presenting the critical points of the existing knowledge with regard to Psychosocial Prevention of Dangerous Behaviour in Childhood and Adolescence. There is no specialized and comprehensive work on this subject in the international literature. This work endeavours to cover this gap, and will perhaps also be a useful aid for those who in the future will attempt similar efforts. The main aim of the bibliographic review is to frame the study within the "body" of the relevant literature. The review of the current study concerns clearly formulated questions and uses systematic and explicit criteria for critically analyzing a body of published papers by summarizing, sorting, grouping and comparing.

## Bibliographic review study

### 3. Principles and criteria for successful prevention

Children and adolescents are strongly oriented to the present. Most important for them is the satisfaction of present needs and the possibility of new adventures and experiences. Pointing out the negative consequences of an unhealthy action is of no importance to children and young people. They have other, more important concerns than 'prevention'. The dangerous behaviour of young people has a functional value in their lives, e.g. coping with developmental tasks. For example, it serves to gain recognition in the circle of friends, broaden the individual horizon of experiences, increase self-confidence, cope with everyday difficulties, and protest against social patterns or create pleasant emotions. Prevention programs should therefore offer attractive alternative actions that have the same psychological-social effect. Children and young people must feel that it is worthwhile to live healthy (HURRELMANN, 1999).

For this reason, prevention and health promotion must be oriented mainly to the world of children and adolescents, their experiences, their lives, the beautiful body and the current well-being, and not to be so much adapted to later expectations of life. Prevention programs should go beyond the cognitive level of knowledge transfer and be based on the challenge, curiosity, desire of young people for life and adventure. They should not have the characteristics of an unattractive, undesirable and prohibitive-disciplinary event. Therefore, children and adolescents should not consider them like an imposition of the standards and rules of adults, since particularly in adolescence those are rejected. Programs should also take into account the aspects of specific target groups and genders, and allow a sufficient degree of differentiation. In order to make hygienic behaviour more attractive to children and young people than unhealthy behaviour, the latter should not only be associated with negative biological consequences, but also with negative social and psychological associations (excessive food makes you fat, smoking is accompanied by unpleasant situations, such as smell or negative consequences for the appearance). On the contrary, the consequences of conscious hygienic behaviour must be experienced positively (nice body, vitality, increased resistance to stress, greater enjoyment of life) (KOLIP, 1999). Prevention and health promotion measures should take into account everyday life of children and young people. They should be considered by children and young people support *in order to deal with life* and they should be associated with the effort for self-realization, independence and joy for life. These aspects are an important connecting point for preventing and promoting health because they make it interesting for children and young people. As a help in supporting an individual view of life, which differs from the experienced adult lifestyles, the health education for children, adolescents and young adults is an interesting and charming view of promoting the discovery and development of the ego (LAASER et al., 1993).

Prevention and health promotion should support such lifestyles and habits that promote social, mental and physical well-being and meet the needs of young people for self-development. At this point, suggestions, based on a healthy level of adventure, fun, experience and challenge, play a role.

Another prerequisite for successful prevention is the knowledge of the ideals, values and recognized standards of children and young people. Program executors, in addition to the trust of the target groups, should possess the corresponding social and communicational skills and moreover they should be reliable and honest. The presentation of personal aspects and the transmission of their own experiences are more convincing than the invocation of reasoning and the warning of negative consequences.

The above-mentioned principles have been applied in the past to different ideas dealing with sexual behaviour, eating behaviour, kinetic behaviour, road traffic behaviour, suicide risk and overcoming anxiety (KOLIP, 1999).

These criteria are best met in programs aimed at enhancing general life skills and managing social influence.

#### 3.1 Psychosocial prevention proposals

Since the 1980s, two psychosocial proposals have proven to be particularly effective: **learning stability** (coping with social influence) and **learning life skills** (enhancing general life skills). These proposals take into account the relationship between personality development, the social environment of children and adolescents, and the psychosocial functioning of behaviour (JERUSALEM, 2003)

##### 3.1.1 Learning stability (consistency)

Stability learning was developed in the context of smoking prevention and refers to BANDURA's work (1990, 1997) on social learning and self-efficacy expectations. Children and young people are subject to a certain social pressure from the media, peers, parents, etc., which under certain circumstances may encourage inappropriate action. If, for example, a young person refuses a cigarette offered to him/her, this may be the reason for the young people who offered it to react disdainfully and thus put the teenager under pressure. So, the teenager may take the cigarette, despite his/her belief that smoking is unhealthy, in order to

avoid the mockery of the group. In some situations, it may also be difficult for young people to resist the social pressure of their environment because they do not have the necessary action strategies to avoid the influence of others or to counter propose something else (ROEHRLE, 2002).

For this reason, stability learning programs teach the ability to recognize social influence and to resist group pressure. Alternative actions are presented on how to resist attempts to persuade someone to smoke. Furthermore, false perceptions about smoking propagation are discussed with young people, as well as the assessment that smoking is an expected norm. For example, by playing roles, a positive image of the non-smoker can be built. A young person with high social status could play the role of a non-smoker, who would consciously resist the efforts of others to turn him/her into a smoker. Thus, healthy patterns, specific expectations, attitudes and ways of behaviour can be taught to encourage young people to emulate them. The effectiveness of such programs is demonstrated by studies showing that the consumption of nicotine and alcohol may be delayed for many years. However, it did not appear to have any effect on young people who have become used to smoking, which highlights the need to start preventative measures as early as possible (JERUSALEM, 2003).

### **3.1.2 Learning general life skills**

Life skills' training aims to promote general life skills and the abilities to cope with certain situations, and does not refer to specific substances or health. If the term health means a positive, as possible, expression of physical, mental and social well-being, then the abilities that address life problems can be of great importance.

According to JERUSALEM (2002) these life skills are:

- a) cognitive skills (knowledge, problem solving skills and creativity),
- b) aesthetic-motor skills (motor skills, sensitivity to body signals, relaxation and enjoyment ability),
- c) social skills (communication, cooperation, conflict resolution, sensitivity and the ability to assert oneself) and
- d) emotional skills (ability to engage, to cope with negative emotions, postponement of reward, perception and expression of emotions).

A prerequisite for successfully meeting the demands of life is the existence of these skills and the ability to apply them in such a way that the behaviour of the individual can be controlled. Subsequently, we examine in more detail only one aspect of life skills learning. With the example of learning social skills, it will be clear how these skills can be taught and supported.

#### **3.1.2.1 Learning social skills as a preventive measure**

Social skills are defined as the ability to cope with the demands of social life. They, therefore, include the ability of an individual to recognize his/her own needs, interests and rights, the ability to express them and to transform them into actions (LEPPIN, 1999).

Programs wishing to enhance these skills specialize in the training of specific abilities related to behaviour. They try, using methods such as role playing or model learning, to teach communication skills both non-verbally and verbally. These preventive programs teach skills for various functional areas and aspects of life, such as the promotion of competencies beyond specific situations (interpersonal problem-solving ability, social skills and the ability to deal with anxiety for specific problems), enhancing capabilities in certain aggravating situations and skills to avoid certain disorders. Studies show that children who have participated in such learning measures present better social behaviour, are better integrated socially, are popular and have fewer behavioural problems

Social learning must be undertaken by people who are about the same age as the target group. Young people of the next age level have proven highly effective in this respect, because they have the same rules and values as the target group, but nevertheless because of their somewhat older age they can act as guides and role models. They are accepted into the social group because their age difference is small and so they are still considered peers with similar problems and experiences. Also, their acceptance can be increased on the basis of positive social relationships, a similar socio-cultural background, or a positive image in the target group (MITTAG, 2002).

The behaviour of social models is an important source of information for self-assessment. The intensity of the impact of these models depends on the similarity, as the observer perceives it, which results from the model's characteristics such as age, gender and social status, and the behaviour of the person that functions as a model (BUND, 2001). However, this success does not seem to apply to high risk groups with regard to health, except for those with medium or even lower risk. High-risk groups when it concerns health seem to need complementary prevention measures.

### 3.2 *The life skills proposal*

A well-known proposal to enhance the various abilities for dealing with life issues is *the life skills proposal*. The proposal is based on the acceptance that dangerous behaviours are a developmental problem, and that they are related to inadequate response strategies to solve everyday problems. For this reason, the goal of this proposal is to promote the personality of children and young people by strengthening individual skills to deal with anxiety, conflict resolution, decision-making, communication, responsibility, resistance to group pressure, and promoting a person's sense of self-loyalty and self-confidence. The avoidance of behavioural patterns that are dangerous to health is seen as a desirable side effect of positive personality development. Studies have shown that such psycho-social programs can delay the use of substances. However, these results mainly refer to programs from the United States. In Germany, limited psychological and social programs were implemented. Also, systematic evaluation was often absent (JERUSALEM, 2003).

LEPPIN (1999) examined in the German-speaking area whether a program oriented in life skills contributes to influencing social skills and the perception of social restraint. It has also been examined whether the effects apply to all participants or only to certain groups of people. In this program participated a total of 30 school classes (15 intervention teams and 15 control groups), starting from the 5th grade. In 25-28 study units, 7-11 thematic units were presented to the classes, the subject of which referred to the promotion of social skills and anxiety regulation (conflict resolution, ability to cooperate, resistance to group pressure, pre-social behaviour, emotional regulation/dealing with anxiety, enhancing the individual's self-confidence). As regards the assessment of social skills, the results showed that only young people without depressive symptoms and with exceptionally good school performance benefited from the program. On the contrary, young people with mental or school problems seemed to have benefited less from the program. On the other hand, as far as social restraint is concerned, all participants have benefited to a certain extent. Therefore, it is still necessary to clarify which characteristics of the participants contribute to the greater or lesser success of the prevention programs.

LEPPIN (1999) concludes that a more specialized program appears to be needed to strengthen social skills and that more attention should be paid to the different effects of prevention programs.

### 3.3 *Psychological and social prevention, and health promotion program at school*

Subsequently, a psychological and social prevention program for school prevention and health promotion is presented (MITTAG & JERUSALEM, 1999).

The program has been developed to prevent the use and consumption of alcohol and medicines, but it can also be transferred to other sectors because it is mainly composed of elements that do not refer to specific substances. The proposal aims at developing and strengthening key competences and in the experience of the person's own ability to act. Dangerous behaviours (smoking, alcohol and drugs) are addressed in view of the problems and developmental tasks of young people.

For the conception of the program, which took place in classes 7-9 of two mixed schools, two variants were developed. In the first case, a non-standard version was applied, in which teachers were free to formulate as they wanted the sequence and the type of exercises to be used. In the other case, a standard version was applied, in which the type and timing of the exercises were predetermined. To ensure the correct implementation of the program, a teacher training was carried out beforehand, so that they could learn the basic knowledge needed to complete the courses.

The basic form of the program consists of eight components, each consisting of 2-12 exercises or teaching modules:

#### 1. **Self-concept and self-confidence:**

- a) the promotion of responsibility and acceptance of the ego,
- b) motivation to change behaviour,
- c) increasing the value of the personality and the value of the individual;
- d) enhancing the individual's trust in himself/herself and the ability to act.

#### 2. **Self-perception and emotions:**

- a) demonstrating and exercising creative anger management skills,
- b) the experience of one's own perceptions and the perceptions of others (improvement of self - esteem) and
- (c) promoting self-observation and self-control.

#### 3. **Perceptions of values and life goals:**

- a) accepting different perceptions,
- b) defending other people's positions,
- c) encouragement for decision making and the creation of standards with regard to the future prospects of the individual and
- d) strengthening of realistic behaviour with regard to the objectives set, as well as the planning of specific stages of action.

#### 4. Self-regulation:

- a) learning stability and
- b) realization of social isolation.

#### 5. Conflict resolution:

- a) examining situations of personal and social conflicts in the lives of young people and
- b) discussing how to deal with the problems of these conflicts.

#### 6. Social and communication skills:

- a) awareness of non-verbal communication with perceptual and expression exercises,
- b) teaching discussion rules in order to avoid communication disorders,
- c) awareness of the person's abilities, trust and contact with the group through interactive exercises,
- d) awareness of classroom climate and of the lesson, and the discussion of improvement proposals;
- e) enhancing the willingness to co-operate as well as joint problem solving.

#### 7. Relaxation and dealing with stress:

- a) fighting stress and reducing weights
- b) putting aside fears and
- c) enhancing the ability to concentrate and personality development.

#### 8. Knowledge and information:

- a) teaching general information about alcohol and drugs as well as their action,
- b) classification of physical, psychological and social influences; and
- c) classification of the causes of abuse and dependence (MITTAG & JERUSALEM, 1999).

The results presented by MITTAG & JERUSALEM (1999) refer mainly to alcohol consumption, because the effects of drug consumption can hardly be interpreted according to the authors. It was evident that the age-related increase in alcohol consumption among young people who did not consume at all or very little alcohol before the implementation of the program could be reduced both in short and long term. However, the long-term effect on young people consuming little alcohol was only demonstrated in the standard version of the program. In the non-standard variation, in which few exercises were performed on the parameters of **ego perception/self-confidence, self-regulation, conflict resolution, social and communication skills**, the effect was short-term and there was a slight increase in consumption from the pre-test to the post-test period. Therefore, the above-mentioned parameters seem to be crucial for the prevention and promotion of health. However, the effectiveness of the standard version was similarly limited to young people who were particularly at risk. There was only a short-term reduction in alcohol consumption, in which case the authors question whether and to what extent long-term results can be achieved in this risk group with additional teaching modules. According to the authors, permanent positive results for young people already at risk or likely to be at risk can only be expected if primary prevention programs are supplemented by intervention measures specifically targeted at the risk group. Health promotion measures in school can lead many children and young people to desired behavioural changes. However, in order to achieve long-term results in relation to the programs and for the children and young people already at risk or likely to be at risk, prevention efforts should be broadened by concrete measures for the target group and become permanently incorporated into the school routine or at least continue after the end of the program with additional modules (JERUSALEM, 2003).

#### 3.4 Prevention of dependencies through sports

The Federal Centre for Health Education (BZGA) since the mid-1990s has been working with German sports clubs to prevent addiction. As part of this cooperation, the campaign "Make Children Strong" - a program for the prevention of addictions in child and adolescent sport - was launched. The basic principle of the program is that protection from dangerous behaviours, as well as drug consumption, is possible only by

strengthening personal and social abilities. For this reason, alternative proposals should be offered to children and young people, enabling them to acquire skills and abilities, and to gain qualifications that will enable them to take advantage of life's opportunities and to compensate for the dangers of life (BZGA, 2003).

The goal of the "Make Children Strong" program is to promote the development of the personality of children and young people, which allows them to reject illicit drugs and to achieve a responsible and conscious attitude towards legitimate drugs. To this end, it is essential to develop self-esteem, self-confidence, self-trust, independence, responsibility, initiative, conflict resolution and life skills. According to BZGA (2003), the sports club is the ideal field of learning. Children and young people will learn in a club what it means to take responsibility and respect.

Most of the time, sports are characterized by regulations that allows one to experience external demands and limitations. By becoming aware of the limits of individual performance and ability, and their assessment by others, on the one hand a different self-esteem can be achieved. On the other hand, movement and sport can help to overcome these performance limits. Thus, sport has a great potential for positive physiological, mental and social impact. But in addition to the ancillary results, it initially determines the configuration of the field and the type of pedagogical interference, i.e. how coaches and trainers can achieve the above-mentioned sport results. Trainers are not only teachers, but role models and daily assistants. Their athletic as well as their general behaviour is perceived by children and young people. For this reason, the program offers training seminars, aimed at educating coaches and trainers, in order to strengthen the possibility of prevention in sports clubs. These should assist trainers and coaches in order to work with children and young people in the context of popular sports to prevent dependencies. The seminars consist of a practical and two theoretical parts and include the following subjects:

- a) the expectations of children and young people from a sports club,
- b) the importance of free space, adventure and life experience in the club,
- c) the proper attitude towards legitimate addictive substances,
- d) communication and conflict resolution skills
- e) shaping training in practice
- f) specific links between trainers and children/young people (CHASE, 2001).

Examining the effectiveness of the seminars showed that on the one hand they led to an increase of the trainers' knowledge while on the other hand an increased sensitivity was developed for issues concerning specific substances but also for problems not directly related to addictions. However, there have been few changes at the level of action, because in practice the application is obviously difficult. Therefore, further research and interventions are necessary to make good use of the potential of sport.

If the research of Sports Science and sports clubs, on the basis of the applied knowledge so far, makes it possible to pedagogically exploit the important potential of sport in everyday practice, then organized sport can be developed in a field that offers successful solutions to problems concerning personal and individual risks (BZGA, 2003).

#### IV. CONCLUSIONS

Prevention programs should adapt to the desire for life and the experiences of children and young people. The nice body, vitality, enjoyment of life and having fun are of special value especially for young people and should therefore be taken into account during the study of preventive interventions. Particular attention should be paid to the dangerous behaviour of young people. With such behaviour, young people try to achieve recognition, for example. For this reason, children and young people should be given the space and the opportunity to achieve this in a different way. The more successful prevention proposals so far have been aimed at enhancing general life skills. Personal resources, such as a positive image of oneself, the perception of one's body and one's self-confidence, as well as social resources play a decisive role in this matter. The ability to support these factors arises from the field of movement, play and sport. They can act positively in a physiological, psychological and social way. For this purpose, specific configuration of the surroundings and specific pedagogical guidance are necessary. This implies the trainers' specific pedagogical skills, since with their personality and behaviour they are role models for children and young people. The opportunities for movement, play and sports do not only satisfy the need of children and adolescents to enjoy life, to gain experience and independence, but they are also a potential means of enhancing general competencies (cognitive, kinetic, aesthetic, social and emotional abilities).

#### REFERENCES

- [1]. BANDURA, A. (1990): Perceived self-efficacy in the exercise of personal agency. *Applied Sport Psychology*, 2, 128–163.
- [2]. BANDURA, A. (1997): *Self-Efficacy. The exercise of control*. New York.

- [3]. BUND, A. (2001): Selbstvertrauen und Bewegungslernen. Studien zur Bedeutung selbstbezogener Kognitionen fuer das Erlernen (sport-) motorischer Fertigkeiten. Schorndorf. BZGA (2003): Suchtpraevention im Kinder- und Jugendsport. Theoretische Einordnung und Evaluation der Qualifizierungsinitiative Kinder stark machen“, Bd 21. Koeln.
- [4]. Chase, M. A. (2001): Children’s self-efficacy, motivational intentions, and attributions 18 in physical education and sport. *Research Quarterly for Exercise and Sport*, 72, (19), 47–54.
- [5]. HURRELMANN, K. (1999). *Lebensphase Jugend*. 6. Auflage. Weinheim & Muenchen.
- [6]. JERUSALEM, M. (2002). Stichwort „Kompetenzfoerderung“. In: SCHWARZER, R., JERUSALEM, M., WEBER H.: *Gesundheitspsychologie von A-Z*. 270-273. Goettingen. JERUSALEM, M. (2003). *Praevention in Schulen*. In: JERUSALEM M.,
- [7]. WEBER, H.: *Psychologische Gesundheitsfoerderung*. 461-477. Goettingen. KOLIP, P. (1999). *Gesundheitliches Risikoverhalten im Jugendalter. Epidemiologische Befunde und Ansaetze zur Praevention*. In: KOLIP, P. (Hrsg.): *Programme gegen Sucht*. 7-24. Weinheim & Muenchen.
- [8]. LAASER, U., HURRELMANN, K., WOLTERS, P. (1993). *Praevention, Gesundheitsfoerderung und Gesundheitserziehung*. In: HURRELMANN, K., LAASER, U. (Hrsg.): *Gesundheitswissenschaften*. 176-2003. Weinheim & Basel.
- [9]. LEPPIN, A. (1999). *Foerderung von sozialer Kompetenz bei Jugendlichen: Wenn helfen Praeventionsprogramme?* In: ROEHRLE, B., SOMMER, G. (Hrsg.): *Praevention und Gesundheitsfoerderung. Fortschritte der Gemeindepsychologie und Gesundheitsfoerderung*. Bd. 4. 203-219. Tuebingen.
- [10]. MITTAG, W., JERUSALEM, M. (1999). *Gesundheitsfoerderung bei Kindern und Jugendlichen*. In: ROEHRLE, B., SOMMER, G. (Hrsg.): *Praevention und Gesundheitsfoerderung. Fortschritte der*
- [11]. *Gemeindepsychologie und Gesundheitsfoerderung*. Bd. 4, 161-179. Tuebingen.
- [12]. MITTAG, G. (2002). *Gesundheitsverhalten Jugendlicher*. In: SCHWARZER, R./JERUSALEM, M./WEBER, H. (Hrsg.): *Gesundheitspsychologie von A-Z*. 213-216. Goettingen.
- [13]. ROEHRLE, B. (Hrsg.) (2002). *Praevention und Gesundheitsfoerderung*. Bd. II. Tuebingen.

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