

**Dr. Alina Petrauskiene**

Mykolas Romeris university

alina.petrauskiene@gmail.com

## **PREVENTION OF HARMFUL HABITS AT SCHOOL: THE ROLE OF EXECUTIVES**

**ABSTRACT.** Primary prevention of harmful habits at schools is seeking using methods to help a young person to develop attitudes and viewpoint towards healthy behaviour, critical consciousness, encourage the support of social contacts, enable to bear self – control, tendentious thinking of future results and positive behaviour and gives the main role to teachers to implement the programme of the prevention of harmful habits at school setting arguments that they have education experience and are able to integrate proper topics into certain subject as well as educate social and inter – personal skills of a child and youth (Proškuvienė, ir kt., 2004; Hammond, 2002; Davidavičienė, 2001). Teachers are supposed to be leaders who take decisions how the prevention of harmful habits should be implemented at Lithuanian school (Bulotaitė, 2004, 2002). Proškuvienė (2004) noticed that the prevention topics, integrated into educational subjects is tend to repeat. The same topics during subject lessons can get bored among youth or cause resistance reactions not to mention the fact that teachers lack knowledge of drug abuse, HIV prevention, preparation for family relations, mental health and coping with stress questions. The effectiveness of programme coordinating prevention of harmful habits relate to active pupils involvement organizing (planning) the structure of the prevention programme as well as implementing it (Aškinytė, Bulotaitė, Černiauskienė, 2002). These programmes ought to foresee the solution concerning pupil occupation problem, the offer and options of alternative measures. Dapkienė (2002), Ustilaitė (2001), Gudžinskienė, (1998) noticed that teachers appreciate parents' support inadequately, frequently use limited individual communication forms with parents since for better cooperation the development of communication culture between family and school is needed as well as conditions to solve student problems using both collective and complex methods.

Kvieskienė (2003), Kučinskas, Kučinskienė (2000), Lukoševičienė (1999) named the role of school social (worker) educator as an executive of the prevention of pupils harmful habits whose work is oriented to children, youth and their families who fall into risk category. The duty of social worker (educator) is to notice, find out and investigate the factors of abuse, harm, risk and discover suitable problem solving means. Social worker (educator) is a child's social assistant, his advocate of welfare who is ready to implement primary prevention, help prevention and social rehabilitation programmes.

School psychologist is also obliged to take part in preparing and implementing prevention programme, organizing lectures about issues like child psychology, age stages and social pedagogy (General Regulations of School Psychologist, 2005). As far as Bonnie's (2000) opinion

is taking into account, school psychologist is the main character in taking care of mental student health process.

School health care specialist (medic) is treated as teachers' 'helpers' implementing the prevention of alcohol, smoking, drugs, HIV. Medic's assistance is effective if the preventive work has been coordinated by teachers (Šurkienė ir kt., 2003; Jociūtė, Zaborskis, 2000. On the other hand, medics' communication time with students is limited, they can only pass the information, knowledge as they lack capability to form inter – personal and social skills not to mention the fact that they are more trusted by pupils (Bulotaitė, 2002). But the implementation of prevention is related with the expansion of team work at school when cooperation and links are supported between teachers, school social worker (educator) and health care specialist, psychologist and parents. Unless peculiarities of team work are well experienced, the time will be wasted, not to mention the fact that the desire to work together might be decreased (Juodaitytė, Malinauskienė, 2004).

The limitations of the prevention of harmful habits at schools are as follows: (1) most programmes are temporary, scattered and not related to behavior and health risk; (2) ignoring cultural background and social contact of student living area; (3) not developed from primary to senior classes and not linked with biological, physiological, cognitive, social factors in each age stage; (4) ignoring the effect of trauma when traumatic stress and its experience is associated with alcohol, consumption of toxic substances or suicide (Flay, 2002).

The analysis of literature highlighted the participants of the prevention of the harmful habits (teachers, social worker (educator), psychologist, school medic, the family of the pupil), their functions and responsibilities. Teachers are entitled to take the main role of implementing the programme of harmful habits integrating essential topics for pupils into subject programmes. On the other hand, implementing preventive programme at school is rather doubtful since it is restricted by youth healthy lifestyle education needs (for example, preparation for family relations, stress – coping strategies, formation of confidence) that teachers lack their competence. It can be presumed that the prevention of harmful habits at schools is implemented using limited formal health education programme which includes the prevention of harmful habits and school environment. There is also a lack of information illustrating informal subsidiary education, the partnership of prevention members and cooperation helping pupils having special needs (for example, smokers, experienced mental traumas, parents' neglect).