**Effect of a life skills-based tobacco and alcohol prevention curriculum on social competence of elementary school students**

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Social competence, positive interpersonal skills and behaviors leading to effective peer relations, develops during infancy and continues to build into adulthood. Elementary-level students lacking social competence possess lower resiliency and increased behavioral problems that place them more at-risk for substance abuse as they move into middle and high school.

Focusing on healthy decision-making, handing peer pressure, refusal skills, and non-violent conflict resolution, the National Registry of Evidence-based Programs’ Footprints for Life curriculum features puppets that play soccer and experience real-world scenarios. This active-learning program was taught by trained drug prevention specialists for an hour each week as a regularly-scheduled part of an afterschool program in a school district in an at-risk county. The purpose of this study was to determine the effect of the Footprints for Life program on elementary school student participants’ social competence.

All five adult mentors (all female, White, and between the ages of 19-22) for the elementary level student groups (each mentored/supervised one group of 20-25 elementary-aged students) in the afterschool program participated in this study. The 25-question Adapted Version of the Social Competence Scale –Teacher Version was used to rate the pre-post program social competence level of each participating student in each mentor’s group.

A paired samples *t*-test revealed a statistically significant difference between pre (M = 84.18, SD = 21.88) and post (M = 89.70, SD = 21.80) assessments, t(82) = -3.03, *p* = .003; as higher scores indicated more socially competent behaviors.

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| Paired Sample T-test Statistics |
|  | n | Mean | Std. Deviation | Std. Error Mean | 95% Confidence Interval | p-value |
| Pre-test Total | 83 | 84.181 | 21.880 | 2.402 | - | - | - |
| Post-test Total | 83 | 89.699 | 21.796 | 2.392 | - | - | - |
| PreTotal-PostTotal | - | -5.518 | 16.614 | 1.824 | -9.146 | -1.890 | 0.003 |

Summary: During the elementary school years, students begin to develop a sense of self as they build peer relationships and participate in peer groups. The literature has suggested that life and social skills education may improve social competence, especially for younger students. Further, programs that address appropriate expression of feelings and emphasize diversity in relationships can build social competence. It seems that the intervention in this study was successful in improving social competence skills in participants, and results are consistent with previous studies. Possibly. because of the active-learning emphasis in the curricular intervention on lessons dealing with sharing feelings, coping, and cultural competency that have been noted as best practices; this intervention seemed to make a difference.

After being exposed to Footprints for Life’s six week program, consisting of weekly 40-minute lessons, on average, the elementary school ages children who participated in the Footprints for Life program increased their social competency behaviors, pre (M=84.18, SD=21.88) and post (M=89.70, SD=21.80), by 5.52 points. This change in behavior is encouraging, because as mentioned in the literature, students who exhibit strong social competency skills tend to be more emotionally resilient, successful in school, and can reduce substance use, such as alcohol and tobacco use (Beelmann et al., 1994; Vahedi et al., 2012; Botvin & Griffin, 2014). Therefore, by increasing social competencies of the elementary-school-aged children residing in this particular county in Northeast Missouri during their formative years, these children will be less inclined to participate in risky behaviors that may lead to substance abuse as they reach adolescents and adulthood.

There are three major limitations within this study. The Footprints for Life instrument used required the five adult mentors to assess the children’s behavior. This leaves room for the biases of the instructors which could possibly skew results. In addition, it is possible for the children to have experienced the Hawthorne effect, in which the children changed their natural behaviors to please the mentors observing them. Finally, the study also experienced participant attrition in which the study lost six participants between the pre (n=90) and post (n=84) assessments. However, the IBM SPSS 22 statistical program used to calculate the t-test took the participant attrition into account and modified the sample size and degrees of freedom to exclude the participants who did not return, as well as data points that were left blank. Also, because the significance (p=.003) was not borderline and much smaller than significance required to claim a significant difference at 95% confidence, the study can assume that the other limiting factors may not have played as much of a role in skewing results.

Relating to social competency and substance abuse, recommendations for future study include implementing a longitudinal experimental design that compares the effects of social competency building programs in elementary-aged children that leads into middle or high school to elementary aged children that do not receive social competency building programs to directly see the effects of social competency based programs in reducing substance abuse rates among adolescents.

Those who are more socially competent have been shown in the literature to have decreased behavioral problems, and they participate less in behaviors that negatively impact their health such as using alcohol or tobacco. In the future, as participants progress into middle and high school, it is hoped that the social competence skills they built in this intervention will help them with resiliency and lower their risk for drug abuse.

Picture for website:

