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Competence to conduct prevention activities as a context for professionalization of the prevention specialist profession

Abstract: The authors of the article take the position that it is worthwhile to look at prevention activities through the prism of competence to conduct such activities. In the era of legislative changes sanctioning the requirements for practicing the profession of psychotherapist, including addiction psychotherapist, work has also begun on defining the formal requirements for practicing the profession of prevention. The authors pose questions about the meaning and direction of formalization of this area of activity of psychologists, educators, teachers, and doctors, drawing on the approaches to preventive competence described in the literature and international standards of quality of addiction prevention programs. They also present the results of field research on the competence to conduct prevention programs in schools and educational institutions. In light of current legislative changes, but also dynamic changes in the area of risk behaviors, including addictions, defining formal requirements to perform the tasks of implementers of preventive activities seems necessary in the context of striving for the highest possible quality of services in the area of prevention of addictions and other risk behaviors.

Key words: Prevention, profession-preventionist, preventive competencies, professional qualifications.

Theoretical and methodological introduction

The theoretical and methodological framework of this article is provided by concepts that explain the pedagogical category of competence to perform tasks and activities in the area of risk behavior prevention, including addiction. Competence, taken in pedagogical contexts or seen more broadly in interdisciplinary terms, is sometimes defined as an attitude, a readiness to take certain actions or perform tasks in some area of activity (Filipowicz, 2004, p. 17), while always in the pedagogical literature, in different areas of activity of the pedagogue, it is combined with subject knowledge and practical skills. In the area of prevention of risky behaviors of children, adolescents and adults, as well as in the area of prevention of substance abuse or behavioral disorders, there has been a discussion for many years in the literature or in discussions among practitioners¹ on defining a set of competencies needed to professionally practice prevention, especially prevention of substance use disorders or behavioral disorders, also known as behavioral addictions. This discussion seems all the more relevant because in preventive practice in the local environment, school, workplaces or public institutions, these activities are carried out at all levels both universal and selective and indicative. At the same time, however, these activities are very diverse, as they include activities in schools and educational institutions carried out as part of upbringing and prevention programs by teachers and educators, activities carried out by government and local government public institutions (e.g., provincial sanitary and epidemiological stations, municipal and communal agencies for the prevention of drug and alcohol addiction, such as the Municipal Center for Addiction Prevention in Kraków), as well as activities carried out by non-governmental organizations or private individuals carrying out tasks commissioned by public administration units, and stationary activities in health care or justice institutions. In the face of such a wide variety of preventive offerings in response to the needs of the recipients of such activities, it is worth asking whether it is at all possible to standardize the required competencies of implementers of preventive activities, and if so, to what extent?

The article is a review, the methodological framework of the article is the method of analyzing foundational data (Makowska, 2013, p. 18), and the foundational data analyzed are published studies of empirical and theoretical nature, as well as the results of field research and literature studies conducted in 2019–2022 in the field of school prevention and addiction prevention (Borkowska-Zebrowska et al., 2020, pp. 106–108; Kuzstal et al., 2021a, pp. 78–101, Kuzstal

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¹ Ninth National Conference on “Policy, Science, Practice,” 21–22.10.2022, <https://www.youtube.com/watch?v=kV3ouhWON5E> [accessed: 31.10.2022].

et al., 2021b, pp. 82–118). The collected existing data complements the analysis of quality standards in addiction prevention (Węgrzecka-Giluń, Malczewski, 2011), as well as the provisions of normative acts and recommendations of the National Center for Addiction Prevention (Kehl, 2022) for conducting professional prevention actions.

Competencies to carry out preventive actions

Prevention involves preventing many undesirable phenomena in every person's life. These phenomena are referred to as risky, harmful behaviors or disorders, both in the area of psychoactive substance use and behavioral disorders (such as gaming disorders or gambling disorders). Preventive actions are implemented, as noted in the introduction, at every stage of human development and in every educational environment (Kusztal, 2021, pp. 139–157). Therefore, a prevention specialist is a person who professionally carries out preventive actions at the universal, selective, or indicative level, according to the degree of risk and the needs of the recipients of prevention programs. In school prevention, these actions are carried out by teachers and school specialists, such as school educators, school psychologists, or school therapists, as well as educators and psychologists working in psychological-pedagogical counseling centers engaged in the creation and implementation of the school's educational-preventive program (Act of 14 December 2016, Education Law, consolidated text, Journal of Laws of 2020, item 910, as amended, art. 26). Additionally, schools and educational institutions use preventive programs offered by external entities in relation to the school (Borkowska-Żebrowska et al., 2020, pp. 143–151), and in such cases, representatives of local government units or non-governmental organizations carry out preventive actions on behalf of the local government. Furthermore, preventive tasks are carried out by police officers as part of their statutory duties. Among many tasks of the Police, "initiating and organizing activities aimed at preventing crimes and offenses as well as criminogenic phenomena and cooperating in this regard with state authorities, local government authorities, and social organizations" are listed (Act of 6 April 1990, Police Act, Journal of Laws of 1990, No. 30, item 179, as amended, Article 1, section 2, item 3). Preventive tasks are also carried out by specialists from governmental administration units, such as provincial or district sanitary and epidemiological stations, or health protection units, such as doctors, community nurses, as well as social workers or other representatives of social services, such as family assistants or individuals working in day care centers or in an open environment. Notably, court guardians, both professional and community-based, whose statutory tasks include preventive activities, cannot be overlooked (Act of 27 July 2001, Law on Court Guardians, consolidated text, Journal of Laws of 2020, item 167, Article 1). These professional groups can undoubtedly demonstrate

various professional qualifications, often interchangeably or synonymous with professional competences, although they are not identical concepts. Qualifications are the knowledge and skills necessary for performing specific professional tasks, and their confirmation by legally determined institutions allows recognizing that a person has the competence to perform a given profession (Act of 22 December 2015, Integrated Qualifications System Law, Journal of Laws of 2016, item 64, as amended, article 2, item 8). Competences are most often defined by three complementary elements: knowledge in a specific area, skills in utilizing this knowledge and performing certain actions, and attitudes, readiness, or authorization to perform a given task (Męczkowska, 2003, pp. 693–696).

In social or school prevention, and especially in addiction prevention, there is no unequivocal position on whether to approach it globally as part of the professional competences of educators, psychologists, or specialists in the field of health protection, or to approach it in detail as knowledge, skills, and readiness to create or implement preventive interventions that are highly profiled and focused on risky behaviors or addictions.

Krzysztof Ostaszewski clearly defines the scope of knowledge and skills of a preventive action implementer, emphasizing their adequacy to the needs of the recipients. Thus, a competent prevention specialist should possess detailed knowledge of addictions, aggression, school failure, or mental health issues (Ostaszewski, 2014, p. 8). According to Ostaszewski, competences should include acquiring specific knowledge about risky behaviors or addictions, the ability to work with another person, and the ability to take care of the quality of one's own work. A competent prevention specialist should have knowledge about risky behaviors in children, adolescents, and adults, risk factors and protective factors, their developmental and environmental determinants, and should also have knowledge about the area of their work, i.e., prevention, levels of preventive activities, preventive strategies (Borucka, 2016, pp. 8–12), models, methods, theoretical concepts, and systemic conditions. In terms of prevention skills, a prevention specialist should be able to communicate effectively with recipients, cooperate with the educational environments of the recipients, as well as with other entities conducting preventive, care, educational, or therapeutic actions. Additionally, a competent prevention specialist should be able to design, plan, implement, and evaluate prevention programs, i.e., be able to manage a project/program (Ostaszewski, 2014, p. 10). Ostaszewski emphasizes social (interpersonal, relational), communication, and organizational skills necessary for implementing preventive interventions.

Particular attention should be paid to the competences of implementers of preventive and educational-preventive programs in schools and educational institutions. Teachers and school specialists (educators, psychologists) perform preventive tasks alongside educational, didactic, or caregiving tasks (Act of 14 December, Education Law, Journal of Laws of 2017, item 59, as amended,

Article 1, item 3). Preventive tasks are carried out in schools and educational institutions in the scope of preventing risky behaviors or addictions (Regulation of the Minister of National Education of 18 August 2015, on the scope and forms of educational, educational, informative, and preventive activities carried out in schools and educational institutions to counteract drug addiction, Journal of Laws of 2015, item 1249, as amended). Competences of teachers or school specialists (educators, psychologists) are often supplemented by specialized training as part of professional development. Pedagogical competences should not be identified with teacher competences, as not all educators are teachers in educational institutions, although they are often used interchangeably in the literature. Pedagogical competences in the field of school prevention could be systematized as follows:

1. subject-specific (substantive) competences, acquired during studies and further developed in the process of continuous education, understood as knowledge in a specific area of prevention, for example, knowledge about risk factors and protective factors;
2. psycho-pedagogical competences, understood as knowledge of developmental psychology and pedagogy, as well as the ability to understand students and organize preventive activities (program or preventive project);
3. diagnostic competences, which allow for getting to know students and their environment to plan and implement preventive interventions based on knowledge;
4. media and technical competences, which allow for the use of information technology in a prevention program;
5. competences related to controlling the quality of actions and evaluating the effectiveness of a preventive program (evaluative);
6. communication competences – demonstrating the ability to create and organize cooperation and establish and maintain contact with students or wards (Strykowski, Strykowska, Pielachowski, 2003, pp. 22–23);
7. legal competences, allowing for the use of legal knowledge and its application in preventive practice and taking actions towards protecting the rights of one's students or wards (Kozak, 2014, p. 63).

Competencies for conducting preventive actions in the light of European Quality Standards in Drug Addiction Prevention

Competencies for creating and implementing preventive interventions have been described, albeit not directly, in the European Quality Standards for Drug Addiction Prevention. The quality standards do not specify a set of competencies required of implementers of drug addiction prevention programs, nor do they contain provisions regarding specific legal qualifications. The quality standards

strictly concern drug addiction prevention programs but can be appropriately used as guidelines for creating and implementing high-quality prevention programs for behavioral addictions or other risky behaviors (Węgrzecka-Giluń, Malczewski, 2011, pp. 15–16).

The required “prevention” competencies of individuals and teams are not explicitly listed, but they can be reconstructed based on the analysis of the standards. For example, with regard to individuals implementing the program (including volunteers), “all tasks and duties should be assigned to competent individuals (i.e., those with appropriate qualifications and/or experience)” (Węgrzecka-Giluń, Malczewski, 2011, p. 28). The standards refer to professional qualifications and experience of drug addiction prevention program implementers, which should be adequate to the program’s needs and conditions of its implementation. Program implementers should undergo training, and such training, aimed at shaping and improving their competencies, should be preceded by a diagnosis of participants’ training needs. Training sessions should be offered to implementers before starting the program and during its implementation. The training should not only cover current knowledge and skills of implementers but also include a developmental aspect, which involves providing emotional support, a crucial element in the work of helping professions (referred to, among others, as social services) (Węgrzecka-Giluń, 2011, p. 18).

Professional qualifications in prevention

Professional qualifications are a concept closely related to the notion of competencies; however, they are not synonymous. As mentioned above, the European Quality Standards for Drug Addiction Prevention do not specify the professional qualifications required of implementers of preventive programs. Nevertheless, qualifications largely determine the effective execution of preventive tasks.

Regarding qualifications for conducting activities within school-based prevention, defining the professional qualifications of a teacher who can implement activities within the school’s preventive-educational program appears relatively straightforward. Such qualifications can be defined as a system of theoretical and practical knowledge that forms the basis for developing the necessary skills to fulfill the school’s intended functions, along with other personal factors that influence a teacher’s work, such as personal characteristics (Kozak, 2014, p. 63).

The qualifications for the teaching profession (including those involved in preventive tasks) employed in schools and educational institutions are specified by legal acts. Currently, these matters are regulated by the Regulation of the Minister of Science and Higher Education of July 25, 2019, regarding the standard of education preparing for the teaching profession (Journal of Laws of 2021, item 890, as amended). The 2019 standards of teacher education establish sets

of learning outcomes in terms of knowledge, skills, and competencies needed to pursue the teaching profession. The program content encompasses preventive measures against risky behaviors and addiction. Specific learning outcomes indicate that graduates should know and understand “the role of prevention and health promotion: methods of constructing school preventive programs, principles of health promotion and protection for students, health education, and providing first aid; issues related to promoting physical and mental health development (developing emotional resilience, conducting interpersonal training, coping with stress, managing emotions); addiction prevention; prevention of discrimination, aggression, and violence, as well as methods of intervention in conflict situations (mediation) and crises (crisis intervention)” (Regulation of the Minister of Science and Higher Education of July 25, 2019, regarding the standard of education preparing for the teaching profession, Journal of Laws of 2021, item 890, as amended, appendix no. 1, standard F.2.W.8).

As mentioned earlier, the Polish education law obliges schools to carry out preventive activities through school-based preventive-educational programs and various forms of preventive activities, according to the Regulation of the Minister of National Education on the scope and forms of educational, informative, and preventive activities aimed at counteracting drug addiction in schools and educational institutions (Regulation of the Minister of National Education of August 18, 2015, Journal of Laws U. 2015 item 1249, as amended). This regulation defines specific forms of work of teachers and pedagogues, their content and rules of conduct.

In the case of professional qualifications for conducting preventive actions in open environments or non-school institutions, the process of acquiring professional qualifications is currently not uniformly and coherently regulated by law. The Polish legal system does not recognize the profession of a “prevention specialist,” and preventive tasks may be performed by individuals without specific qualifications since formal legal qualifications for this role do not yet exist. Regarding the requirements for qualifications, one cannot infer them solely from the analysis of the 2011 European Quality Standards for Drug Addiction Prevention, as these standards do not address professional qualifications explicitly. However, one can infer the competencies required to conduct preventive programs, as mentioned earlier.

The Integrated Qualifications System was introduced by the Act of December 22, 2015, on the Integrated Qualifications System. The system aims to strengthen interest in formally recognizing competencies and improving qualifications, which will impact not only people’s professional situation but also their sense of security in the job market. Additionally, the system seeks to raise quality standards and enable a more objective comparison of diplomas issued in different countries. The system is created under the direction of the Minister of Education (currently the Minister of Education and Science) in cooperation with representatives of

employers, trade unions, industry organizations, non-governmental organizations, educational and scientific research institutions, and training companies².

Article 2, point 8 of the Act introduces a legal definition of qualifications, stating that they are “a set of learning outcomes in terms of knowledge, skills, and social competencies acquired in formal education, non-formal education, or informal learning, consistent with the requirements established for a given qualification, whose achievement has been verified in validation and formally confirmed by an authorized certifying entity³.” On the other hand, the Polish Qualifications Framework describes qualifications in eight levels, which is consistent with the European Qualifications Framework and ensures comparability of qualifications within the European Union. For each level, it defines three elements: requirements regarding knowledge, skills, and social competencies expected of individuals with professional qualifications.⁴

Currently, work is underway to introduce systemic solutions aimed at ensuring high-quality preventive actions. These efforts include the implementation of a system for recommending preventive and mental health promotion programs (verification and evaluation of preventive programs), training systems (enhancing the competencies of individuals involved in developing local strategies and preventive measures), and an integrated qualifications system (formally defining the competencies of individuals implementing preventive actions) (Kehl, 2022). In the current Integrated Qualifications System, the profession of “prevention specialist” does not yet exist, although it is intuitively assumed that such qualifications would have a specialized character. Currently, the work on standardizing the qualifications system focuses on describing qualifications in the following areas: 1) Conducting mental health promotion, universal prevention regarding the use of psychoactive substances, and behavioral disorders; 2) Conducting selective and indicated prevention regarding the use of psychoactive substances and behavioral disorders, as well as minimizing problems associated with these behaviors.

The work on qualifications has reached the stage of completed social consultations (Kehl, 2022). The subsequent stages of work on standardizing the qualifications system will include: 1) Social consultations; 2) Establishment of expert committees; 3) Evaluation of proposals; 4) Assignment of a level in the Polish Qualifications Framework; 5) Announcement of the inclusion of qualifications in the Integrated Qualifications System; 6) Granting authorization to a certifying institution. 7) Signing an agreement between the relevant minister and the External Quality Assurance Entity (most likely a higher education institution, although the list of such entities is currently being developed); 8) Conducting

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² <https://kwalifikacje.gov.pl/o-zsk/informacja-o-zsk>, (accessed: 16.10.2022).

³ <http://www.klasyfikacje.gofin.pl/kzis2022/6,0.html> (accessed: 30.10.2022).

⁴ <https://kwalifikacje.gov.pl/o-zsk/polska-rama-kwalifikacji> (accessed: 16.10.2022).

validation and issuing certificates by the certifying institution; 9) Confirming qualifications by the entities interested in the validation approach (Kehl, 2022).

Based on the provisions of the Integrated Qualifications System, the profession of a prevention specialist appears to be a specialized profession. This group of professions includes “occupations requiring a high level of professional knowledge, skills, and experience in technical, natural, social, humanistic, and related sciences. Their main tasks include implementing scientific or artistic concepts and theories into practice, expanding existing knowledge through research and creativity, and systematically teaching in this field⁵.

The above-described Polish Qualifications Framework refers to the category of competencies and defines them as “an advanced ability developed during the learning process to shape one’s own development and to participate autonomously and responsibly in professional and social life, taking into account the ethical context of one’s actions⁶. Therefore, competencies in the context of the Integrated Qualifications System encompass and combine: knowledge, skills, and attitudes (social competencies) that contribute to the learning outcomes.

The need for organizing qualifications and competencies for conducting preventive actions in the light of the analysis of own research results

Between 2019 and 2022, as part of scientific projects conducted at the Institute of Pedagogy at Jagiellonian University, research tasks were carried out, and one of the objectives was to diagnose resources and needs in the field of school prevention. In 2019, within a project aimed at preparing the creation of the Krakow model of preventive actions for children and youth, diagnostic research was conducted to identify resources, i.e., good practices implemented by schools, institutions, and public entities working to build and strengthen psychological safety among students in Kraków schools⁷. The research results clearly indicate the needs of preventive action implementers (teachers, school specialists, representatives of municipal authorities, and non-governmental organizations) to improve the quality of their work through the development and enhancement of their preventive competencies (Borkowska-Żebrowska et al., 2020, pp. 125–150). The results collected in the research process came from: the diagnosis of preventive actions (programs, projects, social campaigns) in the area of building and strengthening psychological safety on a national level; the diagnosis of preventive

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⁵ <https://kwalifikacje.gov.pl/o-zsk/polska-rama-kwalifikacji> (accessed: 16.10.2022).

⁶ <https://kwalifikacje.gov.pl/o-zsk/podstawowe-pojecia> (accessed: 16.10.2022)

⁷ https://www.krakow.pl/aktualnosci/244538,34,komunikat,_bezpieczny_uczen_w_krakowie_lektura_obowiazkowa.html (accessed: 31.10.2022).

actions (programs, projects, initiatives) conducted in the local environment of Krakow; the diagnosis of good practices presented during a scientific and training conference serving as a forum for opinions of educational entities in Krakow; the diagnosis of needs and expectations of Krakow school environments regarding prevention (gathered through surveys during field research); and the analysis and interpretation of legal and systemic frameworks for creating the Krakow model of psychological safety in schools (Borkowska-Żebrowska et al., 2020, p. 14). The recommendations derived from the analysis of research results are far-reaching, but among them, it is worth pointing out the needs of preventive action implementers in terms of enhancing their competencies through “conducting training aimed at strengthening teachers’ educational and preventive competencies, including positive discipline and classroom management, recognizing difficult situations, and responding to such incidents, as well as providing continuous support through mechanisms of mutual support, consultations with specialists, and supervision” (Borkowska-Żebrowska et al., 2020, p. 196).

The resources and needs regarding the implementation of preventive actions were also the subject of diagnosis and analysis in a research project aimed at strengthening cooperation between educational entities (parents, teachers, and psychological-pedagogical counseling centers) carrying out preventive tasks for students. These studies took place in the context of the Covid-19 pandemic and covered the years 2020/2021. The analysis of resources and needs of psychological-pedagogical counseling centers, as well as dozens of schools and educational institutions in selected districts of Krakow, led to the conclusion that actions such as “strengthening the competencies of the staff, i.e., teachers and specialists working in schools and kindergartens in several clearly outlined areas derived from the research findings: in the area of knowledge about risky behaviors and issues affecting children and youth, in the area of skills for conducting preventive actions, and in the area of soft skills related to organization, teamwork, and flexibility, through training or the above-mentioned information bank on the internet. Knowledge about the competencies of team members working for a specific student ensures a sense of security in their work and collaboration” (Kuztal et al., 2021, p. 125). Furthermore, the research report also highlighted the need for “increasing the level of knowledge and skills of the educational staff in schools and kindergartens, which allows for incorporating preventive actions into the framework of the school’s ongoing work, so that the educational and preventive program is genuinely integrated with the educational program” (Kuztal et al., 2021, p. 125).

The conclusions drawn from the field research conducted in Krakow, as described above, justify the need for regulating qualifications for carrying out preventive tasks in the broad scope of social, school, and addiction prevention related to substances or behavioral disorders. This observed need over the years arises largely from the concern for the quality of activities carried out by various

entities, such as local government units, health protection services, educational institutions, and non-governmental organizations. This concern for the quality of preventive actions translates into the effectiveness of preventive programs and reduces the costs of treating or mitigating the damages caused by addictions or other risky behaviors.

Final thoughts

The aim of the article was to present the need for regulating professional qualifications for carrying out preventive tasks in various human life environments, appropriately addressing the preventive needs of the recipients. Currently, discussions and efforts are underway to regulate the profession of a preventive specialist by incorporating it into the integrated system of qualifications and assigning it to an appropriate level within the Polish Qualifications Framework. This is aimed at ensuring the quality of preventive actions and enhancing their consistency and comparability at the international level. The qualifications required for the profession are described in the context of preventive competencies, which include knowledge, skills, and attitudes, or readiness to perform preventive tasks. The knowledge, skills, and desired attitudes of those implementing preventive actions are one of the pillars and necessary conditions for conducting effective interventions at every level of prevention and in every educational environment of the recipients of these actions.

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