

Communication skills program for prevention of risky behaviors

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A communication skills program, 'Say It Straight' (SIS) training, was conducted with 2781 students in the 3rd-12th grades and 227 parents and other adults living in high-risk environments. Ninety-six teachers, counselors, nurses, other school personnel and community volunteers who were trained in 4-6 day workshops, implemented SIS training with students in classrooms and in student support groups. Some also implemented SIS training with parents, other community members and in multi-family groups. All grades showed significant increases in behavioral intentions to implement constructive decisions in difficult situations and feel more at ease doing so ($P < 0.048$ to $P < 0.001$). Analysis by gender showed highly significant increases for both males and females ($P < 0.010$ to $P < 0.001$), except for a small sample of those in the third grade. Adults reported significant increases in effective communications and quality of life ($P < 0.010$ to $P < 0.001$) and significant decreases in blaming or being sarcastic, placating, being passive-aggressive, disrupting or being irrelevant, and lecturing or discounting feelings ($P < 0.002$ to $P < 0.001$). A small group of students in detention and in chemical dependency treatment were also included in the study. Their results were also significant and very promising for future research.

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INTRODUCTION

It has been suggested that schools can become

community resources for prevention of risky behaviors and promotion of well-being. Teachers, counselors, nurses, other school personnel and community volunteers are trained to work with students and adults within the school setting and to address the critical issues of safe and drug free environments (Benard 1992, Hawkins et al 1992, Englander-Golden et al 1989, 1986a, 1986b, 1985). The aim of this research was to study the effectiveness of training school personnel to implement a communication skills program, 'Say It Straight' (SIS) training, with students, parents and community members. This study covers results obtained by 96 teachers, school counselors, school administrators, school nurses and community volunteers who implemented SIS with 2781 students and 227 parents or other adults living in high-risk environments. A high-risk environment is described by attributes such as easy access to drugs, drug abuse, poor school performance and high drop-out rates. The population also included schools with large numbers of African-American or Hispanic students, who live in high-risk environments. Trainers were trained to work with students in classrooms (including detention and treatment settings) or in student support groups. Some were also trained to reach out to parents and other community members, and invite them into the school setting for communication skills training that could improve their quality of family and community life.

In previous longitudinal research on SIS training, alcohol/drug related school suspensions among trained students in the 6th-9th grades were lower by a factor of 3.7 compared to those among untrained students. This difference was statistically significant, with $P < 0.03$ (Englander-Golden et al 1986a, 1985). The trained students also showed highly significant increases in behavioral intentions to implement constructive decisions in difficult situations, and feel more at ease doing so after SIS training, with P values ranging from $P < 0.01$ to $P < 0.0001$. By contrast, 6th-8th grade control groups did not show such significant shifts either as a function of an information-based school prevention program or as a function of maturation (Englander-Golden et al 1985). In another study, juvenile criminal police offenses among students in the 9th-12th grades who were observed for about 19 months after SIS training, were lower by a factor of 4.5 compared to those among untrained students, and there were significantly fewer offenders among them, with values ranging from $P < 0.015$ to $P < 0.008$ (Englander-Golden et al 1989). In the same study, during a 5-month pre-training baseline observation period, the number of offenders among students who would later

comprise the trained sample were not significantly different from those who would not be trained. Furthermore, the trained students in the 9th, 10th and 12th grades also showed highly significant increases in behavioral intentions to make constructive decisions in difficult situations and felt more at ease doing so, with $P < 0.001$.

SIS training

SIS training is a communication skills program and has a number of unique features in addition to training in interpersonal communication skills. It also provides an opportunity to explore intrapersonal communication, that is, connecting to one's internal resources and discovering one's deepest yearnings, such as the wish to be significant, to be valued and loved, to be capable of loving and valuing others. The training is action-oriented and uses visual, auditory and kinesthetic modalities to involve people with different learning styles. Communication processes such as placating, blaming or being sarcastic, being passive-aggressive, being disruptive or irrelevant or 'spacing out', lecturing or discounting feelings, and honoring oneself and others are first explored by placing one's body into physical postures that intensify, make overt and concrete the internal experience of these communications. This process is called body sculpting (Englander-Golden & Satir 1991). Each sculpture is accompanied by a guided visualization and verbalization (see Methods section below). These communications are then embedded in movies that portray difficult interpersonal situations. The movies are developed by participants who play parts in them as actors. Participants discover how they feel and the effect they have on others as they communicate in different ways. They compare relationships based on submission-dominance with relationships based on equal value. Strengthening of personal and social responsibility is facilitated as participants practice pro-social behaviors in difficult situations.

Other unique features of SIS training include:

- Training entire classrooms or schools, rather than selected students who have been labeled in negative ways (giving the message that everyone can improve their communication skills, thus creating bonds rather than separations among people).
- Focusing on solutions, on improving coping skills, on one's resources.
- Giving ownership and responsibility for the training to participants by letting them choose the content of the movies (letting them co-create their training).

The last component assures cultural/ethnic, developmental and gender relevancy (Englander-Golden et al 1989, 1986a, 1986b, 1985). It also respects the participants' freedom, which is one of the highest held values among adolescents (Rokeach 1973), and minimizes the risk of rebellious reaction.

METHODS

Participants and setting

Ninety-six teachers and school counselors, including some school nurses, school administrators, community volunteers and two project coordinators, who were trained in 4–6 day workshops to facilitate SIS training, trained 2781 students and 227 parents or other adults who live in high-risk environments. Two of the parent groups had Spanish speaking trainers and questionnaires were administered in Spanish.

To our knowledge only one student did not have parental permission to participate in the training and no students dropped out of training. Some pre-tests and post-tests are missing because of student absence on the days they were administered. Seven parents dropped out of the training. Some students in the detention and treatment schools did not complete training because they were released before training ended. Some of the parents of students in the chemical dependency school setting, dropped out because their students were released from treatment.

Procedure

Student training was conducted during 5–8 regular class periods of approximately 50 minutes each or in student support groups. Classroom training was done on consecutive school days or on alternate days with an average class size of about 20 students. Support groups were smaller. Student participation was voluntary and required parental permission. Parents and other adults were trained in groups of 4–30, in a variety of formats, from 1 day workshops to five 1.5–2 hour sessions held over an 8 week period.

Questionnaires

Anonymity was preserved in data collection, but ID numbers allowed matching pre- and post-training objective questionnaires so that *t*-tests for paired observations could be performed. With students, the SIS Social Skills Situation Survey was administered within 2

weeks before and after training; with parents and other adults the Quality of Life – Group and Family Questionnaire and the SIS Communication Skills Questionnaire were administered at the beginning and end of training. The Quality of Life Questionnaire as it relates to the family was administered with adults only when their training spanned longer than 1 weekend. The subjective feedback questionnaire was administered with students and adults during the last session of training. A description of the questionnaires follows.

SIS Social Skills Situations Survey

This is an objective, situation-specific questionnaire used with students to measure behavioral intentions to implement constructive decisions in difficult situations and the degree of comfort in doing so. This questionnaire, based on Prince's Social Skills Situation Survey (Prince 1975), has been refined through use in SIS training and item analysis. The validity of this questionnaire has been established in the original research in which both experimental groups and a control group were available (Englander-Golden et al 1985). The results reported are based on 10 questions for students in the 3rd–5th grades, 13 questions for students in the 6th–8th grades and 17 questions for students in the 9th–12th grades. Questionnaires for students in the 3rd–8th grades were scored on a 4-point scale and on a 6-point scale for students in the 9th–12th grades (with 1 indicating the least desirable response: 'I would say yes and feel OK about it', and 4 or 6 indicating the most desirable response: 'I would say no and feel OK about it'). The following are some examples:

- You are in the middle of doing your homework when someone you don't know very well calls you and says, 'I don't have much to do. Mind if I come over for a while?'
- You are at a party. Some kids who are smoking or 'dipping' ask you to join them; suppose these are your best friends asking you to join them.
- Suppose you are on a date. Your date asks you to do something you feel uncomfortable about.

Five additional questions pertaining to sexual behavior can be added to this questionnaire. These questions (given below) were analyzed separately since only a few schools used them:

- You are with your friend. Your friend says 'Let's do it' (meaning have sex) and you don't want to.

- You are with your friend. Your friend says 'Let's do it' and you know that neither of you have protection.
- Suppose you are in this situation and you said 'no', but your friend pressures you with sweet-talk.
- Suppose you are in this situation and you said 'no', but your friend starts getting angry.
- Suppose you are in this situation and you said 'no', but your friend gives you an ultimatum: 'Either we do it now or you can forget me'.

Subjective Feedback Questionnaire

This gives participants the opportunity to respond in their own words to issues such as what was most useful, what was least useful and what they learned.

Quality of Life Questionnaire – Family and Group

This is a 10-item objective questionnaire dealing with issues of trust, support, caring and attitude toward change. It is scored on a 10-point scale with 1 indicating 'not at all' and 10 indicating 'very much', the most desirable response (Englander-Golden & Satir 1991). This was used with parents and other adults as it related to quality of life in the family and/or in the training group. It is hypothesized that the Quality of Life – Group questionnaire also reflects attitudes that relate to community relationships. Following are two examples of one question as it pertains to the two forms of the questionnaire:

- I feel good with my group right now.
- I feel good with my family right now.

SIS Communication Skills Questionnaire

This is a 29-item objective questionnaire that measures ineffective and effective communications:

- Placating: questions 1–6, such as I don't honor my deepest wishes, I give a lot of excuses.
- Passive-aggressive: questions 7–9, such as I appear to go along, but I carry resentments, I say yes, but silently I add you'll pay for this.
- Blaming: questions 9–14, such as I put people down, I ridicule or get sarcastic.
- Irrelevant: questions 15–18, such as I distract, I change the subject.
- Super-reasonable: questions 19–23, such as I play smart, I don't state my feelings.

- SIS: questions 24–29, such as I respect myself and others, I express caring and support for my loved, not necessarily for his or her behavior.

The questionnaire is scored on a 5-point scale with 1 indicating 'not at all' and 5 indicating 'very much'. The most desirable responses are low scores for questions 1–23 and high scores for questions 24–29.

Training

Placating communication (we people-please, we don't stand up for ourselves, we don't honor our deepest yearnings, we give excuses) was introduced in the first session and was compared to the SIS communication (we count ourselves, we count others and we count the issues between us; we honor our deepest wishes without demeaning others, what we say and how we say it is aligned with what we feel and think). These communications were introduced by means of body sculptures accompanied by guided visualization and verbalization. For example, the placating sculpture expresses begging. Participants were asked to get down on one knee, put one hand on their heart (because we must appear sincere when we placate) and with the other hand reach out in a begging way toward a person they imagine standing in front of them and to whom they are saying 'yes' when their deepest wish is to say 'no'. The internal verbalization that accompanies this sculpture could be either:

- 'I'll do anything, just let me please you. Without your approval, I am nothing.'
- 'I'll do anything, just let me be your friend. Without your friendship I am nothing.'

Participants then developed and acted in 'movies' that gave them the opportunity to compare how they felt and the effect they had on others when they placated, compared to when they used straightforward communication. A participant might play a drug pusher, someone giving in to pressure or an ineffective parent, but eventually each participant is asked to play the part of a person whose deepest wish is to be personally and socially responsible, to be a caring friend, an effective communicator or a caring and effective parent. The sculpting and movie-making minimize defensiveness and maximize awareness of sensations, feelings, thoughts and deepest yearnings, thus facilitating changes in unwanted automatic behaviors (Englander-Golden & Satir 1991). Participants who have a need to exhibit bravado or who may be involved in risky behaviors can allow themselves to explore a wider repertoire of behaviors within the context of playing a part

in a movie. Participants discover their interpersonal behaviors that are guided by fears of being rejected, of hurting someone's feelings, of being embarrassed or of being blamed. People of all age groups and ethnic/cultural backgrounds report these fears (Englander-Golden & Satir 1991). Through feedback from other actors, participants discover that when they communicate their deepest wishes without demeaning others, they usually gain respect and trust, even in situations in which someone gets angry (Englander-Golden 1992–1993).

Subsequently, additional communications were introduced:

- Blaming – we put others down, we threaten, we are sarcastic, we don't assume personal responsibility.
- Passive-aggressive – we appear to go along, but we carry resentments and make plans to get even.
- Irrelevant – we distract, disrupt, 'space-out', or change the subject.
- Super-reasonable – we stick to facts without expressing our feelings, we lecture.

These communications were always compared, within movies, to saying it straight and/or giving positive support (expressing friendship, caring, concern, offering alternatives, a hope for a positive outcome).

The real-life situations that participants created within the movies allowed them to use different communications to explore the dynamics of social pressure and social support. In the movies, they became aware of the specific ways they were vulnerable to negative pressure, of their ability to respond with positive behaviors (self-efficacy), and how to give positive social support that motivates pro-social behavior. The movies created by adolescents mirrored behaviors young people say they are challenged to participate in by their peers, such as alcohol/drug abuse, drinking and driving, speeding, cheating, stealing, vandalism, fighting, gang related issues, and sexual behavior (Englander-Golden et al 1989, Lewis & Lewis 1984). Students explored how to say 'no' to a friend, how to say to a group of friends 'I have quit', how to tell a friend 'I care and I am scared when I see what you are doing'; adults explored interactions involving family, school, work, social and community settings, and ways to create safe environments. Playing a part in a movie provided participants with a safe way to explore new behaviors and feelings, and to practice effective pro-social behaviors. The feedback from other participants gave them the opportunity to adjust their verbal and non-verbal behavior to match their desired outcome and to discover the effects they had on others as they transformed their communications.

SIS Workbooks for adolescents and adults were used to enhance cognitive learning and to give participants an opportunity to keep a journal during the training (Englander-Golden & Golden 1993, Englander-Golden 1985, 1983). These workbooks were also available in Spanish. Three videotapes (Say It Straight Training: Family Community Series; Say It Straight: Student Support Group, and Say It Straight: In the Classroom) were available to most trainers (Englander-Golden 1992-1993). The tapes were used as reinforcement for trainers, and the first two were also used as stimulus tapes in the training of adults and in student support groups. Because of a stricter time schedule in the classroom, trainers were encouraged to use the third videotape only for their own reinforcement.

RESULTS

Although 2781 students were trained, data analysis is based on 2695 students for whom paired pre- and post-training SIS Social Skills Situation Survey questionnaires were available. Loss of data occurred due to:

- Students being absent on pre- or post-test days.
- Lack of ID numbers to allow matching pre- and post-tests.
- Two teachers administered different pre- and post-tests, making analysis impossible.

One student dropped out in the middle of

training (the reason was not given to the project staff). Of the 227 parents and other adults trained, paired questionnaires were available for 193 participants. Since not all trainers administered all three questionnaires, the Communication Skills Questionnaire was available for 100 participants, the Quality of Life - Group Questionnaire was available for 165 participants and the Quality of Life - Family Questionnaire was available for 117 participants. The loss of data occurred due to 27 dropping out of the training and 7 who were not present for the post-test.

In the following four tables, all *P* values are reported for 2-tail *t*-tests and the degrees of freedom are always *N*-1.

Students in the 3rd-8th grades

Table 1 shows pre- and post-training means, results of *t*-tests for paired observations for 2420 students in the 3rd-8th grades for whom both pre- and post-SIS Social Skills Situation Surveys were available, and number of students (*N*) in each grade. Results by gender are also shown. Since not all students indicated gender, the number of males plus females is less than the total number of students per grade. As can be seen, every grade moved significantly toward a greater willingness to make constructive decisions in difficult situations and felt more at ease doing so after training, with *P*-values ranging from $P < 0.048$ for those in the 3rd grade to $P < 0.001$ for those in the 4th-8th grades. Analysis by gender showed significant results

Table 1 Mean pre- and post-training scores on SIS social skills survey for students in the 3rd-8th grades and results of *t*-tests by grade and gender

Grade/gender	N	Pre-mean	Post-mean	<i>t</i>	<i>P</i>
3rd (All)	44	3.22	3.38	2.04	0.048
Females	20	3.26	3.42	1.51	0.148
Males	23	3.17	3.34	1.30	0.208
4th (All)	148	3.17	3.41	6.81	0.001
Females	77	3.21	3.49	5.47	0.010
Males	53	3.15	3.31	2.71	0.010
5th (All)	426	3.22	3.44	9.13	0.001
Females	208	3.20	3.45	9.16	0.001
Males	210	3.24	3.41	4.46	0.001
6th (All)	446	3.02	3.25	8.47	0.001
Females	213	3.04	3.24	5.80	0.001
Males	216	3.00	3.24	5.38	0.001
7th (All)	245	2.74	2.97	9.05	0.001
Females	96	2.65	2.98	8.54	0.001
Males	112	2.78	2.94	4.21	0.001
8th (All)	1111	2.80	3.07	13.58	0.001
Females	521	2.73	3.08	10.24	0.001
Males	487	2.86	3.03	6.90	0.001

Scale: 1-4.

Table 2 Mean pre- and post-training scores on SIS social skills survey for students in the 9th–12th grades in regular schools, detention and treatment and results of t-tests

Group/gender	N	Pre-mean	Post-mean	t	P
9th–12th grades	258	4.22	4.94	11.16	0.001
Females	120	4.15	5.19	11.14	0.001
Males	65	4.16	4.90	6.04	0.001
Detention*	11	3.92	4.51	2.37	0.040
Treatment**	6	4.20	5.17	3.09	0.028

Scale: 1–6.

* Students in detention were in grades 10–12 and included 3 females and 8 males.

** Students in treatment were all males.

for students in the 4th–8th grades, and analysis by gender for those in the 3rd grade did not yield significant results.

Students in the 9th–12th grades

Table 2 shows pre- and post-training means, results of *t*-tests for paired observations and *P*-values for 275 students in the 9th–12th grades for whom both pre- and post-SIS Social Skills Situation Surveys were available. The data for grades 9–12 were pooled because some of the students were trained in pooled groups and the grades could not be separated out. Since not all students indicated gender, the number of males plus females is less than the total number of students. Two additional groups are shown in Table 2, students in a detention school setting and in a chemical dependency treatment school setting. These data are presented separately in Table 2. Although these groups are very small, the data are included because they point to important applications of SIS training to other than school settings. Because of the small number of females in juvenile detention (three), these data were not analyzed by gender. There were no female students in the treatment group.

As can be seen, every group moved significantly toward a greater willingness to make constructive decisions in difficult situations and felt more at ease doing so after training, with *P*-values ranging from $P < 0.040$ for students in detention to $P < 0.001$ for those in the 9th–12th grades of regular schools.

Eighty-eight of the 258 students in the

9th–12th grades in regular schools received an additional five questions pertaining to sexual behavior. These questions were analyzed separately and are reported in Table 3. Analysis by gender was done for data where gender information was available. As can be seen, the shift toward a more thoughtful approach to sexual behavior was highly significant for both genders, with $P < 0.002$ for girls and $P < 0.004$ for boys.

Parents and other adults

Table 4 shows results of *t*-tests for paired observations for 100 parents and other adults for whom both pre- and post-training SIS Communication Skills questionnaires were available, reported by Placating, Blaming, Passive-Aggressive, Irrelevant, Super-Reasonable and SIS communications. For 165 parents for whom pre- and post-training Quality of Life Group questionnaires (QLQ-Group) were available; and 117 parents for whom pre- and post-training Quality of Life – Family questionnaires (QLQ-Family) were available. Trainers did not administer all three questionnaires in all groups. The number of participants, pre- and post-training mean scores, *t*-values and *P*-values are given in the table. As can be seen, the results showed highly significant decreases in each ineffective communication style, with *P* ranging from $P < 0.002$ to $P < 0.001$, highly significant improvement in effective communication (saying it straight), with $P < 0.010$, and highly significant improvement in quality of life (family and group), with $P < 0.001$.

Table 3 Mean pre- and post-training scores on sexual behavior questions for students in the 9th–12th grades in regular schools and results of t-tests

Group/gender	N	Pre-mean	Post-mean	t	P
Regular school	88	5.05	5.54	3.21	0.002
Females	20	5.25	5.95	4.04	0.002
Males	11	3.67	6.00	3.81	0.004

Scale: 1–6.

Table 4 Mean pre- and post-training scores on communication skills questionnaire, quality of group and family life for parents and other adults and results of t-tests

Questionnaire	N	Pre-mean	Post-mean	t	p
Communication*					
Placating	100	3.04	2.53	-5.53	0.001
Passive-aggressive	100	2.46	2.03	-4.23	0.001
Blaming	100	2.28	1.89	-5.01	0.001
Irrelevant	100	2.16	1.82	-3.56	0.002
Super-reasonable	100	2.74	2.35	-4.09	0.001
SIS	100	3.48	3.72	2.64	0.010
QLQ-Group**	165	6.30	8.80	17.14	0.001
QLQ-Family**	117	7.71	8.63	9.91	0.001

* Communication skills questionnaire scale: 1-5.
 ** Quality of Life Questionnaire - Group and Quality of Life Questionnaire - Family scales: 1-10.

Subjective feedback

While subjective feedback questionnaires from participants were not scored, there was a similarity of responses across age groups. Following are some responses to the statement: 'What I learned about Saying It Straight, was ...' given by students and parents/community as they wrote them, thus maintaining their misspellings. Some examples from students in the 3rd-8th grades:

- You can feel good about saying it.
- Don't be afraid and say it like it is.
- How I fill.
- It feels good.
- The most useful thing there was.
- To say what I mean.
- To stand up straight.
- You can use it to get your point across.

Some examples of responses from students in the 9th-12th grades:

- It helped me out.
- You can express your true feeling people will respect you.
- It avoids a lot of tension and lets you know who your real friends are.
- You are respecting yourself and others when you say it straight.
- It's sometimes hard.

Some responses from parents/adults:

- Being open and honest.
- To be honest with others as well as myself.
- It helps everyone involved.
- It is all right to say what you really feel and most of the time it makes you feel better about yourself.

DISCUSSION

It has been suggested that effective prevention

programs should be designed to increase protective factors and reduce risk factors in individual, family, school, peer group, community and societal domains (Hawkins et al 1992, Benard 1993). This study showed that involving school personnel (including nurses and community volunteers) in delivering SIS training had very positive effects on students, their families and the community. Specifically, significant increases were obtained in student willingness to implement constructive decisions in difficult situations and feel more at ease doing so. Significant results were also maintained when analysis was done by gender, with the exception of those in the 3rd grade. Because those in the 3rd grade were a small sample in this study, separating them by gender reduced the sample size even more. Perhaps the small gender samples coupled with the young age group made it difficult to obtain significant results. Only through further research can this issue be clarified.

Several trainers reported that racial conflict among students (name calling and fights) abated after SIS training (Edwards & Maxson 1994, Craig 1994). This is a promising lead for further research. Furthermore, the significant increases in students' willingness to implement constructive decisions in situations related to sexual behavior and their comfort in doing so, support reports of reduced precocious sexual behavior among high school students after SIS training (Morton 1990).

With parents and the community, results show highly significant increases in effective communication skills, quality of family and group life, and highly significant decreases in ineffective communications related to low self-esteem and conflict that can lead to violence. It is difficult to determine the reason for the 11.9% drop-out rate among the adult groups. Some of them were trained over a period of 8 weeks, whereas others were trained in an intensive 1-day format. There is no relationship

between the training format and the drop-out rate. Furthermore, it is not possible to attribute the drop-out rate to the lack of skill of some of the trainers, since reviews of their videotaped work do not support that conclusion. It could be that some of the trainers had more difficult groups to deal with for several reasons (busy parents, lack of parent-school bonding, lack of community participation). This issue needs further investigation.

It is important to note that the results presented here represent the first efforts of the trainers. This speaks to the effectiveness of their training and the ease with which it can be implemented within a school setting with students, parents and community. The study impacted the individual, peer, school, family and community domains by improving communication skills, self-efficacy, interpersonal relationships with peers, family, school and community. The societal domain requires large-scale interventions such as the use of mass media and was outside the scope of this study.

The diversity of the situations portrayed in the movies indicate that SIS communication skills training generalizes too many (perhaps all) aspects of life. The subjective feedback responses from participants in all age groups to the question, 'What I learned about Saying It Straight', indicates the general usefulness of the training. Letting participants co-create parts of their training, for which they can assume responsibility and over which they have some control, insures cultural/ethnic, developmental and gender appropriateness. The sculptures and movies maximize awareness and minimize defensiveness. Participants who at first may say, 'I don't placate', or 'I'm not sarcastic', discover in the sculptures and movies under what conditions they do in fact engage in such behaviors. Furthermore, they discover the progression of their communications under stress. For example, a parent might want to express concern to a child and instead give a lecture. When the lecture doesn't have the desired effect, the parent may switch to blaming and finally, out of guilt, could end up placating. The body sculptures make participants aware of physical sensations and feelings that they experience as they communicate in these diverse ways; help them connect to their deepest wishes and change the course of automatic behaviors. Preliminary results with adolescents in juvenile detention and chemical dependency treatment and their parents are promising and indicate need for further research in such settings. Recent work indicates the importance of communication skills training in prison settings with adults including in-prison therapeutic community treatment for chemical dependency (Englander-Golden et al 1995). Further

research with these groups is in progress and will be reported in the future.

There is evidence that for girls school failure precedes 'teen' pregnancy rather than the other way around (American Association of University Women 1992). It is quite possible that school failure precedes other risky behaviors as well. It also has been reported that when a student sees his or her parent in the school as little as three times during the school year, the student's school performance improves; this is true even if the parent's visit is due to the student's misbehavior (Hardy 1993). Programs for wellness offered to parents through the schools can thus capitalize on the beneficial effects of parental school visits.

Because schools are recognized as institutions benefitting the public as a whole, school-based programs for wellness, even when delivered in collaboration with health professionals, avoid the stigma associated with programs that target 'dysfunctional' groups. Instead, they carry the message that all people can benefit from developing better communication skills, gaining more knowledge relevant to health, and learning how to put this knowledge into practice. Schools can thus be an important context within which to build coalitions for well-being that include health professionals, educators, students, families, and communities.

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