

The State of Primary Prevention in the American School Counseling Profession: Past, Present, and Future

Amerikan Okul Psikolojik Danışmanlığı Mesleğinde Temel Önlemenin Durumu: Geçmiş, Bugün ve Gelecek

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Abstract: A brief twentieth century overview of primary prevention in the American school counseling profession is followed by a presentation of the influence of the ASCA National Model for School Counseling Programs in the twenty-first century. Two meta-analyses, separated by 25 years, provide evidence of the effectiveness of primary prevention interventions to date. In concluding, four challenges to the future of primary prevention are discussed. They are: enhancing primary prevention programming, revisiting the balanced approach idea, promoting the ASCA National Model, and solving the dependent variable problem.

Keywords: primary prevention, secondary prevention, history of school counseling, future of school counseling

Öz: Bu makalede, yirminci yüzyılda Amerikan okul psikolojik danışmanlığı mesleğinde gerçekleştirilen temel önleme çalışmalarının kısa özetinden sonra, Amerikan Okul Psikolojik Danışmanlığı Derneği'nin (ASCA) Okul Psikolojik Danışmanlığı Programları İle İlgili Ulusal Modeli'nin yirmibirinci yüzyıldaki temel önleme çalışmaları üzerindeki etkilerinden söz edilmektedir. Ardından yirmi beş yıl arayla yapılan iki meta analiz çalışması sonuçları aracılığı ile temel önleme müdahalelerinin etkililiği üzerine kanıtlar sunulmaktadır. Sonuç kısmında gelecekte temel önleme çalışmalarının daha başarılı olması için üzerinde durulması gereken dört konu üzerine bazı tartışmalar verilmiştir. Bu dört konu temel önleme çalışmalarıyla ilgili programların zenginleştirilmesi, dengeli yaklaşım fikirlerinin yeniden gözden geçirilmesi, ASCA'nın Ulusal Modelinin geliştirilmesi ve çalışmaların yönünü etkileyen bazı bağımlı değişken sorunlarının çözülmesi olarak ele alınmıştır.

Anahtar Sözcükler: temel önleme, ikincil önleme, okul psikolojik danışmanlığının tarihçesi, okul psikolojik danışmanlığının geleceği

My professional interest in primary prevention dates back to the mid-1970s when using Shaw's (1973) *School Guidance Systems* as a textbook for the introduction to secondary school counseling course at Penn State University. Shaw proposed a "General Model for Guidance Services" paradigm based on the principle "who receives guidance services, when guidance services will be provided, and the goals that such services shall have (p. 74). Two of the six basic strategies in Shaw's paradigm were labeled "primary prevention: mental health programs" and "primary prevention: improvement of the educational environment." Shaw's text introduced me to the term, primary prevention, for the first time, provided a clear understanding of the concept, and enhanced my interest in the topic.

I became interested in the value of cognitive-behavioral counseling strategies in the early 1980s when teaching the pre-practicum course at Penn State. A defining moment in my career occurred upon discovering that the cognitive-behavioral therapy framework could also be used as a primary prevention strategy. Cognitive-behavioral therapy strategies follow a sequence of (a) explaining the rationale for the treatment intervention to the client, (b) demonstrating or modeling the targeted behaviors, (c) guiding the client through supervised practicing of the targeted behaviors and providing constructive feedback, (d) having the client transfer the learning to real-world settings, (e) engaging in a constructive evaluation of the outcomes with the client, and (f) determining the effectiveness of the experience

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and using the information to make improvements if necessary (Cormier & Nurius, 2003). I hypothesized that the same steps could be applied to cognitive-behavioral primary prevention interventions with the goals being preventive rather than remedial in nature.

The belief was transformed into action with a series of quasi-experimental research studies focused on the effects of cognitive restructuring training as a primary prevention intervention on measures of state anxiety, stress, and academic performance for adolescents in school settings (Baker, Thomas, & Munson, 1983; Baker & Butler, 1983; Haldeman & Baker, 1992; Kiselica, Baker, Thomas, & Reedy, 1994). The basic ingredients of the primary prevention intervention were to help the participants identify their negative self-defeating thoughts (e.g., no one likes me, I cannot succeed in arithmetic), learn how to stop/interrupt the cognitions when they occur, and replace them with positive self-enhancing thoughts (e.g., there are individuals who do like me; believing I cannot succeed is preventing me from having an opportunity to succeed).

Concurrently, I had developed an interest in the usefulness of meta-analysis as a strategy for reviewing bodies of research literature in areas of interest to me. Publication of a meta-analysis of career education interventions (Baker & Popowicz, 1983) led to an invitation from Merville Shaw to submit a meta-analysis of primary prevention studies for a special issue of the *Personnel and Guidance Journal* on primary prevention that was published in April of 1984. Information from that study by Baker, Swisher, Nadenichek, and Popowicz (1984) is presented later in this paper.

A shared interest in the potential of primary prevention in school counseling by Merville Shaw and myself led to the publication of a book entitled *Improving Counseling through Primary Prevention* (Baker & Shaw, 1987). Excerpts from that text appear later in this paper as well.

These are the foundations of my association with primary prevention in school counseling. The research and writing projects were interesting and enlightening, and the publications caused others to notice my efforts. One of the effects of being noticed was to be invited to submit the present paper. I consider the invitation a privilege and have attempted to provide useful information about the past, present, and potential future of primary prevention in school counseling. This paper focuses on circumstances in America because I am not familiar with the state of primary prevention in schools elsewhere. Yet, I believe the information will be a useful manifestation of the comparative education paradigm that has worked so well in other areas of education.

The Past: A Brief Historical Overview of Primary Prevention in School Counseling A Profession Evolving Without a Plan

The early American school counseling or *guidance* programs of the late 19th and early 20th centuries were educational experiences woven within the school curricula as courses or units within courses designed to accomplish goals related to enhancing the moral development of students, making them employable, helping them find suitable employment, and responding to their individual differences. Although the term primary prevention was not in vogue at the time, these early school guidance programs seemed to reflect the primary prevention principles.

Since school counseling was not a well defined entity at the time, a number of other circumstances influenced the development of the profession, causing the early primary prevention focus to become less important and multiplying the functions within the school counselor's role. As well, there was not universal agreement about the role and functions. These influences led to an increasing emphasis on what Shaw (1973) referred to as "early identification and treatment" and "diagnosis and treatment" goals. These emphases moved the attention of school counselors and those who trained them away from prevention for many students toward treatment for a smaller number of students who were most in need of it.

This emphasis on remediation also exposed a challenge for school counselors that remained to this day. That is, students who need treatments are referred in some manner and need to be responded to by their counselors. These interactions are unpredictable and may occur often, requiring counselors to respond on an as-needed basis. On the other hand, primary prevention programming is proactive in nature and requires planning in advance of delivering the programs. Consequently, having to react to numerous demands for treatment can cause counselors to have little time, energy, or inclination to engage in planning and delivering proactive prevention programs. These circumstances favored the growth of treatment-focused school guidance programs over prevention-focused programs or a balance between the two.

Mid-Century Emphasis on Development and a Broader Service Domain

By the mid-twentieth century, counselor education had a strong emphasis on training school counselors to be *counselors* via counseling theories, pre-practicum, and practicum courses. Therapeutic theories developed for mental health clinicians were

being adapted to school counseling, and most school counselors were located in high school settings.

In his popular book entitled *The Counselor in a Changing World*, C. Gilbert Wrenn (1962) chided secondary school guidance counselors for having allowed themselves to become narrowly focused on the remedial needs of a few students and recommended that the evolving population of elementary school counselors emphasize responding to the developmental needs of a wide range of students. Over the remainder of the twentieth century several other voices favoring a primary prevention emphasis added their views and introduced additional descriptors or labels. In addition, school counselors were employed in elementary, middle, and secondary schools, and many school counselors were not previously teachers. Counselors who had not been teachers were less likely to be prepared for or feel comfortable in classroom-like settings. Since training programs did not tend to prepare prospective school counselors for engaging in large group guidance programming, these counselors were more likely to engage in treatment rather than prevention functions.

One of the earliest of the mid-century voices favoring a developmental emphasis was Dinkmeyer's (1967) *developmental guidance* approach to encouraging children to help, understand, and accept themselves. His Developing Understanding of Self and Others (DUSO) kits were very popular primary prevention programs, especially for elementary and middle school counselors during the third quarter of the twentieth century.

In the early 1970s, deliberate psychological and career education concepts were introduced, and they had a distinctive primary prevention flavor. Deliberate psychological education advocates introduced psychologically based curriculum interventions for counselors to use to help students focus on personal development (Mosher & Sprinthall, 1970). The core of the deliberate psychological education paradigm was an emphasis on cognitive and moral development. Career education advocates recommended integrating general and vocational education, instruction, and guidance around a career education theme from kindergarten to 12th grade (Hoyt, Evans, Macklin, & Mangum, 1974). Both ideas emphasized proactive programming delivered in large group settings that resembled the primary prevention model.

The epitome of the career education idea in the schools has been the work of Norman Gysbers and colleagues. They advocated providing a comprehensive structure for school counseling manifested in a specific guidance curriculum that:

(a) is similar to other programs in education, (b) is based on developmental principles, (c) represents a full range of guidance services, and (d) involves all school staff members. The underlying theme is *life career development* (Gysbers & Henderson, 2000). Although the idea includes a "full range of guidance services," there clearly is a strong emphasis on primary prevention programming within their *comprehensive guidance and counseling program* idea.

The comprehensive developmental guidance model had considerable influence across America in the last quarter of the twentieth century. Sink and McDonald (1998) reported that 35 state departments of education or school counseling associations promoted implementation of this comprehensive school counseling model, and it is major part of the foundation of National Model of the American School Counselor Association (ASCA). The ASCA National Model (2005) is introduced in the next section.

In the closing years of the twentieth century, Baker and Shaw (1987) attempted to introduce the primary prevention concept to a counseling and guidance audience through presentations of major primary prevention strategies known to be used in some schools at the time and identified the challenges associated with the implementation process. As an introduction they noted that:

Primary prevention is a promising approach to guidance and counseling for several reasons. It may help move guidance into the mainstream of education; it can help bring counseling to more students; and it can increase both the effectiveness and visibility of services. It is not intended to replace what exists, but to augment it. The concepts and techniques of primary prevention can also help reduce the number of students who require specialized attention to existing personal, interpersonal, or academic problems because its aim is to prevent such problems from occurring (p. vi).

Baker and Shaw (1987) concluded with an assessment of the state of primary prevention at that time. In their view, a number of specific, independently designed primary prevention programs and techniques were available for adaptation, yet few schools or agencies provided primary prevention programs systematically.

The Present: The ASCA National Model in the Center Stage

The ASCA National Model
The first edition of the ASCA National Model for School Counseling Programs (ASCA, 2005) was published in 2003, and it was preceded by the ASCA National Standards for Students (Campbell & Dahir, 1997). The National Standards are one of

the foundations for the National Model. Several of the stated purposes of the Standards reflect the primary prevention idea. They are: (a) establish school counseling as an integral part of the academic mission of the schools, (b) provide equal access to school counseling services for all students, (c) highlight the key ingredients of developmental school counseling, (d) identify the knowledge and skills to which all students should have access from comprehensive school counseling programs, and (e) ensure comprehensive school counseling programs are delivered in a systematic manner.

The Standards are an inventory of statements of what students should know and be able to do as a result of receiving the services of their professional school counselors.

These outcomes are organized into three broad domains: academic development, career development, and personal/social development. Each domain contains a set of standards with corresponding competencies and indicators. An example follows.

Domain = Academic Development; Standard A: Students will acquire the attitudes, knowledge and skills that contribute to effective learning in school and across the life span; Competency A:A1 = Improve academic self-concept; and Indicator A:A1.1 = Articulate feelings of competence and confidence as learners (ASCA, 2005, p. 102).

The entire set of standards and the goals for them have a primary prevention focus and can be the basis for a broad array of K-12 primary prevention programs and of a guidance curriculum designed by school counselors.

Another foundation of the ASCA National Model (ASCA, 2005) is the comprehensive counseling and guidance focus of Gysbers and Henderson (2000). The components of the Model are very similar to those of the comprehensive counseling and guidance idea. Briefly, the goals for those using the National Model are to design, implement, coordinate, manage, and evaluate programs for the success of all students that are comprehensive in scope, preventive in design, and developmental in nature. The delivery system consists of a school guidance curriculum, individual student planning, responsive services, and system support. If not a model that favors primary prevention programming, it certainly espouses a balanced approach between proactive programming (i.e., guidance curriculum) and reactive treatment responses (e.g., responsive services).

It seems as if the National Model document and comments of its proponents tend to emphasize the guidance curriculum component more than the others. The goal of serving all students favors a guidance

curriculum that would be available to all students, and such curriculums are primary prevention in nature.

Influence of the ASCA National Model

The ASCA National Model seems to have had a significant influence on the American school counseling and counselor education professions, state standards for school counselors, and the school counseling standards of the Council for the Accreditation of Counseling and Related Educational Standards (CACREP, 2009) in the first decade of the twenty-first century. Foster, Young, and Hermann (2005) provided empirical evidence of support for the National Model across the U.S. Yet, I am not aware of any other data about how widespread and comprehensive the influence has been in the American schools.

My experience as the university supervisor for school counselors has been limited to the Wake County, North Carolina area schools where our students typically serve as interns. With regards to primary prevention programming, I've not seen any evidence that these school districts are purposefully implementing system-wide comprehensive guidance curriculums. Each school seems to have its own emphasis on primary prevention programming, depending upon the interests of the school counselors and other circumstances such as whether the counselors are serving in elementary, middle, or secondary schools. Historically, there is more primary prevention programming in elementary schools, less in the secondary schools, and the middle schools are in between. Current circumstances in the schools within our service area remain the same. Galassi and Akos (2007) have shared similar observations:

In contrast to what has been recommended in the National Model, it has been our experience that the guidance curriculum at all levels invariably is the sole responsibility of school counselors rather than something which the school counselor coordinates and administers along with teachers and other educators. Moreover, it is rare to encounter a school system in which the guidance curriculum has been organized and sequenced over the entire K-12 grade span (p.71).

Galassi and Akos continued by pointing out that school counselors tend to initiate classroom guidance in response to teacher needs and either do so by purchasing an attractive commercial program that has not been tested empirically or searching for sources in texts, websites, and the like.

The observations stated above are limited geographically and may understate the influence of the ASCA National Model and the nature and impact

of primary prevention programming in America. We currently do not know how widespread that influence is.

Criticisms of the ASCA National Model and Primary Prevention

Baker and Gerler (2008) presented several reasons why the ASCA National Model should be highly regarded, including (a) it attempts to define the role of school counselors; (b) there is a comprehensive emphasis on meeting the developmental needs of students across academic, career, and personal/social domains; (c) it has elements of a balanced school counseling framework; and (d) there is an emphasis on working within school systems for constructive change. Yet, Baker and Gerler also stated a belief that it is still an imperfect paradigm that needs to be viewed as analogous to a theory to be tested. Challenges to the validity of the National Model that provide ideas for hypotheses that might be tested are presented in the next paragraph.

The information associated with the ASCA National Standards (Campbell & Dahir, 1997) does not indicate that they were based on current developmental theory and research, and they do not address development by level (Galassi & Akos, 2004). The primary prevention focus may be too narrow and does not appear to meet the needs of at-risk youth (Keys, Bemak, & Lockhart, 1998), especially those having to cope with environmental demands such as poverty, dysfunctional families, and crime-ridden neighborhoods (Sears, 2005). The skills required to deliver the primary prevention programming component of the National Model do not require training at the master's degree level (Astramovich, Hoskins, & Bartlett, 2009).

Evidence of Effectiveness of Primary Prevention Programming

Twenty-five years ago. A meta-analysis of primary prevention studies was conducted by Baker et al. (1984) approximately 25 years ago. Forty-one studies were identified and included in the analysis. The topical content of the primary prevention interventions within the studies was classified as: (a) designed to enhance career maturity, (b) coping skills training founded on cognitive-behavioral principles, (c) communication skills training programs, (d) deliberate psychological education programs, (e) moral education programs, deliberate psychological education and moral education programs, (f) substance abuse prevention programs, and (g) values clarification programs.

The average effect size across the 41 studies was .55, which is considered a medium average effect

within the three categories (i.e., small, medium, and large) established by Cohen (1969). The intervention categories achieving large effect sizes were deliberate psychological education programs ($ES=1.43$, $n=2$), programs designed to enhance career maturity ($ES=1.33$, $n=12$), communication skills training programs ($ES=.93$, $n=4$), and deliberate psychological education and moral education programs ($ES=.83$, $n=5$). Obviously, there were not many studies in three of the four categories with large effect sizes.

Baker et al. (1984) commented: "Considering the difficulties that limit opportunities to conduct successful primary prevention programs in schools, the results of this meta-analysis were encouraging" (p. 462). The investigators experienced data-collection and analysis problems associated with lack of clarity of study content and goals, insufficient program descriptions, and missing data needed for the meta-analysis. The meta-analysis technique was rather new in counseling research at the time, and journals did not routinely report means and standard deviations for all comparisons included in the studies.

Another challenge reported by Baker et al. (1984) that may remain for many investigators to date was referred to as the "dependent variable problem." If the non-occurrence of problems is the gold standard of primary prevention, how does one measure what has not happened? The studies reviewed tended to use measures associated with constructs related to the goals of the programs (e.g., enhanced career maturity, reduced state anxiety, increased locus of control) or the transfer of the skills that were taught (e.g., enhanced decision-making skills, more sophisticated defining issues skills). The authors stated: "Primary prevention needs more relevant dependent variables, and discovering them should be a high priority for the next generation of researchers" (Baker et al. 1984, p. 463).

Recent evidence. A more recent meta-analysis of school counseling outcomes conducted by Whiston, Tai, Rahardja, and Eder (2011) covered a broader range of school counselor interventions than Baker et al. (1984), including those categorized as representing guidance curriculum, individual planning, responsive services, and program evaluation. Out of a total of 325 studies identified for possible inclusion in the study, 117 were used in an analysis of experimental-control studies, and 32 were pre-post comparison studies. The guidance curriculum category appeared to be the one most closely associated with primary prevention interventions.

There were three meaningful subcategories of effect sizes reported within the guidance curriculum category. The meta-analysis included 30 "classroom instruction" studies, and the effect size was .31

(considered small to moderate by Cohen's, 1988 criteria). There were 21 "group activities" studies with an effect size of .41 (also considered small to moderate). Five studies were classified as "parent workshop/instruction" and had an effect size of .94 (considered large).

Thus, of the 149 studies analyzed, 57 appeared to be primary prevention in nature, and the effect sizes ranged from .31 (small to moderate) to .94 (large). The Baker et al. overall effect size of .55 falls within this range while some of the higher categories in that analysis (ranging from .83 to 1.43) are near to a bit above the highest effect size in the Whiston et al. (2011) study.

Making precise comparisons between the two meta-analyses is virtually impossible. My most conservative and studied observation is that the findings are more similar than different. Therefore, the Whiston et al. (2011) study seems to support the findings of the Baker et al. study (1984) and strengthens the findings for both studies.

Moreover, the small to moderate effect size compared favorably to other primary prevention studies related to mental health programs for children and adolescents outside of school settings, according to Whiston et al. (2011).

Several elements of the summary of the findings by Whiston et al. (2011) were equally as interesting as the effect size data. From their analysis of the data, the investigators concluded: (a) interventions based on behavioral outcomes were more effective than those focused on affective and cognitive outcomes; (b) interventions presented by teachers were generally more effective than those by counselors and others; (c) there were no differences across elementary, middle, and secondary school counseling levels; and (d) the most effective interventions were those focused on decreasing discipline problems, increasing problem-solving abilities, teaching peer counseling skills, and increasing GPA and academic achievement in small, significant ways.

In concluding their discussion of the analysis, Whiston et al. (2011) offered some interesting thoughts for the school counseling profession:

The results of this study, however, indicate that the effectiveness of guidance curriculum and responsive service interventions are not significantly different at all grade levels. Nonetheless, there are some interesting trends regarding guidance curriculum activities producing slightly, but not significantly, larger effect sizes than responsive services do at the middle and high school levels. . . . The results of this study suggest that middle and high school counselors may want to consider how they can creatively

incorporate guidance curriculum activities into the comprehensive school counseling programs (p. 47).

The Future of Primary Prevention in American School Counseling

In closing, thoughts about what seem to be the most immediate current challenges for primary prevention programming and strategies for possibly overcoming them are shared. They focus on enhancing primary prevention programming, revisiting the balanced approach idea, promoting the ASCA National Model, and solving the dependent variable problem.

Developing More Effective Primary Prevention Programming

This challenge appears to have two dimensions. One dimension is the lack of and need for a systematic approach to primary prevention programming. This idea was promoted by Gysbers and Henderson (2000) and in the ASCA National Model (ASCA, 2005), and Baker and Shaw (1987) and Galassi and Akos (2007) shared their observations about the negative repercussions associated with a lack of a systematic approach.

Motivation for instituting systematic approaches from the national (e.g., ASCA) and state (i.e., departments of education) levels is crucial. Yet, a systematic approach will not occur in a widespread manner unless the motivation and understanding exists at the grass roots level. The primary response to this challenge needs to occur in school systems and in the schools within those systems, and the most likely leaders of a grass roots movement will be school counselors. School counselors are more likely to be motivated and informed if trained by counselor educators who understand primary prevention and are willing and able to train students to engage in it systematically.

The second dimension to this challenge is identifying primary prevention program content that is effective. Whiston et al. (2011) identified interventions based on behavioral outcomes as more effective than those focused on affective and cognitive outcomes and cited interventions that focused on decreasing discipline problems, increasing problem-solving abilities, teaching peer counseling skills, and increasing GPA and academic achievement in small, significant ways as the approaches to primary prevention most likely to work.

These recommendations provide excellent foundational ideas for systematic primary prevention programming. On the other hand, even though primary prevention interventions based on affective and cognitive approaches appear to be less successful,

they need not be ignored. These approaches are important as well and may need greater attention to the soundness of the programs prior to using them and the methods used to evaluate them. More is offered about program evaluation in a later section.

Determining the Components of a Balanced Approach to School Counseling

Critics have pointed out that primary prevention interventions are not sufficient enough for students who experience significant personal and environmental challenges (Keys et al. 1998; Sears, 2005). Proponents of primary prevention are rather universal in their advocacy of a balanced approach that includes attention to prevention and responsive services. A balanced approach has more potential for serving all students than approaches that are too far out of balance.

Determining the best way to divide attention to both prevention and responsive services also appears to be a grass roots issue. Each school district and schools within those districts may require different levels of emphasis on prevention and responsive services. On the other hand, if time is not intentionally devoted to prevention programming, responsive services will naturally engulf the school counseling service system.

The typical way to perceive of a balanced approach is to view it as splitting time between proactive guidance curriculum prevention programming and individual and small group remedial responsive services. Given the criticisms of primary prevention, a more realistic view may be to consider three components of the balanced approach, those being primary prevention, secondary prevention, and responsive services. Attention to secondary prevention programming of longer duration with greater depth of content for at-risk students seems appropriate and necessary, and time needs to be devoted to secondary prevention as well as primary prevention and remedial responsive services in a balanced approach.

Enhancing Adoption of the ASCA National Model Systematically

The ASCA National Model (2005) appears to be the best vehicle for promoting systematic school counseling programs and primary prevention programming. It was designed as a plan for improving existing school counseling programs yet can also be used as a resource when training school counselors to be ready for implementing the National Model (ASCA, 2005) upon transition to the profession.

Therefore, in spite of apparent shortcomings in the National Model (ASCA, 2005), counselor educators

and professional school counselors are encouraged to understand and promote it in their training programs and school systems. If the benefits do indeed outweigh the shortcomings, then adaptations related to perceived shortcomings can be made at the grass roots levels, especially if a systematic approach to school counseling and primary prevention has occurred.

Solving the Dependent Variable Problem

A position taken recently by Galassi and Akos (2007) provides a creative response to the concern expressed in Baker et al. (1984) by recommending a different way of thinking about dependent variables rather than finding new ones. Galassi and Akos recommended focusing on what students want to occur (i.e., enhancing strengths) more importantly than what they do not want to occur (i.e., preventing problems). They believe that problems tend to decrease as strengths increase. Therefore, dependent variables such as enhanced career maturity or improved decision-making competence need not be viewed as indirect measures of the effects of primary prevention interventions. Instead, they may be viewed as desired outcomes of proactive large group guidance or guidance curriculum programs. Enhancing these strengths will tend to decrease the problems (Galassi & Akos). Therefore, dependent measures focusing on whether or not strengths such as improved decision-making competence were enhanced can be considered legitimate primary prevention outcome measures.

Baker and Gerler (2008) provided an approach to evaluating prevention programming interventions that supports the dependent variable idea from Galassi and Akos (2007). They recommended that counselors use a pre-experimental pretest-posttest design to evaluate their large-group prevention programming interventions. An example would be to assess the participants' level of decision-making competence before the intervention took place (pretest) and then again after it was finished (posttest). A correlated *t* test would provide data evidence about the effectiveness of the intervention.

Since it is virtually impossible for professional school counselors to conduct experimental or quasi-experimental studies because of the necessity for control groups, the pretest-posttest pre-experimental design serves as a useful action research option. Baker and Gerler (2008) argued that the threats to internal validity associated with pre-experimental designs are overcome by continuous repetitions of the pre-experimental design across numerous prevention interventions by comparing the pretest and posttest averages statistically.

For example, school counselors may deliver prevention programs designed to enhance decision-making competence to several groups of participants and do so over the course of several semesters or years. By using the pretest-posttest design, they can accumulate a body of data about the effects of the intervention while also making modifications in the program based on the data. It would be virtually impossible for them to continuously conduct experimental or quasi-experimental designs because of the necessity of having control groups, leading to the collection of a body of local evidence.

This approach has an action research focus similar to that promoted by Rowell and Carey (2009). The accumulated data collected over time will provide evidence about the effectiveness of the interventions. This action research strategy is an appropriate response to the concern about the lack of evidence-based practice in the school counseling profession (Carey, 2010; Whiston, 2002) and Kaplan's (2009)

complaint that counselors are not devoting enough attention to evaluating their work.

As the twenty-first century evolves, the impact of primary prevention in American schools appears to be more similar than different from 25 years ago. How strong that influence should be is still open to debate. These views are limited to my experience and perspective, and there certainly may be additional important challenges and excellent recommendations for meeting them that have not been addressed in this paper. Further analyses of these ideas are welcomed.

Although based on circumstances in the United States, the four challenges presented above may also be either current challenges in other nations or may be challenges in the future. Since a developmental, preventive perspective in school counseling is international in scope, the ideas that have been presented herein may be useful immediately or in the future to an international audience of school counselors and counselor educators.

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