

Substance Use Disorders: What School Counselors Should Know

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Abstract

Substance use among school-aged young people is of concern as it relates to student success. School counselors have an opportunity to prevent, educate, and counsel students about substance use. Various models of school counseling, including the ASCA National Model, have encouraged the development of competency-based programs that help students succeed in school and in life. In an effort to inform school counselors, ASCA has developed position statements related to substance abuse. School counselors have reported difficulties in identifying students with substance use issues, working effectively with these students, and developing or teaching curricula associated with substance use. School counselors may benefit from additional training on substance abuse as well as from models that emphasize student well-being and success. The purpose of this article is to provide school counselors strategies for addressing students' substance use. The PACES model of student well-being is used to illustrate the influence of substance use on students' well-being and provide school counselors a framework from which to evaluate, educate, and counsel students regarding substance use.

Keywords: substance use, substance abuse, school counseling, well-being

Substance Use Disorders: What School Counselors Should Know

Substance use among school-aged young people is concerning and challenging to school counselors. The Centers for Disease Control and Prevention ([CDCP], 2017) published Youth Risk Behavior Survey (YRBS) results that showed that students (14,765 usable student questionnaires) in grades 9-12 across 43 states presented the following information:

- 29.8% reported current alcohol use (at least one drink of alcohol on at least one day during the 30 days before the survey);
- 8.8% reported current cigarette use (on at least one day during the 30 days before the survey);
- 13.2% reported current electronic vapor product use (on at least one day during the 30 days before the survey);
- 19.8% reported current marijuana use (one or more times during the 30 days before the survey); and
- 4.8% reported used cocaine (any form of cocaine, such as powder, crack, or freebase, one or more time during their life).

School counselors have been encouraged by the American School Counselor Association (ASCA) and other leaders within the school counseling field to implement comprehensive school counseling programs that promote the academic, career, and social development of *all* students within their respective schools (ASCA, 2012; Gysbers & Henderson, 2012; S. K. Johnson & Johnson, 1991; C. D. Johnson & Johnson, 2001). There are a variety of issues that challenge student success, and substance use is one of the more challenging issues facing students. The various models of school counseling programs, including the ASCA National Model (2012), have all advocated that school counselors design programs that are competency based and that help

students succeed in school and in life. School counseling programs are based upon fundamental philosophies and positions that guide the programs' mission and goals (ASCA, 2012; Gysbers & Henderson, 2012; S. K. Johnson & Johnson, 1991).

ASCA developed 45 position statements to advise school counselors regarding the positions taken by the professional organization (ASCA, 2018). Substance use is listed in five position statements or approximately 10% of all ASCA position statements. For example, one position statement related to social/emotional development states that substance use negatively affects academic performance (ASCA, 2017b). In addition, a second position statement (ASCA, 2017a) related to identification and prevention of at-risk behaviors lists substance use as dangerous and possibly having devastating lifelong implications. Clearly, ASCA considers substance use to be a significant concern among the issues confronting students and their school counselors.

Despite ASCA's focus on student substance use, Burrow-Sanchez and Lopez (2011) found in a national-level study that many high school counselors reported differential levels of training in substance use disorders (SUDs). Although school counselors reported competence in consulting with teachers and parents about student substance use issues; they reported less competence in their ability to identify students with substance use issues, work effectively with these students, and develop or teach classroom curricula related to substance use. Therefore, school counselors may benefit from training that increases their knowledge and skills related to substance use; they may also benefit from models that emphasize student well-being and success. The purpose of this article is to provide school counselors strategies for addressing students' substance use. We use the PACES model of student well-being (M. D. Nelson,

Tarabochia, & Koltz, 2015) to illustrate the influence of substance use on students' well-being and provide school counselors a framework from which to evaluate, educate, and counsel students regarding substance use. The PACES model of student well-being is hereinafter referred to as the PACES model.

Student Substance Use

Substance use trends among school-aged young people are dynamic and influenced by social and political factors (L. D. Johnston et al., 2018). Assessing and monitoring substance use trends among students informs decisions made by policymakers, administrators, and school counselors about education and treatment interventions (L. D. Johnston et al., 2018). Additionally, substance use trends among school-aged young people are often indicative of future substance use trends as they become adults. For example, school-aged young people who abstain from cigarette smoking in childhood and adolescence often continue to abstain from cigarette smoking in adulthood. This cohort effect causes declines in smoking prevalence in the U.S. Similarly, increased adolescent opioid use in the 1990's was an early indicator of the increase in adult opioid use over the last ten years (L. D. Johnston et al., 2018).

Childhood and adolescence are critical times for preventing, identifying, and treating substance use among young people. School-aged young people who use drugs are at risk of developmental neurological delays, traffic accidents, delinquency, mental health disorders, delayed social development, family conflicts, and sexually risky behaviors (CDCP, 2017; L. D. Johnston et al., 2018). Furthermore, people who begin using substances during childhood and adolescence have increased risks for SUDs later in life (S. E. Nelson, Van Ryzin, & Dishion, 2015).

SUDs are diagnosable disorders characterized by continued substance use despite significant problems caused by the use (American Psychiatric Association [APA], 2013). SUDs cause, and are perpetuated by, changes in brain functioning that cause impaired control, intense cravings, and repeated unsuccessful attempts to stop or decrease use (APA, 2013). SUDs are caused by various genetic, environmental, social, and biological factors (Sloboda, Glantz, & Tarter, 2012). Although SUDs causes are multifactorial and debatable (Sloboda et al., 2012), early identification and treatment of students who use alcohol and other drugs (AOD) are effective at preventing long term negative consequences such as health issues, job and financial issues, and family issues (Center for Substance Abuse Treatment [CSAT, 1999]; Carney & Myers, 2012).

School counselors are often the first safeguard against SUDs for students through early identification, community referrals, and educational programs (ASCA, 2017a). School counselors interact with students, students' families, teachers, school administrators, and community partners to develop and implement programs that can improve students' well-being and positively impact their communities (ASCA, 2017). School counselors can evaluate, educate, and counsel from the PACES model to prevent and treat student SUDs and to enhance student well-being.

Student Well-Being

Wellness-based models were developed in response to the failings of biomedical models (Gross, 1980; Myers & Sweeny, 2004). Biomedical treatment models promote removing disease, whereas wellness models promote holistic health enhancement (Gross, 1980; Wade & Halligan, 2004). Holistic health enhancement often includes spiritual, physical, emotional, psychological, career, social, and cultural domains

(Granello, 2013). Additionally, wellness models promote prevention of diseases and disorders through identification of risk and protective factors (Granello, 2013; Wade & Halligan, 2004). Although wellness models have gained support, few are specific to students (M. D. Nelson et al., 2015).

The PACES (i.e., physical, affective, cognitive, economic, social) model of student well-being provides school counselors a framework for enhancing student development and success. According to the model, there is an interaction and influence among the physical, affective, cognitive, economic, and social domains of student development. Each of the PACES domains interacts with the others and collectively they influence academic performance and student well-being. Substance use disorders influence all the domains of the PACES model of well-being. School counselors can use the PACES model to evaluate, educate, and counsel students regarding SUDs, with a focus on harm reduction (M. D. Nelson et al., 2015).

Physical Domain

The physical domain of the PACES model encompasses students' physical health issues such as nutrition, physical conditioning, diseases/disorders, physical disabilities, and other health-risk factors. This domain consists of physical health-related issues that affect students.

Students' physical health and development are adversely affected by substance use more than that of adults who use substances (Squeglia, Jacobus, & Tapert, 2009). Substance use during childhood and adolescence is associated with brain abnormalities causing delayed cognition, poor impulse control, memory loss, and poor concentration (Squeglia et al., 2009). These negative neurological effects may cause impulsive and

risky behaviors that adversely affect students' physical health. Additionally, school-aged young people have elevated rates of adverse physical events such as traffic related fatalities, unintended pregnancies, traumatic injuries, and sexually transmitted diseases. Their risks for such adverse physical events are compounded when they use AOD (CSAT, 1999). Students who use AOD have increased rates of delinquency, truancy, and criminal behaviors (CSAT, 1999).

Evaluating the physical domain. School counselors can evaluate students through the physical domain of the PACES model. Evaluation through this domain includes longitudinal behavioral observations and collaborating with teachers, parents, and school nurses. Because school counselors observe students over multiple years, they may be first to detect behaviors associated with substance use (Lambie & Rokutani, 2002). Behavioral changes relating to the physical domain of the PACES model include weight changes, sleeping in class, bloodshot eyes, nosebleeds, unexplained injuries, and increased absences (CSAT, 1999; Lambie & Rokutani, 2002). School counselors can use these behavioral observations to select students who may need more formal evaluation such as a comprehensive clinical assessment and formal screening/testing. Formal evaluations for students' substance use include a comprehensive AOD use history that includes substances used, frequency of use, method of use, and last use to help determine students' withdrawal potential (CSAT, 1999). School counselors are encouraged to collaborate with school nurses and other medical professionals to minimize students' potential for severe withdrawals (e.g., seizures, death) from substance use (CSAT, 1999).

Educating from the physical domain. School counselors work with teachers, nurses, school administrators, parents, and community agencies to design and deliver educational prevention programs for improving students' well-being (ASCA, 2016a). Therefore, school counselors educate these partners about AOD including their effects, trends, consequences, and treatment resources (ASCA, 2016a). The physical domain of the PACES model can be used to educate students about the physical effects of AOD. These effects might include the neurobiological, cognitive, and observable physiological effects such as weight changes, blood shot eyes, injuries.

School counselors can integrate harm reduction strategies into their educational interventions to decrease students' resistance to education about AOD (McBride, Farrington, Midford, Meuleners, & Phillips, 2004). Harm reduction strategies specific to the physical domain of the PACES model include educating students on physical benefits and consequences of using AOD. Additionally, harm reduction education can include increased safe decision making such as understanding tolerance, safe use limits, responding to overdoses, using around other people rather than alone, arranging safe transportation, safe sex, and how to intervene with peers engaging in risky behaviors (McBride et al., 2004).

Counseling from the physical domain. School counselors can counsel from the physical domain of the PACES model to increase students' awareness of the physical effects of AOD. School counselors can use the following questions to explore students' knowledge of the influence of AOD on their physical health and provide further information and education to raise their awareness:

- *What are some ways using AOD helps you physically?*
- *What are some ways AOD may be less helpful physically?*
- *How does AOD affect your decision making?*
- *You may choose to use AOD, you may also choose not to use AOD. If you were to use AOD, how could you stay safe?*
- *How might the physical impacts of substance use affect the other domains of the PACES model for you?*
- *May I give you some information about the benefits of abstinence from AOD, consequences of AOD use, and methods of increasing safe use?*

Affective Domain

The affective domain of the PACES model focuses on students' mental health and well-being. This domain includes constructs such as mood, anxiety, self-esteem, self-efficacy, personality, and confidence. Students' affective issues range from inability to experience emotions to extreme negative emotional experiences and are often signs of a mental health disorder (APA, 2013; CSAT, 1999). Mental health issues such as anxiety, depression, personality disorders, and thought disorders manifest during late childhood and adolescence (APA, 2013). Left untreated, mental health disorders increase students' relapse potential and increase their likelihood of substance use later in life (CSAT, 1999). Mental health issues often cause, result from, and are exacerbated by, substance use (APA, 2013). For example, an adolescent with a mood disorder may begin using alcohol to improve his or her mood and develop a SUD. If this student continues to use alcohol their depressive symptoms will worsen. Similarly, an adolescent without mental health concerns may begin using a stimulant such as cocaine or methamphetamine and subsequently develop an anxiety disorder.

Mental health and SUDs that occur together are called co-occurring or comorbid disorders (Flynn & Brown, 2008). Seventy percent of people with SUDs have co-occurring mental health disorders which often manifest during adolescence (APA, 2013; Flynn & Brown, 2008). Co-occurring mental health and SUDs interact and require a holistic, interdisciplinary treatment process (Carney & Myers, 2012; CSAT, 1999). Co-occurring issues are best treated simultaneously through a systemic approach that includes the student; his or her family; other professionals such as school psychologists, nurses, and psychiatrists; school administrators; and outside community agency representatives (Lambie & Rokutani, 2002).

Evaluating the affective domain. School counselors have dynamic roles in evaluating mental health and substance use issues in students (Donohue, Goodman-Scott, & Betters-Bubon, 2015). On a micro level, they evaluate students through formal and informal evaluations to ensure students' support needs are met (ASCA, 2017a). From a macro perspective, school counselors evaluate school programs, educate stakeholders, and advocate for evaluation and intervention services based on their schools' budgets, needs, and populations (Donohue et al., 2015). Effective evaluations and subsequent interventions in the affective domain of the PACES model are contingent upon school counselor's selection and administration of reliable, valid, and affordable evaluations (ASCA, 2017a; Donohue et al., 2015).

A review of the various instruments for assessing students' mental health and substance use issues is beyond the scope of this article. However, school counselors are encouraged to use multiple measures that account for students' systemic perspectives such as teachers and family members, multicultural factors, and

developmental needs (Lambie & Rokutani, 2002; Donohue et al., 2015). Evaluations can be used to match students' needs regarding mental health and substance use to appropriate counseling interventions (CSAT, 1999). For example, after a school counselor determines that a student has a mental health and substance use disorder, they can match their counseling interventions to this student's needs. These needs may include psychotropic medications, education on co-occurring issues, exploring coping patterns, family interventions, peer support, and referrals to community agencies. Additionally, the school counselor can use ongoing student evaluations to identify school trends in mental health and substance use to advocate, design, and administer systemic interventions (ASCA, 2017a).

Educating from the affective domain. Educational interventions from the affective domain of the PACES model can increase participants' awareness of co-occurring mental health and substance use issues and how these issues influence other domains of the PACES model. School counselors can educate students, administrators, families, and stakeholders from the affective domain by developing educational programs about co-occurring mental health and substance use issues. Educational topics may include defining co-occurring disorders, determining how co-occurring disorders affect one another, identifying signs and symptoms of co-occurring disorders, and noting how co-occurring issues influence the various domains of the PACES model. Additionally, educational interventions can include treatment methods and treatment resources, such as community referral lists, for people who have or are at risk for co-occurring substance use and mental health issues.

Counseling from the affective domain. School counselors counseling from the affective domain of the PACES model can increase students' and their families (Lambie & Rokutani, 2002) awareness of the roles of emotional and mental health issues in students' substance use. School counselors may help students explore internal triggers (e.g., thoughts, emotions, moods) that lead to substance use, collaborate and refer to appropriate psychotropic prescribers, encourage family participation in counseling, and develop treatment plans that address students' substance use and mental health needs. School counselors can also educate students on the role of psychotropic medications in treating co-occurring issues and help them develop recovery skills that support consistent medication adherence, coping with distress, and improving self-esteem. Additionally, the PACES model can be used to help students develop recovery skills from other domains that can positively influence the affective domain such as healthy leisure activities, nutrition (i.e., physical domain), peer supports (i.e., social domain), and exercise.

Cognitive Domain

The cognitive domain of the PACES model includes thinking styles and intelligence. The cognitive domain includes constructs such as self-talk, intellectual aptitudes and abilities, belief systems, creativity, and problem solving. Students' academic achievement and career development are influenced by their cognitive skills and abilities (M. D. Nelson et al., 2015). Because the PACES domains are interrelated, constructs such as mental health issues and self-esteem also relate to the cognitive domain. For the purposes of this article, mental health issues are addressed in the

affective domain. School counselors can address these relationships throughout the student's evaluations, education, and counseling processes.

In addition to mental health issues, substance use negatively influences the cognitive domain of students through impaired scholastic performance, decreased motivation, disorganization, and impulsivity (APA, 2013; S. E. Nelson et al., 2015). As discussed in the physical domain of the PACES model, substance use during adolescence causes neurological changes that lead to impaired social functioning, decreased cognitive abilities, changes in brain volume, and decreased neurocognitive functioning (Squeglia et al., 2009). While these changes influence every domain of the PACES model, they are rooted in the cognitive domain.

Evaluating the cognitive domain. School counselors work with teachers, school psychologists, and school administrators in ongoing evaluations of students' cognitive performance, aptitudes, and abilities (ASCA 2016b; 2017b). Because evaluation is a core function of school counselors, they may identify early warning signs of student substance use relating to the cognitive domain of the PACES model. School counselors can monitor for negative changes in academic performance including truancy, grade declines, decreased participation, poor test scores, and decreased academic interest. These performance declines often indicate a need for further evaluations including substance use and mental health screenings/assessments which can help school counselors provide students appropriate services such as individual counseling, family counseling, and referrals to community agencies (CSAT, 1999; Lambie & Rokutani, 2002).

Educating from the cognitive domain. Educational interventions from the PACES model can increase students' awareness of the effects on substance use on adolescents' brain development (CSAT, 1999; Squeglia et al., 2009). First, school counselors can integrate experiential and didactic interventions that normalize students' attitudes toward substance use. The snowball activity allows students to safely explore their attitudes toward substance use. For this activity, the counselor asks each participant to write down on a piece of paper one positive, one negative, and one unknown effect of substance use. Next, they instruct the students to ball up the paper and engage in a snowball (i.e., paper) fight with their peers for one minute. Finally, they pick up a ball of paper and take turns reading aloud students' attitudes about substance use. School counselors can integrate educational interventions during this activity by providing information, normalizing curiosity, and educating students on the neurocognitive effects of substance use during adolescence. From a harm reduction perspective, school counselors may encourage students to postpone using AOD until their brains have fully developed around age 25 (McBride et al., 2004).

Counseling from the cognitive domain. School counselors can use the cognitive domain of the PACES model to increase students' awareness of the impact of substance use on school performance (i.e., cognitive domain) and the other model domains. Students often have irrational beliefs about substance use which can cause them to engage in dangerous behaviors regarding substance use that can lead to accidents, accidental death, or other negative consequences. School counselors can use cognitive interventions to help students develop rational beliefs about substance use (CSAT, 1999).

Students often overestimate the prevalence, amounts, and frequency of substance use among their peers. These beliefs influence their initiation and continuation of substance use (D'Amico & McCarthy, 2006). School counselors can help students develop rational beliefs about substance use. For example, an irrational belief of "everyone uses drugs" can be replaced with a rational belief such as "some people use drugs." Or, "most kids use drugs every day" can be replaced with "some kids use drugs sometimes." Students irrational beliefs about peer use can cause them to use dangerous amounts of substances because they believe their peers are using these amounts. Irrational beliefs regarding amount of use might include "Katy drank a case of beer (i.e., 24 servings) Saturday." Rational beliefs might include "Katy drank beer Saturday" or "Katy claimed to drink a case of beer Saturday." Cognitive interventions can be paired with educational interventions that provide realistic, evidence-based information to help students develop rational beliefs about peers' use amounts, prevalence, and frequency.

Economic Domain

The economic domain of the PACES model encompasses students' socioeconomic status. The economic domain includes students and their families' access to resources and basic needs such as housing and food.

The relationship between students' substance use and socioeconomic factors is complex (Hanson & Chen, 2007). Early research suggested that students from lower socioeconomic status had higher risks for substance use (CSAT, 1999) and other studies suggested students from affluent families had higher risks for substance use (Hanson & Chen, 2007). However, studies examining the influence of socioeconomic

status on students' substance use are limited by extraneous factors that limit their generalizability such as students' substance preference (e.g., alcohol, nicotine), substance access, culture/race, co-occurring mental health issues, and setting (e.g., rural versus urban).

Economic factors influence students' substance use and interact with every other domain of the PACES model. Students from affluent families may experience increased pressure to perform (i.e., emotional domain), have access to money to purchase AOD (i.e., social domain), and perceive AOD use as socially acceptable (i.e., cognitive domain). Students from a lower socioeconomic background may experience increased anxiety and stress relating to their basic needs (i.e., emotional domain), have access to obtain AOD (i.e., social domain), and have limited access to mental health medications and treatment (i.e., affective domain). School counselors are encouraged to consider economic factors in their evaluation, education, and counseling processes.

Evaluating the economic domain. School counselors can evaluate the economic domain of the PACES model through holistic client conceptualization that evaluates access to resources and family/social systems (Lambie & Rokutani, 2002). School counselors are encouraged to consider students' socioeconomic status and how it influences their potential substance use and well-being. To evaluate this domain with individual students, school counselors can use the following questions:

- *Do you parents/guardians work? If so, where?*
- *Tell me about a typical day in your household.*
- *How do you and your family spend your weekends/vacations?*
- *Do you typically eat breakfast at school or at home?*

School counselors can also evaluate students' economic domain of the PACES model by considering systemic issues for access to resources for affluent students and for students from low socioeconomic backgrounds. School counselors can evaluate affluent students' ideas about access to resources, beliefs about privilege, feeling pressured to live up to parental expectations, and beliefs about social status (M. D. Nelson et al., 2015). School counselors can evaluate students from low socioeconomic backgrounds regarding their access to basic resources such as food, feelings of optimism and hope, and their plans for ongoing education. School counselors can use a systemic approach that includes auxiliary data from school records including: neighborhood, family occupation, number of family members, family of origin versus guardians or foster families, and grade point average. School counselors can use these evaluation domains to conceptualize students from the economic domain of the PACES model; however, we caution school counselors against making causative inferences. Rather, school counselors can use the economic domain to understand students' potential barriers and risks relating to their socioeconomic status.

Educating from the economic domain. School counselors can educate students, their parents, school administrators, and community stakeholders from the economic domain of the PACES model. School counselors can educate students and their families about the long-term economic impacts of substance use such as decreased employment opportunities, job loss, treatment costs, and legal fees. Additionally, school counselors can provide real-world economic estimates of chronic substance use. For example, a pack of cigarettes in the US costs approximately \$5.50 and a pack per day for 10 years would cost \$19,800.

From a macro perspective, school counselors advocate for school programs that address the needs of students and their communities regarding substance use (ASCA 2017a; 2018). Not including interdiction, substance use costs the US over \$510 billion per year in the forms of lost productivity, health problems, legal/incarceration costs, and other resources (T. Miller & Hendrie, 2008). School counselors can educate administrators and stakeholders about the economic impact of prevention and intervention programs for students' substance use. Intervention programs for students with diagnosable SUDs save approximately \$30 per \$1 dollar invested by reducing educational costs, medical costs, and societal costs incurred by people with SUDs (T. Miller & Hendrie, 2008). Similarly, prevention programs for students who have not developed problematic substance use save approximately \$18 per \$1 invested, including teacher training in prevention program implementation (T. Miller & Hendrie, 2008).

Counseling from the economic domain. School counselors can intervene from the economic domain of the PACES model by increasing students' awareness of the economic impacts of substance use. School-aged young people are often impulsive and lack insight into problematic behaviors including substance use (L. D. Johnston et al., 2018). They may perceive their use as normal and have difficulty understanding how substance use influences abstract constructs such as mood (affective domain), academic performance (cognitive domain), and physical health (physical domain). School counselors can provide concrete information and examples from the economic domain to increase students' awareness of the long-term economic impact of substance use (S. E. Nelson et al., 2015).

As previously discussed, school counselors can calculate students' short-term and long-term spending on AOD. They can also develop discrepancies between students' long-term and short-term goals and their current behaviors (W. R. Miller & Rollnick, 2013). For example, consider an adolescent student who spends \$30 per week on AOD and is also interested in purchasing a car because they want more freedom. A school counselor can develop the discrepancy between the students' current behaviors and their short-term goal of obtaining a car (W. R. Miller & Rollnick, 2013):

You enjoy spending time with friends, you drink and use marijuana sometimes, and we concluded that you spend about \$30 per week on alcohol and drugs. You also want a car because you want more freedom and you are unsure of how you will pay for it.

Long-term discrepancies can also increase students' awareness of how their behaviors impact them economically:

After high school you hope to attend college and become a nurse because its important to you to help others and you think nursing is an exciting field. Right now, you are having difficulty finding employment because of the drug screen requirements.

Social Domain

The social domain of the PACES model includes students' systemic interactions (Lambie & Rokutani, 2002). Students interact with peer, school administrative, family, and community systems which influence, and are influenced by, students' substance use (Lambie & Rokutani, 2002). Students' substance use interacts with these systems to affect their long-term well-being, including school performance (i.e., cognitive

domain), career decision-making (i.e., economic domain), health issues (i.e., physical domain), and mental health (i.e., affective domain).

SUDs have genetic and environmental influences (APA, 2013); therefore, students may witness family members use AOD and be raised in environments where substance use is common. These systemic influences normalize substance use and can increase students' potential for substance use. From a systemic perspective, substance use is a symptom of the overall systems functioning, rather than a cause of students' substance use (Lambie & Rokutani, 2002). For example, a student who uses substances often indicates dysfunction within their familial system (Lambie & Rokutani, 2002). School counselors can use a systemic perspective of substance use to evaluate, educate, and counsel students.

Evaluating the social domain. School counselors can evaluate the social domain of the PACES model by exploring the various systems within which students function. Initially, school counselors can evaluate systemic changes associated with substance use such as students associating with new peer groups, having conflicts with teachers and school administrators, and incurring legal charges. These evaluations can be conducted in a semi-structured assessment that accounts for the various systems in which students function. School counselors can examine students' family systems through questions such as:

- *Who is in your family?*
- *Tell me about an average day in your family.*
- *What does a good day look like in your family? How about a bad day?*

School counselors may also use structured activities to explore students' family dynamics. Children and adolescents may convey family dynamics in structured activities that they are less likely to discuss verbally. School counselors can ask students to draw a picture of a normal day in the students' family and follow up with questions about the picture such as family member size, location in/out of the home, and activities portrayed in the picture. Additionally, school counselors can contact students' family members to assess family dynamics and involve them in the counseling process (Lambie & Rokutani, 2002).

Other systems such as peer groups and school system functioning can be assessed through behavioral observations and collaborative data collection. Because school counselors witness students over time, they may be the first to notice students associating with new peer groups or isolating themselves from other students (Lambie & Rokutani, 2002). These behavioral observations can be used to identify students who may need further evaluation as these behaviors are often signs of substance use (CSAT, 1999; NIDA, 2014). School counselors can collaborate with students' teachers and school administrators to collect collaborative data regarding students' behaviors and performance to support their evaluative processes (ASCA 2017a).

Educating from the social domain. School counselors can educate students from the social domain of the PACES model to increase students' awareness of the influence of social systems on their substance use. Because peer pressure and students' desire to fit in with different peer groups often motivate substance use (NIDA, 2014), school counselors can educate students about these influences and help them develop skills for managing these influences. Behavioral rehearsal through role playing

can help students practice methods of responding to peer pressure. School counselors may discuss social situations such as parties and set up role plays for students to practice refusal skills. Additionally, school counselors may help students practice harm-reduction strategies associated with social systems such as responding to overdoses, avoiding intoxicated driving/drivers, and avoiding drinking from open containers that could contain drugs such as Rohypnol or gamma-hydroxybutyric acid (i.e., date-rape drugs).

Counseling from the social domain. School counselors can counsel from the social domain of the PACES model to increase students' awareness of their substance use on others. Children and adolescents have limited insight into their behaviors nor are they aware of how their behaviors affect other people (Lambie & Rokutani, 2002; W. R. Miller & Rollnick, 2013). Students' limited awareness and impulsivity increase their potential to develop SUDs (APA, 2013). School counselors can increase students' awareness of the social effects of their substance use through perspective taking questions such as:

- *What person in your life is most affected by your substance use? How are they affected?*
- *What do you think this person notices about you when you are using AOD?*
- *What do you think this person notices about you when you are not using AOD?*
- *If I could ask this person about your substance use, what might they tell me?*

As discussed in other domains, school counselors are encouraged to involve family members in students' counseling for substance use issues (ASCA, 2012; 2017b; CSAT, 1999; Lambie & Rokutani, 2002). Family members often lack awareness of their

children's substance use and lack skills for responding to these behaviors (CSAT, 1999). Family counseling can help school counselors identify systemic factors contributing to students' substance use such as family conflicts, unhealthy boundaries, and dysfunctional family roles (CSAT, 1999; Lambie & Rokutani, 2002). Subsequently, school counselors can help students and their families develop skills for responding to substance use, conflict, and other presenting issues. School counselors often opt to counsel the student individually and refer the family system to a community-based counselor for further family counseling (ASCA, 2012b; CSAT, 1999; Lambie & Rokutani, 2002).

Summary

Substance use is common in school-aged young people. School counselors often observe and interact with students over multiple years and are therefore, are uniquely positioned to identify and address students' substance use. Despite ASCA's emphasis on substance use in students, school counselors often lack knowledge and skills for addressing students' substance use. The PACES model of student well-being is a practical framework for evaluating, educating, and counseling students regarding substance use.

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