Addressing the Needs of Substance Abusing Adolescents:

A Guide for Professional School Counselors

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Abstract

As individuals with multiple needs, substance abusing adolescents may seek the support and assistance of school counselors. The purpose of this article is to provide professional school counselors with information they can use to assist students with substance abuse issues. Specifically, this article examines (a) complexity of addressing substance abuse in schools, (b) recognizing and assessing adolescent substance abuse, (c) adolescent substance abuse prevention and intervention, and (d) collaboration with teachers and community stakeholders.

Addressing the Needs of Substance Abusing Students:

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Substance abuse is a significant problem among school-age youth. Studies such as the 2007 National Survey on Drug Use and Health (NSDUH), an annual survey sponsored by the Substance Abuse and Mental Health Services Administration [SAMHSA] (2008), and the annual Monitoring the Future survey (Johnston, O'Malley, Bachman, & Schulenberg, 2008) indicate that substance abuse is prevalent among adolescents. As educators with a mental health perspective (American School Counselor Association, 2008), school counselors are in a unique position to detect, identify, and prevent adolescent substance abuse. Therefore, it is important for school counselors to understand the complexities associated with identifying and addressing adolescent substance abuse in schools. In addition, common substance abuse screening tools will be explored as well as adolescent substance abuse prevention measures and interventions. The importance of collaboration among school counselors, teachers, and community stakeholders to assist substance abusing adolescents will be summarized.

Complexity of Addressing Substance Abuse in Schools

Addressing substance abuse among adolescents in a school environment is a challenging and complex issue. School drug policies and substance abuse training may be barriers for some school counselors trying to effectively assist students with substance abuse problems.

School Drug Policy

Several factors may influence a student's belief about substance use and abuse. Some of these factors include the environment, parents, media, and school policy (Beyers, Evans-Whipp, Mathers, Toumbourou, & Catalano, 2005). School drug policies and the enforcement of policies vary from state to state. However, some of the same components arise; philosophy of school, prohibited behaviors, and punishment for offenses (Beyers et al.).

In the development of school drug policies, parents are involved in less than one half of schools (Beyers et al., 2005). Better enforcement of school drug policies may result if parents are committed to the development and enforcement of those policies (Beyers et al.). Their participation is crucial because that when drug policy messages are delivered clearly and effectively, a reduction in student drug use at school is evident (Evans-Whipp, Bond, Toumbourou, & Catalano, 2007).

Over two-thirds of schools in the United States have polices defining a drug-free zone surrounding schools (Evans-Whipp et al., 2004). However, since 1992 there has been a 47% increase for middle school students and 41% increase for high school students attending schools where drugs are used, kept or sold (Finn & Willert, 2006). Therefore, an important question to address is whether the zero-tolerance perspective on student drug use is effective in preventing adolescent drug use.

Research on school policies regarding tobacco is more prevalent than research regarding drug and alcohol policies (Evans-Whipp et al., 2004). However, most schools have drug and alcohol policies in place but it is often unclear how these policies influence students' substance use (Evans-Whipp et al., 2007) making it difficult to

implement successful substance use policies. In a study examining teachers' reactions to student drug use, Finn and Willert (2006) found that many of the participants reported not feeling that school drug policies in their schools were effective. Surprisingly, 81% of teachers reported they felt their students at one point had been under the influence of drugs or alcohol while in their class during school operating hours (Finn & Willert).

Since most schools enforce zero-tolerance policies, they often drug test students, use metal detectors and cameras to monitor the daily activity of students (Yamaguchi, Johnston, & O'Malley, 2003). However, it is unclear if this discourages student drug use. Yamaguchi et al. found that drug testing among high school students was not correlated with the prevalence or frequency of student drug use. These findings suggest that school systems should not rely solely on drug testing to prevent drug use among adolescents.

Substance Abuse Training

School personnel, including counselors, administrators, and teachers are often faced with challenges associated with substance abuse among students. Yet, they are not adequately prepared to identify, address, or assist substance abusing adolescents. For example, Burrow-Sanchez, Lopez, and Slagle (2008) found that middle school counselors perceived themselves as lacking competence in specific areas related to substance abuse, such as individual and group counseling interventions as well as screening and assessment. In addition, the participants were asked the number of prior trainings their school or district had provided them in the past three years and 40.6% reported none. Similarly, Finn and Willert (2006) found that few school teachers had knowledge about or training in how to respond to drug use among students. In the

sample of 103 middle school and high school teachers, only 16% reported that their

school had a training program specific to drug prevention.

In addition to inadequate in-service substance abuse training opportunities, some

counseling graduate programs lack substance abuse courses in their curriculum. In a

recent national study, Burrow-Sanchez and Lopez (2009) surveyed a sample of 286

high school counselors about their preparation and training needs for working with

student substance abuse problems. On average, the participants disagreed that their

counseling graduate education had provided them with adequate training related to

substance abuse. In addition, 50% of the school counselors indicated not taking a

course in substance abuse in graduate school, 31.8% reported taking one course,

12.6% indicated reporting taking two courses, and 5.2% indicated taking three or more

courses.

Recognizing and Assessing Adolescent Substance Abuse

Because of their availability in the school building and daily contact with their

students, professional school counselors are able to recognize and act on substance

abuse problems of students (Lambie & Rokutani, 2002). Of school faculty, staff, and

administrators, school counselors seem to be the most sought out for mental health

services by students (Burrow-Sanchez et al., 2008). In order to effectively address the

needs of substance abusing students, it is imperative that school counselors be

prepared to recognize and assess substance abuse.

Risk Factors and Indicators

School counselors should foremost recognize risk factors for substance abuse,

which may include an unstable family atmosphere and associating with other people

who abuse substances (Lambie & Rokutani, 2002). Other risk factors may include low

self-esteem and low academic motivation as well as negative attitudes toward school

(Ludden, 2007). As cited by Burrow-Sanchez (2006), additional risk factors that

increase the probability of adolescents using or abusing substances include current

drug laws, availability of drugs, and having a coexisting mental health disorder.

While keeping in mind the risk factors, professional school counselors may also

identify substance abuse among students by certain behaviors. For example, students

may have increased trouble interacting with others, becoming more aggressive and

displaying an overall decrease in social skills (Griswold, Aronoff, Kernan, & Kahn,

2008). Additionally, the academic performance of a student may decline. He or she may

stop coming to school regularly or on time (Griswold et al.) and may regularly skip

classes (Lambie & Rokutani, 2002). The student's grades may drop drastically as well

(Ketcham & Pace, 2003). A student may additionally appear distracted, unable to

concentrate in class, staring into space and seeming unable to focus (Ketcham & Pace).

Overall, the student will appear to be withdrawn from his teachers, peers, and other

school staff (Lambie & Rokutani).

Substance Abuse Screening

Because school counselors may not feel confident in providing substance abuse

services or they may not have had adequate training in substance abuse assessments,

they may use screening tools to identify substance abuse and then collaborate with

parents and community resources to provide proper assessment for students (Burrow-

Sanchez et al., 2008).

Multiple screening tools are available to assist school counselors in assessing and identifying substance abusing adolescents. One such screening tool is the CRAFFT questionnaire, a test for adolescent abuse, which has proven to be time efficient and consistent (Griswold et al., 2008). The questionnaire asks the adolescent a range of questions from "Do you ever use drugs to relax?" to "Have you gotten into trouble while you were using alcohol or other drugs?" (Griswold et al., p. 334). Answering "yes" to two or more questions suggests that a significant problem with substance abuse exists. An additional assessment tool is the Problem-Oriented Screening Instrument (POSIT) which screens for problems in a range of areas including substance abuse, and can be obtained from the National Clearinghouse for Alcohol and Drug Information (Burrow-Sanchez et al., 2008).

A final screening tool that school counselor may use is the CAGE Questionnaire, which is a simple and brief tool to use. The CAGE consists of four questions for adolescents over the age of 16 (Didgen & Shea, 2000). For example, the counselor may ask the student if he or she has ever felt the need to "cut down" on his or her drinking (Erford, 2007, p. 296). If the adolescent answers "yes" to any of the questions, he should be referred for further assessment (Glidden-Tracey, 2005).

Adolescent Substance Abuse Prevention

Prevention of adolescent substance use is imperative. Individuals who do not use substances during adolescence will be less likely to use during adulthood (Caulkins, Pacula, Paddock & Chiesa, 2002). Therefore, legislative pressures are causing administrators to create safe school environments throughout the United States (Jowers, Bradshaw & Gately, 2007). For instance, the Safe and Drug-Free Schools and

Communities Act (SDFSCA) provides funding to all schools in the United States as long as they are implementing evidence-based programs (Hallifors & Pankratz, 2004). Overall, the SDFSCA has provided more than $8 billion to schools since it was founded in 1986. As a result, many evidence-based substance abuse programs are currently being created and implemented in schools (Jowers et al.).

Implementation of drug prevention programs is not always easy on a large-scale basis, as these programs are usually researched in a more controlled environment (Jowers et al., 2007). Therefore, little research is available on how effective these programs are when implemented on a large-scale basis. Making the implementation of evidence-based programs even more difficult is that many of the programs are often too complex to easily adopt into the school setting (Thaker et al., 2007).

One evidence-based program that has been adopted by many school systems is the Reconnecting Youth drug prevention program (Thaker et al., 2007). This program targets youth who are identified as at-risk of dropping out of school. These students participate in a semester long class where facilitators assist them in developing many skills including coping skills and communication skills. However, facilitator training for this program is extensive and the program itself is complex. Therefore, many school systems that adopt the program often drop it (Thaker et al.). Unfortunately, this has been a reoccurring pattern in the implementation of evidence-based programs.

Even though many evidence-based programs are proven too complex to implement, MacKinnon et al. (1991) researched a program that was found to be extremely beneficial in preventing drug use among students. Their study assessed the effectiveness of a drug prevention program in several Kansas City schools. This

program consisted of a total of 10 sessions that addressed content such as assertiveness and problem solving. They found that schools that utilized the drug prevention program had fewer students currently using drugs and fewer students reported interest in using drugs in the future. In addition, these schools also had fewer students believe that it would be distressing to talk to their friends about drug use when compared to schools that did not have the drug prevention program in place (MacKinnon et al.).

Drug prevention programs are a vital component of drug use prevention among students. However, another significant part of drug prevention is making sure professional school counselors are educated about current trends that are popular among children and adolescents. For example, a recent popular trend that adolescents are participating in is called *pharming* (Watkins, Ellickson, Vaiana & Hiromoto, 2006). This is when different types of illicit pills such as Ecstasy are combined in a bowl with a variety of prescription pills such as Xanax. Due to this type of trend, professional school counselors need to be prepared to explain the harmful effects of drugs especially when combing different substances (Watkins et al.).

Adolescent Substance Abuse Interventions

A variety of interventions have emerged to address the issue of substance abuse for adolescents. Each intervention provides a distinct framework with a unique scope, purpose and benefit to this population. The most prominent of these consist of multidimensional family therapy, school-based programs, and 12-step support programs.

Multidimensional Family Therapy

In recent years, more attention has been paid to the contextual influences that impact adolescent substance abusers (Liddle, Rowe, Dakof, Henderson, & Greenbaum, 2009). As a result, interventions that are community-based have increased in popularity. Such an intervention can be found in Multidimensional Family Therapy (MDFT). This intervention is an "integrative, family-based, multiple systems orientation treatment for adolescent drug abuse and related problems" (Liddle et al., 2009, p. 16). This approach has been found to be effective with geographically and ethnically diverse populations (Liddle et al., 2006). In addition, MDFT can be employed in a variety of settings, including office, in-home, brief, intensive outpatient, day treatment and residential treatment (Liddle et al., 2009).

School-Based Programs

Substance abuse interventions implemented within the school setting possess unique advantages over traditional modes of treatment, including providing direct access of care to those who need it and improvements within various domains of functioning (e.g. school, emotional distress, and family relations) (Tubman, Wagner, Gil, & Pate, 2002). Another added benefit of a model within this setting is the many levels to which one can intervene, such as "individuals, classrooms, existing social groups, purposely assembled group, the entire school, or any combination of the foregoing" (Wagner, Tubman, & Gil, 2004, p. 107).

One of the more popular school-based interventions for adolescents with substance abuse problems can be found in the Student Assistant Program (SAP) (Wagner et al., 2004). The SAP is modeled after the Employee Assistance Program

(EAP), which is used in businesses to maintain an optimum level of production by employees. According to Wagner et al., in addition to serving thousands of schools, the SAPs "provide mechanisms for early identification of individuals with alcohol and/or other drug abuse problems and methods for secondary and tertiary prevention" (p. 111). Although the services may vary from school to school, most SAPs provide assessment and referral, as well as, individual and group counseling services (Wagner et al.).

Another school-based intervention, project CHOICE, has shown to lower rates of alcohol use by adolescents as well as lower perceptions of use of alcohol and marijuana by schoolmates (D'Amico & Edelen, 2007). This intervention included five sessions, which repeated throughout the school year and included such components as "normative feedback, challenging unrealistic positive expectancies, resisting peer pressure to use substances through the use of role-playing, and discussing coping strategies" (D'Amico & Edelen, p. 593).

A third intervention within a school setting that has yielded positive results, is a substance abuse program called *Curriculum in a Box: Substance Abuse* (Gatins & White, 2006). The program consists of ten videos in a documentary format, including a teacher's guide with notes, exercises, and homework for students (Gatins & White). Through a pre and post-test design, it was found that 55% of those who admitted to alcohol use had begun thinking about reducing their use as a result of the program, and 36% of users said participation in the program had reduced their use of drugs (Gatins & White).

A final example of an intervention within the school setting can be found with school-based health centers (SBHCs). Some of the noted advantages of these

programs include greater accessibility to students, providing a wide array of developmentally appropriate health services in a non-stigmatizing environment (Robinson, Harper & Schoeny, 2003). Recent reports have placed the number of school-based health centers nationally to be around 1,300 (Robinson et al.). Although research on these interventions is in the infancy stage, there is some evidence that support this as a promising intervention, particularly among low-income African American adolescents (Robinson et al.). Clearly school-based interventions for adolescents with substance abuse problems hold promise for the future.

12-Step Programs

The history and popularity of 12-step programs for substance abuse treatment is well known. Alcoholics Anonymous (AA) is the most commonly utilized mode of help for alcohol-related problems in the general population (Kelly, Myers, & Brown, 2002). Furthermore, these programs are one of the most commonly used forms of treatment of drug abusing adolescents (Winters, Stinchfield, Latimer, & Lee, 2007). In one study, adolescent attendance at AA meetings had resulted in a reduction of substance use after six months as well as increases in abstinence-focused coping skills and motivation (Kelly et al.). In addition, the AA model's use of sponsors and engagement in social events with other members may provide adolescents with the opportunity to observe and participate in a lifestyle that does not include substances (Kelly et al.).

One of the more prominent 12-step approaches for use with adolescents is the Minnesota Model. This model "combines the principles of the Twelve Steps of Alcoholics Anonymous and basic principles of psychotherapy, with the goal of abstinence from all drugs and alcohol" (Winters et al., 2007, p. 64). More specifically,

treatment components consist of individual, group, and family counseling, lectures
about the 12 steps of AA, reading and writing assignments centered on AA philosophy,
and occupational and recreational therapy (Winters, Stinchfield, Opland, Weller, &
Latimer, 2000). In a study of the long-term outcomes of the Minnesota Model on
adolescents, there was found to be a 35% decrease of drug use frequency and 43%
decrease in drug dependency at year 5.5, as opposed to a 5% decrease of drug use
frequency and 26% decrease in drug dependency on a waiting list group (Winters et al.,
2007).

Collaboration

School counselors do not work alone. In the midst of their schools and
surrounding communities, their main focus should be to partner with others to better
help their students succeed (Conye & Mazza, 2007). One such targeted group of
students is those at-risk for substance abuse. School counselors should consult and
collaborate within and outside of the school in order to prevent and to treat students with
substance abuse issues.

This collaborative practice is mandated in the American School Counselor
Association's (ASCA) National Model, which encourages school counselors to "engage
in leadership, advocacy, collaboration and teaming" (Conyne & Mazza, 2007, p. 20). In
addition, ASCA's National Model emphasizes "bridging counseling and academic
achievement via systemic and collaborative efforts" (Holcomb-McCoy, 2007, p. 4). By
utilizing teachers, administrators, and community agencies on behalf of substance
abusing students, school counselors are fulfilling those roles outlined by ASCA's
National Model.

Collaboration with Teachers

School counselors primarily collaborate with teachers to work with students who are prone to substance abuse or who have abused substances in the past. Teachers play an important role in combating drugs within the school (Finn & Willert, 2006). School counselors can encourage, recognize, and train teachers in their prevention efforts as they partner with them to help students. When students feel that their teachers are concerned about them, they will be less prone to substance use and abuse (Council on School Health and Committee on Substance Abuse, 2007). In addition, if teachers model resistance to drugs, their students will be more likely to resist peer pressure for substance abuse (Suldo, Mihalas, Powell, & French, 2008). Finally, school counselors involve teachers in their comprehensive school-wide substance abuse intervention efforts as they look to capitalize on the strengths and resources that teachers can provide. For example, recovering students could be given a teacher mentor to whom they could turn to during the school day if they need assistance or support (Council on School Health and Committee on Substance Abuse). This type of support provides the student with an excellent resource and sense of nearby help at any time.

Collaboration with Community Stakeholders

In addition to resources within the school, school counselors also collaborate with community agencies in order to prevent and treat substance abuse among adolescents. This connection between the surrounding community and the school building is important, as it gives community agencies access to students they might otherwise not have as well as provides counselors with the help they need in meeting the needs of

their students. Ultimately, both parties are served and students are more likely to receive the services they need.

While school counselors are well trained for an array of services, they may lack the substance abuse specialization that community counselors may have and they may lack enough hours in the school day to adequately serve their students (Holcomb-McCoy, 2007). Community agencies, conversely, may have specialized counselors who are well trained in the areas of substance abuse, providing an invaluable resource for referrals (Council on School Health and Committee on Substance Abuse, 2007). In addition, school counselors may rely on community agencies to support and assist with their substance abuse programs, staff development, and education. Agencies might also have positive, anti-drug alternative opportunities for students out of school who might otherwise become involved in substance abuse activities. Therefore, they can reach students outside of school operating hours (Council on School Health and Committee on Substance Abuse).

Conclusion

As evidenced by the professional literature cited in this manuscript, substance abuse among adolescents is a prevalent, but complex issue to address. In addition to being familiar with risk factors, professional school counselors must strive to have a clear understanding of available assessment tools, preventive measures, interventions, and collaborative resources that exist. Additionally, it is imperative that professional school counselors stay up to date on the different street names for drugs as well as new ways children and adolescents are experimenting with drugs. Having a more comprehensive and thorough understanding will allow professional school counselors to

play an active and vital role in responding to the needs of substance abusing

adolescents.

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