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High School Counselors' Perceived Competence in Dealing With Student Alcohol and Other Drug Issues

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Abstract

School counselors have a pivotal role to play in the identification, assessment, intervention, and prevention of alcohol and other drug use (AOD) issues among high school students. This article surveyed the perceived competence of 97 Illinois high school counselors when working with students' AOD issues. Findings revealed that school counselors believed they lacked competence in screening/assessment, group counseling, and teaching curriculum and that they rated individual counseling, consultation, and screening and assessment as significant training needs.

Keywords: school counselors, competence, AOD issues

Hawkins, Catalano, and Miller (1992) defined adolescent drug abuse as, “the frequent use of alcohol or other drugs during the teenage years or the use of alcohol or other drugs in a manner that is associated with problems and dysfunctions” (p. 64). For purposes of this article, alcohol and other drug (AOD) issues include underage drinking, tobacco use, and illicit drug use. Underage drinking refers to youth whose first alcohol drink occurred before age 21. Tobacco use includes smoking cigarettes, tobacco in pipes, or smokeless tobacco (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Illicit drug use is the nonmedical use of marijuana/hashish, cocaine, heroin, hallucinogens, inhalants, or prescription-type

psychotherapeutics (SAMHSA, Center for Behavioral Health Statistics and Quality, 2014).

School counselor competency refers to the awareness, knowledge, skills, and beliefs needed to promote students' academic, career, and social-emotional development (American School Counselor Association, [ASCA], 2012). In the past two decades, school counselor roles have changed from being responsive to proactive, from individual focus to systemic focus, from working in school offices to being a leader in the school and larger community (Lee, 2005). There are no clear competencies for school counselors working with AOD issues. However, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) identifies that students preparing to work as school counselors should know the "signs and symptoms of substance abuse in children and adolescents, as well as the signs and symptoms of living in a home where substance abuse occurs" (F.3.d.; CACREP, 2016, p. 31). Furthermore, the 2009 standards emphasized that as part of the overarching professional identity, counselors should have knowledge of "theories and etiology of addictions and addictive behaviors, including strategies for prevention, intervention, and treatment" (G.3.g.; CACREP, 2009, p. 11).

Erford, Newsome, and Rock (2007) identified that the school counselor working with students at risk of AOD use should have proficient knowledge of substance abuse assessments to ensure access to relevant services. For the current study, researchers chose to conceptualize school counselor competence with AOD issues under three main areas of assessment, consultation, and intervention. Assessment addresses competence in identifying students with AOD concerns and in screening or assessing students with AOD issues using appropriate tools. Consultation explores school counselor competence in consulting with parents and teachers about students with substance abuse issues. Intervention considers school counselor competence in working with students who have substance abuse issues as individuals or in groups, working with students living in families where substance abuse of parents is a concern, and competence in developing and teaching classroom curriculum units with a focus on prevention (Burrow-Sanchez & Lopez, 2009).

Youth AOD Issues: Current Trends

Johnston, O'Malley, Miech, Bachman, and Schulenberg, (2014) conducted research on substance use among American adolescents in 2013. Their survey results revealed alcohol, cigarettes, and marijuana as the three most frequently used substances among eighth, 10th, and 12th graders (Johnston et al., 2014). The report identified that in 2013, 27.8% of eighth graders, 52.1% of 10th graders, and 68.2% of 12th graders had consumed alcohol. Furthermore, 14.8% of eighth graders, 25.7% of 10th graders, and 38.1% of 12th graders had tried cigarettes, and 16.5% of eighth graders, 35.8% of 10th graders, and 45.5% of 12th graders had used marijuana (Johnston et al., 2014). Between 1991 and 2013, the authors identified that there was a constant decline in high school student alcohol and cigarette use with figures reaching a historical low in 2013. However, high school student marijuana use steadily increased during that period with highest levels recorded in 2013. More than a third of 12th graders used marijuana during

the previous year of the survey and four in five of the 12th graders viewed marijuana use as harmless (Johnston et al., 2014).

Johnston et al. (2014) also recognized prescriptions and over-the-counter medications as the main drugs abused by 12th graders in 2013, with drugs like Adderall, Vicodin, cold medicines, tranquilizers, OxyContin, and Ritalin being the most frequently abused. The National Institute on Drug Abuse (NIDA; 2014) identified that more than 70% of students obtained free over-the-counter medicines from friends or relatives, and 4.2% of students bought medicines online, from drug dealers, or from strangers. NIDA linked high school student use of over-the-counter medication to accessibility, a perception that such medications are safer to use than illegal drugs, and their practicality as study aids (NIDA, 2014). In addition to nonmedical use of prescription and over-the-counter medicines, Johnston et al. (2014) found that student illicit drug use remained an area of concern, with the rates of K2/Spice, Ecstasy, Salvia, and Cocaine use by 12th graders in the previous year standing at 7.9%, 4.0%, 3.4%, and 2.6% respectively (Johnston et al., 2014). In the state of Illinois, AOD issues among high school students have been consistently near the national level (Office of Adolescent Health, 2013; SAMHSA, 2012). The percentage of Illinois students who had used alcohol in the previous month was 38%, slightly lower than the national rate of 39%. In addition, 47% of Illinois students had smoked cigarettes, which was higher than the national data of 45%. The percentage of Illinois students using marijuana was 38%, which was slightly lower than the national rate of 40%.

Implication of AOD Use on High School Students

Alcohol and other drug use among adolescents has become a normal part of youth culture; in fact, this population might perceive it as a rite of passage into adulthood (Peterson, 2010). However, studies indicate that AOD use negatively affects young people in all short- and long-term developmental areas. Substance abuse and addiction has been highlighted as one of the leading factors in adolescent death, with users experiencing a range of social, economic, physical, and legal consequences (Haskins, 2012). Physically, adolescents who abuse alcohol are at risk for alcohol-related injuries, motor vehicle accidents (Stagman, Schwarz, & Powers, 2011), and developmental impairment (Masten, Faden, Zucker, & Spear, 2009). Academically, alcohol use among adolescents can lead to low school performance, hinder students from reaching their full potential (Cleveland, Feinberg, & Jones, 2012), create poor peer relationships, and lead to non-school attendance (Masten et al., 2009). Behaviorally, alcohol use is a strong predictor of early sexual activity in adolescents, potentially leading to teenage pregnancies and sexually transmitted diseases (Peterson, 2010).

Emotionally, AOD use puts students at increased risk of depression when compared with their non-using peers (DeSimone, Murray, & Lester, 1994). Adolescent misuse of prescription and over-the-counter (OTC) drugs puts them at risk for addictive behaviors or health and physical concerns, depending on the type of drug used. Cannabis usage has been associated with poor academic performance, increased school dropout, and high-risk behaviors in adolescents, with many adolescents having conduct disorders, attention-deficit/hyperactivity disorder, and learning disorders. Furthermore, cannabis use might also be a stepping-stone to much harder drugs (Malhotra & Biswas,

2006). Heroin abuse is associated with physiological challenges linked to active use and withdrawal, psychological dependence, cognitive difficulties, and legal consequences (Lambie & Davis, 2007). NIDA (2013) identified that stimulants such as Ritalin can lead to irregular heartbeats, heart failure, seizures, hostility, and paranoia. Opioids (OxyContin) can cause drowsiness, constipation, and depressed breathing and death due to overdose. Depressants (sedatives) can result in loss of coordination, physical dependence, and withdrawal symptoms. Dextromethorphan (cough medicines) can lead to numbness, impaired motor functioning, nausea /vomiting, and increased heart rate and blood pressure (NIDA, 2013).

Studies also show that adolescent AOD use can have far-reaching implications into adulthood. Alcohol use in childhood or early adolescence is a strong predictor for alcohol dependence in adulthood (Masten et al., 2009). “Adolescent binge drinking is linked to an increased risk of adult alcohol abuse or dependence, illicit drug use, and social adversities such as lower socioeconomic status, history of homelessness, poor educational outcomes, and convictions” (Viner & Taylor, 2007, p. 904). Early use of drugs such as alcohol, tobacco, marijuana, and other gateway drugs put young people at risk for substance abuse in adulthood with the potential to use more unsafe drugs (Peterson, 2010). Moreover, early onset of substance use puts adolescents at risk for “future mortality, morbidity—including depression . . . delinquent behaviors, school dropout, social impairment, and legal problems” (Richardson, Kwon, & Ratner, 2013, p. 60).

Protective and Risk Factors in AOD issues

There are protective and risk factors in the domains of individuals, family, peers, school, and community (Cleveland et al., 2012; Hawkins et al., 1992; Voelkl & Frone, 2000). At the family level, parents who support adolescent problem-solving competence, emotional regulation, and self-control provide a protective factor against adolescents’ substance use (Wills, Resko, Ainette, & Mendoza, 2004). In schools, a strong attachment to school, positive relationships with adults, and attendance and interaction with peers also attached to school are protective factors against AOD issues (Haskins, 2012; Henry & Slater, 2007; Stagman et al., 2011). School attachment is the commitment to academic and social endeavors; positive connection to peers, teachers, and other staff; and acceptance of pro-social norms (Henry & Slater, 2007).

Voelkl and Frone (2000) identified ease of access to drugs and alcohol at school as a significant risk factor for AOD use, where 75% of eighth-graders identified alcohol and marijuana as easily obtainable. Early onset of drugs and alcohol use increases the risk for dependency and addiction, as does inappropriate peer group influences (Stagman et al., 2011; Winters, Leitten, Wagner, & O’Leary Tevyaw, 2007). Children with parents or siblings who abuse alcohol and other drugs are also at risk for alcohol and drug abuse (S. A. Brown et al., 2009; Schmidt, 1994). Other risk factors include children who have difficulty with self-regulation (Masten et al., 2009), a weak sense of identification with school, and expectations that the drug will lead to tension reduction and performance enhancement (Voelkl & Frone, 2000). Additional risk factors include peer group influences coupled with media glamorization, early sexual maturation, and/or a history of abuse (S. A. Brown et al., 2009; Haskins, 2012).

Role of School Counselors and School Counseling Intervention in AOD Issues

School counselors can support students with AOD issues by being approachable and accessible (Schmidt, 1994) and by developing trusting relationships that support student growth and increase protective factors (Haskins, 2012). They can provide accurate information to students on AOD use either directly or indirectly and work collaboratively with health professionals and teachers. School counselors can develop competence in knowledge and skills to support students who approach them for assistance and have knowledge of the roles and services offered by community organizations in respect of AOD issues for referral purposes (Schmidt, 1994). School counselors can collaborate with community agencies, parents, teachers, and other stakeholders and support students' access to relevant services (Haskins, 2012).

Counseling intervention or prevention programs in schools also have a significant role in the successful management of AOD issues. Studies identified that school counseling interventions for alcohol and other drug use should work collaboratively with parents, start in middle school with ongoing programming in high school, and form or complement part of the current health education curricula. In addition, interventions should use peer support groups, support the development of general life skills, build on society's disapproval of alcohol use, and involve community and mass media support (A. Brown, 2012; Manoj, 2006). Palmer and Paisley (1991) suggested using student assistant programs where school counselors engage in early identification of substance abuse, offer training to teaching staff and school personnel on early identification behaviors, conduct assessments, make referrals as appropriate, and follow-up with students to evaluate the utility of services or support access to additional services as required.

Botvin, Baker, Dusenbury, Botvin, and Diaz (1995) identified successful outcomes for programs implemented with fidelity over a significant number of sessions, with booster sessions provided in a 2-year period. They suggested that AOD curriculums emphasize the development of cognitive behavioral skills such as self-esteem, knowledge, and skills to help students resist social and media influences around alcohol, drugs, and tobacco. Authors also recommended that programs should promote anxiety management, effective communication, assertiveness, and the development of personal relationships (Botvin et al., 1995). Fox, Forbing, and Anderson (as cited by Schmidt, 1994) also identified that important components of a comprehensive substance abuse prevention program should include awareness education for school personnel, education and support groups for parents, comprehensive health curriculum for all grades, and peer modeling. A. Brown (2012) identified that non-specific drug interventions, with a focus on children and young people's attachment to school, can be effective in reducing substance misuse.

Purpose of Current Study

The main purpose of this study was to understand Illinois high school counselors' perceived competence in dealing with high school students' AOD issues. In the process, the study intends to answer the following research questions: (a) What is school counselors' perceived AOD assessment competence, including identifying students with

AOD issues and providing screening and assessment to students with AOD issues?; (b) What is school counselors' perceived AOD consultation competence, including consulting with teachers and parents and working with student families?; and (c) What is school counselors' perceived AOD intervention competence, including providing individual and group intervention and AOD curriculum?

Method

This section describes the participant demographic information and the survey instrument used to gather the data for the study.

Participants

Researchers recruited 97 participants through the Illinois School Counseling Association (ISCA) membership list, the 2014 ISCA conference in Skokie, Illinois, and the Director of Counseling and Students Services of Suburban Chicago. The first two authors e-mailed the electronic survey invitation letter and the Survey Monkey link to potential participants in April 2014. By August 2014, only 48 participants had responded to the survey request, so a second round of survey invitations was sent out in September 2014. By the end of September, a total of 97 participants had been received.

Table 1

Participant Demographics

Demographic Variable	% Sample (<i>n</i> = 93)
Sex	
Female	68.8
Male	28.0
Unknown	3.2
Race	
White/Caucasian	89.2
Hispanic	5.4
African American	2.2
Unknown	3.2
Educational level	
Master's	96.8
Doctorate	3.2
Major	
School counseling	62.4
Counseling in general	24.7
Psychology	5.4
Education	6.5
Unknown	1.0

Study participants were Illinois high school counselors with at least 1 year of experience working as a professional high school counselor. The researchers assessed that participants with at least 1 year of experience would be knowledgeable and able to articulate their competence and training needs around AOD issues. Four respondents were eliminated before analysis for not meeting study criteria; two participants indicated having no experience and two indicated working with pre-high school students. Majority of participants were White/Caucasian (89.2%) females (68.8%) with a master's degree (96.8%) in school counseling and counseling-related majors. Table 1 contains a detailed breakdown.

Average working experience for the participants was 11 years. Participants reported an average student caseload of 298, seeing on average 11 students each year for AOD issues, and referring a mean of six students out to community services annually for AOD issues. Surprisingly, six out of the 93 participants indicated seeing zero students with AOD issues annually and five of them had referred zero students. Twenty participants answered that no services were available at their schools. The most commonly used services were individual counseling, followed by group counseling. Fifty-two respondents indicated that their schools provided individual counseling to students with AOD issues, and 37 participants indicated that their school provided group counseling for students with AOD issues. Only seven participants indicated that their school provided comprehensive assessments to students with AOD issues and one participant offered family counseling to students with AOD issues. The most identified drugs among student users was marijuana (83.9%), alcohol (81.7%), tobacco (73.1%), and prescription medicines (65.6%). Most participants (94%) either agreed or strongly agreed that substance abuse was an area where high school counselors should receive training.

Survey Instrument

Burrow-Sanchez and Lopez (2009) developed the 36-item, self-administered questionnaire instrument used in this study by utilizing substance abuse literature, suggestions from senior researchers in the field, and school personnel familiar with the school counselor role. The survey consisted of four parts: background information, assessment and referral, types of substances, and substance abuse training areas. Item format included brief answers, multiple choice questions, checklists, and open-ended questions. Survey reliability analysis indicated an alpha level of 0.9 for the nine items on school counselor perceived training and training needs in different areas (Burrow-Sanchez, Lopez, & Slagle, 2008). Burrow-Sanchez and Lopez (2009) used the instrument to look at high school student substance abuse from the perspective of high school counselors and on middle school counselors' perceived competence when working with student substance abuse issues (Burrow-Sanchez et al., 2008).

In the current study, researchers used the instrument to measure differences between high school counselors with a graduate degree in school counseling compared with high school counselors with other graduate degrees in working with high school students presenting with AOD concerns. Specifically, researchers looked at high school counselors' self-perceived ability to identify, screen, and assess students with AOD issues; to consult with parents and teachers and work with families; and to provide individual and group intervention and AOD curriculum.

Data Analysis and Results

Researchers collated and coded survey data based on participants' responses to the nine competence areas. As an example, for the question "I feel that I have the training necessary to provide group counseling interventions to students with substance abuse problems," coding ranged between 1 (strongly disagree) and 5 (strongly agree). Researchers subsequently entered the data into IBM SPSS Statistics 22 and conducted descriptive statistics using mean scores of the nine competence areas and percentages for participants' responses to their perceived training needs and perceptions of substances used by their high school students. The following findings emerged from the study.

Participants' Perspectives on Perceived Competence

The sample included 93 participants for analysis; however, only 79 participants responded to the nine items addressing perceived competence areas. Researchers calculated mean scores for participants who responded to competence areas; mean scores ranged from 2.41 to 3.68 (see Table 2). School counselors rated consulting with teachers on student AOD issues as their top competence. In the consultation competence area, counselors on average believed that they were more than able in their ability to consult with teachers ($M = 3.68$) and parents ($M = 3.62$). Under intervention (see Table 2), school counselors felt they were competent to work with students from families with parents who abuse substances ($M = 3.33$); similarly they felt competent to work with students

Table 2

High School Counselors' Perceived Competence Working With Student AOD Issues

Competencies	<i>n</i>	<i>M</i>	<i>SD</i>
Assessment			
Identifying Students	79	3.48	1.011
Screening/Assessing	79	2.41	1.068
Consultation			
Consultation Teachers	79	3.68	.981
Consultation Parents	79	3.62	.951
Intervention			
Individual Counseling	79	3.04	1.079
Group Counseling	79	2.71	1.064
Teaching Curriculum	79	2.97	1.121
Work with Students	79	3.33	1.059
Work with Students from Families with Substance Abuse Problems	79	3.33	1.047
Valid N (listwise)	79		

with substance abuse problems ($M = 3.33$). School counselors identified screening and assessing students with AOD issues ($M = 2.41$) as the area where they felt least competent; however, they reported high competence in identifying students with AOD issues ($M = 3.48$). High school counselors also rated themselves as less competent in providing interventions to address students' AOD issues, especially providing group counseling ($M = 2.71$) and preventative curriculum ($M = 2.97$) for students. On average, school counselors rated themselves as neutral in their competence to provide individual counseling on AOD issues ($M = 3.04$). Overall, participants perceived themselves as neutral or lacking in competence when it came to meeting students' AOD needs in all nine competence areas.

Participants' Perspectives on Substances Used by Students With AOD Issues

Analysis of high school counselors' perspectives on the substances used by high school students provided some useful data (See Table 3). Results, based on the

Table 3

Observed Substances Being Used by Students

Substance	Frequency%	<i>n</i>
Marijuana	83.9	80
Alcohol	81.7	79
Cigarettes	73.1	77
Prescriptions	65.6	74
Amphetamines	50.5	72
Over-the-counter	46.2	71
Tranquilizers	44.1	70
Club drugs	43.0	68
Chewing tobacco	36.6	68
Heroin	35.5	68
Cocaine	32.3	68
Inhalants	26.9	69
Sedatives	24.7	66
Methamphetamines	19.4	66
LSD	18.3	68
Steroids	16.1	66
Crack cocaine	11.8	66
Other drugs	2.2	39

participant responses, identified marijuana (83.9% of 80 participants) as the most commonly used substance by high school students, followed by alcohol (81.7% of 79 participants), and cigarettes (73.1% out of 77 participants). More than a third of participants reported prescriptions, tranquilizers, club drugs, chewing tobacco, and heroin as common substances used by their high school students.

Participants' Perceived Importance of Training on AOD Issues

Only 15.8% of the 79 participants (See Table 4) indicated having adequate training on AOD issues in their master's programs. About one half (48.7%) of participants reported not receiving adequate training during their graduate program to work with students with AOD issues, while 27.6% of participants felt neutral about the

Table 4

Participants Perceived Importance of Training on AOD Issues

Perceived Training Needs	<i>n</i>	<i>Valid Percent</i>
Perceived AOD Training in Master's Program		
Adequate Training	76	15.8
Neutral Training	76	27.6
Not Adequate Training	76	48.7
Very Inadequate Training	76	7.9
Perceived AOD Training in School/District		
Adequate Training	76	22.4
Neutral Training	76	18.4
Not Adequate Training	76	43.4
Very Inadequate Training	76	15.8
Perceived Importance of Training Needs (Important and Very Important)		
Individual Counseling Training	76	98.7
Group Counseling Training	76	97.3
Consultation Training	76	97.3
Screening and Assessment Training	76	92.1
Teach Curriculum Training	76	89.5
Family Counseling Training	76	82.9

training in their master's programs. In terms of their AOD training in school and district, approximately one fifth (22.4%) of high school counselors indicated having adequate training on-site and in the district, 18.4% of participants felt neutral of their on-site and district training, and 59.2% of participants either reported strongly lacking or lacking on-

site and district AOD training. Overall, 88.6% of participants indicated their willingness to attend training on student AOD issues in the future. Participants ranked having training on individual counseling (98.7%) for students with AOD issues as very important and important for high school counselors. Group counseling intervention and consultation (97.3%) came second, followed by screening and assessment competence (92.1%). Participants viewed teaching preventative curriculum on AOD issues as an important competence (89.5%), but they viewed training in family counseling interventions (82.9%) as the least important competence area.

Discussion

The results of this study have revealed important trends in high school counselors' perceived competence when working with students' alcohol and other drug issues. Participants reported a lack of competence in all nine areas around AOD issues, meaning they disagreed or were neutral regarding their competence in the main areas of assessment, consultation, and intervention. Consulting with teachers and parents was the highest competency area for school counselors with a mean score slightly higher than neutral. Counselors also indicated neutral competence in identifying students with AOD issues, working with students' families, and overall efficiency in helping students with AOD issues. In the screening and intervention areas, such as individual and group counseling and teaching curriculum, counselors indicated a lack of competence. Results indicate a strong training need among high school counselors in AOD issues in all of the nine competence areas.

Suggestions for remediating professional school counselors' perceived competence, especially in the areas of assessment and consultation, could include training to enhance school counselors' competency with administering existing AOD assessment tools, understanding the results, and being able to communicate results and consult with parents, students, and other stakeholders regarding appropriate interventions. Second, school counselors could be encouraged and supported to collaborate with professionals who have specific skills and training around substance abuse and other AOD issues. Prior to joining the field, counselor educators can support school counselors-in-training to develop assessment skills during practicum and internship by emphasizing AOD assessment as a core skill and essential part of student development.

Current study results on commonly used drugs in high schools were consistent with the 2014 report by Johnston et al. Marijuana was identified as the most commonly used drug, with alcohol and cigarettes being the next most commonly used substances. The Johnston et al.'s report indicated that prescription and over-the-counter drug use have increased in high school. Results of this study showed a high use of these drugs among high school students based on the reporting of participant school counselors. The increased prescription and over-the-counter drug use among high school students may require counselors to improve their competence in preventing, identifying, and intervening with students' AOD issues.

Less than one fifth of participants indicated that they lacked adequate training on AOD issues in either their master's programs or training programs attended with their schools or districts. School counselors indicated a high motivation to receive future training in AOD issues. About 88% of participants indicated that they would attend AOD

training in the future. The high training needs were consistent with the low self-perceived level of competence among high school counselors. Participants also perceived that competence in providing individual and group counseling and consultation was most important for them. However, participants identified assessment, teaching preventative curriculum, and working with students' families as less important. These results seem contradictory with the *ASCA National Model* (2012), which urges school counselors to outreach and work collaboratively with student families and the community as well as to focus on preventative instead of responsive interventions. The literature also encourages working collaboratively with parents and teachers, community agencies, and other stakeholders when working with and supporting students' AOD issues (A. Brown, 2012; Haskins, 2012; Palmer & Paisley, 1991).

Overall, the study identified that school counselors indicated a lack of self-perceived competence in dealing with students' AOD issues around areas of consultation, identification, screening, teaching curriculum, providing individual and group counseling, and working with families. Conversely, when asked about their training, a majority of school counselors indicated they had adequate training on AOD issues, either from their graduate programs or on the job training in schools or districts. One way to explain this contradiction could be that there are gaps in application of knowledge to practice. School counselors would benefit from training that builds on existing knowledge by providing practical skills and strategies to increase school counselors' sense of competence when working with students AOD issues.

Limitations and Suggestions for Future Studies

The current study provided a unique perspective on school counselors' perceived competence when working with AOD issues in high schools. However, the results were based on a limited number of participants ($n = 79$) from one state. A national perspective might provide a more accurate picture and data to inform future practice and training needs around AOD issues.

The findings from this study highlighted gaps in areas of assessment, consultation, and intervention. Using the findings, future research could concentrate on developing professional school counselors' competence through an AOD curriculum focused on developing knowledge and application of theory to practice. In order to achieve such a robust curriculum, further research is needed to determine the particular needs of professional school counselors at an individual and school-based level. Research studies utilizing qualitative or mixed methods might provide information on these specific needs within the nine competency areas. In addition, future researchers may wish to conduct research on the perceived competence of middle school counselors in acknowledgement that preventative work should occur in middle school and continue into high school (A. Brown, 2012; Manoj, 2006).

The current findings present a rationale for providing school counselors with continued professional development training, in schools, at the district level, and as an integral part of conference topics. The results of this study indicate that translation of knowledge to practice is part of the challenge faced by high school counselors when addressing AOD issues in schools. Therefore, AOD training programs focused on practical skills and strategies for tackling AOD issues would benefit professional school

counselors and increase their confidence and competence when supporting students with these concerns.

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