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The School Counselor's Role With Students At-Risk for Substance Abuse

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Introduction

Substance use, abuse, and addiction are amongst the leading causes of adolescent death in the United States (Brannigan, Schackman, Falco, & Millman, 2004; Sussman, Dent, & Galaif, 1997). Various illegal substances are widely used or abused by school age children in the United States (Johnston, O'Malley, Bachman, & Schulenberg, 2010). In 2010, the proportions of 8th, 10th, and 12th graders who reported that they had used an illicit drug in the prior 12 months were 21%, 37%, and 48%, correspondingly (Johnston et al., 2010). Approximately 5% of school age children in the United States qualify for a diagnosis of substance abuse disorder (Tarter, 2002).

Adolescent substance misusers experience numerous social, economic, physical, and legal consequences. As a result they often have poor health outcomes and poor quality of life (Godley & White, 2005). Schools have consistently had the most substance prevention programs for children ages 6-14 in urban environments. School counselors are often a part of the prevention programs, frequently taking on the role of presenting classroom guidance lessons on topics related to character education and peer pressure (McLaughlin & Vacha, 1993). However, school counselors are ideally positioned to facilitate additional prevention services for students who are at risk for substance abuse.

Risk Factors for School Age Children

Children and adolescents living in low social economic status (SES), urban environments have a higher preponderance of substance use and are at a higher risk for substance abuse (Hamilton, Noah & Adlaf, 2009). These adolescents may be subject to psychopathology (Sussman, Skara, & Ames, 2008) As a result, these students may use substances to relieve the stress caused by their environment and the consequential psychopathology.

Having low SES is associated with greater alcohol use and with greater cigarette and cocaine use among teenagers (Goodman & Huang, 2002). Lower household income and parental education are associated with increased substance use in school age children

(Goodman & Huang, 2002), and students whose parents had not received a high school diploma are at a greater risk for substance abuse (Goodman, Slap, & Huang, 2003). Low parental education and moderate household income has also been associated with greater rates of smoking in adolescents (Friestad, Pirkis, Beihl, & Irwin, 2003). Low family SES and larger family size are also associated with increased probability of substance abuse disorders in early adulthood (Reinherz, Giaconia, Hauf, Wasserman, & Paradis, 2000).

Peer pressure in the form of peer substance use and solicitations causes children and adolescents to use substances at a greater rate than school age children who are not exposed to these types of social stressors (Sussman, Dent, & Leu, 2000). In addition, the presence of drug distribution sites and neighborhood atmosphere serve as risk factors to school age children for increased substance abuse (Greydanus, Patel, & Pratt, 2003; Sussman & Ames, 2001). Children of disorganized families whose parental subsystem use or abuse substances has also been linked to higher school age children consumption rates (Hoffmann & Cerbone, 2002; Kilpatrick et al., 2000).

Furthermore, a family history of mental health concerns and diagnosis have also been linked to increased substance abuse in school age children. Children that are exposed to conflict and violence are also at higher risk for substance use and substance abuse (Gabel et al., 1998; Weinberg, Rahdert, Collier, & Glancetz, 1998). Children and adolescents that have been diagnosed with disorders in regards to impulsivity, sensation seeking, anxiety, and aggression have higher substance use and abuse rates (Galaif, Stein, Newcomb, & Bernstein, 2001; Rivers, Greenbaum, & Goldberg, 2001; Sullivan & Rudnik-Levin, 2001; Wise, Cuffe, & Fischer, 2001).

Adolescents who are seeking a means to rebel or show independence may be at a higher risk for substance abuse (Fromme, Katz, & Rivet, 1997; Goldman, Greenbaum, & Darkes, 1997; Leigh & Stacy, 1993; Wiers, Hoogveen, Sergeant, & Gunning, 1997). Cultural factors also play a role in substance use and misuse; school age children that are raised in a culture where the use of substances is accepted and celebrated have higher rates of substance use and abuse (Fisher & Harrison, 2009).

Protective Factors for School Age Children

While risk factors may abound, protective factors can serve to combat the risk factors that exist in school age children's lives. Protective factors include environmental stability, where the home and community encourage high achievement for current aspirations and future goals. In addition, positive self image, self esteem, academic success, and good health aid in combating the risk factors that may exist (Greydanus et al. 2003). A healthy parent-child relationship, where there is positive communication patterns and developmentally appropriate supervision and regulations, as well as anti-drug and alcohol dialogues, serves to combat risk factors and decrease substance abuse (Carter & McGoldrick, 2005). Finally, interactions with peers who exhibit positive attitudes may also act as protective factors and aid in reducing substance use behaviors (Walker, Mason, & Cheung, 2006).

Prevention and School Age Children

In regards to substance use and misuse, prevention is based on past history of behavior, and sets out to predict and avert prospective negative consequences from occurring. Prevention programming in terms of substance use and misuse is primarily delivered to the entire school population and quite often the whole school system, regardless of students' risk factors. More targeted prevention programs have been used to meet the needs of students who display the risk factors outlined in the previous section or who have a history of drug use (Sussman et al., 2004); however, little literature exist in regards to the school counselor's role.

At the school level, two approaches have primarily been used to address the psychosocial development of students. The social influence approach (Evans, 1976) is used to enhance the awareness of environmental and peer influences which potentially promote drug use, develop peer refusal skills, and challenge drug expectation. The personal and social skill enhancement approach has also been used and is considered more comprehensive in nature (Botvin, Botvin, & Baker, 1992; Sussman, Dent, Burton, Stacy, & Flay, 1995).

These types of prevention programs indicate decreases of 10% to 15 % in school age children beginning use of substances compared to students that are not part of a prevention program. Specifically, these programs both decrease in social influence and increase in personal and social skills (Sussman et al., 2008).

Strategies for School Counselors

Students at high risk for substance use and misuse come in contact with school counselors on a consistent basis and school counselors are ideally situated to provide intentional support to students that possess risk factors that could lead to substance use and misuse. Intentional support involves the school counselors' ability to identify students' risk factors and barriers to personal, social, and academic development (Ratts & Hutchins, 2009). School counselors can link acquired knowledge and skills to potentially "high risk" students (Stacy & Ames, 2001). Research indicates that these students need specified support and school counselors can facilitate this support (American School Counselor Association [ASCA], 2005 ; Mclaughlin & Vacha, 1993; Ratts & Hutchins, 2009;). Specifically, school counselors can facilitate in the following ways.

1. Students that are at risk often experience feelings of depression due to their feelings of hopelessness and limited resources. Consequently, discussing the availability of environmental resources such as access to jobs, education, recreation, transportation, and drug user/counseling services in one's community would be an important aspect of counseling (Sussman et al., 2008).
2. School counselors often serve as liaisons for students that are family, academic, and social concerns. Consequently, they can also facilitate comprehensive assessments that include psychological and medical concerns, learning disabilities, family functioning, and other aspects of youths' lives to explore what types of support are necessary to establish and enhance protective factors (ASCA, 2005; Sussman et al., 2008)

3. For students who are at risk for substance abuse, research indicates that school, home, and community aspects of students' lives need to be addressed and prevention cannot be a one shot approach; school counselors can address all aspects of the students lives (e.g., school, home, and public activities) by collaborating with community agencies, parents, teachers, and other stakeholders and connecting students and parents with community supports to provide the necessary support for these students (ASCA, 2005; Ratts & Hutchins, 2009).
4. It is imperative that school counselors involve parents in the students' prevention plans (Comerci & Schwebel, 2000). Parents are vital to students' success; consequently, school counselors can also coordinate increased parent training as well as parent involvement at the building level (McLaughlin & Vacha, 1993).
5. Developmentally appropriate programming is necessary for students to be successful. School counselors are trained in providing developmentally appropriate programming; consequently, they should be instrumental in connecting students to providing support that corresponds to their psychosocial needs (ASCA, 2005).
6. The alliance that school counselors can create with students who are at risk for substance abuse can create a climate of trust and assist these students with enhancing protective factors (McLaughlin & Vacha, 1993).
7. Accountability measures are also necessary to validate progress and document students' substance use and misuse, as well as status of risk and protective factors (ASCA, 2005; Comerci & Schwebel, 2000; Sussman et al., 2008).
8. Using behavioral and cognitive-behavioral approaches with students that are at risk for substance use can help school counselors to focus on decreasing the frequencies of behaviors compatible with drug use and increase the frequency of behaviors incompatible with drug use (Sussman et al., 2008). School counselors can incorporate shaping, modeling, role playing, and assertiveness training into their work with at risk populations. In addition, by using behavioral and cognitive behavioral techniques, school counselors use positive affirmation, thought stopping, social contracting, anger management, problem solving, and decision making skills (McLaughlin & Vacha, 1993; Meichenbaum, 1997; Weinberg et al, 1998).
9. School counselors can encourage students to get involved in the school culture. Research indicated that children and adolescents who feel "invested and emotionally connected" to the school they are attending are less likely to get involved in substance use and misuse than students who feel disconnected from their school (Botvin, Baker, Dusenber, Botvin, & Diaz, 1995; Sussman, 1989). Specifically, prosocial activities such as sports, can protect against substance use and misuse (Pate, Trost, Levin, & Dowda, 2000).

Case Study Illustration

David (a pseudonym has been used to protect the student's identity) is an African American 7th grader attending a low achieving school in a large inner city. David's father is incarcerated for drug possession and use. His older brother has been involved in gang activity in the area and his mother is a recovering addict. David was referred to the author

due to negative peer involvement, disruptive behavior, and concerns of possible drug use from his mother, teachers, and administrators (however, there has been no founded allegations of drug or alcohol use).

Due to the mother bringing the issue to the school, the author meets with the parent to discuss her concerns and shares information in regards to increasing David's support system in the community by referring David's mother to an area mentoring program in the community that the author has interacted with and is well known in the community for its work with African American young men. To support the family system, the author also discussed the possibility of family counseling to deal with the incarceration of her husband and the impact of her eldest son's behavior on the family.

The counselor then met with David to talk about the concerns of negative peer involvement and disruptive behavior, as well as the impact of his father's and brother's actions on him. After the first session, the author devised a counseling session using a cognitive behavioral approach. Using this approach, the author included role playing, positive behavioral and social responses in the classroom and with peers, and anger management techniques. In addition, she incorporated challenging cognitions by addressing feelings of hopelessness in regards to his future goals. In one of her sessions with David, he mentioned an interest in playing basketball; consequently, the author also worked with the basketball coach to get David involved with the school team.

Outcomes

Through the eight sessions that the author met with David, he learned how to effectively deal with his anger toward his father and brother; consequently, his disruptive outburst decreased and discipline referral dropped from 3 or 4 a month to 0 to 1 a month. He also was able to set academic and career goals that helped him to change his feelings of hopelessness. Moreover, he was paired with a mentor in the community where he was able to begin to model appropriate behaviors and adjust his view of the acceptability of using illegal substances. The family also began attending family counseling and David's mother was able to learn ways to support David and her other children in regards to encouraging positive peer interactions, and reinforcing the importance of being drug free. In addition, David began playing on the school's basketball team and was able to develop positive peer relations with other team members and became a vested student of the school.

Summary

As substance abuse by school age children increases, it becomes imperative that schools specifically address the needs of students at risk for substance use. School counselors are ideally suited to facilitate prevention for students who are at risk for substance abuse. They are able to identify students that are at risk and collaborate with parents, teachers, and community stakeholders to develop prevention plans for these students.

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Note: This paper is part of the annual VISTAS project sponsored by the American Counseling Association. Find more information on the project at: http://counselingoutfitters.com/vistas/VISTAS_Home.htm