

Identifying Substance Abuse Issues in High Schools: A National Survey of High School Counselors

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High school students consistently report the use of substances such as alcohol, cigarettes, and marijuana. One of the people they would talk to about a substance use problem is their school counselor. A survey study was conducted with a national sample of 289 high school counselors. Results indicated that participants were clearly able to identify their practice limitations and future training needs in this area. Implications for training and recommendations for future research are discussed.

High school students across the nation consistently report the use of substances as evidenced by data collected from the annual Monitoring the Future study (Johnston, O'Malley, & Bachman, 2003). Alcohol is the most commonly used drug among high school students with 35.4% of 10th- and 48.6% of 12th-grade students reported to have used it in the past 30 days. For illicit substances (e.g., marijuana, amphetamines), 20.8% of 10th- and 25.4% of 12th-grade students reported to have used one of these drugs in the past 30 days (Johnston et al., 2003). A small proportion of students who experiment and regularly use substances will go on to develop more severe substance abuse problems that significantly affect their lives (Newcomb, 1995; Shelder & Block, 1990). For example, in 2002 it was estimated that 11.6% of children and adolescents in the United States between the ages of 12 and 17 years were currently using illicit drugs, and 8.9% of this age group could be classified with a diagnosis of substance abuse or dependence (Substance Abuse and Mental Health Services Administration, 2003).

In the school setting, the counselor can be a source of support for students in many areas of their lives, including academic, social, mental health, and substance abuse concerns (Sink, 2005). For example, the school counselor can assist the student with the identification of a problem and referral to appropriate resources. In fact, students report that one of the people they would talk to about a substance use problem is their school counselor (Mason, 1997; Palmer & Ringwalt, 1988). As such, counselors may be the first professional contact for a student with a substance abuse problem in many school settings. Therefore, it is important to understand the practices and training levels of school counselors for working with students with substance abuse problems.

Prior Research on School Counselor Practices

A review of the research literature reveals that there are few studies that have examined the practices and training levels

of school counselors regarding assisting students with substance abuse problems. Specifically, only three studies were found that surveyed school counselors about their perceptions of working with students with substance abuse issues. Vail-Smith and Knight (1995) surveyed a sample ($N = 109$) of elementary school counselors in North Carolina about their practices when working with children of parents who abuse substances. They found that almost all the participants in their sample indicated that it was important that counselors are able to provide counseling and referral services to children of parents who abuse substances. Nevertheless, more than two thirds of their sample (70%) indicated that prior college course work was inadequate in preparing them to work with such students. Furthermore, Vail-Smith and Knight found that their sample reported lack of knowledge and skills as the two most frequent barriers, respectively, to providing services to children of parents who abuse substances.

Goldberg and Governali (1995) surveyed a sample of school counselors ($N = 54$) in central New York across all grade levels (i.e., elementary, middle, and high school) about their preparation in the area of substance abuse. These researchers found that slightly less than half of their sample (47%) reported having taken a drug counseling course and slightly more than half (55%) indicated taking a drug education course. Counselors were also asked whether they felt adequately prepared and comfortable to counsel students with substance abuse problems depending on the type of substance used. More than half of the sample (59%) felt adequately prepared and comfortable counseling students about alcohol, whereas only a few (11%) felt the same regarding steroids. In general, counselors felt most prepared and comfortable counseling students when the drugs were alcohol, tobacco, and marijuana. In contrast, counselors felt least prepared and comfortable counseling students when the drugs were inhalants, stimulants, hallucinogens, and steroids. Furthermore, approximately one third of the sample (30%) indicated that they felt neither adequately prepared nor

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comfortable in their ability to identify students with substance problems. When asked about desiring more information on specific types of drugs, approximately half of the sample wanted more information on alcohol, tobacco, and marijuana and approximately two thirds of the sample wanted more information on substances such as inhalants, stimulants, hallucinogens, steroids, and over-the-counter drugs.

Coll (1995) surveyed a sample of school counselors ($N = 124$) in one state about their schools' procedures for identifying students with substance abuse problems. More specifically, the researcher indicated that his sample was taken from a population of public school counselors in a Rocky Mountain state. He found that 46% of the counselors in the sample indicated that their school did not have any formalized procedures for identifying students with substance abuse problems, whereas 50.2% of the sample reported that their school did have such procedures. Counselors were also asked about the effectiveness of the prevention programming in their schools for identifying students with substance abuse problems. For this question, 38% of the sample indicated that the programming in their school was not effective in identifying students with substance abuse problems, 20.2% reported being unsure of the effectiveness, and 41.8% indicated the programming was effective in identifying students with substance abuse problems. When asked about the percentage of students in their schools with substance abuse problems, 41.8% of the sample indicated that more than 10% of the students at their school experienced substance abuse problems. Furthermore, 62% of the sample indicated that at least 6% of the students at their school had substance abuse problems.

Limitations of Prior Research

The results from the limited number of available studies, reviewed previously, fail to provide an adequate picture of training levels and needs of school counselors for working with students with substance abuse problems. First, each of the prior studies included small samples of school counselors. Thus, it is difficult to obtain accurate estimates of counselor training levels and needs given such small sample sizes. Second, the prior studies only included a sample of school counselors from within a particular state. Given this restricted geographical sampling, the results of the prior studies cannot be generalized to counselors in other parts of the nation. Finally, the results of two of the prior studies included school counselors from all school levels (i.e., primary, secondary). Although it is important to understand what school counselors across school levels know about substance abuse issues, it is likely more important to understand the practices of school counselors at each school level given the variance in student use rates by grade. For example, the national use rates of high school students are greater compared with those of middle school students (Johnston et al., 2003). Therefore, the training levels and needs of counselors working in high schools are important areas for further consideration.

Purpose of the Present Study

To date, there has been no national survey study conducted on school counselors' training levels and needs for working with student substance abuse problems. Furthermore, large numbers of students in Grades 10 and 12 report the frequent use of substances (Johnston et al., 2003). Given these two factors and the paucity of research in this area, there is a great need to further understand how high school counselors perceive their ability to work with student substance abuse problems. Because of the limited prior research in this area, we have developed three general research questions that guided our survey development. For the present study, the following research questions were asked: (a) What are high school counselors' current training levels for working with student substance abuse problems? (b) What training areas do high school counselors identify as being most important for working with student substance abuse problems? and (c) What substances do high school counselors identify as being most common in their schools?

Method

Participants

A national mailing list of 1,910 high school counselors was obtained from the American School Counselor Association for use in this study. From this list, a sample of 500 high school counselors were selected and sent survey materials. The final sample consisted of 289 participants, of which data from their surveys were coded and entered for data analysis. A proportional, stratified random sampling procedure was used to select a geographically representative sample of high school counselors. Specifically, participant sampling was based on the percentage of high school-age children living in each of the nine national divisions identified by the 2000 U.S. Census report. The nine divisions consisted of the following: Pacific, Mountain, West North Central, West South Central, East North Central, East South Central, Middle Atlantic, South Atlantic, and New England. The proportion of high school-age children living in each division was then used to calculate the number of surveys that were mailed to each geographical division. Finally, high school counselors within each of the nine divisions were selected using a random numbers table. A total of 307 surveys were returned (61.4% return rate) by participants. Of the 307 returned surveys, 18 were eliminated from analysis because significant portions of data were missing or the respondent did not identify as a high school counselor.

Participant Demographics

The distribution of percentages for the 500 participants on the initial mailing list by geographical region was as follows: Pacific (16.2%), Mountain (6.8%), West North Central (7.4%), West South Central (12.2%), East North Central (16.4%), East South Central (6.0%), Middle Atlantic (13.2%), South Atlantic

(17.2%), and New England (4.6%). Of the 289 participants composing the final sample for this study, the following percentages reflect the distribution by geographical region: Pacific (16.0%), Mountain (6.9%), West North Central (7.6%), West South Central (12.5%), East North Central (20.5%), East South Central (6.3%), Middle Atlantic (11.1%), South Atlantic (16.0%), and New England (3.1%). As for participants' educational levels, the majority of the sample reported having earned a master's degree (94.8%), whereas 5.2% of the participants reported having earned a doctorate degree. For this sample, 76.5% were female and 23.5% were male. The racial/ethnic breakdown was as follows: 87.2% White, 4.2% African American, 3.5% Hispanic, 3.5% multiracial, 1.0% Asian American, and 0.3% other (0.3% did not identify their race/ethnicity). Participants reported being a school counselor for a mean of 10.82 years ($SD = 8.42$). Two participants indicated that they had retired within the same calendar year as the survey being administered and were included in the analysis. In terms of school size, the mean number of students enrolled across schools was 1,368.64 ($SD = 899.48$). Finally, counselors reported having a mean student caseload of 362.30 ($SD = 185.10$) and seeing an average of 16.16 ($SD = 26.50$) students per year specifically for substance abuse problems.

Survey Materials

A 36-item survey was developed to obtain information about high school counselors' training levels and needs for working with students with substance abuse problems (a copy of the survey can be obtained from the first author). The survey was developed throughout a validation process. Initially, the survey items were developed by the first author on the basis of the current substance abuse literature. Suggestions were then solicited from a senior researcher in the addictions field and from school personnel familiar with the role of school counselors. Next, the survey was pilot tested with a small group of graduate students ($n = 5$) in a school counseling program. The survey was refined on the basis of the initial pilot testing and was pilot tested a second time with another group of graduate students ($n = 13$) in a school counseling program. Final revisions were made to the survey after the second pilot testing.

Each item on the survey was categorized into one of the following four sections: (a) background information, (b) assessment and referral, (c) types of substances, and (d) substance abuse training areas. The survey used a variety of question formats, including forced choice, rank order, and checklist (Fink & Kosecoff, 1998). For example, some items asked respondents to indicate whether they thought they had the training necessary to work with students with substance abuse problems in specific competence areas. These items were rated on a 5-point Likert-type scale that included the following choices: 1 = *strongly disagree*, 2 = *disagree*, 3 = *neutral*, 4 = *agree*, and 5 = *strongly agree*. This type of scaling format was also used for other items on the survey.

Additional items asked respondents to rate and subsequently rank order substance abuse training areas they believed were most important for school counselors. The last page of the survey contained an open-ended question asking participants whether they wanted to provide any additional information or comments. The total time to complete the survey materials was estimated between 10 and 15 minutes.

Procedure

This study used a survey study design composed of an initial mailing and two follow-up mailings in accordance with the tailored design method (Dillman, 2000). The initial mailing packet was sent to 500 randomly selected high school counselors across the nation as described previously. The initial mailing packet included an introductory letter and consent form addressed to the school counselor that briefly described the purpose of the study and encouraged him or her to participate. Also included in the initial mailing packet were a copy of the survey; a self-addressed, postage-paid return envelope; and a bag of tea for participants to drink as they completed the survey. The second mailing was an oversize postcard sent approximately 1 week after the initial mailing to all recruited participants. The purpose of the postcard was to thank those who had already completed the survey and encourage those who had not completed it to do so promptly. A research assistant kept track of returned completed surveys prior to the third and final mailing. A final mailing packet was sent approximately 2 weeks after the reminder postcard to only high school counselors from whom a survey had not been received. The final mailing packet consisted of a letter addressed to the counselor encouraging his or her participation in the study, along with the original introductory letter and consent form; a copy of the survey; a self-addressed, postage-paid return envelope; and a tea bag. After the initial mailing, a small number of packets ($n = 17$) had not been completed or had been returned either because of the participants contacting the first author and stating that they did not identify as a high school counselor (e.g., elementary counselor) or because of the mailing address on the packet not being deliverable by the postal service. After receiving this information, we immediately replaced these participants from the initial mailing sample with other participants from the original mailing list who were randomly selected from within the same geographical regions.

Results

To answer the initial research question "What are high school counselors' current training levels for working with student substance abuse problems?" we calculated the means of responses for nine items on the survey that addressed current counselor training levels in specific competence areas. As can be seen from Table 1, the mean scores ranged from 2.08 to 3.57. Thus, school counselors indicated the highest level of current training in relation to consulting with teachers about

TABLE 1

Current Levels of Training for Working With Student Substance Abuse (*n* = 287)

Competence Area	<i>M</i>	<i>SD</i>
Consult with teachers about a student with substance abuse problems	3.57	1.03
Consult with parents about a student with substance abuse problems	3.51	1.02
Identify students with substance abuse problems	3.23	1.10
Work with students from families with a parent who has a substance abuse problem	3.11	1.10
Effectively work with students with substance abuse problems	3.09	1.07
Provide individual counseling interventions to students with substance abuse problems	3.02	1.15
Develop/teach curriculum units on substance abuse prevention	3.01	1.23
Provide group counseling interventions to students with substance abuse problems ^a	2.77	1.14
Provide comprehensive screening or assessment	2.08	1.02

^a*n* = 286.

students with substance abuse problems. In contrast, counselors indicated the lowest level of current training in relation to providing comprehensive screening or assessment to students with substance abuse problems.

Further analysis was conducted to better understand counselors' perceptions of their training for working with students with substance abuse problems. For example, counselors indicated being neutral (*M* = 3.09, *SD* = 1.07, *n* = 287), on average, about having the current level of training necessary to effectively work with students with substance abuse problems. Male counselors, however, had a higher mean score on this question (*M* = 3.46, *SD* = 0.97, *n* = 67) compared with female counselors (*M* = 2.97, *SD* = 1.07, *n* = 220). This mean difference between counselors on the basis of gender was significant, *t*(285) = -3.35, *p* < .01, *r*² = .04. Furthermore, experience as a school counselor (i.e., years of experience) was weakly related to counselors' perceptions of their ability to work with student substance abuse as indicated by a small positive correlation between these two variables *r*(285) = .16, *p* < .01, *r*² = .03.

We also examined data from counselors who indicated that their school participated in a schoolwide substance abuse prevention or intervention program. One hundred counselors indicated that their school participated in a program that addressed substance abuse. On average, the number of years counselors indicated their school had participated in the program was 8.33 (*n* = 87). In addition, on average, counselors indicated that they were unsure of the effectiveness (*M* = 2.97, *SD* = 0.86, *n* = 84) of the program for preventing or reducing substance use problems in their schools as rated on a 5-point scale.

To answer the second research question "What training areas do high school counselors identify as being most important for working with student substance abuse problems?" we examined the areas that counselors believed were most impor-

tant for school counselors to receive substance abuse-related training. The response of counselors who rank ordered an area as being most important for school counselors to receive training is presented in Figure 1. As can be seen in Figure 1, approximately 38% of respondents indicated that screening and assessment was the most important area to receive substance abuse-related training. Similarly, approximately 37% of respondents indicated individual interventions as being the most important area to receive training. In contrast, fewer than 3% of respondents indicated that family interventions were the most important training area.

Further analysis was conducted to better understand counselors' past training experiences and perceptions of future training for working with student substance abuse problems. On average, counselors disagreed (*M* = 2.29, *SD* = 1.07, *n* = 287) that their graduate education had provided them with adequate training to work with students with substance abuse problems. Half of the sample (50.3%) indicated not having taken a substance abuse course in graduate school, 31.8% indicated taking one course, 12.6% indicated taking two courses, and 5.2% indicated taking three or more courses (*n* = 286; percentages do not equal 100% because of rounding). Counselors indicated that, on average, they were neutral (*M* = 2.65, *SD* = 1.31, *n* = 286) about whether their school or district provided them with adequate training opportunities on student substance abuse. When asked about the number of prior training opportunities their school or district had provided them in the past 3 years, 46.0% indicated none, 27.4% indicated one, 14.4% indicated two, and 12.3% indicated three or more (*n* = 285; percentages do not equal 100% because of rounding). Furthermore, mean scores suggested that counselors strongly agreed that they should receive (*M* = 4.48, *SD* = 0.75, *n* = 287)

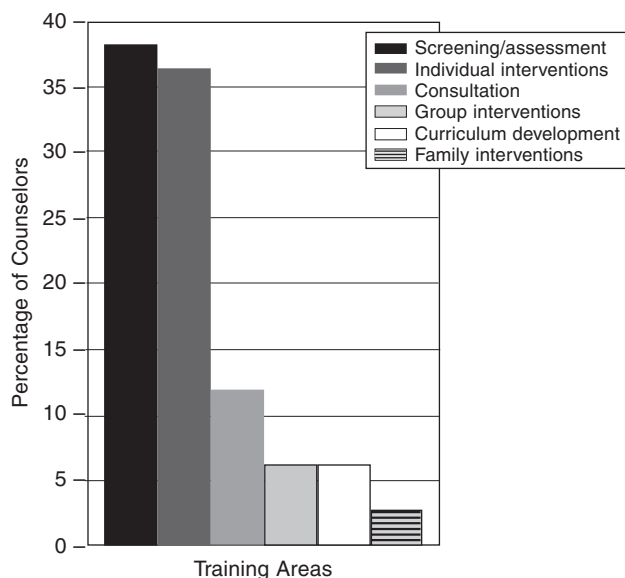


FIGURE 1

Most Important Areas for School Counselors to Receive Substance Abuse-Related Training (*n* = 282)

and would attend ($M = 4.25$, $SD = 0.80$, $n = 287$) training in the area of student substance abuse. Finally, there was no correlation between counselors' caseload size and their willingness to attend a substance abuse-related training, $r(281) = .10$, $p > .05$. This finding indicates that caseload size was not related to a counselor's willingness to attend a future training opportunity on substance abuse issues.

To answer the third research question "What substances do high school counselors identify as being most common in their schools?" we calculated the percentage of counselors indicating which substances had been used by students they had seen for substance abuse problems. The percentage of positive responses by school counselors for each substance is presented in Table 2. As is evident in Table 2, the top three most commonly seen substances used by students were alcohol, marijuana, and cigarettes, respectively. In contrast, the three least commonly seen substances were steroids, LSD, and heroin, respectively.

Further analysis was conducted to better understand whether school size was related to the number of students that counselors had seen for substance abuse problems. A weak correlation was found between school size (i.e., student census) and the number of students counselors had seen for a substance-related issue, $r(273) = .15$, $p < .05$, $r^2 = .02$. This finding indicates that there was a small positive relationship between school size and a counselor seeing a student for a substance abuse problem. In addition, a weak correlation was found between school size and the number of students referred by counselors to an outside agency for substance abuse assessment or treatment, $r(270) = .15$, $p < .05$, $r^2 = .02$. Similarly, this finding indicates that there was a small positive relationship between school size and the number of students referred by counselors for a substance use or abuse problem.

TABLE 2

Type of Substance Used by Students Seen by School Counselors

Substance	% ^a	<i>n</i> ^b
Alcohol	98.87	266
Marijuana	98.50	266
Cigarettes	96.84	253
Amphetamines	71.79	195
Prescription medications	69.12	204
Over-the-counter medications	66.67	186
Club drugs ^c	62.43	189
Inhalants	61.41	184
Smokeless tobacco	61.40	171
Methamphetamines	60.69	173
Tranquilizers	59.32	177
Cocaine	50.29	171
Crack cocaine	41.46	164
Sedatives	35.95	153
Steroids	30.14	146
LSD	25.17	151
Heroin	22.92	144

^aPercentage of school counselors responding "yes" to each question. ^bTotal number of school counselors responding either "yes" or "no" to each question.

^cExamples are Ecstasy, gammahydroxybutyrate (GHB), and LSD.

Discussion

The results of this study provide important information about the training levels and needs of high school counselors for addressing student substance abuse concerns. First, high school counselors reported differential levels of training concerning specific competence areas for student substance abuse. Second, counselors clearly identified two to three important areas for further training for working with high school students who abuse substances. Third, counselors identified certain substances (e.g., alcohol, marijuana) as being more prevalent with students on their campuses. The results from the present study fill a gap in the literature by providing a more complete picture of the actual training levels and needs for high school counselors and student substance abuse. More specifically, this is the first study to survey a national sample of high school counselors on their training levels and needs related to student substance abuse. Each of the central findings of the present study is further discussed in more detail in the following sections.

Counselor Training Levels

High school counselors reported differences in their training levels for working with student substance abuse issues in their schools. For example, consultation with teachers and parents was endorsed most strongly by counselors. This finding is not surprising given that counselors spend large parts of their time consulting with other school personnel (e.g., teachers, administrators) and parents regarding the academic, career, personal, and social needs of students (Partin, 1993; Tennyson, Miller, Skovholt, & Williams, 1989). Nevertheless, counselors less strongly endorsed their ability to identify students with substance abuse problems, work effectively with these students, and develop or teach curriculum units on this topic. Unfortunately, these findings are not unexpected given that half of the sample reported not having taken a single course on substance abuse in graduate school, and almost half indicated that their school or district had not provided any training on this topic in the past 3 years. Counselors were least likely to endorse their ability to provide group counseling and screening or assessment for student substance abuse. The lack of training in group counseling for substance abuse was somewhat surprising given that group-based intervention is frequently used in school settings and is a useful format for working with students with substance abuse problems (Burrow-Sanchez & Hawken, 2007). With some additional training, counselors could use their existing group facilitation skills to develop groups that would benefit the needs of students with substance abuse concerns.

Some counselors indicated in the comments section of the survey that they do not have the time or training to provide interventions for students with substance abuse problems and refer such students to specialists, school administration, or an outside community treatment agency. Even if the

counselor is simply a referral resource for the student, it is still important for him or her to possess a basic level of training to appropriately identify students with substance abuse problems to facilitate appropriate referrals and a continuation of educational services for the student (Burrow-Sanchez & Hawken, 2007; Lambie & Rokutani, 2002). Furthermore, effectively assisting a student with a substance abuse problem will likely help the student in other areas of his or her life. For example, one counselor stated, "Substance abuse is [the] #1 problem in roadblocks to academic success [high school diploma]." In addition, it is important for school counselors to assist students who transition back into the school system after completing treatment in a community facility.

Needed Training Areas

The counselors in this study clearly identified the most important areas for high school counselors to receive substance abuse-related training. For example, approximately 38% of the sample indicated that screening and assessment was the most important area for high school counselors to receive training. Approximately 37% indicated that individual interventions were the most important area for counselor training. A training need in screening and assessment is not unexpected given that counselors also believed that their training in this area was clearly lacking as described previously. Screening instruments are available that would assist counselors in obtaining more information about an adolescent's level of substance use (see Burrow-Sanchez & Hawken, 2007). Similarly, a training need in individual interventions is also not surprising given that counselors in high school settings identify spending a portion of their time meeting individually with students (Partin, 1993; Tennyson et al., 1989). Individual interventions can be used by school counselors to motivate students to identify problems and seek further treatment (Lambie, 2004). Thus, screening and individual interventions are two needed areas of training for high school counselors for them to effectively work with students with substance abuse problems.

Although counselors in this study identified specific training needs, some also expressed concern about the lack of time in a typical day to meet with students and provide direct services. Some stated that counselors are required to spend much of their day in front of a computer terminal dealing with scheduling issues instead of providing direct services to students. For example, one counselor stated, "Frankly, over the last four years, the school counselors at my school have seen our jobs gradually change from dealing with people to dealing with data/computers." Given these types of statements, we were concerned that, even if counselors were provided with training opportunities in these areas, they would not take advantage of them. We were glad to find, however, that counselors strongly endorsed their willingness to attend training on substance abuse topics. Furthermore, they even more strongly endorsed the position that counselors should receive training in student substance abuse topics. Our findings also

suggested that caseload size, as one indicator of counselor workload, was not a factor in their willingness to attend future substance abuse-related training opportunities. Therefore, it seems that the high school counselors in our sample were eager to receive training to further develop their skills in the area of student substance abuse.

Prevalence of Substances

The counselors in this study identified the most prevalent substances used by students they had seen for substance abuse problems as alcohol, marijuana, and cigarettes. These data were obtained by counselors responding to a question asking them to indicate which substances had been used by the students they had seen for substance abuse problems. Thus, each counselor's assessment of type of substance used was based on his or her perception and may or may not have included self-report data from the student. Nevertheless, our findings that these three substances were most prevalent coincide with the national data for high school students (Johnston et al., 2003). Some counselors indicated that they would like to receive more information about the types of substances currently being used by students. One resource for school counselors to obtain more information on substances of abuse is the National Institute on Drug Abuse Web site (www.nida.nih.gov). This Web site contains current information on substance abuse that is easily accessible to a range of individuals (e.g., students, parents, counselors). A second resource is the Substance Abuse and Mental Health Services Administration Web site (www.samhsa.gov). This Web site features information about substance abuse and mental health as well as a national substance abuse treatment locator. In addition to the aforementioned resources, it is also important that high school counselors receive didactic training (e.g., in service) on the types of substances used by students.

Limitations and Implications for Future Research

The majority of the sample in this study identified as being White (87.2%). A potential limitation of this sample is that it may not generalize to high school counselors from ethnically diverse backgrounds. For example, it is important to understand whether counselors from various ethnic groups share similar or different perspectives on dealing with student substance use and abuse issues in their schools. A secondary issue is to understand how students from different ethnic groups are perceived by school counselors regarding substance use and abuse. This type of information may lead to designing specific prevention or intervention efforts that meet the diverse needs of students instead of assuming that programming interventions work well for all students regardless of ethnic differences. Investigating these cultural issues should be a target for future research in this area.

The data we obtained from counselors regarding the types of substances used by students were limited for the reason

that they were based on counselor perception and may or may not have included student self-report. Therefore, we cannot be certain that the counselor's assessment of the substances used by students accurately reflected what the students used. Despite this limitation, our data for alcohol, marijuana, and cigarettes were reflective of the use levels reported by students in national samples (Johnston et al., 2003). Future research in this area, however, should focus on more accurately measuring how school counselors make assessments of the type of substances that students are using in their schools.

Our survey included only a few questions asking counselors about any current schoolwide prevention or intervention programs for substance abuse in their schools. Our results indicated that counselors with substance abuse programming in their schools were, on average, not sure of the effectiveness of them. We suggest that it is important for school counselors to be familiar with the effectiveness of any prevention or intervention program in their school that involves them. For example, school district budgets are becoming increasingly tighter around the nation, and school personnel frequently need to justify the inclusion or exclusion of specific programs in their schools. In addition, the school counseling profession has placed greater emphasis on accountability for school counselors, which includes ways to evaluate the impact of their work with students (Davis, 2005; Lapan, 2005). Additional research in this area should examine ways to measure the effectiveness of substance abuse interventions from a school counselor perspective. This issue is important considering that school personnel will likely have more "buy in" for a program when they are aware of evidence that it actually works and can produce empirical data to support its effectiveness.

Recent research in the form of a meta-analysis and literature review have provided a more thorough understanding of the effectiveness or lack thereof for school-based substance abuse prevention programs (see Cuijpers, 2002; Tobler et al., 2000; White & Pitts, 1998). For example, Cuijpers suggested that substance abuse prevention programs selected for use in school or other settings should have demonstrated efficacy in the research literature. Furthermore, he provided a listing of evidence-based criteria (e.g., interactive delivery, peer leaders) that should be carefully considered when implementing a program. The findings from current research also underscore the importance of implementing substance abuse programs in schools that are evidence based and effective rather than popular but ineffective (Clayton, Leukefeld, Harrington, & Cattarello, 1996). Thus, it is important for school counselors and other school personnel to become familiar with ways to assess the effectiveness of prevention programs currently used in their schools as well as establish evidence-based criteria to evaluate new programs prior to adopting them.

This study had a clear focus on understanding the perspectives on student substance abuse issues from counselors at the high school level. Given that national data exist on the prevalence of drug use rates for middle school students, one

area for future research is considering the perspectives of middle school counselors. Specifically, data from a recent Monitoring the Future study indicate that students in the 8th grade across the nation report the use of a range of substances (Johnston et al., 2003). In particular, the national data suggest that inhalant use is higher among students in 8th grade compared with students in 10th and 12th grades. This finding highlights the importance that school counselors should be cognizant of differences in substance use depending on the age of the student. A well-known risk factor for substance use and abuse is the age of first using a substance. For example, children who begin using substances at younger ages are more likely to develop problems later in life (Hawkins, Catalano, & Miller, 1992). Furthermore, school counselors can play a key role in promoting the prevention and intervention programs for students in middle schools. Unfortunately, little data exist on the training levels and needs of middle school counselors related to substance abuse prevention or intervention programming. Thus, the role of middle school counselors related to student substance abuse should be a key area for future research.

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