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School psychologists' current practice, training, and interest in the integration of substance abuse training as part of the mental health profession

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School Psychologists' Current Practice, Training, and Interest in the Integration of
Substance Abuse Training as part of the Mental Health Profession

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Abstract

Adolescents' suffering from substance abuse may also be experiencing academic, social, emotional, and behavioral difficulties. Substance abuse problems are difficult to address in schools due to barriers related to confidentiality, implementation, and resources. School personnel may also lack necessary experience or training to adequately provide these services to students' suffering from substance abuse. School-based intervention programs have shown to be effective in helping to identify and support students with substance abuse issues (Mitchell et al., 2012; Winters et al., 2012). With both evidence-based intervention practices and competent mental health professionals, students experiencing substance abuse problems may receive needed services and support in schools. More research is necessary to highlight the importance of school psychologists' training and collaboration related to student substance abuse intervention programs. A survey was emailed to a random sample of school psychologists in Virginia who have licensure with the Virginia Department of Education to gain more information on their training and knowledge of working with students with substance abuse problems. Data from the survey suggests that limited training and time is spent on providing direct services for student substance abuse. School psychologists expressed an interest in receiving additional training to administer screenings and intervention services in schools. The results support providing school psychologists information and training in addition to developing collaborations with school professionals to best serve the needs of their students.

Introduction

School psychologists working in public schools experience a variety of roles and responsibilities by examining the needs of their students and schools. Most often, school psychologists provide academic, social, and behavioral supports to students and teachers through testing, consultation, and counseling services. As schools and communities face new challenges, school psychologists adapt to expand their resources to serve students to the best of their abilities. Since students experience more than just academic difficulties at school, a variety of school-based intervention services are extremely important in providing comprehensive care, specifically for students' suffering from substance abuse. As school psychologists continue to strive to help students holistically, students will be able to receive necessary supports at school.

Literature Review

Risks of Substance Abuse

Students experiencing mental health issues are also at risk for other health and developmental concerns, such as substance abuse, violence, and lower educational achievement (Patel et al., 2007). Substance abuse has been associated with lower high school GPA and academic achievement (McLeod et al., 2012). Substance abuse continues to cause severe harm to adolescents' general and mental health. Not only does academic performance decrease, but students' social, emotional, and behavioral functioning is also negatively impacted due to substance abuse. In 2014, 1.3 million (5% of all adolescents) U.S. adolescents' aged 12 to 17 reported having a substance use disorder (SAMHSA, 2018). In addition, the highest rate of illicit drug use was among 18

to 20 year olds (22.7%), illustrating the need for prevention and intervention services at an earlier period.

The 2015 National Survey on Drug Use and Health (NSDUH) data demonstrates that 21.7 million (8.1%) people aged 12 or older needed substance use treatment in the past year. While there was a need for substance abuse treatment and services, the report indicates that the majority of people aged 12 or older did not receive treatment at specialty facilities (Lipari et al., 2016). It is important to note that adolescents and young adults who were considered to need substance treatment were less likely to report that they felt like they needed substance use treatment. Adolescents' may lack insight into their substance use problems, preventing them from seeking help or treatment.

While adolescents may not be aware that their substance use behaviors are putting them at risk, schools have also avoided addressing substance abuse as a mental health issue in the past. Typically, schools have taken a punitive approach to dealing with substance abuse. Students have increasingly been suspended or expelled due to criminalizing behaviors, such as substance abuse (Mallett, 2016). By altering how schools and communities view substance abuse problems, the types of prevention and intervention services may also change to better address the needs of students.

Shift in Perspective

There has been a shift in the way substance abuse is being addressed and conceptualized in society. The debate about substance abuse is moving from a criminal focus towards a physical and mental health issue. Since student substance abuse has not commonly been discussed in schools, it makes sense that the roles and responsibilities of serving students suffering from substance abuse is unclear. The Surgeon General's

Report (HHS, 2016) on alcohol, drugs, and health discusses the importance of creating a cultural shift in how addiction is defined and understood. The report explains how placing stigma and shame on those suffering from addiction and substance use disorders makes it more difficult for them to seek help. The Surgeon General states, “We must help everyone see that addiction is not a character flaw – it is a chronic illness that we must approach with the same skill and compassion with which we approach heart disease, diabetes, and cancer” (HHS, 2016, p. 5). This shift in perspective allows schools to consider using new approaches in connecting students to help and support they need.

There has been a significant change in developing interventions for individuals at risk or experiencing substance abuse. The shift in approach to addressing substance use through a harm reduction approach and strategies for behavior change rather than an emphasis on abstinence has become more widely discussed and implemented. Marlatt & Witkiewitz (2010) examined updated harm reduction policy and intervention research, highlighting the controversy surrounding these approaches. While many individuals and government organizations oppose harm reduction and want to eliminate substance use through abstinence only programs, there is widespread evidence for the effectiveness and cost-efficiency of harm reduction programs. Marlatt & Witkiewitz (2010) also discussed support of harm reduction approaches by international organizations, including the United Nations and the World Health Organization, due to the evidence indicating that many harm reduction programs have helped slow down the spread of HIV and other communicable diseases.

Studies have also shown that some abstinence-based programs, like Project D.A.R.E (Drug Abuse Resistance Education), are not effective in the short-term or long-

term reduction of substance use (Pan & Bai, 2009; Logan & Marlatt, 2010). Significant reductions in alcohol use in the short-term, but not preventative effects in the long-term, have been found through harm reductions methods (Logan & Marlatt, 2010). Harm reduction therapy aims to reduce problematic effects of behaviors, typically substance use, by meeting clients where they are at in their motivation and ability to change. The skills and knowledge required for harm reduction are consistent with the training that school psychologists develop in their training.

With high school students using substances like tobacco, alcohol, and marijuana, schools have an opportunity to examine effective intervention programs to better serve students' mental health needs. While there is variability in the balance between educational support and mental health services provided to youth and adolescents in schools, it is necessary to examine current resources being offered to students in need. It is clear that today many children's mental health and academic performance are affected by substance abuse. One study found that 75% to 80% of children and youth in need of mental health services do not receive them (Kataoka et al., 2002). Those that do receive mental health services receive them in schools (Greenberg et al., 2003), making it important to create treatment options and resources where adolescents can access it.

Barriers to Implementation in Schools

The opportunity to help students suffering from substance abuse problems is great and necessary; however, the reality is more complicated due to obstacles in the school setting. These barriers to implementation include background and training of mental health personnel. Many school professionals, including school psychologists, may feel they lack the necessary experience or training to address substance abuse issues in

schools. While several substance abuse interventions have been found to be effective in public school settings, issues of confidentiality and stigma may also prove to be barriers in this discipline. Often, students have a variety of issues impacting their well-being and success in schools. These issues may include a combination of mental health problems, family situations, as well as substance abuse. School psychologists have an advantage of working in a variety of areas, such as counseling, academic support, and consultation which can help in addressing students' mental health needs.

Substance abuse intervention programs in the public school setting have been identified as an area of need; however, there are several barriers that impede successful implementation of such programs. Additional barriers include identifying the roles and responsibilities of professionals to treat substance abuse and mental health issues in public schools. While school counselors are often tasked with supporting students' mental health concerns (Walley et al., 2009), school psychologists may also play a crucial role in providing effective and imperative services.

School Psychologists' Role and Training

School psychologists are in a unique position to provide comprehensive academic, behavioral, and mental health services. The role of a school psychologist is constantly evolving and forming by responding to current needs and issues within schools. School psychologists' roles differ depending on the needs and regulations of school districts. They are able to work with school counselors, teachers, social workers, and school nurses to ensure students are receiving necessary supports and services in schools. In addition to collaborating with professionals in school buildings, school psychologists often connect with local community resources.

The National Association of School Psychologists (NASP) outlined the significance of integrating substance use interventions and mental health practices in schools (Fisher et al., 2016). NASP recognizes challenges and barriers to including substance use interventions as part of a school psychologist's job responsibility, but also highlights the importance of being able to provide a necessary and potentially life-changing service to students and families. School psychologists receive graduate level preparation and training which qualifies them as child and adolescent mental and behavioral health professionals. With an emphasis on consultation and collaboration with teachers, parents, and administration, school psychologists are able to bridge the gap between schools and community resources (NASP, 2015). Although school psychologists may be adequately trained to implement substance abuse screenings and interventions, they might not feel that they have the necessary tools or training to provide these services. Additional research should examine school psychologists' collaboration with school personnel in providing these services.

Collaboration with Mental Health Professionals

The Addiction Technology Transfer Center (ATTC) White Paper is a document about inter-professional collaboration and preparing students to work in an integrated health care system (Goplerud et al., 2017). This document discusses how to work in inter-professional collaborative practice teams (ICPT) to provide substance abuse prevention and treatment services. The paper outlines several national and international agencies and associations that established skills, knowledge, and competences required for health care professionals working with people with substance abuse disorders. In order to meet the needs of students' suffering from substance abuse issues, schools and communities must

work together to provide necessary services. While school psychologists often refer students to outside health care providers, it is important to examine current resources and collaboration efforts in schools.

School Psychologists' Competency

School psychologists often work with both school personnel and outside mental health practitioners to support students. Although school psychologists have received training in a many domains, they may not feel equally competent in the different areas that can arise in schools. One study has specifically examined school psychologists' perceived training and competence in working with students who abuse substances (Burrow-Sanchez et al., 2009). Out of a random sample of 500 high school psychologists selected, 212 participants returned surveys (42.4% return rate). A 38-item survey was developed to ask about participants' background information, types of assessment and referrals, types of substances used by students, and substance abuse training.

The study found that school psychologists want and need more training in the area of student substance abuse. Findings of the study suggest that school psychologists' perceived consulting with teachers and parents about students with substance abuse problems as their highest levels of training. The lowest levels of perceived competence were in areas of providing direct individual and group interventions to students. The most important area for future training was in the area of substance abuse screening and assessments. School psychologists' reported marijuana, alcohol, and cigarettes as the most used substances by students.

This study provides a foundation for understanding school psychologists' perceived competence and training in student substance abuse. Future research should

assess school psychologists' current practice in administering substance abuse assessments as well as their collaboration with other mental health professionals in providing these services in schools. In addition, it is important to gather information about school psychologists' perception of needing substance abuse interventions to support their students in schools.

School psychologists may increase their skills and capabilities by attending workshops, staying connected to organizations, and participating in professional development opportunities. For instance, school psychologists' competence should increase after participating in workshops or trainings related to substance abuse intervention programs in schools. Freidman & Meyers (1975) examined the school psychologist's role in drug intervention techniques by providing workshop training on drug education. The 26-hour workshop was presented to 12 graduate school psychology students and found an increase in competence regarding drug problems. School psychologists are accustomed to attending workshops and trainings in order to be up-to-date on testing norms and current practices. New information and research is constantly used to examine ways to improve materials, resources, and practices. This study demonstrates the importance of providing workshops and training activities on substance abuse programs to increase competency in this area.

A national survey of school psychologists' practices and perceptions on school-based mental health services (Friedrich, 2010) similarly revealed the importance of increasing knowledge and skills in mental health through experimental training activities. The results of the study also found that school psychologists receive a variety of mental health referrals, which requires them to have more training in many different areas. The

study specifically asked respondents to rank the difficulty of providing certain services, revealing that substance abuse counseling was ranked as “difficult” or “very difficult.” Although these services may be considered difficult to implement, there are school-based intervention approaches that fit into the structure of a school system and provide easier access for students seeking treatment. Several studies (Winters, 2007; Botvin & Griffin, 2007) have looked at the feasibility of implementing substance abuse screening and treatment programs in school settings.

More research in this area should look at school psychologists' current practice, experience, and interest in integrating substance abuse training in their profession. While more research needs to be completed to examine school psychologists' current practice and training, substance use and abuse continues to be a serious issue impacting adolescents' academic and social-emotional functioning.

Substance Abuse Programs in Schools

Substance abuse intervention programs allow mental health services to be incorporated at the school level. There are several programs created that target at-risk students in need of support for drug and alcohol abuse. The screening, brief intervention and referral to treatment (SBIRT) model describes how to screen students as well as how to gather information about the student's alcohol and drug use. Several programs have shown to be successful in schools as well as in primary care, emergency departments, and other community settings.

Typically, adolescents who need help for their substance abuse problems must go through a lengthy process before receiving treatment. This process includes recognizing the need for services, finding appropriate services, being able to afford the costs of

services as well as the demands for transportation and scheduling appointments. If adolescents are not able to overcome all of those barriers, they are less likely to receive help for their substance abuse problems. By screening and offering services in schools, adolescents are more likely to be identified and referred for treatment. School psychologists' role is ideal for implementing substance abuse intervention programs to students in need. In addition to providing direct services, school psychologists are able to work with other professionals to deliver these services, such as social workers, school nurses, and school counselors.

Ideally, schools will implement substance abuse programs through a continuum of services, usually referred to as a multi-tiered system of support (MTSS). MTSS suggests varying levels of support, through primary, secondary, and tertiary intervention services. The first tier is universal, meaning all students receive the screening. The second and third tiers are more individualized and provide more intense services. Several schools incorporate MTSS through an academic model; however, MTSS may also be beneficial in providing substance abuse screening and interventions.

In a public school setting, it can be difficult to identify students at-risk for substance abuse. Universal screeners may be a tool to help gauge students' drug and alcohol use. The Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide, developed by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), are screening tools that only require a few questions and ask students to rate their previous experiences with drugs and alcohol. These screeners may be used for students suspected of substance abuse, providing a primary, or tier one, service. School psychologists can collaborate

with teachers and administrators to provide consultation services as a means of supporting students and staff. Once students have been identified, services may be easier to implement. The SBIRT model outlines how screening and referral to treatment can be provided to students' experiencing a range of substance abuse symptoms and behaviors. The screening portion can be implemented at a universal level, screening all students in the school or a particular grade, depending on the concerns.

Characteristics of Successful Programs

The school setting may pose unique difficulties for implementing substance abuse intervention programs. Schools must consider a variety of factors in order to successfully identify and treat students with substance abuse issues. These factors include identifying the target population, the severity of substance abuse symptoms, the length of the program, and the method of delivery. Gottfredson & Wilson (2003) analyzed 94 studies on school-based substance abuse prevention programs. The data helps explain characteristics that lead to successful substance abuse prevention programs in schools. The results identify middle school aged children as the best target for prevention programs. Also, delivering the information through peer leaders is more likely to increase the effectiveness of the programs. Substance abuse prevention programs do not have to be lengthy to teach social competency skills.

Wagner et al. (2004) examined school-based substance abuse program literature from 1990 to present. The most effective school-based interventions shared several characteristics in common, such as incorporating training opportunities for teachers and staff. These programs were more effective when they combined psychoeducational and skill building components, while designing program material for children and

adolescents. Schools and systems may differ in their specific needs, which is why it is crucial to receive 'buy-in' from key stakeholders as well as consistently enforce school-wide policies. Another important feature includes paying attention to the duration, frequency, and intensity of exposure to the intervention. Finally, programs will be more effective if they are connected to complimentary intervention programs in various settings.

School settings contain a large population of students whose drug and alcohol use does not typically reach a high level of severity. Shorter term and less severe treatment options, such as brief motivational interviewing, may provide the necessary support that students with mild to moderate substance use can address. Schools may incorporate short-term treatment options as an initial component to helping students with substance abuse issues before seeking long-term treatment options through community resources.

While it is important to screen students and consult with teachers about substance abuse, it is also crucial to discuss substance abuse with adolescents and teenagers. By consulting with the student, practitioners will have a better understanding of how the student is functioning holistically. One way to provide support is through building skills and awareness around substance abuse. Drug abuse prevention programs in schools are more likely to be successful when the fidelity of the implementation is adhered to (Dusenbury et al., 2003). High fidelity includes teacher and program characteristics, teacher training, and organizational characteristics. The structure of the school systems must be taken into account to determine the appropriate prevention and intervention services that will be the most effective in that setting.

Current Intervention Programs

Substance abuse among adolescents in the public school setting continues to be studied in a variety of areas. Specifically, the implementation and effectiveness of substance use programs in high school settings. Current intervention programs must consider difficult aspects encountered in schools, such as confidentiality, school schedules, and the effectiveness of intervention programs.

Programs are more likely to be successful when they are interactive and help teach skills, such as drug refusal, correcting misperceptions, and enhancing personal and social competency skills (Botvin & Griffin, 2007). Drug prevention programs have been found to be effective in reducing smoking, inhalant use, drinking, and multiple drug use among high-risk individuals (Griffin et al., 2003). Winters et al. (2012) also assessed brief interventions for adolescents' drug use in a school setting by incorporating trained counselors. Students were assigned to an adolescent-only group, adolescent and parent group, or control group. The adolescent-only and adolescent with parent conditions showed more reductions in drug use behaviors compared to the control group. These programs examine interventions that target high-risk students, prevention measures, and specific treatment programs to reduce substance abuse in middle and high school age individuals. While it is important to examine the effectiveness of intervention programs, it is also necessary to successfully screen and identify students who may be at-risk or considered high-risk before implementing interventions.

Substance abuse prevention programs should also consider the effects of peer relations on substance use during adolescents. Valente et al. (2007) looked at the effects of a social network substance abuse prevention program among high-risk adolescents.

The study examined 75 classes from 14 alternative high schools to see if students receiving evidence-based substance use prevention programs and peer-led interactive groups influenced substance use. Results indicate that students who had peer networks that did not use substances helped in reducing their substance use. On the other hand, students who had peer environments that supported substance use and were in the interactive program did not decrease substance use behaviors, but rather increased substance use. This study highlights the significance of understanding peer support systems and taking into account the effects of peer groups on substance use behaviors.

Interventions administered at or after school hours must remain brief and practicable within the setting of public schools. Curtis et al. (2014) studied the feasibility of implementing the SBIRT model in a public school environment. The study found that all but one of the positively screened students voluntarily participated in the brief intervention sessions. Also, the screening and intervention model was practical in the school setting and did not interfere with academic activities, was found easy to implement, and appealed to students, teachers, and school staff.

Several intervention programs target middle to early high school students, attempting to provide services before substance use behaviors become severe. Ellickson et al. (2003) studied 55 South Dakota middle schools to evaluate Project ALERT, a drug prevention program. The study included a treatment group and a control group. The treatment group received 11 drug prevention lessons in 7th grade and 3 sessions in 8th grade. The Project ALERT curriculum attempts to change students' beliefs about drug norms, identify and resist pro-drug pressures from family and peers, as well as build self-efficacy through interactive activities. Students who received the drug prevention lessons

reported less cigarette and marijuana use, current and regular cigarette use and alcohol misuse. The reductions ranged from 19% to 39%, illustrating that school-based drug prevention programs can help reduce students' mild to moderate substance use.

Another study incorporated the SBIRT model in 13 schools throughout New Mexico, implementing nearly 10,000 screenings to identify at-risk youth for substance use (Mitchell et al., 2012). The majority (85.1%) of adolescents received Brief Intervention (BI), while the rest (14.9%) received brief intervention or referral-to-treatment (BT/RT). Those that received any intervention reported a reduction in frequency of drinking to intoxication and drug use, but not alcohol use at the 6-month follow-up. Studies on substance abuse intervention programs administered in school settings have found to be effective in decreasing substance use among adolescents. More research needs to be conducted to better understand school professionals training and experience in providing these services to students.

Purpose of Study

Adolescents' suffering from substance abuse may also be experiencing academic, social, emotional, and behavioral difficulties. Substance abuse problems are difficult to address in schools due to barriers related to confidentiality, implementation, and resources. School personnel may also lack necessary experience or training to adequately provide these services to students' suffering from substance abuse.

School-based intervention programs have shown to be effective in helping to identify and serve students with substance abuse issues. With both evidence-based intervention practices and competent mental health professionals, students experiencing substance abuse issues may receive needed services and support in schools. More

research on school psychologists' training and collaboration related to student substance abuse needs to be conducted in order to better understand current school psychologists' views in providing these resources in schools and the needs that schools are experiencing in terms of student substance abuse. The following research questions and hypotheses were generated:

1. Do school psychologists believe substance abuse screening and intervention programs should be offered in schools to adolescents?
2. What are school psychologists' current practices in providing substance abuse screening and intervention services in schools?
3. How much training have school psychologists had in providing substance abuse assessment or intervention services to adolescents in schools?
4. What professional staff are the preferences of school psychologists for collaborating with in order to provide substance abuse intervention services?
5. School psychologists will have a modest interest in receiving training for providing substance abuse assessment or intervention services to their students.
6. School psychologists will report receiving minimal training in providing substance abuse prevention or intervention services to their students.

Methods

Participants

Participants included a random sample of school psychologists who were currently licensed through the Virginia Department of Education (VDOE). A convenience sampling method was utilized, allowing current school psychologists who are practicing in the state of Virginia and are licensed by VDOE to have the opportunity to participate in the study. While one hundred and twenty-one school psychologists responded to the survey, only one hundred and fourteen school psychologists (94.2% of total respondents) responded yes to serving in a middle or high school within the past three years and were prompted to complete the rest of the survey. The majority of whom identified as white females and had an educational specialist degree. Almost all indicated that they currently practice in a public school setting and the average years of experience as a school psychologist was 16.8. The majority of respondents reported to serving more than one school building. Complete demographic information on the respondents is shown in Table 1.

Instrumentation

A survey was developed and sent to school psychologists across Virginia. The survey was administered to school psychologists using Qualtrics via email. It asked specific questions related to substance abuse training as part of the mental health profession, including both open- and closed-ended questions to allow respondents to express opinions. The survey was developed by the author to study current substance use practices in schools by school psychologists in Virginia. The survey contains the following sections: demographic information, types of substance abuse screeners or

interventions currently used in schools, type of training received and collaboration practices, and general interest or need in receiving substance abuse screening and intervention training.

Procedures

School psychologists in Virginia were contacted through email and asked to participate in a research project about substance abuse services in schools. Participants' emails were obtained through the Virginia Department of Education (VDOE) list serve. Precautions were taken into consideration to ensure confidentiality. Approval from the Institution Review Board (IRB) at James Madison University was obtained before proceeding with the study. School psychologists' participation was voluntary and they were informed that they had the right to withdrawal from the study at any time. Since the information was collected via email asking participants to recall past experiences, there was minimal risk of harm. Other ethical issues, such as deception, emotional, or physical harm were not relevant to participants in this study.

Data Analysis

Statistical analyses include descriptive statistics, specifically frequency distributions for responses and measures of central tendency and dispersion. Descriptive statistics demonstrate patterns in participants' responses. In addition, the data examined was based on a set of characteristics, such as number of years working as a school psychologist and demographic information.

Results

One hundred and fourteen school psychologists returned surveys regarding their experience working with adolescents in middle or high schools (N = 114). It should be noted that respondents did not answer every question. Descriptive statistics on respondents' demographic information and their experiences providing mental health services can be found in Tables 1 and 2. The majority of school psychologists who responded were white (86.6%), female (82.9%), and more than two-thirds had an Educational Specialist degree (68.2%). Almost all of the respondents indicated that they currently practiced in a public school setting (99.1%). The respondents' experience as a school psychologist ranged from zero to forty-six years and the average number of years as a school psychologist was 16.8 years. The majority of respondents reported serving more than one school building (82.7%). Almost 80% reported to working in school systems where the school psychologist to student ratio was 1 to 1000 or more. More than two-thirds of school psychologists surveyed currently perceive a low level of resources available in their schools, while approximately 23% indicated a moderate level of resources available in their schools.

Table 1. *Demographic Information of School Psychologist Survey Respondents*

	Respondents (%)
Gender	
Male	17.1
Female	82.9
Ethnicity	
White	86.6
Black or African American	8.9
American Indian or Alaska Native	0.0
Asian	1.8
Native Hawaiian or Pacific Islander	0.0
Other	1.8
Prefer not to report	0.9
Degree	
Bachelors	0.9
Masters	12.7
Specialist	68.2
Doctorate	13.6
Other	4.6
Number of School Buildings	
1	17.3
2	34.5
3	28.2
4	12.7
5+	7.3
Type of School	
Public	99.1
Private	0.9
Parochial	0.0
Other	0.0
Psychologist to Student Ratio	
1 to <500	5.4
1 to 500-999	15.3
1 to 1000-1499	25.2
1 to 1500-2000	28.0
1 to >2000	26.1
Available Resources	
High	7.7
Moderate	23.1
Low	69.2

Substance Abuse Services and Programs in Schools

School psychologists also completed information regarding their experiences providing mental health services in schools. Specific responses about providing mental health services in school can be found in Table 2. Almost 73% indicated that they would prefer to spend more time providing mental health services, including substance abuse interventions, in their schools. More than half (64%) of those who responded to the survey reported that they provide mental health services, such as counseling, in middle or high schools. In addition, the majority reported they do not provide direct services for substance abuse (98.2%) or administer substance abuse screeners (97.3%) in their schools. Of those school psychologists who indicated that they administered substance abuse screeners, the CAGE and SASSI-2 were the only types of screeners used. The majority of respondents (94.2%) reported they have not used substance abuse intervention programs in their schools. Of those that have used substance abuse intervention programs, these were the programs used: Coping Power, Catch My Breath, NIDA, Drug Free World, and Life Skills Training (LST) Program.

Table 2. *Providing Mental Health Services in Schools*

	Respondents (%)
Providing Mental Health Services	
Prefer More time	73.0
Prefer Less Time	5.4
Prefer Same Amount of Time	21.6
Mental Health Services in Schools	
Yes	64.0
No	36.0
Direct Service for Substance Abuse	
Yes	1.8
No	98.2
Administer Substance Abuse Screeners	
Yes	2.7
No	97.3

While the majority (84.1%) of school psychologists reported that they do not provide this service, those who reported they work with students with substance abuse problems indicated that 15.9% of cases have parents or family members who also have substance abuse problems. More specifically, 6.5% reported 1 to 5 cases, 4.7% reported 5 to 10 cases, and 4.7% reported more than 10 cases involved parents or family members with substance abuse issues. Marijuana, alcohol, and tobacco were the most common types of substances believed to be used by students in their schools. Almost 86% of respondents indicated that they do not have school-wide substance abuse intervention programs in their schools. Of the school psychologists who reported having school-wide substance abuse intervention programs in their schools, none of them were involved in the programs.

Collaboration and Consultation with School Personnel

A variety of questions were asked to examine school psychologists' collaboration and consultation with school professionals regarding student substance abuse. Respondents in this study reported collaboration with multiple individuals regarding student substance abuse. A complete listing of the statistics for this question can be found in Table 3. School psychologists reported that they often or always consulted with school social workers (25.7%) and school counselors (19%) regarding student substance abuse issues. Teachers, school nurses, and administration were less likely to be consulted by school psychologists.

Table 3. *Consultation with School Professionals about Student Substance Abuse*

	Never (%)	Rarely (%)	Sometimes (%)	Often (%)	Always (%)
Teachers	31.4	26.7	36.2	4.8	1.0
School Counselors	16.2	22.9	41.9	13.3	5.7
School Nurses	35.6	30.8	26.0	6.7	1.0
School Social Workers	30.5	14.3	29.5	21.0	4.8
Administration	25.7	23.8	38.1	9.5	2.9
Other School Staff	49.0	26.0	22.0	3.0	0.0

Approximately 35% of respondents believed that school social workers are clinically prepared to intervene in providing substance abuse services, followed by school counselors (26.8%), school nurses (23%), and other individuals (14.6%). School psychologists indicated that they would most likely collaborate with school counselors (46.2%) or school social workers (33.7%) in providing substance abuse intervention services in schools.

Substance Abuse Workshops and Training

Half of the respondents (50.5%) indicated they had no specific training in graduate school that focused on substance abuse assessments and interventions. See table 4 for more information regarding school psychologists' training. After graduate school, workshops (54.3%), online (21.1%), courses (16.2%), and other (8.5%) were the most frequent forms of training reported. It is important to note that the other types of training reported included professional development, forum discussions, experience, or no formal training. When asked about how many courses or workshops they have previously attended, school psychologists who responded answered in a variety of ways. The participants that answered with numbers indicated roughly between 0 to 5 courses with one person writing in 22 courses, while others wrote in, "Many" or "Not sure." One

school psychologist reported to having a previous Master's degree with a major in substance abuse. The respondents who have attended workshops indicated a wide range anywhere from 0 to a few indicating that they have attended over 40 workshops. A few respondents wrote in answers such as, "Many," "Don't know," or "Several," implying that they are not aware of how many workshops they have attended related to substance abuse training.

After completing graduate school training, the majority of respondents felt either not at all prepared (45.5%) or slightly prepared (48.5%) to provide services related to substance abuse screening/interventions in the schools. Only about 5% reported feeling satisfactorily prepared and 1% reported feeling well prepared to provide these services. Of those that responded to the survey, about 70% indicated that they did not receive any continuing education hours devoted or allocated to substance abuse training last year. Those that did receive continuing education hours towards substance abuse training last year typically received about one to five hours, with a few individuals receiving over 10 hours of training.

Table 4. *Previous Training and Preparation in Substance Abuse Interventions*

In graduate school, how often were substance abuse assessments/interventions mentioned?	(%)
Not at all	50.5
Part of One Class	34.3
More than One Class	9.5
A Complete Course	2.9
Other	2.9
After graduate school training, how prepared did you feel to provide services related to substance abuse screening/interventions in the schools?	
Not at All Prepared	45.5
Slightly Prepared	48.5
Satisfactorily Prepared	5.0
Well Prepared	1.0
Extremely Prepared	0.0

Interest and Need for Substance Abuse Programs

The responses to the survey reflected a high level of interest in receiving additional training on administering substance abuse screenings (74%) and intervention services (75.3%) to students in schools. School psychologists reported a low (52.5%) to moderate (41.6%) priority in receiving additional training during the past year. Respondents indicated that they moderately (31.7%) or strongly (18.8%) believed students in their schools are in need of treatment for substance abuse problems. In contrast, less than 10% believed that students in their schools do not need or slightly need treatment for substance abuse problems.

In terms of schools providing long-term intervention services to adolescents, more than half (66%) reported that schools should not provide these services. Responses varied when asked about the schools responsibility to provide substance abuse treatment to students, which can be seen in table 5. More than half responded yes to schools providing treatment (short-term only 45.5%, both short- and long-term 11.9%), while 42.6% responded no to schools providing treatment. None of the respondents reported that schools should provide long-term treatment only to students. Over half of school psychologists believe school-based interventions are moderately effective or very effective, while 32.7% believe they are slightly effective and 7.1% believe school-based interventions are not effective at all. None of the respondents reported that school-based interventions are extremely effective.

Table 5. *Beliefs about Substance Abuse Interventions in Schools*

Do you believe it is the schools responsibility to provide substance abuse treatment to students?	(%)
Yes: Short-term treatment only	45.5
Yes: Long-term treatment only	0.0
Yes: Both, short- and long-term treatment	11.9
No	42.6
Should schools get into long-term intervention services with adolescents?	
Yes	34.0
No	66.0

Discussion

School psychologists are responsible for providing a variety of services related to students' academic, emotional, and social development. Although school psychologists receive a broad scope of training to support students' academic abilities and mental health, they are constantly updating their knowledge and skills in order to meet the current needs of their students. One particular area that is often misunderstood and not attended to in schools is students' substance abuse problems. Unfortunately, students abusing substances are not often receiving treatment in general (Lipari et al., 2016). While substance abuse continues to cause severe harm to adolescents' physical and mental health, schools typically lack the ability and expertise to effectively provide these services.

The National Association of School Psychologists (NASP) highlights the importance of being able to provide necessary and beneficial services to students and families. School psychologists' unique training puts them in the position to take on that role, by being able to provide direct intervention services along with collaborative practices with other professionals in the school. With an emphasis on consultation and collaboration with teachers, counselors, and families, school psychologists are able to bridge the gap between schools and community resources (NASP, 2015).

Collaboration and consultation among school staff and professionals is essential in providing comprehensive services to students. Intra-professional collaboration can help establish a wide-range of skills, knowledge, and competences. The Addiction Technology Transfer Center (ATTC) White Paper documents how inter-professional collaborative practice teams can work together to provide prevention and treatment services (Goplerud

et al., 2017). In order to meet the needs of students' suffering from substance abuse issues, schools and communities must work together to provide necessary services. In schools, school psychologists should continue to develop collaborative practices with school counselors, social workers, teachers, and school nurses. Survey results indicate that school psychologists often consult with school social workers and counselors about student substance abuse issues. Each school staff member can play an important role in offering unique skills and knowledge related to student development and functioning.

School psychologists should take advantage of their consultation and collaboration skills to develop resources and provide comprehensive care to students. Although they may possess a wide array of skills, school psychologists' perception of their skills and competency in this area is lacking (Burrow-Sanchez et al., 2009). In fact, half of the respondents reported receiving no specific training in graduate school that focused on substance abuse assessments and interventions. The majority of school psychologists that responded to the survey felt either not at all prepared or slightly prepared to provide these services in the schools after completing graduate school training. Several studies (Friedrich, 2010; Freidman & Meyers, 1975) have demonstrated the importance of increasing knowledge and skills through training activities in order to develop competency.

Although school psychologists have the foundation of building new skills, they currently lack both experience and knowledge in providing school-based substance abuse interventions to adolescents. While school psychologists reported that students are using substances and are believed to need treatment in their schools, the majority of respondents do not provide any direct services related to student substance abuse. Survey

results demonstrate a high need for treatment compared to low levels of feeling prepared to address substance abuse issues.

In addition, school staff may not believe that schools are responsible for providing interventions related to substance abuse. Survey results suggest that school psychologists have mixed opinions about schools delivering substance abuse treatment to students. More than half of the school psychologists responded that they believe schools are responsible for providing only short-term treatment or both short-term and long-term treatment to students. However, there remain a large number of school psychologists who do not believe it is the schools responsibility to provide any intervention services for student substance abuse. One issue may be related to understanding the differences between short-term verses long-term treatment and what each may encompass.

There appears to be a range of knowledge regarding the topic of school-based substance abuse intervention programs and treatment options. This variability in knowledge and skills among school psychologists may lead to a misunderstanding about the types of services that are needed in schools. In order to address misconceptions about short-term verses long-term treatment options, information must be shared amongst professionals to highlight the differences and appropriateness of providing these types of treatment options for students. This may be best addressed through professional development and training opportunities to inform school psychologists of current research-based screening and intervention services for student substance abuse.

Additional training opportunities can better serve and inform school psychologists as well as currently aligns with their high level of interest in receiving more training in the area of student substance abuse, specifically in screening and assessments. While

school psychologists across the state of Virginia are currently involved in providing mental health services, a specific interest was indicated in wanting more time to provide these services in schools, despite reporting low resources and high school psychologist to student ratios.

Although school psychologists may want and need additional training, it is important to consider the feasibility and effectiveness of incorporating substance abuse programs in schools. Several studies (Winters, 2007; Botvin & Griffin, 2007) have examined the feasibility of implementing substance abuse screening and treatment programs in school settings. School settings can be a practical environment that allows for easy implementation of screening and intervention services, does not interfere with academic activities, and appeals to students, teachers, and school staff (Curtis et al., 2014). While long-term treatment has not been supported by the literature as an effective intervention in schools, screenings and short-term interventions are highly supported as effective methods in reducing substance use. There are several benefits to providing substance abuse interventions in schools, yet it is important to also consider the barriers to implementation. Some of the barriers to overcome include issues of confidentiality and lack of resources.

Another barrier is the perception that school-based interventions are ineffective. School staff must have buy-in in order to effectively implement these interventions to achieve success. Survey results indicate that while over half of the school psychologists who responded believe school-based interventions are moderately to very effective, there are some that do not view school-based interventions to be as effective at all. In order for substance abuse programs to be more successful in schools, they must be implemented

with fidelity (Dusenbury et al., 2003). Training opportunities for school staff is one of the characteristics of effective school-based intervention programs (Wagner et al., 2004).

With both evidence-based intervention practices and competent mental health professionals, students experiencing substance abuse problems may receive needed services and supports in schools. This research provided some necessary information and highlighted the importance of school psychologists' training and collaboration related to student substance abuse intervention programs, although additional research is still needed. School psychologists must begin to take a role in gaining information and training in addition to collaborating with school professionals to best serve the needs of their students.

Limitations

There are several limitations to this study. The survey was limited to school psychologist members of the VDOE practicing within the state of Virginia. Since the list serve contained retired psychologists and other psychologists not currently practicing, the survey may not have reached all school psychologists in Virginia. Another limitation is that collecting data on a topic where the span of knowledge is varied leaves room for misconception or misinterpretation of survey questions. Specifically, the wording for the questions about the responsibility of the school and the long-term versus short-term treatment are vague and allowed respondents to interpret the questions differently. Those questions may not have accessed the meaning that it was intended to measure.

Response-bias may be another limitation since respondents may have responded based on their desire to present in a specific way. It is difficult to ensure accuracy of responses since the survey is based on self-report. Respondents who chose to complete

the survey may be different from those who chose not to respond. Since participants were allowed to skip questions, it is difficult to determine which questions each participant completed and why, which is another limitation to this study. The survey is also based upon the perceptions of training, needs, and knowledge of substance abuse screeners and interventions, which is more subjective than other standardized measures of data collection.

This study examined middle and high school psychologists' practice and training related to student substance abuse interventions in schools. The survey asked about school psychologists' collaboration with school professionals, but did not directly ask respondents about their experience or skills working with community resources and families related to substance abuse.

Implications for Future Practice and Training

The results of this study indicate a need for substance abuse treatment for students and interest in receiving additional training opportunities addressing student substance abuse issues. Future school psychologists may benefit from receiving training through graduate school programs in addition to workshops and seminars. Current school psychologists expressed interest in participating in training specifically on administering substance abuse screenings and intervention services in schools. More professional development at the local, state, and national levels may provide opportunities to increase knowledge, skills, and could play a larger role in supporting schools with limited resources available. On the larger scope, steps need to continue to address school psychologists' perception of low available resources and high school psychologist to student ratios. By addressing these shortages, school psychologists will have the

opportunity to serve a wider array of students' needs and offer additional resources beyond the scope of assessment practices.

Collaboration and consultation is an important factor in providing comprehensive services. School psychologists identified some school professional whom they collaborate with, but responses varied in how often. Collaborative meetings and training opportunities with staff may bridge the gap and facilitate communication related to problem solving. Future research may examine school psychologists' practice and experience working with families and community resources regarding substance abuse. Collaboration practices in identifying and working with students who experience substance abuse problems can be implemented with more fidelity and lead to better long-term outcomes for students.

Appendix A

DEMOGRAPHIC INFORMATION

1. In the last 3 years, have you been regularly assigned to a middle or high school (i.e. working with adolescents)?
 - a. Yes
 - b. No

If you responded NO to question 1, you may stop taking this survey. Thank you for your participation. If you responded YES, please continue to question 2.

2. Gender (please circle)
 - a. Female
 - b. Male
 - c. Prefer not to report
3. Ethnicity (check all that apply)
 - a. American Indian/Alaskan Native
 - b. Asian American/Pacific Islander
 - c. Black/African American
 - d. Caucasian
 - e. Hispanic
 - f. Other, please specify: _____
 - g. Prefer not to report
4. Years practicing as a school psychologist in the school setting (include present year) _____
5. Highest school psychology degree earned (e.g., bachelors, masters, specialist, doctorate) _____
6. How many different school buildings do you serve in your current position?

7. What type of school(s) do you serve in your current position? (circle one)
 - a. Private
 - b. Public
 - c. Parochial
8. In your current position, what is the school psychologist to student ratio? (circle one)
 - a. 1: <500
 - b. 1: 500-999
 - c. 1: 1000-1499
 - d. 1: 1500-2000
 - e. 1: >2000
9. Please indicate the amount of time you would prefer to spend providing mental health services, including substance abuse intervention services: (circle one)
 - a. More time

- b. Less time
- c. The same amount of time

II. SUBSTANCE ABUSE SERVICES PROVIDED

Related to current substance abuse screening and intervention programs in your schools.

1. Do you provide mental health services (i.e. counseling) in high schools? (circle one)
 - a. Yes
 - b. No
2. Do you provide direct services for substance abuse? (circle one)
 - a. Yes
 - b. No
3. Do you ever administer substance abuse screeners in your schools? (circle one)
 - a. Yes
 - b. No

If YES, then ask:

- i. What types of screeners have you used for student substance abuse? (check all that apply)
 1. CRAFFT
 2. NIDA Drug Use Screening Tool
 3. Alcohol Use Disorders Identification Test (AUDIT)
 4. Opioid Risk Tool
 5. Brief Screener for Alcohol, Tobacco, and other Drugs (BSTAD)
 6. Screening 2 Brief Intervention (S2BI)
 7. CAGE
 8. CAGE-AID (Adapted to include Drug Use)
 9. Other: _____

If NO, then ask: Why? _____

4. When working with students with substance abuse problems, how many cases have parents or family members with substance abuse problems?

5. Based on your experience, what types of substances are being used or abused by students in your schools? (check all that apply)

a. Alcohol	h. Hallucinogens
b. Tobacco	i. OxyContin
c. Marijuana	j. Ecstasy (MDMA)
d. Amphetamines	k. LSD
e. Cocaine	l. Sedatives
f. Opioid	m. Other: _____
g. Inhalants	

6. What types of substance abuse intervention programs have you used for student substance abuse?
- _____

7. In your schools, are there school-wide substance abuse intervention programs?
- Yes
 - No

If the answer is Yes, ask: Are you involved in them?

- Yes
- No

8. For the following professions, rate how often you consult with each school professional about students' substance abuse problems: (i.e. never, rarely, sometimes, often, or always)

- Teachers _____
- Social workers _____
- School nurses _____
- School counselors _____
- Administration _____
- Other: _____

9. Indicate the individuals you think would be clinically prepared to intervene in providing substance abuse services: (check all that apply)

- School Social Worker
- School Counselor
- School Nurse
- Other: _____

10. Who would you be more likely to collaborate with in providing substance abuse intervention services in schools? (Circle one)

- School Social Worker
- School Counselor
- School Nurse
- Other: _____

11. What is your perception of the level of resources available in your schools?

- High
- Medium
- Low

III. SUBSTANCE ABUSE WORKSHOPS/TRAINING

Related to previous experience in terms of training and workshops.

1. In graduate school (training in school psychology), how often were substance abuse assessments and interventions mentioned?

- a. Not at all
 - b. Part of one class
 - c. More than one class
 - d. A complete course
 - e. Other: _____
2. After graduate school for school psychology, have you received training through:
(check all that apply)
- a. Courses
 - b. Workshops
 - c. Online
 - d. Other: _____

If selected, how many courses or workshops have you participated in?

3. After completing your graduate school training (e.g., courses, practicum, internship), how prepared did you feel to provide services related to substance abuse screening/interventions in the schools? (circle one)
- 0 - Not at All Prepared
 1 - Little Prepared
 2 - Satisfactorily Prepared
 3 - Well Prepared
 4 - Extremely Prepared
4. Approximately how many of your continuing education hours was devoted or allocated to substance abuse training last year?
- a. _____

IV. INTEREST AND NEED FOR SUBSTANCE ABUSE PROGRAMS

1. Should schools get into long-term intervention services with adolescents?
 - a. Yes
 - b. No
 Comment: _____
2. If you had the opportunity, would you participate in receiving additional training on administering substance abuse screenings to students in schools?
 - a. Yes
 - b. No
 Comment: _____
3. If you had the opportunity, would you participate in receiving additional training on providing substance abuse intervention services to students in schools?
 - a. Yes
 - b. No
 Comment: _____

4. What is your priority in receiving additional training during the 2018-2019 school year?
 - a. High
 - b. Medium
 - c. Low

5. How strongly do you believe students in your high school need treatment for substance abuse?
 - 0 - Not at All
 - 1 - Little
 - 2 - Somewhat
 - 3 - Moderately
 - 4 - Strongly

6. Do you believe it is the schools responsibility to provide substance abuse treatment to students? (circle one)
 - a. Yes: Short-term treatment only
 - b. Yes: Long-term treatment only
 - c. Yes: Both, short- and long-term treatment
 - d. No

7. How effective do you believe school-based interventions are?
 - a. Significantly
 - b. Moderately
 - c. Slightly
 - d. Not at all
 - e. Slightly

Thank you for completing this survey. Do you have anything else you would like to share? _____

Appendix B

Consent to Participate in Research

Identification of Investigators & Purpose of Study

You are being asked to participate in a research study conducted by Margaret Dassira from James Madison University. The purpose of this study is to examine school psychologists' practice, training, and interest in providing substance abuse intervention services in public schools. This study will contribute to the researcher's completion of her thesis.

Research Procedures

This study consists of an online survey that will be administered to individual participants through email using Qualtrics (an online survey tool). You will be asked to provide answers to a series of questions related to school psychologists' substance abuse intervention services. This study has been approved by the IRB.

Time Required

Participation in this study will require 10 minutes of your time.

Risks

The investigator does not perceive more than minimal risks from your involvement in this study (that is, no risks beyond the risks associated with everyday life).

Benefits

Potential benefits from participation in this study as a whole include providing additional information on school psychologists' current practice and interest in providing substance abuse intervention services in public schools.

Confidentiality

The results of this research will be presented at James Madison University's Graduate Psychology Symposium day. Results may be presented at the Virginia Academy of School Psychologists at an annual conference or at the National Association of School Psychology conference. The results may also be published in a professional journal specific to addressing school psychology issues. While individual responses are anonymously obtained and recorded online through the Qualtrics software, data is kept in the strictest confidence. No identifiable information will be collected from the participant and no identifiable responses will be presented in the final form of this study. All data will be stored in a secure location only accessible to the researcher. The researcher retains the right to use and publish non-identifiable data. All records will be destroyed one year after the completion of the study. Final aggregate results will be made available to participants upon request.

Participation & Withdrawal

Your participation is entirely voluntary. You are free to choose not to participate. Should you choose to participate, you can withdraw at any time without

consequences of any kind. However, once your responses have been submitted and anonymously recorded you will not be able to withdraw from the study.

Questions about the Study

If you have questions or concerns during the time of your participation in this study, or after its completion or you would like to receive a copy of the final aggregate results of this study, please contact:

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Questions about Your Rights as a Research Subject

Dr. Taimi Castle
Chair, Institutional Review Board
James Madison University
(540) 568-5929
castletl@jmu.edu

Giving of Consent

I have been given the opportunity to ask questions about this study. I have read this consent and I understand what is being requested of me as a participant in this study. I certify that I am at least 18 years of age. By clicking on the link below, and completing and submitting this anonymous survey, I am consenting to participate in this research.

Thank you,
Maggie Dassira

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