A PHENOMENOLOGICAL STUDY OF THE LIVED EXPERIENCES OF HIGH SCHOOL COUNSELORS INVOLVED IN DETERMINING SERIOUS AND FORESEEABLE HARM IN CASES OF STUDENT SUBSTANCE ABUSE

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by

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Approved April 8, 2016

by

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Dedication

I foremost dedicate this intensive labor of love to my husband, Vladimir Atanasov. His support is what made my years of doctoral study possible. I thank him for his patience and incalculable generosity.

I also dedicate this study to my children, Xander and Ava, who were 5 and 3.5 respectively when I began my doctoral studies almost four years ago. All too often mommy didn't have time to get on the floor and play or cook dinner, but as kids are, they continued their life journeys without much fuss.

Live long and prosper.

juggle their own personal and social lives. I especially thank the ten vibrant and charming high school counselors who participated in this study. Not only did they make this study possible, they set a marvelous example for all school counselors to emulate.

Last, I wish to acknowledge the many substance users across the world. For those who struggle with addiction, I continue to be amazed and awed by your fight to remain clean and sober.

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Abstract

This phenomenological study explored the lived experiences of ten practiced American high school counselors and their work with student substance users. The results of this study provide a rich description and deeper understanding the school counselors' social and cultural worlds--Illuminating the circumstances under which the participants found students to be in serious and foreseeable harm due to substance abuse. Using a pure phenomenological qualitative research design, the study was conducted through the theoretical lens of the social constructivist model of ethical decision-making in counseling. The data revealed three major themes and several subthemes. The first theme, "Community and School Climate," discusses the high school counselors' reflections of working within their social and cultural environments. Subthemes include a) residential attributes and b) school climate and expectations. The second major theme, "Perceptions of School Counseling Role," explores the high school counselors' perceptions of their professional and ethical responsibilities. Subthemes include a) protector and advocate and b) what the job is not. The third major theme, "Red Flags," examines what variables led the participants in this study to consider breaking confidentiality. This theme's subthemes are a) drug severity and use considerations and b) deal breakers. These findings are further discussed and implications for future practice and research are provided.

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Chapter 1

Introduction

Drug and alcohol use continue to plague our high schools today. The National

Center on Addiction and Substance Abuse (CASA) reported that almost one in five

(17%) students aged 12-17 have used drugs during the school day (2012). CASA also

found that 97% of students know classmates who drink, use drugs, or smoke; and 44% of

students know at least one student who sells drugs. In addition, 60% of public high

school students and 54% of private high school students described their schools as drug

infested. CASA (2011) noted the devastating consequences of teen substance abuse,

which includes high rates of addiction compared to adult first-time users (6.5% higher),

unintended injuries and pregnancies, depression, anxiety, reduced academic performance,

and brain impairment.

Click (2008) and Lambie and Rokutani (2002) suggested that school counselors

can be instrumental in identifying and intervening with young substance abusers, perhaps

improving these staggering substance-abuse statistics. Kibler (2009) noted that school

counselors are viewed as the mental health experts within the school systems. The

American School Counseling Association (ASCA) stated that secondary school

counselors spend seven hours or more each day in the presence of teenagers working on

academic, personal/social, and career issues (2012). Lambie and Rokutani (2002) also

noted that school counselors are well positioned to assist in substance abuse prevention

and further intervention efforts because of their continual work with students and school

personnel. School counselors are in a unique position to follow students over the course

of several years; they are visible and accessible to students, may identify early warning

signs of student substance abuse, and intervene "with the young person and his or her family before the substance abuse becomes more severe" (Lambie & Rokutani, 2002, p.353).

School counselors must establish rapport and trust before students are willing to share information about their substance abuse. According to many researchers, confidentiality is an essential element in creating a successful therapeutic relationship between school counselors and their students (Bodenhorn, 2006; Glosoff & Pate, 2002; Isaacs & Stone, 1999; Moyer & Sullivan, 2008; & Remley, Hermann, & Huey, 2003). The promise of confidentiality is an important factor in fostering trust. Most individuals who seek counseling assume what they divulge will be kept private except for a few limited reasons (Glosoff & Pate, 2002). Once the school counselor and student have created a trusting therapeutic relationship and students feel safe from judgment and consequences (e.g., legal penalties), then they are more likely to speak openly (Glosoff & Pate, 2002). Hence, maintaining confidentiality in therapy is crucial for creating a safe haven for students to disclose their substance abuse openly. Glosoff and Pate (2002) noted:

> To be effective advocates for their clients' rights, school counselors must have a good grasp of issues related to the following concepts: the legal status of minors and the legality and ethics of privacy, confidentiality, privileged communication, and informed consent. Each of these are reviewed along with relevant ethical standards and factors that complicate school counselors' ability to maintain a relationship based on students' confidence that they can speak freely and without fear of disclosure. (p. 21).

In other words, school counselors must know and adhere to strict confidentiality regulations specified in their field's code of ethics, state law, and school guidelines set by their local school board (Moyer & Sullivan, 2008). Employing these privacy policies is necessary to foster the therapeutic alliance effectively, ensure student confidentiality rights, and help determine serious and foreseeable harm.

Statement of the Problem

Given the prevalence of substance abuse issues and the impact of those issues on adolescent development and academic success, school counselors are challenged to intervene and protect student substance abusers. School counselors must honor their students' confidentiality rights, but are obligated to report students in cases of "serious and foreseeable harm" due to risky behaviors including substance abuse (American Counseling Association [ACA], 2014, p. 7; ASCA, 2010, p. 2). Determining the degree of substance abuse that would be deemed to cause serious and foreseeable harm is, however, a complex pronouncement that lacks empirical guidelines or historical precedence. A review of the literature spanning the last 40 years shows a dearth of research regarding confidentiality and student substance abusers. The lack of data sets a dangerous lack of antecedents to guide school counselors through this ethical quagmire. In consequence, further study of current school counselors' practices with student substance users is needed to illuminate the problem as well as offer potential courses of action. By understanding when experienced school counselors choose to break confidentiality as a result of student substance abuse, future counselors improve their determination of serious and foreseeable harm.

ASCA's *Ethical Standards for School Counselors* (2010) requires all school counselors to keep information confidential unless "legal requirements demand that confidential information be revealed or a breach is required to prevent serious and foreseeable harm to the student" (p. 2). In short, the school counselor ethical codes stipulate that, notwithstanding legal mandates, school counselors cannot break student confidentiality unless they believe a student is in serious and foreseeable harm or that the student has serious and foreseeable plans to harm another. Yet, the ASCA *Ethical Standards for School Counselors* has not defined "serious and foreseeable harm," and does not specify substance abuse as a danger. In contrast, ACA's *Code of Ethics* (2014) defines *serious and foreseeable* as "when a reasonable counselor can anticipate significant and harmful possible consequences" (p. 21). However, this definition is vague and offers little guidance for counselors to determine whether their students are in serious and foreseeable harm. Indeed, one still has to determine what is *serious, foreseeable,* and *harmful* in relation to students' substance abuse. Open to interpretation, none of these terms provides enough information for school counselors to determine the level of danger a student substance abuser may be in.

According to Click (2008) and Lambie and Rokutani (2002), few school counselors have received training in substance abuse counseling, and most graduate programs in school counseling do not require coursework in substance abuse. One reason these courses are not offered may be the Council for Accreditation of Counseling and Related Educational Programs (CACREP), the largest accreditation body for counselor education and school counseling programs, only goes so far as requiring a prevention

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course for all counselors, but does not require substance abuse coursework in its school counseling curricula requirements (CACREP, 2009).

As part of working with adolescent substance abusers, school counselors must understand the complications of counseling minors and must adhere to strict confidentiality regulations as specified in their field's code of ethics, state law, and set by their local school board (Moyer & Sullivan, 2008). Navigating the levels of confidentiality regulations in order to best serve their students is even more complex when dealing with parents' rights to view their children's academic records. Indeed, federal privacy rights conflict with one another (e.g., FERPA and 42 CFR Part 2), adding to the already complicated understanding of the rights of minors. Knowing the laws and what parents are entitled to view is critical for school counselors wishing to establish trust with their students (Glosoff & Pate, 2002; Isaacs & Stone, 1999).

Although there are a number of studies on school counselor confidentiality, very few exclusively focus on disclosure issues associated with student substance abuse. In a review of the literature of the last ten years, only Moyer and Sullivan (2008) examined situations when school counselors should break confidentiality related to students' substance abuse. Yet, these researchers did not focus solely on substance abuse, but rather looked at six different risk-taking behaviors including smoking, sexual activity, alcohol use, substance use, self-mutilation, suicidal behavior, and antisocial behavior. The researchers provided no recommendations for determining when these behaviors should be considered serious and foreseeable harm.

In sum, despite their important role as mental health professionals in the schools, school counselors often lack sufficient training and resources for assessing serious and

foreseeable harm in adolescent substance abuse cases. Comprehensively trained counselors are necessary for effective service (Crozier & Gressard, 2005). Yet, school counselors are not educated or prepared by their professional organizations to understand when a student is in serious and foreseeable harm due to his or her substance abuse (Lambie & Rokutani, 2002). Due to large percentages of students who use substances in and out of school, vague ethical and legal codes defining when a student is in danger of serious and foreseeable harm to himself or another, a general lack of substance abuse training in school counseling programs, and minimal research on school counselor substance abuse disclosure, there is a significant need to educate and prepare school counselors to work with student substance abusers.

There is research to show that school counselors desire further substance abuse training. In a first-of-its-kind national survey of high school counselors, Burrow-Sanchez and Lopez (2009) found that most respondents felt their graduate education had not prepared them adequately to work with students with substance abuse problems. Furthermore, most school counselors in the study were neutral regarding whether their school or district provided them with adequate training opportunities on student substance abuse. High school counselors in the study felt that substance abuse screening and assessment was the most important area to receive substance abuse training (Burrow-Sanchez & Lopez, 2009). However, there is a lack of quality adolescent substance abuse screening instruments designed for and easily accessible by school counselors. Few of the substance abuse instruments that are available are in the public domain; many instruments are expensive or require expensive training in order to administer them

(Center for Substance Abuse Treatment [CSAT], 2012). There are currently no instruments that determine serious and foreseeable harm (CSAT, 2012).

Purpose of the Study

The purpose of this study is to investigate the lived experiences and perceptions of high school counselors when they determined a student to be in serious and foreseeable harm due to substance abuse. In this study, the researcher strove to deeply understand and reflect on high school counselors' decisions to break student confidentiality within their personal and social contexts, illuminating whether factors such as personal biases and beliefs, ethical stipulations, legal and/or school mandates, education, knowledge of the harmful effects of substances, and previous experience reporting risk-taking behavior played a role in their decision. By understanding when experienced school counselors choose to break confidentiality as a result of student substance abuse, future counselors can learn methods for determining serious and foreseeable harm.

Social Constructivism Model of Ethical Decision-Making in Counseling

Using the social constructivism model of ethical decision-making in counseling framework ([SCMEDM], Appendix A), the researcher used a phenomenological research approach to report on the confidentiality decisions high school counselors experienced while working with students who abused substances. A phenomenological approach is suited for this study because it examines one phenomenon (when a student discloses his or her substance abuse) as experienced by multiple people (high school counselors) (Creswell, 2013). The SCMEDM places the decision-making process in the social context itself (such as the school and community) and not in the mind of an individual

decision-maker (Cottone, 2001). School counselors do not make confidentiality decisions in a social vacuum, but are influenced by social and cultural factors that help them know what is acceptable and ethical (Cottone, 2001). Language is one such cultural example. Cottone noted, "Language is not generated spontaneously; it is socially transmitted. All that is done (in language or otherwise) is bound to heritage. Decisions, therefore, cannot be located 'in' the individual" (p. 40). Similar to systems theory (Lambie & Rokutani, 2002), SCMEDM denies that people live in isolation, and asserts that they are part of larger systems. SCMEDM distinguishes itself from systems theory, however, by focusing on one's society and culture in general, rather than centralizing on families and their roles within a larger social system. School counselors are influenced by multiple layers in society, not only their families, but also school culture, community, administration, education, and legal systems. SCMEDM stipulates that these contexts contribute to school counselors' unique realities and, importantly, to their decisions.

Another framework used in counselor decision-making research is ethical theory, which "assists therapists in finding the 'greatest balance of good over evil'" (Berry-Harris, 2007, p. 9). Simplistic by design, ethical theory does not account for the multifaceted elements on which a school counselor must base his or her decisions. The terms "good" and "evil" are general and contentious, and do not account for the complexities of life, including the lives of student substance abusers or school counselors. Moreover, these terms imply a strict divide between positive and negative. Rarely in life, specifically in a school counselor's decision-making process, do matters fall neatly into the category of good or evil. Originating from social constructivism, SCMEDM situates ethical dilemmas between the interactions of individuals, and stipulates that decisions are

socially compelled (Cottone, 2001). Social Cognitive Theory, which also traces its roots back to social constructivism, differs from SCMEDM in the core belief that societal and individual cognitions (beliefs) are central to learning and moral development (Bandura, 2002). If one believes individual cognitions are not influenced by society or personal interactions with others, this theory holds merit. However, this is a debatable topic that SCMEDM avoids. Likewise, research related to Social Cognitive Theory emphasizes intervention strategies, as opposed to the SCMEDM objective of creating a decision-making model for counselors.

SCMEDM uniquely fits the topic of this study. Based in social constructivism, SCMEDM emphasizes the separate and individual realities of each high school counselor working within his or her unique high school setting. Each high school counselor interviewed for this study perceived his or her position and responsibilities according to individual notions of social educational realities. Moreover, SCMEDM is specific to counselors' ethical decision-making. It complements high school counselors' decision to break or not to break confidentiality in substance abuse cases.

Research Questions

In this phenomenological study, the researcher sought to explore and reflect on the lived experiences of high school counselors who have worked with student substance abusers. The study further sought to describe the circumstances under which school counselors choose to break or not break student confidentiality due to their substance abuse. Moustakas (1994) proposed two primary phenomenological interview questions, with the possibility for others. These two primary research questions are:

1. What have you experienced in terms of the phenomenon?

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2. What events influenced your experience of this phenomenon?

The researcher adapted these two questions for the study in the interview protocol in the following way:

1. I want you to remember a time when you were counseling a student who revealed to you that he or she was involved in using drugs and/or alcohol and you consciously considered whether or not the student was a harm to himself or others. Please describe the counseling session and what it entailed.

    a. Follow up questions:

        i. What about the student were you aware of at the time?

        ii. What additional social and/or personal circumstances where you aware of?

        iii. What substances did the student report using?

        iv. Describe your school's atmosphere in regards to reporting substance use.

        v. What, if any, laws and/or ethical standards were you consciously aware of at the time?

2. When remembering your work with student substance users, describe your role and duties as their high school counselor.

    a. Follow up questions:

        i. Did you have specific intentions or counseling goals?

        ii. Did you use any counseling theories or techniques?

        iii. What personal and social contexts were you aware of in regards to your counseling role?

        iv. Describe your knowledge of the effects of the drugs and/or alcohol that your students have reported using.

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What experiences/knowledge/training/situations, if any, helped your work with the substance user?

3. Once you determined that the student was a harm to himself or herself due to their alcohol and/or substance use, please tell me about reporting the student substance user.

   a. Follow up questions:

      i. Who did you report the use to and why?

      ii. Were there other individuals you thought about reporting the use to?

      iii. Describe any personal or social contexts you were consciously aware of at the time.

      iv. What happened after you reported the substance user?

See Appendix B for the complete interview protocol.

Definition of Terms

Adolescents. Adolescents are individuals who are between the ages of 13-18, roughly the period between childhood and adulthood (Thurstone et al., 2013). For purposes of this study, adolescents currently enrolled in high school will be used.

Substances. Psychotropic elements (i.e., drugs and/or alcohol) that produce an intense activation of the brain's reward system, resulting in feelings of pleasure, referred to as a "high" (American Psychiatric Association [APA], 2013). The *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM–5*; APA, 2013) specifies substances as alcohol, cannabis, phencyclidines, hallucinogens, stimulants, inhalants, opioids, sedatives, hypnotics, anxiolytics, and other (or unknown) substances. The six

substances most commonly abused by adolescents without medical supervision (in order of prevalence) are: alcohol, marijuana, synthetic marijuana, Adderall, Vicodin, and cough syrup (Johnston et al., 2014).

School Counselor. A school counselor is defined as an individual with a master's degree in school counseling who strives to enhance the learning process for all students in the areas of academic, career, and personal/social development (ASCA, 2012).

Student Substance Abuser. For purposes of this study, student substance abusers are adolescents currently enrolled in public or private high school who use drugs and/or alcohol without medical supervision. Student substance abusers and student substance users are used interchangeably within this study.

Substance Abuse and Substance Abuse Disorder. The DSM-5 (APA, 2013) defines *substance abuse* as "a problematic pattern of substance use leading to clinically significant impairment or distress, as manifested by at least two specified symptoms occurring within a 12-month period" (p. 490). *Substance Abuse Disorder* (SUD) is a "cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems" (APA, 2013, p. 490). SUD is measured on a continuum from mild to severe, with severity based on the number of symptom criteria endorsed. A mild SUD is suggested by the presence of two to three symptoms, moderate by four to five symptoms, and severe by six or more symptoms (APA, 2013). Potential symptoms include:

1. Substance is often taken in larger amounts or over a longer period than was intended.

2. There is a persistent desire or unsuccessful efforts to cut down or control substance use.

3. A great deal of time is spent in activities necessary to obtain substance, use substance, or recover from its effects.

4. Craving, or a strong desire or urge to use substance.

5. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.

6. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of substance.

7. Important social, occupational, or recreational activities are given up or reduced because of substance use.

8. Recurrent substance use in situations in which it is physically hazardous.

9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by substance.

10. Tolerance, as defined by either of the following:

    o A need for markedly increased amounts of substance to achieve intoxication or desired effect.

    o Markedly diminished effect with continued use of the same amount of substance.

11. Withdrawal, as manifested by either of the following:

    o The characteristic withdrawal syndrome for substance

- o Substance (or a closely related substance) is taken to relieve or avoid withdrawal symptoms. (APA, 2013, pp. 490-491)

Summary

The objective of this study was to explore and develop a deeper understanding of school counselors' lived experiences and processes of disclosure when working with student substance abusers who the counselors had determined to be in serious and foreseeable harm. Interviewing a diverse range of high school counselors allowed the researcher to understand their complex realities in the contexts of their social, economic, and political environments. Their decisions have been presented within the complicated lives of both the counselor and his or her students. This research provided entry into the worldviews and responses of these counselors in order to help future and current school counselors determine under what circumstances, if any, they should break confidentiality in substance abuse cases. With this research, the researcher hopes to have a positive effect on the lives of student substance abusers.

Chapter 2

Review of the Literature

Adolescent substance abuse remains a nationwide problem. In this literature review, the researcher has synthesized the research about the prevalence and harmful effects of adolescent substance abuse in American schools and provided an overview of the complexity of high school counselors' ethical practice of determining when, if at all, they must break confidentiality due to student substance abuse.

The Problem

Given the prevalence of substance abuse issues and impacts on adolescent development and academic success, school counselors are challenged to intervene and protect student substance abusers. In a 2012 national study, CASA reported that 17% of students aged 12-17 reported using drugs and/or alcohol during the school day, possibly putting themselves and others at risk. School counselors must honor their students' confidentiality rights, but are obligated to report students in "serious and foreseeable harm" due to risky behaviors including substance abuse (ACA, 2014, p. 7; ASCA, 2010, p. 2). However, determining the degree of substance abuse that may be deemed serious and foreseeable harm is a complex problem with little empirical or historical precedence. A review of the literature spanning the last 40 years shows a dearth of research regarding confidentiality and student substance abuse. This sets a dangerous lack of antecedence to guide school counselors through this ethical quagmire. In consequence, further study of current school counselors' practices with student substance users is needed to illuminate the problem as well as offer potential courses of action. By understanding when or if experienced school counselors chose to break confidentiality as a result of student

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substance abuse, future counselors can learn methods from these experienced counselors about how to determine serious and foreseeable harm.

Prevalence of Substances in Schools

Since 1975, the University of Michigan's Institute for Social Research has conducted an annual long-term national study of American adolescents and adults through age 55, called Monitoring the Future (MTF), to examine trends, perceptions, and prevalence of illicit and licit substance use (Johnston, O'Malley, Miech, R. A., Bachman, & Schulenberg, 2015). This longitudinal study has become an important source of information on the prevalence of adolescent substance use (Burrow-Sanchez, 2006). After surveying 41,600 students in the 8th, 10th, and 12th grades from 377 secondary schools nationwide, researchers who conducted the 2014 MTF found that adolescents continue to experiment and regularly abuse alcohol and psychoactive substances (Johnston et al., 2015). Researchers with CASA reported that almost 1 in 5 (17%) students aged 12-17 had used drugs during the school day (2012). In 2012, 1.5 million youths (approximately 9.5%) aged 12-17 met the DSM-5 criteria for past abuse or dependence of alcohol and illicit drugs (SAMSHA, 2013b). Researchers with CASA further found that 97% of students reported knowing classmates who drink, use drugs, or smoke; 44% of students reported knowing at least one student who sells drugs (2012). In addition, 60% of public high school students and 54% of private high school students described their schools as drug infested (CASA, 2012). By the 12th grade, 50% of adolescents reported having used illicit drugs in 2013 (Johnston et al., 2014). By the next year, this percentage had risen to 51.3% (Johnston et al., 2015).

Adolescents have reported using a wide variety of drugs. Alcohol continues to be the predominant drug that adolescents abuse. Johnston et al. (2014) reported that 68% of students have consumed alcohol (more than a few sips) before graduating high school, and that 52% of 12th graders and 12% of 8th graders reported being drunk at least one time in their life. Marijuana and synthetic marijuana are the most common illicit drugs used by adolescents with a reported annual use rate of 32% in 2013, a 1.3% increase from the previous year. Additional drugs adolescents reported using over their lifetime, without medical supervision, include cigarettes (25.6%); smokeless tobacco (12.8%); inhalants (8.9%); amphetamines, including methamphetamines, Ritalin, Adderall, and Provigil (8.1%); narcotics other than heroin, including OxyContin and Vicodin (7.1%); barbiturates, including methaqualone and tranquilizers (5.2%); hallucinogens, including LSD, PCP, salvia, and ecstasy (5.0%); over-the-counter cold/cough medicines (4.1%); cocaine, including crack and other forms (3.1%); steroids (1.5%); heroin (1%); and synthetic stimulants, including bath salts (.09%) (Johnston et al., 2014).

Since 2005, the perceived risk associated with marijuana use has continued to decline sharply in the 8th, 10th, and 12th grades, while personal disapproval of marijuana use also decreased since 2008 (Johnston et al., 2015). In the MTF report, Johnston and colleagues (2014) denoted that marijuana use is being affected by specific policies, including the medicalization and legalization of recreational marijuana use by adults. The researchers predicted that as states continue to legalize recreational marijuana, allowing for marijuana marketing and advertising, prevalence of marijuana use could surpass the record high of 50% in the 1970s. However, caution is advised when theorizing and projecting from MTF data, since the report's sample population only

represents American adolescents currently enrolled in school. MTF data is not necessarily representative of all American adolescents, especially of those adolescents not enrolled in school. For instance, the data does not include results from homeschooled students, individuals who have dropped out of school, and persons who have already graduated.

Harmful Effects of Adolescent Substance Abuse

Devastating consequences of teen substance abuse include high rates of addiction compared to adult first-time users (6.5% higher), unintended injuries and pregnancies, depression, anxiety, reduced academic performance, and brain impairment (Burrow-Sanchez, Jenson, & Clark, 2008; CASA, 2011; Essau, 2002; SAMSHA, 2013a, 2013b). The majority of adolescent substance abusers manifest comorbid psychiatric disorders and psychopathologies that can develop as a consequence of substance abuse (Essau, 2002; Kaminer & Bukstein, 2008). For example, 23.3% of illicit substance abusers aged 12-17 reported having major depressive episodes during the past year (SAMSHA, 2013b).

Substance abuse can disrupt adolescent brain development (Tapert, Caldwell, & Burke, 2005). The adolescent years are marked by rapid growth in brain structure wherein millions of new synapses in the frontal lobes are created and organized (Watkins, Ellickson, Vaiana, & Hiromoto, 2006). During this maturation process, the brain has a heightened biological vulnerability to substances and addiction (Watkins et al., 2006). Although some changes to the brain may be reversible when substance abuse stops, other changes can be permanent or very long-lasting, leading to persistent insufficiencies in memory and motor coordination (Tapert, et al., 2005; Watkins et al., 2006). Researchers

with CSAT reported that sustained drug abuse can impair identity development, a key theme in adolescence, which is likely to interfere with transition to early adulthood, including disruption of such events as dating, marriage, creating a family, building a career, and building a rewarding social network (2012). In essence, substance abuse can stunt or impair adolescent maturity, which can have a direct impact on growth milestones and future events.

In a study of 12 adolescents (mean age = 17.2) with alcohol use disorder and 24 healthy adolescents (mean age = 17), the brains of the two groups were compared using an imaging technique called magnetic resonance imaging (MRI) (De Bellis, Clark, & Beers, 2000). Findings showed the left and right hippocampal lobes (areas of the brain critical to learning new information and forming memories) were significantly smaller in adolescents with alcohol use disorder, and that hippocampal volume correlated positively with the age of onset of the alcohol abuse—in other words, the earlier an individual began drinking alcohol, the smaller his or her hippocampi tended to be (De Bellis et al., 2000). Although the brains of only 36 adolescents were examined, and it cannot be determined whether or not these subjects had smaller hippocampal volumes before they began abusing alcohol, researchers showed the potential vulnerability of an adolescent's brain to alcohol.

Adolescent substance abuse has been observed to disrupt cognitive capabilities such as "thinking flexibility, self-monitoring behavior, goal persistence, hypothesis testing, working memory, and attentional control" (Kaminer & Bukstein, 2008, p. 18). CSAT (2012) specified:

A great deal is at stake intellectually as well. Abstract thinking, propositional

logic (the ability to form hypotheses and consider possible solutions), and

metacognition (the ability to think about the thought process itself) are essential

abilities that develop during the adolescent years—abilities that are blunted by

alcohol and drug use. (p. 1)

One facet of disrupted cognitive abilities is the proneness to impulsivity that may also

lead to risky behavior and sensation seeking—psychological characteristics indicative of

prefrontal cortex dysfunction (Kaminer & Bukstein, 2008). In a comparison study of 47

adolescent substance abusers (predominantly alcohol and marijuana) and 49

demographically similar non-users, white matter of the brain (important for efficient

communication between brain regions, higher order cognitive functioning, and complex

behavior) was tested at baseline and again 18 months later using diffusion tensor imaging

(Jacobus et al., 2013). Diffusion tensor imaging measures white brain matter by

examining molecular water diffusion in brain tissue, specifically alterations in density,

coherence, compactness, and fiber diameter (Taylor, Hsu, Krishnan, & MacFall, 2004).

Jacobus and colleagues (2013) found that when white matter was disrupted by substance

abuse, adolescents were more prone to reward-making behavior; further, this white

matter disruption predicted future delinquent behavior and subsequent substance abuse

during the follow-up examination 18 months later. Although the age range was limited to

late adolescence (16-19), and focused on risks related to substance use (delinquency and

aggressive behaviors) rather than other factors (such as gambling and risky sexual

behavior), the study nonetheless provided evidence that substance use may lead to future

substance abuse and lowered inhibitions.

In conjunction with parental substance abuse and social maladjustment during the early adolescent years, some researchers have found a 0.93 probability of succumbing to substance abuse disorder by early adulthood (Kaminer & Bukstein, 2008). In addition, Bogart, Collins, Ellickson, and Klein (2007) showed that substance abuse at age 18 was associated with lower life satisfaction at age 29 based on factors including financial status, physical health, and overall well-being. Adolescents who abuse substances are more likely to have lower academic achievement, although it is arguable whether substance abuse causes academic problems or if academic problems precede the substance abuse (Cox, Zhang, Johnson, & Bender, 2007). However, in a 3-year longitudinal neuroimaging study examining whether substance abuse predated or followed adolescents' transition into heavy drinking, researchers found that adolescents who later transitioned to heavy drinking (n = 20) showed less functional magnetic resonance imaging (fMRI) response contrast at baseline than continuous nondrinkers (n = 20) in "frontal, parietal, subcortical, and cerebellar regions ($p<0.01$, clusters >756 μl), then increased activation after the onset of heavy drinking in frontal, parietal, and cerebellar areas" (Wetherill, Squeglia, Yang, & Tapert, 2013, p. 663). Based on the evidence, the researchers concluded that their study supported "the growing literature that neutral vulnerabilities exist prior to the onset of substance use, and that the initiation of heavy drinking may lead to additional alterations in brain functioning" (Wetherill et al., 2013, p. 663). This study is significant as the first ever to look at adolescent neural response differences during response inhibition prior to and following the transition into heavy drinking, and though more research is necessary to validate its findings, it adds to

the extant literature by advancing new research methodology and increasing knowledge of adolescent predisposition to substance abuse.

Substance abuse can result in the spread of communicable diseases such as human immunodeficiency virus (HIV) through risky sexual behavior and intravenous drug use. According to Fisher and Harrison (2000), intravenous drug users are spreading AIDS faster than any other group, and 35% of pediatric AIDS cases are attributable to intravenous drug use. The Centers for Disease Control and Prevention ([CDC], 2011) reported that intravenous drug use accounts for 8-13% of all new HIV infections, while unprotected sex accounts for 89-95%. In a longitudinal study that followed 269 adolescents (13-18 years) who were in substance abuse treatment programs and 201 community control adolescents (11–19 years, living within the community but not within a substance abuse treatment program), researchers found that when age, sex, and race were controlled for, 17.4% of all the adolescents had a lifetime prevalence of intravenous drug use and significantly higher rates of unprotected sex and sexual partners, both at baseline and during follow-up interviews (approximately 6.9 years later for the substance abusers and 5.6 years later for the control participants) (Thurstone et al., 2013). For instance, during the baseline interview, 49.6% of the substance abusers reported unprotected sex, with an average of 6.2 sexual partners; in the control group only 10.6% reported unprotected sex, with an average of 1.3 partners. The follow-up data indicated that the substance abusers practiced unprotected sex at a rate of 73.7% and had an average of 16.3 partners, while the control participants had unprotected sex 41.5% of the time with an average number of 7.4 partners (Thurstone et al., 2013). Caution should be used when making conclusions on HIV-risk based on rates of unprotected sex because a

variable to measure condom-use was not included in the study. Also, it is impossible to know the risk factors of the participants who did not partake in the follow up interviews. Still, this study provides important evidence that substance abuse can correlate with risky sexual behavior that could result in HIV infection. It is also important to note that in addition to HIV, adolescent substance abusers who are sexually active are putting themselves at risk not only for unplanned pregnancies, but also for sexually transmitted diseases such as chlamydia, gonorrhea, genital warts, herpes, and syphilis (Sales, 2004).

Suicidal and violent behaviors often occur in the context of substance abuse problems. Kaminer and Bukstein (2008) found that substance abuse is often related to significant psychological distress, and that early onset of alcohol and substance abuse disorders has "been found to be associated with greater likelihood of suicide attempts among adolescents" (p. 324). As reviewed by Esposito-Symthers and Spirito (2004), adolescents who participated in significant substance abuse were found to be three times more likely to attempt suicide than adolescents who did not abuse substances. Approximately 27-50% of adolescents who successfully died by suicide had substance abuse disorders (Esposito-Symthers & Spirito, 2004). In addition, CSAT (2012) estimated that up to 250,000 adolescents who enter the juvenile justice system in the United States each year for violent behavior and criminal activity have diagnosable substance abuse disorders.

Confidentiality Rights of Minors

Historically, the only legal right granted to children and adolescents in counseling was the right not to be physically abused (Glenn, 1980). There were no ethical standards that applied specifically to minors as a separate entity from general population. The

APA's *Ethical Standards of Psychologists* (1977), specified that, "information gathered in clinical or consulting relationships, or evaluative data concerning children, students, or employees, and others are discussed only for professional purposes and only with persons clearly concerned with the case" (p. 4). For minors, it can be argued that parents are "persons clearly concerned with the case," and counselors were therefore allowed to inform parents about their children in therapy. Indeed, Glenn (1980) suggested that psychologists were only familiar with APA's ethical principles and no other principles and would therefore interpret them in a literal manner—hence they found it their responsibility to keep the parents informed.

Nevertheless, the counseling literature from the 1970s and 1980s was beginning to advocate for child privacy rights. Musser, Conger, and Kagan (1974) described the "psychologically favored child" as one who is not seen as a mere extension of their parents, but rather one whose autonomy, self-reliance, and mastery are provided in his or her social environment in order to develop the child's potential (p. 452). Zingaro (1983) argued that when mental health counselors in schools break confidentiality with their students, they are implying that the students do not "need nor deserve the individuality and autonomy that we are trying to help them achieve" (p. 262). Zingaro (1983), in particular, was disturbed by school counselors' dissemination of confidential information to parents and guardians, noting that counselors often used their own perceptions to determine the risks associated with disclosure even though they could have no way of knowing the consequences.

The Supreme Court's ruling in Kremens v. Bartlet (1977) granted adolescents as young as 14 the right of self-institutionalization. Although the ruling was in regard to

institutionalization, its broader implication was to specify legal rights for minors 14 and

older. The court case is cited as a formative law in defining confidentiality rights of

adolescents (Glenn, 1980). However, Zingaro (1983) later suggested that counseling

students younger than 10 years of age might not meet the criteria for confidential

communication—specifying the fear that younger children may not understand the

concept of confidentiality. It is apparent that regardless of the Supreme Court's ruling,

there remained ambiguity as to when a child was considered old enough to merit

privileged communication. Nonetheless, confidentiality rights of individuals under 18

have only increased since this court case.

Today, confidentiality laws, professional ethical codes, privileged communication,

and parental rights safeguard the well-being and privacy rights of both minors and adults

(Moyer & Sullivan, 2008). School counselors adhere to these standards to foster

successful therapeutic relationships with their students.) Researchers agree that

confidentiality is an essential element in creating positive and helpful relationships

between school counselors and their students (Bodenhorn, 2006; Glosoff & Pate, 2002;

Isaacs & Stone, 1999; 2001; Remley, Hermann, & Huey, 2003; and Stone and Isaacs,

2003). The promise of confidentiality is an important factor in fostering trust (Stone &

Isaacs, 2003). Most individuals who seek counseling assume that what they divulge will

be kept private except for a few limited reasons (Glosoff & Pate, 2002). Once the school

counselor and student have created a trusting therapeutic relationship and students feel

safe from judgment and consequences (e.g., legal or otherwise), then they are more likely

to speak openly (Collins & Knowles, 1995; Glosoff & Pate, 2002; Stone & Isaacs, 2003).

In a survey of high school students, 98% of adolescents believed that confidentiality

within a school counseling environment was either essential or important (Collins &

Knowles, 1995). Hence, maintaining confidentiality in therapy is a crucial component

for creating a safe haven for students to openly disclose their substance abuse. Glosoff

and Pate (2002) noted:

> To be effective advocates for their clients' rights, school counselors must have a
>
> good grasp of issues related to the following concepts: the legal status of minors
>
> and the legality and ethics of privacy, confidentiality, privileged communication,
>
> and informed consent. Each of these is reviewed along with relevant ethical
>
> standards and factors that complicate school counselors' ability to maintain a
>
> relationship based on students' confidence that they can speak freely and without
>
> fear of disclosure. (p. 21)

By understanding and following the privacy regulations specific to their profession and

locality, school counselors discern when confidentiality must be broken in order to

protect the student or others who may be impacted by the behavior. Relevant ethical

codes and laws pertaining to school counselors and confidentiality are described in the

following sections.

2014 ACA Code of Ethics. Founded in 1952, the American Counseling

Association (ACA) is the largest professional and educational association for professional

counselors in the United States (2014). The purpose of the ACA *Code of Ethics* is to set

forth counseling responsibilities and provide guidance for ethical practice and decisions

(ACA, 2014). The *Code* maintains that counselors should maintain the confidentiality of

prospective and current clients unless they are given client consent or have "sound legal

or ethical justification" (Standard B.1.c, p. 7). In regard to dangerous behavior, Standard B.2.a specifies:

> The general requirement that counselors keep information confidential does not apply when disclosure is required to protect clients or identified others from serious and foreseeable harm or when legal requirements demand that confidential information must be revealed. (ACA, p. 7)

Therefore, counselors are required to break confidentiality when a client is determined to be in serious and foreseeable danger and/or there are legal mandates specifying the breach.

2010 ASCA Ethical Standards for School Counselors. Established in 1997, the American School Counselor Association (ASCA) was formed in order to create standards of professional and ethical practice for school counselors in the United States (Studer, 2005). The 2004 *Ethical Standards for School Counselors* (Section A.2.b.) indicated that professional school counselors keep "information confidential unless disclosure is required to prevent clear and imminent danger to the student or others or when legal requirements demand that confidential information be revealed" (ASCA, 2004, p. 1). Updated in 2010, the ASCA 2010 *Ethical Standards for School Counselors* revised the language of "clear and imminent danger" to "serious and foreseeable harm." Section A.2.c. now reads that school counselors:

> Recognize the complicated nature of confidentiality in schools and consider each case in context. Keep information confidential unless legal requirements demand that confidential information be revealed or a breach is required to prevent serious and foreseeable harm to the student. Serious and foreseeable harm is different for

each minor in schools and is defined by students' developmental and

chronological age, the setting, parental rights and the nature of the harm. School

counselors consult with appropriate professionals when in doubt as to the validity

of an exception. (ASCA, 2010, p. 2)

The change in ethical standards and interpretation of serious and foreseeable harm has

new and broader implications for school counselors. Stone (2013) suggested counselors

view the imminent danger test as a knife, considering whether it is poised close to the

heart before deciding whether to break confidentiality. No longer are school counselors

expected to break confidentiality only due to an immediate threat; when making decisions

about what should remain confidential, they now must consider a wider range of

behaviors that may not be an immediate threat, but rather may result in serious

consequences if they continue (e.g., drug/alcohol use, sexual activity, suicidal ideation,

self-harm, eating issues) (King, 2014). In addition, when determining serious and

foreseeable harm, school counselors are now asked to consider the individual and his/her

specific living situation, parental rights, and the dangerousness of the behavior.

Federal Law. Federal law 42 C.F.R. Subpart B (2012) also prohibits any

federally-assisted specialized alcohol or drug abuse program from breaking minor

confidentiality without written consent or if:

The applicant's situation poses a substantial threat to the life or physical well-

being of the applicant or any other individual which may be reduced by

communicating relevant facts to the minor's parent, guardian, or other person

authorized under State law to act in the minor's behalf (Minor Patients, Subpart B

§ 2.14 (b), 2012)

In short, a minor's confidentiality can only be broken if the minor is perceived to be a threat to himself or herself or someone else. The belief is that, given such strict assurance of confidentiality, substance abusers will feel safe to disclose their use without fear of repercussions.

Lack of Sufficient Substance Abuse Training

School counselors are arguably ill-prepared to assess serious and foreseeable harm with student substance abusers due to a lack of substance abuse education and experience (Burrow-Sanchez & Hawken, 2007; Burrow-Sanchez & Lopez, 2009; Burrow-Sanchez, Lopez, & Slagle, 2008; Click, 2008; Lambie & Rokutani, 2002; Pak-Archer, 2005; Sales, 2004; Salyers, Ritchie, Luelleen, & Roseman, 2005). Lambie and Davis (2007) wrote:

> Most PSCs [Professional School Counselors] do not have the training, licensure/certification, and supervision to provide substance abuse counseling to their students…Nevertheless, PSCs consistently work with students and their families concerning substance abuse. Therefore, it is critical that practicing PSCs and those in-training increase their personal awareness and knowledge base concerning substance abuse. Offering counseling services that a PSC has not received training in and supervision is unethical practice. (p. 12)

Lambie and Davis articulated that school counselors who provide substance abuse counseling without the proper education and training are breaking ethical standards.

According to the Council for Accreditation of Counseling and Related Educational Programs (CACREP), an independent agency recognized by the Council of Higher Education Accreditation to accredit counselor graduate programs, all entry-level

counseling graduates in accredited counseling programs, regardless of area of specialization, must receive instruction and be knowledgeable in eight common-core areas (2015). These include a) professional counseling orientation and practice, b) social and cultural diversity, c) human growth and development, d) career development, e) counseling and helping relationships, f) group counseling and group work, g) assessment and testing, and h) research and program evaluation. In a seemingly regressive stance on substance abuse training standards, the 2016 CACREP National Standards changed the language of the core competencies required from the 2009 standards. Under human growth and development, Standard G.3.g required knowledge of "theories and etiology of addictions and addictive behaviors, including strategies for prevention, intervention, and treatment" (2009, p. 11), but the revised Standard F.3.d was shortened, requiring only knowledge of "theories and etiology of addictions and addictive behaviors" (2015, p. 10). The linguistic shift in this core competency is noteworthy. Counseling students not in the clinical mental health or addictions tracks are no longer required to know strategies for substance abuse prevention, intervention, and treatment. With the prevalence of substance abuse in America and in our schools, counselors in other fields may not adequately be able to assess and safeguard their clients from the dangers of drugs and/or alcohol. The change in this core competency is not without substantial risk to student substance users.

Moreover, CACREP does not require substance abuse coursework or clinical experience for school counseling programs. Substance abuse is mentioned once specifically as a school counseling standard in both the 2009 and 2016 CACREP National Standards. Standard G.2 states that school counselors should demonstrate

professional knowledge of "the signs and symptoms of substance abuse in children and adolescents as well as the signs and symptoms of living in a home where substance abuse occurs" (2009, p. 42; 2015, p. 32). Recognizing the signs and symptoms of substance abuse by students and by others in their homes is important, but its limited scope of responsibility does not meet the needs of students who may be a danger to themselves or others. Remarkably, CACREP's 2009 and 2016 standards do not include substance abuse counseling under skills and practices in the Assessment standards, or under any of the standards for Counseling, Prevention, and Intervention. CACREP's lack of substance abuse training requirements for school counselors is incongruent with the prevalence of alcohol and drug related problems seen in schools today.

Although CACREP does not specifically require substance abuse training for school counselors, that does not limit counseling programs from requiring substance abuse training in their own curricula. However, in a national survey of 189 counselor preparation programs (63 identified as CACREP accredited), only 32.8% (n = 62) required substance abuse coursework for school counseling students and none required substance abuse clinical experience during practicum or internship (Perusse, Goodnough, & Noel, 2001). Caution is needed when looking at the data from this study, however, as the CACREP 2012 *Annual Survey* listed 218 accredited school counseling programs (2013) and it is possible that some mandated substance abuse training in their school counseling programs. Additionally, CACREP standards have been revised three times since this study was conducted

In a study of 111 CACREP program liaisons, including community counseling, mental health counseling, and school counseling programs, 84.5% of the respondents

reported that substance abuse courses were offered in the overall counseling program, but only 56% of the school counseling programs offered a single, not necessarily required, substance abuse course (Salyers et al., 2005). Of the total respondents, 18% reported that more than half of the clients seen by their practicum students presented with substance abuse issues. Although this percentage of substance abuse clients seems high, the rates for school counseling students specifically cannot be isolated. In addition, the study did not include non-CACREP accredited school counseling preparation programs; it is possible that the non-accredited programs could have substance abuse training mandates not required in CACREP programs.

In a first-of-its-kind study, Burrow-Sanchez and Lopez (2009) examined high school counselor perceptions about working with student substance users. Using a national sample of 289 high school counselors, respondents on average reported that their graduate programs had not prepared them to work effectively with student substance abusers; approximately 50% reported that their graduate programs did not require a substance abuse course. On a scale of 1-5, when the high school counselors were asked if they should receive and whether they would attend training in student substance abuse, the mean scores suggested that they strongly agreed with both items ($M = 4.48$ and $M = 4.25$, respectively) (Burrow-Sanchez & Lopez, 2009). Significantly, the high school counselors reported that the areas in which they would most want substance abuse training were (a) screening and assessment (38%) and (b) individual interventions (37%). This study is a particularly impressive addition to the current literature because of its national scope and the proportional, stratified random sampling researchers used to select geographically representative high school counselors. It is also only the fourth such

inquiry that examined the perceptual substance abuse training needs of school counselors. Three previous studies, all conducted in 1995, were small single-state studies that surveyed elementary, middle, and high school counselors' perceptions of working with substance abuse cases (see Coll, 1995; Goldberg & Governali, 1995; Vail-Smith & Night, 1995). Despite limited sample sizes ($N = 109$, $N = 54$, and $N = 124$, respectively), 30-70% of the school counselors in these three studies felt that their required coursework prepared them for working with substance abusers.

Confidentiality Challenges of Counseling Student Substance Abusers

Confidentiality in counseling relationships is an essential part of creating trust between counselor and student (ACA, 2014). The need for confidentiality and legal protection contributes to the under-reporting of adolescent substance abuse (Griswold, Arnoff, Kernan, & Kahn, 2008). Confidentiality with minors is often vague and open to interpretation, as compared to confidentiality with individuals 18 and over who are presumed to be mature enough to own their own privacy rights (Bodenhorn, 2006; Glassoff & Pate, 2002; Isaacs & Stone, 1999). As previously discussed, the ACA and ASCA ethical codes both stipulate that a counselor must break confidentiality if a student is at risk of serious and foreseeable harm (ACA, 2014; ASCA, 2012). However, neither of these professional codes provides a decision-making model to help determine when a person is in clear and foreseeable harm in regard to substance abuse. Moyer, Sullivan, and Growcock (2012) noted that, as with all ethical codes, the ASCA ethical codes leave much open for interpretation. For example, in their national study of perceptions of school counselors, the researchers found a high degree of variance in responses regarding when it was appropriate to break confidentiality and report risk-taking behaviors among

all behavior domains, including alcohol and substance use (Moyer, Sullivan, & Growcock, 2012).

For counselors with little to no training in substance abuse counseling, it is an ethical dilemma whether or not to break confidentiality with their students (Crozier & Gressard, 2005; Lambie & Rokutani, 2002). Since there is no standard governing when to break confidentiality in substance abuse cases, school counselors are left to decide for themselves. Whereas one school counselor may decide that any substance abuse risks serious and foreseeable harm that must be reported, another counselor may determine whether or not to break confidentiality based on what drug is being used and how often the student is using. Moreover, Bodenhorn (2006) found that very few school counselors refer to any ethical codes once they have graduated from their graduate programs. In a survey of 92 elementary, middle and high school counselors, only 41% reported having a copy of their ethical codes readily available, and only 8% reported referring to their ethical codes on a regular basis (Bodenhorn, 2006). The results of this study suggest even if the ACA and ASCA ethical codes clearly defined clear and foreseeable harm in substance abuse cases, it is unlikely many practicing school counselors would refer to them. Indeed, Bodenhorn (2006) wrote, "It is disturbing that so few school counselors in this study reported referring to the ethical code regularly" (p. 201). However, this study was limited to Virginia counselors and had a relatively small sample. Caution should be taken in generalizing from the small sample and its limited geographical scope.

Another complication related to maintaining students' confidentiality is that school counselors must adhere to federal regulations which sometimes contradict counselors' professional standards (Bodenhorn, 2006). Federal laws, although consistent

for every state, can be problematic when working with student substance abusers. The tenets of the Family Education Rights and Privacy Act (FERPA) of 1974 (20 U.S.C. § 1232g [1974]; 34 C.F.R. Part § 99 [1974]), also known as the Buckley Act, give parents/legal guardians the legal right to their students' educational records (FERPA, 2009). The National Center for Education Statistics states that parents maintain legal access to these records after the age of 18 as long as their children are still declared dependents for income tax purposes, surpassing the privacy rights of their adult children to access their own educational records (34 C.F.R. § 99.31, 2009). When educational records include psychological records, FERPA rules apply to psychological records as well, even though FERPA rules are sometimes misaligned with ethical codes stipulated by ASCA, ACA, and the APA's *Ethical Principles of Psychologists and Code of Conduct* (Doll, Strein, Jacob, & Prasse, 2011). Although written school counseling records are exempted from FERPA, digital records are not protected from parents or legal guardians (34 C.F.R. § 99.31, 2009).

FERPA also permits school officials access to student educational records as long as such access is deemed to be in the interest of education (FERPA, 2009). Confidentiality issues may arise in schools where FERPA is not well understood by school officials, or where its application is unclear. Students may choose not to speak with their school counselors if they believe their parents or other individuals in the school can gain access to the counselor's records. The fear of disclosure could undermine the school counselor's attempts to establish trust—a cornerstone of a successful therapeutic relationship (Glassoff & Pate, 2002; Isaacs & Stone, 1999; 2001). For this reason,

Wehrman, Williams, Field, and Schroeder (2010) have suggested that school counselors keep minimal, hand-written notes that are not subject to FERPA mandates.

Schools' zero tolerance policies may also make it difficult for school professionals to offer substance abuse counseling (Burrow-Sanchez et al., 2009). Beginning in 1989, school districts "frightened by a seemingly overwhelming tide of violence" began suspending and expelling students on the basis of fighting, gang-related activity, and substance abuse (Skiba, 2000, p. 5). Evans-Whipp et al. (2004) found that two-thirds of schools in the United States had policies defining drug-free zones around their schools. Burrow-Sanchez et al. (2009) noted that students they surveyed generally felt that any drug disclosure would result in negative consequences rather than support, and therefore often did not report their substance abuse to their school counselors. They did not trust that their substance use would remain confidential. Zero-tolerance policies may effectively deny students access to substance abuse support at school, leaving counselors unable to determine whether or not the substance abusers are in serious and foreseeable harm.

In a rare study of zero-tolerance school practices in America, Skiba (2000) found no evidence that traditional zero-tolerance policies reduced student substance abuse or made schools safer. Rather, the study found that a disproportionately high number of low socioeconomic (SES) and minority students were expelled or suspended, and that higher income students were more likely to receive mild and moderate consequences (e.g., a teacher lecture) (Skiba, 2000). Unfortunately, the study did not specify whether the low SES and minority students had higher rates of disruptive behavior to start. This would have been a valuable distinction. Still, Skiba (2000) showed a positive relationship

between school suspension and school dropout, and noted: "Suspension often becomes a 'push-out' tool to encourage low-achieving students and those viewed as 'troublemakers' to leave school before graduation" (p. 16). Due to zero-tolerance policies, students with substance abuse problems are often expelled or suspended and those who are not caught may be too fearful of potential consequences to risk disclosing to a school counselor.

Although ASCA (2012) decreed that a school counselor's primary obligation is to his or her students, it is not well understood what a school counselor's confidentiality obligations are to other school personnel. School counselors often consult with other personnel in their schools, including principals, nurses, and teachers, for academic, social, and career issues, but it is not clear if substance abuse relates to any of these issues and whether or not consulting school personnel is ethically or legally appropriate. In a qualitative study of nine school counselors, Trice-Black, Riechel, and Shillingford (2013) noted the complications of confidentiality in schools. The researchers found that the school counselors' level of trust with school officials was often related to their relationship with them, noting the complexity of deciding what is safe to share with individuals with whom they have already established positive relationships. The school counselor's decision may be also made more difficult based upon the school climate and expectations. For instance, a principal may expect that the school counselor will let him or her know whether or not a student is using substances. Another major finding related to whether to break confidentiality was in three aspects of school counselor training: graduate training, professional development, and on-the-job experience (Trice-Black, et al., 2013). Participants who reported less training and fewer experiences were more likely to break confidentiality. One participant specified adhering to an "internal moral

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compass" (p. 30). The participants were all from one state, resulting in limited

generalizability; however, the study highlighted the chasm between what the school

counselors learned in their graduate programs and their real-world experience, as well as

the limited number of professional development opportunities for school counselors, and

the varying degree of relational factors that influence confidentiality decisions.

In addition to FERPA, public schools are also subject to the federal regulation 42

C.F.R. § 2.12 (2012), which stipulates that all substance abuse records of any person

seeking or receiving substance abuse counseling, regardless of age, are strictly

confidential. This regulation stipulates:

> Records of the identity, diagnosis, prognosis, or treatment of any patient which
>
> are maintained in connection with the performance of any drug abuse prevention
>
> function conducted, regulated, or directly or indirectly assisted by any department
>
> or agency of the United States shall, except as provided in subsection (e) of this
>
> section, be confidential and be disclosed only for the purposes and under the
>
> circumstances expressly authorized under subsection (b) of this section. (42
>
> C.F.R. § 2.12[a], 2012)

In short, any information that would identify a patient as having an alcohol or drug

problem, either directly or indirectly, is protected by 42 C.F.R. § 2.12 (2012). In

explaining the applicability of 42 C.F.R. and its coverage of public schools, § 2.12(e)(1)

states:

> Coverage includes, but is not limited to employee assistance programs, programs
>
> within general hospitals, school-based programs and private practitioners who

hold themselves out as providing, and provide alcohol or drug abuse diagnosis,

treatment or referral for treatment. (42 C.F.R. § 2.12[e][1], 2012)

Further, minors seeking substance abuse treatment are to be given the same

confidentiality rights as adults:

> If a minor patient acting alone has the legal capacity under the applicable State
>
> law to apply for and obtain alcohol or drug abuse treatment, any written consent
>
> for disclosure authorized under subpart C of these regulations may be given only
>
> by the minor patient. (42 C.F.R. § 2.14[b], 2012)

Exemptions to this law include: written consent, internal program communications (such

as emails to co-workers), removal of all patient-identifying information, medical

emergency, court order, crime on program premises or against program personnel,

research, audits and evaluations, child abuse, and consultation in conjunction with a

qualified service organization agreement (42 C.F.R. § 2.12, 2012). This is a long list of

caveats and not all are clearly understood. For instance, the law does not explicitly state

what constitutes a medical emergency. Like the concept "imminent danger," counselors

are forced to determine exactly what a medical emergency is and what it is not. In effect,

further initiatives and research are needed to clarify what imminent danger and the

exemptions of 42 C.F.R. § 2.12 (2012) are.

Furthermore, 42 C.F.R. § 2.14 (2012) stipulates that confidentiality with minors

can only be broken if minors give written consent or if they are perceived to be a threat to

themselves or someone else. However, very few school mental health professionals are

aware of this law (Burrow-Sanchez et al., 2009). As previously stated, the belief is that,

given such strict confidentiality insurance, substance abusers will feel safe to disclose

their use without fear. It is not stipulated whether FERPA (2009) or 42 C.F.R. Subpart B (2012) supersede each other, as evidenced by a joint statement by the National Board of Education and the Substance Abuse and Mental Health Administration in 1990 acknowledging the uncertainty and suggesting that schools get written consent from students to share records with their parents. Although an ideal situation is getting a student's written consent to disclose his or her drug use, this is not guaranteed, leaving a school counselor with an ethical dilemma. Clearly this is an area of concern that needs more clarification.

Research Overview and Conclusions

Determining serious and foreseeable harm is a dilemma that has yet to be resolved by the literature or counseling ethical codes. In regard to substance abuse, the ability to discern the degree of harm can be a matter of life or death. Factors school counselors should be aware of in substance abuse cases are:

- Developmental and chronological age of students (level of competence)

- Legal status of minors

- Parental rights

- Relevant ethical codes

- Federal, state, and local laws

- School policies

- Student context

- Protective factors present in minor's life

- Nature of the harm (e.g., specific effects of substances used)

- Frequency of use (e.g., daily, weekly, monthly)

- Initial onset of drug use (duration of use)

- Reasons for drug use

- Anticipated parent reactions

- Existence of co-occurring disorders

- Negative consequences of drug use (e.g., problems with law enforcement, physical/medical symptoms, etc.)

- Who to report the substance abuse to

Based on the number of factors influencing the decision to break confidentiality due to substance abuse, it is evident further research is imperative to ensure the safety of our students and our schools today. If school counselors are truly to be prepared to operate as helpers and advocates—that is, if they are to assist student substance abusers to reduce or stop their drug use, and promote personal/social, career, and academic success—then school counselors need additional resources to learn and grow.

Chapter 3

Methodology

Methodology represents the theoretical framework that guides how research is conducted (Caelli, Ray & Mill, 2003). The methods of research represent the tools and techniques of inquiry, specifying procedures to follow in order to study a topic. The selection of a research methodology is based on the nature of the research being addressed, the researcher's personal experiences, and the intended audience for the study (Creswell, 2014). Unlike quantitative research that seeks to test objective theories, qualitative research is an approach that aspires to examine and understand "the meaning individuals or groups ascribe to a social or human problem" (Creswell, 2014, p. 4). In accord with social constructivism, qualitative researchers believe that individuals construct meaning about the world in their own way. Creswell (2013) noted that researchers who conduct qualitative research embrace the idea of individual realities, and their intent is to report these multiple realities. Qualitative research well suits the researcher whose primary intent is to discover and investigate individuals' perceptions and the meaning they ascribe to a particular experience or problem. Given this study's purpose to further examine and illuminate high school counselors' lived experiences of having worked with student substance users, and having justified the importance of this vein of inquiry through an investigation of the related literature, a qualitative research design using procedures outlined by Moustakas (1994) was employed.

Phenomenology

Phenomenology dates back to the early twentieth century under the work of Kant and Hegel, and Vandenberg (Groenewald, 2004); the concept was further expanded upon

by Hiedegger, Merleau-Ponty, and Sartre (Giorgi, 2009). However, the German philosopher, Edmund Husserl (1859-1938), is recognized as the father of phenomenology, and is credited with creating the school of phenomenology in the modern (or *pure*) sense of the word with the publication of his 1913 book, *Ideas: General Introduction to Pure Phenomenology* (Giorgi, 2009). Husserl asserted that phenomenology as a philosophy seeks to:

> Understand anything at all that can be experienced through the consciousness one has or whatever is "given"—whether it be an object, a person, or a complex state of affairs—from the perspective of the conscious person undergoing the experience (as cited in Giorgi, 2009, p. 4).

Thus, Giorgi asserted that phenomenology is an analysis of how the "given" is experienced by an individual, not an objective analysis that excludes the experiencer. Husserl believed the reason for this is that nothing can be truly known or voiced that does not come through the consciousness (Husserl, 1931).

Creswell (2013) wrote that of the various qualitative research designs, the phenomenological approach is best suited for research, "in which it is important to understand several individuals' common or shared experiences of a phenomenon" (p. 81). Using this methodology, the researcher seeks to obtain and describe what participants experienced as well as how they experienced it (Moustakas, 1994). Creswell determined seven core features of phenomenological research:

1. An emphasis on a phenomenon to be explored.

2. The exploration of this phenomenon with a *group of individuals* who have all experienced the phenomenon. A heterogeneous group is identified as ranging from 3-15 different individuals.

3. A *philosophical discussion* about the basic ideas involved in discussing phenomenology.

4. In some forms of phenomenology, the researcher *brackets* himself or herself out of the study by discussing personal experiences with the phenomenon. This is not intended to take the researcher completely out of the study, but rather to acknowledge and separate the researcher's experiences so that the focus becomes the participants' experiences.

5. A *data collection* procedure that typically involves interviewing individuals who have experienced the phenomenon. Interviews are not universal, however, and some studies utilize various forms of data including written work (e.g., poems), observations, and documents.

6. *Data analysis* that can follow systematic procedures that move from the narrow units of analysis (e.g., significant statements), on to the broader units (e.g., meaning units), and then on to detailed descriptions that summarize two elements: "what" the individuals have experienced and "how" they have experienced it.

7. A phenomenology ends with a descriptive passage that discusses the *essence* of the experience for individuals incorporating "what" they have experienced and "how" they experienced it. The "essence" is the culminating aspect of a phenomenological study.

In this study, I examined the phenomenon (i.e., the lived experience) of high school counselors' work with student substance users—taking a close look at the contexts in which they decided whether to break confidentiality—in order to gain an understanding of the essence of their experiences. Phenomenology and its research features are a natural fit for this study topic because of its philosophical emphasis on investigating the comprehensiveness and depth of a phenomenon.

Positionality Statement

All researchers come with their own distinctive worldviews or presumptions based on the epistemology of the research (Caelli, et al., 2003). Creswell (2013) proposed that qualitative research often begins with assumptions strong enough to merit further study. These assumptions may be instilled in researchers during their educational training, through discussions with academic fellows, or from anywhere within their scholarly communities (Creswell, 2013). On a basic level, these philosophical assumptions inform our choice of which theory guides our research (Creswell, 2013). Furthermore, Caelli, et al. (2003) contended that these assumptions are the analytical lens that influence how the researcher works with the data. Considering that all researchers bring their own views and beliefs to their research, Creswell (2013) prescribed that qualitative researchers must examine their biases and make them transparent in their writing. Therefore, as suggested by both Creswell (2013) and Caelli et al. (2003), I have disclosed by biases and assumptions.

Accordingly, before embarking on this study, I acknowledged my past experiences as a high school counselor and a substance abuse counselor in order to explore, identify, and articulate personal and societal layers related to my choice of study.

My aim was to highlight and promote decision-making standards for school counselors across America working with student substance abusers. Current confidentiality laws and counseling ethical codes lack specificity in regard to the dangers and potential threats of substance abuse cases, leaving it up to individual school counselors to determine if they should break student confidentiality. My own personal and professional experiences with substance abusers, coupled with this lack of guidance for current counselors, drew me to this research topic.

Growing up in a large middle-class Caucasian family in a culturally diverse neighborhood in Houston, Texas, I was remarkably ignorant of the larger world, especially the drug and alcohol use around me. When I was an infant, one of my three older brothers was sent to boot camp for using and selling drugs, but as young as I was, I was unaware of his actions or their repercussions on my family at the time. As I grew older, however, through observations and participation in the larger society, I began to understand the personal and social ramifications of his actions. On one hand, society's negative judgment of drug use left me feeling a little embarrassed by my brother. I also felt disconnected from him and his experiences. On the other hand, I loved my brother and wanted to understand what had led to his substance abuse. These contrasting emotions later guided my interest in counseling substance abusers.

Growing up during President Ronald Reagan's administration, which prolifically advertised the campaign "Just Say No," significantly impacted my beliefs about the negative consequences of drug use. "Just Say No" was a slogan championed by First Lady Nancy Reagan during her husband's presidency to discourage children from engaging in illegal recreational drug use by offering various ways of saying "no"

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(Loizeau, 2004). This campaign was useful in educating the public about drugs and illuminating the fact that they were a problem for all classes of people (Loizeau, 2004)—after all my middle-class White older brother had been an abuser, my brother's best friend (who was Hispanic and from a poor family) had been a user, and television shows ranging from *Little House on the Prairie* to *Dallas* showed alcohol and drug use by farmers and oil tycoons alike. The "Just Say No" initiative was personally significant to my interest in my research topic because it brought attention to a universal problem in which all families, including my own, were at risk.

My epistemic gain, or my advancement of knowledge concerning the makeup of a greater society and world, including substance use, began when I moved into a university dorm room at age 18. This better understanding of the world and knowledge about how values are constructed prepared me for a future career in counseling substance abusers. My life in college included new friends, new surroundings, and new academic requirements, all of which helped me to see my life within a larger world that included political fights, inequality, racism, sexism, poverty, and classism. My worldview grew and I began to form a viewpoint (that I later learned was called social constructivism) in which I recognized that reality is socially constructed by people and culture. My biased views of substance abuse eased as I considered where my biases were stemming from—from a societal ideal that I had grabbed onto (stemming back to the Reagan administration, as I have mentioned).

This bias was later affected by my experience as an exchange student in Austria. When I lived with different Austrian families in the summer of 1994, I was exposed to a nation and lifestyle that savored good wine and enhanced their realities with it. To them,

alcohol was a pleasant drink and a societal normalcy, not an evil substance to alter reality, and my biases on alcohol and its consumers began to transform. I realized that many of my views were influenced by American societal ideals and constructs. Instead of judging for drinking or using substances, I began to understand and empathize with their reasons to consume alcohol and/or drugs. It was with this mindset that I chose to become a school counselor and eventually a substance abuse therapist.

From 2007 to 2009, I worked as a school counselor in a suburban high school in Williamsburg, Virginia. The student substance abusers were diverse: male and female, high and low SES, and with varying levels of parental involvement. As much as I wanted to help these students, I did not feel that my family's experience with drugs or my graduate education had prepared me for the challenges of counseling them. Most importantly, I did not know when to report their substance abuse or keep it confidential in hopes they would continue to trust me. One student stood out. "Collie" was a bright student with good grades and presented no apparent risk-factors for any behavior issues. She requested to see me, and after asking if everything she said was confidential, she admitted that she was addicted to cocaine and attempting to stop her use. Her withdrawal symptoms were causing her discomfort and making her irritable, but she was able to keep up her grades and keep her drug abuse secret. Significantly, her parents did not know of her cocaine use. According to ASCA's 2004 *Ethical Standards for School Counselors*, if Collie's drug abuse was an imminent threat to herself or others, then I was obliged to report it to her parents. It was not clear to me whether her drug abuse was severe enough to warrant disclosure. Moreover, I was not aware of any federal or state laws regarding substance abuse counseling. This example illustrates the dilemmas school counselors

must navigate when working with student substance abusers. More guidelines are clearly needed to help this decision-making process.

In 2012, I began work on my doctoral degree in counselor education at William & Mary. For three years, I worked part-time as a student-assistance program (SAP) counselor in a local high school with students who were already substance abusers or who were at-risk for substance abuse. I maintained a caseload of high school students with various mental health and substance abuse concerns, and conducted weekly supervision of two master's level students working in the same program. During this time, I became passionate about working with substance users and endeavored to learn more about substance abuse counseling. In addition to research I did on my own, I took two courses in addictions counseling and later assisted in these courses as a teaching intern.

From January 2014 to the present, I have worked as a substance abuse counselor at Colonial Community Corrections (CCC), a criminal justice division of the James City County Police Department in Virginia. I regularly conduct substance abuse assessments, individual therapy, five-week psycho-educational groups, and intensive three-month substance abuse groups for mandated clients 18 years and older. All clients are on probation for substance abuse related criminal charges. This position has given me further insight into the harmful effects of substance abuse on individuals, their family and relationship, and their community. I have been further convinced of the importance of determining when substance abusers are in danger of serious and foreseeable harm in order to protect the welfare of my clients and others who may be impacted.

As part of my addiction counseling education and clinical practice, I learned of an important federal law that gives some clarity about when a school counselor should break confidentiality in substance abuse cases. Both the SAP program and CCC adhere to the strict Federal Regulation, 42 C.F.R. § 2.14 (2012), that prohibits any federally-assisted specialized alcohol or drug abuse program from breaking confidentiality without written consent unless:

> The applicant's situation poses a substantial threat to the life or physical wellbeing of the applicant or any other individual which may be reduced by communicating relevant facts to the minor's parent, guardian, or other person authorized under State law to act in the minor's behalf. (42 C.F.R. § 2.14, 2012)

In other words, according to federal law, confidentiality with a minor can only be broken if the minor is perceived to be a threat to himself or herself or someone else. The belief is that given such strict assurance of confidentiality, substance abusers will feel safe to disclose their use without fear. In particular, 42 C.F.R. Subpart B (2012) was a novel notion to me. In my two-year master's degree program and experience working as a high school counselor, I had never heard of it before, and I was willing to bet that most school counselors had not either. However, as clear as the law seemed to be, it did not clearly and explicitly answer the question of what constitutes a "substantial threat" to oneself or another. For instance, was Collie's cocaine use a substantial threat? Did it matter that she was now trying to stop using it?

Moreover, seemingly contradictory to 42 C.F.R. § 2.14 (2012) is the Family Education Rights and Privacy Act of 1974 (FERPA; 20 U.S.C. § 1232g; 34 CFR Part 99 [2009]), which stipulates that parents have the right to access their minor students'

records. This emphasizes the quagmire that even though school counselors do not have to report a student's substance abuse to their parents when the use is deemed less than a substantial threat, the parents have the right to review their students' records should they request them. Therefore, due to FERPA regulations, students may choose not to speak with their school counselors if they know their parents can gain access to the counselor's records. School counselors cannot help students unless the students confide their issues. Clearly this is an area of concern that needs more clarification.

I believe that because reality and values are constructed by society, school counselors are influenced by their schools, administration, location, education, and political views/laws. It is my epistemic opinion that breaking confidentiality with regard to student substance abuse is often a subjective decision, one based on each counselor's perceptions, values, and experience; no true standard exists for school counselors to guide them in this decision. I believe that school counselors need more guidance—that accounts for diverse school and cultural norms—to help them in their decision-making process in substance abuse cases.

In sum, my past and present has shaped my research interests, leading to this particular topic of study. Growing up as a White female in a predominantly White middle-class society has had its advantages, but it also limited my worldview. It has taken many years of experience, education, travel, and personal reflection to understand the origins of my beliefs, and then to question them. In regard to counseling substance abusers, it is my epistemic opinion that there are no clear standards about when a school counselor should break student confidentiality.

Target Population and Participant Selection

The target population for this study was American high school counselors, with a minimum of five years' work experience in a public or private school, who have counseled student substance users with whom they chose to break confidentiality. I used purposeful sampling to select participants who met these pre-defined criteria. Welman and Kruger (1999) noted that purposive sampling is the most important kind of non-probability sampling to identify the primary participants. Moustakas (1994) related five important considerations when selecting participants; an ideal participant: a) has experienced the phenomenon, b) is intensely interested in understanding its nature and meaning, c) is willing to participate in a lengthy interview and (perhaps a follow-up interview), d) is willing to grant the researcher the right to audio or video record the interview, and e) is willing to let the researcher publish the data in a dissertation or other publication (p. 107).

I first sent invitations to participate in the study (Appendix C) to the American School Counselor Association's (ASCA) online discussion board, ASCA SCENE, and to CESNET, a counseling listserv for Counselor Educators and Supervisors. As an incentive to participate in the study, I offered $20 Amazon gift cards to participants who completed the interview and verified their transcript. In an attempt to recruit a sample group with maximum variation according to location, public and private schools, age, gender, and ethnicity, I asked each respondent to return a demographic questionnaire (Appendix D). I also used this questionnaire to verify that potential participants met the criteria for the study by asking how many years of high school counseling experience they had and whether they had ever broken confidentiality due to student substance use.

According to qualitative research standards, there is no predetermined number of participants, but rather data collection is concluded when researchers reach saturation (i.e., reported participant experiences become redundant) (Giorgi, 2009; Moustakas, 1994). Saturation was reached in this study with 10 participants.

Procedures

In order to explore and further understand high school counselors' experiences working with student substance abusers, I used a phenomenological qualitative approach in conjunction with the SCMEDM model. I began my study by obtaining IRB approval from the School of Education at the College of William & Mary. I then selected qualified participants for the study as previously described and asked each participant to read and sign an informed consent (Appendix E). Once the informed consents were returned, I following guidelines set out by Moustakas (1994) and Vagle (2014) and scheduled and conducted semi-structured interviews according to the written interview protocol approved by my dissertation committee (Appendix B). I conducted the interviews on Skype and audio recorded our conversations using the software program Call Recorder. According to participant preference, I used Skype to call a phone or a digital device with Skype installed. Video communication was only available when calling a digital device and was only turned on if agreeable to the participant. I did not strive to have the interviews resemble one another (Vagle, 2014). Instead, I stressed open, dialogic, and conversational sharing during the interview process (Vagle, 2014). I encouraged participants to become co-researchers on equal footing with me, as the interviewer, and to seek further knowledge and understanding of their experiences (Moustakas, 1994). Each interview began with an opening statement with this intention

in mind, conveying the richness and depth that I was seeking in their answers (Appendix B). During the first interview, I read the opening statement verbatim; thereafter, I chose an extemporaneous synopsis—specifically noting the social constructivist viewpoint that answers were relative to individual participant's community and reality. After the introduction, I asked if the participants had any questions about the interview or the informed consent. I used the pre-determined set of questions as a loose guideline for our conversations and often switched the question order according to what seemed most natural to the flow of the conversation. I concluded each interview with a closing statement thanking them for their participation and letting them know my next steps: to transcribe their words and then send the transcriptions back for any changes they would like to make. After each interview, I wrote down reflections of the interview in an attempt to be more aware of any biases, highlight any significant thoughts that came to mind, and record any suggestions for the next interview. I saved the audio recordings on my computer and uploaded them to a transcription service available online (https://speechtotextservice.com). Once the transcriptions were completed, I changed any reference of the participants' real names to their pseudonyms, and then emailed them to each participant with directions to return any additions or changes to the document they desired (Appendix F). Upon receiving the verified transcript, I emailed the participants a $20 Amazon gift card. In total, I interviewed 10 participants and each verified their transcript.

Role of the Researcher

In accordance with phenomenological research, I was entwined in the study. Researchers are expected to suspend or transcend past knowledge and experience to

understand a phenomenon at a deeper level (Creswell, 2013; Moustakas, 1994). For this reason, I attempted to bracket my personal and professional experiences (Husserl called this *Epoche*), and focus on a sense of "newness" to elicit rich and descriptive data (Creswell, 2013, p. 331).

Furthermore, I strove to embody phenomenological interview techniques to promote open and richly detailed responses. To encourage highly elaborated descriptions, I used Vagle's (2014) basic rules of comedic improvisation (adapted from Tina Fey) for use during phenomenological interviews: a) Always agree and say YES, b) Not only say yes, but say YES and add something of your own, c) Make statements in addition to asking questions, d) Approach the interview with the attitude that there are no mistakes, only opportunities (i.e., mistakes happen) (pp. 83-84). Accordingly, I never used the word "but" and strove to keep the interview open-ended and conversational.

Data Analysis

Thanks to advances in qualitative software analysis programs, more and more researchers are using them as a means of saving time and energy in comparison to manual coding (Vagle, 2014). Creswell (2013; 2014) and Cooper and Endacott (2007) have written that the use of analytical software is highly recommended to aid in the thematic analysis process. Similarly, Vagle (2014) wrote that if an analytical program will be of help, "then use it" (p. 98). For these reasons and personal preference, I used the qualitative data analysis software DeDoose, designed to assist in organizing and managing data, to verify the themes and subthemes.

Using participants' verified transcripts, I coded and analyzed data to identify recurrent themes and subthemes and write the research manuscript. Following Creswell's

(2013) design, I first read all of the transcripts in their entirety several times to try to get a sense of the interviews as a whole. Next, using DeDoose, I created codes for all significant statements (short phrases, ideas, and key concepts) in a process called horizontalization (Creswell, 2013; 2014). In total, I identified 150 individual codes and 779 code applications within the ten transcripts. I then ranked the codes according to frequency and co-occurrences between each participant's answers. I continued to analyze the data manually in addition to using the software program in order to classify the codes into general themes consistent with the SCMEDM model. Creswell (2013) describes themes as "broad units of information that consist of several codes aggregated to form a common idea" (p.186). Each theme may contain subthemes. The themes and subthemes describe "what" and "how" the participants in the study experienced their work with student substance abusers.

Starting with the 150 original codes, I grouped similar codes together, and then further merged them into family groups to generate a smaller number of themes and subthemes that represented what the participants were expressing as a whole. Based on code frequency and co-occurrence, I identified which ideas came up most often not only within each interview, but across the combined data from all 10 interviews. Using these methods, larger themes emerged and I was able to distinguish interrelations within and across cases. Last, I sought to determine the larger meaning of the data and interpret the "lessons learned" (Creswell, 2013, p. 187).

Ethical Considerations

Throughout this study, I planned and prepared for the protection of the participants. Before beginning the study, I successfully renewed my training

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certification, the Collaborative Institutional Training Initiative's (CITI Program) Basic

Course in Area II: Social & Behavioral Research Investigators – PHSC (Expiration date:

2/15/2019). I further obtained IRB approval for this study through the College of

William & Mary.

Consistent with ethical principles of research, I collected signed informed consent

(Appendix E) from each participant in the study (Moustakas, 1994). To protect

participant identity, I assigned pseudonyms to each individual and identified their

locations by signifying their residential type and state (ex. Small Town, Wisconsin). I

honored one participant's desire not to have her state specified except by geographical

region. I also chose not to identify a Middle Eastern country in which a participant had

previously worked by name. Only pseudonyms were used during data verification and

analysis. All digital transcripts were kept on a password-protected computer and paper

copies were kept in a locked file cabinet located in my home. Before I uploaded and used

interview transcripts on the analytical software DeDoose, I changed participant names to

their pseudonyms. I will dispose of digital and paper data seven years after the

completion of the study.

Chapter 4

Research Findings

The primary focus of this study was to gain an in-depth understanding of the lived experiences of high school counselors who have worked with student substance abusers and have had to consciously consider whether to break confidentiality due to indications of serious and foreseeable harm. Further, this study was completed in an effort to address the continued drug and alcohol use seen in American high schools by sharing the results with current and future school counselors who may gain knowledge from their peers' experiences and practices while working with student substance abusers.

I chose a phenomenological qualitative research design due to its congruence with the study's purpose. The research was conducted through the lens of the SCMEDM model that upholds the idea that counselor's ethical decisions are made in accordance with their social and cultural environments (Cottone, 2001). I took extra precautions to bracket my personal and professional biases. After each interview, I took field notes to record my personal thoughts and reactions, and I reviewed these throughout the analysis process. In order to avoid influencing the participants' responses, I used Vagle's (2014) suggested improvisation techniques during the interviews. I used many affirmations and refrained from inserting commentary.

Consistent with qualitative research, I was entrenched in the study from start to finish. I completed all stages of data collection and analysis including a) recruiting and interviewing all participants, b) having the interviews transcribed and then verified, c) reading, coding, analyzing, and synthesizing the transcripts, and d) drawing conclusions and lessons learned from the data (Moustakas, 1994).

Description of the Participants

Demographic data about the participants in the study comes from questionnaires completed by each participant. These data represent self-reported information and each participant is identified by a pseudonym. Participant location is reported as residential area (rural, small town, suburban, urban, or other) and state. Per the request of one participant, her state is replaced by broader geographical region. A total of 10 participants were part of the study when saturation, or the stage in which participant answers became redundant, was reached (Giorgi, 2009; Moustakas, 1994). Ten potential participants responded to the ASCA and CESNET invitations and six of these joined the study. Two potential participants expressed early interest in the study and completed the questionnaires and informed consent, but then did not respond to further emails to set up interview times. Two additional individuals did not meet the study's qualifications for having worked with substance users. I sought additional school counselors by emailing a counselor who was a contributor in a confidentiality discussion on the ASCA online forum, sending individualized emails to 25 high school counselors listed on the ASCA membership directory or found through their high school websites, and sending emails to four school counselors I was aware of from her personal and professional experience. Five counselors recruited by these measures were willing to participate in the study. Of the five, I recruited four counselors with whom I had little or no previous relationship and who had never worked as a school counselor in the same school with me. Saturation was reached at four and the fifth willing participant was not interviewed. The participants were chosen based upon their availability, number of years' experience as a high school counselor, involvement working with substance users, and subsequent decision to break

confidentiality in at least one instance. The last two participants were specifically recruited for the purpose of ethnic diversity after only Caucasian individuals expressed interest in partaking in the study. Of the 10 participants, 8 were currently working as high school counselors and two were pursuing other career journeys after many years of experience as high school counselors.

"Lisa" identified as a 49 year-old Caucasian female living in Small Town, Wisconsin. She is the mother of three adult aged children. At the time of the interview (January, 2016), Lisa was working as a high school counselor at a public high school. She reported 12 years of experience as a high school counselor, holds a Master's degree and graduated from a CACREP accredited school counseling program. Lisa participates in ASCA professional development opportunities and training. In the last two years, she has taken one course or workshop in counseling ethics. She reported experience working with students who use drugs and/or alcohol and had chosen to break confidentiality in at least once instance.

"May" identified as a 35 year-old Caucasian female living in Suburban, Connecticut. She does not have any children. At the time of the interview (January, 2016), May was working as a high school counselor at a public high school. She reported nine years of experience as a high school counselor on her questionnaire, but during the interview, I discovered that she had only three years of experience working as a high school counselor and six years as a middle school counselor. Although May did not meet the study's desired qualifications of having at least five years of high school counseling experience, I chose to include her in the study after her rich descriptions and experience working with substance users was evidenced in her interview. May holds a Master's

degree and graduated from a CACREP accredited school counseling program. May participates in ASCA professional development opportunities. In the last two years, she has taken one course or workshop in counseling ethics. She reported experience working with students who use drugs and/or alcohol. Initially she reported on her questionnaire that she had not broken confidentiality due to student substance use, but later reported her experiences of reporting student substance use during her interview.

"Pam" identified as a 47 year-old Caucasian female living in Rural, Texas. She does not have any children. At the time of the interview (January, 2016), Pam was working as a high school counselor at a public high school. She reported six years of experience as a high school counselor, holds a Master's degree, and graduated from a CACREP accredited school counseling program. Pam participates in ASCA professional development opportunities, signifying this as ASCA U Leadership. In the last two years, she has taken one course or workshop in counseling ethics. She reported experience working with students who use drugs and/or alcohol and has chosen to break confidentiality in at least once instance.

"Ruby" identified as a 37 year-old Caucasian female living in Small Town, Intermountain West. She has one preschool-aged child. At the time of the interview (January, 2016), Ruby was in her second year of doctoral studies in counselor education. She reported nine years of experience as a high school counselor, holds a Master's degree, and graduated from a CACREP accredited school counseling program. Ruby indicated that she does not participate in ASCA professional development opportunities. In the last two years, she has taken or taught three courses or workshops in counseling

ethics. She reported experience working with students who use drugs and/or alcohol and has chosen to break confidentiality in at least once instance.

"Fred" identified as a 43 year-old Caucasian male living in Suburban, North Carolina. He has two school-aged children. At the time of the interview (January, 2016), Fred had recently completed his doctorate in counselor education and was currently working in senior administration in a school division. He reported 14.5 years of experience as a high school counselor in a public setting, holds a doctoral degree, and graduated from a CACREP accredited counseling program. Fred indicated that he participates in ASCA professional development opportunities, in particular the ASCA online forum. In the last two years, he has taken or taught one course or workshop in counseling ethics. He reported experience working with students who use drugs and/or alcohol and has chosen to break confidentiality in at least once instance.

"Sara" identified as a 40 year-old Caucasian female living in Rural, North Dakota. She does not have any children. At the time of the interview (February, 2016), Sara was working as a high school counselor at a public high school. She reported 13 years of experience as a high school counselor, holds a Master's degree, and graduated from a CACREP accredited school counseling program. Sara participates in ASCA professional development opportunities, signifying national conferences and webinars. In the last two years, she has taken one course or workshop in counseling ethics. She reported experience working with students who use drugs and/or alcohol and has chosen to break confidentiality in at least once instance.

"Justis" identified as a 62 year-old Caucasian male living in Urban, Sri Lanka. Justis indicated that he was from Minnesota but has spent the last 20 years working in

international schools around the world, typically spending two to four years in each location. He has one adult child. At the time of the interview (February, 2016), Justis was working as a high school counselor at a private high school in Sri Lanka. He reported 32 years of experience as a school counselor (16 years in primary schools and 16 years in high schools) in both public and private settings, holds a Master's degree, and graduated from a non-CACREP accredited counseling program. Before becoming a school counselor, Justis worked one year in a substance abuse rehabilitation program. Justis indicated that he participates in ASCA professional development opportunities, signifying annual conferences and the ASCA online forum. In the last two years, he has not taken or taught a course or workshop in counseling ethics. He reported experience working with students who use drugs and/or alcohol and has chosen to break confidentiality in at least once instance.

"Amy" identified as a 40 year-old Caucasian female living in Suburban, Texas. She has one school-aged child. At the time of the interview (February, 2016), Amy was working as a high school counselor at a public high school. She reported 13 years of experience as a high school counselor, holds a Master's degree, and graduated from a CACREP accredited school counseling program. Amy participates in ASCA professional development opportunities, signifying Texas School Counselor's annual conferences. In the last two years, she has taken one course or workshop in counseling ethics. She reported experience working with students who use drugs and/or alcohol and has chosen to break confidentiality in at least once instance.

"Kelly" identified as a 42 year-old African American female living in Rural, Virginia. She has two adult children. At the time of the interview (February, 2016),

Kelly was working as a high school counselor at a public high school. She reported 16 years of experience as a high school counselor, holds a Master's degree, and graduated from a non-CACREP accredited school counseling program. Kelly does not participate in ASCA professional development opportunities. In the last two years, she has taken one course or workshop in counseling ethics. She reported experience working with students who use drugs and/or alcohol and has chosen to break confidentiality in at least once instance.

"Barry" identified as a 53 year-old African American male living in Suburban, Virginia. He has one school-aged child and one adult child. At the time of the interview (February, 2016), Barry was working as a high school counselor at a public high school. He reported 27 years of experience as a high school counselor, holds two Master's degrees in school counseling and administration, and graduated from a non-CACREP accredited school counseling program. Barry participates in ASCA professional development opportunities, signifying the annual conference and webinars. In the last two years, he has taken one course or workshop in counseling ethics. He reported experience working with students who use drugs and/or alcohol and has chosen to break confidentiality in at least once instance.

Table 1 provides a summary of the participant demographics.

Table 1. Participant Demographics

Name	Age	Gender	Ethnicity	Location	Residentia Area	Years of Exp	Educ.	CACREP Program	ASCA	Ethics Training
Lisa	49	Female	Caucasian	Wisconsin	Small Town	12	Master's	Yes	Yes	1
May	35	Female	Caucasian	Connecticut	Suburban	3	Master's	Yes	Yes	1
Pam	47	Female	Caucasian	Texas	Rural	6	Master's	Yes	Yes	1
Ruby	37	Female	Caucasian	Intermountain West	Rural	9	Master's	Yes	No	3
Fred	43	Male	Caucasian	North Carolina	Suburban	14	Ph.D.	Yes	Yes	1
Sara	40	Female	Caucasian	North Dakota	Rural	13	Master's	Yes	Yes	1
Justis	62	Male	Caucasian	Sri Lanka	Urban	16	Master's	No	Yes	0
Amy	40	Female	Caucasian	Texas	Suburban	13	Master's	Yes	Yes	1
Kelly	42	Female	African American	Virginia	Rural	16	Master's	No	No	1
Barry	53	Male	African American	Virginia	Suburban	27	Master's	No	Yes	1

Note: Years of Exp denotes the number of years of counseling experience at the high school level. Educ. denotes highest degree earned. CACREP Program denotes if their school counseling program was CACREP accredited. ASCA denotes activity status with the organization. Ethics Training denotes the number of ethics classes/workshops taken or taught in the past two years.

Themes

As previously discussed in chapter three, I coded and analyzed data from the participants' verified transcripts to identify recurrent themes and subthemes and write the research manuscript. Using DeDoose, I created codes for all significant statements (short phrases, ideas, and key concepts) in a process called horizontalization (Creswell, 2013; 2014). In total, I identified 150 individual codes and 779 code applications within the ten transcripts. I then ranked the codes according to frequency and co-occurrences between each participant's answers. I continued to analyze the data manually in addition to using the software program in order to classify the codes into general themes consistent with the SCMEDM model.

Three major themes describing the high school counselors' lived experiences and practices were deduced from the data gathered. The first theme, "Community and School Climate," reveals the high school counselors' reflections on working within their social and cultural environments. Subthemes include a) residential attributes and b) school climate and expectations. The second major theme, "Perceptions of School Counseling Role," explores the high school counselors' perceptions of their professional and ethical responsibilities. Subthemes include a) protector and advocate and b) what the job is not. The third major theme, "Red Flags," explores what variables led the participants in this study to consider breaking confidentiality. This theme's subthemes are a) drug severity and use considerations and b) deal breakers. These themes and subthemes are presented below.

Community and School Climate

The "Community and School Climate" theme describes the high school counselors' individual social and cultural environments. The participants' responses describe their working environments, providing deeper insight into the essence of their experiences, as well as offering descriptions of community elements that impacted their decisions to break or not break confidentiality.

Of the 10 participants, all but Fred described various aspects of their school and community settings, which factors played into how they learned of substance users in their schools, and what led them to break confidentiality in cases of substance abuse. This theme is divided in two subthemes: a) residential attributes and b) school climate and expectations. The participants' responses offered insight into the social and cultural influences of ethical decision-making in substance abuse cases (Cottone, 2001).

Residential Attributes

There is large variation in the participants' places of work. Specifying that decisions are not made in a social or cultural vacuum, Justis noted that community defines what can and what cannot remain confidential:

> There has to be more factors considered when a governing body tells us what confidentiality is in general. It has to be situationally developed as a community to determine and to agree upon and share, as an authoritative community, that which is best applied in a community.

In similar fashion, Ruby added:

> One of the things that really popped up for me is that my reactions shifted the more experience I got. It depended on the culture that I was working in and the

age level I was working with. All of those variables really influenced my choice whether to break confidentiality or not.

Although Ruby adds the caveat of student age, both Justis and Ruby voiced their beliefs that location and culture matter in how they conduct their work, even influencing their decision whether to break student confidentiality.

Small Communities. Participants' reflections showed marked differences between working in rural/small town and suburban/urban residential types. High school counselors in rural and small town locations often reflected on the complexities of living and working in their communities. In comparison, only one participant from a suburban or urban area (Justis) directly spoke of how community impacted his work and decisions. The participants from rural/small town locales included Lisa, Sara, Pam, Ruby, and Kelly—half of the study sample. Describing her rural community in North Dakota, Sara said:

> We are on the fringe of oil-impacted areas. Mining and the electrical plants are out here as well and so that's what sustains the area for local industry here. Certainly, we have other health care industry and so forth here but we are about an hour and some away from the more metropolitan areas of this part of North Dakota. And so we are still very rural. We have a lot of farming and ranching families surrounding this area as well.

Similarly, Pam described her rural community of 2,200 residents in Texas:

> There is a lot of farming amongst our clientele, farming and ranching. We have quite a few industrial plants around the area; we have a [power plant] that many

of their parents work at; a lot of them work for the industrial plants and a lot of

chemical plants that are around our area as well.

Working in a small or rural community adds a unique element to high school counseling.

Lisa noted that in a smaller town "everybody knows everybody," and this can make for

some confidentiality challenges. Pam noted that in relation to her substance abusers:

It's kind of that known-unknown secret kind of thing. I mean everybody knows

that this person is drinking on the weekend, because of the community. It's small;

people know what's going on. If a kid comes in and talks to me, yes, that's

confidential, but that's still kind of all out there already. It's a weird dynamic in

that regard. I probably heard [that he or she was using] from someone else before

I heard it from the kid.

Pam further noted how students could be tracked from middle school to high school when

living in a small community:

You know how it is in a small town and I'd already heard these stories from this

child in 8th grade and I'm like, "Okay, she's coming to high school, we're going

to give her a clean slate and then watch and see what happens." But she'd been

missing school a lot and then we got a phone call from a family member who

said, "Hey we know she was missing a lot of school, but she's just at home. She's

with mom and we're pretty sure they're doing drugs."

Pam related how living in a rural community can make confidentiality difficult when

some community members may already know that a student is using substances. In such

cases, confidentiality becomes a moot point. Pam indicated that she often knows a

student is using before he or she discloses the use, and may have even heard of it while

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he or she was in middle school. Pam went on to share that she knew the family member who reported that the student and her mom were using drugs at home because she had two students at the school. This added more complexity to her commitment to protect the privacy of the student. Within rural communities such as Pam's, reputations may precede evidence, and community members may already be aware of substance abuse problems before the school counselor.

Sara specified how living in a small community impacts her private and social activities:

I have to be very careful about where I socialize in my off time. Not helpful for parents of students that I see every day for them to identify me and see me sitting in a, let's say, a bar here in town in my off time. Not to say but I'm not human and that I don't ever frequent a bar ever, but as far as having some type of presence of trust of whether their information is safe. When they see me in a bar, I think it makes people a little bit nervous, especially if they have disclosed all of their family concerns, to have the counselor be in the same social spot as them.

In Sara's instance, her concern and consideration for the comfort of her students and their families led her to consciously avoid establishments where she might run into them and her ethics might be questioned. Living in a rural community with fewer social opportunities, she would rather not make families feel nervous to see her and worries that her presence in a place like a bar might compromise their trust in her.

When interviewing high school counselors from rural areas, I noted many instances from the interviews and field notes of participants' fear of disclosing their counseling practices and decisions. Most participants asked for reassurance that their real

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names would not be used and that the interviews would be kept anonymous. For

instance, Sara stated:

> I would prefer some anonymity… especially when we're in our rural community,
>
> anytime you start talking about your own process, it always leaves you a little
>
> subject to criticism. I can see school board members going, "Well how come you
>
> didn't get a hold of us?"

In Sara's case, she did not wish to be criticized or questioned for her decisions. She even

feared that her interview could get back to her school board. Many other participants in

the study shared Sara's concern for anonymity. I took note of Lisa's worried demeanor

in her responses to the questions and apparent fear that her answers would be judged.

Lisa seemed concerned throughout the interview and questioned what I was going to do

with the information. Ruby, too, expressed her desire to remain anonymous and

requested that her state of residence not be specified. She did agree to allow me to

indicate her geographic region, however. In comparison to rural or small town

communities, participants working in suburban and urban areas did not express these

social and cultural concerns during their interviews. Living in larger communities may

afford high school counselors more anonymity and less fear of repercussions from

sharing their experiences. However, it was apparent that school counselors in small

communities have a degree of fear in sharing their counseling experiences and practices.

This sheds light on the essence of the participants' experiences and shows how smaller

social environments impact their lives and working conditions.

 Islamic Cultural Differences. As the only participant living and working outside

the United States at the time of the study, Justis gave further insight on ethical decision-

making in regard to living in a Middle Eastern country, in contrast to a country with westernized social and cultural norms. Justis described the difference between student parties in America and those in a Middle Eastern country where he had worked prior to working in Sri Lanka:

> I was doing some group sessions with kids there and they started talking a bit about how they party in [Middle Eastern Country], which is so different. It seems so innocent and juvenile compared to what we were talking about in America. But just the same, I guess what I'm bringing to the fore[front] is that the line of confidentiality changes in a way because the risk factors that take you to a place of harm are different.

Justis's example illustrates the point that situation matters when defining harm. Whereas a party that is perceived to be harmless and child-like by American standards, a similar party in a Middle Eastern country that is unused to westernized ways, might appear to be much more dangerous. Therefore, Justis has to take into account the society and culture he is working in when making confidentiality decisions.

Justis spoke too of how his confidentiality decisions are impacted by the unique position of his school in a Middle Eastern country. Justis related that the international school he worked at was started with great effort by the Middle Eastern country's monarch in order to bring westernized education to their Muslim community. Within the school, students were exposed to Western culture, lived a westernized life, and then went "home to a very private, exclusive, controlling religious life of the Muslim culture." If a problem happened, Justis added that it was very easy to blame the school and Western culture for:

Imposing that on their local kids. "It's because of your lax rules or because you're

giving kids freedom of thought, freedom to make their own choices, expecting

them to come up with their own opinions on things."

Moreover, problems at the school could reflect badly on the monarch and the monarchy if

they became known. Justis observed several cultural and political elements in the Middle

Eastern country that impacted his confidentiality decisions:

[Middle Eastern Country] is a society where even the police wouldn't arrest a

person when it means going against the [monarch's] family, all [of the Middle

Eastern county's citizens] so to speak. Sharing in their environment, the

counselor holds a lot of information between different factions of the community

that want or don't want the information. One of the students had a car accident

while he was under an influence and losing control suffered dire injuries to family

siblings and friends. As soon the accident happened it went underground because

any investigation may have exposed drug use and immediate expulsion from the

country for the entire family and that kind of stuff.

In Justis's case, he was often not allowed to disclose (i.e., report) problems such as

substance abuse because it would reflect badly on his school, and therefore on the

monarch. He related how the event of a drug-related car accident that killed one person

and seriously injured another was hushed so as not to reflect badly on the school or force

the student's family from the country. In response to the school's contentious existence

in a Middle Eastern country, Justis could not report abuse:

I was in a situation there where the school mandated that anything I learned about

abuse had to be told to the director who would not allow us to report it to police

and social services. That put me in bind in a way. A very controlled

confidentiality.

Justis's experiences in a Middle Eastern country demonstrate the situational differences

of when or if a school counselor can break confidentiality due to serious or foreseeable

harm. In his case, social and political components in the Middle Eastern country

prohibited Justis from reporting abuse, even though he may have deemed it ethical were

he working in a Western society. Justis was trapped "in a bind" by cultural differences

between his school and the larger Muslim community.

Socioeconomic Status (SES). Many participants remarked on the SES of their

residential areas in relation to drug and alcohol use. Ruby noted that in her lower SES

community, parents often work long hours and are not home to watch their children. She

noted how this impacted a male student addicted to marijuana and methamphetamines:

It's a lower SES school, and the community itself is pretty low SES. In my

perception, it seemed like parents of the majority of the students were working

really hard to make ends meet, which then leaves things like unsupervised

children or older siblings taking care of younger siblings while his parents are at

work, and jobs aren't nine to five all the time for those families. For that student, I

could see that playing a factor. It didn't seem like he felt a large responsibility to

his family…I could see that he was able to make his connections. He wasn't

getting it from his family, so I could see why he was connecting with folks where

the usage could be repeated or reinforced just because that was where he thought

he fit in.

Importantly, Ruby describes how children and adolescents are often left unsupervised in her low-SES community because the parents are working and have no option but to leave their children alone or with older siblings. In this instance, Ruby reports how one of her students found social connections with other substance abusers who reinforced his addiction to drugs, rather than with family members who were not present to supervise him. Ruby implies that if the student's family members were around, they may have provided positive social connections and discouraged his drug use.

Ruby further noted how living in a low SES community reminded her of the perception of privilege she brings to sessions with students. In particular, she reflected on the level of income her students perceived her to have:

So I realized recently, my boundaries to students were pretty rigid and not many of my students if any of them knew that I grew up in a lower SES [community] and have educated myself to a point where now I present as middle class—[this] may have impacted our relationship to the point where they weren't comfortable sharing certain things that were going on.

Ruby revealed how perceptions of her middle-class SES status likely discouraged students from disclosing to her. In relation to substance abuse, she added that perhaps students refrained from disclosing substance use with her because of her perceived status and because they assumed she had never abused substances herself:

So there was a power in that [view] and I think that may have prevented full disclosure, or the perception that I would not understand where they were coming from as someone who uses a substance because maybe they thought I didn't ever either.

Ruby's awareness of her assumed privileges in comparison to her students provides an insight into what it is like for her to work within a lower SES community. In her case, the assumptions possibly created a social barrier in which students did not feel comfortable sharing about themselves.

Pam also reflected on SES differences between herself and her students:

It's not, "Hey, I know where you are because I've been there," but it's a, "This is my world and I want you to come into it with me. Let me share this with you and you can have it too," kind of thing. You know, I've been very blessed. I try to share that. I think it's a responsibility. Because these kids come out of poverty, I don't have any clue what it's like to go home and not have electricity but some of my students don't have electricity when they get home. It's just trying to share a little bit of where I am, you know.

Like Ruby, Pam is aware of the SES differences with her student. To address this, she does not pretend to know or understand how her students live, but takes on the responsibility of inviting them into her world.

High SES communities stand out for other reasons. Working in a very affluent society in the Middle East, Justis spoke of how students in high SES regions compare:

It's a different ball game. The [Middle Eastern Country] society is also very affluent. Many students have lots of money from the time they're born, every year getting a salary, exceeding my salary, just for existing. They have access to everything, and when they don't get what they want they usually can manipulate society to get it, so that they pay somebody to do their work, things like that.

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Reflecting on his experiences at another affluent school in Minnesota, Justis further expounded on his beliefs: "I think because of affluence, that kids have access to communication, to transportation, to chemicals unlike some of the poorer communities. So it's kind of a set up in a way to get in trouble faster." Justis makes the point that affluent students have the means to buy anything they desire, making it easier to obtain drugs and alcohol, and possibly get into drug-related problems earlier and faster in life.

Nevertheless, even though drugs and alcohol may be easier to obtain by those with the financial means to get them, all classes of people are at risk of using them. Barry made the point: "There is no gender, there is no economic group, there's no ethnicity, no race, sexual orientation or anything that separates this group of people called abusers. It reaches across."

School Climate and Expectations

The participants' descriptions of their schools' climate and expectations, and how these shaped their professional work and decision-making process, are notable. Confidentiality expectations differed significantly depending on each school's cultural makeup and policies. All 10 participants made reference to school climate or expectations when making confidentiality decisions.

School expectations were often a key factor in whether a counselor reported a substance user. In some instances, the administration expected to be told of any students in danger of harm; in other schools, the administration did not wish to know. Pam recounted that her principal understood the importance of confidentiality and only expected disclosure in emergency situations:

My principal is married to a counselor, a school counselor. He understands the confidentiality and knows these things that I can talk to him about and [things] I'm not going to [talk to him about]. But he also knows that if it's a situation that we've got a kid in danger and it's going to affect school climate in some way or school safety, I'm going to let him know about it. If I've got the Sheriff's department on the way, I'm going to let him know what's going on.

Similarly, Kelly said, "We really don't contact anybody in the school administration unless we have to make a CPS [Child Protective Services] call or something like that, we usually don't." For both Pam and Kelly, they maintained confidentiality with their administration except in cases where outside authorities were called. Both specified that reports to administration were merited after calls were made to CPS and Pam mentioned a call to the Sheriff's office. May further mentioned how the social mindset of a community she had previously worked at influenced her decision to report calls home to her administration as a protective measure:

You want to keep confidentiality, but certainly, when I called home, I let the assistant principal and principal know that I did call home, because if it came back to either one of them, that town that I worked in previously, the community, they weren't hesitant to call the school at all if they weren't happy about something. I would always give them the courtesy of a heads-up of any difficult conversations that I had.

The culture of May's community was for parents to call the school and report anything of which they were displeased. Subject to this displeasure, May felt that it was necessary to alert her administration when she called home so that they could be better prepared to

handle possible ramifications. May reported, however, that she did not experience the same degree of pressure at the school where she was currently working. In her new setting, the community was either not as quick to call the school to complain or the administration was not as concerned if they did. Either way, the community had less of an impact on her confidentiality decisions at her new employment location.

Ruby conveyed that her school administration expected to hear if a student was high or brought substances to school: "If there's something on campus or if a student was high at school or drunk at school, those expectations are pretty clear that staff are strongly encouraged to disclose that to the principal for disciplinary action." Ruby's school was clear that if she knew of a student who was under the influence or bringing drugs or alcohol to school, this was a criminal offense and she was expected to tell the administration. In her case she would report. Conversely, when asked if administration, teachers, or parents expected him to disclose substance abuse, Fred said: "Yes to all of the above and within the confines and constructs of our code of ethics that was not happening unless we got into an issue where the confidentiality had been broken." Fred indicated that although his school and even parents expected him to break confidentiality due to substance abuse, he would stick to his ethical codes and not disclose unless it was already known. Fred also said that in cases where a student was high at school, he hoped that they did not get into trouble with the administration:

> In the instances where I might have somebody who was in trouble [high] first hoping that administratively, there wasn't already a repercussion because there were times when administration had already gotten a hold of it. At that point, I was a holding tank to get them to mom. They were going home.

Even though several parties, including the administration, expected to hear if a student

was using drugs or alcohol, Fred refrained from telling them. However, oftentimes the

administration was notified that a student was using or high at school before he was

informed. In this case, he held the student until a parent could pick them up. In Fred's

case, instead of telling administrators about cases of substance abuse, he would instead

consult with a student assistance counselor (SAP) at his school, and together they would

decide whether or not to call home.

Barry and Amy shared that they are not expected to report student substance

abusers to their administration. Barry said:

> I have never had the requirement to turn in a student for substance abuse. I have
>
> not had to do that because I have never, beyond doubt, had any [requirement].
>
> The school does not have a specific policy that I'm aware of when it comes to
>
> working with students with substances. There's no substance abuse policy, there
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> are things embedded in the code of Virginia and school policies from the state,
>
> things that come down from the board that came from the state. But just like we
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> have a protocol for suicide, threat assessment, suicide, terminology varies depend
>
> on who you're talking to. But when you're looking at a student and working with
>
> the student with the substance abuse, there's not that regimented, outlined
>
> protocol other than of course if you see a student with substance, you're supposed
>
> to report them to the SRO [School Resource Officer].

Like Ruby, Barry must report to the SRO if a substance is brought to school, yet he does

not report substance abuse to the administration. He noted that his school has never

required it. Amy described more about why she isn't expected to report problems, including substance abuse problems, at her school:

> I don't know if it's good or bad—our administration has absolutely no idea how many kids we see, what are the details of them. One of my really good friends who is a counselor with us now, this is her second year. She came from a different district in the area. Of course she was elementary so maybe that's different, but it's interesting to see. With her, she had to immediately report to her principal every time CPS was called, the principal required her to tell her and to tell the details of that. Anytime that she felt that she had to call a parent to come up to the school, the principal had to know. I thought that was interesting because we don't do that at all, ever, ever. Like I said, our administration does not even have any idea the extent of what we deal with at all. A lot of my guess on that is a difference in the size of the school. A smaller school makes sense where a principal wants to be aware of everything that's going on. What principal wouldn't? A school our size, there's no way. There's not enough time in the day for just me as one counselor to share with him everything that just I do. So, I think that's probably a lot of it too.

With a school of over 2300 students, Amy reported that unlike her friend who reported anytime a parent was asked to come to the school or CPS was called, she never reported any student to her principal. She implied that the principal was burdened with too many students and had too little time to want to hear about cases of substance abuse. She believes that if she worked in a smaller school, then she thinks the principal would want to know.

Like Amy, Justis reported that when he worked at a school in Minnesota, he did not rely on the school or community when making confidentiality decisions. For him, this was not ideal. Justis said: "I felt oftentimes that I was an island unto myself where there was not any guidelines to really support my decisions about confidentiality." Justis did not feel as though his school offered any assistance in his decision-making process; he had to make confidentiality choices alone. In his case, Justis relied on his ethical training to break confidentiality in cases of harm to oneself or others, but felt that he could not rely on his school for further direction.

Whether or not to report substance abusers to administration was also a matter of trust. When having to disclose a case of substance abuse, Lisa chose to tell her assistant principal because of her trust and relationship with him: "He's been here a long time. He's just somebody who I have a good working relationship with and trust that he would handle it appropriately," and that "We feel so supported by our admin, it helps that I feel like it's a good partnership."

When revealing a substance abuser in a school setting, one participant painted a picture of a possible danger to the student. Asked if there were any contextual factors she takes into account when disclosing a student's substance abuse, Sara noted that it was important to consider the personal and social ramifications for the student substance abuser at school:

> There absolutely is a lot because just putting that kind of information out there specifically about a student changes the way that—potentially changes the way that—a staff member and a student work together or how the staff view that particular student.

Depending on the school climate and individual context, a report that a student was using substances could affect the student's relationships with school personnel. Indirectly, Sara referenced the negative stigma often attached to alcohol and drug use, and how this may negatively harm a student's relationships in the school. Sara takes this into consideration when deciding to break or not break confidentiality.

Summary

Based on the participants' reflections, determining whether a student substance abuser is in serious and foreseeable harm has been reported to be dependent on social and cultural factors found in the community and school. The participants expressed how their residential areas and attributes influenced their school counseling practices and decisions. These factors included the size of their community, SES, affluence, and even religious differences. The participants also revealed how their school climate and expectations affected their confidentiality decisions. In some cases, school administration wanted or expected to know about student substance abuse; in others, they did not. In either case, the school counselors made the decision to disclose based on factors like the degree of trust they had for the administration or the ramifications a student might face if his substance abuse were known in the school. Reports from these high school counselors' lived experiences give the reader a deeper understanding into the counselors' social and cultural worlds and workplaces. Given this insight, one is better able to understand where their confidentiality decisions originate from and to better understand the essence of their experiences.

Perceptions of School Counseling Role

This theme emerged from the high school counselors' perceptions of their professional and ethical responsibilities when working with student substance users. Subthemes include a) protector and advocate and b) what the job is not. All the school counselors took their role in the schools very seriously and were uniform in their desire to work in the best interest of their students.

Protector and Advocate

When asked to describe their role and duties as a high school counselor, the participants were surprisingly unified in their responses. All of them directly or indirectly referenced their ethical codes (namely the ASCA *Ethical Standards for School Counselors*) and referred to their practice of creating a trusting and positive relationship with their students. In order to do so, they stressed their responsibility to protect student privacy and to disclose only when students were a danger to themselves or others. In this way, they demonstrated their role as a protector and advocate. As a protector, they were there to safeguard the student's wellbeing and academic standing; should things go awry, then they would advocate for change on the students' behalf—most often by referring the student to additional resources.

Relationship and rapport. The school counselors demonstrated their roles of protector and advocate through their commitment to establishing trusting relationships and rapport with their students. Notably, 8 of the 10 participants related the importance of building a relationship with their students. By doing so, students felt more comfortable and safe sharing their problems. Pam said:

It's just going to sound really hokey, but mystical, I just have a good connection

with high school kids. And they feel very free to talk around me and they don't—

there's something about the rapport that I have with these kids that they don't see

it as, "Oh, that's an adult person." They very freely talk about what's going on.

Established relationship and rapport was often an important factor for students seeking

help with their substance abuse. Barry related how his relationship with one of his

students led the student to disclose his substance abuse:

Having that rapport built in the past with him, that prior knowledge allowed me to

build a rapport with him. We discussed academics just because I was calling him

in from the blue, talked about a football game, the weekend and things they did.

And one thing led to another and we talked about things kids do on weekends or

what type of things they do, and I asked about some parties. And we went from

that point on to what had transpired, to only go deeper to find out that it was

something that not every weekend, but quite a few weekends it was happening.

We talked about the dangers of driving while drinking or driving while drunk, and

had a conversation with Dad. We called Dad in.

Amy told a similar story:

I had a kid; it's been probably a good three years ago. He and I had a great

relationship. He was one that came in pretty routinely. He dealt with anger

issues, but nothing violent. He didn't get in trouble at school for just completely

losing it or anything, but just a kid that was very well aware of an issue, was

struggling with it. Basically was just asking me to help him with it. That's

initially how he and I got to know each other. Then it got to where he just got

comfortable so there were times where he needed to talk or vent or discuss issues.

He had mentioned many times about smoking marijuana. Then probably, I guess

the next year, senior year, he got in trouble for having a vapor pipe…that's when

he admitted to me that he felt that he was very addicted to marijuana.

As both counselors demonstrated in their examples, having an established relationship

with their counselors gave the students the trust to divulge illegal substance abuse. Lisa

said it simply with: "It's easier if we have a relationship with them. They will share

more."

Sara spoke about how she desired to be a "friendly face" when a student

substance abuser returned to her school. For her, it was also important to protect and

advocate for the student when she felt like he was taking on too many responsibilities:

I wanted to be someone that he knew wasn't judging him, that was happy to see

him making strides, was understanding when he was struggling and then trying to

be a little bit of a realist with him. When he came back, he wanted to go fully

back into his schedule and his activities and he couldn't handle it. So to be that

person to say to him, like, "You're taking on too much. Let's talk about what we

can take away."

Sara's story is an example of unconditional positive regard. No only did she offer non-

judgmental support, she desired to protect the student from taking on more duties than he

could handle. However, Sara also related the complexity of disclosing a student's

substance abuse and maintaining a trusting relationship:

I'm very aware of any ethical or confidentiality terms that counselors are bound

to. But you walk a fine line of losing a student's trust or willingness to come back

for additional counseling sessions after you disclosed to them that you do need to make a parent phone call.

Sara's example illustrates the risk of losing the student's trust when a school counselor must disclose. There remains the possibility that the students will not come back. Ruby related an example from her early years as a school counselor about her fears of losing the relationship with one of her students due to her ethical responsibilities:

> A girl I was working with; we were meeting for our individual session, and a pipe fell out of her pocket. I was a youngster. I think I was 23 years-old, something like that. Anyway, I didn't know what to do, so I pretended I didn't see it and she just picked it up and stuck it back in her pocket. There was this weird exchange between the two of us, just non-verbally, but I was nervous because it was an ethical issue. I was nervous and fearful to damage the relationship I had established with her, because we had been working together for a few weeks already. Then I was also fearful of not abiding by the ethical code. My supervisor happened to not be available.

In Ruby's case, she had worked with the student for several weeks and was anxious that if she reported the pipe, the relationship she had worked to build with the student would be lost. On the other hand, she was also fearful of breaking her ethical responsibility to report a student who was a harm to herself or others. The event was exacerbated by the fact that her supervisor was not available to consult.

Sara reported that a downside of an established trusting relationship is that sometimes the student will not want to see another professional:

Sometimes that's why and where I'm stuck in the referral process, because I have

students that know me, seek me out for assistance, trust me about relationship and

when it comes time to referring out from the school counseling environment,

students have difficulties with their willingness to transition into the community

with a stranger.

This example illustrates that even when a counselor is willing to refer a student for

additional help, the student may be reluctant or unwilling to leave the trusting

environment the counselor has created for them.

Feelings about their counseling role. Barry related how his relationship with a

student substance abuser made him feel as a counselor and how he was able to best help

the student:

It made me feel full circle as a counselor because we started out from a

counseling perspective in academic, ended up going to personal social, but then

coming back to academic being the glue that connected my relationship as a

school counselor to my relationship as a school counselor who was working with

him and pursuing the help he needed for substance abuse.

Justis shared how maintaining confidentiality can sometimes feel like a burden.

Describing his work with three female students with whom he had created a trusting

relationship in a developmental growth group, Justis said:

I felt really burdened by so much information and wanting to share it with

parents, but knowing that as soon as I did, I'd lose the students in many aspects of

continual sharing or even opportunity if they wanted to see me, because it is the

nature of adolescence to create that privacy and that separation from adults.

In this case, Justis felt weighed down by having to hold information confidential when he really wanted to share it with the students' parents; he knew doing so would jeopardize the trust he had established with the students. Indeed, later when he did decide to break confidentiality, one female refused to speak to him again. As previously described, Ruby also spoke of the anxiety stemming from keeping confidentiality versus losing the relationship she had built with her student.

Amy shared some of her feelings about working in her school. Amy spoke of the stress of working at her large suburban school and the lack of clarity in priorities:

There are so many kids there's not enough time. Like this last week [the school counselors] were just talking about how it is getting harder and harder to figure out our priorities as a school counselor. Nobody sits down with us; no one sits down and says, "Okay this is what we expect of you." These are your jobs. I mean yes we've got our basic school counseling model. It's pretty basic but it's very generic. It's helping the wellbeing of a student, you know what I'm saying? What I mean? That's a lot of stress when the pressure comes in. I don't know that it could be that more and more kids are coming forward with the problems or there truly are more problems, you know? I don't know. It's overwhelming at times and that's why we get so frustrated. I think five teachers emailed me concerned about five different kids because they're failing their class, but the reality is I literally last week dealt with three students who were suicidal. I had to talk to these kids until their parents got up there and we talked about it and they finally left the school. These kids are priority over a student who is failing a class.

Amy spoke of the anxiety of not having clearly defined job expectations and having to figure out her responsibilities herself. She also reported the frustration and feelings of being overwhelmed by the number of students on her caseload and the number of teacher requests. Amy later shared how she spent an entire day and night researching substance abuse treatment centers for one of her students addicted to marijuana. Again, she spoke of feeling overwhelmed and stressed. In addition, Amy said: "I've been surprised with these teenagers. Sometimes they share way more than I want to know, honestly." Amy revealed surprise and some displeasure at some of the things that her students divulged. At times, she said, she would rather they did not share as much. These two declarations testify to Amy's irritation at the amount of work she has, including the student and teacher reports she has to follow up on.

In sum, Justis, Ruby, and Amy expressed frustrations and fears as a result of their ethical responsibilities. In contrast, Barry spoke of his fulfillment of helping a student cope with his substance abuse problem and getting him back on track.

Counseling theory and strategies. Several participants described what they perceived as their counseling strategies when working with student substance abusers. Many related what theories they use that guide their counseling work. Below is a list of their responses:

Fred: My goal is to try to get you to graduate, whatever is behind that. My role is to primarily deal with the mechanics and logistics of, let's talk about the options, or let's talk about all the other things in order to get high school completed.

Barry: I am a behaviorist and the fact that our actions or behaviors control the outcomes that we have. That's all I know. That's reality. You have to get people

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to face reality and move forward from there. Because if they're not seeing something as a problem, that problem doesn't exist.

Justis: When you ask about my experience with substance abuse, the continuum of use was what we used, and we helped adults and kids recognize the consequences of their use.

Kelly: I lean on my training as a brief solutions-focused therapist more than any, having some general understanding about addictions, about what works and some different interventions. It is helpful. I guess the solutions-focused has really worked. It's been the bulk of my training. That's what I rely on when I work with kids.

Kelly: Trying to get them to realize their actions and how their actions affect them so the decisions that you are making right now, and what the consequences are, and if this behavior is really going to get you what you want in the future—that type of stuff.

Sara: Cognitive behavioral therapy, having them process a function or the purpose of using and starting to discuss other options, for looking at a lack of social coping skills or a variety of other reasons to start that conversation with the student.

Sara: Brief solutions-focused [theory]. I have been specifically trained. I use it day in and day out. Its primary purpose is to instill hope no matter what presenting problem the student brings. It's also an efficient way of problem solving and starting to strategize, within the first session with the student, different ways of tackling their problem or their concern.

Pam: In grad school, we always talked about don't remove the defense

mechanism until you've replaced it with something. If I look at substance abuse

or I look at a certain behavior as a defense mechanism or a coping strategy, my

strategy is, I've got to give them something to replace that with because if I leave

them with nothing, they've got to figure out something else so what's the next

worst thing they could go to?

Pam: We did a lot of empty chair types [Gestalt theory] because he had so much

anger at the parents that he wasn't living with any more and let him yell at that

empty chair, yell at that parent that wasn't there. But I don't know if that was a

substance abuse issue as much as just getting those feelings out.

May: It's usually solution-focused [theory], like how can we figure out what the

problem is and how we can work on alleviating that or making that better. So I

guess it would lean towards solution-focused, but because of my, like I said, prior

history with the addictions research, I actually think substance use and

addiction—whether it's you using or if it's a family member—so closely mirrors

the cycle of grief that with denial and all of those things to at least be cognizant of

that. And working with it to at least meet the student where they're at and trying

to work with them. So I don't know if it's a theory necessarily that I'm using

every time I'm using grief counseling but at least to think about the stages of grief

and how those relate.

Lisa: Using choice theory. It's that you have choices. They have a lot more than

they may think they do, a lot more knowledge, a lot more ability, more choice,

more control than they think they have.

Ruby: I would say Adlerian was my theoretical orientation throughout my school counseling days. It definitely was the foundation and the framework from which I work with students with. As far as techniques go, a lot of expressive arts. Adventure based counseling, I used a lot with the students. With talk therapy, I would use a lot of techniques from solution-focused theory, so scaling questions or maybe even miracle questions.

Ruby: I had a pie chart, and the pie chart was sliced in as many hours there are in a day, so each slice of pie represented an hour of the day. I had him show me how many hours of the day he believes, or he experienced himself as being high, and he would mark how many hours. Then I asked him to show me how many hours of the day were related to him getting his substance, trying to find it or buy it or whatever. I can't remember exactly, but it was a majority of the day. It was 18 hours, if I remember [correctly]. It was an 18-hour process of him either being high or getting high or trying to get his drug. I was like, "So the rest of this time you're sleeping, right?" and he's like, "Yes, that's probably when I'm sleeping."

The participants reported using a wide range of strategies and counseling theories when working with student substance abusers. The most referenced theory was solution-focused therapy. Other theories included cognitive behavioral, Adlerian, Gestalt, and control [reality]. The school counselors described many of their counseling goals, including: help students graduate, help students see the consequences of their substance abuse, find solutions to problems, instill hope, and teach students that they are in control of their actions. In Ruby's case, she stated how impactful it was for her student to see how many hours of the day he was spending on his addiction.

Consultation. A theme that arose in the interviews was the importance of consultation as a means of protection. Consultation is an ethical counseling standard found in the ASCA *Ethical Standards for School Counselors* (2010) and the ACA *Code of Ethics* (2014) in which counselors are expected to contact other professionals in an effort to seek their opinion and advice when a question arises. The aim is to reduce error by listening to other thoughts and options before deciding on a course of action to take. Consultation, a form of social and professional agreement, added additional protection not only for the student, but also for the participants.

The participants often made the statement that new school counselors should seek guidance from experienced individuals in order to determine the best course of action to take with their students, rather than making the decision on their own. Fred said:

> Everybody needs to have at least that one strong consultation person. That would be my biggest recommendation. You need somebody who can be your go-to, to talk about the ethics, to talk about all of that stuff, because the reality is that it changes so fast sometimes. What's out there? When K2 hit—it's not an illegal substance. What do we do? It's not an illegal drug but it's dangerous. What do we do?

Fred signifies that school counselors should all have a "go-to" person, or someone who they can speak to about ethics and cases. He makes the point that as new drugs emerge— some of which may be legal to use—counselors need someone to help them decide what to do.

Justis described his practice of consulting with his supervisor and why it was important:

Of course, I know they're already at harm to themselves, but that in itself doesn't

give me reason to breach confidentiality. I decided because I worked in a

professional community, I needed to at least tell my supervising counselor at our

child study meeting when we talked about kid concerns.

Justis noted that just because a student is in harm's way, he or she might not be in enough

danger of harm to warrant disclosure. For this reason, Justis seeks additional opinions

about his concerns. Justis recommended that school counselors seek help and

consultation through the ASCA online forum:

The American School Counselor Association, of course, has their blog site; it's a

wonderful site to get immediate support for whatever you're dealing with. I really

recommend that. I've been to conferences all around the world and there's

nothing that compares to the support that comes from their organization.

Ruby discussed her practice of consultation and why it is important in her work:

ASCA comes into play. In times of consultation, the ethical codes related to

what's in the best interest of the client, like disclosing in the best interest of the

client, would come up…It was definitely a balance between maintain[ing]

confidentiality and those codes and balancing the disclosure, those things, and

doing no harm to the client. Seeking consultation on all of that and not working

by myself was really important to me because even when ethical stuff would

come in the first school—because I was the only school counselor at that

school—I'd reach out to neighboring school counselors or my folks in my

graduate program that I graduated from. So it's just really important for me to

consult and get supervision if I needed that.

Fred, Justis, and Ruby offer consultation as a best practice and an ethical responsibility.

In some cases, the resources available at the school impacted with who counselors consulted. Sara, Lisa, Fred, Barry, and Kelly all reported having a therapist or a substance abuse professional available at schools they had worked at or were currently working. These were often the first people with whom they consulted. Fred mentioned how having a substance abuse professional in his school impacted his work:

> I was fortunate then at the high school level, I've got five or six people that I can consult with, along with the district school or other folks who I actually consult with…One of the people that we worked with very closely was our student assistance program coordinator. Really, if there was a decision being made, I was very fortunate in a sense that I had somebody who had been a community mental health social worker that I could consult with and then make a team decision about what was going on and triage it.

Sara conveyed how her school environment impacted her decision to report substance abuse to her resource officer:

> If there is enough information to relay to our school resource officer, she is a full-fledged law enforcement officer, so that she has an understanding about different names of different substances in our area and the community in who may possibly be supplying our students with that as well. Then from there, she can use that information how she needs to. That's how it works here in our environment anyways.

Pam said:

> Now, that was not the experience at a previous high school that I was at. At that
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> previous high school, I did not have same level of consultation available to me,
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> nor did I have people who were interested in talking through that conversation to
>
> see are we at the point where we need to do this. I was more acting
>
> independently. That was a real struggle.

Pam revealed that she has a trusting relationship with her school nurse and she regularly

consults with her on students as an additional means of protection from those who might

not agree with her decisions:

> The nurse and I had a conversation earlier this year. We talked about it a lot
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> because she is the only nurse in the district; I'm the only counselor on my campus
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> and a lot of times we are dealing with some very delicate situations. Well, we're
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> both bound by the same kinds of confidentiality that don't necessarily bind a
>
> teacher or somebody else or an administrator for that matter…where we're talking
>
> about something that could also be a medical issue like drug abuse…she and I
>
> have just made this pact with each other that we'll do it together just because it's a
>
> little more protection for us and we both understand confidentiality, both
>
> understand the ethics of it and we trust each other with that.

Pam stipulates that one of the reasons she consults with the nurse is not only for

protection, but also because she too has a professional responsibility to maintain

confidentiality. By consulting, the participants do not rely on their opinions alone, but

seek additional support in their decision-making process.

What the Job Is Not

Although there was some inconsistency about their role as a school counselor, most of the participants in the study agreed on what they are not: substance abuse counselors or therapists. Of the 10 participants, 7 referenced the fact that they have little or no training in substance abuse counseling, and so when substance abuse concerns come up, they often referred students to substance abuse professionals. Pam said:

> I'm the only counselor in the school of 319 students. So it's hard for me to specialize in everything. We're not expected to be the experts and we're not going to guide them through therapy or anything like that. For us, it really comes down to: Do we refer or do we not?

Like Pam, many other participants in the study remarked that they do not have enough training in substance abuse to counsel students adequately in that area. For instance, Barry said that since he is not a substance abuse expert, he has to work with student substance abusers with the training he has: "We have to, in our realm of not being therapists, not being substance abuse counselors, look at our skillset." Fred related that he refers substance abusers to the SAP counselor because of his lack of experience in the area:

> There were specific areas where I felt perfectly comfortable having the entire conversation. There were other places where I knew that [the SAP counselor] was much stronger and certainly drug use and abuse was one of them. That afforded me the opportunity to say, "You know what? We've reached the limit of my expertise with this," which isn't very much.

Lisa said similarly: "We don't do therapy so if there are issues of alcohol or drug use or anything, then we refer out." Sara too expressed that substance abuse counseling is not something that she is highly trained in, so she leans on the skillset she does have:

> I think that I'm not as highly trained as I should be…I will just be forthcoming. I think I lean on my training as a brief solutions-focused therapist more than any, having some general understanding about addictions about what works and some different interventions. It is helpful. I guess the solutions-focused has really worked. It's been a bulk of my training. That's what I rely on when I work with kids.

Kelly spoke of her lack of substance abuse training and her desire for more:

> I would like to have more training. When something new comes up I kind of like try to read about it so I can see like whatever new drug is out there. I try to read about it, what the trends are and things like that; but, yes, it would be nice to have training just to keep up to date with what's going on…I don't feel like I've had really any training beyond a substance abuse class when I first went through my counseling program.

Amy also expressed her lack of training in substance abuse, noting that she was never required to take any class on substance abuse during her graduate studies:

> As far as in college training—nothing. Honestly, anytime I've dealt with addiction things, it's always been on personal experiences that I've had or seen done. I had a brother that was addicted to drugs. I mean we never had any classes whatsoever on it. Like, I've always thought, I mean especially at high

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school, I almost feel like we should be almost required to have LCDC [Licensed

Chemical Dependency Counselor] certification.

In Amy's case, she reported that she deals with substance abuse all the time at her school,

and yet she has had no training in substance abuse counseling. She reports that she relies

on her family's experience with substance abuse and personal research in order to meet

the needs of her students. Amy feels as though school counselors should almost be

required to be certified in substance abuse counseling as if they were LCDCs.

Sara expressed that she too lacks substance abuse training, but, at a minimum,

thought school counselors should be trained in basic substance abuse skills:

I think this is something that we all need some training on whether—not that I'm

convinced that we need to be in house addiction specialists for our school

districts. But certainly we need some basic training and some basic interventions

to supplement what other interventions and techniques or whatever theory that is

our foundation.

Sara related that school counselors do not need to be trained as substance abuse

counselors, but they should be taught basic substance abuse intervention skills to

supplement their current practices.

In total, seven of the 10 participants expressed their lack of substance abuse

training, many saying that they would like more education in the field, even if just basic

training. Because they are not trained in substance abuse, the school counselors relied on

their other counseling skills, personal experiences, and professional discretion. Several

participants spoke of their practice of referring substance abusers out. Yet, referring out

can break the bond of trust and rapport that they have established with their students. If school counselors had more training, maybe they could help more students.

Summary

The participants were aligned in their commitment to work in the best interest of their students. They expressed the value in creating a supportive and trusting relationship with their students, specifying some positive and negative emotions related to jeopardizing the connection when having to disclose. The participants shared many of the theories and techniques they use in their practice, but also stipulated that they are not substance abuse counselors and often refer their students for professional substance abuse counseling. All of the participants referenced their ethical responsibility to maintain student privacy as a primary function of their role as a school counselor.

Red Flags

All 10 high school counselors expressed that the most significant factor in their decision to disclose student substance abuse was whether the substance abuse posed harm or danger to the student or others. The theme "red flags" first details the school counselors' efforts to gauge harm based on drug severity and use relative to personal, academic, and social factors. Secondly, it describes those factors that the counselors found to be deal breakers, or immediate reasons to break confidentiality.

Drug Severity and Use Considerations

As described in the literature review, the number of factors used to determine when a substance abuser is in danger of serious and foreseeable harm is large and variable and depends on each individual's social and cultural world. As evidenced by their experiences and personal reports, all of the participants in the study confirmed this

complexity. When determining whether or not to break confidentiality in cases of substance abuse, the high school counselors took into consideration many drug variables such as what types of drugs were being used, how frequently the drugs were being used, and whether or not the drugs were being mixed with other drugs. Justis detailed the complexities of making this determination:

> We all do things to hurt ourselves, but I've never heard a talk or a lecture about what constitutes hurting himself enough to break confidentiality. When you're hurting your body by ingesting chemicals all the way from a sip of alcohol to a bottle of gin that one day, where's the line of when you're hurting yourself, when you're at risk to yourself or to someone else in that state? Everybody is uniquely different and every support system is uniquely different. If you're doing it with your parents, it's different than if you're doing it with somebody that's several years older and may take advantage of you. There's so many complicating factors that we have to deal with individually.

Justis recounts that he has never had a conversation about what degree of substance use constitutes harm to oneself or others. He further notes that every student has his or her own unique reality and that choosing to break confidentiality must be made on a case-by-case basis. Justis considers such factors as what the student is using, how much are they using, and with whom are they using. Within each of these factors there are varying degrees of risk, dependent on the student's individual factors and support system. For instance, a young person drinking with his or her family is different from drinking with an older crowd who may take advantage of the situation. Inherent risks are present in both situations, however, an adolescent drinking under the supervision of a parent is

arguably better protected from harm than if he or she were drinking with older individuals who may have little or no regard for their safety.

Kelly added that she considers what drugs students are using, how often they are using them, and whether or not they are getting them at school:

I guess in terms of the factors, like, how often they use and what they are using is really what I'm looking at. First, what they are using, and then, second, how often are they using. If it's something that's real, one of those real hard drugs, then I'm going to report it to a parent; and if there's something else that they [are] using it to the point where it's becoming a real safety concern then, yes, I'm going to [report]—those are the two main factors. And like I said, if it's something that they are getting at school, then I have to report that, because that's breaking the law.

Kelly reported that she determines which drugs are being used and the frequency of their use before deciding whether to break confidentiality. She also considers whether the drug is a "hard drug," a drug she perceives as dangerous, and whether or not students are bringing (or acquiring) the drugs to school. In any of these cases, she chooses to break confidentiality.

Amy and Fred also considered the severity of the drug being used and whether or not it was one-time event. Amy related the difference between a student reporting drinking alcohol as compared to a student reporting use of heroin: "You are looking at substance abuse or a student getting drunk or you have a kid, you know, snorting heroin or doing heroin." Amy considers the danger level of the drug being used. In her opinion, heroin is dangerous whereas alcohol consumption is not as threatening. Fred noted that

he looks at the context of substance use, what drug is being used, and whether or not the student acts out in a dangerous fashion:

> There are some instances where you come into professional discretion, where the SAP and I would consult [about] kids who have been using things that were a little bit more than just marijuana, and [we] elected to hold that in confidence up to a certain point—provided the student really didn't exhibit any self-injuries tendencies, anything where they were going overboard. It was, "I go in my room and I do this and I go to sleep," or whatever. Not anything where, "I'm out. I take two rounds of cocaine. I go drive my car 100 miles an hour down the highway because it gets me off."

Fred detailed a case in which be would not report a student just because he was using a substance at night and then going to bed. In Fred's opinion, the student was not putting himself in direct danger or acting irrationally, was not using a severe drug like cocaine, and was therefore not in serious and foreseeable harm. It should be noted that Fred's opinion was formed after consulting with the SAP counselor at his school.

Ruby stated that she considers the developmental and chronological ages of the substance abusers:

> Developmental age comes into play or chronological age comes into play because I think my behaviors were definitely, or my decisions would definitely be different, had I been working at a middle school or an elementary school. And these things came to light. In the situations at the high school, I definitely leaned on the ethical codes related to consultation and supervision.

Ruby related how, theoretically, if she worked at an elementary or middle school, she would treat confidentiality decisions differently because of the students' younger developmental and chronological ages. As a high school counselor, however, she followed the stipulations of her ethical code.

When considering degree of harm, Justis considered frequency of use and the perceptions of substance abuse within one's environment:

From a very religious perspective, as soon as you've tasted alcohol, you're at risk to yourself and the community. Judgmental conditions greatly alter the perspective as to the extent of problems, experimenting as opposed to somebody who's gone down the road of abuse, where you're hurting your body and becoming a risk to society in other ways.

Justis pointed out that in some religions any degree of alcohol consumption is considered harmful to oneself and the community. He takes this social construct into account, as well as how much of a drug is being consumed, when determining whether or not to break confidentiality.

Barry brought up additional factors to consider, including whether the substance use was experimental or prevalent, possible legal and health complications, and whether the student is distributing:

I look at [the situation] even more closely now. Ten, 15, 20 years ago: Is the child harming themselves? Was it just an experimental phase? Is it something that's ongoing? Now you have to look at the legal and health issues: this child is taking Adderall or some attention deficit medication. Are they distributing to other students who otherwise wouldn't be using it?

Like Barry, Ruby expressed the same considerations when determining the degree of harm that a student substance abuser is in. She also also looked to see if there was a pattern of addiction and how the substance abuse was affecting the student's academic performance:

> If I'm thinking of myself in my later years as a high school counselor, I would take those things into account: What kind of substance was being abused? Where are they in my assessment of addiction? How is it impacting their life, meaning how is it impacting their ability to come to school? Is it impacting their ability to function in school?

In addition to considering academic decline, Pam and May explored how substance abuse may be affecting the student's quality of life and relationships. Pam said:

> I certainly look at academic performance, whether that's suffering, whether relationships are suffering. I try to look at it very holistically: Are we having more problems at home than we used to have? Are we complaining about that more? Is it affecting quality of life and quality of success in high school?

Similarly, May stated that she considers the patterns of academic and behavioral decline when deciding what to do next:

> "Okay, what things can we see here in school that might be changing?" Because he was a decent student who was involved in school, [and then] all of his grades were dropping, his attendance was dropping, more behavioral things started to come up. Seeing those things starting to drop off was a red flag for me that, okay, definitely something else is going on and what do we need to do next.

Like Ruby and Pam, May took academic changes into account, examining patterns of attendance and behavioral decline as well.

In short, the participants' reflections of their lived experiences showed multiple factors they have taken into account when determining serious and foreseeable harm. All looked for and considered the red flags of substance abuse—the indicators of current or possible problems to come. For the participants in this study, these red flags were not always reasons for disclosure, but they helped the school counselor evaluate the severity and extent of the problem, and assisted in their efforts to make informed decisions.

Marijuana. Perceptions of marijuana use were unique from perceptions of other drug use. With the legalization of marijuana in several states (Johnston et al., 2015), school counselors are having to determine whether its use is a harm to their students. Lisa stated this idea:

> Marijuana is tricky because there are students who are coming in with so much research, or whatever, saying it's not as bad and alcohol and things, [but] it also has consequences. It does have effects. Yes, it's hard when it's getting legalized in states.

Kelly noted how perceptions of marijuana use have changed since she started counseling 16 years prior:

> I remember when I first started it would be like, I guess, a teenager drinking or using marijuana would be a huge deal to everybody, and now it's just not that big of a deal to the kids or the parents. It's kind of like accepting—this is just what they do—it's not as urgent as an issue.

In Kelly's perception, people are much more accepting of students drinking alcohol or using marijuana than a decade and a half ago. Both Lisa and Kelly expressed their fears of the danger of using marijuana as a gateway drug. Lisa reported: "It's a gateway drug and I'll share that. Nobody ever, or very few people, have ever done just cocaine or anything else without trying pot first. Gateway drug." Kelly observed:

> It seems to me that people take [marijuana] less seriously and don't see it as being a gateway activity, whereas I still see it that way. But I guess society has changed their views—but I haven't.

In both instances, the counselors noted that the danger of marijuana stems from the idea that it may lead students to use more harmful drugs. However, both Lisa and Kelly said that they would not necessarily report the use of marijuana, but rather try to educate their students about the danger of it instead. For instance, Lisa said:

> I've had many conversations with them or try to provide information with, and that they like to share anything there are no facts, and inside that was the knowledge that I had that it's a gateway drug and I'll share that.

Kelly said:

> Basically if it's alcohol or marijuana then I wouldn't report that to the parents and just talk with them and get them to agree to participate in the SAP counseling because we do have that available. And just talk to them about drug use and alcohol use and how that's not appropriate.

> In contrast to Lisa and Kelly's viewpoints, other participants noted that marijuana is not necessarily a threat. Fred said:

Generally speaking, and very generally speaking, is students are recreating with marijuana unless there is some kind of indication that there is something else being added in or that there is something else that's going on there that doesn't present an imminent threat to them or to other people, then it's not a deal breaker. It's not a confidentiality issue.

Fred detailed that if a student reports that he or she is using marijuana, he generally does not break confidentiality. Used alone, he does not see marijuana as an immediate danger. Similarly, Pam, Barry, and Amy discussed examples in which they did not report a marijuana user. Pam said:

He was just very open with me about using [marijuana] as a stress relief and so then we talked about that a little bit. I did not break confidentiality on that one because I didn't feel like—I didn't feel like it was a pervasive issue that was—I mean, he is not high at school, he's functioning other than the stress and so that's something that he and I intended to work on.

Barry stated:

A situation most recently—one situation was marijuana. I spoke with another staff member, who works with the student as well, and of the issue of just having them notify the parents and having the parent call us, which they did. We knew that wasn't a serious threat to them, imminent danger, anything like that.

Amy said:

He had mentioned many times about smoking marijuana. What's crazy is he never did it with friends. It was always by himself. It was very minimal. We had

talked about it several times and it was not an issue that I ever felt—I didn't

contact his parents on it.

In all three cases, the school counselors did not determine that their students were in

serious and foreseeable harm due to their marijuana use. Marijuana use was not

considered as dangerous as the use of many other drugs.

Deal Breakers

Some substance abuse variables warranted immediate disclosure. The following

is a list of the 12 factors that one or more of the participants chose to break

confidentiality over. Each deal breaker is followed by the participants' words.

Driving. Consideration of whether or not the substance abuser has plans or the

capability to drive a car while under the influence:

Barry: But there are situations where I, in the not-too-distant past, have talked

with students about alcohol and drinking. I did know the student was a driver. I

thought it was dangerous enough to talk with the parent. Because some friends

that were with the student told me of some incidents that happened while he was

driving.

Lisa: The intoxicated kid[s] at school, I'm worried about them; they are telling me

they're going to leave and drive.

Fred: For instance, he had driven to school and was already high. Those were the

instances where [breaking confidentiality] needed to happen.

Distribution. Knowledge that the substance abuser is selling alcohol or other

drugs:

Barry: I had a student recently who had their, I guess it was Adderall, their ADHD medication because there's so many now. And that medication, they'd given one to a friend and the friend of course wanted more, or was trying to convince them on how to sell them. That's something I immediately had to report because you get into the issue of distribution. You might have a student who takes that one time and that might be the one time that sends them places they don't want to go.

Kelly: If I found out that they are just selling drugs or distributing drugs at school then I have to—I don't have a choice in that matter. I have to report it.

Fred: [Choosing] to break confidentiality usually revolved around the level at which this student is using and engaging and distributing to other students or with one student in particular, he turned into the dealer.

Coming to school high or under the influence. Knowledge that the student substance abuser is at school high or under the influence:

Fred: For instance, he had driven to school and was already high. Those were the instances where it needed to happen.

Pam: If there's something on campus, or if a student was high at school or drunk at school, those expectations are pretty clear that staff are strongly encouraged to disclose that to the principal for disciplinary action.

Lisa: The intoxicated kid at school I'm worried about them, they are telling me they're going to leave and drive.

Suicide threat. The substance abuser reports thoughts or plans to commit suicide:

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Barry: Because issues of health and safety have to, in my opinion, be adhered to.

With the rate of suicide or attempted suicide, suiciding as they call it, or attempted

suiciding increasing with children who also have other issues that these drugs or

alcohol mask, you have to be very careful that you're not ending up with a

situation beyond the drugs but someone losing their life. Not because of the drugs

but because of self-inflicted harm.

Amy: There was suicidal stuff. I know that I had that debate on would this have

been something I would have told his parents about [otherwise].

Fred: I did have to consult with law enforcement because the situation for the

prescription drug user became one of potential suicide. I got a phone call and I

was asked to go to the house because the student was at the house alone and had

made this threat, this self-injury or threat. I went to the house and the police

showed up right after me. I would call it more of an informal consultation done

trying to take apart scenarios and say, "Okay, let me talk to you about what

happens next and what's the direction that we need to go and what are the

ramifications of that." I think it's all circumstantial to determine where you need

to go and figure it out. I think it plays out, too, as it gets to the police first. They

don't have an option to extend to you to say go to counseling first and then we'll

see if I need to arrest them.

Threat of an overdose or serious medical threat. Knowledge or fear that a

student is in danger of an overdose or other serious medical complication from the

substance abuse:

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May: There was a student who I was talking a while with, misusing [her] prescription medications, a student who tried to OD; I would say it was either an antidepressant or an antianxiety medication. So she then came to school like that—you could just see in her face that something wasn't right with her. She didn't look good. A friend ended up taking her to the nurse and the nurse ended up calling the ER once she confessed that, "Yes, I finished the bottle of my pills." Called ER first and called the parents second. You have to the medical help first.

Kelly: Yes, so after working with the SAP counselors, her continuance of reported use, and then they kept talking to us and telling us that they were afraid that she was going to overdose we brought her in and talked to her about that, and then let her know—actually before we started our last conversation before we had to call her parents—we let her know what our policy was in terms of harm to self or others and that sometimes when situations should be confidential, if you are potentially going to harm yourself, especially when we felt like it could result in serious medical issue or even death, that we would have to contact your parents. And then we started to question her about her continued use and the events that had occurred, and once I determined that it was really a danger, I let her know that I had to call her parents. She wasn't happy about it but at that point we really didn't have a choice. Like I said we did our best to keep her confidentiality, but it got to a point where we just couldn't. We were scared that she was going to overdose.

Showing signs of addiction. Consideration of whether or not the student's substance cravings, frequency of use, or lack of control indicates potential addiction:

Justis: I have kids that tell me, "Mr. Justis, I can't control myself at this age." They tell me that two years later, "I couldn't control myself back then, but now I can." And that applies to addictions of all kinds, computer use and stuff like that. When we as adults can assess a student to be in the addictive stage of self-harming, to me that is a flashing light and a flag that we need to do more.

Justis: I've also struggled with that issue a lot, how some kids will become addicted; and what are the contributing factors for that? In general, there are supporting symptomology that goes with it, but in other cases it seemed like an anomaly. As we start to watch an addictive pattern develop, to me that's the flag that I need to tell somebody else.

Fred: If you've got somebody who clearly has an addiction problem, the likelihood that they're going to pull their own ripcord isn't very good. Is there anything that, within the framework of the discussion or the conversation says, "Look, you're in the point of self-injury. This has got to go higher. You are in that mode where things are going to derail, reveal fast and you're already compromised. We can't let that go on any further." When you've got somebody who is clearly spiraling in front of you, then you have that conversation: "Okay, it's time. You need help. This isn't a question anymore of can you go get help because you should be on that point. It is time to call your folks and say we have a problem. We need to get this."

Fred: I had to break confidentiality particularly with a student who was obtaining lots of prescription drugs, who was using lots of prescription drugs, was even

taking from his own parents' prescription drug cabinet and somehow they didn't

know. Don't ask me how.

Fred: So you have many moments of lucidity during addiction. It's like you're in

total control. "So of course you can trust me and of course I'm not going to do it

again. Don't tell my parents because…" As a professional, if I can say that the

person is now addictive, then I need to break confidentiality.

Lisa: [I ask] do they drink when they're by themselves?

Withdrawal symptoms. Consideration of any substance abuse withdrawal

symptoms and their physical and/or emotional consequences:

Pam: And then when the kid comes back to school, the day she came back she

presented in the nurse's office. I got called down in the nurse's office. She

presents as anxious and agitated with, "This withdrawal, it's just so hard. I'm

having so much trouble going through withdrawal." And I'm like, "Now we got

to call mom who was probably giving it to her in the first place."

Hardcore drugs. Consideration of the perceived danger of a substance:

Kelly: If it's something that's real, one of those real hard drugs, then I'm going to

report it to a parent. And if there's something else that they are using to the point

where it's becoming a real safety concern then, yes, I'm going to [report].

Kelly: [If] I had a student that came in and told me that they were using heroin or

cocaine then I think I would be real urgent about that, because that's more of a

situation where they could OD. Whereas with alcohol or marijuana I feel like I

could talk to them more about that and keep their confidentiality more.

May: He was concerned that his brother was using heroin. The difference between a kid maybe drinking or using pot and a kid who has access to heroin are two very different things in my mind.

Irrational and dangerous behavior. Consideration of whether or not a student is acting in a dangerous or irrational manner due to substance use:

Justis: When we're dealing with irrational behavior, we have to medically assess a new category of need to develop a support system that's necessary for them.

Fred: Kids who would have been using things that were a little bit more than just marijuana and elected to hold that in confidence up to a certain point provided the student really didn't exhibit any self-injurious tendencies, anything where they were going overboard.

Illegal substance and parents did not know. Consideration of whether or not the substance is illegal and if the parents know of the substance abuse:

Sara: I did inform the student that I needed to have a discussion with their parents; one, it was an illegal substance, and two, their parent didn't have any idea what was going on. They have also described that the relationship with the parent was strained as well. So I felt all the more reason that it warranted a call home to discuss what our resources are in this area to help the student and possibly even to provide them with therapy as well.

Academic and behavioral decline jeopardizing graduation. Consideration of whether or not the student's decline in academics or behavior due to substance abuse is threatening their successful graduation from high school:

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Ruby: When we would work together, we talked a lot about how his usage was impacting his function in school. Either he wouldn't come for weeks at a time or, when he was there, he wasn't engaging in class. He would either be disruptive in class or he'd be in the building and wouldn't go to class. His usage was definitely impeding his functioning.

Committing a crime. Knowledge that the student substance abuser has committed a crime or plans to commit a crime:

Sara: I guess as far as my duty as a school counselor, if I know about a crime I'm a mandatory reporter. It's like I would go back to what my roles and my responsibilities are there. I need to get a hold of a law enforcement reporter to report a crime. I'm bound by that.

Fred: If there are crimes [happening] I don't get to ignore it. We're going this route but maybe there's some counseling on the backend that can be done. Then we can get some information about what happens if there's a second incident of this. What happens if we get a three-time offender?

These 12 deal breakers are indications of serious and foreseeable harm. This list represents a compilation of all of the factors that one or more of the participants in the study have chosen to break confidentiality over. No one participant expressed that they would break confidentiality due to all 12 of these factors. These deal breakers are not necessarily separate and incongruent from one another. For instance, "threat of an overdose or serious medical threat" can be compared to "irrational or dangerous behavior" and "withdrawal symptoms." It is conceivable that the participants in this study would not agree with all of the deal breakers. An indicator of which deal breakers

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are the most representative of serious and foreseeable may be ascertained by the number of participants who reflected on them. For example, three school counselors indicated "driving," "distribution," and "coming to school under the influence" as deal breakers, whereas only one one school counselor reported breaking confidentiality due to "withdrawal symptoms" and "illegal substance and parents do not know." More research is needed in order to a) clarify the exact meaning of each deal breaker, b) combine or separate the different categories of the deal breakers, and c) determine whether or not the deal breakers warrant enough serious and foreseeable harm in order to justify the decision to break confidentiality in cases of substance abuse.

Summary

In deciding whether to break confidentiality, all of the participants took many variables into account. Most often they examined which drugs were being used and how frequently. They also looked at the consequences of the student's substance abuse relative to individual social and cultural environments. None of the school counselors indicated that they would break confidentiality because of marijuana, if used alone, although two participants did express their views that it is a gateway drug. Last, a list of 12 "deal breakers" was presented. This list represents a total compilation of the factors that at least one participant considered in their decision to break confidentiality in a case of substance abuse. These are preliminary results and further research is necessary before school counselors should use these items to justify their confidentiality decisions.

Chapter 5

Discussion, Limitations, and Implications for Practice and Future Research

The purpose of this study was to explore the experiences of high school counselors' work with substance users in order to illuminate and more fully understand the "essence" of their experiences. By unveiling these experiences, I also hoped to describe under what circumstances experienced high school counselors chose to break confidentiality due to substance abuse. This chapter is divided into four sections. In the first section, I briefly highlight the need for the study and summarize its process. In the second section, I discuss and draw conclusions about the research findings. In the third section, I discuss the limitations for the study. Finally, in the fourth section, I offer implications for future research.

Summary of the Process

Adolescent substance abuse is a persistent problem in American society today and the effects can be detrimental to youth development and success (CASA, 2012; Click, 2008). School counselors consistently work with substance users even though they have little or no training in the field of substance abuse (Lambie & Davis, 2007). Due to this lack of educational preparation and ambiguous ethical standards and laws, school counselors are often ill prepared to help students with substance abuse issues (CACREP, 2009; Lambie & Rokutani, 2002). Indeed, CACREP does not require school counselors to take any substance abuse courses; Most professional school counselors did not feel prepared by their graduate programs to work with substance abusers (Burrow-Sanchez & Lopez, 2009).

This study examined the lived experiences of high school counselors involved in determining when students were in serious and foreseeable harm due to substance abuse. I recruited and interviewed 10 experienced high school counselors for the study. I asked three main questions aimed at gaining an in-depth look at their experiences and decision-making processes with student substance abusers:

1. I want you to remember a time when you were counseling a student who revealed to you that he or she was involved in using drugs and/or alcohol and you consciously considered whether or not the student was a harm to himself or others. Please describe the counseling session and what it entailed.

2. When remembering your work with student substance users, describe your role and duties as their high school counselor.

3. Once you determined that the student was a harm to himself or herself due to their alcohol and/or substance use, please tell me about reporting the student substance user.

My analysis of the data revealed three major themes with several subthemes. I was entrenched in the study and completed all phases of data collection and analysis. The study was conducted through the lens of the SCMEDM model. I took careful precautions to bracket my biases throughout the study particularly those stemming from my previous experiences in the school and substance abuse counseling fields.

The participants were 10 experienced high school counselors in rural, small town, suburban, and urban high schools in America and Sri Lanka. The counselors had from 3-27 years of experience at the high school level. Eight identified as Caucasian and two identified as Black or African American. Seven of the participants identified as female

and three as male. All of the participants took their role as a high school counselor very seriously. All 10 reported a lack of knowledge in regard to state and federal laws related to when to break or not break confidentiality due to substance use. Nevertheless, they all stressed the importance of maintaining students' confidentiality except in the instances of potential harm to oneself or to another. This decision-making process is congruent with ACA (2014) and ASCA (2010) standards. Indeed, these counselors' practices of determining when and how to report student substance users were very comparable, especially within small communities. Only one school counselor's experiences in breaking confidentiality were significantly different from the others. In this case, the counselor was working in a westernized school in a Middle Eastern country—far removed from experiences of the other high school counselors working in the United States. Overall, the participants concurred that parent notification and referring to an outside substance abuse professional were best practices when working with student substance abusers. That being said, each school counselor used his or her best judgment in relation to his or her social and cultural climate, and made decisions on a case-by-case basis when deciding whether to break confidentiality. All of the participants expressed their convictions that establishing a trusting relationship and positive rapport with their students are essential to good practice.

Discussion of the Results

The data from this phenomenological study offer an in-depth look at the lived experiences of 10 high school counselors' work and practice with student substance abusers. By so doing, the study illuminates the essence of their experiences and reveals lessons learned (Creswell, 2013; Moustakas, 1994). This section in divided into two

parts: a) discussion of the three themes found in the data, including community and school climate, perceptions of the school counseling role, and red flags; and b) further discussion on the overall findings in the data, including application of the SCMEDM model and what was not said.

Community and School Climate

As evidenced in the first theme, location matters. All 10 high school counselors spoke of how their community and/or school climates or expectations influenced their counseling practice and decision-making process. As evidenced by their reflections and my field notes taken after each interview, school counselors living in rural and small town settings were more loquacious and adamant about this point than their peers living in suburban and urban areas. In particular, the rural/small town counselors spoke of how their cultural makeup, including SES and small social circles, affected not only their professional lives, but also their private lives. Significantly the rural/small town atmosphere influenced their decisions when determining whether or not a student was in serious and foreseeable harm. As Lisa said, "when everyone knows everybody," a school counselor must try to determine the personal and social ramifications of disclosure to all parties involved, but especially the student. As evidenced in the participants' fear of participating in this study and requests for anonymity, they must also consider the ramifications of their position in the school. Indeed, one participant pointedly mentioned that she did not want her interview getting back to her school board, who may question her decisions and ask why she did not speak to them. In comparison, participants from suburban and urban areas reported that their decision-making processes were affected in different ways by their environments. One participant in a suburban location expressed

how the size of her school impacted her confidentiality disclosures. Namely, with so many students in the school, her assistant principal did not want to know about cases of substance abuse, so she did not report them.

One participant spoke of his lived experiences working in a westernized school in a Middle Eastern country. In order to protect the reputation, and even the existence, of the school, the participant found that his decisions to break or not break confidentiality were often a moot point. His director assumed responsibility for all claims of abuse, typically burying them. This left the participant in a bind as he considered the ethical obligations of his profession versus the expectations at his school. This is evidence that not all school counselors are allowed to adhere to their ethical codes, dependent on where they live and work. However, nine of the ten participants in this study who worked in the United States did not encounter this conflict. It should also be considered whether or not this conflict is present in American private schools versus American public schools, rather than a factor of an American school versus a westernized school in the Middle East.

Prospective school counselors should take into account the unique cultural and social expectations related to the location of positions they are considering. Practicing school counselors should also consider what is considered serious and foreseeable harm in relation to their present location, school climate, and social values. For the participants in my study, geographical location, community and school climate and size, and SES levels had a direct impact on counselors' ethical decision-making practice. Certainly, for the participant working in the Middle Eastern country, these factors had direct implications on whether to break confidentiality; he noted that "harm" as a result of

substance abuse was defined in much stricter terms according to whose social and cultural constructs.

Perceptions of School Counseling Role

The participants' emphasis on creating a trusting and positive relationship with their students is congruent with counseling literature. When counselors establish trust and positive regard, students feel free from judgment and are more comfortable sharing their personal struggles (Glosoff & Pate, 2002). Like previous researchers have suggested, the school counselors emphasized that confidentiality is an essential element in fostering this relationship between school counselors and their students (Isaacs & Stone, 1999; Moyer & Sullivan, 2008).

The data revealed the participants' value of and ethical practice of consultation. Participants in this study suggested consultation as a good practice for making informed decisions, to safeguard the privacy of students, and also to protect the school counselors from individuals who do not agree with their decisions. In my study, the school counselors' practice of consultation shows their use of and agreement with the ethical counseling standards found in the ASCA *Ethical Standards for School Counselors* (2010), the ACA *Code of Ethics* (2014), and in Federal Legislation 42 C.F.R. § 2.12 (2012). In some instances, the school counselors in this study were able to consult with other professional personnel in the school, such as the nurse, other school counselors, SAP counselors, and a resource officer. In other instances, school counselors consulted with past professors, with school counselors outside their school division, the police department, and with professionals on the ASCA online forum. Prospective and current school counselors are advised to follow these experienced school counselors' precedent

and consult. In order to ensure student privacy, real names should not be used. Once a student is found to be in danger of serious and foreseeable harm, consultants can also be used to advise and/or help create a student support system at the school.

Pointedly, seven of the 10 participants in the study expressed their lack of substance abuse training, relating their choice to refer students out when substance abuse cases arise. By referring out, a student's substance abuse may be disclosed prematurely and not for reasons of serious and foreseeable harm. For instance, a school counselor with little or no substance abuse training risks inadequately assessing the severity of a student's substance abuse. Instead, they must rely solely on their best judgment in their decision-making process. Lambie and Davis (2007) argued that school counselors who offer substance abuse counseling without adequate training are engaged in unethical practice. This is an ethical dilemma that can be resolved through additional school counselor training. In most cases, the participants conveyed that they would like more education in the field, even if just basic training. These data concur with Burrow-Sanchez and Lopez's (2009) results illustrating that the majority of school counselors do not feel adequately trained in substance abuse counseling and, given the opportunity, they would attend training in the field. The implications of these findings are further addressed in Implications: "A Review of CACREP Standards" and "A Need for Better Screening Instruments."

Red Flags

As a whole, the factors that the participants in this study considered when choosing to break confidentiality in substance abuse cases are comparable to those found in the literature. No particular participant addresses all of the concerns listed, nor does

any one concern encompass all of those concerns found in the literature. The data show

that the participants' responses are often more characteristic of individual reality and

social environment. Nevertheless, there were a few variations between the two

compilations (see Table 2).

Table 2. Literature and Participant Substance Abuse Considerations in Comparison

Factors to Consider in Cases of Student Substance Abuse	Literature	Participants
Developmental and chronological age of students (level of competence)	X	X
Legal status of minors	X	
Parental rights	X	
Relevant ethical codes	X	X
Federal, state, and local laws*	X	
School policies	X	X
Student context	X	X
Protective factors present in minor's life	X	X
Nature of the harm (e.g., specific effects of substances used)	X	X
Frequency of use (e.g., daily, weekly, monthly)	X	X
Initial onset of drug use (duration of use)	X	X
Reasons for drug use	X	X
Anticipated parent reactions	X	X
Existence of co-occurring disorders	X	X
Negative consequences of drug use (e.g., problems with law enforcement, physical/medical symptoms, etc.)	X	X
Who to report the substance abuse to	X	X
Driving		X
Distribution		X
At school high or under the influence		X
Irrational and dangerous behavior		X
Illegal substance and parents did not know		X
Academic and behavioral decline jeopardizing graduation		X
Committing a crime		X

*Laws relevant to confidentiality and substance abuse.

Table 2 compares considerations that the literature specifies that school counselors

should consider when determining whether to break confidentiality and consideration that

the 10 participants in this study used in their decision-making processes. In general, the

literature list is broader in its terms and application and universality, whereas the

participant list is more specific to individual cases and school expectations.

A few noticeable discrepancies should be taken into account. First, none of the

participants in the study mentioned considering the legal status of minors, parental rights,

or any laws. This will be addressed in the section "What Was Not Said." Second, I did

not find evidence in the literature related to several participants' deal breakers, including

driving while under the influence, distribution, coming to school high or under the

influence, irrational and dangerous behavior, academic and behavioral decline, or

committing a crime. These unmentioned deal breakers deserve a closer look to

understand why they were not present in the literature. One speculation is that the

literature on school counselors' work with substance abusers is too sparse and not very

comprehensive. Second, the unmentioned deal breakers may be too specific to the

participants' experiences and not applicable to others' situations. This may well be the

case for "Illegal substance and parents did not know," considering that most substances

are illegal for individuals under age 18, if not for all. Third, the unmentioned deal

breakers may be too vague and nonspecific to apply to other situations. This argument

seems evident when looking at "crimes being committed" and "irrational and dangerous

behavior." Nevertheless, before one assumes to remove a deal breaker from

consideration, one must consider that these findings were uncovered from interviews

from 10 diverse and experienced high school counselors from across the country (and one

in Sri Lanka). One may conceive of a blind spot in the literature before assuming that these high school counselors' experiences are not representative of high school counselors in America. These two lists are compiled and further addressed in the section "Suggestions for a New Ethical Decision-Making Model."

I discovered two contrasts between the literature and the participants' decision-making processes to break confidentiality. First, unlike Moyer and colleagues (2012), who found a high degree of variance in responses regarding when it was appropriate to break confidentiality and report risk-taking behaviors, the participants in this study were fairly consistent in their school counseling practices and decision-making processes. Moyer and colleagues (2012) were studying many risk-taking behaviors, however, and they did not specify if there was less variance in relation to disclosing substance abuse. Second, in contrast to Bodenhorn (2006), who found that most practicing school counselors do not refer back to their ethical codes once they complete their graduate program, all of the participants in my study directly or indirectly referenced their ethical codes and standards when determining what course of action to take in their work with student substance users. This is a wide inconsistency between these two studies and is perhaps reflective of the training and experience of the selected participants. After all, the goal of the purposeful sampling in this study was to find experienced school counselor and explore their best practices. The variation may also reflect differences between 2006 and 2016. Nevertheless, the contradictory results from these two studies makes generalizations about school counselors' practices of referring back to their ethical codes hard to decipher and more research is suggested.

Marijuana. The participants' reactions to marijuana use are consistent with the national trend, exhibiting a decline in the perceived risks of the using drug since the mid-2000s (Johnston et al., 2015). None of the high school counselors reported that they would break confidentiality if a student was solely using marijuana. In Amy's case, a student was caught with substances at school, but she did not speak to the student's parents about his prolific marijuana use until the student asked for help finding a treatment center. In another case, she did not report a student using marijuana. This is evidence of individual circumstances influencing the decision-making process. Lisa and Kelly expressed their concern that marijuana was a gateway drug, but the risks of the drug itself were not deemed dangerous enough to merit reporting the student. The opinion that marijuana is a gateway drug has some empirical support. As mentioned in chapter 2, Jacobus and colleagues (2013) showed that the brains of adolescent substance users primarily using marijuana or alcohol were altered such that adolescents became more prone to reward-making behavior, which predicted future delinquent behavior and subsequent substance abuse. Nevertheless, this study did not isolate marijuana and study its impacts on the adolescent brain specifically, which limits the conclusions we can draw on the dangers of marijuana use.

A question to consider is: At what point should a counselor break confidentiality due to marijuana use, if at all? Consider if a student is smoking on a daily basis. There can be no clear answer to this question until more studies are done illuminating the short-term and long-term effects of marijuana. Historically, marijuana has been classified as a Schedule 1 illegal substance (i.e., illegal drugs that have high abuse potential, no medical use, and severe safety concerns); it still is in most states today (U.S. Food and Drug

Administration [FDA], 2016). Because of this, clinical studies on the effects of

marijuana are difficult to conduct and few have been done, especially on adolescents or

use for recreational purposes. The FDA has specified that in order to conduct clinical

tests with marijuana, a researcher must interact with three federal agencies: a) the

National Institute on Drug Abuse (NIDA), in order to get marijuana for research; b) the

FDA, to get research protocol approval; and c) the Drug Enforcement Agency (DEA), for

licensure and registration for a study of a Schedule 1 controlled substance (FDA, 2016).

As marijuana is being legalized for recreational use in more and more states, future

studies using the drug may become easier. However, even in states where marijuana is

legal, it is still illegal for individuals under 18, making it more difficult to study

marijuana's effects on adolescents and their developing brains than on adults. Until more

is known about the possible harmful effects of marijuana, including behavioral and health

implications, school counselors cannot know when a student is in enough harm to break

confidentiality. School counselors should keep up with current literature as more is

learned about marijuana's effects.

Further Discussion

    SCMEDM. According to the standards set out in the SCMEDM, most if not all

of the high school counselors followed the first three steps of ethical decision-making

(Cottone, 2001). For instance, when a student divulged that they had used or were using

substances, the counselors in my study a) sought further information from those involved

in order to gauge the severity of the problem; and b) assessed the nature of the drug, its

effects, and the frequency of its use; and c) consulted with valued colleagues and expert

opinions (including the appropriate ethical standards) (Cottone, 2001). The next two

steps in the SCMEDM consist of d) negotiating when there is a disagreement in opinion and e) responding in a way that allows for reasonable consensus (consensualization) as to what should happen or what really occurred (Cottone, 2001). If consensualizing should fail, then counselors should continue on to the next steps: f) personal reflection, and g) arbitration with a socially agreed upon third individual (or group) who will make the final decision about what course of action to take (Cottone, 2001). By looking at these steps, one can determine that all 10 participants, regardless of years of experience, performed their jobs in an ethical manner. Although they did not indicate that they utilized steps "d-g," this may simply imply that no disputes arose between the counselors and their consulters, rather than that they were negligent in their work. Indeed, upon further examination, it could be that the counselors have conducted some of these additional steps due to a dispute in the course of action to take, but that they did not report this during the interview. It can also be presumed that all the counselors practiced step "e" or consensualization when they coordinated with the student to disclose with the parents together (Cottone, 2001).

What Was Not Said. Of interest is what the high school counselors did not say. When asked if there were any state or federal laws that they were aware of when working with student substance abusers, none of the participants named any laws directly or indirectly. At most, the counselors noted that they had to report a student if they had a substance at school, a criminal offense. Instead, the counselors referred to their ethical training as counselors. The nine high school counselors living in the United States and working at public institutions are subject to Federal Regulation 42 C.F.R. §§ 2.12 - 2.14

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(2012), a national privacy law sanctioning confidentiality for anyone seeking substance

abuse assistance. It states:

> Records of the identity, diagnosis, prognosis, or treatment of any patient which
>
> are maintained in connection with the performance of any drug abuse prevention
>
> function conducted, regulated, or directly or indirectly assisted by any department
>
> or agency of the United States shall, except as provided in subsection (e) of this
>
> section, be confidential and be disclosed only for the purposes and under the
>
> circumstances expressly authorized under subsection (b) of this section. (42 C.F.R.
>
> § 2.12, 2012)

In short, any information that would identify a patient as having an alcohol or drug

problem, either directly or indirectly, is protected by 42 C.F.R. § 2.12 (2012). In

explaining 42 C.F.R. Subpart 2's applicability and coverage of public schools, it reads:

> Coverage includes, but is not limited to employee assistance programs, programs
>
> within general hospitals, school-based programs and private practitioners who
>
> hold themselves out as providing, and provide alcohol or drug abuse diagnosis,
>
> treatment or referral for treatment. (42 C.F.R. § 2.12[e][1], 2012)

Further, 42 C.F.R. § 2.14(b) states that minors seeking substance abuse treatment

are to be given the same confidentiality rights as adults:

> If a minor patient acting alone has the legal capacity under the applicable State
>
> law to apply for and obtain alcohol or drug abuse treatment, any written consent
>
> for disclosure authorized under subpart C of these regulations may be given only
>
> by the minor patient. (42 C.F.R. § 2.14[b], 2012)

In other words, all school counselors working at an institution that receives any form of federal assistance are required by law to keep their students' substance abuse issues confidential, regardless of the fact that they are minors. Yet, none of the participants in this study seemed aware of this law.

Exemptions to this law include: written consent, internal program communications, removal of all patient-identifying information, medical emergency, court order, crime on program premises or against program personnel, research, audits and evaluations, child abuse, and in conjunction with a qualified service organization agreement 42 CFR § 2.12 (2012). This is a long list of caveats and not all are clearly understood. For instance, the law does not explicitly state what constitutes a medical emergency. Like the concept "serious and foreseeable harm," counselors are forced to determine what is a medical emergency and what is not. Considering the dangerous health ramifications of using alcohol and drugs, knowing when a student is in or may be in foreseeable risk of a medical emergency is paramount. As the participants advised, counselors should consult and seek additional opinions to clarify the medical condition of a student. In effect, further initiatives and research are needed to further clarify what "serious and foreseeable harm" and the exemptions of 42 C.F.R. Subpart B are.

Furthermore, none of the 10 participants in my study indicated that they use any form of a substance abuse screening instrument or assessment. Nor did they mention using the DSM-5 criteria for substance abuse disorder as a reference. These oversights may be indicative of CACREP standards that do not require substance abuse training in school counseling programs. Use of substance abuse assessments could help school counselors determine whether or not a student was in serious and foreseeable harm due to

substance abuse. They could assist in safeguarding students before the substance abuse progressed and further complications arose. Finally, valid and reliable measurement tools could authenticate school counselors' decisions to break confidentiality by indicating problems with substance abuse.

Last, the high school counselors did not mention the phrase "serious and foreseeable harm," as specified in the latest ASCA (2010) and ACA (2014) ethical codes. Several counselors referred to the phrase "imminent danger" that was used in previous versions of the ethical codes. Several used the phrase "harm to oneself or others." Several conclusions can be drawn from these omissions. The first possibility is that the high school counselors who were aware of the terminology change to serious and foreseeable harm simply did not say it during the interview. This is mostly likely the case for Ruby, who recently helped teach the ethics course at her university. Further support for this conclusion is the fact that 9 of the 10 participants indicated that they had taken or taught a course or workshop in ethics on their demographic questionnaire. The second possibility, however, is that the participants were not aware of the changes in the new ethical codes. If true, this possibility could substantiate Bodenhorn's (2006) research that few if any practicing counselors refer to their ethical standards after graduation. However, considering the participants' regular references to their "codes," this explanation is unlikely. A third and more likely possibility is that the majority of participants in this study refer to older versions of the ethical codes and are not aware of the terminology shift. As mentioned in chapter 2, the change to "serious and foreseeable harm" has new and broader implications for school counselors. No longer can school counselors measure the degree of harm based on an immediate threat to the student or

others; they now must consider a wider range of behaviors that may not be an immediate threat, but rather may result in serious consequences if they continue (e.g., drug/alcohol use, sexual activity, suicidal ideation, self-harm, eating issues) (King, 2014; Stone, 2013). When determining serious and foreseeable harm, school counselors are now asked to consider the individual factors such as a student's specific living situation, parental rights, and the dangerousness of the behavior (Froeschie Hicks et al., 2014; Stone, 2013). For this reason, changes in the ethical codes should be emphasized to to school counselors who completed their school counseling program after the ASCA (2010) changes. Nevertheless, the problem remains that the phrase "serious and foreseeable harm" is vague and open to interpretation. Until research offers more guidance and specification, school counselors must determine what this terminology means in regard to their student substance abusers.

Limitations

This study has several limitations. This section reveals those aspects and offers suggestions for improvement. These limitations include: a) my learning curve, b) interviewing procedures and practice, and c) revision of the interview questions.

First, I acknowledge that this study was a learning process in phenomenological research and methods. Having only conducted one small phenomenological study a few years prior to this study, I began this study with little knowledge of what phenomenology was, much less how to conduct a valid study of this magnitude. I started out by reading Husserl's theoretical book on phenomenology (Husserl, 1931) and then explored several methodology resources including Giorgi (2009), Moustakas (1994), and Vagle (2014). I chose to use methods suggested from all three authors, but especially Moustakas (1994)

and Vagle (2014), though there are many more available resources to pull from. One might also make the argument that a researcher should use only one guiding resource and not attempt to combine methodologies. Nevertheless, the chosen resources were mostly congruent and I felt that where one lacked, the other filled in. Admittedly, I may not be aware of research gaps that neither resource addressed.

In retrospect, I could have improved the quality of my interviews with practice interviews. Seidman (2006) has recommended that first time researchers perform practice interviews and practice being interviewed to see if they "connect to the possibilities of the process" (p. 27). With practice, a researcher can better understand how his or her personality and interview skills affect their interviews (Seidman, 2006). I did not practice interviewing before my first interview with Lisa, and I quickly realized mistakes made. For instance, I was nervous during the interview and not effective in alleviating the participant's anxiety and confidentiality fears, which impacted the depth of what Lisa was willing to share. This could have been addressed with previous practice. Indeed, learning from my mistakes, I refined my introductory statements, making them less formal and more conversational, more extemporaneous, and most importantly, I took time to stress that there were no right or wrong answers. I also described my efforts to protect participant privacy. With practice, I also could have better refined my improvisation skills, as suggested by Vagle (2014), to spur more in-depth and comprehensive responses. Although I did not practice being interviewed for this study, I did participate in another qualitative study being conducted over Skype by counselor educators in Texas just prior to starting my own interviews. One of my intentions was not only to contribute to the counseling field by providing information for another study,

but also to learn from observing and participating in the interview process. Of significance, I was later able to empathize with my participants' unease at speaking with a stranger and their consciousness of whether or not they said the right thing. I was also able to observe the interviewer's style so that I could imitate what I thought worked well and reject those methods I did not like.

One can make the argument that conducting face-to-face interviews is preferable to Skype video or audio communication. Neuman (2006) advocated for face-to-face interviews in qualitative research to allow the researcher to observe the participants' surroundings and their non-verbal communication. Indeed, although I observed only two participants in their environments (one at home and one in his office), I did feel as though I gained more understanding of the participants' lived experiences by witnessing their surroundings and non-verbal gestures. However, using Skype allowed me to select qualified and experienced participants from many different community types across the United States, and one from Sri Lanka. This saved me much time and expense in comparison to face-to-face interviews. Skype used in conjunction with Call Reorder also allowed for high quality recordings with no need of further recording devices. For best practice, instead of allowing the participants the option of audio communication, I could have requested that all interviews take place using Skype video in order to gain the visual clues that may have been lost. This might require more time to recruit qualified participants who would be willing or able to Skype with video.

In order to better understand the essence of the participants' experiences, I suggest revising the interview questions to add: "What was it like for you?" or "What was it like for you working with the student?" Further, I suggest asking these questions

several times for emphasis. After the first five interviews, I felt as though the participants' thoughts and feelings were not coming across as strongly as their school counseling practices, rationalizations, and decisions. As the main objective of this study was to understand the participants' lived experiences, I tried to evoke more in-depth responses during the final conversations by asking the previously mentioned questions. As a result, the participants shared more of their personal thoughts and emotions related to counseling student substance users. It stands, however, that the first five interviews were not as rich in personal detail.

Last, upon reflection and experience interviewing my participants, I would remove questions pertaining to the high school counselors' experiences of reporting and what happened to the student substance abusers once they were reported. Although these questions matched the intention of this study to examine the lived experienced of high school counselors' work in cases of substance abuse, the responses did not address the second aim of this study, which was to better understand and illuminate high school counselors' decision-making processes in cases of substance abuse. Although the information shared from these questions was interesting, the experiences did not relate to the decision to break or not break confidentiality. Instead, they reflected experiences after the decision had already been made. Moreover, none of the participants' responses indicated that they considered "how" or "to who" to report substance abuse as a factor in their decisions to break or not break confidentiality. Therefore, these questions were superfluous and should be removed from similar future studies.

Implications for Practice and Future Research

This qualitative study was the first of its kind to try to understand the lived experiences of high school counselors' work with student substance users. Due to a lack of empirical research and precedence, it was a necessary first step to establish high school counselors' perceptions and practices of determining serious and foreseeable harm in cases of drug and alcohol use. Moreover, by conducting the study through the SCMEDM lens, this phenomenological study can start a conversation about best counseling practices in relation to diversified social and cultural elements that influence a school counselor's ethical decision-making process. Through an exhaustive evaluation of the data and review of the relevant literature, a number of implications for practice and future research can be drawn. These are presented in the following sections.

A Review of CACREP Standards

CACREP does not require substance abuse coursework or clinical experience for school counseling programs. In the 2016 CACREP National Standards (2015), substance abuse is mentioned once as a school counseling standard. Standard G.2 (Assessment and Knowledge), states that counselors should know "the signs and symptoms of substance abuse in children and adolescents, as well as the signs and symptoms of living in a home where substance abuse occurs" (p. 42). Remarkably, substance abuse counseling is never mentioned under skills and practices in the assessment section, or under any of the standards for Counseling, Prevention, and Intervention.

As previously mentioned, the school counseling requirements were revised in the 2016 CACREP National Standards, and no longer mandate that school counseling students have knowledge of, "theories and etiology of addictions and addictive behaviors,

including strategies for prevention, intervention, and treatment" (CACREP, 2009, p. 11), but only knowledge of "theories and etiology of addictions and addictive behaviors" (CACREP, 2015, p. 10). This regressive stance in a core competency is not without risk to student substance users and is not congruent with the staggering statistics of adolescent substance abuse (Johnson et al., 2015). School counselors would benefit from learning strategies for substance abuse prevention, intervention, and treatment in order to safeguard their students from the dangers of drugs and/or alcohol. Moreover, this study and an earlier one by Burrow-Sanchez and Lopez (2009) demonstrate that current high school counselors want additional substance abuse training. The standards for knowing "strategies for prevention, intervention, and treatment" should be reinstated in CACREP National Standards and school counseling master's programs should teach these basic skills. At the very least, school counselors should be taught how to identify when a student is in serious and foreseeable harm due to substance abuse. This study may serve as a basis for best practices, by showing how to find and use substance abuse screening and assessment instruments, and by using the criteria in the DSM-5 for substance abuse disorder as a measure of drug addiction. Certainly, using the DSM-5 criteria can be emphasized when teaching the psychopathology class that all counselors in training must take.

A Need for Better Screening Instruments

Given the harmful effects of adolescent substance abuse and its prevalence in the United States today (CSAT, 2012; Johnson et al., 2015), it is imperative to screen youth who are at risk for substance abuse before problems manifest in adulthood. Results from three national studies showed that school counselors felt that substance abuse screening

and assessment was the most important area to receive substance abuse training (Burrow-Sanchez & Hawken, 2007; Burrow-Sanchez & Lopez, 2009; Burrow-Sanchez et al., 2008). Burrow-Sanchez and Hawken (2007) wrote:

> These results are not surprising, given the two most common questions we are asked by school personnel: "How do I know if a student is using substances?" and "If a student has a problem using substances, how do I know how severe it is?" We realize that most schools do not have substance abuse specialists on staff or the resources necessary to provide comprehensive assessment. (p. 55)

Given the limited substance abuse personnel in schools, it is often the school counselor who must answer these questions. In doing so, school counselors need a measurement that gives evidence of the severity of adolescent substance abuse, and that clearly indicates when the student is in serious and foreseeable harm. In addition, results from a substance abuse screening assessment could validate a school counselor's decision to break or not break confidentiality by offering an objective tool to supplement their subjective findings.

SAMSHA's screening and assessment report for adolescents lists eight common substance abuse screening instruments (CSAT, 2012). Table 3 details the eight screening measurement including: name, format, life areas/problems assessed, required training to administer and score the instrument, and the cost of the instrument (CSAT, 2012).

Table 3. Screening Instruments from the Center for Substance Abuse Treatment

Screening Instruments from the Center for Substance Abuse Treatment (CSAT, 2012)

Screening instrument	Format	Life Areas/Problems Assessed	Training required to administer and score	Cost
Adolescent Drinking Index (ADI)	24 items; self administered	Alcohol use disorders in adolescents	Yes	$50 per introductory kit; $22 per professional manual only; $40 per set of 25 test booklets
Adolescent Drug Involvement Scale (ADIS)	12 items; self administered	Substance abuse frequency, perceived reasons for use, social context of use, effects of use in multiple life areas, and self- and others' appraisal of the subject's substance abuse	No	Public Domain
Drug and Alcohol Problem (DAP) Quick Screen	30 items; self administered	Alcohol and substance use disorders, behavior patterns	No	Public Domain
Drug Use Screening Inventory-Revised (DUSI-R)	159 items; self administered	Substance abuse behaviors, behavior patterns, health status, psychiatric disorders, social skills, family system, school work, peer relationship, leisure, recreation	No	$2 per questionnaire

Personal Experience Screening Questionnaire (PESQ)	40 items; self administered	Substance abuse severity, frequency, and onset; psychosocial problems; faking tendencies	No	$70 per introductory kit; $42.50 per manual; $25.20-$29.50 per set of 25 tests
Problem Oriented Screening Instrument for Teenagers (POSIT)	139 items; self administered	Substance use and abuse, physical health, mental health, family relations, peer relations, educational status (i.e., learning disabilities/disorders), vocational status, social skills, leisure/recreation, and aggressive behavior/delinquency	No	Public Domain
Rutgers Alcohol Problem Index (RAPI)	23 items; self administered	Negative consequences of drinking	No	Public Domain
Teen Addiction Severity Index (T-ASI)	154 items; semi-structured interview	Chemical use, school status, employment/support, family relationships, peer/social relationships, legal status (involvement with criminal justice program), psychiatric status, contact list for additional information	Yes	Public Domain

In addition to the instruments listed by SAMSHA, two more are worth

mentioning. The SASSI-A2 (Substance Abuse Subtle Screening Inventory-A2) is a

psychological screening measure, designed for individuals 12 to 18 years of age, which

assesses substance dependence and substance abuse ((Miller & Lazowski, 2001; SASSI

Institute, 2014). The SASSI-A2 has two pages. The first page contains questions

regarding the Frequency of Alcohol (FVA scale) and questions on drug use (FACE Valid

Other Drugs [FVOD] scale). The second page contains 72 true/false questions, most of

which relate to substance abuse, risk factors, and perceptions of substance abuse (Miller

& Lazowski, 2001). The adolescent SASSI-A2 manual: Identifying substance use

disorders. Springville, IN: SASSI Institute., 2001). The SASSI-A2 reports strong

reliability (test-retest range of .81 to .92) and 91-99% accuracy in determining substance

abuse and substance dependence among adolescents (Miller & Lazowski, 2001). The

Problem-Oriented Screening Instrument for Teenagers (POSIT) is a 139 yes/no question

screening instrument that helps counselors look for problems in 10 areas, including:

substance use and abuse, physical health, mental health, family relations, peer relations,

educational status (i.e., learning disabilities/disorders), vocational status, social skills,

leisure/recreation, and aggressive behavior/delinquency (CSAT, 2012). The POSIT is

designed to be used with individuals aged 12-19 years and can be administered by paper

and pencil or electronically (CSAT, 2012).

  Although I suggest that school counselors use one of these screening instruments

in their practice, because something is better than using nothing, more accessible

screening instruments are needed. After researching available adolescent substance

abuse screening instruments and presenting many of them here, I concluded that these are

not sufficient and accessible adolescent substance abuse screening instruments for use by school counselors. There are also no instruments to determine serious and foreseeable harm (CSAT, 2012). Of the adolescent screening measures for substance abuse currently available, many require special training to administer and score, they can be expensive, and independent studies on the validity and reliability of these measures cast doubt onto their usefulness. For instance, Perera-Diltz and Perry (2011) reported discrepancy between the SASSI-A2 results of identification of substance abuse and the researchers' independent assessment of substance abuse in their sample of 137 participants. Specifically, the SASSI-A2 screened substance abuse severity higher on one-third of their qualifying sample for substance-related disorder, slightly lower than one-fourth of other participants as requiring further assessment, and classified more female adolescents as having high probability of substance-related disorder (Perera-Diltz & Perry, 2011). However, perhaps the largest issue for school counselors is the cost and training required for this measurement. The measurement itself can cost up to $11.50 per report, depending on the number of screenings given, and requires the test provider to attend a training workshop before they can administer and score the results (workshops are $150 for a one-day training) (SASSI Institute, 2014).

The main benefits of the POSIT are that it comes in English and Spanish, it is free, and does not require any special training to administer and score. However, the instrument is lengthy and assesses areas outside the substance abuse domain (e.g., physical health, mental health, family relations, peer relations, vocational status, leisure, etc.). In fact, I was not able to find an instrument for adolescents that gauges the harmful effects of specific substances other than alcohol. Moreover, only the instruments within

the public domain, and therefore those with no copyright, are easily available to school counselors. It is evident that a screening instrument that examines frequency of substance use, duration of use, age of user, and the severity of biological effects of specific substances is needed. Therefore, I recommend that researchers develop adolescent substance abuse screening instruments that school counselors can easily use and access. Taking this suggestion one step forward, creation of instruments that are specific to the drugs adolescents most commonly use is also recommended (e.g., a marijuana harm screening instrument or a prescription drug harm scale).

Suggestions for a New Ethical Decision-Making Model

An important limitation of the SCMEDM is that it is not specific to school counselors or to substance users. Further steps detailed by the participants in the study, combined with practices suggested in the literature, could be integrated in a new ethical decision-making model for minor substance abusers. These steps include (in no particular order):

1. Listen to the student and build a positive and supportive relationship.

2. Gather further information about the effects of the substance, the frequency of its use, initial onset of use, and duration of use.

3. Review relevant local, state, and federal laws, including privacy laws of minors, parental rights, and substance abuse regulations.

4. Review the latest versions of ASCA's *Ethical Standards for School Counselors* and ACA's *Code of Ethics*.

5. Consult with other professionals to determine whether the student is in serious or foreseeable harm based on the information gathered. Consider the

developmental and chronological age of students (level of competence) and whether there is a medical emergency.

6. Look for reasons why the student is using the substance (e.g., problems at home, anxiety, self-medicating).

7. Determine protective factors present in the student's life (e.g., supportive friends or family members).

8. Consider personal and social ramifications of disclosure to the student.

9. Determine whether or not the student is willing to see a substance abuse professional.

10. Determine if the student is bringing alcohol or drugs to school.

11. Determine if the student is distributing alcohol or drugs.

12. Consider negative consequences of drug use (e.g., problems with law enforcement, physical/medical symptoms).

13. Consider existence of co-occurring disorders.

14. Use a substance abuse screening instrument or the criteria in the DSM-5 to help determine severity of use.

15. See if the student is willing to discuss his or her substance abuse with his or her parents.

16. See if the student is willing to come back to see the school counselor for additional help.

17. Follow up with the student at school as long as he or she continues to use substances.

18. Decide whether or not to meet the student's parents. Consider anticipated parent reactions.

19. Should disclosure to parents be deemed necessary, encourage parents not to blame their child, but be supportive and seek outside professional help.

20. Gather and provide resources for additional professional help outside school.

21. Consider who to report use to in order to maximize student confidentiality while creating a support team if necessary (e.g., administration, teachers, coaches).

These additional steps identify more considerations for school counselors to utilize in their efforts to make ethical choices in substance abuse cases. However, at this point in the research, this list is premature and needs considerable review by school counselors and substance abuse professionals before it should be used. Nevertheless, the steps indicate comprehensive counseling practices that can be used when working with student substance abusers and could be used to create a new ethical decision-making model specific to school counselors.

Promotion of 42 C.F.R. Subpart B

School counselors should be made aware of 42 C.F.R. Subpart B (2012) in order to avoid breaking federal law. School counseling education programs need to include coverage of 42 C.F.R. The fact that these 10 experienced high school counselors did not know of this important federal substance abuse law indicates that it needs further promotion. Additionally, the law should be promoted in professional development sessions and at school counseling conferences for school counselors who already have their licenses or did not learn about this law during their graduate degree programs. Ideally, each school counselor should display and promote the law at his or her school.

This will educate school personnel, parents, and students about the strict confidentiality that school counselors must uphold, and if or when the school counselor can legally share information about students who abuse substances. Ideally, by promoting the law, more students will feel safe to disclose their substance abuse.

Future research on 42 C.F.R. Subpart B (2012) is advisable. First, researchers can study the federal regulation's use and impact in schools across the United States. The question remains whether counselors' practice would be improved by deeper knowledge of this law, so further study is needed. Secondly, more research is needed in order to clarify the exceptions of disclosure in 42 C.F.R. Subpart B (2012) in regard to the school setting. As previously discussed, many of the exceptions are vague and open to interpretation. A researcher could study what constitutes these exceptions and how they might be implemented. Suggestions of specific exceptions include: a medical emergency, written consent, internal program communications, removal of all patient-identifying information, crime on program premises or against program personnel, research, and audits and evaluations.

Taking this Research into the Future

This qualitative study establishes a foundation for further exploration of school counselors' practices with substance abusers. In addition to the research suggestions already presented, researchers could explore how school counselors at every level (elementary, middle, and high) address substance abuse in their schools; examine more thoroughly how school counseling practices compare in different geographical regions within the United States or worldwide; investigate how the size of school counselors' case loads impact their work and capabilities with student substance abusers; and

compare how new, versus more experienced, counselors differ in counseling perceptions and practices. Additionally, researchers could investigate school counselors and their perceptions, self-efficacy, experience, and practices when working with student substance abusers in order to verify and substantiate this study's findings. More studies are also needed to explore how best to train prospective and experienced school counselors in basic substance abuse practice and relevant ethical codes and laws. Last, studies seeking to examine student substance abusers' perceptions on best school counseling practices could add a fresh perspective to our current understanding of the problem and how best to address it.

Research of school counselors and substance abuse should not be limited to one research design. Due to the complexities of the problems addressed by social and health sciences, it is beneficial to explore this subject by means of differing methodologies and populations (Creswell, 2014). Neither qualitative, quantitative, or mix-method approaches alone adequately address the complexities of the problems addressed (Creswell, 2014). A combination of approaches would provide more comprehensive analysis of the problem. Using quantitative or mixed-method approaches, researchers could investigate the problems presented in this study using larger and more representative samples of school counselors. Moreover, researchers could also conduct similar qualitative studies to this one using their own theoretical lens to collect and analyze their data. This would offer a differing and unique interpretation of the results.

Conclusion

This phenomenological study fills some of the gaps existing in the literature and in current counseling practice in regard to school counselors' work with student

substance abusers. With this study, I have thoroughly explored and offered rich

descriptions of the social and cultural perceptions, working environments, and substance

abuse practices of 10 experienced high school counselors. Additionally, I have

illuminated the complexities of determining serious and foreseeable harm in cases of

substance abuse, and also detailed 21 components that school counselors should consider

in their decision-making process.

 School counselors provide a vital function in preventing and intervening in the

lives of student substance abusers. By identifying and referring substance abusers in

serious and foreseeable harm, school counselors not only protect the safety and lives of

their students, but also safeguard their families and communities from further

consequences.

Appendix A

Social Constructivism Model of Ethical Decision-Making in Counseling

Obtain Information From Those Involved

Assess the Nature of Relationships-- Conflicting Opinion? Adversarial?

Consult Valued Colleagues And Expert Opinion (Including Ethical Standards)

Negotiate (If Necessary)

Consensualize

Interactive Reflection (When Consensualizing Fails)
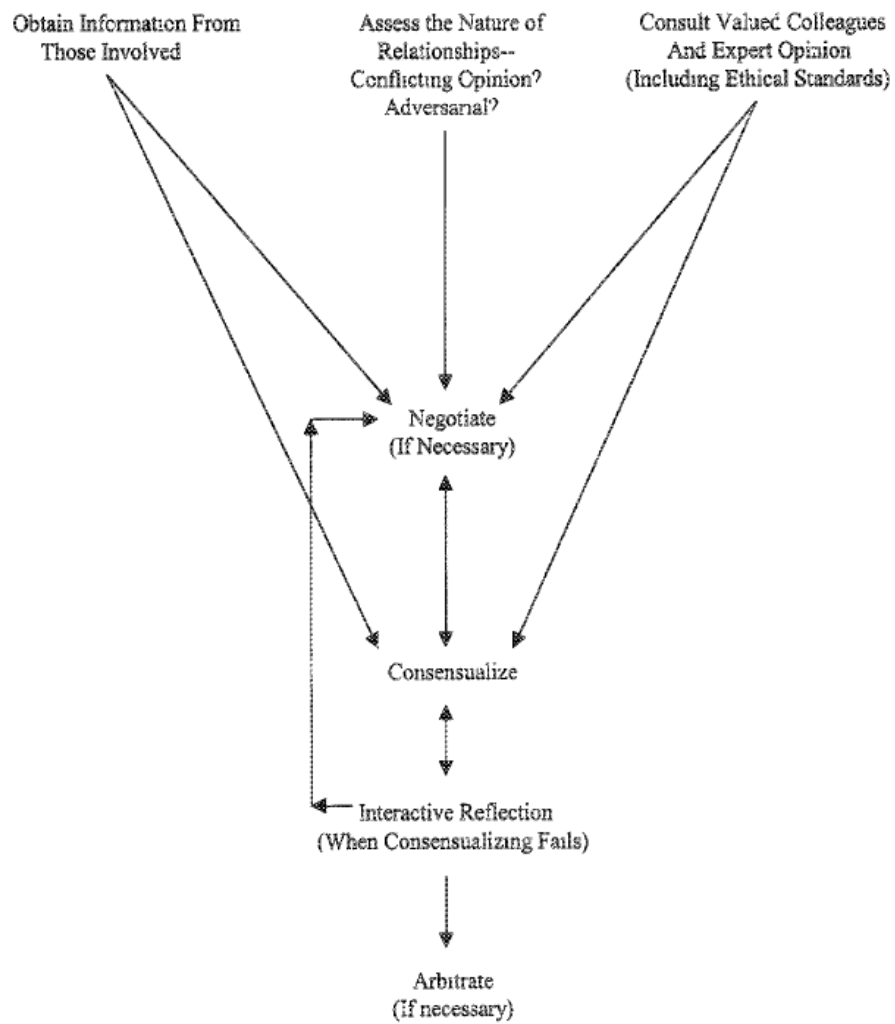
Arbitrate (If necessary)

FIGURE 1

The Interactive Process of Socially Constructing an Outcome to an Ethical Dilemma

Appendix B

Interview Protocol
(As suggested by Moustakas, 1994)

Opening Statement:

Thank you for your interest in my dissertation on the experiences of high school counselors who have worked with student substance users. I value the unique contribution that you can make to my study and I am excited about your participation in it.

The research model I am using is a qualitative one through which I am seeking comprehensive depictions or descriptions of your lived experiences of having worked with student substance users. In this way, I hope to illuminate and answer the question: "When is a student substance user considered to be in serious and foreseeable harm?"

Through your participation as a co-researcher, I hope to understand the essence of determining serious and foreseeable harm as it reveals itself in your experiences. You will be asked to recall episodes, events, or situations in your work with student substance users. I am seeking *vivid, detailed, and comprehensive* portrayals of what these experiences were like for you: Your thoughts, feelings, and behaviors, as well as situations, events, places, and people connected with your experience.

I value your participation and thank you for your commitment of time, energy, and effort. Do you have any questions about the Informed Consent or about the study before we begin?

Questions:

4. I want you to remember a time when you were counseling a student who revealed to you that he or she was involved in using drugs and/or alcohol and you consciously considered whether or not the student was a harm to himself or others. Please describe the counseling session and what it entailed.

    a. Follow up questions:

        i.   What about the student were you aware of at the time?

        ii. What additional social and/or personal circumstances where you aware of?

        iii. What substances did the student report using?

        iv. Describe your school's atmosphere in regards to reporting substance use.

        v.   What, if any, laws and/or ethical standards were you consciously aware of at the time?

5. When remembering your work with student substance users, describe your role and duties as their high school counselor.

   a. Follow up questions:

      i. Did you have specific intentions or counseling goals?

      ii. Did you use any counseling theories or techniques?

      iii. What personal and social contexts were you aware of in regards to your counseling role?

      iv. Describe your knowledge of the effects of the drugs and/or alcohol that your students have reported using.

      v. What experiences/knowledge/training/situations, if any, helped your work with the substance user?

6. Once you determined that the student was a harm to himself or herself due to their alcohol and/or substance use, please tell me about reporting the student substance user.

   a. Follow up questions:

      i. Who did you report the use to and why?

      ii. Were there other individuals you thought about reporting the use to?

      iii. Describe any personal or social contexts you were consciously aware of at the time.

      iv. What happened after you reported the substance user?

Closing Statement:

I can not thank you enough for your time and commitment to this study. It is my hope that your interview will shed light on determining serious and foreseeable harm for other school counselors. Once this interview is transcribed, I will email a copy for you to make any additions or changes that need to be made. Please return your changes to me via email. As a thank you, I will email you a $20 Amazon gift card for being so generous with your time. Again, thank you, and this concludes our interview.

Appendix C

Participant Recruitment Letter

Dear Counselor Educators and Supervisors/High School Counselors,

I am a doctoral candidate in the Counselor Education and Supervision program at William & Mary, Williamsburg, VA. As part of my doctoral studies, I am conducting a phenomenological qualitative research study on the lived experiences of high school counselors that have worked with students who abused alcohol and/or drugs. This study has been approved by the Institutional Review Board at William & Mary and is under the supervision of Dr. Charles Gressard.

The purpose of this study is to examine and more fully understand the lived experiences of high school counselors who have worked with student substance abusers. The study further seeks to describe the circumstances under which school counselors choose to break or not break student confidentiality due to their substance abuse.

I am currently seeking professional high school counselors with five or more years of experience working in public or private schools, and have experience working with students that have abused alcohol and/or other drugs.

If you are a high school counselor and would like to be considered for this study, please email Kathy Atanasov at kaatan@email.wm.edu. Potential participants will be emailed and asked to return a short demographic questionnaire. Selected participants for the study will be given a $20 Amazon gift card after a Skype interview is completed. All participants' responses will be confidential and anonymous.

CESNET Subscribers/High School Counselors are encouraged to forward this participation request to high school counselors with experience working with student substance users and who would like to discuss these experiences.

If you have further questions or concerns, please contact the researcher of this study at kaatan@email.wm.edu.

Thank you in advance for your participation in this study.

Sincerely,

Kathryn Goss Atanasov, M.Ed, NCC
Doctoral Candidate
William & Mary, Williamsburg, VA

Appendix D

Target Population Selection Questionnaire

Name:
City/State:

1. Do you have experience working with students who use drugs and/or alcohol?

   Yes ☐ No ☐

   > If YES, have you chosen to break confidentiality to report the student(s)
   >
   > substance use? Yes ☐ No ☐

Professional Experience

2. Are you currently employed as a professional high school counselor?

   Yes ☐ No ☐

3. How many years have you worked as a high school counselor?

4. What is your highest degree earned?

   Bachelor's ☐ Master's ☐ Ph.D ☐ Ed.D ☐

5. Was your school counseling program CACREP accredited?

   Yes ☐ No ☐

6. Is your high school a public or private institution?

   Public ☐ Private ☐

7. Do you actively participate in ASCA's professional development opportunities
   (i.e. conferences, training workshops, online forum)?

   Yes ☐ No ☐

   > If Yes, what opportunities have you participated in?

8. What is the number of courses or workshops you have taken or taught in counseling ethics in the past two years?

☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5 or more

9. What kind of residential area did you work in while counseling student substance users?

☐ Rural
☐ Small town
☐ Suburban
☐ Urban
☐ Other

Personal Demographics

10. Which gender do you most identify with?

Male ☐ Female ☐ Other ☐

11. How old are you?

12. Please select one of the following to indicate your primary ethnic identity:

☐ Black or African American
☐ Native American, American Indian, or Alaska Native
☐ Asian, Pacific Islander, or Asian American
☐ White, Caucasian, or European American
☐ Hispanic or Latino
☐ Middle Eastern
☐ Other (please specify):

13. Do you have children?

Yes ☐ No ☐

If YES, what are their ages?

Appendix E

Informed Consent

The purpose of this study is to describe and understand the lived experiences of high school counselors and their work with student substance users. In this way, I hope to illuminate or answer the question: "When is a student substance user considered to be in serious and foreseeable harm?" This research study is being conducted by Kathryn Goss Atanasov, doctoral student at William & Mary.

As a participant in this study, I understand that I will be asked a series of interview questions. I further understand that these interviews will be videotaped and transcribed for the final study. I grant permission for the data to be used in the process of completing a Ph.D degree, including a dissertation and any other future publications.

I am aware that my participation is voluntary and that I may refuse participation or withdraw from the study at any time without penalty. As a participant in this study, I am aware that all records will remain confidential and that the names of participants including my own will not be associated with any aspect of the study. I further understand that I am entitled to a copy of the research results via email or U.S. mail upon request. By participating in this study, I understand that there are no obvious risks to my physical or mental health.

There may be no direct benefits to you for participating in this study. However, your participation may positively contribute to the knowledge base regarding work with student substance users.

After the interview is complete, participants will be compensated with a $20 Amazon gift card.

If I have any questions in connection with my participation in this study, I am aware that I may contact Dr. Charles Gressard (757) 221–62352 or cfgres@wm.edu. I also understand that I may report any problems or dissatisfaction related to this research to Dr. Thomas Ward, chair of the School of Education Internal Review Committee at (757) 221-2358 or tjward@wm.edu or Dr. Lee Kirkpatrick, chair of the Protection of Human Subjects Committee at the College of William and Mary at phsc-chair@wm.edu.

☐ I have read the informed consent and agree

_____   _____

COUSELOR NAME (Please Print)   COUNSELOR SIGNITURE AND DATE

Appendix F

Thank You Letter To Participants
(As suggested by Moustakas, 1994)

[Date]

Dear _____,

   Thank you for meeting with me in an extended interview and sharing your professional experiences of working with student substance users. I appreciate your willingness to share your unique and personal thoughts, feelings, events, and situations.

   I have enclosed a transcript of your interview. Would you please review the entire document? Be sure to ask yourself if this interview has fully captured your experience of working with student substance users you perceived to be at risk. After viewing the transcript of your interview, you may realize than an important experience(s) was neglected. Please feel free to add comments that would further elaborate your experience(s), or if you prefer, we can arrange to meet again and video record your additions or corrections. Please do not edit for grammatical corrections. The way you told your story is what is critical.

   When you have reviewed the verbatim transcript and have had the opportunity to make changes and additions, please email the revised transcript to kathy.atanasov@gmail.com.

   I have greatly valued your participation in this research study and your willingness to share your experiences. If you have any questions or concerns, do not hesitate to call or email me.

With warm regards,

Kathryn Goss Atanasov, M.Ed, NCC
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Cell: 757-232-7108

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Vita

Kathryn (Kathy) Goss Atanasov was born on December 5, 1974, in Houston, TX. She is married to Vladmir Alexandrov Atanasov and has two elementary-aged children, Alexander (Xander) and Ava. They live in Williamsburg, VA.

Kathy has a bachelor's in history from Texas &M University (1997, College Station, TX), a master's in European history from Boston College (2000, Chestnut Hill, MA), a master's in school counseling from the College of William & Mary (2007, Williamsburg, VA), and a doctoral degree in counselor education and supervision from the College of William & Mary (2016, Williamsburg, VA).

Kathy has worked as an adult literacy professional, technology consultant, high school counselor, and substance abuse counselor.