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The Adolescent Substance Use Risk Continuum

A Cultural Strength-Based Approach to Case Conceptualization

Alexis Miller, Jennifer M. Cook

any theories are used to conceptualize adolescent substance use, yet none adequately assist mental health professionals in assessing adolescents' strengths and risks, while incorporating cultural factors. The authors reviewed common adolescent substance abuse theories, their strengths and limitations, and offered a new model to conceptualize adolescent substance use: The Adolescent Substance Use Risk Continuum (ASURC).

The authors outline three common limitations of previous theories, including lack of specificity in regards to social influences, the use of problematic language and disregarding cultural influences. While previous theories have used the term, *social influences* in a general sense, types of social influences, such as family, peers, school, sports teams, clubs and religious organizations, have not been differentiated. Problematic language has included terms such as *deviant* and *delinquent behavior*, which we believe pathologize and marginalize youth who have made poor choices. Finally, previous models have lacked emphasis on the importance of cultural factors in regards to adolescent substance use. Although prior models have highlighted the importance of social influences on adolescents' substance use, they have not integrated cultural factors specifically.

The ASURC is proposed as a model to conceptualize adolescent substance use that builds on strengths of previous model while addressing their limitations. Our model emphasizes the importance of cultural considerations when conceptualizing adolescent substance use and breaks down social influences into more specific components. Further, the ASURC is a strength-based approach; problematic language expressed in previous models has been eliminated to reduce stigma and shame. Focusing on strengths while using the ASURC can aid clinicians in fostering a sense of hope while working with this population.

As the name suggests, the ASURC is a continuum, ranging from minimal risk to high risk. We chose to start the continuum at minimal risk instead of no risk as substance use and addiction can occur in anyone. The components of the model include: caregiver engagement, caregiver-adolescent relationship, family substance abuse history, biological risk, susceptibility to peer influences, childhood adversity, and academic engagement. We explain each component of the model in detail, underscoring how each component can serve as either a protective or risk factor, aiding counselors in case conceptualization. Along with the aforementioned components, cultural factors are integrated into the model. In the ASURC, cultural identities are represented above the model to indicate how they influence all other components listed in the model.

We present a case study to illustrate how the model can be used to conceptualize a client case and demonstrate how it can guide clinicians in treatment planning. We conclude with a discussion of the case and suggestions for future research.

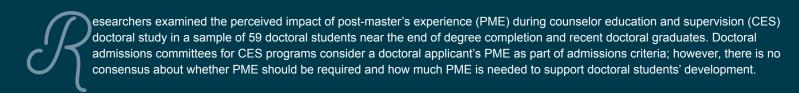
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An Exploration of the Perceived Impact of Post-Master's Experience on Doctoral Study in Counselor Education and Supervision

Laura Boyd Farmer, Corrine R. Sackett, Jesse J. Lile, Nancy Bodenhorn, Nadine Hartig, Jasmine Graham, Michelle Ghoston



The five core areas of doctoral professional identity development identified by CACREP guided the inquiry of the study through the following research questions:

- 1. How do advanced doctoral students and recent doctoral graduates perceive the impact of PME on the development of counseling, supervision, teaching, research and scholarship, and leadership and advocacy?
- 2. Is the amount of PME and the setting of PME related to perceived impact of PME on the development of counseling, supervision, teaching, research and scholarship, and leadership and advocacy for doctoral students?

Doctoral students and recent doctoral graduates responded to quantitative scaled items assessing the perceived impact of their PME on doctoral development in each area. Participants also responded to open-ended items describing their perceptions of the impact of PME. Quantitative and qualitative analyses were used to describe and report these perceptions.



Among results, PME was perceived as having a significant positive impact on doctoral development in supervision as well as leadership and advocacy. When comparing PME obtained in school settings versus PME in clinical mental health settings, there was a significant difference in the core area of leadership and advocacy development. Specifically, school counselors rated their PME as having a greater impact on leadership and advocacy development than clinical mental health counselors' ratings of PME impact.

On an 11-point Likert scale (-5 to +5; strong negative impact to strong positive impact), a majority of participants rated their PME as having a positive impact on their development in the areas of counseling, supervision, teaching, and leadership and advocacy. Research and scholarship was the only area of doctoral development that was perceived as having little or no impact from PME. Participant descriptions of the perceived impact of PME provided further detail about each area of doctoral development. For example, confidence was a common theme describing the impact of PME in the areas of counseling, supervision and teaching.

Overall, this study provided an initial exploration of doctoral students' perceptions of the value of their post-master's experiences in the field. By understanding doctoral students' perceptions, doctoral admissions committees may make more informed decisions regarding the PME variable in admissions decisions. Future studies are needed to examine the relationship between PME, doctoral development, and professional impact as a counselor educator and supervisor. Furthermore, ongoing professional practice as a counselor educator could be explored as it relates to career satisfaction, teaching effectiveness and research productivity.

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The Impact of Student Success Skills on Students' Metacognitive Functioning in a Naturalistic School Setting

Brett Zyromski, Melissa Mariani, Boyoung Kim, Sangmin Lee, John Carey

he Student Success Skills (SSS) is a scripted, manualized school counseling curriculum that has a designated sequencing, format and language provided to ensure fidelity of treatment. However, practitioners in schools often go off script or change up recommended delivery of lessons, which may lead to less favorable outcomes. SSS has had a strong evidence-base established over the past 20 years through multiple outcomes studies. It is a school counselor-delivered, social-emotional learning intervention that is designed to support students by teaching them three integral skill sets: (a) cognitive and metacognitive skills (e.g., goal setting, progress monitoring and memory skills); (b) social skills (e.g., interpersonal skills, social problem solving, listening and teamwork skills); and (c) self-regulation skills (e.g., managing attention, motivation and anger).

The purpose of this study was to evaluate the impact of the SSS school counseling curriculum delivered in a naturalistic setting on students' metacognitive functioning. In this case, the authors use the term naturalistic setting to describe a typical school environment, one which lacks the additional supports (e.g., hiring national trainers) that would be present in a more controlled research study. The primary evaluation question was: When implemented in a *naturalistic setting*, does SSS impact students' metacognitive functioning, as determined by (1) knowledge and regulation of cognition and (2) use of skills related to self-direction of learning, support of classmates' learning and self-regulation of arousal? The secondary question was: Does the magnitude of any changes in metacognitive functioning depend on the degree to which SSS was implemented with fidelity?

The results of the present study indicated that SSS, even when implemented in a naturalistic school setting (as opposed to a highly controlled setting), can have a positive impact on students' abilities to regulate their emotional arousal. The magnitude of the overall impact of SSS on students' ability to regulate arousal appears to be relatively small. Readers should note though that this effect size was computed based on students in the general population, not students experiencing difficulties with emotional self-regulation. It is likely that SSS would have had a larger estimated effect size if the target group of participants were those who had emotional self-regulation difficulties. However, the SSS curriculum positively impacted student outcomes even when the program was not followed as designed. Though practitioners are encouraged to follow the manual and schedule as recommended, the results are encouraging in that impacts can still be found even if practitioners modify the design.

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Sex Trafficking in America

What Counselors Need to Know

Stacey Diane A. Litam

uman sex trafficking, also called modern day slavery, is a social justice issue that exploits millions of men, women and children globally. Although rates of forced labor are notoriously difficult to obtain, the U.S. Department of State estimates 4.5 million people are victims of forced sexual exploitation worldwide. Within the United States, one in five runaway children is at risk for forced sexual exploitation. This change reflects an increase from an estimated one in six in 2014. Counselors must become educated at recognizing the signs of trafficked persons, vulnerabilities to becoming trafficked, and the processes by which persons are forced into sexual exploitation in order to obtain a deeper understanding of how to best support trafficked survivors that present for mental health services.

The Trafficking Victims Protection Act (TVPA) defines the act of human trafficking as the recruitment, harboring, transportation, provision or obtaining of a person for commercial sex through force, fraud or coercion, or in which the person performing the act is under 18 years of age. Traffickers use threats, coercion or force to ensnare victims, obtain control and break their spirits. In some cases, victims form a trauma bond with their traffickers.

Although persons from any socioeconomic background, race or ethnicity may become trafficked, vulnerabilities, such as location, poverty, sexual minority status, childhood trauma history, substance abuse history, and mental health issues, exist. Counselors working with at-risk populations, such as individuals with addictions, clients with a history of homelessness, and persons with trauma histories, should recognize signs that a client is trafficked. Within mental health settings, clients may present as fearful, anxious, depressed, submissive, tense, or avoid eye contact. Clients also may present with suicidal ideation, substance abuse histories, post-traumatic stress disorder, feelings of guilt and shame, and self-mutilation. Notably, trafficked survivors may struggle during a mental status exam due to a combination of working long hours, frequent transportation to and from locations, and exhaustion. Within school settings, trafficked survivors may reference travel to other cities, have signs of bruising, appear anxious, fearful, or provide coached or rehearsed responses to questions. Furthermore, they may dress inappropriately based on weather conditions, have significantly older boyfriends or girlfriends, describe concern for the safety of family members if they disclose, or care for children that are not family members. Finally, when children are being sex trafficked, they may be absent from school or miss periods of time while being sold to other communities.

Counselors working with trafficked survivors are encouraged to seek supervision, connect with colleagues and practice regular self-care routines in order to avoid burnout, secondary trauma and compassion fatigue. An intervention specific to working with sex trafficked survivors has not yet been developed. Current treatments are borrowed from evidence-based interventions originally developed for post-traumatic stress disorder and survivors of domestic violence, slavery and captivity. Creative interventions, cognitive behavioral therapies and group counseling may be useful strategies for supporting sex trafficked clients. Regardless of interventions used, counselors are tasked with a unique position to provide corrective relational experiences characterized by non-judgmental acceptance, support and affirmation. Counselors should connect sex trafficked survivors to social support services, including case management, safe and stable housing, and services aimed at supporting the reintegration of clients into the community through education and job training.

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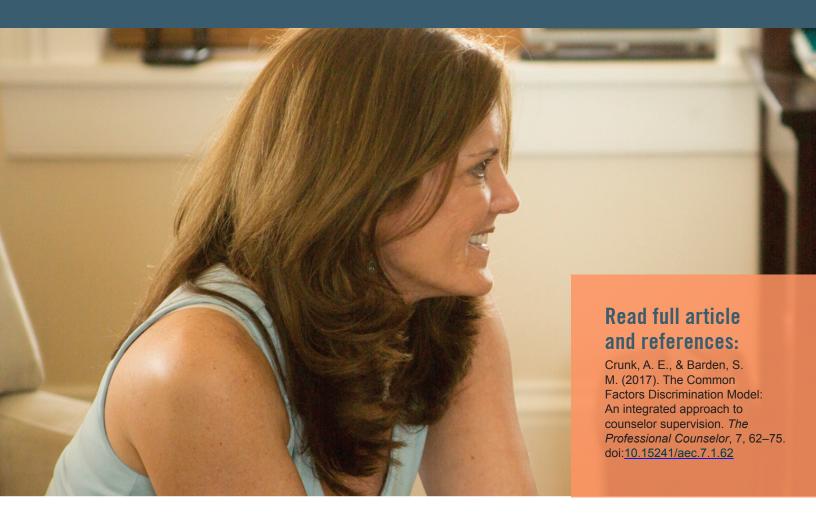
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The Common Factors Discrimination Model

An Integrated Approach to Counselor Supervision

A. Elizabeth Crunk and Sejal M. Barden



umerous models of counselor supervision have been developed; however, there is little evidence to support that any one approach is superior to another. Despite this, the literature suggests that some supervisors tend to prioritize specific tasks and techniques of supervision over factors that have been found to be effective across models, such as the development and maintenance of a strong supervisory relationship. Thus, recent literature has called for a paradigm that integrates the most effective elements of existing supervision models into a parsimonious approach that cuts across models and de-emphasizes the differences between them.

Common factors approaches to supervision bridge the various models by identifying the essential components that are shared among supervision approaches, such as the supervisory relationship and the provision of feedback. In addition, some common factors approaches to supervision have drawn on psychotherapy outcome research, aiming to extrapolate common factors of counseling and psychotherapy (e.g., the therapeutic relationship, instillation of hope) to counselor supervision. Although common factors of supervision are necessary, they are not sufficient for effecting positive change in supervisees. Therefore, more recent literature has emphasized the importance of applying the specific factors of some form of supervision (e.g., role plays, genograms) to a common factors approach, integrating both common and specific factors of supervision. However, to our knowledge, no such model has been published.

In this article, we present the Common Factors Discrimination Model (CFDM), a novel approach to counselor supervision that integrates common factors of supervision and counseling with the specific factors of Bernard's discrimination model for a structured, cross-cutting, process-oriented approach to counselor supervision. The discrimination model frames supervision as both an educational and a relationship process,



wherein the supervisor alternates between the three primary supervisory roles of teacher, counselor and consultant based on the needs of the supervisee. The primary tenets of the CFDM were derived by reviewing the literature on common factors models of supervision and purposively selecting the most common elements among them, including (a) development and maintenance of a strong supervisory relationship, (b) supervisee acquisition of new knowledge and skills, (c) supervisee self-awareness and self-reflection, and (d) assessment of supervisees' needs and the provision of feedback based on the tenets of the discrimination model. For example, a supervisor working with a supervisee who struggles to reflect feeling with clients might assume the role of counselor (per the discrimination model), encouraging the supervisee to reflect on his or her reluctance to address feelings in session (incorporating the common factor of supervisee self-awareness and self-reflection). This article (a) reviews the relevant literature on common factors approaches to counseling and supervision and the discrimination model, (b) provides a rationale for a model of supervision that integrates the specific factors of the discrimination model with a common factors approach, and (c) offers strategies and recommendations for applying the CFDM in counselor supervision.

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Moving Beyond Debate

Support for CACREP's Standard Requiring 60 Credit Hours for School Counseling Programs

Clare Merlin, Timothy Pagano, Amanda George, Cassandra Zanone, Benjamin Newman

n 2015, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) released its 2016 standards. These revised standards include a new requirement that school counseling master's programs have a minimum of 60 credit hours by the year 2020. In previous standards, school counseling programs were required to have a minimum of only 48 credit hours. This credit hour increase yielded considerable debate in counselor education. Proponents of the standard asserted that it is important to align school counseling credit hour requirements with those of other counseling programs. Standard opponents voiced concern over the financial and logistical burdens that will emerge. In this article, we conclude that increasing school counseling programs to 60 credit hours will lead to positive or neutral outcomes for those programs. The increased credit hour requirement also will positively benefit the field of school counseling as a whole. These assertions are supported by three points.

First, we examined past examples of credit hour increases in counseling and related fields. Although previous credit hour increases in CACREP standards have caused debate, research on the changes do not indicate any significant negative outcomes. Second, we collected and analyzed pilot study data from CACREP-accredited school counseling master's programs that previously transitioned to 60 credit hours. This data included quantitative admissions and job placement data, as well as participants' open-ended feedback regarding perceived effects from increasing credit hours. Findings indicated that for the pilot study participants (N = 22), the credit hour increase led to either neutral or positive outcomes regarding admissions quality, admissions quantity and graduate job placement rates.

Lastly, we noted anticipated benefits to the field of school counseling because of an increased credit hour requirement. For example, numerous researchers have called for additional school counseling coursework on topics like delivering school counseling core curricula, professional identity issues, and *Response to Intervention* training. As current school counseling programs with less than 60 credit hours look to increase their credits to 60 by 2020, these topics may be relevant ones to include in new courses in order to better prepare school counselors-in-training. The increased credit hour requirement also may benefit the field of school counseling by aligning it with the requirements of other counseling specialties, thus symbolizing that school counselors are as well-prepared as their colleagues in clinical mental health counseling and other disciplines.

Overall, counselor educators are wise to consider the implications of any new accreditation standard for their own programs. At present though, no evidence suggests that CACREP's credit hour requirement for school counseling programs will lead to widespread negative outcomes for school counseling programs. Future research on credit hour increases and admissions trends in counselor education will prove valuable in understanding this topic.

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Read full article and references:

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Addictions Content Published in Counseling Journals

A 10-Year Content Analysis to Inform Research and Practice

Edward Wahesh, S. Elizabeth Likis-Werle, Regina R. Moro

ccording to the Substance Abuse and Mental Health Services Administration's 2014 *National Survey on Drug Use and Health*, approximately 20 million adults in 2014 had a substance use disorder in the past year. Given this prevalence, it is likely that professional counselors, regardless of their setting or specialty, will come into contact with individuals who have experienced negative consequences associated with substance use or other addictive behaviors. Prevention, assessment and treatment are some of the ways that professional counselors may be called upon to serve these individuals. Effectively engaging in these efforts necessitates continued professional development in order to remain current on scientific information and best practices in addictive behaviors and addictions counseling. Reading scholarly journals published by the major counseling professional and certification bodies, including the National Board for Certified Counselors (NBCC), American Counseling Association (ACA), and Chi Sigma lota (CSI), is one way that professional counselors can develop their knowledge and skills on how to best work with these clients.

To assess the availability of literature on addictive behaviors and addictions counseling, we conducted a content analysis to examine the extent to which addictions topics were covered in scholarly journals published by NBCC, ACA and CSI during a 10-year period (2005–2014). Two hundred and ten articles (4.5% of all articles published) were identified that addressed addictions topics across 23 journals published by NBCC, CSI, ACA and ACA member-divisions. Most articles examined addictions-related issues among non-clinical populations (27%). Other articles focused on approaches to counseling (20%), professional practice issues (19%), clients in treatment (10%), and measurement issues (9%). About 8% of articles evaluated the effectiveness of a counseling or prevention program and 7% of articles examined the counselor's role in addictions counseling. Most articles did not focus on a specific type of addictive behavior (68%). The most common type of addictive behavior addressed was alcohol use (22%). Approximately 60% of the articles represented original research. The top three groups studied were adults (40%), undergraduates (29%) and addictions professionals (21%).

Our findings revealed a modest yet diverse body of literature that professional counselors can access in their efforts to maintain an awareness of recent advances in the study of addictive behaviors and addictions counseling. A number of limitations were apparent as well. For example, whereas the most common topic addressed was approaches to counseling, very few articles included actual outcome data or evidence of effectiveness. Further, in comparison to the large number of articles that focused on individuals in non-clinical populations, fewer articles examined client experiences in treatment. In our discussion, we include a number of implications for professional counselors and counseling researchers on how to address these limitations of the literature identified in our study.

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