School Psychologists’ Perceived Competence and Training Needs for Student Substance Abuse*

ABSTRACT

BACKGROUND: School psychologists are some of the most likely personnel to deliver mental health services, including substance abuse, in school settings, but there is limited research on the perceived competence of school psychologists to address student substance abuse concerns. The 3 aims of this study were to determine how school psychologists perceive their training in 6 competence areas related to student substance abuse and to identify which training areas they indicate as being most needed to address student substance and which substances they perceive as being the most common in their schools.

METHODS: A descriptive survey study was conducted with a national sample of 210 school psychologists working in high schools. Data were analyzed using analysis of variance to test for differences between competency areas; descriptive statistics and correlation analyses were employed to determine key training areas for school psychologists.

RESULTS: Findings indicated that school psychologists varied in their ratings of perceived competence to address student substance abuse concerns. Participants identified screening and assessment, consultation, and individual interventions as the most important areas for future training.

CONCLUSIONS: School psychologists need and want more training for working with students who use or abuse substances. Implications for pre-service and in-service training are discussed and directions for future research are provided.

Keywords: school psychology; substance abuse; professional preparation; high schools.


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*Indicates CHES and Nursing continuing education hours are available. Also available at: www.ashaweb.org/continuing_education.html
INTRODUCTION

There is no doubt that mental health services are needed for students in schools today. In recent years, many in the field have called upon school psychologists to address this concern by expanding their roles to include the provision of mental health services.1,2 The National Association of School Psychologists (NASP) states that, “School Psychologists are mental health professionals’ and encourages providing mental health services to students in school settings.3 Although certain mental health problems (eg, behavioral disorders, attention-deficit/hyperactivity disorder) have received much attention from the field of school psychology, other problem areas such as substance abuse have not. This is especially troubling given the rate at which students report the use of substances.

Students in high school typically report higher substance use levels than their middle school counterparts and indicate the use of a variety of substances.4 Approximately 34% of 10th-grade students and 45% of 12th-grade students reported using alcohol in the previous 30 days. For drugs such as marijuana and inhalants, almost 18% of 10th-grade students and 22% of 12th-grade students reported using one of these substances in the previous 30 days.4 A small but significant proportion of students who use drugs will develop more-severe substance abuse problems that will negatively affect their lives.5,6 It is estimated that approximately 10% of youth in the United States aged 12 to 17 are illicit drug users and that 8% of these youth meet the criteria for a substance abuse or dependence disorder.7 Based on these statistics, school psychologists working in high schools are likely to come into contact with students who have substance abuse problems.

The results from a national survey of school administrators conducted by Foster et al8 indicated that school counselors (77%), nurses (69%), psychologists (68%), and social workers (44%) were the most likely personnel to deliver mental health services in schools. In this survey, mental health services were defined broadly and included substance abuse. Fifty-six percent of the high schools surveyed indicated that they provided some type of substance abuse counseling to their students, but it is not clear whether the school personnel described above have the training to effectively provide such services. A specific recommendation from the Foster et al study is that more research be conducted to understand what type of specialized training, if any, school personnel who deliver mental health services in schools have. School psychologists are uniquely poised to provide assistance to students with substance abuse problems because of their specific training in areas such as consultation, assessment, and intervention.9 Furthermore, in many school settings, the school psychologist may be the most highly trained mental health expert,10 making him or her a key resource in all school-based substance abuse education, prevention, and intervention efforts.9,11 At the very least, school psychologists should have some knowledge of substance abuse so as to be able to provide effective consultation and referrals for students and their parents. Unfortunately, reviews of the literature indicate that the level of training that school mental health personnel possess to effectively address student substance abuse concerns is limited—and practically nonexistent in the case of school psychologists.

Three prior studies have been conducted that directly surveyed school mental health personnel about their perceived competence and practices related to student substance abuse,12-14 but all 3 studies included samples of school counselors, not school psychologists. In general, the findings from the studies indicated that school counselors do not perceive themselves as having the necessary competency to effectively address student substance abuse problems but identified needed areas for future training such as substance abuse screening and individual interventions. Repie15 surveyed a mixed sample of school personnel (N = 413) that included regular and special education teachers, school counselors, and school psychologists about their perceptions of school mental health services. The respondents who were employed in secondary settings indicated that substance abuse services should be provided in their schools, but their perceived competence for addressing such issues was not measured in the study.

There have been no prior studies that have examined the perceived competence of school psychologists working in high schools to address student substance abuse problems, even though national statistics indicate that a sizable proportion of high school students consistently report the use of substances.16 To address this gap in the literature, the present study was conducted to answer the following exploratory research questions. What is high school psychologists’ perceived competence in training for 9 areas related to student substance abuse? What areas do high school psychologists identify as being most important for training in the area of student substance abuse? What substances do high school psychologists identify as being most commonly used by their students?

METHODS

Participants

A randomized national mailing list of 800 high school psychologists was obtained from the Market Data Retrieval database for use in this study. (The authors initially tried to obtain a mailing list from the National Association of School Psychologists, but this organization could not provide mailing information for school psychologists separated according to primary work setting [i.e., elementary, middle, high
school].) From this list, a random sample of 500 high school psychologists was selected, and survey materials were sent during the winter of 2007 upon approval from the authors’ institutional review board. A proportional, stratified, random-sampling procedure was used to select a geographically representative sample of high school psychologists based on the percentage of high school-aged children living in each of the 9 national divisions identified by the 2000 U.S. Census Report. Participants returned 212 surveys (42.4% return rate), a rate within the range of other mail survey research and therefore deemed adequate for an exploratory study of this nature.

Instrumentation
A 38-item survey was used to obtain information about high school psychologists’ perceived competence and training needs for working with students with substance abuse problems. (A copy of the survey can be obtained from the first author.) The survey was originally developed through a validation process for 2 prior studies with middle and high school counselors and the authors of the present study modified it for use with school psychologists. Two school psychology faculty members and 2 practicing school psychologists then reviewed the modified survey, which was piloted with a group of school psychology graduate students (n = 11). Those piloting the survey were asked to provide their general reactions to the content, usefulness, readability, and length of the questionnaire. The survey was then refined based on the pilot results, with final revisions being made before mailing. Each item on the survey was categorized into 1 of 4 sections: background information, types of assessment and referrals, types of substances used by students, and substance abuse training areas. The survey used a variety of question formats, including forced choice, rank order, and checklist. The 9 items most relevant to the present study asked respondents to indicate whether they felt that they had the training necessary to work with students with substance abuse problems in specific competence areas (Figure 1). These items were rated on a 5-point Likert-type scale that included the following choices: 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree. Reliability analysis indicated that alpha equaled 0.926 for these 9 items. In addition, other items asked respondents to rate and subsequently rank order substance abuse training areas that they felt were most important for school psychologists. The total time to complete the survey materials was estimated to be between 10 and 15 minutes. The methodology used to develop and validate this survey, as described above, is a commonly employed strategy in survey research.

Procedure
This study employed a survey study design composed of an initial mailing and 2 follow-up mailings, in accordance with the Tailored Design Method. The initial mailing packet was sent to 500 randomly selected school psychologists working in high schools across the nation. The initial mailing packet contained an introductory letter and consent form addressed to the school psychologist that briefly described the purpose of the study, explained how confidentiality would be maintained, and encouraged him or her to participate. Also contained in the initial mailing packet were a copy of the survey, a self-addressed postage-paid return envelope, and a bag of tea for participants to drink as they completed the survey. The second mailing was an oversized postcard sent approximately 1 week after

Figure 1. Nine Competency Items From Survey Instrument

<table>
<thead>
<tr>
<th>I feel that I have the training necessary to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identify students with substance abuse problems</td>
</tr>
<tr>
<td>2. Consult with teachers about a student with substance abuse problems</td>
</tr>
<tr>
<td>3. Consult with parents about a student with substance abuse problems</td>
</tr>
<tr>
<td>4. Provide screening or assessment to students with substance abuse problems</td>
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<tr>
<td>5. Work with students who have a parent who abuses substances</td>
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<tr>
<td>6. Provide individual interventions to students with substance abuse problems</td>
</tr>
<tr>
<td>7. Provide group interventions to students with substance abuse problems</td>
</tr>
<tr>
<td>8. Teach curriculum units on substance abuse prevention to students in the classroom</td>
</tr>
<tr>
<td>9. Effectively work with students with substance abuse problems</td>
</tr>
</tbody>
</table>
the initial mailing to all recruited participants. The purpose of the postcard was to thank those who had already completed the survey and encourage those who had not completed it to do so promptly. A research assistant kept track of returned completed surveys before the third and final mailing. A final mailing packet was sent approximately 2 weeks after the reminder postcard only to those from whom a survey had not been received. The final packet consisted of a letter addressed to the psychologist encouraging his or her participation in the study along with the original letter and consent form, the survey, a self-addressed postage-paid envelope, and a tea bag. After the initial mailing, a small number of packets (n = 15) were returned because the participants contacted the principal investigator and indicated that they did not work in a high school or the packet was not deliverable by the postal service. After receiving this information, these participants were immediately replaced from the original mailing list randomly selected from within the same geographical regions.

Data Analysis
All data were coded and analyzed using SPSS 15.0 (SPSS Inc., Chicago, IL). A second coder checked the reliability of data entry for all items on 100% of the surveys; reliability was 98.8%. Any data entry errors were corrected in the database before analysis. Three surveys were eliminated from the analysis because significant portions of data were missing or the respondent was not identified as a school psychologist. Analyses included descriptive statistics, correlation, chi-square, and analysis of variance (ANOVA). The final sample for analysis included survey data from 210 participants.

RESULTS
Participant Demographics
The distribution of percentages for the 500 participants on the initial mailing list according to geographical region was Pacific, 16.3%; Mountain, 6.8%; West North Central, 7.2%; West South Central, 12.0%; East North Central, 16.3%; East South Central, 5.9%; Middle Atlantic, 13.4%; South Atlantic, 17.4%; and New England, 4.7%. Of the 210 participants constituting the final sample for this study, the distribution according to geographical region was Pacific, 14.3%; Mountain, 9.5%; West North Central, 10.5%; West South Central, 11.4%; East North Central, 19.0%; East South Central, 6.2%; Middle Atlantic, 12.4%; South Atlantic, 12.9%; and New England, 3.8%. The initial and final geographical distributions were not significantly different, \( \chi^2(8) = 9.31, p > .05 \). The majority of the sample reported having earned a master’s degree (79.8%), with the remainder (20.2%) reporting having a doctoral degree. Of participants with a master’s degree, 23.3% also reported having earned an education specialist certification. For this sample, 66.7% were female and 33.3% were male, and the racial and ethnic breakdown was 91.4% white, 2.9% Hispanic, 2.4% multiracial, 1.9% African American, and 1.0% other. The average length of employment as a school psychologist was 14.85 years (SD = 8.97), and the average number of students enrolled in each school was 1518.86 (SD = 772.51). Participants also reported having a median student caseload of 125 (interquartile range (IQR) 25th percentile = 88.5, 50th percentile = 125, and 75th percentile = 200). They reported seeing a median of 18 students per year (IQR 25th percentile = 8, 50th percentile = 18, 75th percentile = 30) for which one of the issues of concern was substance use or abuse. Participants reported referring a median of 5 students per year (IQR 25th percentile = 1, 50th percentile = 5, 75th percentile = 10) for substance abuse assessment or treatment. (Medians were reported here because the distributions were skewed.) A little more than half of the sample (56.2%) worked in suburban school settings, and almost equal numbers worked in rural (22.8%) and urban settings (21.0%).

Perceived Competence
A within-subjects ANOVA with Bonferroni correction was conducted to compare mean scores for the nine competency items (Figure 1). Significant differences between mean scores were found (F = 39.37, \( p < .001, \eta^2 = .16 \)) and are displayed in Table 1. As can be seen from the table, school psychologists perceived their highest levels of training to have been in consulting with teachers and parents about students with substance abuse problems. Slightly lower levels of perceived training included areas such as identifying students with substance abuse problems and effectively

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3.24</td>
<td>-</td>
<td>3.39</td>
<td>NS</td>
<td>NS</td>
<td>2.88</td>
<td>&lt; .001</td>
<td>&lt; .001</td>
<td>&lt; .001</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>3.33</td>
<td>NS</td>
<td>&lt; .001</td>
<td>&lt; .001</td>
<td>&lt; .001</td>
<td>3.25</td>
<td>NS</td>
<td>&lt; .001</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>3</td>
<td>2.74</td>
<td>&lt; .001</td>
<td>&lt; .001</td>
<td>&lt; .001</td>
<td>&lt; .001</td>
<td>2.56</td>
<td>&lt; .001</td>
<td>&lt; .001</td>
<td>&lt; .01</td>
<td>&lt; .05</td>
</tr>
<tr>
<td>4</td>
<td>2.71</td>
<td>&lt; .001</td>
<td>&lt; .001</td>
<td>&lt; .001</td>
<td>&lt; .001</td>
<td>2.82</td>
<td>&lt; .001</td>
<td>&lt; .001</td>
<td>&lt; .001</td>
<td>NS</td>
</tr>
<tr>
<td>5</td>
<td>2.82</td>
<td>&lt; .001</td>
<td>&lt; .001</td>
<td>&lt; .001</td>
<td>&lt; .001</td>
<td>&lt; .001</td>
<td>NS</td>
<td>&lt; .001</td>
<td>NS</td>
<td>NS</td>
</tr>
</tbody>
</table>

*Estimated marginal means based on Bonferroni correction.  
\( \alpha = .05 \).  
NS = not significant.
working with students from families with a parent who abuses substances. The lowest levels of perceived competence for participants were in the areas of providing direct intervention services to students such as individual and group interventions as well as developing and teaching curriculum units on the topic.

Additional exploratory analyses were conducted to better understand school psychologists’ past experience, in-service training, and formal education related to addressing student substance abuse concerns. A correlation was computed between experience as a school psychologist (ie, years of experience) and the perception of being able to work effectively with students who have substance abuse problems. Results from this correlation indicated that these 2 variables were not related (r(208) = .118, p > .05, r² = .014). This finding suggests that duration of experience as a school psychologist did not make a difference in perceived ability to work with students with these problems. School psychologists were closest to neutral (mean = 2.69, SD = 1.12; same 5-point scale described above), on average, about their school or district providing them with adequate training opportunities (eg, workshops, conferences) on the topic of student substance abuse. This suggests that they did not agree or disagree about being provided sufficient training opportunities by their employers. They were also asked about the number of prior trainings their school or district had provided them in the previous 3 years, and the following numbers were reported: no training, 53.1%; 1 training, 22.7%; 2 trainings, 11.1%; and 3 or more trainings, 13.0% (n = 207). On average, school psychologists were closest to “disagree” (mean = 2.01, SD = 0.85, n = 209) when asked whether their graduate degree program had provided them with adequate training to work with students with substance abuse problems. In addition, 76.3% indicated that they had not taken a substance abuse course during their graduate program, 16.9% indicated taking 1 course, 3.9% indicated taking 2 courses, and 2.9% indicated taking 3 or more courses.

Data were also examined from school psychologists who indicated that services were available at their schools for students with substance abuse problems. The majority of the sample (n = 208) reported the primary substance abuse services offered at their schools were individual counseling or interventions (66.3%), followed by prevention services (51.9%) and group counseling or interventions (38.0%). Sixty-nine school psychologists indicated that their school participated in a program that addressed substance abuse, such as DARE, Life Skills, or Red Ribbon Week. On average, the number of years psychologists indicated that their school had participated in the program was 8.88 (SD = 5.91; n = 50) and were most close to the anchor of unsure of the effectiveness (mean = 2.68, SD = 1.01, n = 67) for their perception of the program preventing or reducing substance use problems in their schools as rated on a 5-point scale.

**Most Important Areas for Training**

The rank-ordered data of the most important areas for school psychologists to receive substance abuse-related training are presented in Figure 2. These data indicate that 47.6% of school psychologists identified screening or assessment as the most important substance abuse-related training area, followed by consultation (24.3%) and individual interventions (18%). Fewer than 3% of participants indicated that curriculum development and family-based and group interventions were the most important types of training to receive, whereas 3.9% indicated “other,” which included training in prevention, referral, and community resources. With regard to training on the topic of student substance abuse, school psychologists were closest to “agree” that they should receive (mean = 4.22, SD = 0.86, n = 210; same 5-point scale as above) and would attend (mean = 4.05, SD = 0.88, n = 210) training in this area. There was no correlation between school psychologists’ caseload size (an indicator of workload) and their willingness to attend future substance abuse related training (r(203) = .101, p > .05, r² = .01). These findings suggest that school psychologists in the sample agreed that they should receive training in the area of substance abuse and would attend such training if available regardless of caseload size.

**Student Substance Abuse**

The majority of the sample reported the types of substances used by students they had seen when

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**Figure 2. Most Important Areas for School Psychologists to Receive Substance Abuse-Related Training (N = 208)**

Note: Other = eg, prevention, referral, community resources.
substance abuse was a concern. The percentage of “yes” responses by school psychologists in the sample for each substance is presented in Table 2. As is evident from this table, the top 3 most commonly reported substances used by students that they had seen were marijuana, alcohol, and cigarettes. In contrast, the 3 least commonly seen substances were heroin, LSD, and steroids.

Further analyses were conducted to better understand whether school size was related to the number of students that school psychologists had seen and referred for substance abuse problems. A weak positive correlation was found between school size (ie, student census) and the number of students school psychologists had seen for a substance related issue ($r(199) = .195, p < .01, r^2 = .04$). This finding suggests a small positive relationship between school size and a school psychologist seeing a student for a substance abuse problem. In addition, no correlation was found between school size and the number of students referred by school psychologists to an outside agency for substance abuse assessment or treatment ($r(195) = .12, p > .05, r^2 = .01$). This finding suggests no relationship between school size and the number of students referred by school psychologists for a substance problem. With regard to referrals, school psychologists (n = 206) indicated that, when necessary, students were most commonly referred to community counseling centers (67%), individual practitioners in the community (63.1%), and medical centers (45.6%) for substance abuse assessment or treatment.

**DISCUSSION**

Findings from the present study provide information about the perceived competence and training needs of school psychologists working in high schools to address student substance abuse concerns. Similar to prior research with other school mental health professionals, findings from the present study indicate that school psychologists generally perceive themselves as needing more training in specific areas related to student substance abuse. In addition, school psychologists identified screening and assessment as the most important area for substance abuse related training, followed by consultation and individual interventions. These findings have important implications for the training of pre-service and in-service school psychologists.

Consultation with others, such as teachers and parents, was the most strongly endorsed competency area by school psychologists. In general, this finding is not surprising, given that they spend large parts of their time consulting with others in (eg, teachers, administrators) and outside (eg, parents) of the school setting related to the academic, career, personal, and social needs of their students. In contrast, they perceived themselves as having the least amount of training competency in the areas of providing direct services to students with substance abuse problems such as individual and group interventions. Again, these findings are not surprising, given that three-quarters of the sample indicated not having pre-service training in the area of student substance abuse and slightly more than half reported not having in-service training on this topic in the previous 3 years.

School psychologists in this study clearly identified substance abuse screening and assessment as the most important area for future training. A need for training in substance abuse screening and assessment is not surprising because school psychologists also indicated relatively low competency in this area. There are many screening instruments available to school personnel for use with adolescents that can assist them in better understanding a potential student substance abuse problem. For example, the Adolescent Alcohol and Drug Involvement Scale is a 14-item screening instrument in the public domain that can be administered without any special training. Another instrument is the Drug and Alcohol Problem Quick Screen, a 30-item measure that requires no special training and is in the public domain. These are only 2 examples of instruments that school psychologists can easily implement in school settings for substance abuse screening purposes. In addition, there are many resources school psychologists can access that provide more thorough reviews of substance abuse screening instruments.

Marijuana, alcohol, and cigarettes were the substances most used by students as reported by school psychologists in this study. These data were obtained by participants responding to a question asking them to indicate which substances students who had substance abuse problems had used. Each psychologist’s

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**Table 2. Type of Substance Used by Students Seen by School Psychologists**

<table>
<thead>
<tr>
<th>Type of Substance</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana</td>
<td>200</td>
<td>100.0</td>
</tr>
<tr>
<td>Alcohol</td>
<td>194</td>
<td>99.5</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>182</td>
<td>98.4</td>
</tr>
<tr>
<td>Prescription medications</td>
<td>126</td>
<td>80.8</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>95</td>
<td>69.8</td>
</tr>
<tr>
<td>Cocaine</td>
<td>93</td>
<td>67.9</td>
</tr>
<tr>
<td>Smokeless tobacco</td>
<td>86</td>
<td>67.2</td>
</tr>
<tr>
<td>Club drugs</td>
<td>90</td>
<td>66.7</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>90</td>
<td>64.3</td>
</tr>
<tr>
<td>Inhalants</td>
<td>82</td>
<td>60.3</td>
</tr>
<tr>
<td>Over-the-counter medications</td>
<td>74</td>
<td>57.4</td>
</tr>
<tr>
<td>Tranquilizers</td>
<td>71</td>
<td>55.0</td>
</tr>
<tr>
<td>Crack cocaine</td>
<td>60</td>
<td>50.8</td>
</tr>
<tr>
<td>Sedatives</td>
<td>53</td>
<td>43.1</td>
</tr>
<tr>
<td>Heroin</td>
<td>34</td>
<td>30.1</td>
</tr>
<tr>
<td>LSD</td>
<td>31</td>
<td>27.9</td>
</tr>
<tr>
<td>Steroids</td>
<td>24</td>
<td>22.6</td>
</tr>
</tbody>
</table>

N = the number of school psychologists responding “yes” to each question; % = percentage of school psychologists responding “yes” to each question.
assessments of type of substance used were based on his or her perception and may or may not have included self-report data from the student although national substance use data for high school students corroborate our findings for these 3 substances.4

School psychologists can easily access more information and resources on the substances of abuse from the Internet. One resource is the National Institute on Drug Abuse Web site (www.nida.nih.gov), which contains current information on substances of abuse and materials written for a wide audience (eg, students, parents, educators). A second resource is the Substance Abuse and Mental Health Services Administration Web site (www.samhsa.gov). This Web site features information about substance abuse and mental health and a national substance abuse treatment locator. In addition, many state-level mental health departments conduct their own surveys on substance use and related health behavior for students within their state, and the results are typically available to the public on the Internet. Thus, school psychologists can check with their state’s mental health department for student substance use information relevant to their geographic setting.

Implications for Pre-Service and In-Service Training

The training areas identified by school psychologists have important implications for school psychology preparation programs and in-service training. Specifically, graduate programs in school psychology could integrate substance abuse material into existing courses. For example, NASP accredited programs typically include entire courses on consultation and collaboration and child mental health issues to fulfill the core instructional domain requirements outlined in the Standards of Training.27 Domain 2.7 – Prevention, Crisis Intervention and Mental Health indicates that school psychologists should be able to identify “precursors to academic, behavioral, and serious personal difficulties”27(p.30) that students face, such as substance abuse. Integrating substance abuse material into required courses would more fully prepare students to address these issues as future school psychologists. With regard to in-service training, administrators could make student substance abuse a training priority for school psychologists in their districts. Findings from this study indicate that slightly more than half of the participants had not received in-service training on the topic of student substance abuse in the previous 3 years. Based on the results of this study, the 3 areas to provide in-service training for school psychologists for student substance abuse are screening and assessment, consultation, and direct student interventions.

There are also potential obstacles to consider when providing in-service training to school psychologists on the topic of student substance abuse. One such obstacle is overcoming the traditional role that school psychologists have played as crisis managers rather than prevention specialists. The literature is full of leaders in the field calling for a restructuring of the role of school psychologists to move away from eligibility assessment to providing more consultation and prevention-oriented services.28-30 Unfortunately, school psychologists are typically called in to provide support to a student only after some crisis has occurred, for example, if a student with a disability is at risk for a change in placement (eg, suspended or expelled for more than 10 days in 1 school year).31,32 Other potential obstacles to training include conflicts with existing school policies regarding substance abuse (eg, zero tolerance), obtaining support from administration, and the associated monetary and personnel costs of training, but if training in this area is a priority for a school or district, then solutions to overcoming these potential obstacles can be found.26

Limitations and Future Research

This study provides important findings related to the perceived competence and training needs of school psychologists working in high schools to address student substance abuse concerns, but more research is needed. For example, the majority of participants in this study identified as being white (91.4%). A potential limitation is that this sample may not generalize to school psychologists from racially and ethnically diverse backgrounds. Understanding the perspectives of school psychologists from different racial and ethnic groups when dealing with student substance abuse concerns is an important area for future research. In addition, it is important to understand how school psychologists perceive the needs of students from different racial and ethnic groups with regard to substance abuse concerns. Obtaining these types of data from future research studies can lead to designing specific training programs that meet the needs of school psychologists from diverse backgrounds and developing preventive interventions that meet the needs of diverse students. A second limitation is that no information was obtained from nonrespondents to the survey. Respondents and nonrespondents could potentially differ in certain ways, but this could not be examined in the present study.

REFERENCES


