

Counselors in At-Risk Prevention Services: An Innovative Program

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This article presents the rationale and a model for a doctoral program designed to address the growing social concern about at-risk individuals. The at-risk population does not necessarily fall into traditional diagnostic categories but consists of children or adults with high prediction rates for later poverty, under- or unemployment, institutionalization, and/or early illness and death. A prototype doctoral program is described that is based on this model and joins the expertise of two academic institutions in emphasizing prevention and proactive interventions designed to expand the roles and impact of the individual counselor in working with at-risk populations. The program is designed to prepare graduates to move into professional leadership roles within existing institutions, such as the schools, the workplace, and community organizations, to develop and evaluate prevention and treatment programs, to foster organizational change, to influence public policy, and to train professionals and laypeople.

In response to the alarming increase in social and emotional problems in recent years, concern has been raised about the adequacy of traditional mental health services to meet them (Albee, 1985). Under the traditional model, mental health counselors (MHCs) have been trained to work individually or

Guest Editors' Note: *When we made a call for manuscripts for this issue, we asked for descriptions of innovative programs. To our dismay, we received little from mental health counselors. Although this article describes a doctoral program in counseling psychology, we believe it represents the kind of innovation needed in mental health counseling. We have included it in this issue for the reader's consideration as a prototype. We encourage readers to consider how such programs could be formulated to train mental health counselors.*

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in small groups with people experiencing mental health problems. However, in addressing contemporary at-risk populations such as school dropouts, adolescent mothers, and alcohol and other drug abusers of all ages, traditional mental health concepts and interventions are often inappropriate.

Professionals serving such at-risk populations must become adept in the conceptualization, development, and use of strategies appropriate to the problems addressed. These include fostering organizational change and development; facilitating self-help, mutual support, and action groups among affected populations; and training other professionals as well as nonprofessionals and laypeople (Lewis & Lewis, 1981).

Graduate programs tailored to train MHCs to address the needs of at-risk populations are clearly needed. Counselor educators need to learn how to prepare an emerging generation of mental health counselors and psychologists in ways that will enhance the social relevance of their study and research and will extend their professional influence far beyond the relatively small set of clients they typically serve as individual practitioners. This article presents a rationale and outline developed by the authors for an at-risk education/training program that joins a mental health counseling master's program and a doctoral program in counseling psychology. It is equally relevant to doctoral-level MHC training programs.

At-risk training programs focus on populations that do not fit into traditional diagnostic categories of mental disorder. Rather, populations are identified by means of their personal characteristics, life situations, and involvement in activities that disrupt their own development as well as the functioning of institutions in which they participate. It is expected that program graduates will be qualified to move into professional leadership and research roles in higher education, research and development organizations, schools, community agencies, and private industry. The common core of their work would emphasize prevention and intervention with at-risk youth and adults.

The concept of "at risk" invites proactive, rather than reactive, approaches to personal and social intervention. Specifically, the program described defines at-risk persons as children or adults with high prediction rates for

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later poverty, under- or unemployment, institutionalization, or early illness and death. Such individuals may be identified by (a) direct behavioral evidence (e.g., poor school attendance threatening early dropout; drug-abusing youth or adults) or by (b) association with groups known to face these life consequences at a higher rate than the general population (e.g., children of alcoholics).

NEED FOR THE PROGRAM

Graduate education in mental health counseling and counseling psychology is widely shaped by standards of accreditation promoted by professional organizations for those fields (e.g., Council for Accreditation of Counseling and Related Education Programs; American Psychological Association). The result has been greater conformity of program offerings and requirements at the graduate level.

Conformity to professional standards is appropriate only as long as the model for professional behavior fits the problems addressed. However, many current programs focus primarily on individual client treatment and neglect study of the institutional or social conditions from which problems arise. Most programs further insert the professional after the problem has developed and fail to address the modification of contributing institutional or social factors. Proactive approaches that emphasize prevention and early intervention are merely mentioned or ignored (Aubrey & Lewis, 1983).

Myers (1982) emphasized the importance of teaching varied interventions in his recommended projections for counselor education: "Students should be required to master an array of possible intervention styles . . . theory, technique, and practice in training others to help, helping in a consultant's role, structuring programs and materials that help, and helping by changing the client's environment should be a part of every student's experience" (p. 43).

Research authors reflect a need for more professional investment in prevention. A survey by the senior author of recent issues of the *Journal of Counseling and Development*, the *Journal of Counseling Psychology*, *Counselor Education and Supervision*, and *The Counseling Psychologist* shows that overall fewer than one third of articles have any relation to prevention. And fewer than 15% of those report research on early intervention, prevention program outcome, or the professional strategies consistent with such interests.

The need for training programs in at-risk prevention is further highlighted by the extensive number of people at risk in society. These people can be classified according to the four kinds of institutions significantly affected by at-risk persons: elementary and secondary schools, colleges and universities, the workplace, and community organizations responsive to social problems. The prevention or intervention programs that exist can be channeled naturally through these settings.

Elementary and Secondary Education

Schools confront problems that either did not exist 50 years ago or were simply disregarded as falling outside their responsibility. Losing a substantial proportion of each age group before entry into secondary school was not a problem when a high school diploma was necessary only for white-collar employment and college admission. Today, students who do not complete high school are termed "dropouts," and the high drop out rate in the United States, compared with other developed countries, is viewed as a serious social and economic problem, if not a national disgrace. Rumberger (1987) recently estimated dropout rates for the nation and California at 29% and 37%, respectively. The rates are typically higher in urban areas.

Other behavioral problems, including drug and alcohol abuse, rebelliousness and violence, juvenile gangs, teenage pregnancy, and dysfunctional families and associated child abuse, affect the climate of the school as well as the students involved. Such problems also affect the work of staff, distracting them from their role as educators and depriving them of satisfactions that should come from successful teaching and mentorship. In their California State survey, Skager and Frith (1988) classified 14% of 9th- and 23% of 11th-grade students as high-risk alcohol and drug users. Mensch and Kandel (1988) have recently confirmed that problems such as dropping out of school, alcohol and drug use, and disruptive and violent behavior are closely linked in the adolescent population. Given the numbers of school dropouts and high-risk drug users, a conservative estimate of at-risk teenagers would include at least 20% of the US. population.

Programs addressing alcohol and drug prevention, AIDS prevention, dysfunctional families, and the social and emotional needs of youth are now common in schools throughout the nation. Moreover, "student assistance" programs, a term referring to a wide variety of prevention, intervention, and support efforts, are now implemented in many school districts. Although little is known about the impact of such programs, these efforts testify to radical changes in the kinds of responsibility assumed by schools. The education of

scholars whose research will focus on at-risk populations, as well as professional personnel who will develop, direct, evaluate, and run school and community-based prevention and intervention programs for young people, deserves to be addressed by mental health graduate-level institutions.

Higher Education

University and college students are increasingly considered at risk. Recent data reveal undergraduate dropout rates ranging from one third to over one half (54%) among both "selective" and "highly selective" public colleges and universities (American College Testing Program, 1989). The problem of excessive use of alcohol and illicit substances by college students has been noted at many institutions. In the 1960s, about 60% of students used alcohol. Today, 85-90% of college freshmen drink beer regularly, and as many as 40% on some campuses report heavy consumption (Mills, 1985). College administrators are increasingly aware that alcohol use is a major factor in residence hall problems, including property damage, violence, and physical injury (Anderson & Gadaletto, 1984).

On campuses where these and other problems are recognized and addressed, MHCs and other professionals find their work roles incorporating education and training functions, public relations, supervision of volunteers, policy review, and organizational development. These functions rarely appear in curricula of graduate programs in mental health counseling and psychology.

The Workplace

Employee substance abuse is a serious personal and financial problem in American businesses and corporations. The National Institute on Drug Abuse (NIDA) estimates that the cost of drug abuse to employers ranges from \$70 billion to \$75 billion annually, including losses from reduced productivity, absenteeism, accidents, health care, theft, and prevention and treatment programs. NIDA also estimates that as many as 23% of workers in the United States use dangerous drugs on the job (Sessions, 1989).

Aside from substance abuse, a variety of personal problems are now acknowledged as detrimental to productivity in the workplace. Employee assistance programs (EAPs) initially dealt with employee alcoholism. However, studies of contemporary programs reveal that fewer than half of EAP employee contacts involve alcohol or other drug abuse (Jonas, 1983). Employee assistance counselors also devote significant time to supervisor and

employee training, conflict management, organization consultation, and primary prevention activities addressing substance use, personal stress, and other factors leading to impairment.

Employee assistance programs are now widespread. They exist in over 70% of major U.S. corporations with 3,000 or more employees and are required by federal law in higher education institutions having contractual relationships with federal agencies (Hellan, 1986). The extensive involvement of EAP staff in prevention and training is not, however, a direct focus in counselor education programs. Areas of curriculum and program development, teaching and training methods, and effective prevention strategies are typically absent. Both training and field experience neglect focus on the skills necessary for this work.

Family and Community

Research evidence strongly supports the widely held belief that children from troubled families manifest a high rate of problems associated with at-risk status (Hawkins, Lishner, Catalano, & Howard, 1986). High-risk alcohol and other drug use, low school achievement, dropping out of school, emotional and social problems, and trouble with authorities and the law are closely associated with dysfunctional family history. The quintessential dysfunctional family is the family in which one or more adults are alcohol or drug dependent. Students from such families often desperately need help that takes the family situation into account.

Community agencies are frequently called on to address the needs of at-risk populations. Agencies responsive to the need organize support groups and special programs (e.g., gang interdiction) and provide training in coping skills, stress reduction, and parenting, in addition to individual and group counseling and therapy (Blocher, 1987). Staff also contract with schools and other public and private agencies to provide training and expertise in program development. Professional roles in such agencies call for a wide variety of knowledge and skills that extend beyond those offered in most mental health counseling programs.

AT-RISK COUNSELOR TRAINING

The At-Risk Counselor Training Program being developed conjointly between the Graduate School of Education, University of California at Los

Angeles (UCLA), and the Department of Educational Psychology and Counseling, California State University at Northridge (CSUN), attempts to address these social needs and professional concerns. The program will consist of 26 courses (approximately 100 semester units) and offer the doctor of philosophy degree in counseling psychology.

Students will be selected from two sources: (a) a pool of applicants to the Ph.D. program and (b) applicants who are currently enrolled in or have completed a master's degree in counseling at CSUN. Students will attend both institutions and receive training and field experience in program and organizational development, policy formation, plus program evaluation and research—all directed toward the prevention of at-risk conditions. The program will focus training, education, fieldwork, and research on five study areas in addressing at-risk populations: (a) theory and methods for identifying at-risk populations, (b) effective prevention and intervention strategies and approaches, (c) planning and consultation, (d) program implementation, and (e) evaluation, program modification, and research.

Theory and Methods for Identifying At-Risk Populations

The UCLA/CSUN program will emphasize a team approach for teaching, research study, and program development. Included will be team teaching, invitational lectures across campuses, cochairing dissertation committees with faculty from both departments, and a program steering committee consisting of representatives from both institutions.

The program will adopt a view of at-risk conditions that emphasizes the interaction of multiple factors. Some at-risk factors involve sociological classification, interpretation, and intervention. Others point to the exploration of psychological dimensions. Still other risk factors are institutional or educational in nature, requiring classification, analysis, and intervention appropriate to that form. In addition, the process by which individuals encounter at-risk status (e.g., institutional labeling, psychometric identification, and behavioral/social problems) will be examined. New ways of categorizing at-risk individuals will be explored with emphasis on the implications such classifications have for effective interventions that ameliorate at-risk status.

The program will also emphasize learning about dysfunctional and at-risk families and assessing familial influence on individual risk (e.g., single-parent status, crowded living space, meager economic resources, family emotional dysfunction, alcoholism, abusive behavior, parental separation or

divorce, and situational influences such as moving and job change or loss). The program includes study of conditions in organizations and institutions that may promote at-risk status (e.g., dysfunctional organization processes, unstable employment, and physical and emotional stress). School environment factors that contribute to student problems will also be explored (e.g., inadequate teaching and negative school climate).

Further study draws on community and societal conditions associated with at-risk individuals and groups. The community may add to individual risk by providing few or no outlets for personal growth and development (e.g., few or no employment opportunities), by presenting difficult challenges and conditions (e.g., high drug availability, high crime rate), or by a lack of services (e.g., medical or mental health, job placement). The study of societal conditions will focus on social attitudes, policy, and legislation affecting at-risk conditions.

Prevention/Intervention Strategies and Approaches

We believe mental health counseling programs that focus on at-risk populations should emphasize prevention and the organization of services, rather than the provision of direct services. Included in the range of interventions taught in the UCLA/CSUN program will be system intervention, team building, organizational development, school renewal, advocacy, teaching and training methods, self-help and mutual support groups, peer counseling, and cooperative learning groups. The counseling professional will also gain knowledge of specific educational and training interventions such as career and rehabilitation counseling, conflict management, affective education, parent education, and drug and alcohol abuse treatments.

Intervention will be defined broadly to include policy and legislative issues in establishing advocacy for at-risk populations. Legislative procedures for policy formation at the local, state, and federal levels will be studied. These will include writing effective policy arguments and legislative statements, developing processes for testing policy decisions for at-risk factors, and implementing methods of advocating for research and program development.

Intervention research by both faculty and students will go beyond simple studies of program outcome and will be directed toward the determination of which interventions are optimally employed with which target group (i.e., individual, family, school, workplace, community) and under what conditions (e.g., professional vs. indigenous service providers, after establishment of readiness).

Planning and Consultation Skills

The development of skills for intervention planning will include studying organization systems and community resources. Knowledge about organization structure, systems operation, sources of power, and how an organization functions is important in order to plan effective intervention strategies.

A systems view of intervention requires skills for working with individuals and groups with different but related roles, within institutional and community settings. Consultation skills and processes are fundamental in this context. Study in consultation will include consultation models, strategies for planning and program implementation, and the application of action research as well as basic and applied research investigations.

The at-risk program will train students to become competent advocates for at-risk individuals and groups. Planning and consultation skills are necessary for competence in this area. Advocacy competence will also require students to know (a) what affects policy at the state, local, or national level, (b) what laws or regulations can be applied to gain services for at-risk individuals, and (c) the processes involved in bringing programs and services to bear on at-risk conditions.

Training Skills

The professional counselor concerned with at-risk populations needs skills and knowledge for training nonprofessionals, paraprofessionals, and other professionals to provide service. Course content in this area will include educational theory, principles of program development, and training methods.

Evaluation Competencies

Program evaluation is a core area of knowledge and skill for the professional counselor working with at-risk populations. Courses and fieldwork will prepare students to develop process and summative evaluations for a range of program interventions. Action research models will be emphasized whereby evaluation outcomes will be seen as part of an ongoing process of program modification and improvement.

CONCLUSION

The UCLA/CSUN joint doctoral program in at-risk prevention represents one effort in joining the complementary expertise of two academic

institutions in the preparation of individuals to effectively address the growing social concerns of individuals at risk. The program also establishes a model for the doctorate in mental health counseling. The conceptual basis for this model stresses a multifaceted, interdisciplinary, and holistic approach to mental health counseling for at-risk conditions building on Seiler and Messina's (1979) definition. Following other recent efforts to define the domain of mental health counseling (Spruill & Fong, 1990), the program also highlights a variety of roles, activities, and applications for MHCs within a broad context including individuals, families, institutions, community agencies, and the society. Program graduates would view their role primarily as teachers, consultants, and organization change agents rather than as traditional one-to-one counselors. The study of social policy for at-risk conditions, including policy formation and modification, exemplifies the benefits to be gained by integrating political, academic, and clinical points of view (Sherrard, 1989) in an area of social need and concern.

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