At-Risk Factors for Adolescents in Rural Areas

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Abstract

This paper presents an overview, centered on literature, the challenges and at-risk factors adolescents living in rural areas face. Adolescents living in rural areas face many challenges when compared to their peers in urban areas. Adolescents in rural areas begin using drugs and alcohol at earlier ages when compared to their peers in urban areas. This paper will examine the use of alcohol, drugs, tobacco and sexual behavior among rural adolescents. These at-risk behaviors result in teen pregnancy, lower graduation rates and higher rates of sexually transmitted diseases. Recommendations for school counselors, with an Adlerian approach will also be addressed.
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At-Risk Factors for Adolescents in Rural Communities

Living in rural America has often been seen as a safe and secure place to raise a family. Parents often think they are sheltering their children from the dangers of living in an urban area, such as alcohol and drug use. Adolescents living in rural areas can be perceived as living in a sheltered world, not experiencing social problems of adolescents living in urban areas. Use of some substances among youth in rural United States communities is now greater than use in the nation's urban areas (Shears & Stanley, 2006). Research indicates that substance abuse and use are serious problems among adolescents in rural areas (Hall, Smith, Easton, An, Williams, Godley & Jang, 2008). Myers (2013) cited the Substance Abuse and Mental Health Services Administration (2006) suggesting that adolescents in rural communities are actually more likely than urban adolescents to use alcohol and illegal drugs even though inner city adolescents are stereotyped to be the drug users. The early onset of experimental use among rural adolescents is usually associated with quicker progression into addiction, use of harder drugs in life, and future treatment needs (Hall et al., 2008).

Thus, the notion that rural adolescents are sheltered from social problems such as pregnancy, drug and alcohol abuse or crime because of their isolation to urban areas, closer ties with family, and religious beliefs is just the opposite. Unfortunately, adolescents in rural areas experience all of the social problems that their peers in urban areas face, at times, at higher rates of incidents. Risk behaviors in adolescents can lead to a lower quality of life and decreased opportunities to become a well-adjusted adult. Rural adolescents display lower academic achievement and a higher rate of dropping out of school when compared to their non-rural peers (Roscigno & Crowley, 2001).
Adolescence can be described as a time for emotional, physical, and intellectual changes. In addition, adolescence can be a time of greatest risk for drug use and the development of drinking problems (Kostelecky, 2005). Thus, developmental changes can lead to adolescents becoming alienated from family and friends and engaging in risk taking behaviors. High risk behaviors are often exacerbated in rural adolescents (Griffin & Galassi, 2010). Adolescents growing up in rural areas face fewer curricular choices, fewer school activities, fewer employment prospects, and isolation based on their geographic location (De Haan & Boljevac, 2009). Risk factors, including family history of drug involvement, early on-set of risk factors and low school achievement are more prevalent among rural adolescents (Spoth, Goldberg, Nepppl, Trudeau & Ramisetty-Mikler, 2001).

Over 14 million adolescents and children live in rural areas, 20 % of the children in the United States (De Haan & Boljevac, 2009). One in five children and adolescents live in rural areas (U.S. Census Bureau, 2000). One in three students attending a public school in the United States attends a school in a town or rural area with a population of 25,000 or fewer; one in five attend a school in an area of 2,500 people or less (Williams, 2003). Rural communities or areas will be defined in this paper according to the U.S. Census Bureau’s definition of rural America. Rural America encompasses most of the country as it includes all territory, houses, and land not located within an urban area according to the U.S. Census Bureau (2014). Adolescents will be defined as male and females between the ages of 13-18.

At-Risk Behaviors

Drug Use

Substance use among rural adolescents in the 70’s and 80’s was substantially lower than the rates of urban adolescents. By the mid 90’s, substance abuse by rural adolescents reached the
level of their urban peers (Scaramella & Keyes, 2001). Spoth, Goldberg, Neppl, Trudeau & Ramisetty-Mikler (2001) cited the National Center on Addiction and Substance Abuse (CASA) that “eighth graders living in rural areas were 104% more likely to use amphetamines and 50% more likely to use cocaine than their urban counterparts,” (p. 610).

A study of 133 high school seniors was conducted in two rural Midwestern communities in the United States, with populations of 10,000 people or less. The results of the study indicated that a third of the adolescents had used marijuana and a quarter had used other illicit drugs in the same time period (Kostelecky, 2005). Coomber, Toumbourou, Miller, Hemphill, & Catalano (2011) also report rural adolescents were twice as likely to ever have used cannabis.

According to Kostelecky (2005) parental involvement is related to adolescent substance abuse. Kostelecky (2005) found adolescents who perceived themselves as having a close relationship with their parents had lower levels of substance abuse.

Despite previous indications that drug use is higher among urban adolescents, rural adolescents have leveled or surpassed that of urban youth (Rhew, Hawkins & Oesterle, 2011). Low attachment to school and failure in academics are risk factors that place adolescents at risk for using drugs and other substances.

**Tobacco Use**

Center for Disease Prevention and Control (2011) reports tobacco use continues to be the leading preventable cause of death and disease in the United States; nearly 90% of adult smokers begin smoking by age 18 years. Tobacco use among rural adolescents, especially smokeless tobacco, has increased while smoking rates of urban adolescents are declining (Coomber, Toumbourou, Miller, Hemphill, & Catalano, 2011). Coomber et al. (2011) found higher rates of tobacco use in the past 30 days and lifetime usage.
In a study conducted by Coomber, Toumbourou, Miller, Hemphill, and Catalano (2011), of 3,729 adolescent students, ages 12-15 years of age responded to questions about alcohol, tobacco, cannabis, and other illicit drugs. Students resided in rural and urban Washington State and Victoria, Australia. Adolescents in rural areas displayed higher rates of tobacco use than adolescents in urban areas.

Johnson, Mink, Hanun, Moore, Martin and Bennett (2008) analyzed data from the 2003 Youth Risk Behavior Survey. Students in grades 9-12, a total of 15,214 respondents: 2,394 living in rural areas, 7,027 living in suburban areas, and 5,793 living in urban areas were surveyed. According to the report, approximately one third reported any experience with tobacco, with rural teens more likely to report the use of chew tobacco within the past month (9.9%) than either suburban (5.5%) or urban (6.6%) teens. Rural teens were more likely to chew tobacco than their urban counterparts.

An analysis of 15,372 surveys completed by twelfth-grade students in Montana was completed by Hanson, Novilla, Barnes, Eggett, McKell and Reichman (2009). Hanson et al., (2009) compared 30-day prevalence of alcohol, tobacco, and other drug use during 2000, 2002, and 2004. Twelfth-graders (34.37%) in rural areas had the highest cigarette use. Rural twelfth-graders have greater odds of using cigarettes and smokeless tobacco when compared to their peers in urban settings. Hanson et al., (2009) conclude that adolescents in rural areas were much more likely to use legal substances, such as tobacco and cigarettes.

Alcohol Use

Understanding substance abuse in rural America has changed over time (Lambert, Gale & Hartley, 2008). Previously, rural communities were perceived as being more nurturing than
urban areas, shielding their adolescents from the dangers of substance abuse. However, rural youth have higher rates of binge-drinking than urban youth (Lambert et al., 2008).

Alcohol use among adolescents in the United States is the most abused substance (Hamdan-Mansour, Puskar & Sereika, 2007; Lambert, Gale & Hartley, 2008). Rhew, Hawkins and Oesterle (2011) conducted a study of twenty-four small to moderate sized towns across the United States. Populations ranged from 1,500-40,000 residents. Within the study, Rhew et al., (2011) found high school students living on farms had a higher likelihood of binge drinking. This study found youth living in rural settings are at a higher risk of alcohol use than urban youth. The study along with Lambert, Gale and Hartley (2008) concurred that the higher rates of use could be related to financial uncertainty and economic disadvantage and stress for farming individuals and families. Adult farmers are prone to higher rates of depression, suicide and anxiety. These issues can impact rural adolescents negatively, adding pressure and stress.

In another study by Kostelecky (2005) 133 high school seniors in two rural mid-western communities were administered a series of self-report questions. Within the past 6 months, alcohol had been used at least once by 77% of the adolescents. Binge drinking was reported by 51.2% of the students.

Lambert, Gale and Hartley (2008) studied data from the 2002, 2003 and 2004 National Drug Use and Health responses of 70,000 adolescents. Of the 70,000, 17% resided in rural areas. Alcohol use was measured in two ways: binge-drinking and heavy drinking. Rural youth had higher rates of alcohol use over the past year when compared to urban youth. Lambert et al. (2008) also found the more rural the area, the higher the use of alcohol by adolescents. In the most rural areas, binge-drinking and heavy drinking had the highest rates. The study also found rural youth were more likely to have driven under the influence of alcohol than youth in urban
areas. Heflinger and Christens (2006) found rural youth spend more time in their cars therefore are at a higher risk of drunk driving than urban youth.

Nasim, Fernander, Townsend, Corona and Belgrave (2011) conducted a survey of African American adolescents in the rural southeastern region of the United States. One hundred thirty-seven adolescents participated in this survey. Over 58% of the respondents reported consuming an alcoholic beverage during the past 30 days.

**Sexual Behaviors**

Sexual behavior and substance use are a major health concerns for youth. High risk sexual behaviors include multiple partners, initiating sexual behavior at an early age and lack of condom use or birth control (Dunn, Ilapogu, Taylor, Naney, Blackwell, Wilder, & Givens, 2008). Dunn et al. (2008) reported adolescents that were heavy drinkers were 4 times more apt to be sexually active, were sexually active at an earlier age and had 50% more sexual partners when compared to regular drinkers. Therefore, dangerous behaviors can lead to long term consequences such as life-time sexually transmitted diseases (STD's) or pregnancy as a teen.

Impaired judgment from substances such as alcohol or marijuana can create a multitude of problems for rural youth. According to Dunn et al. (2008) rural adolescents are exposed to significant risk factors such as isolation, early use of alcohol or drugs, and early exposure to sexual activities. Risky sexual behaviors is costly to not only the teens but to society and the health care system.

Dunn et al. (2008) conducted a survey of 10,273 youth in grades 6, 7, and 8 in rural Tennessee. Students were given the Youth Risk Behavior Survey reporting participation in various health risk behaviors. Male respondents (25.4%) and female respondents (18.8%) reported sexual intercourse. Additionally, 75% of females and 75.8% of males reporting sexual
intercourse also reported trying alcohol. Thus, students reporting substance use were more likely to be sexually active. Dunn et al’s. (2008) data suggested substance use and sexual activity have a distinct relationship with one another. Sexual activity and substance use are health concerns for rural adolescents.

Unprotected sexual intercourse can result in unplanned pregnancies, especially for teenagers. In a survey taken by 8th grade students in a rural community in Oregon found 61% of the students reported being sexually active in the past three months (Little, Henderson, Pedersen & Stonecipher, 2010). Of those reporting sexual activities, only 12% used a condom.

**Lack of Services**

**Mental Health Services**

Substance abuse and mental health disorders often are associated with one another in adolescence. Reeb and Conger (2011) state adolescents in rural areas are at a specific risk for mental health problems. According to Reeb and Conger (2011), adolescent depression prevalence rates in rural areas are at 41%. While depression is not unique to rural areas, families have less access to treatment and resources than their urban counterparts.

Transportation, poverty, lack of services and stigma of mental health issues are some of the identified barriers for rural youth in receiving mental health treatment (Heflinger & Christens, 2006). Thus, barriers can also contribute to the delay in treatment and increased substance abuse in rural youth. Treatment centers for rural youth are often at a far distance from their community and family ties. Thus, maintaining relationships and transitioning back home becomes extremely difficult.

Technology is being used to bring services to youth in rural areas. Telemedicine connects specialists to adolescents in rural communities. This type of treatment allows youth to use
technology to connect them with behavioral treatment that otherwise would require traveling for long periods of time to urban areas.

Lack of access to mental health care can be a motivator for the use of telepsychology. Often, mental health care requires several appointments and regular sessions over time to be effective. Technology and telepsychology can improve attendance and lessen the financial burden of traveling. This type of treatment can also include a multi-member approach to treatment by including family, school personnel and case managers, depending on needs of the adolescent and family (Nelson & Bui, 2010).

**Medical Care**

Adolescents are known to forego health care. Unfortunately, today’s adolescents are at more risk than ever before for illnesses and diseases such as; terminal illness, alcohol related injuries, care for emotional issues and sexual behaviors. Adolescents living in rural areas report forgoing medical treatment because of lack of transportation, knowledge of where to go, lack of medical insurance, embarrassment, fear of medical procedures and concerns about confidentiality (Elliot & Larson, 2004).

Elliot and Larson (2004) conducted and analyzed surveys of 1,948 sophomores in St. Louis County in Minnesota. Results indicated that more youth in rural and mid-size areas forgo care than youth in urban areas. One barrier reported by respondents was the cost of receiving care and lack of medical insurance. In addition, youth reported fewer medical providers and the perceived notion of a lack of confidentiality in rural areas as a barrier to seeking treatment. Care for mental health issues was regularly missed due to lack of knowledge of their mental health illness and the lack of trust in providers in keeping their confidentiality. Respondents reported having knowledge of treatment providers for sexually transmitted diseases and reproductive care.
Although having this knowledge, youth in geographic isolation did not receive services because of embarrassment.

**Birth Control**

Access to birth control in rural areas can be difficult, especially for adolescents. According to Bigbee, Abood, Landau, Maderas, Foster and Ravnan (2007) 80% of teen pregnancies are unintended. Bigbee et al. (2007) reported rural adolescents have 30-40% higher rate of pregnancies when compared to urban teens. Access to birth control is an issue for teens in rural communities, especially *Emergency Contraception* (EC) otherwise known as Plan B. Emergency Contraception, if taken within 5 days of unprotected sexual intercourse can prevent an unwanted pregnancy.

Plan B became available in 2006 with a prescription for women under the age of 18. Bigbee, Abood, Landau, Maderas, Foster and Ravnan (2007) conducted a survey in twenty-seven counties (1,217 pharmacies) in California of rural and urban pharmacies. The purpose of the study was to find out how available Emergency Contraception was for women in rural areas. Bigbee et al. (2007) found 17% of the rural pharmacies had EC in supply compared to 22% of urban pharmacies. 13 of the 27 counties in the survey were considered rural/frontier. Of the 13 counties, 8 had no pharmacies providing pharmacy access to EC. Thus, adolescents living in rural areas continue to be at a significant risk of finding emergency contraception if needed. Timely access to EC is seemingly challenging to rural adolescents.

**Repercussions**

**Pregnancy**

Unplanned pregnancy in the United States has historically been a major concern. Teens in the United States are more likely to give birth than any other industrialized country in the world.
(Kearney & Levine, 2012). In 2013, according to the CDC (Centers for Disease Control) a total of 273,105 babies were born to women aged 15–19 years, for a live birth rate of 26.5 per 1,000 women in this age group. While this is a record low, the United States continues to have higher teen pregnancy rates when compared to other Western Civilizations. The United States currently ranks first among all developed countries in adolescent pregnancy rates which makes teen pregnancy an issue for school counselors (Magness, 2012). In addition, teen pregnancy can be interrelated to negative social, economic, and health consequences for teen parents. Teen moms are less likely to complete high school and they and their infants are more likely to live in poverty (Little, Henderson, Pedersen & Stonecipher, 2010).

According to the Centers for Disease Control and Prevention, birth rates among teens are higher in rural counties than in urban and suburban counties regardless of race/ethnicity. In 2010, the teen birth rate in rural counties was nearly one-third higher compared to the rest of the country (43 births versus 33 births per 1,000 females aged 15-19 years). Kozhimannil, Enns, Blauer-Peterson, Farris, Kahn and Kulasingam (2015) found adolescent pregnancy rates in rural counties in Minnesota exceeded those when compared to medium and large central metropolitan areas, a finding that is consistent with national statistics. According to Little, Henderson, Pedersen and Stonecipher (2010) a new mother in rural Oregon is twice as likely to be a teen as compared to a new mother in urban Oregon.

**Graduation Rates**

High school graduation is a stepping stone into adulthood. Obtaining a diploma can be put on the back burner for some teen parents or teens with substance use issues. Dropping out of high school can have dire consequences. For instance, high school drop outs are more likely to earn less, live in poverty and make less money when compared to those with a high school
High school drop outs earn on average $9,245 less per year when compared to students with a high school diploma (Steinka-Fry, Wilson, & Tanner-Smith, 2013). High school dropouts are known to earn less income over their lifetime and experience higher rates of unemployment and incarceration when compared to peers with a high school diploma (Bowers, Sprott & Taff, 2012). Therefore, leaving high school without a diploma can adversely affect a teen’s future and economic potential. In addition, leaving high school without a diploma will result in fewer job prospects than individuals with a high school diploma (Turnage & Pharris, 2013).

Adolescent girls who become a teen parent are less likely to graduate from high school when compared to non-child bearing adolescents. According to Reese, Haydon, Herring & Halpern (2013) 50% of teen moms receive their high school diploma by the age of 22 compared to 90% of their non-parent peers.

**Sexually Transmitted Diseases**

At risk behaviors that lead to teen pregnancy can also lead to acquiring a sexually transmitted disease (Kozhimannil, Enns, Blauer-Perterson, Farris, Kahn & Kulasingam, 2015). Kozhimannil et al. (2015) suggests that although adolescents aged 15–24 represent only 25% of the sexually experienced population and 50% of all new STIs are acquired by adolescents in this age range. 19 million new STD infections are reported annually, almost half of those are among adolescents and young adults aged 15-24 (Yan, Chiu, Stoesen & Wang, 2007). Rural adolescents face barriers of higher poverty rates, being uninsured, accessibility to services are limited and traveling to medical facilities are often long for prevention services. Rural adolescents have higher rates of alcohol consumption and are more likely to engage in
risky sexual activity resulting in a higher likelihood of contracting an STD or HIV (Yan et al., 2007).

**HIV**

Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) has often been thought of as an urban problem, not a rural problem. This perception is not accurate as the prevalence of HIV/AIDS in rural communities is increasing. Thus, placing adolescents in rural areas at a high risk of becoming infected with the disease. According to D’Alessandri, Cottrell, Pack, Rai, Burns, Harris, & Stanton (2003), 54% of rural adolescents in West Virginia have engaged in sexual intercourse with 43% not using a condom. Thus, unprotected sexual intercourse places rural adolescents at a higher risk of contracting HIV/AIDS.

**Chlamydia**

Kozhimannil, Enns, Blauer-Perterson, Farris, Kahn and Kulasingam (2015) analyzed data from the Minnesota Student Survey (MSS), Minnesota’s Center for Health Statistics, the US Census Bureau’s County Quick Facts, and the Robert Wood Johnson Foundation’s County Health Rankings. Kozhimannil et al. (2015) analyzed data from 66 of the rural counties in Minnesota. Rural Minnesota counties had the highest rates of Chlamydia among female adolescents with rates ranging from 558 to 4,673 per 100,000.

**Implications for School Counselors**

School counselors in rural areas face unique challenges. School counselors and teachers are in a primary role in supporting students that experiment in at-risk behaviors. In rural areas, schools may have only one school counselor and the counselor may be the only mental health professional in the area. Often, rural schools do not have the resources, funding or programming when compared to urban schools. Thus, requiring school counselors to be creative and
resourceful when providing curriculum and prevention programming to adolescents. For many adolescents and families, the school counselor is the first person they see for issues such as substance abuse, sexual activity, mental health concerns or unplanned pregnancies. Establishing relationships earlier in a student’s academic career can be beneficial as they grow older and face many at-risk factors.

“Professional school counselors must recognize the challenges and thrive on the rewards of the rural setting,” (Erford, 2010, p. 840). School counselors in rural communities need to utilize their professionals within their school buildings. Working closely with classroom teachers is imperative. Collaboration with classroom teachers can make classroom curriculum delivery more successful.

School counselors working in rural areas need to utilize technology. Often, rural school counselors work alone creating a unique counseling program. Using technology can provide resources otherwise unavailable due to budget constraints and geographic isolation.

Recognizing and involving parents can assist school counselors with prevention programming. Educating parents of the signs of at-risk factors can provide opportunities for learning and education within a rural community. School counselors in a rural setting need to establish relationships with the community, especially with the parents. Learning the culture of the community will be vital for the school counselor. Knowledge of the community and the development of relationships within the community can be beneficial for both the parents and adolescents.

Rural school counselors can also be seen as a generalist wearing many hats within their school district. It is important for school counselors to know when to make referrals for their at-
risk students. Working in a rural area, school counselors need to foster relationships with mental health professionals and community agencies.

School counselors working in rural areas should focus their curriculum on student engagement within the school, substance abuse prevention and increased parental support. Students with a sense of belonging within their school and involvement in extra-curricular activities will have less opportunities to experiment with alcohol, drugs, and sexual behaviors. Teens are less likely to begin alcohol use and drink less frequently when they have a perception of community and parental support (De Haan, Boljvac & Schaefer, 2010). Therefore, encouraging and fostering parental and community relationships with adolescents is crucial in preventing and reducing substance abuse.

As previously stated, one reason adolescents in rural areas do not seek treatment for medical or mental health issues is the fear that confidentiality will not be upheld within their small community. By building relationships with the youth in rural communities, school counselors can establish relationships, gain trust and build a confidential relationship for at-risk youth. In doing so, over time, the goal is for the youth to be able to have a trusting adult be available to answer questions, make referrals for medical or mental health needs and to talk about substance use before it happens.

Lastly, school counselors in rural communities may face challenges with confidentiality. In small communities, where everyone knows everyone and everything, school counselors bound to student confidentiality may be challenged. As previously stated, one reason for adolescents not seeking treatment for medical issues is the fear that confidentiality will not be upheld.

Regardless of the rural community, school counselors must maintain confidentiality. School counselors help create a safe and positive school environment for the students and the
school itself. Students turn to the school counselor and share information because they trust the

counselor. Thus, opening up with the counselor in confidence. The relationship between
counselor and student is that of a delicate nature, yet can be complicated at times. Students that
develop relationships with the school counselor feel safe and are able to open up with their
feeling and thoughts. Students trust their counselor, often, sharing personal and intimate details
of their life that they may not be sharing with anyone else in their life. School counselors have an
expectation to uphold confidentiality when working with students within the school system.

**Interventions**

Interventions for at-risk adolescents in rural schools will require creativity and
collaboration with licensed school staff and possibly community members. Small, rural schools
offered opportunities for close relationships between students, teachers and counselors. Counselors
can be the link between student/teacher relationships. Counselors can capitalize on these
relationships in their prevention of at-risk behaviors. A list of indicators of possible substance
abuse are listed below:

1. Knowing the signs of an unmotivated student and possible reasons for the lack of
   motivation in school.
2. Understanding why the student is acting the way they are.
3. Knowing the signs and symptoms of substance abuse and sexual behaviors.
4. Know your students as well as the culture of the community they reside in.
5. Recognize disruptive behaviors within the school and community and finding out
   the motive behind their behaviors.

Motivating students to do their best in school, offering support from school, parents and
the community can reduce at-risk factors. Bridging the gap and the mindset of what adolescents
think they can do and what they actually can do academically will assist them in completing school and not turning to substances. Educating teachers of the importance of relationships between students and staff can be the starting point of engaging and supporting students against the many at-risk factors faced during adolescence.

**40 Developmental Assets**

School counselors can utilize the 40 developmental assets provided by the Search Institute (1997) when assessing at-risk factors for students in their schools. The Search Institute has identified 40 developmental assets to healthy development and accomplishment of youth. The 40 assets are broken down into eight categories: support, empowerment, boundaries and expectations, constructive use of time, commitment to learning, positive values, social competencies, and positive identity.

During middle school years, adolescents tend to experience a decrease in the 40 assets. School counselors working with middle school aged youth are in a position to help change the trend of decreasing assets. Scales (2005) reports students in schools with more fully implemented school counseling programs felt safer in school and had better relationships with their teachers, a greater sense of the value of education to their future, and a more positive sense of school climate. Scales (2005) suggests schools with a comprehensive school counseling program, focused on the developmental assets, classroom lessons, individual counseling and having a connection to school staff, students and the community had students with a positive school experience. School counselors can affect the entire school climate which affects each and every student in a positive manner. Promoting the 40 assets can help reduce at-risk behaviors that adolescents are susceptible to.
D.A.R.E.

The D.A.R.E. program (Drug Abuse Resistance Education) connects local law enforcement with schools. D.A.R.E curriculum is geared toward students in grades 5 and 6 (Merrill, Pinsky, Killeya-Jones, Sloboda & Dilascio, 2006). Often, prevention curriculum focuses on the elementary and middles school aged students. The D.A.R.E. program is a 17 week curriculum presented by trained police officers. Students learn skills and knowledge, assisting the students to be able to resist the pressures of substance abuse. D.A.R.E. also educates students on living a substance use free life by developing positive self-image and attitudes.

Programs like D.A.R.E., tend to be found in public versus private schools. Many small, rural schools do not have the D.A.R.E. program due to budget constraints and lack of local law enforcement. Thus, placing implementation of prevention programs on the school counselor and securing D.A.R.E. programs in rural schools that previously didn’t have the program. Schools that can offer D.A.R.E. through their local law enforcement agency can foster positive relationships between students and law enforcement officers.

Lucas (2006) conducted a satisfaction survey of 5th and 6th grade parents in the Midwest. 420 parents completed the survey. 89.6% of the parents reported that they perceived their children were less likely to use alcohol tobacco or other drugs due to their participation in the D.A.R.E. program. In addition, 96.8% of parents perceived improvements in their children's understanding of the effects of using substances. Therefore, incorporating the D.A.R.E. program into schools will increase young adolescent’s knowledge of substance abuse, ways to resist peer pressure and can initiate conversations between parents and children in regards to difficult subject matter.
Substance abuse, teen pregnancy and high school drop outs have long been issues for society. Kumar, O’Malley, Johnston and Laetz (2013) suggest effective school curriculum focus on prevention, awareness, resistance skills, coping skills, self-management skills and parental involvement to reduce substance use among adolescents throughout a student’s academic career.

Project ALERT

Project ALERT is an evidence based, prevention curriculum that attempts to alter student beliefs about drug use, social norms, consequences of drug use, ways to identify and resist pro-drug pressures, and build resistance self-efficacy (Ellickson, 2014). Project ALERT is successful as it increases implementation of effective, school-based prevention programs aimed at influencing multiple risk and protective factors common to several prevalent problems during adolescence (Bailey, 2009).

Project ALERT is an evidence based prevention program. ALERT stands for adolescent, learning, experiences, resistance and training. Project ALERT is geared toward middle aged students and has a teen leader component that uses older students as role models. Project ALERT curriculum focuses on preventing non-using teens from experimenting with tobacco, alcohol or drugs. Additionally, Project ALERT also focuses on preventing teenage experimenters from becoming regular drug, alcohol and tobacco users.

School counselors in rural areas with limited resources could easily implement this curriculum into their classroom guidance lessons. Project ALERT offers a free on-line curriculum as well as free training for school staff. Posters, student handouts and videos are available for use. School counselors can access games, pre and posttests and videos on-line as well.
School Based Mentoring

Disengaged students display a higher risk of substance abuse, pregnancy and becoming a high school drop-out. Student disengagement is particularly strong and pervasive in rural communities and the resources for combatting them are more limited (Washor & Mojkowski, 2014). Mentoring programs are known to improve youth and adult relationships within communities. Unfortunately, community mentoring programs in rural communities are often not available leaving a gap in connecting youth with positive adult role models.

School based mentoring programs date back to the 1980’s. School based mentoring programs in rural communities can provide opportunities for adolescents to be paired with an adult from the community for the entire school year. School based mentoring programs are based within the school building, relationships last for the entire school year, youth are referred by school staff and facilitate the development of a healthy relationship between mentor and mentee (Jucovy, 2000). Randolph and Johnson (2008) suggest the primary benefit for youths participating in school-based mentoring programs is increased connectedness at school, in the family and in the community.

Johnson and Lampley (2010) examined the LISTEN (Linking Individual Students To Educational Needs) program in Tennessee. LISTEN is a mentoring program within schools, targeting middle school aged youth. The goal in creating LISTEN was to provide opportunities for youth to experience caring adults, creating healthy relationships with their mentors, increase school engagement, reduce discipline referrals and improve academic performance.

Johnson and Lampley (2010) analyzed 54 students in the LISTEN program in a Northeastern Tennessee middle school. Their study compared data from the 2003-2004 and 2004-2005 school years. 51 of the 54 students show improved grades from 2003 to 2005. 51 of
the 54 students had fewer discipline referrals in the 2004-2005 school year when compared to 2003-2004 school year. 52 of the 54 students participating in LISTEN showed improved attendance in the 2004-2005 school year in comparison to the 2003-2004 year.

Students participating in the LISTEN program experienced a caring, one to one relationship with an adult. Thus, mentoring programs created by school counselors such as LISTEN within school buildings can increase student engagement by improving attendance, improving academics and reducing behavior referrals. Positive adult relationships can positively impact at-risk youth and their school engagement and performance.

**Adlerian Concepts**

Living in a rural community presents many challenges for adolescents. Finding their niche within their community and having a sense of belonging can prevent some of the at-risk factors discussed in this paper. All adolescents have a desire to belong. The Adlerian concept of the desire to belong believes everything a child does is aimed at finding his/her place (Dreikurs, 1990). Often, adolescents in rural areas know how they fit within their family and what role they play. In school, fitting in isn’t always as easy to determine. Youth may turn to substances to find their place of belonging. By providing education on substance abuse and the consequences as well as extracurricular opportunities, adolescents can lessen the risk of using when they have other groups to belong to.

Adolescents that are susceptible to at-risk factors need a sense of purpose. Youth cannot develop their own sense of value until they have opportunities to be of value to someone else (Brendtro, Brokenleg & Bockern, 2002). Today’s youth desperately want to have a feeling of importance and contribute to their environments. Schools that have an environment of a whole
school where everyone belongs and has a feeling of being important will foster independence from their students. Thus, resulting in youth that have a healthy sense of belonging and purpose.

Adlerian’s attempt to understand an individual by examining the social context in which they come from (Ansbacher & Ansbacher, 1956). Adolescents learn from their family and environment in which they are raised. To understand why youth display certain behaviors or have particular values can be traced back to the people that cared and raised them. All behaviors have a purpose. Adolescents that are indulging in at-risk factors are attempting to find their place to belong and feel significant.

According to Dreikurs (1990) a misbehaved child is a discouraged child. Adolescents that are engaging in at-risk factors are discouraged in school, home and their community. This is obvious in the rate of teen pregnancy, substance abuse rates and high school dropout rates in rural communities. Adolescents who doubt their own abilities and value will demonstrate it through his deficiencies (Dreikurs, 1990). During the sense of discouragement, adolescents turn to less productive and useless behaviors. Many of these adolescents do not have a sense of belonging at home, school or in their community and develop the goal of misbehavior. Therefore, youth turn to risky behaviors in hopes of finding their place within a group.

School counselors need to be mindful that all behavior is not personal and serves a purpose (Dreikurs, 1990). It is vital that this information be passed along to all school staff, from the principal to the janitor when working in rural schools with at-risk youth. Often, the most unlikeable student is the one who needs a nurturing and caring adult. When staff and parents can understand the purpose behind an adolescent’s behavior then relationships can established and youth will respond to adult influences and opinions.
Another aspect of Adlerian theory is social interest and the need to contribute to one’s community. Adolescents need the sense of pride and ownership in their contribution to their family, community and school. Adolescents in rural areas can contribute to their schools and communities in many ways with the assistance of caring adults. At-risk youth in rural areas may benefit from positive connections and a sense of community within their school. In turn, enhancing their social and developmental skills could allow them to see their own importance and possibilities for the future (Petrin, Farmer, Meece & Byun, 2011).

Adolescents spend more time in school on any given day then they do with their own family members. Providing opportunities for a community within their school and classroom will give youth opportunities to have ownership and contribute with their peers. For youth that use substances, finding a new way to contribute and belong can be difficult but possible with caring, trusted adults. School bonding and connectedness offer adolescents positive experiences and ties to their school and are less likely to participate in at-risk behaviors such as alcohol, tobacco and drug use (Shears, Edwards & Stanley, 2006). In addition, Shears et al. (2006) report students with overall strong ties to their school have lower substance abuse rates.

**Conclusion**

Professional school counselors in rural communities are in a position to educate youth, parents, community members and staff of the at-risk factors adolescents face during their crucial developmental years. Schools in rural communities are often the hub of the community. Small, rural schools can promote a great sense of pride and positive connection to their school and community. Utilizing this notion of being a hub, school counselors can reach out to community members to help fill the gaps of a small school. Providing opportunities for adolescents to
become involved in their schools and communities can lessen the likelihood of engaging in at-risk behaviors.

Over 14 million adolescents and children live in rural areas, 20% of the children in the United States (De Haan & Boljevac, 2009). Adolescents in rural areas face at-risk behaviors at a higher rate when compared to their urban counterparts. Adolescents engaging in the at-risk behaviors experience can lead to dropping out of high school, teen pregnancy and contracting a sexually transmitted disease.

Interventions such as Project ALERT, D.A.R.E. and utilizing the Search Institutes 40 developmental assets can address at-risk factors by educating youth at an earlier age continuing throughout their academic career. School based mentoring programs can foster youth and adult relationships which in turn, promote healthy choices for at-risk students. In addition, engaging students in their school, giving them a sense of purpose and ownership will deepen the connection to their school and community. Therefore, reducing the probability of engaging in at-risk behaviors. Awareness of the higher rates of at-risk behaviors by rural adolescents can dictate which prevention programs are offered in the school. Ultimately, rural adolescents need to know the school counselor is a trusted, confidential adult that will assist and guide them through their developmental years.

**Limitations and Future Research**

Throughout the research for this paper, there is not enough research as to why adolescents in rural areas tend to start drinking at an earlier age when compared to their urban counterparts. Further research is needed in the area of middle school substance abuse and long term rates of use in high school. Research should also focus on why rural adolescents use alcohol, tobacco and drugs at higher rates than urban adolescents.
References


prevention programs for pregnant and parenting adolescents: A meta-analytic review.


