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What should a teacher do if he or she suspects a student is in trouble with drugs? With all the demands put upon teachers and health educators these days, it is important to remind us that a teacher's role is not to diagnose a student's behavioral problems. There are many explanations for the same behavior and, ultimately, it is a counselor's job to determine the causes of a student's difficulties.

The teacher's role is to facilitate getting help for the student. This makes sense if you consider that the teacher is often the one who sees the student most frequently, and is in the best position to determine if the student is having difficulty functioning in class.

Before we consider exactly what to do if a student needs counseling, it might be helpful to provide some criteria on how to determine if indeed a student does need help, whether due to drug use or some other problem.

Apart from the obvious behavioral difficulties that a student might manifest, including violent speech or behavior, excessive absences or tardiness, there are more subtle signs that a teacher may notice. A behavioral observation form, which may be helpful in pinpointing the vague concerns a teacher might have about a student's behavior, is included here. Once the behavior is identified, the student can begin to receive the proper help.

When a health professional has made a determination that a student is experiencing difficulties, the next step is to make a referral to counseling. It is also a good idea before teaching a sensitive topic such as drugs or sexuality to know the referral systems within your school. These topics may very often trigger issues for students who need a place to talk about their feelings and be understood.

If you have a good rapport with your students, as many health professionals do, it is likely that a student may approach you for help. However, unless you share a dual role of educator/counselor, it is not advisable to take on a counseling role. At that point it is best to refer the student to a trained counselor within the school system.

The following guidelines on referring a student serve only as a model. Each situation, as well as each school system, will require adjustments in this model to fit the particular environment and circumstance.

1. Know your referral process

Familiarize yourself with the process in your school for making a referral. Be sure you understand operating procedures in effect in your school. For example, many schools have instituted protocols in cases of attempted suicide, pregnancy-related issues, violence and drug use. And all schools have Federal reporting mandates in cases of child abuse and neglect.

Introduce yourself to the counselor if you do not already know them. Inform him or her that you are starting Project ALERT and that students may have issues about drugs, particularly about family members

who may be using, or about their own use. Invite the counselor to come in during the third lesson to introduce him or her and the services available to students.

In the case where there is no counselor on staff in your school, find the best referral for a community-based organization that is willing to accept school referrals. If you do not know of any, check with the guidance department, health department, or school social worker (if not in your school, perhaps in central administration). As a last resort, check the phone book and interview some agencies by phone to determine their willingness to work with school referrals.

If you suspect a student needs counseling:

2. Approach the student discreetly.

Try to catch him or her on the way into or out of class.

3. Describe the behavior you have noticed in neutral terms.

Example: "Marie, I've noticed that lately you seem to be having difficulty concentrating in class. And you haven't been taking as much care with your appearance as you usually do."

4. State your concerns in broad terms.

Example: "I'm concerned that you seem to be having some difficulty, which may affect your school performance."

5. Do not probe!

Remember, your role is to facilitate the student getting the help he or she needs, not to counsel the student. Probing can either serve to give the student the impression that you will act as the counselor, or may make the student feel self-conscious and retreat further.

6. Ask if the student would like some confidential help.

Example: "Would you like to talk to someone? Someone you can trust?"

Note: if the student is not interested in seeking help at this point, maintain a positive, neutral attitude. Reassure the student that the door is always open if he or she would like to discuss this at a future time.

Depending on your level of concern and the degree of the student's rebuff, you can proceed to step seven, reassuring the student about confidentiality. If the student still refuses help, and you feel your concern warrants additional intervention, proceed directly to step ten and have the counselor follow up as he or she deems appropriate.

7. Reassure the student about confidentiality.

Example: *"There is someone like that in this school. She/He speaks to many of the students in the school who may be having a problem at some point in their lives. And what you say in the room to her/him stays in the room."*

Note: leave the full explanation of confidentiality, in terms of State and Federal mandates, to the counselor.

8. Make prior contact with the counselor to determine appropriate method for referral.

Check times, dates, drop-in versus appointment, etc.

9. Offer to accompany the student.

Example: *"Would you like to meet this person? Her/His name is (X) and I'd be happy to go with you to her/his office at (set a specific time based on your prior arrangements with counselor - see Step 8)"*.

10. Follow-up with counselor.

Let him or her know of your concerns about the student. Describe specific behaviors, problems in the classroom, and any changes you may have noticed lately, both negative and positive. This can be invaluable information for the counselor in helping the student.

Remember, you should not expect the counselor to share information about the student with you. This information is confidential and cannot be shared without the student's permission.

11. You may choose to follow-up with the student.

Without being specific about the nature of the student's problem, you may ask if he or she is feeling better lately. Make any positive observations you've noticed to reinforce the student's progress.

Example: *"How are you feeling, Marie? You seem much more attentive in class lately and your grades have begun to improve."*

Whether or not a student agrees to get help is ultimately his or her decision. No one can force another person to seek help. But we can serve as an important link in the continuum of services that we provide to our students by noticing problem behaviors and referring the student to counseling.

Behavioral Observation Form

Think of a particular student you feel concerned about and check off any items that apply to the student's recent behavior.

Behavior

- Withdrawn, isolated
- Erratic, inconsistent
- Mood swings
- Inappropriate laughter
- Class clown
- Drowsy, sleeping in class
- Obscene language, gestures
- Rebellious, argumentative
- Talks about drugs, "partying"

Physical Appearance

- Sloppy, neglects personal appearance
- Lethargic lacks energy, stamina, and endurance
- Frequent illness or physical complaints
- Smells of alcohol or marijuana
- Lacks coordination at times
- Slurred or incoherent speech
- Unusual symptoms: bloodshot eyes, runny nose
- Any dramatic change in appearance
- Large amounts of money, jewelry

Interpersonal Relationships

- Loner, avoids peers
- Bullying, violent
- Negative leader
- Sudden popularity
- Excessive emotional displays: crying, yelling
- Rarely expresses feelings
- Never mentions family
- Mentions family problems: abuse, divorce, financial
- Defensive, resentful of authority
- Talks about alcohol, drinking, "drugging"
- Hangs out with drug-using peers
- Hangs out with older crowd
- Involvement w/criminal justice system

Academic

- Sudden decline in grades
- Short attention span, easily distracted
- Day dreams, "spaces out"
- Hyperactive
- Lacks motivation, apathetic

Attendance

- Frequent absences or lateness
- Frequent requests to go to the restroom
- Found hanging around inside or outside school