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**ACADEMIC ADVISORS' PERCEPTIONS, KNOWLEDGE, AND
ATTITUDES TOWARD WORKING WITH STUDENTS EXPERIENCING
SUBSTANCE USE CONCERNS**

Amy Orr

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**ACADEMIC ADVISORS' PERCEPTIONS, KNOWLEDGE, AND ATTITUDES
TOWARD WORKING WITH STUDENTS EXPERIENCING SUBSTANCE USE
CONCERNS**

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A Dissertation Submitted in Partial Fulfillment of
the Requirements for the Degree of
Doctor of Education

Division of Educational Leadership

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ABSTRACT

Academic advisors have played an essential role within higher education institutions. Not only did academic advisors assist students in selecting courses/scheduling, but advisors could also help address students' substance use concerns. These concerns could be a factor preventing students from graduating. Students with substance use concerns who did not receive adequate services were barred from reaching their full potential in life and academics, receiving lower grades, and suffering from higher dropout rates than other students. Thus, it was vital for advisors to have the skills to help students with substance use concerns or refer them for additional services. Intrusive advising could help advisors identify whether a student had difficulties before they caused a significant disruption in the student's life and academic work. This qualitative research study aimed to find academic advisors' attitudes and competencies when working with students who might be experiencing substance use concerns by interviewing seven academic advisors about their advising experiences. Four themes emerged: (a) the need for training on substance use; (b) duties/responsibilities beyond advising; (c) the need for substance use resources and referrals; and (d) (dis)comfort in addressing substance use. Higher education institutions could use this study to develop training for academic advisors in substance use, primarily in warning signs, screenings, and student resources. In addition, training on proactive/intrusive advising techniques would help to identify student problems before they negatively impact students' academic and personal lives.

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CHAPTER 1

Introduction

The prevalence of substance use among students attending higher education institutions continued to impact students' success, retention, and persistence rates (Joslin, 2018), and society continued to fail people dealing with substance use disorders (SUDs). Rocco and Forner (2010) summarized the difficulty of addressing "invisible disabilities" like SUDs as follows:

A visible disability is readily seen by an observer, and the person is recognized and accepted as having a disability. Invisible disabilities are not seen, and after disclosure, the person with an invisible disability is frequently thought to be lying or shirking responsibility. (p. 38).

In other words, it was hard for many people to accept SUDs and mental illnesses as disabilities because, physically, for the most part, the person looked "normal." Nevertheless, identifying SUDs through screening was essential in higher education institutions and society, because it allowed for early intervention with at-risk substance users before more severe consequences were experienced (National Association for Alcoholism and Drug Abuse Counselor [NAADAC] and The BIG Initiative, 2013).

According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA) (2019), 8.2% of full-time college students aged 18–22 reported heavy alcohol consumption in the course of a month, 33.0% reported binge drinking in the last month, and 52.5% reported drinking in the previous month. Herein, binge drinking was defined as a pattern of drinking alcohol that brought a person's blood alcohol concentration (BAC) to 0.08% or above (NIAAA, 2007). For a typical adult, this pattern corresponded to consuming five or more drinks (for men) or four or more drinks (for women) in about two hours (NIAAA, 2007). Heavy drinking was defined as binge

drinking on five or more days in the past month (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019).

The NIAAA (2019) report found that approximately 21% of college students met the SUD diagnosis criteria, indicating that one out of every five would meet the requirements for a SUD; non-college enrolled persons of the same age had a similar rate of SUD diagnosis at 21%. A SUD was categorized on a spectrum from mild to severe, with the client meeting two or more criteria over 12 months to be diagnosed with a severe SUD (American Psychological Association [APA], 2022).

Substance use on college campuses could impact students in a myriad of ways. It was estimated that 1,519 college-aged students died annually from alcohol-related unintentional injuries (Hingson et al., 2017) and that approximately 696,000 physical assaults occurred yearly on college campuses in which at least one person was drinking (Hingson et al., 2015). The NIAAA (2015) reported that one in four college students had academic consequences due to alcohol consumption. These consequences could include missing class, not keeping up with coursework, doing poorly on papers and tests, and/or receiving a lower grade than they could have received. Many students might miss class or do poorly on an assignment due to alcohol consumption; however, one study found that most still passed their courses and moved forward with their programs of study (Wechsler et al., 1998). Nonetheless, Welsh et al. (2019) found that students with SUDs eventually progressed to the point where they were not passing classes or had to withdraw; thus, their academic progress was negatively impacted.

According to Iarussi (2018), 22.2% of full-time college students reported using illicit drugs while in school. The National Institute on Drug Abuse ([NIDA], 2017) found that only 3.5% of college students reported daily use of marijuana; however, 21% reported using

marijuana within the last 30 days. While most college students might not be using marijuana daily, this did not mean students' attendance, grades, and social-emotional behaviors were not impacted by even occasional use (National Academics of Science, Engineering, and Medicine [NASEM], 2021).

Based on past research on students' mental health and substance use, it would be reasonable to expect that college students would have more problematic substance use post-COVID-19 (Patterson et al., 2021). Research conducted during the COVID-19 pandemic showed how the shutdowns and protocols initially impacted substance consumption among students. Mohr et al. (2021) found that, of students who were ordered to shelter in place, 29.1% of drinkers and 35.6% of marijuana users increased their consumption. While the long-term impact of COVID-19 on college students' substance use had yet to be discovered, it was clear that colleges needed to update their student support services to meet the emerging needs of students (Patterson et al., 2021).

Arria et al. (2013) found that cannabis and alcohol consumption during the first year of college did not impact enrollment status in the first few years. However, Thomas et al. (2021) found that using cannabis six or more times encapsulated the highest risk factor for students dropping out between their third and fourth years of college. Thus, this study concluded that substance use in the first year affected students' enrollment during their third and fourth years of college (Thomas et al., 2021).

SUDs were progressive diseases that worsened over time, which could explain why student enrollment was only impacted later. It might take several years for students' substance use to fully progress into SUDs, negatively affecting their school and work performance to the point of needing to take time off. With research indicating that the negative consequences of

substance use occurred over a period of time, higher education institutions had opportunities to intervene and help students address the negative effects of their substance use. For instance, academic advising programs represented one type of on-campus resource that could intervene.

Since academic advisors were in continuous contact with students and had the ability to positively impact students' experiences and higher education outcomes, assessing advisor competencies and training was critical for all institutions (Zarges et al., 2018). Specifically, it was crucial to ensure advisors effectively addressed students' needs. However, opportunities to help students and keep them enrolled in college were lost when advisors focused on registration and felt uncomfortable addressing all students' needs (Troxel et al., 2021). Thus, higher education institutions had to identify advisor competencies and assess how well their advising programs met and addressed these competencies to understand what training advisors needed (Zarges et al., 2018).

The National Academic Advising Association (NACADA) (2017b) identified a wide range of skills academic advisors needed to help students develop, progress, and succeed in higher education. The association grouped the core competencies of academic advising into three content categories: (a) conceptual, focusing on delivering academic advising and the concepts and theories advisors had to understand to advise effectively; (b) informational, focusing on the substance of academic advising (i.e., institution-specific information advisors needed to advise students); and (c) relational, focusing on advisors' skills in conveying the content and information from conceptual and informational components (NACADA, 2017b).

Joslin (2018) argued that advisors "must be engaged, trained, supported and rewarded to deliver a meaningful and effective academic advising experience to students" (p. 14). The student–advisor relationship was critical in helping students meet their personal, academic, and

career needs (Joslin, 2018). The more an advisor built rapport with one's advisees by learning about their goals, the more effectively advisors could address individual student needs (Donaldson et al., 2020). As Troxel et al. (2021) put it, "Quite simply, an academic advisor can be the one individual on-campus who knows the unique strengths and goals of each student and can help them navigate their educational experience toward positive outcomes" (p. 24).

As the world continued to evolve, so did the complexity of student and higher education problems that could impact students' college experiences (Troxel & Kyei-Blankson, 2020). A student's well-being was essential to higher education success and to reach their full potential in academic settings (NASEM, 2021). Since substance use problems negatively impacted a student's well-being in college, it was crucial for colleges to address students' SUDs (Welsh et al., 2019).

Thereby, higher education institutions should encourage and enable academic advisors to support students with SUDs. By helping students address and overcome these issues, confident and competent academic advisors could potentially contribute to increasing institutional persistence and retention rates. Academic advisors comprised front-line workers on college campuses who could support students experiencing SUDs, ensuring they receive the services they need.

Statement of the Problem

This line of inquiry used a case study approach. It aimed to explore the extent to which academic advisors' knowledge and attitudes about SUDs impacted their potential to identify, approach, and work with students experiencing problems caused by their substance use. The goal was to seek to understand whether academic advisors felt comfortable addressing their concerns with their students to prevent further student consequences as well as to understand their training

and knowledge of resources. The study, therefore, aimed to provide research-based data for identifying academic advisors' training needs and support in speaking with students about substance use concerns.

Research Questions

The following research questions guided the study:

1. What are academic advisors' attitudes toward approaching and working with students experiencing substance use disorder issues?
2. Do academic advisors feel competent when discussing substance use concerns with their advisees?

Theoretical Framework

When academic advisors used intrusive counseling skills when working with advisees, they addressed students' academic needs and listened to their problems and concerns (Glennen, 1976). Intrusive advising (also called proactive advising) was based on academic advisors' deliberate interventions to identify problems (Earl, 1988). When advisors had this information, they could help students manage their problems or provide information on where to get help (Glennen, 1976). When students came to college, they experienced some difficulties for the first time and needed support systems to help them solve these problems. Students needed faculty and advisors willing to help them with their academic concerns and any personal issues they might be experiencing (Glennen, 1976).

Kraft-Terry and Kau (2019) defined proactive advising as an advising situation wherein a student contacted and received help from an advisor before problems arose. The advisor used counseling skills to establish a supportive and trusting relationship that allowed the student to believe the advisor would help them if needed. Since academic advisors needed special skills to

adequately address students' needs, trained and responsive academic advisors who were skilled in proactive advising were critical to student success (Earl, 1988). A proactive advising relationship enabled the advisor to identify warning signs the advisee might be experiencing (Kraft-Terry & Kau, 2019). Kraft-Terry and Kau (2019) argued that proactive advising allowed the advisor to identify at-risk students before advisors met with their students, enabling advisors to be prepared to address problems the students might have.

Varney (2012) stated that proactive advising could be successful with all types of students, including traditional and nontraditional/post-traditional students, online students, and those pursuing continuing education. Because proactive advising was versatile, it could be used in many areas of advising, including "retention, at-risk student advising, critical outreach points, and student communication and difficult situations" (Varney, 2012, para. 5). When academic advisors took a holistic approach to advising, they could build relationships that provide a support system for students and could intervene when a problem would arise (Varney, 2012).

Molina and Abelman (2000) stated that a fundamental concept of proactive advising was that students needed to take responsibility and accountability for their education and feel comfortable reaching out to others when they required help. Building this relationship allowed for conversations about what was going well in a student's life along with discussion of problem areas. Advisors could provide students with guidance or recommend where they could obtain assistance for problems they were experiencing.

Students with SUD concerns were part of the at-risk student population on college campuses. Molina and Abelman (2000) found that when at-risk students received intrusive advising from academic advisors, they experienced improvement; the more intrusive the advising was, the more the students improved. Varney (2013) found that at-risk students could benefit

significantly from intrusive advising strategies. Intrusive advising was also found to help solve problems for students hesitant to self-refer (Earl, 1988).

Significance of the Study

College students were in a unique period in their lives wherein they transitioned from adolescents to young adults. As such, for many, this was a time of experimentation and risk-taking (Kelly et al., 2018). As students transitioned to college and experienced different scenarios, many faced difficulties finding the right support systems to help them navigate these transitions. Academic advisors could refer students to counseling services when they noticed changes in their behaviors (Patel, 2018). Notably, the earlier academic advisors could identify and intervene with students experiencing negative effects from substance use and other choices, the greater the chances were that the student would have positive outcomes in their college experiences (Troxel et al., 2021). Thus, advisors were essential in helping students during this challenging college transition, especially when students struggled with SUDs.

For many students, college represented a transition into adulthood and independence, which could also increase exposure to and opportunities to use various substances (Welsh et al., 2019). If advisors were comfortable and confident in identifying substance use concerns in students and knew how to effectively communicate with these students, they could refer them for additional services. In such cases, students had better chances of not experiencing the negative consequences of substance use.

Summarily, this study sought to provide information on whether academic advisors felt uncomfortable or lacked confidence in speaking with advisees about potential substance use concerns that might negatively impact their college experiences. The results of this study would provide valuable information on how to support academic advisors in better helping students

who were experiencing substance use concerns. In order to do so, some terms must first be defined.

Definition of Terms

For this study, the following key definitions were used:

Academic advisor: Professionals who advised students in “situations in which an institutional representative gives insight or direction to a college student about an academic, social, or personal matter. The nature of this direction might be to inform, suggest, counsel, discipline coach, mentor or even teach” (Kuhn, 2008, p. 3).

Binge drinking: A pattern of drinking alcohol that brought the blood alcohol concentration to 0.08% or above. For a typical adult, this pattern corresponded to consuming five or more drinks (for men) or four or more drinks (for women) in about two hours (NIAAA, 2007).

Proactive/intrusive advising: Advisors’ “intentional interactions with students before a negative situation cannot be ameliorated” (Varney, 2013, p. 140).

Retention rate: Continued enrollment (or degree completion) within the same higher education institution in the fall terms of a student’s first and second year (Gardner, 2022).

Screening: The process of assessing risk (NAADAC and The BIG Initiative, 2013).

Substance use disorder: A group of cognitive, behavioral, and physiological symptoms indicating that a person continued to use a substance despite experiencing significant substance-related problems (APA, 2022).

Limitations and Delimitations of the Study

The following were the limitations and delimitations of this study:

1. This study was conducted at one institution of higher education. Therefore, the findings might not be transferable to advisors within other schools or institutions.
2. Advisors' roles and duties could look different within schools on a campus and across a larger campus.
3. The results of this study might be limited by the advisors' willingness to openly share their knowledge and comfort level related to working with students with SUDs.

Organization of the Study

Chapter one presented the introduction, statement of the problem, research questions, significance of the study, definition of terms, and limitations of the study. Chapter two provides a review of the literature on substance use on college campuses; advisors' responsibilities for identifying, screening, and referring for SUDs; and training that could be used to educate advisors in these areas. Chapter three presents the methodology and procedures used to gather data for the study. Chapter four presents the results of the analyses and findings of the study. Finally, chapter five provides a summary of the research and findings, conclusions drawn from them, a discussion, and recommendations for further study.

CHAPTER 2

Review of Literature

Introduction

This chapter discusses the literature on substance use and academic advising standards on college campuses. As many high school graduates dreamed of furthering their education, it was essential to understand what factors might impede a student from reaching their goals (Arrie et al., 2020). Academic advisors could help address many factors that could prevent a student from graduating, including substance use.

Substance use among college students was one factor related to a higher risk of students dropping out of college (Thomas et al., 2021). The National Council on Disability (2017) found that 61% of students with behavioral health issues did not receive counseling services.

Behavioral health was the prevention, diagnosis, and treatment of mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms (American Medical Association, 2022).

Students with behavioral health concerns who did not receive adequate services could not reach their full potential in life and academics, receiving lower grades and having higher dropout rates than other students. The National Council on Disability (2017) advised higher education institutions should ensure all faculty receive training in behavioral health warning signs, be comfortable talking with students, and be able to refer them to appropriate services.

Substance Use and Retention, Persistence, and Attrition in Higher Education Students

Of the 2.3 million new students who started college in the fall of 2020, 66.4% remained at the same colleges in the fall of 2021 (Gardner, 2022). In the fall of 2021, 8.6% of the new students transferred to another college, resulting in an overall persistence rate of 75.0% (Gardner,

2022). The ability to complete college in four years was more difficult for students who binge drank and used marijuana during their college careers, particularly in their freshman years (Wilhite et al., 2017).

Thomas et al. (2021) found that substance use during a student's first year of college did not predict students dropping out; however, as students progressed through college, students' substance use increasingly impacted their likelihood of dropping out. Specifically, the authors found that college students in their sixth or seventh semesters were at a significantly increased risk of dropping out of college if they used cannabis six or more times in the last year. They also found that college students with severe alcohol use disorder were at greater risk of dropping out after eight semesters.

Substance use on college campuses was found to impede graduation rates to the point that many colleges considered the party culture on campuses as detrimental to student well-being (Swisher & Dennison, 2019). Welsh et al. (2019) found that college students who regularly used alcohol spent fewer hours studying, missed significantly more classes, had lower grade point averages (GPAs), and did not graduate or were not employable after graduation. Likewise, marijuana use in college students was linked to oversleeping, missing classes, and impacting working memory and attention (Arria et al., 2015).

Arria et al. (2020) found that problematic drinking negatively impacted students' abilities to reach academic goals. Of students who indicated they used alcohol within the last 12 months, 2.9% reported that alcohol use negatively impacted their academic performance (either in-class performance or delaying progress toward graduation). According to the American College Health Association (2022), of students who reported cannabis use, 5.2% indicated it negatively impacted academic performance. Similarly, of students who reported consuming alcohol in the

last 12 months, 27% forgot where they were or what they had done, 16.6% injured themselves, and 6.5% seriously considered suicide (American College Health Association, 2019). In light of all the research showing how substance use negatively impacted student retention and persistence, it was critical for college and university administrators to address students' behavioral health needs (Thomas et al., 2021). To do so, they had to ensure that academic advisors and other staff understood the criteria for SUDs so as to better assist their advisees.

Substance Use Disorders

This section presents the APA's (2022) criteria for diagnosing SUDs. The APA's revised fifth edition of the association's *Diagnostic and Statistical Manual of Mental Health Disorders* (DSM-5-TR) recognized the below criteria for a SUD in any of the 10 substance categories, except for caffeine. These included alcohol, cannabis, opioids, stimulants, and other drug classifications (APA, 2022).

Substance Use Disorder Definition

The APA (2022) definition of a substance use disorder was “a cluster of cognitive, behavioral and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems” (p. 544). More specifically, a SUD was a problematic pattern of use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within 12 months:

1. Taking the substance in larger amounts or over a longer period than was intended.
2. Persistent desire or unsuccessful efforts to cut down or control substance use.
3. Spending significant time in activities necessary to get, use, or recover from the substance.
4. Cravings.

5. Continuing to use the substance despite a failure to meet obligations at work, school, or home.
6. Continuing to use the substance even though they were experiencing social or interpersonal problems that were caused or made worse by using the substance.
7. Use of the substance caused important social, occupational, or recreational activities to be given up or reduced.
8. Repeatedly using in physically hazardous situations.
9. Continuing to use the substance even though they were experiencing a persistent or recurrent physical or psychological problem that was caused or made worse by the substance use.
10. Tolerance.
11. Withdrawal (APA, 2022).

In the progression of SUDs, a variety of symptoms might be present. The APA (2022) identified three levels of severity for SUD: (a) mild; (b) moderate; and (c) severe. A person with a mild SUD would have two or three symptoms present. An individual with a moderate SUD would have four or five symptoms. Finally, one with a severe SUD would have six or more symptoms present.

Prevalence of Substance Use Disorders on College Campuses

The *Monitoring the Future* national survey on drug use, reported the annual prevalence of substance use among full-time college students in 2019 as follows: 46.0% used any illicit drug, 44.0% used marijuana, and 77.0% used alcohol, with 65.1% reporting being drunk (Schulenberg et al., 2021). The same study reported that, in a 30-day window, 2.4% of students reported daily use of alcohol, with 24.2% of students reporting binge drinking within the last two weeks and

11.9% reporting drinking 10 or more drinks on one occasion during the previous two weeks (Schulenberg et al., 2021). Caldeira et al. (2009) followed a cohort of students during three years of their college experience and found that 47% met the criteria for an alcohol or cannabis use disorder.

According to the American College Health Association (2022), 1.4% of students surveyed reported being diagnosed with a SUD. Of those, only 43.3% had seen a professional for this diagnosis in the last 12 months. According to SAMHSA (2019), of 18- to 22-year-old full-time college students, 13.5% were classified as having SUDs, and 9.6% had alcohol use disorders.

It was important to note the above numbers might be significantly underreported due to factors such as students being uncomfortable discussing and/or underestimating their substance use. As such, academic advisors must understand the risk factors for substance use. By doing so, they could discern when it would be appropriate to screen for SUDs in their advisees.

Prevalence of Substance Use Disorders on College Campuses Post-COVID

The effects on college students from the COVID-19 pandemic would continue to be researched for several decades, but research already identified adverse effects of COVID-19 on students' overall well-being (Sillcox, 2022). Horrigan et al. (2021) found a substantial increase in substance use among young adults due to the COVID-19 pandemic. Also, the increased psychological stress during this time contributed to increased drinking, possibly to cope with the stress (Lechner et al., 2020). Lamis et al. (2010) found that depressive symptoms were linked to alcohol use in college students, while the American College Health Association (2020) found that depressive symptoms likewise increased due to the COVID-19 pandemic.

Mohr et al. (2021) found that students who experienced higher loneliness reported drinking more frequently to cope with these feelings; they also found students who reported drinking-to-cope behaviors used marijuana more frequently. Colleges needed to be aware of the impacts of COVID-19 on their students and had to help them manage their symptoms to prevent high-risk substance use (Charles et al., 2021). Academic advisors and other college staff needed to be aware of the risk factors and signs of SUDs so that they could intervene to help students before negative consequences occurred.

Risk Factors for Substance Use Disorders

Biological, psychological, familial, community, and cultural factors could increase the risk of SUDs (SAMHSA, n.d.). The Centers for Disease Control (2022) listed the following risk factors for high-risk substance use: (a) family history of substance use; (b) parental acceptance of substance use; (c) poor parental engagement; (d) delinquent or substance-using peer group; (e) low academic achievement; (f) childhood sexual abuse; and (g) mental health issues. Additionally, Leza et al. (2021) found that people with adverse childhood experiences (ACEs) were at higher risks for SUDs.

In addition to these risk factors, college students had additional risk factors for developing SUDs due to the college campus experience. These risk factors included peer influence, poor academic performance, prescription stimulant medications, binge drinking, fraternity and sorority membership, and a perceived low level of harm from substance use (Welsch et al., 2019). Thomas et al. (2021) found that these risk factors were linked to students dropping out of college.

According to the National Center on Addiction and Substance Abuse (2007), the following factors were related to college students' substance use:

- Genetics and family history.
- Parental attitudes and behaviors.
- Social influences.
- Substance use in high school.
- Student engagement.
- Mental health problems.
- Expectation of a positive effect.
- The campus and community environment.
- Religion and spirituality.
- Greek membership.
- Athletic participation.

While there were known risk factors for substance use, as mentioned above, there were also protective factors.

Protective Factors for Substance Use Disorders

Protective factors for SUDs were positive, countering factors that decreased the likelihood of negative behaviors or outcomes from a risk factor occurrence (SAMHSA, n.d.). Parent and family engagement, family support, and good school engagement were found to be linked to a low risk of substance use (Center for Disease Control, 2022). Resilience was another key factor in a student’s ability to cope with the challenges one experienced during college (Eisenberg et al., 2016).

According to the APA (2022), resilience referred to “the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands.” While

some level of resilience might be innate, it was also a skill that could be taught (Masten, 2001). Developing or strengthening resilience skills could be helpful for students transitioning to college and experiencing new challenges (Eisenberg et al., 2016).

There were additional protective factors that were especially important for college students. Thomas et al. (2021) found that protective factors specific to college campuses, including living on campus, involvement in student organizations, and a good social support network had a positive impact on decreasing student dropout during the early years of college. Thus, if academic advisors could use screenings to help identify students who might be experiencing SUDs, they could use the identified protective factors to help students succeed.

Academic Advising in Higher Education

The first identifiable academic advisor was at Harvard College in 1636; however, the term “academic advising” did not appear until 1958 (Cook, 2009). In 1961, advising was established as a distinct service from counseling on college campuses (Cook, 2009). Notably, one difficulty in conducting research with advisors in higher education has been the lack of a standard definition of advising (Larson et al., 2018). One college campus might have different classifications and job descriptions than another for its on-campus advisors. Some might be full-time advisors, others might be faculty advisors, and still others might specialize in working with a particular group of students (e.g., first-year students, academic probation students, or first-generation students).

Without a clear definition of advising, stakeholders might not understand an advisor’s important role or be able to utilize an advisor’s full potential to best help students (Larson et al., 2018). The lack of a standard definition among human resources and supervisors left the responsibilities of the advising role up to the interpretation of the individual advisor. One advisor

might strive to build a meaningful personal relationship with students and go above and beyond the job description for their advisees, while another might not be willing to do this but might still be fulfilling their job duties per one's interpretation. This was problematic because inconsistencies within advising relationships could confuse students as to how their advisors could help them and where they should go if they needed assistance (Larson et al., 2018).

Academic Advising Core Competencies

NACADA (2006) was established in 1979 to develop and promote quality academic advising on university campuses. NACADA (2017b) developed the academic advising core competencies model to outline the understanding, knowledge, and skills that were foundational to academic advising. These competencies helped outline the professional development of academic advisors.

These competencies could clarify academic advising roles and responsibilities for self-assessment and evaluation purposes and identify areas of staff development (NACADA, 2017b). The core competencies were broken into three component areas: (a) conceptual; (b) informational; and (c) relational (NACADA, 2017b). These foundational elements of advising were expanded into 20 core competencies for academic advising (NACADA, 2017b).

Conceptual Component

The conceptual competencies focused on the philosophy of advising and the institution's environment (McGill et al., 2020). Advisors needed a solid understanding of these competencies to understand the context of academic advising (NACADA, 2017b). The conceptual component comprised six core competencies:

- History and role of academic advising in higher education.
- NACADA's core values of academic advising.

- Theory relevant to academic advising.
- Academic advising approaches and strategies.
- Expected outcomes of academic advising.
- Creation and maintenance of equitable and inclusive environments.

Informational Component

The informational competencies focused on the laws, policies, procedures, and resources needed to be an effective academic advisor (McGill et al., 2020). These competencies provide the substance of academic advising (NACADA, 2017b). The informational component comprised seven core competencies (NACADA, 2017b):

- Institutional (specific history, mission, vision, values, and culture).
- Curriculum, including degree programs, and other academic requirements and options.
- Institution-specific policies, procedures, rules, and regulations.
- Legal guidelines of advising practice, including privacy regulations and confidentiality.
- Characteristics, needs, and experiences of major and emerging student populations.
- Campus and community resources that support student success.
- Information technology applicable to relevant advising roles.

Relational Component

The relational competencies focused on communication and interpersonal skills for building effective relationships with students (McGill et al., 2020). Menke et al. (2018) found academic advisors' communication skills to be more essential than their knowledge and skills related to curriculum, technology, teamwork, having patience, and multicultural competency. Relational skills were an integral part of training for academic advising; however, they tended to be forgotten (McGill et al., 2020). The relational competencies provided the skills advisors had

to demonstrate to be effective academic advisors. The relational component comprised seven core competencies (NACADA, 2017b):

- Articulate a personal philosophy of academic advising.
- Create rapport and build academic advising relationships.
- Communicate inclusively and respectfully.
- Plan and conduct successful advising interactions.
- Promote student understanding of the logic and purpose of the curriculum.
- Facilitate problem-solving, decision-making, meaning-making, planning, and goal-setting.
- Engage in ongoing assessment and development of self and the advising practice.

Academic Advising Core Values

Academic advising core values were developed to reflect the diverse cultural and educational contexts advisors practiced globally (NACADA, 2017a). These values provided a framework to help guide and remind academic advisors of their responsibilities to students, colleagues, institutions, society, and themselves (NACADA, 2017a). The academic advising core values included the following:

- **Caring:** Advisors built relationships through empathetic listening and compassion for students, colleagues, and others.
- **Commitment:** Academic advisors valued and were dedicated to excellence in all dimensions of student success.
- **Empowerment:** Academic advisors motivated, encouraged, and supported students and the greater educational community to recognize their potential, meet challenges, and respect individuality.

- Inclusion: Academic advisors respected, engaged, and valued a supportive culture for diverse populations.
- Respect: Advisors built positive relationships by understanding and appreciating students' views and cultures (NACADA, 2017a).

NACADA and the Council for the Advancement of Standards in Higher Education (CAS) helped establish academic advising core competencies and values (NACADA, 2017b). They helped provide a theoretical framework for a well-functioning academic advising program that could work towards the implementation of institutional goals (NACADA, 2017b). A theoretical approach was essential when choosing a personal philosophy of academic advising (Hagen, 2005); one of these approaches encompassed intrusive advising. Intrusive advising allowed the academic advisor to engage with students to establish a relationship that allowed the advisor opportunities to step in and assist students before or during a challenging situation that might negatively affect a student's academic or personal life (Varney, 2007).

Intrusive (Proactive) Advising

Advisors had an essential role within a university system; they were on the front lines in terms of providing encouragement and assistance to students (Kuhn et al., 2006). Student affairs professionals, including academic advisors, underwent a shift from generalists to specialists (Stark & Mills, 2020). Advisors assisted students in selecting courses/scheduling, providing information about support services, monitoring academic progress/graduation requirements, and assisting with referrals to other campus resources when necessary (Glennen, 1997).

In addition to advising strategies, it was also important for academic advisors to have crisis response and referral skills (Stark & Mills, 2020). Moreover, it was vital for advisors to have the skills to help students or refer them for additional services, if necessary (Kuhn et al.,

2006). Kuhn et al. (2006) stated that the following areas could significantly impact students' wellness and might indicate the need for a referral: emotional or physical concerns, interpersonal and family issues, and local, national, or global disasters. There were many components to intrusive advising that could benefit academic advising programs in addressing students with SUDs.

Definition of Intrusive (Proactive) Advising

Glennen (1975) identified the proactive counseling/advising strategies used by many today. Intrusive (proactive) advising was based on the academic advisor's deliberate intervention to identify a problem (Earl, 1988). Academic advisors could "come to see themselves as student advocates whose primary goal is to serve students and to provide them with the best advice possible" (Glennen, 1997, p. 112).

Intrusive advising could help advisors identify whether a student had difficulties before they caused a significant disruption in the student's life and academic work. According to Kraft-Terry and Kau (2019), in proactive advising, the student had contact with or received help from the advisor before problems arose. Further, according to Varney (2012), intrusive advising encouraged academic advisors to proactively contact the student to provide interventions when the first symptoms of academic struggle were noticed. The advisor used counseling skills to establish a supportive and trusting relationship, allowing the student to feel the advisor would help if needed.

A proactive advising relationship enabled the advisor to identify warning signs that the advisee might be experiencing difficulty and needed assistance before major disruptions occurred (Kraft-Terry & Kau, 2019). Kraft-Terry and Kau (2019) stated that proactive advising allowed the advisor to identify at-risk students before meeting with the student, enabling advisors

to be prepared to address many student problems. When academic advisors used intrusive counseling skills with advisees, they addressed students' academic needs and listened to their problems and concerns (Glennen, 1976).

A component of intrusive advising was deliberate, structured advisor/student interactions (Varney, 2012). An example of a tool used in proactive advising was an early alert system, whereby advisors receive notifications of their advisees' poor performance and then would reach out to the students to ascertain the problems and offer support (Elson, 2022). Proactive advisors could initiate contact with students in various ways (emails, phone calls, and/or text messages) instead of waiting for students to reach out to them (Thomas, 2020). Molina and Abelman (2000) stated that proactive advising "is personal rather than merely professional, and it is dependent on how information is related rather than on the information itself" (p. 6).

Intrusive (Proactive) Advising and Retention

Tinto (2007) stated that student retention was everyone's business in higher education. Academic advising was considered a high-impact practice that could impact retention rates on college campuses (Habley & McClanahan, 2004). In a survey conducted by Habley and McClanahan (2004), the top three practices that led to retention at a four-year public college were related to advising practices. These three factors were: (a) advising interventions with selected student populations; (b) increased advising staff; and (c) academic advising career centers (Habley & McClanahan, 2004). With proactive advising, academic advisors could identify the student population needing additional support and services while attending college and intervene before students experience significant trouble would possibly drop out.

Another key factor in retention was student engagement and connectedness with the school (Tinto, 2001). Proactive advising strategies could be used to build and foster relationships

with students (Varney, 2012). With such strategies, academic advisors could learn about their students' interests and suggest clubs, organizations, and activities students could become involved in to help create connectedness with other students and the university. Using this relationship-based approach to advising could help foster relationships and build trust between the advisor and advisee so that the student could rely on the advisor for guidance and support (Varney, 2012).

Creating connections with students and staff increased students' probability of returning to a higher education institution (Varney, 2012). Intrusive advising strategies were effective when working with at-risk students, including those who experienced SUDs. The strategies provided a foundation that allowed academic advisors to engage in discussions that could assist students in getting the help they needed. Proactive advising could be successful with all types of students, including traditional and nontraditional students, online students, and continuing education students (Varney, 2012).

Intrusive (Proactive) Academic Advising for At-Risk Students

Proactive advising helped identify a critical point when any student needed assistance and appropriate responses (Earl, 1988). When using proactive advising strategies, advisors could become aware of trouble early on and be able to intervene proactively and refer students to appropriate services (Eisenberg et al., 2016). Molina and Abelman (2000) found using intrusive interventions resulted in higher cumulative GPAs and retention rates for at-risk students.

Academic advisors were in a position to provide the support needed for students with SUDs (Perron et al., 2011). Knowing a student's risk factors could help intrusive advisors offer extra support for students who might need it (Metzner, 1989). Intrusive advising could enable advisors to help solve problems for students hesitant to self-refer (Earl, 1988).

One of the ways advisors could intervene and potentially protect students from further consequences was by screening students for SUDs (Kelly et al., 2018). The National Center of Addiction and Substance Use (2007) at Columbia University reported that only 39.6% of colleges were using screening tools to look for high-risk drinking among students, and less than 30% were screening for medication or illicit drug use. Such screening was needed because it made it possible to refer students with SUDs to the support services they needed to overcome their substance issues.

Screening, Brief Intervention, and Referring for SUD with Intrusive (Proactive) Advising

Students attending college experienced a wide range of issues, some for the first time. Advisors could have significant contact with students and could assist them with their problems or refer them to others who could (Patel & Patel, 2018). Kuhn et al. (2006) identified three levels of issues and who should be assisting students with these issues: level one issues included course selection, registration, and degree requirements; level two issues included death in the family, time management, personal/career/academic goals, and interpersonal relationships; and level three issues, for which an advisor should refer a student to counseling services, included mental health concerns, SUD concerns, and physical/emotional abuse.

When using intrusive advising methods, advisors shifted from being reactive in situations to being proactive to avoid problem areas, if possible (Claire, 2019). Glennen (1976) stated that part of intrusive advising was helping students recognize potential problems before they developed, where engaging in problem-solving skills could prevent the problem from occurring or worsening. Intrusive advising could be effective for substance use issues on college campuses since the principles were grounded in matching an intervention with a student's unique needs (Leonard, 2002).

Even though advisors should refer students with SUD concerns for additional services, this did not mean that advisors should not be able to screen for and speak with students about this issue. Research showed that the earlier the intervention and treatment for SUDs occurred, the better the chance of preventing further problems and consequences from use (NAADAC and the BIG Initiative, 2013). Academic advisors had to know that SUDs could be found in every college group and socioeconomic class, such that any student could have or develop a SUD (Perron et al., 2011). Advisors also needed to know and understand the full range of SUD identifiers (Perron et al., 2011), including binge drinking, protective factors, risk factors, warning signs, screening, and referral sources.

Screening. One way to intervene and prevent SUD issues from seriously disrupting students' lives was to screen students for SUDs (SAMHSA, 2019). NAADAC and the BIG Initiative (2013) defined screening as "the process of assessing risk." In the substance use treatment profession, many screening tools were developed that could be used to quickly determine whether someone might need further counseling for their substance use. The screening tools could be online, paper-and-pencil, or verbal questions (NAADAC and the BIG Initiative, 2013). Screening tools helped identify students with substance use problems, assessed the severity of their use, and determined the best intervention method (Ogbonna & Lembke, 2018). Colleges were encouraged to routinely use screening tools to help understand and intervene in problem areas that could negatively impact student wellness and self-care (Kadison & DiGeronimo, 2004).

In particular, screening tools can be used to assess whether students' substance use put them at risk for a SUD and whether they needed a SUD assessment (NAADAC, 2013). Screening tools were found to be effective in addressing the U.S.'s SUD crisis (Vuolo, 2022).

The U.S. Preventive Services Task Force (USPSTF, 2020) found that screening for harmful drugs was a net benefit and posed limited harm; thus, they recommended screening for anyone over 18. Several valid and reliable screening instruments were helpful when substance use concerns were present, most of which took only a few minutes to administer (NAADAC, 2013). These screening tools were structured in such a way as to enable them to be administered by anyone to help identify persons at risk of SUDs who might need an assessment and additional services.

However, even though screening was identified as an effective tool to address the SUD crisis, barriers still prevented screening from occurring as frequently as it should (Vuolo, 2022). A study on primary care providers found barriers to adequate screening for SUDs, including feeling deficient in clinical skills and knowledge, negative attitudes about substance use, and discomfort with the client discussing substance use (Marshall et al., 2012). O'Grady et al. (2018) found additional barriers to screening, including more pressing issues needing to be addressed and a lack of leadership/organizational support.

In the university setting, any on-campus employee could screen for SUDs, including advisors. If academic advisors had SUD concerns about their advisees, advisors could administer a screening tool, and, if necessary, refer students to the appropriate place to receive the help they need. However, for this approach to be effective, advisors had to know what signs and symptoms indicated that a SUD might be a problem and needed to be comfortable with screening and referring students for services. One of the roadblocks to assisting students with issues or referring them was advisors' discomfort with asking students the right questions and discussing these topics (Kuhn et al., 2006). If advisors lacked the knowledge or confidence to address

students' social/emotional or substance use concerns, or if they lacked familiarity with screening tools, they might not feel comfortable addressing these issues.

Kuhn et al. (2006) stated that all advisors had to be aware of students' verbal and nonverbal cues to ensure advisors would provide the best possible services for their students. This did not mean that an advisor also had to be a counselor. However, advisors had to be comfortable and confident in speaking with students about areas of concern and knowing where to refer them for services (Kuhn et al., 2006). Academic advisors could be trained in screening, brief intervention, and referral to treatment (SBIRT) to help them understand and have confidence in using the screening tools and intervention strategies used to assist them in getting students the help they might need.

Brief Intervention. If an academic advisor had concerns about a student's substance use and was unsure of what to do, a brief intervention could be used. A brief intervention was a behavior change strategy focused on helping a student reduce or stop unhealthy behaviors such as substance use (NAADAC and The BIG Initiative, 2013). The purpose of a brief intervention was to give the student feedback on their screening scores, the level of risk their substance use created in the student's life, and some substance use education (NAADAC and The Big Initiative, 2013). If a student was doing well and did not appear to need any additional resources, the conversation moved to academic and career planning, internships, and goals.

If the student was struggling, a conversation would focus on "the difficulty and possible help and referral options" (Troxel and Kyei-Blankson, 2020, p. 17). In a brief intervention, it was also essential to share concerns and some recommendations for the person (NAADAC and the Big Initiative, 2013). In the recommendation portion, a possible referral for additional services was discussed.

Several approaches could be used when conversing with students regarding substance use concerns. Motivational interviewing (MI) and cognitive behavioral therapy (CBT) were examples of strategies that were commonly used with SUDs while doing brief interventions (NAADAC and the BIG Initiative, 2013). Academic advisors could use such counseling interventions to give students support and suggestions on how to improve the problems they were experiencing; advisors could also encourage students to seek additional help beyond the scope of an academic advisor (Swanbrow & Drum, 2015).

However, a study by Palmer et al. (2019) found that primary care providers did not engage in brief interventions due to time constraints, the sensitive issue of SUDs, lack of training, and concerns about the effectiveness of a brief intervention. Academic advisors might not be implementing strategies to address a student's issues because of these same concerns, which might negatively impact the student's academic success. Therefore, it was critical for academic advisors to use prevention services like screening and brief interventions for a student's well-being (Kuhn et al., 2006).

Referral. If the results of a screening indicate a SUD, the use of a brief intervention strategy might be needed to get a student a referral for additional SUD services (NAADAC, 2013). A referral comprised a process of recommending a particular treatment resource to assist a student with an issue beyond the scope of practice of the referring professional (NAADAC and the BIG Initiative, 2013). When making a referral, academic advisors had to be aware of the available resources both on- and off-campus.

Troxel and Kye-Blankson (2020) found that 90% of academic advisors surveyed reported using referral resources for advisees' issues sometimes or most of the time. For students potentially experiencing SUD issues, the next step would be a referral to an agency that could

administer a SUD assessment to see if a SUD was indeed present and recommend an appropriate level of care (Marshall et al., 2012). The student had to then seek out and use these services.

However, even if the screening tool indicated a need for further services, the student needed to agree to attend and participate in these services (NAADAC, 2013). Students had the right to refuse to participate in additional services; however, academic advisors could continue to use brief intervention strategies of MI and CBT to explore SUD concerns with students in the hope of encouraging them to attend the additional services (NAADAC, 2013). If a student refused to participate in traditional counseling services, the academic advisor could suggest a SUD self-help support group (NAADA, 2013). Even when following the above strategies for assisting their students, academic advisors had to understand and follow the university policies and procedures.

Higher Education Policies

“Both public and private universities had to provide equal access to postsecondary education for students with disabilities” (National Council on Disability, 2017, p. 31). Policies and practices on college campuses could negatively impact the success of students experiencing behavioral health issues (National Council on Disability, 2017). Thus, college administration needed to consider policies and best practices for identifying and supporting students with SUD concerns for the betterment of the students and the institution.

SUD Services on College Campuses

Many college campuses provide students with low- or no-cost mental health and substance use services (National Council on Disability, 2017). However, the majority of students needing services did not seek out these services (Oklahoma Higher Education, n.d.). Oklahoma Higher Education (n.d.) shared best practices for college campuses, including having a

comprehensive public health program with primary prevention, health promotion, treatment, maintenance, and crisis response available to all students.

SAMHSA (2007) indicated the need for advisors to regularly work with department chairs and faculty to discuss SUDs. This open dialogue with faculty, staff, and students would provide an opportunity to identify services, a lack of services, and how to develop strategies and policies to help all students with mental health issues and SUDs on college campuses. SAMHSA (2007) highlighted that faculty and staff needed training to identify and deal with crises on college campuses. Ogbonna & Lembke (2018) identified the long-term consequences of high-risk substance use on student's academic performance as well as their mental, physical, and social well-being *beyond* their college years. With this information in mind, it became vital for colleges to adequately address student substance use issues.

Policies for Substance Use Disorders on College Campuses

The benefits of obtaining a college degree were well known; thus, policymakers on college campuses needed to develop policies that identified risk factors associated with not graduating and set policies and procedures to assist students in reaching graduation (Thomas et al., 2021). Colleges could have punitive administrative policies that made it difficult for students to give adequate attention to their behavioral health concerns. Two main barriers to academic success for students with behavioral health concerns were institutional policies and practices and federal laws and policies (National Council on Disability, 2017). Improving institutional policies for student services and support, financial aid, and readmissions were a few ways colleges could better address the needs of their students with behavioral health concerns (National Council on Disability, 2017).

Many institutions lacked policies to adequately fund the necessary counseling services and support for their students (National Council on Disability, 2017). The National Council on Disability (2017) found that 61% of students with behavioral health issues did not receive counseling services. Students who had behavioral health issues and did not receive adequate services could not reach their full potential in life and academics. However, when policies were set up for students to receive services, they reported increased satisfaction in their abilities to study and accomplish their goals (National Council on Disability, 2017).

Some students with behavioral health issues might need to take a break from college to focus on their well-being or receive treatment. However, readmission policies could make it difficult for students to choose to step away from college and return when the time would be right. Many colleges had admission policies with inconvenient and unnecessary stipulations for readmission, such as the student needing to take one or two semesters off before returning or needing to apply at least four months in advance (National Council on Disability, 2017).

When students stepped away from college, their financial aid could also be negatively impacted. Colleges needed to consider more flexible policies that address financial aid forgiveness for medical leaves of absence (National Council on Disability, 2017). These policies also needed to address the awarding of aid and scholarships. Students might want to return to college part-time; however, this could limit their access to scholarships and financial aid. Colleges should make exceptions for students with behavioral health concerns who needed to prioritize their well-being while still wanting to obtain college education (National Council on Disability, 2017).

The National Council on Disability (2017) found that providing behavioral health services to all students increased students' resilience and ability to handle stress; students also

reported gains in completing homework and engagement in school and work. Nevertheless, Welsch et al. (2019) identified a need for targeted prevention services for students in high-risk groups on college campuses. Universities had to have a strong prevention education policy for programs for students to provide the best chances for students graduating.

Advising Policies

One way of reducing risky behaviors that negatively impacted student success was through advising policies. Stark and Mills (2020) found that many study participants did not feel they had the skills necessary to appropriately address students' challenging situations. The National Council on Disability (2017) stated the importance of ensuring that all faculty be trained in behavioral health warning signs and feel comfortable talking with students and referring them to appropriate services. With the literature indicating a need for training to help address students' diverse needs and concerns, higher education institutions needed to have policies for training academic advisors and other staff need with the necessary skills to help their students.

CAS (2019) promoted standards in student affairs, student services, and student development programs on college campuses. University administration needed to make sure policies and procedures were in place to provide the following CAS (2019) standards for academic advising programs:

- Provide academic advisors with professional development opportunities or resources that could help them reach professional goals and improve competencies and leadership skills.
- Provide academic advisors training and supervision on when and how to refer students to necessary additional services from qualified personnel.

- Provide academic advisors with training and development to make appropriate referrals to on- and off-campus services.
- Ensure academic advisors receive training in emergency procedures to identify threatening behavior, crisis response, and reporting of incidents.

Confidentiality and FERPA

Academic advisors could become confidants with whom students could share private information. Thus, academic advisors had to understand the laws and university policies regarding disclosing this information while upholding students' confidentiality (Thompson et al., 2012). CAS (2019) requirements indicated that advisors had to ensure students' privacy and confidentiality while complying with state, institutional, and departmental policies. Academic advisors needed to respect students' rights regarding personal information and adhere to institutional policies and laws, including the Family Educational Rights and Privacy Act (FERPA) (NACADA, 2017a).

FERPA. A student's educational record was federally protected and could not be released without prior consent (United States Department of Education [USDE], n.d.). However, exceptions to FERPA could occur in the following instances: (a) school officials with legitimate educational interest; (b) if a student was transferring schools; (c) for audit or evaluation purposes; (d) appropriate parties in connection with financial aid to a student; (e) entities conducting specific studies for a university; (f) accrediting bodies; (e) in compliance with a judicial order or lawfully issued subpoena; and (f) to appropriate officials in cases of health and safety emergencies (USDE, n.d.).

Students' educational records did not include student health services, student counseling centers, family therapy centers, psychological services centers, or the TRIO program (USDE,

n.d.). These entities abided by their own confidentiality policies and procedures. Academic advisors needed to adhere to the FERPA guidelines and not share any private information without proper student consent in the form of a release (USDE, n.d.).

Confidentiality. Since CAS and NACADA identified confidentiality as an essential part of an advising relationship, it was necessary to understand that academic advisors were mandatory reporters and how this role impacted confidentiality (Burton & Duslak, 2017). Mandatory reporting laws stated that a designated mandatory reporter had to report suspected child abuse and neglect. In addition, academic advisors had to adhere to Title IX civil rights law, under which they were required to report sexual harassment, sexual assault, sexual violence, stalking, and sexual coercion (USDE, n.d. 1).

Gaps in Research

Collectively, significant research was conducted on the prevalence of substance use on college campuses, how substance use could negatively impact student success, and how academic advising could help direct students to services when experiencing college problems. However, there was a lack of research on whether advisors were discussing and screening for SUDs with their advisees and why they were or were not having these conversations. This study aimed to identify the presence or absence of conversations around students' substance use and referrals to appropriate services, as well as to ascertain the necessary steps, if any, to assist academic advisors in screening and talking with their students about their substance use.

Summary

Transitioning to college life could be difficult for many students, who could experience many problem areas and feel unsure of where to find help (SAMHSA, 2019). One of the most significant problem areas faced by full-time college students between 18–22 was drinking in

excess (SAMHSA, 2019). One way to help prevent students from engaging in high-risk substance use was evidence-based counseling services for those with SUDs (SAMHSA, 2019).

The literature indicated that academic advisors could serve as the first line of support for students experiencing SUDs and assist them in getting the help they might need. When advisors knew students' risk and protective factors, they could use proactive (intrusive) advising strategies to prevent students from experiencing further consequences from SUDs. Proactive advising was versatile and could be used in many areas of advising, including "retention, at-risk student advising, critical outreach points, and student communication and difficult situations" (Varney, 2012, para. 5). When academic advisors took a holistic approach to advising, they could build relationships that provide a support system for students and intervene when problems arise (Varney, 2012).

Academic advisors had to be knowledgeable and comfortable regarding the use of screening, brief intervention, and referral for services to utilize these valuable strategies with students who might be experiencing problems with substance use. Thus, understanding whether academic advisors had this knowledge and were comfortable speaking with students was instrumental to ensuring students received the help they needed in combatting SUDs. When academic advisors had confidence in talking with students about substance use concerns, they could help students manage their problems or provide information on where to get help by using proactive advising strategies (Glennen, 1976).

CHAPTER 3

Methodology

This chapter describes the methodology and procedures used to guide this study on advisors' knowledge and confidence in screening for SUDs and discussing referral services with advisees. This chapter opens with the design rationale. After this, research questions are revisited and procedures are detailed.

Rationale for Design

Qualitative research allowed researchers to use open-ended questions to understand participants' experiences (Creswell & Creswell, 2018). A qualitative study looked at the human side of a topic to obtain information about the values, opinions, behaviors, and social constructs within a subject area (Mack et al., 2005). Given this research's focus on values and opinions, a qualitative study was conducted to examine academic advisors' attitudes and confidence in discussing substance use concerns with their advisees.

Specifically, this research employed the case study method. A case study provided an opportunity for in-depth analysis (Creswell & Creswell, 2018). The case study design allowed researchers to focus on the comments and interactions of the participants to help them understand a real-world problem in context. To help understand how advisors approach SUDs, interviews were used to collect the data for the study. Using interviews provided an opportunity for a guided conversation between the academic advisors and the researcher (Yin, 2018). It allowed the researcher to explore the academic advisors' perceptions, attitudes, and beliefs related to working with students who may have potential substance use concerns. Through the participants' responses, the study provided an understanding of the participants' perceptions, attitudes, and beliefs about advising students who might have substance use issues.

Purpose and Research Questions

The following research questions guided the study:

1. What are academic advisors' attitudes toward approaching and working with students experiencing substance use disorder concerns?
2. Do academic advisors feel competent when discussing substance use concerns with their advisees?

Background and Role of the Researcher

The researcher was a licensed addiction counselor and an academic advisor within a school of health science. As such, this might create a situation wherein the researcher's biases had the potential to impact the research process. Nevertheless, the data must reflect the participants' voices, not the researcher's voice. Accordingly, the researcher kept a reflexive journal as a tool to help mitigate the possibility of the researcher's preconceived biases or assumptions in influencing data collection or analysis. The reflexive journal also included the researcher's methods, choices, and introspections throughout the research process (Lincoln & Guba, 1985).

Setting

The study was conducted at a Midwestern university with full-time academic advisors. The university consisted of about 10,000 students enrolled in undergraduate and graduate programs on-campus and online. The institution offered undergraduate and graduate degrees in arts and sciences, business, education, fine arts, and health sciences.

Sample Selection

Purposive sampling was used when conducting this research based on the participants' occupation of academic advising. Purposive sampling was used to gather data to ensure the

participants met the specific requirements of the study (Etikan et al., 2016). To be eligible for this study, participants had to be full-time academic advisors within the school of health science or the business school of the university under study. These schools were chosen due to the presence of full-time academic advisors with the primary job of advising students. The academic advisors represented several departments within each school to allow for maximum variation sampling within the larger setting.

This study was approved by the institutional review board (IRB), which ensured adherence to ethics. After IRB approval, an email was sent to all full-time health science and business school academic advisors seeking study participants. Interviews were conducted with academic advisors who met the research participant criteria and were willing to provide their attitudes, feelings, and experiences when working with advisees with substance use concerns.

The interviewees consisted of participants from the health science school (nine departments with degrees at the undergraduate, master's, and doctoral levels) and the business school (four departments with degrees at the undergraduate and master's levels). Creswell and Creswell (2018) indicated the number of interview participants varied depending on when saturation was met. Saturation occurred when “the researcher stops collecting data because fresh data no longer sparks new insights or reveals new properties” (Creswell & Creswell, 2018, p. 250). This was kept in mind when analyzing data.

Recruitment

Each participant was classified as a full-time academic advisor. The researcher obtained the contact information of academic advisors within the two colleges (business and health sciences). Possible participants were invited to participate in the study via an email invitation (Appendix A). The recruitment period lasted two weeks, with two follow-up email reminders.

Procedures

After the IRB reviewed the research proposal for ethical considerations and approved the study, data collection began. The researcher had a data collection plan in place before collecting any data to ensure the credibility of the research. The data collection for this study began by obtaining the approval and permission of the deans of the two schools.

Once the deans and IRB approval were obtained, the researcher sent out a participation request email. The researcher verified all willing participants met the study's criteria and sent all participants a consent form via email. The researcher reviewed the informed consent form with all participants and answered any questions (Appendix B). Participants provided their consent verbally before participating in the interview. Interviews were held using secure Zoom meetings at dates and times agreed upon by the participants.

The researcher began recording the audio and video for each interview and followed the semi-structured interview protocol, which focused on academic advisors' perceptions, confidence, and comfort levels related to working with students who might be experiencing substance use concerns (Appendix C). The interview protocol was used as a guide for the session, with probing and marking used throughout the session as well. After the last question, each participant was thanked for one's time. The recording was transcribed, and the transcript was used for data analysis.

Data Collection

The data collection process is discussed in the following section. The interview protocol is first discussed. Then, anonymity is visited.

Interview Protocol

An interview provided sufficient flexibility for participants to provide details relating to the research topic and to generate further questions and discussion. Using interviews also provided organization and structure to the research process by establishing a protocol (see Appendix C). The interview protocol outlined the method for collecting and recording the data for the study.

This study conducted interviews with advisors from a school of health science and a business school within one Midwestern university. The interview protocol consisted of semi-structured questions. Questions focused on academic advisors' perceptions of knowledge regarding the skills and confidence necessary to use proactive advising strategies with a student who might have a substance use concern. The first few questions focused on academic advisors' backgrounds and experiences and their confidence and comfort levels in screening for SUDs in advisees and speaking with them about concerns and the need for additional services. The last few questions focused on what would help increase advisors' confidence and comfort levels in screening for and talking with students about substance use concerns.

Importantly, the recruitment letters explained that participants would not be expected to discuss one's or any family member's substance use concerns. Further, participants went over the consent form with the researcher before beginning the interviews. Once oral consent was obtained, an interview began. Participants were told they could skip over any question or leave the interview at any time without any penalty.

Anonymity

The researcher ensured proper research procedures were followed to minimize biases and protect the participants, including safeguarding the participants' personal information that was gathered during the process. Once each transcript was cleaned up, pseudonyms were used to

replace any names, including the participant's name. Then, the transcript was shared with each participant for member checking. After the member checking process was completed, the Zoom recording was destroyed. Only the researcher and a second coder had access to transcripts with pseudonyms. The inclusion of the second coder was done as a form of peer review to provide credibility to the research by having a colleague provide feedback, helping to challenge the researchers' assumptions and biases (Shenton, 2004). The second coder was experienced in case studies and familiar with the context of the study by being continuously updated throughout the process.

Further, all electronic files used during data collection were kept on a password-protected computer that only the researcher could access. All paper materials were kept in a locked file cabinet, with only the researcher having the key to access the files. The researcher would retain the data per IRB rules and destroy it after the mandatory time keeping period.

Data Analysis

The study relied on the participants' responses to understand the factors impacting their decisions when working with advisees with substance use concerns. The researcher's data analysis consisted of: (a) notes taken during the interview; (b) review of interview recordings; and (c) an analysis of the transcript from the interview. The analysis was done by hand, identifying common themes from the responses by coding the participants' responses (*in vivo*). This study focused on academic advisors' confidence and comfort level when screening for, speaking with, and referring students with substance use concerns. A second coder helped to identify and check the agreement of themes with the collected data (Stahl & King, 2020).

The researcher conducted member checks with the participants to confirm, validate, and expand on themes identified by the researcher during the analysis. Member checks comprised a form of peer review that helped establish the research's credibility (Stahl & King, 2020). Participants were asked to check the accuracy of their transcripts. Further, a peer debriefer discussed the results with the researcher to help assess the validity of the findings.

Creswell and Creswell's (2018) data analysis process was used to analyze the data. The steps for the data analysis process included: (a) organizing and preparing for data analysis, including transcribing the interview and typing up field notes; (b) reading and reviewing all the data collected and recording general thoughts; (c) coding the data, beginning by identifying and labeling data categories; (d) generating descriptions and themes by developing a detailed description of the people, places, and events in the setting; and (e) representing the description and themes by providing a table of demographic information on each participant and providing the findings of the analysis.

Coding

In the coding process, the researcher allowed the codes to emerge from the data analysis (Creswell & Creswell, 2018). Tesch's (1990) eight steps for coding qualitative research were used to analyze the data collected:

1. Read the data collected and write down some ideas/thoughts as you are reading.
2. Go through each transcript, asking yourself: *What is this about?* Focusing on the underlying meaning of the documents, writing your thoughts as you read.
3. After completing the second step, list all topics and cluster together similar issues.
4. Take the topics back to the data and turn the topics into codes. Write these codes next to the appropriate section of data.

5. Attempt to group related ones together, turning them into categories.
6. Finalize the categories.
7. Compile the data from each category in one place and complete a preliminary analysis.
8. If needed, recode existing data.

Throughout the coding process, the reflexive journal was used to help mitigate biases on the part of the researcher.

Trustworthiness

Trustworthiness comprised a way qualitative studies addressed the quantitative concepts of validity, reliability, and objectivity. Trustworthiness in this research study was imperative to ensure sound method decisions for the study to be accepted in the academic world and to establish a need for further research on the topic. In other words, trustworthiness in a research study became vital to helping prove that the research findings were worth considering (Lincoln & Guba, 1985). In qualitative studies, researchers needed to address the areas of credibility, dependability, transferability, and confirmability to establish the trustworthiness of their research (Nowell et al., 2017).

Credibility

Credibility referred to how confident the researcher was that their interpretation of the participants' information was accurate to the participants' intended meaning (Nowell et al., 2017). Member checks were used to establish the credibility of the research. As such, after the initial analysis, the researcher returned the results to the participants for accuracy checking. Participants were allowed to expand on the results to ensure the results adequately represented the participants' positions on the questions. The interview transcripts, methodology, and results were also shared with an impartial colleague for peer debriefing. This helped to ensure

the data collection and content were consistent and helped build the researcher's authority (Forero et al., 2018).

Triangulation was another technique researchers could use to establish the credibility of their research. Triangulation referred to the use of multiple methods or data sources to develop a complex understanding of the data (Yin, 2018). This study used investigator triangulation, employing a second coder to increase the study's credibility. The second coder assisted in coding data from the interviews.

Transferability

Transferability referred to the applicability of research results to other situations or different populations (Forero et al., 2018). In qualitative research, transferability was challenging to establish. However, providing a deep, thick description of the study would help other researchers assess the transferability of the study (Nowell et al., 2017). This study sought to establish transferability by providing an accurate and detailed description and interpretation of the participants' thoughts and emotions (Younas et al., 2023). The purposive sampling technique also helped establish the study's transferability by ensuring the participants represented varying views (Forero et al., 2018) across the health sciences and business schools, as participants were representatives from different departments within the two schools, with varying levels of academic advising experience.

Dependability

Dependability in qualitative research included the repeatability of the study (Forero et al., 2018). The researcher constructed and followed a detailed protocol for the study that could be repeated in future studies (Appendix C). Dependability in a study could also be established if the research was logical, trackable, and adequately documented (Nowell et al., 2017).

During the study, the researcher kept records of the transcript and data analysis and a reflexive journal to help establish a clear audit trail. The steps of coding the data and identifying key concepts were clearly identified and documented.

Confirmability

Confirmability referred to the researcher's ability to foster confidence that other researchers would be likely to corroborate the findings (Forero et al., 2018). Confirmability was argued to be established when credibility, transferability, and dependability were present (Guba & Lincoln, 1985). Triangulation, member checks, and reflexivity were used to develop the results' accuracy and confirmability (Forero et al., 2018). The use of reflexive journaling showed how the conclusions were drawn, helping to establish and address any ethical issues that might have come up during the research (Forero et al., 2018). Finally, there was also the use of a second coder and peer debriefing.

Assumptions

The researcher's assumptions when conducting this study were as follows:

- An assumption was that the participants responded truthfully and openly. The researcher attempted to increase the chances of honest responses by employing the use of one-on-one interviews.
- An assumption was that the participants represent a varied sample of advisors within a school of health sciences and business school, as variation was sought in sampling.

Summary

Chapter three provided a detailed explanation of the methodology for this research. This chapter described the sampling selection, data collection, data analysis, and trustworthiness used for the development of the research questions. Next, chapter four includes a detailed description

of the findings from the interview data and analysis. Finally, chapter five summarizes the results, recommendations, and recommendations for future research.

CHAPTER 4

Findings

This study aimed to answer two research questions. The first research question asked: What are academic advisors' attitudes toward approaching and working with students experiencing substance use disorder concerns? The second research question explored whether advisors felt competent when discussing substance use concerns with their advisees.

Seven academic advisors at one institution were interviewed for this study. The study identified the following four themes based on academic advisors' perceptions, knowledge, and attitudes toward working with students experiencing substance use concerns. These four themes were: (a) the need for training; (b) duties/responsibilities beyond advising; (c) the need for substance use knowledge; and (d) (dis)comfort in addressing substance use. Chapter four presents the data.

Research Site

The research site was a Midwestern regental university with full-time academic advisors. The university's enrollment consisted of about 10,000 students enrolled in undergraduate and graduate programs on-campus and online. The institution offered undergraduate and graduate degrees in arts and sciences, business, education, fine arts, and health sciences.

Participant Profiles

Seven academic advisors were interviewed for this study. To protect participants' identities, each participant was assigned a pseudonym. The participants' profiles in Table 1 provide a brief background, including the school in which they advised, their years of advising experience, and the academic level of the students they advised. The pseudonyms were listed in alphabetical order in Table 1.

Table 1*Participant Demographic Data*

Pseudonym	School	Years of Advising Experience	Academic Level of Students Advised
Becky	Health Science	10 years	Undergraduate
Jill	Health Science	15 years	Undergraduate
Kevin	Health Science	15 years	Undergraduate
Mary	Business School	10 years	Undergraduate
Scot	Business School	4 years	Undergraduate
Stacy	Health Science	15 years	Undergraduate
Tom	Business School	6 years	Undergraduate

Member Checks and Journaling

After transcriptions were generated and checked, member checks were utilized to verify the validity of the transcripts. All participants were allowed to review their transcripts. Six of the seven confirmed their transcripts. The remaining participant did not respond to the initial or follow-up email.

Additionally, the researcher kept a reflexive journal as tool to help mitigate any preconceived biases or assumptions that could influence data collection or analysis. The reflexive journal included the researcher's methods, choices, and introspection throughout the research process (Lincoln & Guba, 1985). The researcher used a peer debriefer in discussing the research results when they discussed the results with another advisor, who agreed that the results were reasonable based on the individual's experiences with academic advising. This chapter presents a thick description of the research results.

Procedural Overview and Findings

The seven participants were interviewed using a semi-structured interview protocol. The information provided by the participants was recorded and transcribed, and themes were identified. Specifically, the researcher identified major themes by reviewing the transcription

and coding based on the participants' wording and then theoretically in the later rounds of coding. Reflexive journaling was employed throughout the coding process.

A second coder assisted as a form of peer review to provide credibility to the research through colleague feedback, which helped to challenge the researchers' assumptions and biases (Shenton, 2004). Additionally, the second coder helped to identify and check the agreement of themes with the collected data (Stahl & King, 2020). Disagreements were resolved through discussion. Based on the analysis, four main themes were identified, as described below.

Theme 1: Need for Training on Substance Use

During the interview process, all participants agreed that it was part of an academic advisor's job responsibilities to be able to address substance use concerns with their advisees. However, six out of seven participants were not confident in their abilities to correctly identify a student who might be experiencing substance use concerns. This indicated a self-identified lack of training regarding substance use. All participants felt that specific substance use training would provide them with the knowledge and skills they needed to confidently work with students who might be experiencing substance use concerns.

Substance Use Warning Signs. Of the seven participants, only one was confident in knowing the warning signs of substance use in students. Kevin shared he was well trained during his residential life training to identify the warning signs of substance use, sharing, "I mean, I've been here a while, and with my residential life training, I was pretty well trained on all those signs and, you know, the markers and that stuff."

Six of the seven participants were confident they could identify some warning signs, while some were unsure whether they could differentiate between substance use and mental

health concerns. Among the participants who felt they could identify some of the warning signs, their knowledge in this area came not from their academic advisor training but from personal experience with someone who had a substance use concern. For example, Scot shared that due to a family member's substance use, he could identify some warning signs of substance use, stating, "I had a family member who struggled with substance abuse, so I am rather familiar with it without wanting to be." With 15 years of academic advising experience, Stacy shared her lack of confidence in this area; when asked if she could identify the warning signs that a student may be experiencing substance use issues, she answered: "Probably not all of them."

Similar to Stacy, Tom said that he knew some warning signs but was not confident he knew all the substance use warning signs sharing, "I'm not well versed in those, no." Regarding identifying the warning signs of a student who might be experiencing a substance use concern, Jill answered: "I don't know. I suppose it's like grades slipping. If I saw them, like, just appearance, you know, maybe they would look different at different times." When asked the same question, Scot named some warning signs of substance use but was not confident in his responses. Scot stated, "Some of them, such as, like, lack of sleep, you know, warning signs to me is, yeah, lack of sleep, not doing well in class, but then also maybe something in their body language as well."

Becky shared that through personal experiences, it was hard for her to identify a functioning alcoholic, but she felt she could identify some of the warning signs of substance use. She shared:

I wouldn't say that I could, like, pinpoint everyone. Usually, it's probably the ones that are, it's affecting more deeply, are going to be the ones that aren't attending class. They can't get up in the morning. You know, I've had students come in my office where I

know they've been smoking pot because they can smell it on them. So those are really obvious things. Like lack of class attendance, maybe even more of a depressive. 'Cause [sic] I feel like they can be a little depressed 'cause [sic] of transition, but then it's just exacerbated, and it's kind of cycling, so they drink to be happy and whatever, but then it's really a depressant. So, it cycles that way. The ones that would be really hard for me are the, like the functioning, functioning drunks, if you will. I mean, I have an uncle ..., and he was a high-functioning alcoholic for a long time. And it's those are the harder ones for me because they can make the appearance that everything's fine, and yet they have this like challenge or issue that they just can't get away from. So those are certainly the harder ones for me 'cause [sic] I like to be able to trust people and say, oh yeah, yeah, I'm fine. Yep. I'm managing this, this, and this. They're getting decent grades; they're doing all those things. So, I would say I can notice the really obvious ones, but the functioning drunks, functioning people on using drugs, those are really hard for me.

Mary indicated she could identify some of the warning signs; however, she also felt that they could be similar to mental health warning signs. She also knew that some students could experience mental health and substance use. She stated,

I think I know, you know, a few of them, and you know, it's hard because I think some of them ride the line of, is this a mental health issue or is this a substance abuse issue? I think some of those warning signs can tread on both of those, and they can be related to each other, right? They could be having mental health issues and use substances as a coping mechanism. So, I think sometimes those intertwine with each other, and I think sometimes it's hard to find, you know, the line...

Substance Use Screening. When asked about screening for substance use, all seven participants said that they had heard about mental health screening but were not knowledgeable about substance use screening. Two of the seven participants thought it might have been mentioned once in training, but none had had formal training on screening for substance use. Kevin was even warned that discussing substance use with students was a slippery slope, stating, “I was told that that was always a slippery slope, you know, and that the student should be able to share that... So, you just have to navigate and be careful.”

When asked if he had received training in substance use screening, Scot shared, “Not that I recall... Not specifically substance abuse.” Further, several other participants shared that they had heard of substance use screening but had not been formally trained in any substance use screening tools. The participants did indicate that with proper training, they would be more willing to talk with students about substance use. Jill said, “I think in that training I took last year, that there was talk of screening. Maybe if I had some specific training on the screening process.” Similar to Jill, Becky shared,

I have heard of screenings. I am not familiar with any of them. I could feel comfortable doing them if I had proper training. I don't think I would just want to ask them questions and then be like: I don't know what to do with this information. And I feel like at least with my background and what I know about, you know, counseling in particular, I feel like that would be something I could get trained on, and I would be comfortable using if I needed to.

Tom had not heard about screening for substance use but felt training would be beneficial, stating,

No... I think having some sort of training, whether it comes from, I guess, I don't know, from you or the student counseling center or from the [Team], you know, just having some of the language. And, again, maybe it's a role-play situation, too, where we can practice. I think that could definitely benefit me personally.

Stacy shared that she was not aware of screening for students' substance use, noting: "No, substance use hasn't been on the forefront as much as mental health lately." Likewise, Mary felt the focus of advising was not on addressing students' substance use but on students' mental health. Mary, with 10 years of advising, shared this about substance use screening, stating,

No.... We have to have mental health awareness. I feel like way too accepting of it, and we don't really get to address it at all. I really don't think we've ever had a speaker, like, come into an advising session... We've had a bevy of people come in, and I just don't think we've ever had somebody come in and say, like, "Hey, this is what you do if you suspect somebody has an issue with a substance or if they admit to you they have an issue with this substance." I don't think we've ever, ever had the issue ever addressed with us, which is scary. I can't like it's funny that you're asking this 'cause [*sic*] I'm like, oh my God, that's so bad. That's so bad.

Additionally, Mary had this to say about the need for training regarding substance use concerns,

I mean, I think that would go a long way. Even just, like, knowing the conversation was had with somebody that has been through this or is trained on how to deal with it, I think, brings a lot of comfort to people.

All participants indicated a lack of knowledge and training regarding substance use warning signs and screening tools. Though their levels of knowledge and confidence varied based on previous training or personal experience, all participants felt that academic advisors should be able to address substance use concerns with their students. Further, some advisors noted that training had the potential to increase their comfort levels in approaching substance use concerns with students.

Theme 2: Duties/Responsibilities Beyond Advising

Another key theme identified via *in vivo* coding of the participants' transcripts was job duties outside the *traditional* academic advisor responsibilities of selecting classes and helping students make it to their graduation dates. All seven participants indicated they had duties and responsibilities beyond academic advising responsibilities, some more than others. Some of the additional responsibilities included marketing, recruitment, and administrative work.

Scot shared: "When working in an office setting, sometimes you have to help out other people in the office when it's not really your job. So, I would say, you know, that happens sometimes here is we're having to step out of what we normally do to pick up the slack in other areas." Jill shared that a large portion of her duties and responsibilities went beyond advising, including recruitment and administrative duties:

I do recruitment events, too. So, go to conventions. If they have things on campus, I'll do that. Anything like that. I've done... I just signed up to help or to talk to the interprofessional healthcare team, the health science school introductory class. I've done that for a couple of semesters now. That's kind of fun to get in there. And that's more talking about the career versus the prerequisites and applying to the program. But I do selection. So, when our application deadline is [date] every year. And I make our pre-

students aware through monthly emails of different things that are going on. One of those would be that the application deadline is coming up, and they need to get every all the application materials to me. I get those, gather those application materials, and coordinate them put them into a spreadsheet to go into selection. I do some stuff that's kind of outside academic advising in that I try to help with the classes as they are on [learning management system] if changes need to be made with rooms and, like, how many seats are available in those classes, things like that.

Becky also shared about her duties and responsibilities beyond advising:

So, outside of advising-specific, I do recruiting. I do a lot of document updates. I will go into our classrooms and talk about advising, but then talk about some other things, like what processes I pay attention to. The recruiting piece, I will travel a little bit, not too far, for, like, tabling at a conference or tabling at an event... running some sessions to get young students a taste of what they could do in healthcare. So, a lot of awareness. I do help with registration days, so that's sort of advising, but it's like not in the bulk of it. Committee work, some of that stuff that's duties probably not specifically assigned. I have a student organization that I oversee. I've kind of kind of taken a step back and not been so overly involved in that. So, trying to think what else. I mean, really, just acting as a liaison to a lot of different things.

Stacy's duties and responsibilities beyond advising seemed to be focused on recruiting and marketing, as indicated by her sharing:

Recruiting will include online informational sessions, going to the community colleges or technical colleges, and doing presentations. And then, I recruit for the entire school of

health sciences, whether it's undergrad or grad, depending on what the situational need is. And then I also do marketing for the entire school of health sciences as well.

Mary shared how her academic advising experience changed over her 10 years:

I think advising has evolved into a much bigger thing than just telling them what academically they need in terms of classes and coursework. So, a lot more conversations about mental health awareness, about the student counseling center, about, you know, time management and stress management and interpersonal relationships with roommates and, you know, faculty and other peers. So that's a huge part of what we talk to them about.

Tom shared that even with a full-time recruiter for his college, he still had to help with recruitment for the college:

So recruiting is important, as we know. We need those numbers and enrollment. In the business school, we do have our own recruiter; however, she's on the road, of course, traveling and recruiting students. And so, there's times where we are required to meet with campus visitors, which then takes away time from our current students when we could be seeing them. I feel like that's one area where we get pulled specifically in the business school.

When discussing his duties and responsibilities beyond advising, Scot shared that part of his job was to help with administrative duties within the office:

So, the bulk of it is meeting with students. And when I say meeting with students, it can be really anything, and I think that's a misconception that a lot of people have. We just tell them what classes to take and say, see you later. In my mind, that's the least of what we do. But here I'm meeting with students, planning out their four years, three years,

however long it may be. But I'm also, I'm very big on being there in the moment with them and making sure, yes, you're here for this reason, but what else is going on?

Kevin had a unique working environment; his office and students were not located on the university's main campus, so his extra advising responsibilities were unique due to the limited resources at his site. He shared,

I mean, we work closely with the main campus, but up here, I think we wear maybe a few more hats than what they do on the main campus. You know, instead of referring, you may be inheriting something up here.

Similarly, in this second theme, the academic advisors shared about their duties and responsibilities beyond advising. Notably, all seven participants had additional responsibilities beyond their academic advising job responsibilities, though all varied in the type of and level of commitment to additional duties. Moreover, a large portion of these additional responsibilities were focused on marketing programs and recruiting new students.

Theme 3: Need for Substance Use Resources and Referrals

None of the participants received information or guidance regarding specific resources for students experiencing substance use concerns. All seven participants knew of counseling resources on-campus as a possible referral option for their advisees, but the participants were unsure if these resources could address substance use. Mary shared: "I think I would refer them to the student counseling center. That would be my first thought process. Just because I don't know that we don't we have any place else around here. And I would assume they'd have the resources to like how to go to like an AA or how to talk to somebody or group meetings that they could have."

All seven participants felt substance use student resources were essential for them to know about and have so they could provide them to their students. Mary shared: “I think it would be super beneficial to have somebody come to an advising meeting or even to our staff meetings and be like... Hey, this is how you deal with it. These are the resources that are available.”

Becky was unsure if the counseling center or the addiction counseling and prevention department on campus provided services for substance use concerns, stating:

I would assume there'd be somebody at the counseling center that specializes in it... I mean, I would be unclear on that, but I would start with the counseling center to see who they would have available that way first. And I'm sure there's people in the community; I just don't have any resources directly with that.

Scot also shared that he was unsure about specific resources for substance use concerns but would send students to the counseling center on campus:

Not specifically substance abuse.... I talk a lot about the dean of students in a more broad sense and then the counseling center for student counseling and stuff like that. But I don't know anything specific like for substance abuse whether it's like little handouts that we could have in our offices to give to students some, anything that's like, easily accessible would, would definitely be good for that.

Additionally, Scot shared the following about providing substance use resources to students:

Yeah, I would say, definitely, any sort of trainings, any information, stuff that could be sent out, whether it's emails, whether it's like little handouts that, you know, we could have in our offices to give to students some, anything that's like easily accessible definitely be good for that.

Stacy shared that, regarding substance use resources, she was “probably not to the full extent” aware of what was available to her advisees. She was aware of online counseling services and that her school had a dedicated counselor for their students but commented, “It’s important that the advisors are made aware of how we can help them... what are all the resources that are available at the university level.”

Jill commented she was also aware of the counseling center and the online counseling services but that the online counseling services were “not necessarily for substance abuse, but I could very easily find a hotline number.” She did note, “I definitely could find somewhere to refer somebody.”

Tom was not aware of specific substance use resources for students but commented, I could probably even create myself ... just like a little square with the QR code, you know, it’s just got the list. So instead of sending an email with the office, phone number, and location and everything, just having a little handout, I think, and maybe it exists.

Mary identified on- and off-campus resources that she thought might be beneficial for an advisee experiencing substance use concerns:

I would refer them to the student counseling center. That would be my first thought process... And I would assume they’d have the resources to like how to go to like an AA or how to talk to somebody or group meetings that they could have or referring to a medical person that could do an actual evaluation on a person to see if that’s where they’re at. I think that’s my first thought process would be like I’m gonna [*sic*] walk them over to the student counseling center to see what the next steps would be and what resources they would recommend for the student.

Kevin brought a unique perspective to the resource's conversation due to the location of his site, stating, "We are unique up here that we are geographically bound and most of our resources are...public resources." He did share that if he were unsure about resources, "I would know who to call and then ask."

As an academic advisor, part of the role was to direct students to where they could get assistance/help if the advisors could not assist students. All seven participants were aware of counseling services for their students; however, none of the participants were sure if these services would be able to address students' substance use concerns. Additionally, all participants thought this information was important for them to know as academic advisors to help their advisees better.

Theme 4: (Dis)comfort in Addressing Substance Use

All the participants stated that, if necessary, they would have conversations with their advisees if they had concerns about students' substance use; however, several factors impacted how comfortable the participants were with these types of conversations. The factors identified during the interviews included their relationships with students, whether the students initiated the conversations, and the advisors' training on substance use. Accordingly, this theme focused on how the relationship with an advisee might impact the advisor's comfort level with discussing substance use concerns with one's students and if the students were to bring up the concerns versus the advisor having to bring it up.

Relationship with Students. Four of the seven participants shared that their relationships with advisees would impact how comfortable they would be in talking with students about substance use concerns. Stacy stated that her relationship with the advisee would "not really" affect her comfort level; however, she said the conversation would be "[tailored] based off how

much I might know about them.” However, the two participants who said their relationship with advisees would not impact their comfort levels in discussing substance use, they did reference something that would affect the conversation—the fear of doing harm.

Becky shared how the advisor/advisee relationship would impact her comfort level when speaking to students about substance use concerns:

I think it depends on the relationship you have with them type of thing. If you don't have a close relationship with that student, in terms of you've met with them several times, I think it would be hard for them to be open with you if you didn't establish that rapport, if you will. Though, if it's really damaging their academics, I would feel comfortable saying something like, well, what are your activities outside of class, and how are they being non-conducive to your current track? Yeah, it's just hard to answer that one because I think it really depends on the rapport that you have with them and the type of relationship. Because if it's purely academic, like there's some students that they only want to know about their classes, they only want to know that, like that surface level. But I think it would still be a meaningful conversation if you're noticing things maybe that would develop a different type of relationship. These are the things I am noticing; these are the concerns I have, and that could affect your academic progress eventually. So yeah, I think it would be in purview.

Mary was one of the participants who felt her relationship with a student would impact her comfort level of addressing substance use concerns with her students, conveying:

But I mean, I would say it really depends on the student's relationship with me, right? If it's somebody that I see a lot or I have a lot of conversations with, I think my likelihood of addressing the issue without them addressing it first goes up a lot if I feel like I have

that comfortable relationship with them. If it's a student, I see like once a year, really highly unlikely because I might be just jumping to conclusions or guessing more than I should, just because I don't know their personality or their behaviors as well. I think that's a scary, many of these things are very scary to bring up if you are afraid they're going to be afraid, offended that you're assuming something. Right. So, I don't think it's that I wouldn't be. If I was sure of it, I think I would have no problem. It's just the how can I be confident in my conversation that I'm not going to say something that's going to make it worse than it already is?

Tom remarked on how the length of his relationship with students would impact his comfort level in addressing substance use with his advisees:

You know, working with a student for three or four years, you know them really well, and you know their life story. But then, yeah, I feel like it's easier to be like, 'Hey man, like, what are you doing? What's going on?' Um, and I don't know the difference there, you know? Right. Yeah. Like when you ask that question, I think about it. I'm like, why is it so hard? Or because you want to help the student and you just don't know. I, I don't want to make a negative impact but, I guess it's, you know, figuring out what's best for them and kind of nipping it in the bud early.

Tom also shared the following about his comfort level beyond asking initial questions about substance use to his advisee,

I would say minimally comfortable just in the sense of, like, like, I'll ask the question, but then I don't know, like, after that, what to do, right? Like, you know, what are the best resources available, you know, do we have a list of that? Is it a flyer or something, or a little handout that I can give them instead of just, oh, yeah, you should go see X, Y, Z.

You know, here's a physical, something that you should take with you. And you know, I, you know, I could share my experience whether that's good or bad, I don't know. And so yeah, I would like to feel more comfortable in those situations with students being, being the age that I'm at. You know, I'm 34, and so I feel like I could provide good advice to students in those situations.

Additionally, Tom elaborated how his fear of making things worse by saying the wrong thing impacted how he would approach substance use concerns with advisees:

Yeah, I think; I think one of my strengths is harmony. And so, I don't want to make them feel uncomfortable or feel like I'm pressing them for information. Avoidance, for me, is just an easier route. I think that's where that comes from. I don't know. That's a tough question. Yeah. I think having some sort of, if it's a recording that I can watch multiple times, kind of like an online lecture for that some students prefer or even just a face-to-face sort of training, I think that would be a good starting point as a place to ask questions and figure out what are some words that I can say that can help students in these situations.

The interviewer then probed if Tom believed he could aggravate a situation by asking about a student's substance use, and Tom said yes. Another participant, Kevin, also felt the relationship with a student would impact how he worked with the student:

So, it's important that you bridge the dialogue or that dialogue's open so they can share that with you. [His supervisor] always told me that you got to stick with the academic part side of that, but you also got to keep that other part in mind. But other parts were that would be above your pay grade and your knowledge. And you need to let those individuals help that person.

Scot did not believe his comfort level in talking with his students about substance use was impacted by the relationship he had with them due to his previous job and his intrusive advising style, communicating:

My previous job, we worked with, we had a wide variety of students, the biggest cohort on campus, biggest section on campus, where you truly did not know what you were getting appointment to appointment. So, you were thrown in, and it was just through multiple appointments with a variety of students that made you comfortable with it. My old job, for as many complaints as I have, it was a situation where you were going to learn, and you were going to be prepared to do your work and be uncomfortable. And that was something that my old supervisor always told me we live in the gray area in, in advising specifically in this office. So, you know, if, I think it comes down to kind of what does the advising leader or what is the campus's philosophy when it comes to advising. That's going to set the tone for what how far advisors will be able to get to go with that type of stuff.

Jill shared that she “did not think” that her relationship with her student would impact how comfortable she was with the conversation:

How I approach it with a student that I thought maybe had some issues because I would feel very uncomfortable if I approached the student about it and they were offended by it. I would feel terrible. I don't like conflict. I don't like offending people, so I try to keep everything light when I talk to people. So yeah, I would not want to make somebody mad or upset.

During the discussions about participants' comfort levels working with students who might be experiencing substance use concerns, field notes captured participants' body language,

which indicated overall that they were not comfortable talking about substance use concerns with advisees. For instance, even when a few of the participants verbalized they thought they would be comfortable discussing such concerns, their tone of voice and eye contact changed, and their speech became noticeably more hesitant. This non-verbal behavior indicated that the advisors might not be as comfortable as they thought they could be in addressing substance use with their students.

In addition to their relationship with students, the participants also indicated that whether a student brought up the subject would affect their comfort level when discussing substance use concerns with advisees. Namely, two of the seven participants shared that their comfort level of discussing substance use concerns with their advisees would be impacted by whether the student initiated the conversation. Jill explained:

I feel like that it would be a totally different thing if somebody came to me with something like that. That they had concerns about themselves, maybe drinking too much or that they are starting to get into drugs or something. But approaching a student and saying, I think I would find that very, very hard, especially with the little training that I've had with anything like that.

Kevin shared this about his comfort level with student-initiated conversations about substance use concerns:

So, usually, it's a matter of just waiting for them to share that for you to do that. The ones, they're very, I mean very open, very blunt, will have that conversation with you and say that, which I think is cool in that they're comfortable sharing that right away with you. And then usually it's just adapting and helping them out where they're at in their life and where they're at academically and the goals that they want to accomplish.

Theoretical Analysis

This study was viewed through the intrusive (proactive) advising framework (Glennen, 1976). Intrusive advising referred to an academic advisor's deliberate intervention to identify a problem (Earl, 1988). College students were in a unique period in their lives as they transitioned from adolescence to young adulthood, and intrusive advising could be helpful to them in this stage. If advisors were comfortable and confident in identifying substance use concerns in students and knew how to effectively communicate with these students, they could refer them for additional services. Thus, intrusive advising practices were intended to be an additional lens in interpreting the emerging themes in the collected data regarding academic advisors' perceptions, knowledge, and attitudes regarding working with students with substance use concerns.

Intrusive (Proactive) Advising

When using proactive advising strategies, academic advisors could identify the student population needing additional support and services while attending college. Advisors could then intervene before students experienced significant trouble that could lead them to drop out, and student substance use was one of these trouble areas. Only one of the participants was confident one could identify warning signs that an advisee might be experiencing a substance use concern. This participant did not learn this information from advisor training but from their previous job in residential life. Several other participants felt they could identify some of the warning signs, but, again, this information was not from their advisor training but from previous jobs, education, or personal experience with someone who might have been experiencing substance use concerns.

The fact that only one participant felt confident in identifying warning signs of substance use in a student indicated a need for training regarding student substance use. A proactive advising relationship could facilitate an advisor in identifying warning signs that an advisee

might be having trouble and need assistance before major disruptions occur (Kraft-Terry & Kau, 2019). Kraft-Terry and Kau (2019) stated that proactive advising allowed an advisor to identify at-risk students before meeting with a student, enabling an advisor to be prepared to address a myriad of student problems.

A few participants indicated that they were unwilling to discuss substance use with their advisees out of fear of making students uncomfortable or causing more harm than good. However, despite these expressed fears, when academic advisors used intrusive counseling skills when working with advisees, they were able to address students' academic needs and listen to their problems and concerns (Glennen, 1976). All participants in the present study felt specific substance use training would provide them with the necessary knowledge and skills to confidently work with students who might be experiencing substance use concerns. Additionally, some participants indicated that roleplaying or practice scenarios would increase their confidence in working with students experiencing substance use concerns.

When using intrusive advising methods, advisors shifted from being reactive to situations to being proactive to avoid problem areas, if possible (Claire, 2019). Glennen (1976) stated that part of intrusive advising was helping students recognize potential problems before they developed and engaging in problem-solving skills to prevent the problems from occurring or worsening. One of the ways advisors could intervene and potentially protect students from further consequences of their substance use was by screening students for SUDs (Kelly et al., 2018). Only two participants indicated they might have heard about screening for substance use concerns with their students, and no participants had had formal training on screening for substance use.

Additionally, proactive advising helped advisors identify the critical point when students needed assistance and appropriate responses (Earl, 1988). To engage in proactive advising for substance use concerns, advisors had to understand the full range of SUD identifiers (Perron et al., 2011), including binge drinking, protective factors, risk factors, warning signs, screening, and referral sources. When using proactive advising strategies, advisors could become aware of trouble early on, enabling them to intervene proactively and refer students to appropriate services (Eisenberg et al., 2016). None of the participants received information or guidance regarding specific resources for students experiencing substance use concerns. All seven participants knew of counseling resources on-campus as a possible referral option for their advisees, but the participants were unsure whether these resources could address substance use.

Intrusive advising could help advisors identify whether a student had difficulties academically or personally before such issues caused significant disruptions in the student's life and academic work. According to Kraft-Terry and Kau (2019), in proactive advising, the student had contact with or received help from the advisor before problems arose. According to Varney (2012), intrusive advising encouraged academic advisors to proactively contact students to provide interventions when the first symptoms of academic struggle were noticed. The advisors could use counseling skills to establish a supportive and trusting relationship, allowing the student to feel the advisor would help them if needed. One of the participants, Scot, understood the impact a student's personal life could have on their schooling and the need to address this with students, stating:

I think I'm an intrusive advisor, and I like to be that way. I always tell my students what's going on outside of school impacts your school, what's going on in school impacts life outside of school, so how are both things going well?

Proactive advising strategies could be used to build and foster relationships with students (Varney, 2012). Proactive advisors used counseling skills to establish a supportive and trusting relationship that encouraged students to believe the advisors would help them. Since academic advisors needed special skills to adequately address students' needs, trained and responsive academic advisors who were skilled in proactive advising was critical to student success (Earl, 1988). Tom, a participant, had the following to say about how the relationship with an advisee impacted his comfort level in addressing substance use concerns with his students:

You know, one of my, I'd say, weaknesses is probably on the intrusive advising side and having some of those difficult conversations or being comfortable in uncomfortable situations, as I like to say. So, that's definitely an area I would like to grow in.

Additionally, many of the advisors indicated verbally that the relationship with their advisees would not impact their comfort levels with regard to addressing substance use concerns with their advisees; however, it was noted that participants' non-verbal cues indicated they were not comfortable talking about potentially uncomfortable substance use situations with students. A few of the participants verbalized that they thought they would be comfortable discussing such concerns with their advisees, but changes in their tone of voice and eye contact, along with hesitation in their words, appeared to indicate otherwise. As previously stated in the background and role of the researcher section, the researcher was a licensed addiction counselor with training and experience in identifying and interpreting non-verbal communication. Further, these participants also noted that, in addition to their relationships with their advisees, their comfort levels would depend on whether a student brought up the subject.

Molina and Abelman (2000) stated that proactive advising "is personal rather than merely professional, and it is dependent on how information is related rather than on the information

itself” (p. 6). Intrusive advising strategies were effective when working with at-risk students, including those who experienced SUD concerns. The strategies provided a foundation that allowed academic advisors to engage in discussions that could assist students in getting the help they needed. Scot shared that his previous job contributed to his intrusive advising style and helped him prepare for uncomfortable conversations, stating:

So, like it was, you were thrown in, and it was just through multiple appointments with a variety of students that made you comfortable with it, my old job, for as many complaints as I have, it was a situation where you were going to learn, and you were going to be prepared to do your work and be uncomfortable.

Summary

Chapter four presented the findings of the case study, which show that the academic advisors’ perceptions, knowledge, and attitudes towards working with students who might be experiencing substance use concerns were impacted by several factors. The first theme was the *need for training*; academic advisors indicated a need for training in identifying substance use warning signs in students, along with needing to understand how to screen for potential substance use problems in advisees. In the second theme, *duties/responsibilities beyond advising*, participants discussed additional responsibilities outside their academic advising roles, including recruitment, marketing, and administrative responsibilities. In *need for substance use resource knowledge*, theme three, participants indicated requiring more knowledge of resources available to refer students who might be experiencing substance use problems to appropriate care. Lastly, in the fourth theme, *(dis)comfort in addressing substance use*, participants shared how several factors would impact their level of comfort with having a conversation about substance use with

advisees, including their relationships with students and whether the students initiated the conversation.

CHAPTER 5

Limitations, Future Research, and Implications for Practice

This study aimed to explore the extent to which academic advisors' knowledge and attitudes about SUDs impacted their potential to identify, approach, and work with students experiencing problems caused by their substance use. The goal was to understand whether academic advisors felt comfortable addressing such concerns with their students to prevent negative consequences. The study, therefore, contributed to the literature on identifying academic advisors' training and support needs to facilitate their ability to effectively communicate with students about substance use concerns.

Summary

This study assessed academic advisors' confidence and comfort levels in identifying, working with, and referring advisees who might be experiencing substance use concerns. The first research question asked: *What are academic advisors' attitudes toward approaching and working with students experiencing substance use disorder issues?* The research found that while all the participants believed it was part of an academic advisor's job to address substance use concerns with their advisees, many hesitated to engage in these conversations for fear of making the situation worse or even harming the student. The data indicated that participants needed more knowledge and training regarding substance use warning signs, screening tools, and resources, and the lack of such training made the advisors hesitant to discuss substance use concerns with their advisees.

Molina and Abelman (2000) found that at-risk students, like those experiencing substance use concerns, showed improvement when they received intrusive advising strategies from their academic advisors; the more intrusive the advising was, the more the students improved.

Additionally, intrusive advising was also found to help solve problems for students hesitant to self-refer (Earl, 1988). If advisors are comfortable and confident in identifying substance use concerns in students and know how to effectively communicate with their students, they can refer them for additional services. In such cases, students have a better chance of not experiencing the negative consequences of substance use. This, in turn, has the potential to help retention and persistence for higher education institutions.

The results from this study show that advisors should and want to address substance use concerns with their advisees; however, advisors are hesitant to engage in these uncomfortable conversations. Interestingly, a few advisors said they would be comfortable talking about substance use concerns if the student brought up the topic. However, this reactive advising style is less effective than proactive advising. Proactive advising works well with students who may be experiencing substance use concerns because it seeks to identify problem areas early to prevent further consequences. This study found that training and practice were needed for academic advisors to engage in more proactive advising strategies and substance use conversations with their students.

The second research question asked: *Do academic advisors feel competent when discussing substance use concerns with their advisees?* The findings indicated that academic advisors do not feel competent in discussing substance use concerns with their advisees. Several factors were noted to potentially impact the advisors' confidence levels in addressing substance use concerns, including the relationship with their advisees and the need for training and knowledge surrounding substance use. Several advisors in the study indicated they would be more comfortable talking about substance use concerns with students with whom they had built relationships. Further, all advisors said that a lack of knowledge about substance use warning

signs, screening tools, and resources negatively impacted their confidence in addressing students' substance use concerns.

When academic advisors feel confident in talking with students about substance use concerns, they could help students manage their problems or provide information on where to get help by using proactive advising strategies (Glennen, 1976). Intrusive advising strategies are effective when working with at-risk students, including those who experience SUD concerns. These strategies provide a foundation that allows academic advisors to engage in discussions that can assist students in getting the help they need.

When academic advisors are adequately trained regarding substance use warning signs, interventions, and resources, they can provide a support system to assist struggling advisees and refer them to services to prevent negative consequences from occurring. Moreover, academic advisors with intrusive advising knowledge indicated more confidence in having uncomfortable conversations with their advisees. So, in addition to training advisors on SUDs, knowledge, and training in proactive advising strategies would be beneficial to students, and, consequently, to the broader communities of higher educational institutions.

Limitations

Though this study was able to explore advisors' comfort and competence in working with advisees, some limitations should be noted, which suggest potential areas for future research. First, this study was conducted at a single higher education institution in the Midwest United States. Therefore, the findings may not be transferable to advisors at other schools or institutions. Second, the study was limited to two colleges within this university, which may further limit the generalizability of the findings to all colleges within a given university. Another limitation of the

study was that all the advisors were undergraduate advisors, which limits the transferability of the results to academic advisors at the graduate level.

Directions for Future Research

One option for future research to extend the findings of this study would be to obtain a larger sample size by including academic advisors from more universities, including regions within and outside the Midwest. Additionally, future research can include more colleges within a given university to look at the generalizability of the research results. Future research can also investigate graduate student advisors' and faculty advisors' knowledge and attitudes about SUDs and how these factors impact their ability to identify, approach, and work with students experiencing problems caused by substance use.

In addition, as the results of this study indicate that training may help academic advisors' confidence and comfort levels in addressing substance use concerns with their advisees, a quasi-experimental design study could be conducted. This type of study would allow researchers to discern whether intervention and/or training is beneficial in addressing academic advisors' low confidence in identifying substance use warning signs, screening for substance use disorders, and resources available for their advisees. This study could also be repeated across different universities, colleges, regions, and advisor types (e.g., undergraduate, graduate, and faculty).

Implications for Practice

The findings of this study provide implications for the potential improvement of higher education advisors' training and responsibilities. Participants indicated they were uncomfortable with discussing substance use with their advisees for fear of making the student uncomfortable or doing more harm than good. Additionally, participants agreed that specific substance use training would provide them with the knowledge and skills they needed to confidently work with students

who might be experiencing substance use concerns. Some participants mentioned that roleplaying or practice scenarios would increase their confidence in working with students experiencing substance use concerns. This information suggests that academic advisors want training to better understand how to work with students who may be experiencing substance use concerns, which higher education institutions should provide. Academic advisors can be trained in screening, brief intervention, and referral to treatment (SBIRT) to help them understand and have confidence in using screening tools and intervention strategies to assist them in getting the students the help they may need. For instance, universities can send staff to a two-day training to become an SBIRT trainer; these staff can then return to campus and provide a four-hour training on SBIRT to the academic advisors and other staff.

Another option for higher educational institutions is to make substance use resources available to students on-campus and in the wider community and to ensure that academic advisors are well-informed and trained on these resources. None of the participants in this study received information or guidance from their institution regarding specific resources for students experiencing substance use concerns. All participants knew of counseling resources on-campus as a possible referral option for their advisees, but they were unsure whether these resources could address substance use.

All the participants also indicated they had additional work responsibilities unrelated to academic advising. Higher educational institutions should examine advisors' workloads to ensure they have adequate time and resources to use intrusive advising skills to serve their advisees' needs better. If academic advisors can focus on their advisees' behavioral health needs in addition to their academic needs, their universities' retention and persistence rates will have the potential to increase.

Conclusion

This qualitative study of academic advisors' perceptions, knowledge, and attitudes regarding working with students who may be experiencing substance use concerns identified problem areas where advisors' knowledge and confidence in working with students should be increased. Additionally, the results of this study provide valuable information on the support academic advisors need to better help students who are experiencing substance use concerns. The advisors indicated a need for training to understand and implement information on substance use warning signs, screening for SUDs, and resources available to students who may be experiencing SUD concerns. The advisors felt that if they had training in how to approach students about substance use concerns and knew what resources were available for referral, they would be more comfortable and confident in asking students questions about their substance use. Thus, as a part of institutional best practices, higher education institutions should work towards incorporating substance use training for all advisors and equip them with resources and information that will enable them to help students with substance use concerns more effectively.

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Appendix A

Email Invitation to Participate in the Study



Dear,

I am reaching out to invite you to participate in my dissertation research as I work towards finishing my doctoral degree in educational administration and leadership. The purpose of my dissertation research is to understand academic advisors' perceptions, knowledge, and attitudes toward working with students experiencing substance use concerns. You are able to opt out of the study at any time without any penalty to you. You also do not have to answer any questions that you do not wish to. You will not be asked to share any information about you or your family members' substance use.

You have been purposefully selected as an ideal candidate to provide a rich description of your experience as an academic advisor working with students who may be experiencing substance use concerns.

Your involvement in the study is entirely voluntary and you could decline at any time. The study will include participation in an interview, lasting no more than 60 minutes, scheduled at your convenience. There are no expected risks involved in participating beyond those you would encounter in daily life. While you may not benefit, we hope others in the education community will benefit by understanding how academic advisors can assist students experiencing substance use concerns.

Before agreeing, please read the attached Informed Consent Statement for additional details about the study. If you agree to participate, please contact me, Amy Orr, at amy.orr@usd.edu or 605-658-5943 to schedule a time for the interview. You may also contact my advisor, Dr. Mejai Bola Avoseh, at Mejai.Avoseh@usd.edu for further questions.

Thank you,

Amy

Amy Orr
Doctoral Candidate
School of Education
University of South Dakota
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Appendix B

Informed Consent



University of South Dakota

Institutional Review Board

Informed Consent Statement

Title of Project: Academic advisors' perceptions, knowledge and attitudes toward working with students experiencing substance use concerns.

Principal Investigator: Dr. Mejai Bola Avoseh, School of Education, Delzell Hall, Vermillion, SD 57069, 605-658-6617, Mejai.Avoseh@usd.edu

Student Investigator: Amy Orr, School of Education, Delzell Hall, Vermillion, SD amy.orr@usd.edu or 605-658-5943.

Invitation to be Part of a Study

You are invited to participate in a study. To participate, you must be an academic advisor. Taking part in this research project is voluntary. Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

What is the study about and why are we doing it?

The purpose of the study is to explore academic advisors' perceptions, knowledge, and attitudes towards working with students who may be experiencing substance use concerns. About 20 people will take part in this research.

What will happen if you take part in this study?

You will be asked to complete a no more than 60-minute interview via Zoom. The interview will begin by reviewing this document and giving you time to ask questions. You may stop at any time or choose not to answer a question. Potential questions may include “How comfortable are you talking with a student about their substance use and any concerns you may have about it?” or “What could increase your comfort level when speaking with an advisee about their substance use issues?” You will not be asked to share any personal experience with substance use or that of any family members. Although your interview will be recorded and transcribed, any names will be replaced with pseudonyms. I might follow-up with you to clarify our conversation via email. If a follow-up Zoom call is necessary, the call will be kept to around 10 minutes. Finally, you will be asked to review the transcript of your interview as a form of validation to ensure accuracy. When the transcription has been approved all recordings will be deleted.

What risks might result from being in this study?

There are no risks in participating in this research beyond those experienced in everyday life.

What are the benefits from this study?

You might benefit from your participation in this study by examining and thinking about your academic advising knowledge and practices as well as hearing about other academic advisors’ perceptions, knowledge, and attitudes. Further, this research may provide a better understanding for universities to understand how to support academic advisors when addressing students’ substance use concerns.

How will we protect your information?

We will protect the confidentiality of the research data by removing all given names and using pseudonyms in transcripts, other research materials, and any published works resulting from this study. We will protect the confidentiality of your research records by storing all recordings and research documents on a password protected external hard drive. Your name and any other information that can identify you directly will be stored separately from the data collected as part of the project.

If you agree to this interview, you are consenting to being video recorded and quotes be used for published research that you will be given the option to approve.

The records of this study will be kept confidential to the extent permitted by law. Any report published with the results of this study will remain confidential and will be disclosed only with your permission or as required by law. To protect your privacy, we will not include any information that could identify you.

It is possible that other people may need to see the information we collect about you. These people work for the University of South Dakota and other agencies as required by law or allowed by federal regulations.

Your Participation in this Study is Voluntary

It is up to you to decide whether to be in this research. Even if you decide to be part of the study now, you may change your mind and stop at any time. You do not have to answer any questions you do not want to answer.

Contact Information for the Study Team and Questions about the Research

The researchers conducting this study are Mejai Bola Avoseh (advisor) and Amy Orr (student researcher). You may ask any questions you have now. If you later have questions, concerns, or complaints about the research please contact Mejai Bola Avoseh at 605-658-6617 or Mejai.Avoseh@usd.edu

If you have questions regarding your rights as a research subject, you may contact The University of South Dakota- Office of Human Subjects Protection at (605) 658-3743. You may also call this number with problems, complaints, or concerns about the research. Please call this number if you cannot reach the research staff or if you wish to talk with someone who is an informed individual who is independent of the research team.

Your Consent

Before agreeing to be part of the research, please be sure that you understand what the study is about. Keep this copy of this document for your records. If you have any questions about the study later, you can contact the study team using the information provided above.

Appendix C

Interview Protocol

Semi-Structured Interview Protocol

Preparation

- Set up a secure Zoom link that is shared with all participants
- Make sure Zoom is recording video and audio

Review

- Review the purpose of the study and informed consent
- Allow the interviewee to ask questions, voice concerns and ask any clarifying questions on the process of the study
- Cover Ground Rules
 - There are no right or wrong answers. We are interested in your opinions and perspectives.
 - We want you to feel comfortable saying good things as well as critical things. We are not here to promote a particular way of thinking. We just want to understand your viewpoints.

Questions

- Please share how and why you chose to become an academic advisor.
- Please tell me about your academic advising experiences.
 - What are your job duties as an academic advisor?
 - How would you describe your advising style?
 - Do you ever perform work outside of your duties?

- What do you know about students' substance use on this campus?
 - Are you aware of the warning signs that a student might be experiencing a substance use issue?
- Tell me about what role you think an academic advisor should have when it comes to a student's substance use.
 - Do you believe it is an advisor's role to inquire about a student's substance use if warning signs are evident?
- Have you ever spoken to a student about their substance use?
 - How comfortable were you talking with the student about substance use and any concerns you had about it?
- Have you ever received any training, guidance, or other resources on screening students' substance use?
 - Has your administration/supervisor provided any guidelines for how to address students' substance use?
- Are you confident you could screen a student for potential substance use concerns?
- Do you have any concerns about working with a student who may be experiencing a substance use disorder?
- Do you have options/resources for a student you believe is experiencing a substance use problem?
- What could affect your comfort levels when speaking with an advisee about increasing substance use issues?
- What could increase your comfort level in discussing the advisee's substance use issues?
- Is there anything else you would like to add?

Closing

- Thank interviewee for their participation
- Would it be alright to contact you again to schedule a follow up if questions arise while I analyze the data?