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SELECT COUNSELORS' PERSPECTIVES ON ALCOHOL AND SUBSTANCE
ABUSE AMONG HISPANIC ADOLESCENTS

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ABSTRACT

SELECT COUNSELORS' PERSPECTIVES ON ALCOHOL AND SUBSTANCE ABUSE AMONG HISPANIC ADOLESCENTS

by David E. Tetrault

This qualitative instrumental case study investigated the issue of alcohol and substance abuse among Hispanic adolescents through the perspectives of select counselors. Hispanic-Americans are the largest and fastest growing minority population in the United States. Simultaneously, alcohol and substance abuse among Hispanic adolescents is increasing with the commensurate consequences and need for solutions.

Data was collected using semi-structured, recorded, transcribed interviews with middle school and substance abuse counselors—key informants—who practiced in a community located in the Southwestern United States. Participants' interactions with Hispanic adolescents spanned Hispanic adolescents' experience with alcohol and substance abuse prior to onset through treatment.

The first research question focused on contributing factors for onset and development of alcohol and substance abuse among Hispanic adolescents. Participants identified six contributing factors: (a) presence or absence of alcohol and substance abuse in the family, (b) structure of the family, (c) supervision by the family, (d) stability of the home, (e) academic achievement, and (f) peer relationships.

The second research question focused on contributing factors for efficacy of prevention and treatment programs among Hispanic adolescents. Participants identified three contributing factors, characterized as barriers to involvement in these programs: (a) being a monolingual Spanish speaker, (b) being unable to extend trust, and (c) having

limited financial resources. The third research question compared and contrasted participants' perspectives based on their function, context, and ethnicity.

The study concluded that all identified contributing factors and barriers were externalized and systemic in nature. Hispanic adolescents' experience with alcohol and substance abuse was portrayed as being a product of Hispanic adolescents' environment. Families were portrayed as being willing, yet unable to participate in alcohol and substance abuse programs because of systemic barriers outside of their control.

The study also concluded that individual family culture was the most influential systemic factor, having the potential to be a risk or protective factor. Participants portrayed individual family culture as having the power to mitigate risk factors outside of the family. Suggestions for future research directly involving Hispanic adolescents and their families as participants are provided.

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The completion of this study would not have been possible without the ever present and consistent support of my loving wife, Margo. She deserves more credit than I for this accomplishment. On countless occasions, Margo bore the responsibilities of raising two children and managing our home so that I could devote time to studying, reading, and writing. Margo tolerated my moods and was present to listen to my concerns and my dreams. Margo, who is not fond of change, embraced a never ending series of changes to our life during this academic adventure. When I doubted myself, which occurred often, Margo expressed her unwavering faith in me and in God's calling and provision to complete this study. Margo made more sacrifices than I can list or am even aware of to support my efforts to complete this study. I cannot fully express my love for and gratitude to Margo.

Between my completing a Master of Divinity and Doctor of Philosophy degree consecutively, my children have never known a time when their father was not "in school." Daniel is now eight and Melia is six. This study is dedicated to them for all of the times they endured my saying to them, "No, I can't play with you now." They endured my two-week-long trips from Arizona to Virginia to attend classes. In addition, many times Margo took them to events, parties, and on fun outings while I stayed home to study. Despite my lack of availability, Daniel and Melia were always there to celebrate each accomplishment along the way with joy and enthusiasm.

My wife, Margo, and my children, Daniel and Melia, enabled me to complete this study through their loving support and sacrifice. I look forward to supporting them as they pursue their dreams in life and to saying "yes" to them far more often.

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CHAPTER I: THE PROBLEM

Problem Background

The term “Hispanic-American” includes people from many countries. The majority of Hispanic-Americans, 66.1%, are of Mexican descent; 9% are Puerto Rican; 4% are Cuban; 14.5% are Central and South American; and 6.4% are from other Hispanic countries (U.S. Census Bureau [USCB], 2001). Hispanic-Americans are the largest (Clemetson, 2003) and fastest growing minority group in the United States with a total population of over 37 million (USCB, 2001).

The median age of Hispanic-Americans is 26 years, compared to 38 years for white, non-Hispanics and 30 years for African-Americans (Nielson & Ford, 2001). Approximately 16% of Hispanic-Americans are between the ages of 10 and 19 years, meaning that more than five million Hispanic-American adolescents currently live in the United States (Clemetson, 2003; USCB, 2001).

Hispanic adolescents are subject to the common contributing factors for alcohol and substance abuse confronted by adolescents of all ethnicities, including low socioeconomic status, availability of alcohol and substances, intrapersonal attributes, peer pressure, family dynamics, and school related factors (Strait, 1999). Additionally, Hispanic adolescents experience the unique contributing factors of cultural identification, acculturation, acculturative stress, and conflict between traditional Hispanic values and those of the host culture (Alva & de Los Reyes, 1999; Newcomb, 1995; Strait, 1999; Yin, Zapata, & Katims, 1995). Vega, Gil, and Kolody (2002) concluded that insufficient

information exists and inadequate attention has been paid to understanding the specific pathways leading to alcohol and substance abuse among Hispanic adolescents.

The issue of alcohol and substance abuse among Hispanic-American adolescents is becoming more significant with population growth because of the personal and societal consequences produced by these behaviors. The rates of lifetime, past-year, and past-month usage of illicit drugs increased in 2003 to 31.5%, 21.6%, and 11.0%, respectively, for Hispanic adolescents between the ages of 12 and 17 (Substance Abuse & Mental Health Services Administration [SAMHSA], 2004). The increases in prevalence and population combined with the unique contributing factors and disadvantages of minority status present “major challenges for the development of [Hispanic-American] children and adolescents, especially with regard to substance abuse problems” (Vega et al., 2002, p. 396).

Purpose of the Study

The purpose of this study was to further the understanding of the issue of alcohol and substance abuse among Hispanic adolescents. Specifically, this study investigated which contributing factors select counselors identified as influencing the: (a) onset and development of alcohol and substance abuse among Hispanic adolescents and (b) efficacy of prevention and treatment programs for alcohol and substance abuse among Hispanic adolescents. Additionally, the select counselors’ perspectives on contributing factors were compared and contrasted.

Qualitative research techniques are uniquely suited for garnering participants’ perspectives on an issue of interest (Creswell, 1998; Merriam, 1998; Patton, 2002; Seidman, 1998). Instrumental case studies investigate issues that can be illustrated by the

case or cases (Creswell, 1998; Stake, 1995, 2005). Consequently, given the purpose of this study, a qualitative instrumental case study was deemed most appropriate.

Research Questions

A presupposition of this study was that identifiable contributing factors exist for alcohol and substance abuse among Hispanic adolescents. These contributing factors may be experienced by adolescents of all ethnicities or be uniquely experienced by Hispanic adolescents (Alva & de Los Reyes, 1999; Strait, 1999; Yin et al., 1995). The research questions were:

1. What factor or factors do select counselors identify as contributing to the onset and development of alcohol and substance abuse among Hispanic adolescents?
2. What factor or factors do select counselors identify as contributing to the efficacy of prevention and treatment programs for alcohol and substance abuse among Hispanic adolescents?
3. How do select counselors' perspectives on contributing factors compare and contrast?

Definitions

Contributing Factors

Contributing factors are defined as intrapersonal or interpersonal variables that influence alcohol and substance abuse among Hispanic adolescents. Contributing factors can be either risk or protective factors, with the commensurate negative or positive influence. Contributing factors can be categorized as intrapersonal or proximal and interpersonal or distal (Félix-Ortiz & Newcomb, 1992, 1999; Flannery, Vazsonyi,

Torquati, & Fridrich, 1994; Marsiglia & Waller, 2002; Newcomb, 1995). Intrapersonal contributing factors include psychobehavioral variables such as impulsivity, aggression, depression, and self-efficacy as well as biogenetic variables (Félix-Ortiz & Newcomb, 1992, 1999; Flannery et al, 1994; Newcomb, 1995). Interpersonal contributing factors include variables such as peers, family, parenting, and the broader systems of community, culture, and society (Félix-Ortiz & Newcomb, 1992, 1999; Flannery et al., 1994; Marsiglia & Waller, 2002; Newcomb, 1995).

Alcohol and Substance Abuse

This study used the criteria set forth in DSM-IV-TR (American Psychiatric Association, 2000) to define alcohol and substance abuse. It should be noted that this definition differs from that typically used in the research literature reviewed in this study. In addressing alcohol and substance abuse, researchers used a variety of self-report instruments to measure frequency of alcohol and substance use and the amounts used in a single setting.

Importance of the Study

Hispanic-Americans are the fastest growing (USCB, 2001) and the largest (Clemetson, 2003) minority population in the United States. The U.S. Department of State (2004) predicts that Hispanic-Americans will represent 24.4% of the population by 2050. The rates of alcohol and substance abuse among Hispanic adolescents are increasing (SAMHSA, 2004). As the personal and societal consequences of alcohol and substance abuse among Hispanic adolescents increase, so will the necessity for solutions. This study enhances the understanding of alcohol and substance abuse among Hispanic

adolescents. This increased understanding informs future research efforts and the design and implementation of prevention and treatment programs.

Locating Myself as a Researcher

Throughout the coursework portion of the Doctor of Philosophy program I intended to focus my dissertation on an issue related to the prevention of divorce.

Until recently, I assumed that conducting research on the topic of alcohol and substance abuse among Hispanic adolescents was a matter of coincidence rather than choice. This topic had its genesis in a paper I submitted for a course on ethnicity. That initial paper grew into an internship project to edit and submit the paper for publication. Although the paper was not submitted, this study was directly derived from the suggestions for further research made in that paper. As I locate myself as a researcher, I cannot attribute my choice of this topic to coincidence, however. I believe that my personal abuse of alcohol as an adolescent and young adult was a major contributing factor.

I was raised in a rural community in upstate New York on a gentleman's farm. Life as a child was carefree, happy, and ripe with the adventures that a boy can have in a 16-acre backyard filled with barns, animals, fields, and woods. I lived in the same house until I moved out to go to college and attended the same school system from kindergarten through graduation. I attended the local United Methodist Church and went to Sunday School most every week. It was the type of community where everyone not only knew each other but knew their business as well, making it difficult for mischief to go unnoticed or unreported.

The watershed event in my childhood was my parents' divorce when I was ten years old. Life quickly went from carefree and happy to insecure and conflicted. I was

deeply hurt, confused, and angry. We also stopped attending church all together. I manifested my anger at home and at school through disruptive behaviors and a lack of respect for people in general and authorities in particular. As the conflict in my home and between my parents continued, my anger grew and became more destructive. At the age of 15, I had my first taste of wine and my first experience with intoxication.

My abuse of alcohol was infrequent between the ages of 15 and 18 due to limited access and opportunity. At age 18, the legal age for alcohol consumption back then, I moved away from home to college and entered dormitory life. I now had greater access to alcohol and engaged in the weekend ritual of going to the bars on Friday and sometimes Saturday. This pattern persisted through my junior year of college when I joined a fraternity and began working in a local bar that was owned by alumni of the fraternity. Access to alcohol was almost unlimited now as I was working several nights a week as a bartender. The frequency and the amount of my alcohol consumption increased considerably through my senior year.

As a second semester senior I went to the doctor for the flu. While waiting for my appointment, I read a pamphlet on alcoholism that contained ten questions. A “yes” answer to any of the questions indicated a problem with alcohol consumption. I answered yes to nine of the questions and began to realize I had a problem. A few weeks prior to graduation I awoke one morning with the shakes after a night of drinking. I didn’t take that drink of liquor as I had in the past to rid myself of the shakes. Instead I prayed: “God, if you are there, please help me!” I believe that God worked a miracle in my life that day. The shakes ended almost immediately as did the typical hangover! Over the course of the next few months, I began to lose the desire and taste for alcohol. One night I

agreed to be the designated driver, something I had never done before, and remained sober while my friends became intoxicated. I watched very intelligent people become stumbling fools in a matter of hours.

During this time of realizing what was taking place in my life and beginning to move away from the abuse of alcohol, God demonstrated His sense of humor. After graduation, I began my first job with Miller Brewing Company. Fortunately, I was employed in the factory that manufactured bottles rather than beer. I began on the night shift in a department with two co-workers, both of whom were committed Christians. The anger and unhappiness were still present in my life, but I was becoming intrigued with the happiness and contentment of my co-workers. The frequency and level of intoxication continued to decrease and I was beginning to search for something more meaningful and purposeful in life.

At the urging of my co-workers and to satisfy the longing in my heart, I began to attend church for the first time in 13 years. Shortly thereafter, having found the meaning and purpose in life I had been searching for, I committed my life to Jesus Christ as Lord and Savior. I connected with a local community of faith that provided a social network to replace the previous one that consisted of “drinking buddies.” This proved to be the final step in the process of ending my abuse of alcohol.

From that time, I went nine years without consuming alcohol. Then, during a three-month period, I consumed alcohol on two occasions and realized that I was not able to have just one. Since then, I have gone 13 years without consuming alcohol. I believe that my recovery from alcohol abuse is a miracle performed in my life by God. To this day, I have never attended a 12-step group, nor have I had individual treatment or

therapy. My experience is substantially outside the norm and is attributable to the power of God, not myself.

My personal abuse of alcohol is a source of empathy and understanding for those currently experiencing the consequences of this issue. I understand how events in life, beyond one's control, can have powerful negative influences on intrapersonal and interpersonal factors. I understand how what one perceives to be an acceptable social behavior can become an addiction, having tremendous destructive potential. I understand possessing little to no awareness of a problem prior to it becoming a serious problem. My understanding of the ongoing struggle to remain sober is limited due to my unique experience with recovery and my genuine lack of desire for alcohol.

Over the years, I have progressed from abusing alcohol to assisting those who struggle with direct and indirect consequences of alcohol and substance abuse. While working toward a Master of Divinity degree, I interned as a hospital chaplain. After the internship, I was employed at the hospital for two years on a part time basis. Currently I am employed there full-time. As the hospital chaplain, I am present for every patient admitted to the trauma facility. Alcohol and substance abuse is a contributing factor to a substantial percentage of the trauma patients involved in motor vehicle accidents, assaults, stabbings, and shootings. Some of these patients die in the trauma bay or later in the intensive care units (ICU). I am present when the family is informed of the death and I escort the family into the trauma bay or ICU room three to four at a time to say goodbye to their loved one. With Hispanic-American families, this process is extensive, because typically as many as 30 to 40 family members are present. I have been changed through

witnessing the level of suffering, pain, loss, anguish, and heartache these families experience.

Additionally, as a pastoral counselor for three years, I provided long term counseling to people experiencing direct and indirect consequences of alcohol and substance abuse. Their experiences included domestic violence, divorce, death of a loved one, loss of employment, criminal charges, court ordered treatment, and the personal struggles of recovery. While I interned as a therapist in an acute adult behavioral health hospital for the doctoral program, a significant percentage of the patients I cared for were admitted for detoxification from alcohol and substances. Detoxification can be a painful and dangerous process as the body and mind “cry out” for relief.

My personal experiences of being an alcohol abuser, seeing the tragic consequences of alcohol and substance abuse, and providing long term treatment for people impacted by and experiencing alcohol and substance abuse have uniquely prepared me to conduct this qualitative study. As the principle researcher, my empathy for abusers of alcohol and substances and their victims has provided me motivation and a sense of purpose in my efforts.

CHAPTER II: REVIEW OF THE LITERATURE

This chapter focuses on a review of the literature related to the contributing factors for alcohol and substance abuse among Hispanic adolescents and those preventive and treatment programs specifically designed for them. Researchers have typically chosen to study contributing factors using one of two approaches. The first approach investigates the affect of one or more contributing factors individually. The second, an epidemiological approach, investigates the affect of multiple contributing factors concurrently. Epidemiological approaches analyze the affect of multiple contributing factors on alcohol and substance abuse among Hispanic adolescents (Félix-Ortiz & Newcomb, 1992, 1999; Griffin et al., 2000).

Individual Contributing Factor Approaches

Individual contributing factors prominent in the literature include:

1. Socio-economic status (Blum et al., 2000; Marsiglia & Waller, 2002)
2. Gender (Epstein et al., 2000; Griffin et al., 2000)
3. Acculturation (Epstein et al., 2000, 2001; Gil et al., 2000; Marsiglia & Waller, 2002; Perez & Padilla, 2000)
4. Academic achievement (Alva & de Los Reyes, 1999; Chin & Kameoka, 2002; Swaim et al., 1997; Swaim et al., 1998)
5. Family (Blum et al., 2000; Frauenglass et al., 1997; Marshall & Chassin, 2000; Pabon, 1998; Portes & Zady, 2002)

6. Peer pressure and gangs (Bray et al., 2003; Epstein et al., 1999; Frauenglass et al., 1997; Tani et al., 2001) and
7. Comorbid disorders (Alva & de Los Reyes, 1999; Fraser, Piacentini, Van Rosem, Hien, & Rotheram-Borus, 1998; Randall, Henggeler, Pickrel, & Brondino, 1999; Robbins, Kumar, et al., 2002).

While some of these contributing factors are associated with Hispanic adolescents' minority status, other contributing factors are associated with specific aspects of Hispanic-American culture and experience (Alva & de Los Reyes, 1999; Strait, 1999). These contributing factors are also intrapersonal or interpersonal in nature. Intrapersonal contributing factors include psychobehavioral variables such as impulsivity, aggression, depression and self-efficacy as well as biogenetic variables (Félix-Ortiz & Newcomb, 1992, 1999; Flannery et al., 1994; Newcomb, 1995). Interpersonal contributing factors include variables such as peers, family, parenting, and the broader systems of community, culture and society (Félix-Ortiz & Newcomb, 1992, 1999; Flannery et al., 1994; Marsiglia & Waller, 2002; Newcomb, 1995). These contributing factors are interrelated in complex ways making it difficult to isolate their individual influence on alcohol and substance abuse among Hispanic adolescents (Félix-Ortiz & Newcomb, 1992, 1999; Newcomb, 1995; Yin et al., 1995; Zapata & Katims, 1994).

Socio-economic Status

Socio-economic status includes factors such as family income level, community resources, access to support services, adequate medical care, educational and occupational opportunities, and the qualities of the neighborhood (Blum et al., 2000; Chin & Kameoka, 2002; Portes & Zady, 2000, 2002). Hispanic-Americans tend to live in

fairly well-defined inner city sections of major metropolitan areas, with the majority living in the southern and western regions of the United States, resulting in a centralization of Hispanic-Americans (USCB, 2001). Centralization provides the opportunity for indigenous cultural togetherness, the expression of cultural values and tradition, and a common language in the midst of a broader and different host culture.

The centralization of Hispanic-American communities in the southwestern United States, however, presents unique challenges for Hispanic-Americans. For example, the contiguous border between the United States and Mexico and the freedom of travel between countries serves to continually reinforce the indigenous culture, making it more stable and resistant to acculturation (Portes & Zady, 2000, 2002). The impetus to acquire the English language, which is required to function fully in the host culture of the United States, may be reduced in these circumstances. The lack of English language proficiency contributes to the high Hispanic adolescent rate of school dropouts, negatively impacting their occupational opportunities (Acoach & Webb, 2004; Portes & Zady, 2000, 2002). School dropouts are at significantly higher risk for alcohol and substance abuse than those who stay in school (Parker et al., 2000; Nielson & Ford, 2001).

The predominance of impoverished Hispanic-American families living in centralized communities means lower levels of financial, social, and community resources are available, placing Hispanic adolescents at a greater risk for alcohol and substance abuse (Coatsworth et al., 2002). For example, school districts in impoverished neighborhoods have a weaker tax base; thus, they have fewer resources from which to draw funding. Consequently, schools may have higher student-to-teacher ratios, outdated

textbooks, and may lack other vital equipment necessary for Hispanic adolescents to be successful academically and stay in school.

Across culture and ethnicity in the United States, lower socio-economic status is associated with higher rates of alcohol and substance abuse (Strait, 1999). However, the limited research specifically addressing socio-economic status as a unique risk factor for Hispanic adolescents does not demonstrate clear evidence of its influence on alcohol and substance abuse. Blum et al. (2000) found no differences in self-reported levels of alcohol and substance abuse among Hispanic adolescents compared to African-American and white non-Hispanic adolescents when controlling for gender, family, and income level. Marsiglia and Waller (2002) found no relationship between socio-economic status and alcohol abuse among Mexican-American students. Chin and Kameoka (2002) found no relationship between neighborhood resources and safety and the level of education and occupational self-efficacy among Hispanic adolescents.

Conversely, Portes and Zady (2000) reported a link between the minority status and socio-economic challenges of Hispanic adolescents and lower levels of self-esteem. Lower levels of self-esteem can lead to poor academic achievement, dropping out of school, and the development of affective disorders, all of which are associated with higher reported levels of alcohol and substance abuse among Hispanic adolescents (Chin & Kameoka, 2002; Portes & Zady, 2002; Swaim & Wayman, 2004). These studies indicate that socio-economic status does not appear to be a unique risk factor for alcohol and substance abuse among Hispanic adolescents.

Gender

Contributing factors for alcohol and substance abuse are different for male and female Hispanic adolescents. Culturally these differences are derived from the traditional gender roles of *machismo* and *marianismo* (Strait, 1999). The idea of *machismo* says that the man's place is in the world, he is his wife's protector, and his ability to drink large amounts of liquor while still being the financial provider is a sign of manliness (Black & Markides, 1993; Strait, 1999; Vega, Alderete, Kolody, & Aguilar-Gaxiola, 1998). The idea of *marianismo* says that the woman's place is in the home, she is to be characterized by submissiveness, sacred duty, and self-sacrifice. Additionally, her public intoxication is prohibited and considered a negative moral character attribute (Black & Markides, 1993; Strait, 1999; Vega et al., 1998).

Hispanic adolescent males typically have a higher number of risk factors present than females, placing them at greater risk for alcohol and substance abuse (Griffin et al., 2000). A greater percentage of males consistently report higher rates of abusing alcohol (Parker et al., 2000) and major substances such as inhalants, pills, cocaine, crack, and hallucinogens than females (Yin et al., 1995). Conversely, Epstein et al. (2000, 2001) and Nielson and Ford (2001) found no difference in reported levels of alcohol and substance abuse by gender. These latter studies are supported by data from SAMHSA (2004) indicating minimal difference between the percentage of male and female Hispanic adolescents between the ages of 12 and 17 who reported using illicit substances.

Traditional Hispanic culture accepts alcohol use and binge drinking by males as an indication of manliness or *machismo* (Strait, 1999). *Marianismo* prevents Hispanic women from complaining about or criticizing men for their drinking behaviors, which

could serve as a restraint (Strait, 1999). Thus Hispanic adolescent males may grow up believing that binge drinking and intoxication are consistent with cultural norms (Black & Markides, 1993; Strait, 1999; Vega et al., 1998).

The traditional gender role of *marianismo* sanctions or prohibits alcohol consumption by Hispanic adolescent females and serves as a protective factor for alcohol and substance abuse. *Marianismo* can be eroded through acculturation and subsequent adoption of the United States' values that are less restrictive on alcohol consumption for females (Black & Markides, 1993). Hispanic adolescent females show a greater increase in alcohol abuse with acculturation than males, presumably due to the erosion of *marianismo* (Markides et al., 1988; Vega et al., 1998).

Hispanic adolescent females are also more likely than males to be victims of physical or sexual abuse and have the unique risk factor of teen pregnancy (Boyle, 1992). Females who have been physically or sexually abused may join gangs, which typically endorse alcohol and substance abuse, as a safe haven (Boyle, 1992). The school drop-out rate for pregnant female adolescents is up to 50%, placing them at additional risk for alcohol and substance abuse and gang membership (Boyle, 1992). However, pregnancy may serve as a protective factor for some Hispanic adolescent females who adhere to *marianismo* and the sacred duty of motherhood, which call for protecting the baby's health (Strait, 1999). Mexican-American females also report the highest rates of depression, which is associated with higher reported levels of alcohol and substance abuse, when compared to other Hispanic-American subcultures (Portes & Zady, 2002).

Acculturation

The acculturation process has been identified as a substantial risk factor for increased rates of alcohol and substance abuse among Hispanic adolescents.

Acculturation is the process that immigrants must engage to learn the patterns and behaviors of the host culture into which they have immigrated (Perez & Padilla, 2000).

Acculturation involves changes in attitude, norms, values, language use, cognitive style, and personality style (Epstein et al., 2000). Four theoretical models are used to characterize and operationalize the acculturation process: (a) simple or straight acculturation, (b) biculturalism, (c) acculturative stress, and (d) linguistic acculturation (Acoach & Webb, 2004; Alva, 1995; Alva & de Los Reyes, 1999; Black & Markides, 1993; Epstein et al., 1996; Epstein et al., 2000, 2001; Epstein et al., 2003; Gil, Wagner, & Vega, 2000; Hovey & King, 1996; Marsiglia & Waller, 2002; Neff, Hoppe, & Perea, 1987; Nielson & Ford, 2001; Okagaki & Moore, 2000; Perez & Padilla, 2000; Scheier, Botvin, Diaz, & Ifill-Williams, 1997; Vega et al., 1998).

Straight Acculturation

In simple or straight acculturation, immigrants adopt the patterns, behaviors, and values of the host culture, leaving behind those of the indigenous culture. Accordingly, if the host culture has a higher rate of alcohol and substance abuse than the indigenous culture, immigrants' rate of alcohol and substance abuse will increase to match that of the host culture (Black & Markides, 1993). Support has been found for this model in the acculturation of Mexican women for whom alcohol consumption is prohibited in the indigenous culture, yet accepted in the host culture of the United States (Black & Markides, 1993). The simple or straight acculturation model has received scant attention

or support in the literature, which tends to focus on the acculturative stress and linguistic acculturation models.

Biculturalism

The biculturalism model views acculturation as the process of immigrants becoming functional in the host culture while retaining the ethnic heritage and values of their indigenous culture. Immigrants and their subsequent generations who become bicultural are typically bilingual and are able to successfully navigate both cultures (Acoach & Webb, 2004). Perez and Padilla (2000) found that the connection of Hispanic-Americans with the host culture is predominantly demonstrated in external behaviors such as language usage. However, internalized traditional Hispanic cultural values related to *familismo* were retained for three generations post immigration (Perez & Padilla, 2000). The values of *familismo* include a strong sense of loyalty, respect, and cohesiveness among family members that surpass the needs and concerns of self (Ramirez et al., 2000).

The level of biculturalism has been operationalized as ethnic identification (Fraser et al., 1998), using results from the Bicultural Involvement Questionnaire, which evaluates overt behaviors, internalized value orientations, language usage, and levels of involvement with Anglo and Hispanic culture (Acoach & Webb, 2004; Kurtines & Szapocznik, 1995; Perez & Padilla, 2000). The biculturalism model is not prevalent in the literature and having a high level of biculturalism was not supported as a risk factor for alcohol and substance abuse in a limited study of suicidal Hispanic adolescent females (Fraser et al., 1998). However, high levels of Hispanic ethnic identity in Hispanic

adolescents moderated the negative effects of identified risk factors for alcohol and substance abuse (Scheier et al., 1997).

Acculturative Stress

The acculturative stress model theorizes that immigrants who are at the mid-point of acculturation lack a clear identification with either culture, which increases their level of stress (Alva, 1995; Alva & de Los Reyes, 1999; Neff et al., 1987). The abuse of alcohol and substances may be a means of coping with psychological distress associated with acculturation (Alva, 1995; Gil et al., 2004; Neff et al., 1987). Psychological distress may also result from familial conflicts, acquisition of the English language, negative future expectations, and trying to adapt to the norms and expectations of the dominant culture (Alva, 1995; Gil et al., 2000; Hovey & King, 1996). “Hispanic children and adolescents commonly appraise events such as leaving relatives and friends behind when moving, feeling pressured to speak only Spanish at home, and living in a home with too many people as stressful” (Alva & de Los Reyes, 1999, p. 345). The net result of these factors is higher reported incidence of alcohol and substance abuse (Falicov, 1999).

The levels of psychological distress associated with acculturation are lowest upon initial immigration when identification with the indigenous culture is high and upon completing acculturation and identification with the host culture. Alva (1995), Bettes et al. (1990), and Gil et al. (2000) have demonstrated that as acculturative stress increases, alcohol use among Hispanic adolescents and adult males increases (Neff et al., 1987). The level of alcohol use also increased for second generation versus first generation Hispanic adolescents who are typically less acculturated (Alva, 1995; Gil et al., 2000).

The acculturative stress model predicts a decrease in alcohol use with completion of the acculturation process because of a decrease in psychological distress. However, acculturation also results in the loss of the Hispanic value of *familismo*, a decrease in parental respect, and an increase in peer influence (Epstein et al., 2003; Gil et al., 2000). These additional risk factors counteracted the decrease in psychological distress and were related to a further increase in alcohol use with acculturation (Epstein et al., 2003; Gil et al., 2000).

Linguistic Acculturation

Linguistic acculturation evaluates the level and extent of acculturation to the host culture based on usage of English and Spanish in various contexts. Language is only one component of acculturation and it does not address the degree to which values, customs, and practices of the host culture have been adopted at the behavioral and belief levels as do simple acculturation and biculturalism, nor does it address psychosocial distress, as does the acculturative stress model (Epstein et al., 2000, 2001).

It is relatively easy to determine whether Spanish, English, or both are spoken in the home, in the peer group, and in the school through self-report measures (Epstein et al., 2001). Epstein et al. (2001) demonstrated a significant correlation between language usage and level of acculturation among Hispanic-Americans adding validity to the use of language as a measure of acculturation. Because of the ease with which this data can be obtained, language usage is a common measure of acculturation for Hispanic-Americans in the literature (Bettes et al., 1990; Black & Markides, 1993; Epstein et al., 1996; Epstein et al., 2000, 2001; Gil et al., 2000; Gil et al., 2004; Markides et al., 1988;

Marsiglia & Waller, 2002; Nielson & Ford, 2001; Okagaki & Moore, 2000; Portes & Zady, 2000, 2002; Vega et al., 1998).

These studies operationalized linguistic acculturation as a risk factor for alcohol and substance abuse based on whether the respondent spoke Spanish only, Spanish and English, or English only with peers, at school, and at home. The lowest levels of alcohol and substance abuse were found among Hispanic adolescents who were monolingual. In the home environment, Hispanic adolescents who spoke Spanish only had a lower incidence of alcohol and substance abuse than those who were bilingual or spoke English only (Epstein et al., 1996; Epstein et al., 2001; Epstein et al., 2003; Gil et al., 2000; Marsiglia & Waller, 2002).

Epstein et al. (2000) found that respondents who spoke Spanish only and English only with parents had equivalent levels of alcohol and substance abuse. Respondents who spoke Spanish only in an interview had lower levels of alcohol and substance abuse than those who spoke English (Nielson & Ford, 2001). The highest levels of alcohol and substance abuse among Hispanic adolescents were found among respondents who spoke both English and Spanish at home, at school and or with peers (Epstein et al., 1996; Epstein et al., 2000, 2001; Gil et al., 2000; Marsiglia & Waller, 2002).

Other studies using linguistic acculturation as a risk factor report results according to generational status in the United States. Typically the first generation is monolingual Spanish, the second generation is bilingual, and the third generation is a mix of bilingual and monolingual English speakers. Gil et al. (2000) and Vega et al. (1998) found the highest levels of alcohol and substance abuse among second generation Hispanics. Markides et al. (1988) reported no connection between acculturation and alcohol and

substance abuse among first and third generation respondents, and a decrease in the level of abuse among second generation respondents.

Summary

While inconsistencies in the theoretical models used and the findings reported exist, the positive correlation between acculturation and alcohol and substance abuse among Hispanic adolescents is generally accepted. However, the underlying reasons for this correlation are unknown and subject to further research.

Academic Achievement

The reported level of alcohol and substance abuse among Hispanic adolescents may be higher than for other ethnic groups, because Hispanic adolescents have elevated rates of dropping out of school and because of the difficulty in accessing this population (Swaim et al., 1997). A lower educational level is associated with increased risk for alcohol and substance abuse among Hispanic adolescents (Chin & Kameoka, 2002; Portes & Zady, 2002; Swaim & Wayman, 2004). A predictor for success or failure in the educational system and other aspects of life is self-efficacy (Acoach & Webb, 2004; Alva & de Los Reyes, 1999; Chin & Kameoka, 2002).

Self-Efficacy

Self-efficacy is the “extent to which one believes he or she has the ability to organize behavioral, cognitive, and social skills in a manner that will produce a desired behavioral objective” (Acoach & Webb, 2004, p. 6). Positive beliefs about self and confidence in one’s abilities to accomplish life tasks directly influence the degree of effort, amount of time, and pleasure received from those tasks, as well as the degree of

resiliency demonstrated when confronted with failure and psychological adjustment (Chin & Kameoka, 2002).

Among Hispanic adolescents self-efficacy is bolstered by biculturalism (Acoach & Webb, 2002), previous performance (Chin & Kameoka, 2002), similarity between the indigenous and host cultures (Portes & Zady, 2002), and social persuasion and acceptance (Chin & Kameoka, 2002; Swaim & Wayman, 2004). Positive perceptions of self-efficacy are associated with higher grades in school (Acoach & Webb, 2002; Alva, 1995), higher educational expectations for self (Chin & Kameoka, 2002), and lower self-reported levels of alcohol and substance abuse among Hispanic adolescents (Alva & Jones, 1994).

Self-efficacy among Hispanic adolescents is negatively related to psychosocial stress, depression, parent-child conflict, poor proficiency in English, and social acceptance (Alva & de Los Reyes, 1999; Chin & Kameoka, 2002; Portes & Zady, 2002, Swaim & Wayman, 2004). Low levels of self-efficacy and a lack of confidence are associated with increased rates of self-reported substance abuse, dropping out of school, and delinquency among Hispanic adolescents (Chin & Kameoka, 2002; Portes & Zady, 2002; Swaim & Wayman, 2004).

School Dropouts

The ultimate expression of poor academic achievement is dropping out of school. A major concern for Hispanic adolescents is the rate at which they are dropping out of school. The national dropout rate for Hispanic adolescents in 2001 was reported at 27.0%; compared to 7.3% and 10.3% for white non-Hispanics and African-Americans respectively (National Center for Educational Statistics, 2003). The dropout rate for

Mexican-Americans in the southwestern United States was reported at 35.7% (Arellano et al., 1998), 46.0% (Swaim et al., 1997) and as high as 59.0% in a sample drawn from an institutional setting (Boyle, 1992).

Parker et al. (2000) and Nielson and Ford (2001) found significant increases of alcohol and substance abuse among school dropouts regardless of ethnicity or gender. Mexican-American and white non-Hispanic adolescents who dropout of school have self-reported rates of frequent alcohol use 2.53 times higher, frequent drunkenness 3.0 times higher, and describe themselves as heavy drinkers 3.16 times higher than those who remain in school (Arellano et al., 1998).

The greater percentage of dropouts for Hispanic adolescents places this ethnic group at substantially greater risk for alcohol and substance abuse (Arellano et al., 1998). Swaim et al. (1997) reported that Hispanic adolescent dropouts were 1.3-3.0 times more likely to have tried alcohol and substances and 1.2-6.4 times more likely to currently be using alcohol and substances than those who remained in school. Chavez and Swaim (1992) found that in the eighth grade, Mexican-Americans had higher prevalence of alcohol and substance abuse and risk-taking behaviors than white non-Hispanic adolescents. The relative levels of abuse and risk-taking behavior reversed by the twelfth grade primarily due to the higher dropout rate among Mexican-Americans (Chavez & Swaim, 1992).

These study results must be coupled with the realization that adolescents tend to be inconsistent in their responses and to under-report their behaviors related to substance use on self-report measures (Siddiqui, Mott, Anderson, & Flay, 1999). Under-reporting may be due to an unwillingness to report illegal behaviors, issues with language, a desire

to give socially acceptable responses, or errors in recall (Siddiqui et al., 1999).

Regardless, Hispanic adolescents with low socio-economic status had the highest levels of inconsistency and under-reporting on self-report measures (Siddiqui et al., 1999). The lack of access to adolescents who have dropped out of school can also cause under-reporting of alcohol and substance abuse levels among populations with high dropout rates (Swaim et al., 1997). Thus, the true extent of alcohol and substance abuse among Hispanic adolescents may be substantially greater than documented.

Because it is harder to obtain the participation of dropouts in research studies, it is difficult to ascertain the reasons for the Hispanic adolescent dropout rate. Low self-efficacy and personal expectations, lack of proficiency in English, psychosocial stress, connectedness with families, dysfunction within the family, membership in a gang, becoming parents as an adolescent, and problem behaviors are all negatively correlated with academic achievement and subsequently dropping out of school (Acoach & Webb, 2004; Boyle, 1992; Chavez & Swaim, 1992; Chin & Kameoka, 2002; Portes & Zady, 2000, 2002; Swaim et al., 1998). However, some Hispanic adolescents may drop out because education is not a priority, because of the need to work to help support the family or to start his or her own family as an adolescent (Glennie & Sterns, 2002).

Summary

The relationship between academic achievement and self-efficacy is bidirectional and self-reinforcing as is the relationship between dropping out of school and alcohol and substance abuse. Multiple contributing factors are involved in academic achievement making cause and effect difficult to determine. The fact remains, however, that those who drop out of school report higher levels of alcohol and substance abuse than those who

stay in school (Arellano et al., 1998; Nielson & Ford, 2001; Parker et al., 2000; Swaim et al., 1997).

Family

Traditional Hispanic culture places a strong emphasis on *familismo*, the importance of the family as the social unit (Ramirez et al., 2000). *Familismo* calls for respect and loyalty among family members that surpass the needs and concerns of self (Ramirez et al., 2000). The definition of family in traditional Hispanic culture, which is broader than in Anglo culture, includes grandparents, uncles, aunts, and cousins. The family may comprise most of an adolescent's social network. Thus, parents and older family members are the primary source of role models for Hispanic adolescents.

The traditional Hispanic value of *familismo* was found to be present in the value structure of third generation immigrants who had acculturated and adopted outward patterns and behaviors of the dominant culture (Perez & Padilla, 2000). This finding was contradicted, however, by another study (Gil et al., 2000) that demonstrated a decrease in *familismo* and parental respect with acculturation.

The family has the potential to be a risk factor or a protective factor regarding adolescent alcohol and substance abuse. Due to the influence of the Hispanic family, if the abuse of alcohol and substances goes against the values espoused by the family, adolescents are less likely to engage in this activity and find themselves at odds with their family (Ramirez et al., 2000; Swaim et al., 1998). If parents, siblings, and or extended family members engage in alcohol and substance abuse, Hispanic adolescents are up to twice as likely to abuse alcohol and substances (Brook, Brook, Gordon, Whiteman, &

Cohen, 1990; Brooks, Stuewig, & LeCroy, 1998; Epstein et al., 1999; Kilpatrick et al., 2000).

Directly related to the influence of parents is the nature of the family in Hispanic-American culture. Hispanic-American families are experiencing increasing divorce rates and numbers of births to unmarried mothers (Pabon, 1998). These two life circumstances result in single parent households where parental contact with adolescents is reduced. *Familismo*, a strength of the Hispanic-American culture, loses its potency when the family is fractured. Hispanic adolescents from single parent families report higher rates of alcohol and substance abuse than those from two-parent families (Blum et al., 2000; Nielson & Ford, 2001; Parker et al., 2000; Siddiqui et al., 1999).

Traditional Hispanic parenting practices may increase the adolescent's risk of abusing alcohol and substances (Coatsworth et al., 2002). In traditional Hispanic culture, the definition of family is much broader than the nuclear family and parenting responsibilities are spread throughout the family network. In addition, parenting is considered to be the responsibility of the community and institutions in which the children participate (Coatsworth et al., 2002).

The broader community and social institutions are viewed as being partly responsible for parenting. Therefore, Hispanic-American parents may believe that the government, the public schools, and other systems are partnering with them in the responsibility of parenting (Coatsworth et al., 2002). This can result in inadequate parental or adult monitoring, which is associated with increased levels of problem behaviors and alcohol and substance abuse (Barrera, Biglan, Ary, & Li, 2003; Brooks et al., 1998). Typically, in the culture of the United States, parenting is considered to be the

responsibility of the parents. Under certain circumstances, assuming that other people or institutions are supervising the children, when in fact they are not, may be interpreted as neglect or abuse of the children. Hispanic-American parents who are not aware of these cultural differences in parenting responsibility may not provide adequate input and supervision of their adolescents (Coatsworth et al., 2002).

Single parent homes and the need for parents to work multiple jobs can also reduce the amount of time spent with adolescents. This increases the amount of time they are unsupervised and decreases the opportunity for building parent-adolescent relationships. Hispanic adolescents who spend time with their parents during the evening and on weekends report lower levels of alcohol and substance abuse and problem behaviors than those who don't spend time with parents (Pabon, 1998; Richardson, Radziszewska, Dent, & Flay, 1993).

The development of secure attachment patterns with parents and having a warm, affectionate parent-adolescent relationship increases the likelihood that adolescents will accept the values and beliefs espoused by their parents (Okagaki & Moore, 2000) and reduces the reported levels of alcohol and substance abuse (Brook et al, 1990). Strong emotional support from families can mitigate the negative influences of peer pressure (Brooks et al., 1998; Frauenglass et al., 1997), whereas feeling emotionally separated from the family increases the risk for alcohol and substance abuse (Bray et al., 2003). Persistent parent-adolescent conflict increases adolescent stress (Hovey & King, 1996) and decreases adolescent self-efficacy (Portes & Zady, 2002), which are related to increased alcohol and substance abuse.

Dysfunctional families introduce a variety of risk factors for alcohol and substance abuse (Hadjicostandi & Cheurprakobkit, 2002). Dysfunctional families typically have one or more members who are alcohol and or substances abusers, affecting the dynamics of the entire family structure (Hadjicostandi & Cheurprakobkit, 2002). Hispanic families believe there is a connection between alcohol and substance abuse in the family and the presence of family violence and crime (Hadjicostandi & Cheurprakobkit, 2002). Hispanic adolescents who experience physical abuse, sexual abuse, and witness violence are at greater risk for alcohol and substance abuse (Kilpatrick et al., 2000). Hispanic adolescents are more likely than white non-Hispanic adolescents to engage in and witness weapons related violence (Blum et al., 2000). In severely dysfunctional families in which both parents are in treatment for alcohol and substance abuse, females respond positively and males respond negatively to family support and discipline adding to their risk for onset of alcohol and substance abuse (Marshall & Chassin, 2000).

Summary

Generalized statements regarding the role of the Hispanic family as a risk factor or as a protective factor for alcohol and substance abuse among Hispanic adolescents are difficult to support. For example, the traditional value of *familismo* can be a risk or protective factor depending on the character, values, and functionality of the individual family (Robbins, Mitrani, et al., 2002). As such, generalized factors at the cultural level have little predictive power at the individual family level (Blum et al., 2000).

Peer Pressure and Gangs

Negative peer groups and their ultimate expression, gangs, have the ability to exert considerable influence in the lives of Hispanic adolescents (Barrera et al, 2001; Boyle, 1992; Bray et al., 2003; Brook et al., 1990; Calabrese & Noboa, 1995; Epstein et al., 1998; Frauenglass et al., 1997; Gil et al., 2000; Robbins, Kumar, et al., 2002; Swaim et al., 1998; Swaim & Wayman, 2004; Tani et al., 2001). Not surprisingly, Hispanic adolescents who have alcohol and substance abusing peers report higher levels of alcohol and substance abuse than those whose peers do not abuse alcohol and substances (Barrera et al, 2001; Bray et al., 2003; Brook et al., 1990; Epstein et al., 1998; Frauenglass et al., 1997; Swaim et al., 1998; Swaim & Wayman, 2004; Tani et al., 2001).

The connection between peer pressure and alcohol and substance abuse is not a unidirectional cause and effect relationship, though. Bray et al. (2003) characterized the relationship as bidirectional, in that alcohol and substance abusing adolescents seek out peers with similar behaviors and their interaction becomes self-replicating and reinforcing (Brook et al., 1990). This pattern of seeking out peers with similar problem behaviors can lead to the formation of a subculture. "From this perspective, substance abuse is viewed as part of a larger pattern of problem behavior and is best understood within the context of the youths' entrenchment in a deviant lifestyle or subculture" (Robbins, Kumar, et al., 2002, pp. 397-398).

Family Influence

Positive interaction with and functional relationships in the family can mitigate peer influence. Adolescents who spend time with their parents, thus reducing the amount of time they are unsupervised, are less susceptible to peer pressure (Frauenglass et al.,

1997; Pabon, 1998). Parental role modeling of conventional behaviors and beliefs is associated with conventional behaviors and beliefs in adolescents (Brook et al., 1990).

The quality of the parent-adolescent relationship is also significant. Hispanic adolescents who perceive that they are cared for and valued by their families report lower levels of alcohol and substance abuse even in the midst of negative peer pressure (Frauenglass et al., 1997). A warm and affectionate parent-adolescent relationship and accurate communication of beliefs increases the likelihood that adolescents will embrace parental beliefs (Okagaki & Moore, 2000). Strong parent-adolescent attachment patterns and maternal adjustment mitigate peer pressure (Bray et al., 2003; Brook et al., 1990).

Peer pressure increases with acculturation due to a decrease in parental respect and in the importance of *familismo* (Gil et al., 2000). Children of immigrants tend to acculturate and learn English quicker than their parents. Acquisition of the English language by children and adolescents can lead to their taking on adult responsibilities and interacting with other adults on their parents' behalf (Acoach & Webb, 2004). The acquisition of adult responsibilities and increased access to the host culture through the English language may cause a power reversal between parents and adolescents that diminishes parental influence (Kurtines & Szapocznik, 1995; Portes & Zady, 2002).

Gang Involvement

Gang membership is the clearest expression of the influence of peer pressure and the formation of a deviant subculture. The gang subculture is characterized by the abuse and distribution of alcohol and illegal substances, serial sexual monogamy, possession and use of weapons, acting out on personal aggression, and conflict with other gangs over territory and incidents of disrespect (Boyle, 1992; Vigil, 1997).

Initial activities with a gang can begin as early as 11-12 years of age. Involvement may be initiated through intergenerational loyalty to a particular gang (Boyle, 1992) or through being selected by a gang as a prospect for membership and being the focus of intense peer pressure or physical threats to join (Calabrese & Noboa, 1995). Factors contributing to gang membership include low socio-economic status, dysfunctional families in which abuse is occurring, poor attachment to and performance in school, being labeled learning disabled, having poor decision making skills, use of marijuana, discrimination, living in a neighborhood with many other troubled youths, and personally engaging in violent behaviors (Boyle, 1992; Calabrese & Noboa, 1995; Hill, Howell, Hawkins, & Battin-Pearson, 1999; Vigil, 1997).

Gang membership is perceived by adolescents to offer prestige, honor, power, respect, material goods, safety, belonging, and access to sex, alcohol, and substances (Boyle, 1992; Calabrese & Noboa, 1995). Gang members have a strong sense of loyalty to each other and view other gang members as their true family. While gang membership is significant, troubling, and appears to be increasing, it is estimated that only 4-10% of Mexican-Americans are gang members (Vigil, 1997).

Summary

The influence of negative peer pressure on alcohol and substance abuse among Hispanic adolescents can be mitigated by the positive influence of a functional family and healthy adolescent development. Hispanic adolescents who display individuation marked by age appropriate autonomy and acceptance of personal responsibility are less susceptible to negative peer pressure than are adolescents who are not individuated (Bray

et al., 2003). Both negative peer pressure and dysfunction in the family contribute to gang involvement, which increases Hispanic adolescents' access to alcohol and substances.

Comorbidity

Adolescents with alcohol and substance abuse disorders commonly have comorbid clinical disorders. In a sample of adolescents of varying ethnicities referred to outpatient treatment 13% were diagnosed with only an alcohol or substance abuse disorder while 54% were diagnosed with an alcohol or substance abuse disorder and three or more other clinical disorders (Robbins, Kumar, et al., 2002). No indication is noted in the literature regarding possible cause and effect relationships between alcohol and substance abuse and comorbid clinical disorders.

Disorders that are comorbid with alcohol and substance abuse are categorized as internalized or externalized disorders. Internalized disorders include panic disorder, agoraphobia, social phobia, separation anxiety, general anxiety disorder, obsessive compulsive disorder, and post traumatic stress disorder (anxiety disorders); major depressive disorder, and dysthymia (affective disorders) (Fraser et al., 1998; Hovey, & King, 1996; Randall et al., 1999). Externalized disorders include conduct disorder, oppositional defiant disorder, and attention-deficit hyperactivity disorder (Fraser et al., 1998; Randall et al., 1999). The diagnostic criterion for these disorders was DSM-III-R (American Psychiatric Association, 1987)

The most common comorbid disorders for Hispanic adolescents who were identified as alcohol and substance abusers were externalized disorders, presumably due to the commonality of risk factors (Robbins, Kumar, et al., 2002; Santisteban et al.,

2003). Externalized disorders and alcohol and substance abuse may be reinforced as a set of behaviors through involvement in a deviant subculture (Santisteban et al., 2003).

The acculturative stress model theorizes that being between cultures is associated with higher levels of psychosocial stress than identifying with either the indigenous or host culture. This time period of increased psychosocial stress has a positive correlation with depression (Alva, 1995; Alva & de Los Reyes, 1999; Hovey & King, 1996) and suicidal ideation (Hovey & King, 1996). Among Hispanic adolescents undergoing acculturative stress, 25% reported depression and suicidal ideation compared to 11% of the general population (Hovey & King, 1996). The psychosocial stress of acculturation and depression are associated with an increase in alcohol abuse, suggesting that alcohol is used by Hispanic adolescents to cope with adverse circumstances (Alva, 1995). Swaim, Chen, Deffenbacher, and Newcomb (2001) found a positive correlation between negative affect and reported levels of alcohol and substance abuse among Hispanic adolescent females, but no statistically significant correlation for males.

Fraser et al. (1998) evaluated the influence of biculturalism on alcohol and substance abuse behaviors among Hispanic adolescent suicidal females referred for treatment. The presence of psychopathology, when defined as categories consisting of anxiety disorders, affective disorders, and externalized disorders, was associated with higher levels of alcohol use among Hispanic adolescents (Fraser et al., 1998). Further analysis indicated that the level of psychopathology was more significant than the individual disorder or category of disorders (Fraser et al., 1998). In a separate study, Kilpatrick et al., (2000) reported that having post traumatic stress disorder was associated with higher levels of alcohol and substance abuse. Swaim et al. (1998) and Flannery et al.

(1994) found a minimal connection between internalized disorders and the level of alcohol and substance abuse. Conversely, Zapata and Katims (1994) demonstrated an increase in alcohol and substance abuse in the presence of depression.

Over a 16-month period, Randall et al. (1999) evaluated the impact of comorbidity on treatment outcomes of juvenile offenders with a history of alcohol and substance abuse. The presence of comorbid externalizing disorders was a negative treatment indicator. Adolescents with comorbid externalizing disorders had higher rates of criminal activity and alcohol and substance abuse after treatment than before (Randall et al., 1999). Adolescents with both externalizing and internalizing comorbid disorders had lower levels of alcohol and substance abuse than those with only externalizing comorbid disorders (Randall et al., 1999). Adolescents with only internalizing comorbid disorders had the lowest rates of alcohol and substance abuse and problem behaviors and had the best treatment outcomes (Randall et al., 1999).

Swaim, Oetting, Edwards, and Beauvais (1989) reported that only 4.8% of the variance in alcohol and substance abuse was attributable to internalized disorders. However, the combined affects of internalized disorders and peer association accounted for 43.4% of the variance in alcohol and substance abuse (Swaim et al., 1989). The presence of externalized comorbid disorders and association with peers who are alcohol and substance abusers were found to be negative treatment indicators (Swaim et al., 1989). The use of alcohol and substances for adolescents with comorbid internalized disorders may be a form of self-medication and may be less problematic since it is not associated with a broader pattern of problem behaviors leading to better treatment outcomes.

Summary

Hispanic adolescents diagnosed as alcohol and or substance abusers commonly have comorbid clinical disorders. No cause and effect relationship has been found between the presence of comorbid disorders and alcohol and substance abuse. Comorbid externalized disorders appear to be negative treatment indicators for alcohol and substance abuse, while internalized disorders have minimal influence on treatment outcomes.

Epidemiological Approaches

The research on individual contributing factors for alcohol and substance abuse among Hispanic adolescents has demonstrated inconsistencies and contradictions across studies. Additionally, a contributing factor identified as a risk factor in one context can be a protective factor in another. For example, both family and peer associations can be either risk or protective factors. The determination is based on the respective character, values, beliefs, and behavioral patterns of the family members and peers.

Epidemiological approaches addressed the complex patterns of interaction between the various contributing factors related to alcohol and substance abuse among Hispanic adolescents. Some studies assessed multiple factors, weighted their influence as either risk or protective factors, and grouped the factors into indexes (Félix-Ortiz & Newcomb, 1992, 1999; Griffin et al., 2000). Other studies investigated predefined clusters of risk factors to determine their cumulative affect (Flannery et al., 1994; Yin et al., 1995; Zapata & Katims, 1994).

Factor Indexes

The compilation of a risk factor index (RFI) and a protective factor index (PFI) were based on respondents' scores on self-report measures (Félix-Ortiz & Newcomb, 1992, 1999; Griffin et al., 2000). Respondents who scored at the bipolar extremes on the measure for a given contributing factor were assigned that factor as either a risk or protective factor. Respondents' scores which were in the mid-range for a contributing factor were not assigned to either index. The relationship between the number of factors in the indexes and alcohol and substance abuse among Hispanic adolescents was then analyzed.

As the number of factors in the PFI increased, the affect of the RFI was mitigated and reported levels of alcohol and substance abuse decreased (Félix-Ortiz & Newcomb, 1992, 1999). However, as the number of factors in the RFI increased, the PFI became less influential and the reported levels of alcohol and substance abuse increased (Félix-Ortiz & Newcomb, 1992, 1999). In these studies the affects of specific factors were not reported independently.

Clusters of Risk Factors

In some studies, risk factors were clustered or grouped based on whether they were environmental or interpersonal and psychological or intrapersonal. Respondents' scores on self-report measures were used to determine which risk factors were assigned to them (Flannery et al., 1994; Yin et al., 1995; Zapata & Katims, 1994). Epidemiological studies using clusters of risk factors did not consider the influence of protective factors (Flannery et al., 1994; Yin et al., 1995; Zapata & Katims, 1994).

The cumulative number of risk factors present was found to be predictive of the level of alcohol and substance abuse and the types of substances used (Yin et al., 1995). In an evaluation of eleven risk factors categorized as either environmental or psychological, the presence of 5-8 risk factors from either category predicted increased use of multiple major substances such as inhalants, pills, cocaine, crack, and hallucinogens (Yin et al., 1995).

Using both interpersonal and intrapersonal categories, Flannery et al. (1994) reported peer use of alcohol and perceived susceptibility to peer pressure as the most significant and consistent predictors of alcohol abuse. The interpersonal factors as a group accounted for 49% of the variance in alcohol use among Hispanic adolescent males. Aggression was the only intrapersonal factor predictive of alcohol abuse (Flannery et al., 1994). In a separate study the interpersonal risk factors of deviant behavior, peer use of substances, being offered substances, and being monolingual Spanish, and the intrapersonal risk factors of decreased satisfaction with school, depression, presence of perceived stressors and traumas, and external locus of control were associated with increased levels of substance abuse among Mexican American adolescents (Zapata & Katims, 1994). Positive adjustment to school and higher levels of academic achievement were associated with lower levels of alcohol abuse (Flannery et al., 1994).

Summary

Epidemiological approaches using factor indexes demonstrated that the total number of risk factors present was more significant than the specific risk factors present and that high levels of protective factors mitigated risk factors. Studies using clusters of

risk factors found a stronger relationship between interpersonal factors and alcohol and substance abuse among Hispanic adolescents than with intrapersonal factors.

Alcohol and Substance Abuse Programs

In a comprehensive study of long-term residential, short-term inpatient, and outpatient drug-free programs that incorporated individual therapy, group therapy, and 12-step programs, alcohol and substance abuse was reduced by up to 50%, school performance was substantially improved, and criminal activity decreased among adolescents (Martin, 2000). While demonstrating efficacy, these programs did not address the unique contributing factors associated with alcohol and substance abuse among Hispanic adolescents, nor did they address the crucial dynamic of the Hispanic family (Kurtines & Szapocznik, 1995).

Consequently the programs for prevention and treatment selected for review in this study are specifically designed for implementation with Hispanic adolescents to address the contributing factors for alcohol and substance abuse identified through research (Coatsworth, Pantin, & Szapocznik, 2002; Coatsworth, & Szapocznik, 2002; Gil, Wagner, & Tubman, 2004; Robbins, Mitrani, Zarate, Ramirez, Chalela, & Presswood, 2000; U.S. Department of Health and Human Services [USDHHS], 2002). A brief overview of the programs, specific protocols and interventions, and applicable efficacy studies are presented.

Treatment Programs

Multidimensional Family Therapy

Multidimensional Family Therapy (MDFT) is an outpatient treatment program providing interventions directed towards the adolescent, the parent(s), the adolescent-

parent relationship, other family members, and systems external to the family system (Liddle, 1999; Liddle et al., 2001; USDHHS, 2002). MDFT takes into account interpersonal and intrapersonal factors and strives for healthy peer relationships and identity formation, positive school attachment, and autonomy for adolescents (USDHHS, 2002).

MDFT is a family-based, developmental-ecological, multiple systems approach...

It is a comprehensive and multicomponent, stage-oriented therapy.

Treatment addresses the individual characteristics of the adolescent (e.g., cognitive mediators such as perceptions of the harmfulness of drugs; emotion regulation processes [drug use as coping or as a manifestation of distress]), the parent(s) (e.g., parenting practices, parental stress), and other relevant family members (e.g., presence of drug using adults); as well as the interactional patterns (e.g., emotional disconnection)...that link to the development and continuation of drug use and related problem behaviors. (Liddle et al., 2001, p. 659)

Treatment can take place in the clinic, home, juvenile court, or school and the individual, family, and or extended family may participate. A full course of treatment may include 16-25 sessions over four to six months. Sessions with adolescents focus on developing decision making, communication, coping, and mastery skills. Parents are encouraged to improve their parenting skills and to influence rather than control the adolescent (USDHHS, 2002).

MDFT has demonstrated 45-49% reductions in alcohol and substance abuse among Hispanic adolescents (Liddle et al., 2001; USDHHS, 2002). MDFT has proven to be as effective as or more effective than multifamily educational intervention, adolescent

group therapy, cognitive behavioral therapy and residential treatment (Liddle et al., 2001; USDHHS, 2002). The USDHHS (2002) reports that Hispanic adolescents who have participated in the four to six month MDFT program improve their gains in reducing alcohol and substance abuse from discharge through a twelve month follow up.

Brief Strategic Family Therapy

Brief Strategic Family Therapy (BSFT) is a systems based treatment program specifically used with Hispanic adolescents.

[BSFT] is a brief intervention used to treat adolescent drug use that occurs with other problem behaviors. These co-occurring problem behaviors include conduct problems at home and at school, oppositional behavior, delinquency, associating with antisocial peers, aggressive and violent behavior, and risky sexual behavior.

(Szapocznik, Hervis, & Schwartz, 2003, p. 1)

BSFT focuses on the family system and the interdependence of family members. Initial assessment is sensitive to traditional Hispanic cultural values, including *familismo*, and the unique factors associated with acculturative stress that Hispanic-Americans experience (Kurtines & Szapocznik, 1995).

Culturally sensitive assessment recognizes that the expression of *familismo* may cause Hispanic-American families to appear enmeshed when compared to white non-Hispanic families (Kurtines & Szapocznik, 1995). Hispanic-American families may experience intergenerational acculturation as the parents struggle for connectedness and adolescents struggle for autonomy. This intergenerational split may lead to adolescent conduct problems and parent-adolescent conflict (Kurtines & Szapocznik, 1995).

In accordance with family systems theory, BSFT identifies adolescent symptomology as being “rooted in maladaptive family interactions, inappropriate family alliances, overly rigid or permeable family boundaries, and the belief that a single individual is responsible for the family’s problems” (Santisteban et al., 2003, p. 123). BSFT addresses the patterns of interaction or sequential behaviors of the family that have become habitual, repetitive, and that influence the behavior of all family members (Szapocznik et al., 2003). BSFT therapists plan interventions designed to target problem patterns of interaction that influence the adolescent’s alcohol and substance abuse and problem behaviors in practical ways.

BSFT has three major categories of therapeutic techniques: (a) joining, (b) diagnosing, and (c) restructuring (Santisteban et al., 2003; Szapocznik et al., 2003). Joining involves initially supporting the structure of the family, assessing patterns and interactions among the family, encouraging typical family interactions, and becoming a recognized authority by the family (Santisteban et al., 2003; Szapocznik et al., 2003). Diagnosis is based on repetitive patterns in the areas of power distribution, boundaries, conflict resolution skills, and developmental appropriateness (Santisteban et al., 2003; Szapocznik et al., 2003).

Restructuring is the therapeutic use of strategies to produce change and to promote more adaptive behaviors and interactions in the family (Santisteban et al., 2003; Szapocznik et al., 2003). Desired outcomes are for the parents to be seen as the authorities and for all family members to contribute to the family and be able to voice concerns about issues (Santisteban et al., 2003).

Santisteban et al. (2003) conducted an efficacy study that compared BSFT to traditional group therapy for treating problem behaviors and alcohol and substance abuse among Hispanic adolescents. BSFT showed greater decreases in pre- to post-intervention levels of conduct problems, peer-based delinquency, and self-reported alcohol and substance abuse than group therapy (Santisteban et al., 2003). The families participating in BSFT demonstrated higher levels of family cohesion and healthy family interactions (Santisteban et al., 2003).

Robbins, Mitrani, et al. (2002) reported in a separate efficacy study of BSFT that families with healthy interactional patterns responded positively to treatment as demonstrated by lower reported levels of adolescent conduct problems. Families with maladaptive interactions did not successfully complete treatment, which demonstrated that family can be either a risk or a protective factor for Hispanic adolescents.

Summary

Treatment programs cited in this chapter have demonstrated levels of efficacy, address contributing factors identified through research, and are necessary interventions to assist Hispanic adolescents who have become involved in alcohol and substance abuse. However, few Hispanic adolescents enter these treatment programs voluntarily. Martin (2002) reports that 75.6% of adolescents in drug treatment programs have committed an illegal act and 50.3% have been arrested. As such the behavior of alcohol and substance abuse was already established in the adolescent to the extent that it was significantly disrupting his or her life. To lessen the occurrence and impact of alcohol and substance abuse, prevention programs addressing identified contributing factors that Hispanic

adolescents encounter prior to onset of alcohol and substance abuse may be beneficial (Arellano et al., 1998; Coatsworth et al., 2002; Ramirez et al., 2000).

Prevention Programs

Hispanic adolescents are confronted with many contributing factors for alcohol and substance abuse that have systemic etiology. For this reason, prevention programs for decreasing the prevalence of alcohol and substance abuse use systems models. Within these systems models, it is recommended that specific attention be given to interpersonal dynamics in the family and with peers (Epstein et al., 1999; Epstein et al., 2003; Flannery et al., 1994,) and to individuation (Bray et al., 2003).

Community Based Education

Ramirez et al. (2000) promote a community based prevention program that provides education on the issues related to alcohol and substance abuse. This psychoeducational program addresses the system of Hispanic-American culture using the local media, schools, community groups, etc. to deliver the anti-alcohol and anti-substance messages. The messages are designed to be culturally relevant, are communicated in Spanish and English, target adolescents and parents, and incorporate significant values and beliefs of the Hispanic-American culture (Ramirez et al., 2000).

Ramirez et al. (2000) emphasize the traditional Hispanic cultural value of *familismo*, the importance of family. The family has the potential of influencing adolescents to engage in prosocial behaviors. If the abuse of alcohol and substances goes against the values espoused by family, the adolescents are less likely to engage in those activities and find themselves at odds with their family. Parents and older family members are the primary source of role models for adolescents. Their life examples of

abstaining from alcohol and substance abuse may enhance the impact of their stated values (Ramirez et al., 2000).

Ramirez et al. (2000) identify other traditional values of Hispanic culture that may have a positive influence. A sense of self-worth is expressed in *dignidad*, the worth of others is expressed in *respeto*, and duty toward other Hispanic-Americans who are in need is *caridad*. Ramirez et al. connect self-efficacy to *dignidad*, which is enhanced by acquiring the life skills that enable success. Traditional Hispanic cultural values form the basis for strong connections and attachments to family, community, church, and schools. Together, they can be used to offset the contributing factors associated with alcohol and substance abuse (Ramirez et al., 2000).

Familias Unidas

Familias Unidas is a prevention program “designed to link together groups of recently immigrated Hispanic parents” (Coatsworth et al., 2002, p. 114). *Familias Unidas* takes a family-centered approach to reduce the incidence of problem behaviors in Hispanic-American adolescents (Pantin, Schwartz, Sullivan, Coatsworth, & Szapocznik, 2003). The intervention is designed for and targets first generation immigrants and their children between the ages of 12 and 14 years.

Interventions focus on four aspects of parenting and adolescent adjustment to prevent problem behaviors: “(a) parental investment, (b) adolescent social competence, (c) self-regulation, and (d) academic achievement and school bonding” (Coatsworth et al., 2002, p. 114). A multi-level approach built upon Bronfrenbrenner’s microsystem, mesosystem, exosystem, and macrosystem is employed. The *Familias Unidas* program includes substantial emphases on Hispanic adolescent’s social skills, attachment patterns,

academic achievement, and taking personal responsibility and accountability for the choices made in life (Pantin et al., 2003).

Summary

The reported correlations between specific contributing factors and alcohol and substance abuse among Hispanic adolescents are inconclusive and sometimes contradictory. Only three of the studies cited investigated more than three risk factors and considered the effect of protective factors (Félix-Ortiz, 1992, 1999; Griffin et al., 2000). Investigating predetermined and narrow slices of the possible contributing factors is not representative of the complex pathways to alcohol and substance abuse among Hispanic adolescents.

The large sample sizes ranging from 910 to 8,756 used in many of the studies brings into question the practical significance of the reported correlations (Arellano et al., 1998; Bettes et al., 1990; Bray et al., 2003; Chavez & Swaim, 1992; Epstein et al., 1999; Epstein et al., 2000, 2001; Epstein et al., 2003; Epstein et al., 1996; Félix-Ortiz & Newcomb, 1992; Flannery et al., 1994; Gil et al., 2000; Griffin et al., 2000; Kilpatrick et al., 2000; Markides et al., 1988; Nielson & Ford, 2001; Parker et al., 2000; Swaim et al., 1998; Swaim et al., 1997; Swaim et al., 2001; Swaim & Wayman, 2004; Tani et al., 2001; Yin et al., 1995; Zapata & Katims, 1994). The power of statistical procedures is directly proportional to the effect size and indirectly proportional to the sample size (Newton & Rudestam, 1999; Portney & Watkins, 2000). As sample size increases, the effect size required for statistical significance at a given power decreases, meaning that smaller differences between the results on a measure for a contributing factor become statistically significant (Newton & Rudestam, 1999; Portney & Watkins, 2000).

Despite these issues, three correlations are noteworthy. First, the family was identified as a risk or protective factor having the power to mitigate the influence of other risk factors such as negative peer pressure and academic achievement. Second, the increase in alcohol and substance abuse among Hispanic adolescents with acculturation is generally accepted. However, the specific causes for this increase are subject to further investigation. Third, interpersonal or externalized factors have a greater affect on alcohol and substance abuse among Hispanic adolescents than intrapersonal or internalized factors.

Alcohol and substance abuse prevention and treatment programs specifically designed for Hispanic adolescents are systems based. Interventions target the adolescent, the parents, other family members, the community, and other systems Hispanic adolescents engage. These programs place emphases on the stress of acculturation, involving family in the process, and on the quality of familial relationships.

CHAPTER III: METHOD

The review of the literature revealed that the vast majority of research in the extant literature used quantitative designs to investigate relationships between predetermined constructs, used to operationalize contributing factors, and alcohol and substance abuse among Hispanic adolescents (Alva, 1995; Alva & de Los Reyes, 1999; Arellano et al., 1998; Bettes et al., 1990; Black & Markides, 1993; Bray et al., 2003; Brook et al., 1990; Chavez & Swaim, 1992; Epstein et al., 1996; Epstein et al., 1999; Epstein et al., 2000, 2001; Epstein et al., 2003; Félix-Ortiz & Newcomb, 1992, 1999; Flannery et al., 1994; Frauenglass et al., 1997; Gil et al., 2000; Kilpatrick, 2000; Marshall, 2000; Marsiglia & Waller, 2002; Parker et al., 2000; Richardson et al., 1993; Swaim et al., 1997; Swaim et al., 1998; Swaim & Wayman, 2004; Tani et al., 2001; Vega et al., 1998; Yin et al., 1995; Zapata & Katims, 1994). All of the quantitative studies cited reported a correlation between one or more individual contributing factors and elevated rates of alcohol and substance abuse among Hispanic adolescents. However, a clear indication of which contributing factor or factors were the most influential in the lives of Hispanic adolescents was not evident (Félix-Ortiz & Newcomb, 1992, 1999; Flannery et al., 1994).

A paucity of qualitative research exists specifically focused on contributing factors for alcohol and substance abuse among Hispanic adolescents (Boyle, 1992). Boyle's study was the only pertinent qualitative research article encountered in this study's review of the literature. Quantitative research inherently limits the scope and

depth of participants' responses. Conversely, qualitative research allows participants to freely express their thoughts and views. The issue of alcohol and substance abuse among Hispanic adolescents appears to be a complex multi-factorial issue. Thus, a qualitative research design that allowed theoretical constructs, representing contributing factors, to emerge from the data was well suited for the issue being investigated in this study.

This present study investigated the issue of alcohol and substance abuse among Hispanic adolescents. Specifically, this study investigated which contributing factors select counselors identified as influencing the: (a) onset and development of alcohol and substance abuse among Hispanic adolescents and (b) efficacy of prevention and treatment programs for alcohol and substance abuse among Hispanic adolescents. Additionally, the select counselors' perspectives on contributing factors were compared and contrasted.

Research Design

Qualitative research techniques are uniquely suited for allowing participants' perspectives to emerge, absent the influence of preconceived constructs introduced by the researcher (Creswell, 1998; Merriam, 1998; Patton, 2002; Seidman, 1998). Case studies can be quantitative and/or qualitative, multi-sited or within-site, single case or collective cases, and intrinsic or instrumental (Creswell, 1998; Stake, 1995, 2000; Yin, 2003).

Instrumental case studies use the case to illustrate and understand an issue (Creswell, 1998; Stake, 1995, 2005). "The case is of secondary interest, it plays a supportive role, and it facilitates our understanding of something else" (Stake, 2005, p. 445).

This study was designed as a qualitative instrumental case study using multiple sites and cases. Data was collected primarily through personal interviews with key informants. The issue of interest was alcohol and substance abuse among Hispanic

adolescents. Participants provided their perspectives on the contributing factors that influence the onset and development of alcohol and substance abuse among Hispanic adolescents and the efficacy of prevention and treatment programs for alcohol and substance abuse among Hispanic adolescents. Participants perspectives on contributing factors were compared and contrasted based on the function and ethnicity of participants.

Participants in the study were select counselors having practical and/or clinical experience with alcohol and substance abuse among Hispanic adolescents. These select counselors were key informants (Yin, 2003) who were “knowledgeable, articulate ‘insiders’ possessing a unique perspective” (Schwandt, 1997, p. 78) on the issues being investigated. Participants were purposefully selected to provide a representative collection of cases as well as balance and variety among the cases (Stake 1995, 2005).

The strata, function, and context of select counselors was varied to construct a trustworthy and representative corpus of data (Bauer & Aarts, 2000). The strata of select counselors were varied based on gender and ethnicity. Emphases were placed on having some participants who were Hispanic-American to garner within culture perspectives and on having a balanced number of male and female participants.

Functionally, these participants were either middle school counselors or community based substance abuse counselors. Middle school counselors were chosen because they interact with sixth through eighth grade students roughly between the ages of 11 and 13 years. Nationally, the average age for taking the first drink of alcohol is 13 (Chesnick, 2004a). Programs designed to prevent onset of alcohol and substance abuse target adolescents between the ages of 12 and 14 years and their families (Coatsworth et al., 2002; Pantin et al., 2003; Ramirez et al., 2000). Middle school counselors interact

with the broad population of Hispanic adolescents prior to the typical age of onset for alcohol and substance abuse.

Community-based substance abuse counselors were chosen because they interact with the specific population of Hispanic adolescents who present for treatment of alcohol and substance abuse. Community-based substance abuse counselors provide direct treatment services through individual, group, family, intensive outpatient, and twelve step programs (Martin, 2002). Hispanic adolescents who present for treatment are typically between the ages of 14 and 17, but may be younger (Gil et al., 2004; Santisteban et al., 2003).

These select counselors' functions inherently placed them in differing contexts. Further variety of context was achieved by purposefully choosing middle school counselors from different middle schools within the school district and community based substance abuse counselors from different public and private mental health agencies.

Together, middle school counselors and community-based substance abuse counselors span Hispanic adolescents' experience with alcohol and substance abuse prior to onset through treatment. Both serve as knowledgeable key informants having unique insights, expertise, and perspectives on the issue of alcohol and substance abuse among Hispanic adolescents.

Participants' diversity provided the bases to compare and contrast their perspectives on contributing factors. The function and ethnicity of participants defined the groups used. Middle school and substance abuse counselors perform different functions with different populations of Hispanic adolescents. Caucasian and Hispanic-American counselors potentially represent different ethnic and cultural perspectives.

Bounding the Case

An instrumental case study is bounded by the issue investigated (Creswell, 1998, Stake, 1995, 2005). This study investigated the issue of alcohol and substance abuse among Hispanic adolescents. Hispanic-Americans have immigrated to the United States from a variety of countries resulting in multiple subcultures (USCB, 2001). To insure that these select counselors were interacting with and providing perspectives related to a common population of Hispanic-Americans, this study was limited to a specific community. The community chosen for this study had a substantial percentage of Hispanic-Americans in its population and the issue of alcohol and substance abuse was prevalent.

A school district within Pima County, Arizona was chosen as the study community for several reasons. First, I am a 14-year resident of Pima County and have familiarity with the community through serving as a hospital chaplain for three years, as a pastoral counselor for three years, and have completed an internship in an acute adult behavioral health hospital. My familiarity with professionals in the community guided efforts to purposefully choose knowledgeable key informants for the study (Stake, 1995, 2005). Second, the geographic limits of a specific school district increased the likelihood that participants provided perspectives on the same population of Hispanic-Americans.

Third, the percentage of Hispanic-Americans in Pima County was substantially higher than the national average. Pima County had a population of 846,000 in 2000 with Hispanic-Americans representing 29.3 percent of the population (Pima Association of Governments, 2002) compared with 12.5% nationally (USCB, 2001). Finally, the rates of alcohol and substance abuse among adolescents in Pima County were substantially higher

than the national average. Among eighth graders in Pima County, 41.6% reported using alcohol in the last 30 days compared to 21.5% nationally (Chesnick, 2004a). The average age for first trying alcohol in Pima County was 12, which was almost one year younger than the national average (Chesnick, 2004a, 2004b).

Selection of Participants

Participants for this study were purposefully chosen using networking, convenience, and snowball techniques (Creswell, 1998; Merriam, 1998; Patton, 2002). Selection was based on: (a) the participant meeting study criteria, (b) achieving the desired variety in strata, function, and context, and (c) participants' willingness to participate in the study. The final number of eight participants (see Table 1) was determined based on saturation of themes and ideas (Gaskell, 2000) and obtaining variety in strata, function, and context (Bauer & Aarts, 2000). Continuance of interviews beyond saturation would have hampered data analysis (Gaskell, 2000).

Table 1

Participants' function, strata, and context

	Function	
	Middle School Counselor	Substance Abuse Counselor
Strata		
Gender	2 Male 2 Female	2 Male 2 Female
Ethnicity	3 Caucasian 1 Hispanic-American	3 Caucasian 1 Hispanic-American
Context	3 Middle Schools	3 Mental Health Agencies

Participation criteria for community based substance abuse counselors were: (a) having a minimum of a masters degree in a counseling related field, (b) being a Licensed Professional Counselor, a Licensed Substance Abuse Counselor, or licensed in a mental health discipline in the state of Arizona, and (c) having a minimum of five years clinical experience treating Hispanic adolescents for alcohol and substance abuse in the study community.

Participation criteria for middle school counselors were: (a) having a minimum of a masters degree in a counseling related field, (b) being a Licensed Professional Counselor, a Licensed Substance Abuse Counselor, and or a Certified School Counselor in the state of Arizona, (c) having a minimum of five years experience as a middle school counselor in the study community, and (d) working in a middle school in which the percentage of Hispanic American students was equal to or greater than in the study community.

Participants' Credentials

A total of eight counselors were interviewed for this study. Diversity of function and demographics was present among the participants. The participants' professional experience in the study community ranged from 10 to 24 years with an overall average of 16.4 years. Pseudonyms were used to protect participants' identity and to help insure confidentiality.

Substance Abuse Counselors

Linda is Caucasian and has 11 years experience providing treatment for alcohol and substance abuse to adolescents in a public mental health agency. Linda has a Master of Science in Clinical Psychology, is a Licensed Professional Counselor and a Licensed

Independent Substance Abuse Counselor in the state of Arizona. In addition to treatment responsibilities, Linda is the director of the treatment program. She is fluent in English and Spanish.

Maria self identifies as Mexican-American and has 10 years experience providing treatment for alcohol and substance abuse to adolescents in a public mental health agency. Maria has a Master of Social Work, is a Certified Master Social Worker, and is a Licensed Independent Substance Abuse Counselor in the state of Arizona. Maria immigrated to the United States from Mexico as a child and describes her family of origin as being of lower socio-economic status. She is fluent in English and Spanish.

Paul is Caucasian and has 24 years experience providing treatment for alcohol and substance abuse to adolescents in a private mental health agency. Paul has a Master of Social Work and is a Licensed Clinical Social Worker in the state of Arizona. Paul is a sought after speaker nationally on the issue of alcohol and substance abuse among adolescents.

Mike is Caucasian and has 22 years experience providing treatment for alcohol and substance abuse to adolescents and adults in a private mental health agency. Mike has a Master of Arts in Counseling and is a Licensed Professional Counselor in the state of Arizona. The agency has several government contracts for provision of court ordered alcohol and substance abuse treatment including one with the Juvenile Justice Court system.

Middle School Counselors

Tom is Caucasian and has 19 years experience as a middle school counselor. Tom has a Master of Education and a Master of Arts in Counseling. The population of the

middle school is approximately 50 to 60 percent Hispanic-American. Tom speaks conversational Spanish, but is not fluent.

Sue is Caucasian and has 18 years experience as a middle school counselor. Sue has a Master of Education in Counseling and Guidance, is a Licensed Professional Counselor in the state of Arizona, and is the director of the counseling program at the middle school. The population of the middle school is approximately 35% Hispanic-American.

Julie is Caucasian and has 17 years experience as a middle school counselor. Julie has a Master of Education in Counseling. Her colleague Bill also participated in the interview. Bill is Caucasian, has 3 years experience as a middle school counselor, and has a Master of Education. The population of the middle school is approximately 70% Hispanic-American. Both speak conversational Spanish, but are not fluent.

Jose is Hispanic-American and has 10 years experience as a middle school counselor. At the time of the interview, Jose was completing an internship as the final requirement for a Master of Education in Psychology. He completed this degree prior to completion of the study. An exception was made to study criteria to garner his within culture perspectives. The population of the middle school is approximately 70% Hispanic-American. Jose is fluent in English and Spanish.

Data Collection

This study garnered the perspectives of middle school and community-based substance abuse counselors, key informants, on the issue of alcohol and substance abuse among Hispanic adolescents. Middle school counselors and community based substance abuse counselors possess the knowledge, experience, and expertise to provide meaningful

perspectives on the issue of alcohol and substance abuse among Hispanic adolescents. Although they are one step removed from the population and the issue being investigated, their perspectives are grounded in personal observations made in the context of their professional positions.

The primary reason for selecting a qualitative design was to avoid imposing preconceived constructs on participants and allow unfettered expression of their perspectives. Personal interviews were chosen as the means of collecting data in keeping with qualitative research tradition and based on the type of data needed to answer the research questions (Creswell, 1998; Merriam, 1998; Patton, 2002; Seidman, 1998; Stake 1995, 2005).

Participants indicated their voluntary participation in the study by their signature on an informed consent document (see Appendix A). The interviews were semi-structured and conducted in accordance with an interview guide (see Appendix B). Within the structure of these questions, appropriate probes and follow-up questions were used to bring clarity and depth to participants' responses.

The first question was directed at the participants' experience as a counselor and was designed to allow participants to openly discuss their daily experiences without restrictions. The remaining questions were designed to elicit participants' perspectives on contributing factors for alcohol and substance abuse among Hispanic adolescents.

Procedures

To obtain participation of community based substance abuse counselors, the referral list for outpatient alcohol and substance abuse treatment from the acute adult behavioral health hospital in which I interned was used. Networking and snow balling

techniques were also used to obtain participants (Creswell, 1998; Merriam, 1998; Patton, 2002).

Following were the steps used to request community based substance abuse counselors' participation in the study. Potential participants were: (a) contacted by telephone, (b) given a brief overview of the study, (c) advised of criteria for participating in the study, (d) asked if they met study criteria, (e) given the opportunity to ask questions, (f) asked if they were willing to participate, and (g) asked to schedule an interview if they agreed to participate.

The first step in selecting middle school counselors for the study was to obtain permission to conduct a research study within the chosen school district. The appropriate administrative personnel at the school district were contacted and their protocols to gain approval to conduct the study were followed. The first school district chosen for the study granted approval to conduct research within the district without modification to the study design or interview questions.

Once permission was granted to contact the middle school counselors, they were: (a) contacted by telephone, (b) given a brief overview of the study, (c) advised of criteria for participating in the study, (d) asked if they met study criteria, (e) given the opportunity to ask questions, (f) asked if they were willing to participate, and (g) asked to schedule an interview if they agreed to participate.

The interviews were conducted in the participants' offices at their convenience. The order of interviews was based on availability of participants. Each of the interviews was completed in a single session of approximately one hour duration. The necessity to record the interview and generate verbatim transcripts for data analysis was discussed.

Participants' questions were addressed to their satisfaction and they signed the Informed Consent for Participation in a Research Study form (see Appendix A) prior to the formal recorded interview. The interview guide was followed and appropriate probes and follow up questions were used to provide clarity and depth to participants' responses.

Two participants, (Maria) a substance abuse counselor and (Sue) a middle school counselor, were selected for follow up interviews. The findings and conclusions of the study were presented to them. They were given opportunity to ask questions and to offer comments about the findings and conclusions (see Appendix C).

Data Processing and Analysis

The raw data for this study were the recordings of the interviews that were transcribed into verbatim transcripts. A professional transcriber, who agreed in writing to confidentiality, prepared the verbatim transcripts. The transcribed interviews were then reviewed while listening to the audio recording and edited accordingly to ensure accuracy.

Case study data can be analyzed through categorical aggregation and or direct interpretation (Stake, 1995, 2005). Categorical aggregation uses coded data to create categories that are then intuitively aggregated (Stake, 1995, 2005). Direct interpretation is used to develop understanding of an event or instance that may only be mentioned once in the data (Stake, 1995, 2005). The use of the two forms of analysis is driven by the type of research questions asked. The research questions in this study called for the use of coded data to create categories representing contributing factors for alcohol and substance abuse among Hispanic adolescents.

Auerbach and Silverstein (2003) outline a method for coding and analyzing text data. The steps are: (a) text that is relevant to the research questions is selected from the raw transcripts, (b) repeating ideas in the relevant text are noted, (c) repeating ideas are grouped into coherent categories or themes, (d) themes are grouped into abstract concepts and theoretical constructs, and (e) a theoretical narrative is developed that portrays the participants' perspectives (Auerbach & Silverstein, 2003).

Predominantly categorical aggregation and the text analysis method outlined by Auerbach and Silverstein (2003) were used to analyze the data. Theoretical constructs representing identified contributing factors were developed contingent upon consensus of all participants or a subgroup of participants. Opposing subgroups of participants provided the basis from which to compare and contrast contributing factors. Subgroups for analysis were based on the function and ethnicity of participants. Specifically, subgroups included substance abuse versus middle school counselors and Caucasian versus Hispanic-American counselors.

In addition, Auerbach & Silverstein's method was modified in two ways. First, a review of the raw transcripts was conducted after repeating ideas were grouped into coherent categories or themes. This additional step ensured that important data was not lost in the process of selecting relevant text.

The second modification was follow up interviews with two of the study participants to review the findings and conclusions generated from the data. Member checking was used as a form of analytical triangulation (Patton, 2002; Stake, 1995, 2005) to enhance the trustworthiness of the findings and conclusions (Creswell, 1998). One

substance abuse counselor (Maria) and one middle school counselor (Sue) participated in follow up interviews.

Julie's interview was conducted along with her colleague Bill and that transcript includes both of their responses. Bill's years of experience as a middle school counselor did not meet study criteria for participants. However, Bill's responses were consistent with and affirmed by Julie's responses and were thus included in data analysis.

Summary

This study investigated the issue of alcohol and substance abuse among Hispanic adolescents. The study was designed as a qualitative instrumental case study using multiple sites and cases. The study was bounded by a school district in Pima County, Arizona to ensure participants provided perspectives on the same population of Hispanic-Americans. The perspectives of eight purposefully selected counselors, who served as key informants, were obtained through personal interviews. Verbatim transcripts were coded and analyzed contingent upon consensus of all participants or a subgroup of participants and a theoretical narrative was generated from participants' perspectives. Member checking with two participants provided meaningful feedback that enhanced the study's trustworthiness.

CHAPTER IV: FINDINGS

The purpose of this study was to further the understanding of the issue of alcohol and substance abuse among Hispanic adolescents. Theoretical constructs representing identified contributing factors were developed through analysis of the data as outlined in Chapter III. Only those theoretical constructs for which consensus of all participants or a subgroup of participants was achieved are reported in this chapter. The subgroups for which consensus on at least one contributing factor was present were: (a) substance abuse counselors, (b) middle school counselors, (c) Hispanic-American counselors, and (d) Caucasian counselors.

Participants' responses are organized according to the research questions. The section addressing research question one presents the factors identified by select counselors as contributing to the onset and development of alcohol and substance abuse among Hispanic adolescents.

The section addressing research question two presents the factors identified by select counselors as contributing to the efficacy of prevention and treatment programs for alcohol and substance abuse among Hispanic adolescents. Finally, the section addressing research question three compares and contrasts the various contributing factors and barriers identified by select counselors.

Research Question #1

What factor or factors do select counselors identify as contributing to the onset and development of alcohol and substance abuse among Hispanic adolescents?

The select counselors identified the following contributing factors:

1. Presence or Absence of Alcohol and Substance Abuse in the Family
2. Structure of the Family
3. Supervision by the Family
4. Stability of the Home
5. Academic Achievement
6. Peer Relationships

Presence or Absence of Alcohol and Substance Abuse in the Family

All participants identified the presence or absence of alcohol and substance abuse in the family as a contributing factor for alcohol and substance abuse among Hispanic adolescents. Paul, Tom, Maria, Julie, and Jose expressed the risk factor aspects of the presence of alcohol and substance abuse in the family. Linda, Sue, and Mike focused on the protective factor aspects of the absence of alcohol and substance abuse in the family.

When queried about the criteria used to identify Hispanic adolescents who may be at risk for onset and development of alcohol and substance abuse, Paul's first response was, "when [I] see a strong family history of substance abuse." When identifying risk factors, Paul's answer was consistent: "We have a lot of drug use going on and alcohol abuse going on in the family." According to Paul, if alcohol and substance abuse was present in the family, then Hispanic adolescents in that family were more likely to abuse alcohol and substances.

Families whose members abused alcohol and substances may have a spoken or even unspoken value structure condoning abuse. Tom identified family values and the

home environment as being problematic for many of the Hispanic adolescents at the middle school:

I think that to the students, to the [adolescents], they grow up with [alcohol and substance abuse] and they're kind of acculturated into it. It's just part of life to them and it's kind of hard for them to see it. And even some of the questions we get...from the [adolescents] when we make our presentations....What's wrong with this? Our folks do it. They've done it for years and it doesn't seem to have hurt them....It's just part of life to them....I see that as kind of a sad situation. If they don't see the harm in it, the wrong in it, then they're not going to do much to stay away from it.

Tom expanded the definition of "folks" to include "older siblings, aunts and uncles, the extended family....Their outlook on [alcohol and substance abuse is], what their view of this particular situation is, whether it's a problem in their minds or not" had influence in Hispanic adolescents' lives.

Maria emphasized the power of familial relationships on Hispanic adolescents' choices regarding abuse of alcohol and substances:

There's more of a family connection in terms of drinking, in terms of maybe using drugs. So, for instance, where you'd see a Caucasian [adolescent] hanging out with somebody he doesn't know, really, somebody in the neighborhood, or a friend, you would see the Hispanic [adolescents] doing drugs with their cousins. Or getting involved or ...introduced to drugs with their cousins, because that's who they predominantly hang out with....There's that push for family and so that

means that you don't really have a lot of friends. You have cousins and so that's where that comes in.

Later in the interview, Maria summarized the power of familial relationships:

If you grow up with your cousin and you're very close to your cousin and he's using marijuana, and you're hanging out with him all the time, what's [going to] happen? You're [going to] use marijuana, because it's part of what you do together.

Maria pointed out that family and extended family have substantial power to influence Hispanic adolescents, because the family doubles as the peer group. When family members are abusing alcohol and substances, they are communicating the message to Hispanic adolescents that such abuse is acceptable within this family and may be encouraged by some family members.

When asked to identify risk factors for alcohol and substance abuse among Hispanic adolescents, Bill succinctly stated, "I can answer that in one word: family."

Julie expanded on Bill's statement:

I think maybe family. Family tradition because a lot of [Hispanic adolescents] still have family in Mexico and a lot of their families smoke marijuana. They're around marijuana, so I think that's a piece of it....There's an extended family with a lot of these kids and so if it's not in their immediate family, they have cousins or aunts or uncles who have dealt drugs.

The messages being sent to Hispanic adolescents by their family members who abuse alcohol and substances are patently clear, even when left unspoken. Hispanic adolescents, according to Julie, "[are] getting a lot of messages that they're seeing just by how their

parents are behaving. The drinking, alcohol, and the drug use, they don't have to say it, they see it."

The power of the spoken and unspoken messages of the family regarding alcohol and substance abuse was reiterated by Jose:

You might have [parents] abusing substances, alcohol and drugs, in front of the [adolescents]. Even though [the parents] think it's recreational, the [adolescents] are picking up on that. That's the way we celebrate, that's the way that we welcome the weekend, my dad's [going to] get blitzed....They see more of that, that message is out there, that this is what we do and [adolescents] are obviously [going to] do what the adults do.

Jose goes on to discuss the connection between Hispanic adolescents and family still residing in Mexico stating, "[In] Mexico the drinking age is supposedly 18, but basically they let anyone from 16 on up...get served." Hispanic adolescents from the middle schools go to Mexico for spring break, because they can gain access to alcohol and Jose says, "They were drinking with their older relatives."

Although Paul, Tom, Maria, Julie, and Jose clearly articulated that if alcohol and substance abuse was present in the family, Hispanic adolescents were at increased risk for the onset and development of alcohol and substance abuse. Linda, Sue, and Mike described how the powerful influence of the family on Hispanic adolescents can also be a protective factor.

Linda, who defined successful families as being ones that do not abuse alcohol and substances, expressed the protective factor aspects this way:

If there has been success in the past, then the potential for success for Hispanic families is excellent, because, again, of the protective factors...the family, the loyalty, the interdependence, and so on.

Sue expressed the protective factor aspects of families in which there was no abuse of alcohol and substances by saying, "If there's a tight, cohesive family, they could help each other." According to Mike, the most effective means of preventing the onset of alcohol and substance abuse was "a solid family...a mom and dad who don't drink and use themselves."

Summary

All participants characterized Hispanic-Americans as placing high value on family. Linda used the terms "loyalty" and "interdependence" and Sue used the term "cohesive" to describe relationships in Hispanic-American families. A family that did not engage in alcohol and substance abuse was presented as a protective factor for the onset and development of alcohol and substance abuse among Hispanic adolescents. In this circumstance, the importance of family and the values of loyalty, interdependence, and cohesion provided a protective family environment for Hispanic adolescents.

Conversely, families whose members engaged in alcohol and substance abuse modeled that behavior and communicated values that were accepting of alcohol and substance abuse. The presence of alcohol and substance abuse in the family was an identified risk factor for onset and development of alcohol and substance abuse among Hispanic adolescents.

Structure of the Family

Participants unanimously identified the structure of the family as a contributing factor for the onset and development of alcohol and substance abuse among Hispanic adolescents. They identified three different family structures. Two were potential risk factors and the third was a potential protective factor. The first family structure identified as a potential risk factor was the single parent family in which the mother was the only parent in the home. The second was a family structure with multiple parental figures, other than the biological parents, transitioning into and out of the home. Third, an intact family, in which both biological parents lived in the home, was the preferred family structure among the participants. They believed an intact family served as a protective factor for preventing onset and development of alcohol and substance abuse among Hispanic adolescents.

Linda, Paul, Sue, and Mike identified the broken family as a criterion they would use to identify Hispanic adolescents who may be at risk for onset and development of alcohol and substance abuse. Linda simply used the phrase “broken family.” Paul noted that, “they [Hispanic adolescents who were at risk] only have one parent.” Sue stated, “If it’s a single-parent household” then risk was increased. Mike focused on “the lack of a father figure” in the Hispanic adolescent’s life.

Tom noted that being disruptive in class was a criterion he used to determine if a student may be at greater risk for onset and development of alcohol and substance abuse. According to Tom, many of the disruptive students came from single parent homes:

We’ll find that it’s the mother who comes in and the mother is the basic parent. I think a lot of the Hispanic culture we see here in southern Arizona at least, is that

a lot of the Hispanic families, most of the child-rearing is left up to the mother.

And of course we have an inordinate amount, I think a percentage of students here are in single-parent families and sad to say, a lot, so many of those seem to be mothers that have to cope.

Tom points out that the disruptive behaviors demonstrated by the adolescent in the school were also present in the home. "It carries over into the home or starts there and carries over here." Tom made a clear link between disruptive behaviors in the classroom and the single mother's ability or inability to correct those behaviors.

Julie and Bill echoed Tom's point regarding disruptive students when asked about the criteria they used to identify a student who may be at increased risk for onset and development of alcohol and substance abuse. However, they identified a family structure for disruptive student in which the parental figures were extended family members or other adults. Julie stated, "A lot of times, too, it's grandparents raising the grandchildren, and they have the same problems with the students at home. They don't listen either and so it's a vicious cycle." Bill agreed:

I find that to be a problem too. Once you look into a student [who is] at risk, you take a closer look and when you can get a parent, or a tia/tio [aunt/uncle], or a grandparent, then usually they say, 'Oh, the [adolescent], he's doing the same thing at home.' So it reflects right back at the school.

Bill emphasized the impact that adults, other than the biological parents, who are transitioning into and out of the home, can have on Hispanic adolescents:

When you have a transient boyfriend who stays with a student's parents and then they end up taking off, and then an uncle comes [to] live with them who has a

substance abuse problem, and there's just a lot of transitory, negative influences in the [adolescents'] lives, then that reflects, they tend to mimic that type of behavior and then it shows up at the school sometimes.

The points being made by Julie and Bill were that family members or adults other than the biological parents were responsible for parenting and they lacked the consistency and the power to positively influence the adolescent's behaviors at home and at school. In some cases, the family members or other adults were modeling the disruptive behaviors, including alcohol and substance abuse, demonstrated by the adolescents at school.

When discussing adolescents who were at risk for onset and development of alcohol and substance abuse, Jose described family structures he viewed as problematic:

Single-parent or even grandparent, extended family raising the [adolescents] type of situation....A lot of the [adolescents'] parents were teen parents. So a lot of the [adolescents] were raised in houses where maybe their parents and grandparents lived....So they might only have one parent at home plus...grandma, grandpa type of thing.

According to Jose, the single parent family structure coupled with the help of extended family was a risk factor. However, the single parent family structure without the help of extended family was of greater concern to him. "A lot of our kids here, it's a single parent raising them and the parent's at work. The [adolescents are] latchkey kids." Jose noted that the lack of parental supervision provided by single parents created more opportunities for Hispanic adolescents to abuse alcohol and substances.

Jose also portrayed the two-parent or intact family structure as a protective factor. Jose felt that Hispanic adolescents whose parents were first generation immigrants had a

lower risk for onset and development of alcohol and substance abuse than Hispanic adolescents whose parents were second or third generation immigrants because recent immigrants were more likely to have an intact family structure. He said:

I think one of the reasons for [their lower risk] is a lot of the first-generation immigrants have both parents. The mom and dad both come, they both bring them to school, they register them. When we have conferences, both parents attend.... You don't see that as much with... the second or third generation Latino students.

Maria spoke of the protective aspects of family structure saying that the two-parent family structure was a protective factor. "Usually it's a two-parent family; it's the mom and the dad."

Summary

Participants identified three family structures as potential influencers for the onset and development of alcohol and substance abuse. Hispanic adolescents who were members of single parent families that did not have the support of extended family or other adults were considered to be at the highest level of risk. The single-parent family structure coupled with the support of transitory extended family and other adults also was identified as being a risk factor. However, the level of risk was less than that of the single-parent family which did not have support. The two-parent intact family structure was identified as a protective factor for onset and development of alcohol and substance abuse among Hispanic adolescents.

Supervision by the Family

Substance abuse counselors and Hispanic-American counselors identified the lack of parental or adult supervision as a risk factor for the onset and development of alcohol and substance abuse among Hispanic adolescents. These participants, Linda, Maria, Mike, Paul, and Jose, cited the single-parent family structure and both parents in the intact family structure working outside the home as reasons why parents may not be capable of providing adequate supervision. Of the remaining middle school counselors, Julie and Bill identified inadequate parental supervision as a risk factor, but Tom and Sue did not.

While discussing risk factors for onset and development of alcohol and substance abuse, Paul stated, “We see [adolescents] that are having little support at home either because both [of] their parents work or they only have one parent.” These circumstances lead to “little supervision” of Hispanic adolescents and place them at increased risk for onset and development of alcohol and substance abuse.

Linda picked up on the parents’ drive to get ahead and their materialistic values, resulting in both parents working outside the home:

There is a sense, I think, here of materialism and wanting to get ahead and both parents working. Again, I work too – not an indictment – but just kind of if you look at it objectively. I think it’s been hurtful for [adolescents] in our society that the parents, you don’t have one parent at home supervising the children.

The implication was that parents were placing greater value on economic gains than on their adolescents’ need to be supervised by a parent.

Maria described what can happen before and/or during the school day when no parents are available to provide supervision to adolescents:

They're going to somebody's house during the day. Then they're skipping classes and they're getting a reputation in the school as a pothead, as a trouble-maker, either because they come to school high and somebody smells it or because they are disrespectful to the teachers and somehow call attention to themselves in a negative sort of way.

Because the parents were not at home during the day, adolescents were able to abuse substances in the home rather than attend school.

Jose identified the lack of parental supervision as a weakness related to onset and development of alcohol and substance abuse:

The weakness here would be that, like I said a few minutes ago, we probably have more latchkey kids, so there's that unsupervised time. And it's not only in the afternoons, because in the mornings a lot of the parents leave earlier for work, they leave at 7:00, 7:30 and the kids are unsupervised [in the] morning, and then [in the] evening. So that would probably be a weakness—time when they can experiment. Like, with the alcohol.

He also identified being absent from school, during which time the adolescent is not supervised because the parents are at work, as a criterion for recognizing an adolescent who may be at risk:

Kids that are ditching, poor attendance is one [criterion]. Creating an even longer period of time that they're unsupervised. [The] morning and now the whole

school day and the evening. That lends one to believe that that kind of stuff could be possible...substance abuse, alcohol use.

Occasionally Mike was afforded the opportunity to talk with parents who were concerned that their adolescent was at risk for onset and development of alcohol and substance abuse. The concern may have been general or the parents may have noticed certain warning signs or symptoms in their adolescent's behaviors and attitudes. When those opportunities arose, Mike says he challenged the parents:

How are they protecting their [adolescents] from the realities? Do they really know where their children are, who their friends are, how they spend their time, where the money is going? Are they involved in sports, school activities, [and] church activities? You know, are your kids busy?

Mike's message was that if parents knew what their adolescent was doing, whom they were doing it with, and if adolescents were involved in activities that had adult supervision, they were at less risk for onset and development of alcohol and substance abuse.

Summary

Substance abuse and Hispanic-American counselors identified the lack of parental supervision as a risk factor for the onset and development of alcohol and substance abuse. These participants stated that the lack of parental supervision provided Hispanic adolescents with opportunities to experiment with and abuse alcohol and substances. Conversely, participants portrayed adequate parental supervision as having the potential to reduce the risk for onset and development of alcohol and substance abuse. They noted

that inadequate parental supervision frequently was present both in the single-parent and the intact family structures.

Stability of the Home

Middle school counselors identified instability of the home or transient families as a risk factor for the onset and development of alcohol and substance abuse among Hispanic adolescents. This risk factor was not mentioned by any of the substance abuse counselors. The phrase, transient families, refers to how often the families relocate from one domicile to another and the destabilization and stress this creates in the lives of Hispanic adolescents. Middle school counselors noted that frequent changes in domicile often led to poor academic achievement, which place Hispanic adolescents at greater risk for onset and development of alcohol and substance abuse. Middle school counselors were acutely aware of how often families changed domicile because one of their functions was to enroll new students in the school.

Sue identified “families in a lot of transition, moving a lot for various reasons” as a source of instability in the home that can undermine adolescents’ efforts to do well in school:

I’m just kind of surmising here, but I think some of it has to do with, the families are struggling to meet some basic survival needs, and to do that they, there tends to be a certain part of the population...that seems to be pretty transient. You know, if they can’t pay rent here, then they have to move to another place, or they move in with relatives. I think that that creates some sort of, not turmoil, but instability in the home setting so that students don’t really have necessarily a time or a place to study.

Sue presented transient families as a risk factor because of the direct connection she made between stability in the lives of Hispanic adolescents and their ability to be successful academically and stay engaged in school.

The middle school where Tom works had a significant number of students who, for various reasons, lived in group homes. “We have probably 50 or 60 students here in that situation...we have people coming in all the time, [and] there are people leaving.” As with Sue, Tom’s emphasis was on the instability that frequent changes in domicile and the school being attended created in the lives of Hispanic adolescents.

Julie noted that the community where her middle school was located had “apartments after apartments. Very low rent accommodations and [families] are moving in and out all the time.” These frequent moves impacted Hispanic adolescents’ enrollment histories and the ability of the school to educate them:

You look at some of our students, their enrollment history, they’ve been in and out of schools four or five times. And then, too, a lot of our students coming from Mexico, who are in our bilingual ESL [English as a Second Language] program, some of them haven’t been to school consistently.

Bill continued Julie’s thought. “There’s no enrollment history. We don’t get records from [adolescents] that are coming up from Mexico.” Julie and Bill framed the problem of transient families in the context of its impact on Hispanic adolescents’ ability to perform in school and the school’s ability to meet Hispanic adolescents’ academic needs.

Jose was troubled by what he called the mobility rate of Hispanic-American families. The school where he worked experienced a significant turn over of students on a yearly basis:

We have about a 50% mobility rate....That's kids coming in or out of the school, the school district. So in other words, they're saying at the beginning of the year in a class that has 30 kids, by the end of the year it still might have 30 kids, but almost 15 of them are new. So they have lost 15 kids from the original day that school began and they have gotten 15 more kids in to replace them.

Jose felt that Hispanic adolescents needed stability throughout the school year in order to stay engaged in and attached to school.

Summary

Stability of the home was presented as a risk factor based on the instability and stress that frequent changes in domicile created in the lives of Hispanic adolescents. These frequent changes in domicile typically resulted in the adolescents making frequent changes in the school they attended, leading to disruptions or gaps in the academic year and potentially poor academic achievement. Middle school counselors related the instability, stress, and potential for academic failure to an increased risk for onset and development of alcohol and substance abuse among Hispanic adolescents.

Academic Achievement

All of the participants in this study identified poor academic achievement as a risk factor for the onset and development of alcohol and substance abuse among Hispanic adolescents. Participants recognized that dropping out of school was a significant event that represented increased risk for Hispanic adolescents. Participants previously cited the substantial negative influence of instability of the home and inadequate supervision by the family on Hispanic adolescents' academic achievement. Additionally, participants

cite families not valuing or emphasizing the importance of education as potential reasons for poor academic achievement among Hispanic adolescents.

Jose described the interwoven connections between alcohol and substance abuse, inadequate supervision by the family, poor school attendance, and academic achievement:

I think, along with the poor attendance, giving them more time to do those types of things [use alcohol and substances] that obviously impacts their academics. So, I don't know if it's poor academics, which leads to poor attendance because they think they can't keep up, or poor attendance leads to them falling behind. So, I mean [academic achievement] could be a factor also....If they've got lower grades, they probably have worse attendance, there's probably less supervision at home, so more substance abuse.

The most significant aspect of academic achievement noted by Jose was the increase in unsupervised time available to Hispanic adolescents who were frequently absent from school or who had dropped out of school.

When Mike was asked to identify weaknesses among Hispanic adolescents regarding alcohol and substance abuse, his first response was, "A lack of education." Later in the interview, Mike was asked to identify risk factors for alcohol and substance abuse among Hispanic adolescents. He noted the commonality of educational experience among his clientele across ethnicity. "Well, most of the Hispanic people that I see go to the same schools as the Anglo people. So, they're all attending good schools for the most part." When asked, "Are [Hispanic adolescents] performing and staying in school?" Mike answered, "No. So in that regard I guess there is a difference" between Caucasian and

Hispanic adolescents. The differences were that Hispanic adolescents were getting lower grades and dropping out of school at higher rates than Caucasian adolescents.

Sue raised the topic of poor academic achievement in three different portions of the interview. Early in the interview, Sue stated, “Well the most significant issue is lack of achievement. Lack of academic achievement.” This was presented as being true for all of the students at her school. When asked to specifically identify weaknesses among Hispanic adolescents regarding alcohol and substance abuse, the importance of valuing or emphasizing academic achievement topped her list. “Well, the weakness just, again, maybe in some cases the absence of emphasis on education.”

The criteria that Sue used to identify Hispanic adolescents who may be at risk for onset and development of alcohol and substance abuse began with and focused on academic achievement. “Well, of course, high absenteeism, failing grades.” After listing several other factors, Sue returned to academic achievement. “I think the red flags are missing a lot of school [and] grades are not good.” The core of Sue’s comments was that Hispanic adolescents who do not do well in school or do not attend school on a regular basis are at increased risk.

Maria also emphasized the role of the family valuing the importance of academic achievement. The value placed on education was a criterion Maria used to recognize Hispanic adolescents who were at risk for onset and development of alcohol and substance abuse. Maria explained why:

Well, I think if there’s a value in the family of education...everything that I’ve seen is a lot of Hispanic [adolescents] whose parents work very hard and so they don’t want their [adolescents] to work that hard. So, they’re pushing education all

the time and usually if [an adolescent] doesn't have that, he kind of goes by the wayside. He's kind of, 'Oh, well, no one is concerned about what I'm doing, so I can do whatever I want.' And then there's no goals and then you have these [adolescents]...just floating, wandering aimlessly, not knowing [or] feeling connected to anything. [They're] not really recognizing any values that they have and the drugs will take over. They'll get hooked up with the wrong people, wrong situations, especially with the marijuana....They think that it's natural, it's perfect, it doesn't cause any problems. But, the problems that I do see are the amotivational syndrome....The [adolescents] don't care if they go to school, they don't care if they mess up on probation. They just don't have any motivation and they don't care about anything.

The message communicated to Hispanic adolescents by families not valuing the importance of education was that Hispanic adolescents were not important as individuals. A downward spiral ensues in which Hispanic adolescents lack the necessary values to avoid abusing alcohol and substances.

Maria was surprised by the number of Hispanic adolescents who fit this description and who had dropped out of school:

A lot of them have [dropped out of school]. I'm surprised...I'm not used to seeing [adolescents] that made a decision to drop out [of school]. I'm like asking, well, why? What was it that they didn't stay in school? And a lot of those [adolescents] have had some real traumatic experience[s] where they just either felt ashamed to go back to school, or that they were getting behind in school and it's a, you know, this is hopeless.

Maria went on to discuss the current benefits of charter schools, their flexible schedules, the opportunities they afforded Hispanic adolescents to stay in school, and the positive influence that education could have in their lives if they and their families valued the importance of an education.

Julie, along with Sue and Maria, expressed concerns about Hispanic adolescents and their families who do not emphasize or value the importance of an education:

I think a lot of them don't have goals and...their attitude is a big part of that and that's a big reflection on what life is like at home. They don't have that kind of role modeling or encouragement, because a lot of them really don't care about their education.

Hispanic adolescents' attitudes, goals, and values are derived from home life, which is a reflection of their families' attitudes, goals, and values.

When working with Hispanic adolescents who have begun involvement with alcohol and substances, Bill pointed out the correlation with academic achievement. "One of the patterns that we talked about earlier was they will usually have failing grades. It just so happens to be that those students don't do well academically." For Bill, poor academic achievement could lead to alcohol and substance abuse or be an indicator that alcohol and substance abuse was occurring.

Linda identified not being successful in school and not staying in school as key criteria for recognizing Hispanic adolescents who were at increased risk for onset and development of alcohol and substance abuse:

Now, in terms of being high risk... [an adolescent] without goals, [an adolescent] who is not attending school, because in our society, like it or not, school is the

way that we learn and learn how to fit into society and learn how to get ahead and learn how to follow the rules.

Linda went on to clarify what not attending school meant:

...dropped out. Yeah, unfortunately, in our situation we see very few [adolescents] who have already graduated. We see a couple....We see a large percentage not in school, but mostly it's because they've been suspended, haven't gotten in anywhere else, or it's because they've dropped out.

For Hispanic adolescents who are still attending school, Linda noted some warning signs to be aware of in assessing their risk for onset and development for alcohol and substance abuse:

If they're attending school, but they're feeling like they can't keep up, tremendous risk, tremendous. Because, again, if they don't feel like they fit, if they don't feel like they're being successful in school, it's [as] if somebody doesn't scoop in and help them out, they'll lose interest and drop out or create a problem and be kicked out. It can occur either way.

Staying in school and being successful in school positively impacted the adolescent's academic achievement, future job opportunities, and self-esteem resulting in lower risk for onset and development of alcohol and substance abuse. Linda and Bill agreed that dropping out of school and poor academic achievement place Hispanic adolescents at increased risk for alcohol and substance abuse or indicated that abuse was occurring.

Paul felt that staying in school and being successful in school were the best strategies to prevent onset and development of alcohol and substance abuse:

Keeping [adolescents] occupied has been forever a good prevention strategy....Once [adolescents] start to falter in school and quit attending school, then there's a high correlation between dropout, crime, and drug and alcohol use. So, I think the challenges are...keeping them busy, keeping them involved in school, and productive in school.

Professionally, Paul presents seminars at conferences and in schools on the topic of adolescent alcohol and substance abuse. Two of the most important messages he communicates at these seminars are early identification and the value of academic achievement. The symptoms for early identification of alcohol and drug abuse are:

Well, we have [an adolescent] that we would see having [a] dramatic decrease in [his] school function. So, we see something going on with the [adolescent], he's doing pretty well and then all of a sudden we see C's go to F's or B's go to D's. So, we see sort of a drastic drop off in school performance.

Paul also stated that the adolescent may be "more sullen" and "more sleepy." Teachers were identified as being good resources for early identification through their daily interaction with students.

Regarding the value of academic achievement and staying in school for preventing onset and development of alcohol and substance abuse, Paul stated:

The other thing that I would really encourage is just to continue to identify for them [teachers, school administrators] how important it is to get [adolescents] to buy into school. Because if they start to really get out of the educational process, then they become so high-risk for all of the other stuff [alcohol and substance abuse] that will happen if we lose them academically.

Tom identified gang membership or an aspiration to be in a gang as criteria for recognizing adolescents at risk for onset and development of alcohol and substance abuse. He characterized gang members and “wannabe gang members” as demonstrating disruptive behaviors in the classroom and having a lack of respect for authority figures in the school. Both of these behaviors lead to poor academic achievement and increased risk for onset and development of alcohol and substance abuse:

From what we've seen [gang involvement] tends to get their mind, of course, off of school work, class work. They're usually our most often referred to the office students. They're the ones that have probably the most failing grades in the classes....We look at the wannabe gang members as being generally disruptive or non-participatory in class and so they're generally the ones who do have poor academic performance.

Tom's profile of a Hispanic adolescent at risk for alcohol and substance abuse included poor academic achievement, being disruptive in class, lacking respect for authority, and being involved or interested in gangs.

Summary

Participants stated that Hispanic adolescents with poor academic achievement were at increased risk for onset and development of alcohol and substance abuse.

Participants portrayed Hispanic adolescents with poor academic achievement as: (a) having inadequate supervision, (b) moving often, (c) having families that did not value education, (d) having poor attendance at school, and (e) being disruptive and disrespectful in school. All participants agreed that poor academic achievement,

epitomized by dropping out of school, was a risk factor for and an indicator of onset and development of alcohol and substance abuse among Hispanic adolescents.

Peer Relationships

Study participants unanimously identified negative peer relationships and their ultimate manifestation, gang involvement, as contributing factors for onset and development of alcohol and substance abuse among Hispanic adolescents. Family, contingent upon its attributes, had the opportunity to either diminish or increase the affects of negative peer relationships on Hispanic adolescents. Julie, Maria, Sue, Linda, and Tom all focused on family influence when discussing peer relationships. Paul and Mike attributed increased influence of peer relationships in Hispanic adolescents' lives to poor academic achievement. Jose described the behaviors of gang members and their increased risk for alcohol and substance abuse, but did not discuss reasons why Hispanic adolescents may become involved in gangs.

Julie noted that most Hispanic adolescents are closely connected with their families and each other. However, there are times when Hispanic adolescents "get in with the wrong group of kids and their loyalty switches from maybe mom to their friends and what they're doing." Bill listed some of the reasons why Hispanic adolescents may move away from family and towards negative peer groups and gang involvement:

Teenagers want two things. They want to have friends and they want to have fun. So wherever that can be provided for them is the direction that they go in. And with the family instability, family dynamics are complicated, so it's hard to talk about this in a short meeting, but it's my belief that people are social beings by nature. We need that connectedness. And when they don't have it at home

because of the transitory rate, parents or step-parents, boyfriends, girlfriends, aunts, [and] uncles coming and going, they will connect with gangs. Or even if it's not legitimate gangs, it's just the idea of being in a gang. The rumor of a new gang forming that never forms will still attract [adolescents] to hang out with certain [adolescents].

According to Bill, due to instability and poor relationships, the family served as a risk factor for gang involvement. The sense of belonging, connectedness, and significance Hispanic adolescents could experience in the family was absent. Thus, the likelihood of gang involvement and the potential of having gangs meet those basic human needs were increased. Julie and Bill stated that gang involvement was a “negative influence” on Hispanic adolescents, placing them at increased risk for onset of alcohol and substance abuse.

Maria also recognized the value of cohesiveness in Hispanic-American families and how this family value results in Hispanic adolescent's peer group being comprised of extended family members. Maria presented this as a risk factor when members of the family are involved in alcohol and substance abuse. She noted that for Hispanic adolescents, “there's more of a family connection in terms of drinking, in terms of maybe using drugs” and that Hispanic adolescents were:

getting involved or getting introduced to the drugs with their cousins, because that's who they predominantly hang out with. And there's that push for family and so that means that you don't really have a lot of friends. You have cousins and so that's where that comes in.

Although the presence of alcohol and substance abuse in the family was a risk factor for onset and development of alcohol and substance abuse, Maria was concerned about the increased risk factors associated with disengagement from the family and gang involvement. When identifying risk factors for onset and development of alcohol and substance abuse Maria stated, “Gang activity. If they’re disengaged from their families, usually that spells trouble.” Maria went on to state that the combination of disengagement from family, gang involvement, and alcohol and substance abuse leads to getting “hooked up with the wrong people, [and the] wrong situations.”

Maria, Julie, and Bill described families whose attributes increased Hispanic adolescents’ likelihood of succumbing to the influences of negative peer relationships and gang involvement. In these cases, the family itself was a risk factor. Conversely, Sue and Linda described families whose attributes served as a protective factor shielding Hispanic adolescents from the influence of negative peer relationships and gang involvement.

Sue noted the positive values held by Hispanic-American families and reflected on her experience with them. “I just found a lot of warmth and cohesiveness, a sense of family and joy in family being together and acceptance.” These were protective factors that could be lost when Hispanic adolescents were influenced by peers. Sue felt that first generation Hispanic adolescents were more vulnerable and susceptible to peer-influence:

Children of recent immigrants to the United States tend to pick up the worst habits of their peer group. So that might have something to do with it....Teenagers or pre-teens that are feeling kind of vulnerable anyway because they’re not feeling acculturated...might tend to pick up the bad habits.

Sue portrayed the family as a place of security and belonging that served as a protective factor. Hispanic adolescents who don't feel that sense of security and belonging in the family may seek them in a negative peer group. Then they may adopt the negative behaviors of that group including alcohol and substance abuse.

Linda also focused on the protective factors of the family that Hispanic adolescents lose when they disengage from the family and the risk factors associated with negative peer relationships and gang involvement. Imbedded in Linda's statements was the assumption that the family was not involved in alcohol and substance abuse:

Because, to me, what they would be moving away from, what's positive and healthy for them, is again, the family values; the spirituality, the respect, the loyalty, [the] we're in this together...we're going to stay together, and we're going to overcome kind of [belief].

To Linda, the interdependence and the closeness of Hispanic-American families was "a good thing" that could protect Hispanic adolescents from the risk factors for onset and development of alcohol and substance abuse associated with negative peer relationships and gang involvement.

Tom identified gang involvement as the most significant risk factor for onset and development of alcohol and substance abuse among all ethnic groups. "Probably the biggest [risk factor] for any of the ethnic groups would be the gang...influence." He noted that gang influence is more prevalent though among Hispanic adolescents. "Probably more prevalent for...Hispanic [adolescents]." When asked to identify the criteria he used to recognize Hispanic adolescents who may be at risk for onset and

development of alcohol and substance abuse, Tom stated; “Well the first thing that comes to mind is probably, again, the gang affiliation or wannabe gang affiliation.”

Adolescents involved in the gang subculture demonstrated attitudes and behaviors in the classroom that were problematic and antisocial:

They’ll come in and they’ll kind of withdraw rather than want to talk. And kind of speak in short, terse replies. Kind of speak out against whoever it is that they’re, really kind of vitriolic in some of their language. A lot of times, I’ll just say attitude and I know that can bring in a whole lot of things, but they come in antisocial. I think maybe that would be the best way to describe it, antisocial.

Tom further stated:

They tend to be disruptive in the classroom; they tend to be kind of loners out on the school grounds unless they’re with another person who is of the same [gang]. [They] tend to have an attitude, or chip on the shoulder, tend to have...an attitude against authority.

Tom believed that students needed to stay connected with people and institutions that were positive influences in their lives such as family, religion, and school. He viewed the antagonistic and antisocial attitudes of gang involved youth as an indicator that they were moving away from those positive influences and towards the negative influences of the gang subculture, consequently placing the gang involved Hispanic adolescent at greater risk for onset and development of alcohol and substance abuse.

Paul felt that the influence of negative peer pressure and gangs was increased in Hispanic adolescents’ lives if they experienced poor performance in school coupled with low self-esteem. “We end up with [an adolescent] in a system that has a compromised

self-esteem, [who] turns to more self-destructive peer groups and subcultures to feel esteemed, like gangs or drug subculture, and then we've created some problems." Mike made a similar connection:

A lack of education, of meaning, and a sense of almost helplessness that this is their life. The whole connection to gangs, drug and alcohol use. It's almost like there's an acceptance that this is the way it's supposed to be.

Paul and Mike stressed the need for Hispanic adolescents to have a healthy self-esteem, to feel that they can be successful, and to have hope for their future in order to combat the influences of negative peer pressure and gangs.

Jose noticed an increase year over year in the negative influence of gangs and in gang activity at his middle school:

Last year...I saw very, very little gang influence at this school. This year it's a whole different story. [Adolescents] that move in, [adolescents] coming into sixth, not so many of that, mostly new kids that move in to the neighborhood are bringing this kind of stuff. Some [adolescents] come from California; some [adolescents] come from other parts of [Pima County]. You can see the influence [in] the way they dress....You can still see...okay, that kid is gang related, that kid is not.

The negative influence that gang involvement has on students was manifested in their attitudes and behaviors that were disruptive and aggressive:

We have people in groups going up to other either individuals or groups and trying to intimidate or threaten them. Both males and females. We have seen an increase in graffiti, not so much on school buildings or school property, but on

individual things....You see [adolescents] doing gang handshakes, you become aware of that. And like the attitude, the defiant attitude, the get in somebody's face attitude.

The net result of these attitudes and behaviors was a greater likelihood of early involvement with alcohol and substance abuse. "Also, [adolescents] that are gang involved tend to experiment [with alcohol and substances] earlier than [adolescents] that aren't."

Summary

All participants agreed that Hispanic adolescents involved with negative peer relationships and gangs were at increased risk for alcohol and substance abuse. Instability in the family, poor family relationships, the presence of alcohol and substance abuse in the family, and disengagement from a healthy family increased the influence of negative peer relationships in Hispanic adolescents' lives and increased their risk for onset and development of alcohol and substance abuse. Poor academic achievement and low self-esteem were also cited as reasons for increased influence of peer relationships and gang involvement.

Summary

Study participants identified six contributing factors for the onset and development of alcohol and substance abuse among Hispanic adolescents. The first four contributing factors, presence or absence of alcohol and substance abuse in the family, structure of the family, supervision by the family, and stability of the home, focused on attributes of Hispanic adolescents' families. The last two contributing factors, academic achievement and peer relationships, were not attributes of the family. However,

participants portrayed the family as having substantial influence on these contributing factors. The family was depicted as having the potential to be a risk or protective factor for onset and development of alcohol and substance abuse among Hispanic adolescents.

The attributes of family depicted as being risk factors were: (a) alcohol and substance abuse among family members was prevalent, (b) a family structure in which a single-parent or multiple inconsistent parental figures were present in the home, (c) parental supervision was inadequate, (d) frequent changes in domicile occurred, and (e) education was not valued. Generally, participants agreed that Hispanic adolescents in these circumstances were also characterized as having poor academic achievement, being more susceptible to the influences of negative peer relationships and gang involvement, and being at greater risk for onset and development of alcohol and substance abuse.

The attributes of family depicted as being protective factors were: (a) family members did not abuse alcohol and substances, (b) an intact two-parent family structure, (c) parental supervision was adequate, (d) stability of domicile, and (e) valuing education. In these circumstances, the traditional Hispanic cultural value of *familismo* or the importance of the family, enhanced academic achievement, diminished the influence of peer relationships and gang involvement, and protected Hispanic adolescents from potential onset and development of alcohol and substance abuse.

Research Question #2

What factor or factors do select counselors identify as contributing to the efficacy of prevention and treatment programs for alcohol and substance abuse?

This section presents the factors identified by select counselors as contributing to the efficacy of prevention and treatment programs for alcohol and substance abuse among

Hispanic adolescents. All study participants attested to the necessity for families to be involved in prevention and treatment programs. The contributing factors were expressed as barriers to family involvement in programs. The barriers were language, extending trust, and limited financial resources.

Prevention programs discussed by middle school counselors included those that addressed poor academic performance, provided education about alcohol and substances, and taught decision making and life skills. Substance abuse counselors' prevention programs included providing education about alcohol and substances to families, communities, and professionals through workshops, seminars, and speaking at conferences.

Middle school counselors did not provide treatment specifically for alcohol and substance abuse. If treatment was required, referrals to community agencies were given to Hispanic adolescents and their families. The families were then responsible for appropriate follow through. Substance abuse counselors discussed a variety of outpatient treatment programs that included individual counseling, family counseling, groups of adolescents, family groups, and workshops.

Necessity for Family Involvement in Programs

Family involvement in prevention and treatment programs for alcohol and substance abuse was identified by all participants as being instrumental to Hispanic adolescents' success in these programs. The lack of family involvement in prevention and treatment programs limited middle school and substance abuse counselors' efforts to provide services and negatively impacted Hispanic adolescents' outcomes.

Middle school counselors were most actively involved with students who were deemed to be at risk for poor academic performance or potential failure. In this circumstance, Julie's first action was to involve the parents in the process. "We try to get their parents involved as much as we can with parent-teacher conferences so we can have a partnership so that we can all be working together. So that home element is big." Bill agreed, "You're right. Without that [parental involvement] we can only go so far. Our hands are tied unless we can get the parents involved with their student's academic concerns." For Julie, parental involvement was "crucial" to success "because you've got to treat the family."

Much of Tom's daily activity involved scheduling and participating in up to fifteen parent-teacher conferences in a given week. The parent-teacher conferences may be related to academics or "crisis counseling." While describing a typical day at work, Tom mentioned parent-teacher conferences six times. Tom's goal was to have parents actively involved in remediating situations that were negatively impacting Hispanic adolescents. These situations placed them at risk for academic failure, which in turn placed them at increased risk for alcohol and substance abuse.

When identifying contributing factors that may interfere with the prevention or treatment of alcohol and substance abuse among Hispanic adolescents, Sue stated, "If their family is in denial about [Hispanic adolescents'] abuse of substances." Denial by the family led to a lack of follow through. "When we do have some services set up for counseling outside of the school or tutoring in the school, follow-through [is a problem]." Sue was concerned about families' willingness and ability to follow through on her recommendations and referrals for Hispanic adolescents who were identified as being at

risk. Sue connected the families' willingness to their beliefs and values related to alcohol and substance abuse. The families' ability to follow through was connected to inadequate financial resources.

After Sue summarized her comments regarding family involvement in programs, I stated, "So the family can make or break them...is what I'm hearing you say." Sue's response was, "Yes, that is good. Thank you." Sue's point was that having families actively involved in programs could ameliorate or compensate for other identified risk factors, such as having a low socioeconomic status, which may be present.

Family involvement in programs was equally important to substance abuse counselors. Maria used the level of family involvement and support as an early assessment tool for Hispanic adolescents who came for alcohol and substance abuse treatment:

The first thing I'd want to know is, "Are the parents going to be involved?"

Because a lot of times that makes it or breaks it. The kind of support we have...the more support you have the better you do in treatment....So, that's one of the big things that I would identify is family support.

Family involvement in treatment for alcohol and substances was important to Maria because, "The more people I have in here, the more the adolescent feels supported, and not only that, but the more information I get about the family and about the adolescent." More support and information increases the Hispanic adolescents' chances of success in treatment programs.

Paul viewed obtaining family involvement as a significant challenge for program delivery and efficacy. "So the biggest challenge we have among [Hispanic adolescents] is

getting the families involved.” Paul reiterated this later in the interview. “I think the challenges mainly sort of center around getting the families engaged in the process.”

Paul’s model for treatment of alcohol and substance abuse involved pointed efforts to engage the family in their environment:

I would go and do my therapies in the homes and the neighborhoods, really understanding sort of the challenges that those kids are faced with. And I think the other thing that I’ve learned is how to sort of join where the parents are at and sort of not judge or blame or shame them, but try and sort of engage them, recognizing that sometimes they come from really difficult financial situations and coming to group is not a high priority. And instead of being judgmental about that, saying how can we work with you? So that we can find a way for you to be here and not disrupt your life. Instead of saying you [have to] be here. So it’s really engaging the families and spending a lot of time around that.

Paul attempted to bring the treatment program to the family rather than require them to come to the program to increase the likelihood of family involvement.

Most of the Hispanic adolescents who came to Mike’s agency for alcohol and substance abuse treatment were court ordered through the Juvenile Justice Court system. Mike expressed some frustration regarding the lack of family involvement at his agency. “What I find most people do is that they’ll drop their [adolescent] off and then pick them up.” His preference was to have the family involved in treatment so that issues related to the family system could be addressed and then the family could be a resource and support for the adolescent’s progress in the program. If Mike could change the process, families

would be more involved in alcohol and substance abuse treatment for Hispanic adolescents:

I'd be doing a whole lot more family counseling than individual counseling.

Family counseling really, I know there are therapists in [Pima County] who will only see [an adolescent] if the family participates. If that were the case, I'd probably only see about four or five [adolescents] a year.

Linda and Jose felt that family involvement in programs was essential and they discussed their efforts and ideas to remove barriers to their involvement. Both recognized that being monolingual Spanish was a barrier to involvement in programs that are predominantly provided in English. They sought to address this issue through bilingual and bicultural staff members who could translate for monolingual Spanish speakers. Their goal was to help monolingual Spanish speaking families feel that they were respected and an integral component of the process.

Summary

Family involvement in alcohol and substance abuse programs was depicted as a vital component that improved the likelihood of Hispanic adolescents having successful outcomes. Family involvement in prevention and treatment programs provided more information, resources, support, and encouragement to counselors and Hispanic adolescents. Conversely, the lack of family involvement in programs limited the efforts of counselors to provide services and negatively impacted Hispanic adolescents' outcomes.

Barriers to Family Involvement in Programs

The factors that may interfere with efficacy of prevention and treatment programs for alcohol and substance abuse were characterized as barriers. The barriers represented difficulties that needed to be overcome for Hispanic adolescents and their families to participate in these programs. All participants recognized that language, specifically being a monolingual Spanish speaker, was a barrier to involvement in prevention and treatment programs that are delivered predominantly in English. Substance abuse counselors identified Hispanic adolescents' and their families' inability to extend trust to them as counselors and to the counseling process as a barrier. Caucasian counselors identified having limited financial resources as a barrier to family involvement in programs.

Language

Participants unanimously identified language, specifically being a monolingual Spanish speaker, as a barrier to family involvement in prevention and treatment programs for alcohol and substance abuse. This was true for Hispanic adolescents and their family members. Hispanic adolescents are required to learn English as part of their middle school curriculum and acquire some proficiency in English. However, older family members tend to remain monolingual Spanish and translators are required for them to be involved in programs.

Middle school counselors' primary prevention program for alcohol and substance abuse was to partner with students and their parents who demonstrated poor academic achievement. Middle school counselors' goals were for Hispanic adolescents to stay involved in school and be successful in school. For Hispanic adolescents and their

families who were not proficient in English, language was a barrier to achieving those goals.

Tom noted that a substantial number of the Hispanic adolescents in the middle school were first generation immigrants from Mexico who knew very little English:

Here at [the] middle school we have not just some of the Latino or Hispanic group of students...but we have a lot...who come directly from Mexico [with] very, very little, if any English in their vocabulary. And so we, of course, we're one of the schools in [the] district who have a good sized population of limited speaking English students.

Jose had a similar situation at his middle school with first generation immigrants and Hispanic adolescents with limited abilities in English. "A big issue is our ELL students, English Language Learners. Basically recent immigrants. Probably around 100, 150 students that are probably monolingual Spanish and are just acquiring English."

Hispanic adolescents in the middle schools were required to learn English and to attend core content classes that were only offered in English. Bill points out that some may attend English as a second language (ESL) classes that were also taught in English. "We have two ESL teachers and our ESL teachers are not required to speak Spanish, even though 70 percent of the school is Hispanic....They just have to have an endorsement in order to teach ESL."

Jose described the plight that monolingual Spanish speaking adolescents experienced in the middle schools:

The issues regarding them is they need a lot of help in the classroom. We do have an ESL component. However, the beginners only get two periods of that and the

intermediate or advanced only get one period. So four of their other classes are going to be in English. And for the other students [intermediate or advanced], five of [their classes] will be in English. So basically, that's a struggle. That's one of the issues affecting the students.

Obviously, until they gained some proficiency in English, their ability to realize academic achievement in core content classes was severely limited as were middle school counselors' efforts to help them.

Sue was concerned about the downward spiral that can result from Hispanic adolescents not being proficient in English and who struggled academically:

Some students who are not English proficient might become frustrated educationally and that might be one aspect of what frustrates them about education. Certainly if you don't understand what's being taught and you're not doing well, you know, it kind of spirals downward.

Linda, a substance abuse counselor, made similar observations stating that if "they feel like language wise they can't cut it or reading level wise, skill level wise, they can't cut it...they drop out" of school. The downward spiral referred to began with not being proficient in English, which could lead to poor academic achievement and dropping out of school, both of which were identified by participants as risk factors for onset and development of alcohol and substance abuse among Hispanic adolescents.

Linda, Maria, and Mike noted that over time, Hispanic adolescents tend to gain proficiency in English. However, their parents and other family members tend to remain monolingual Spanish speakers. Parents who were monolingual Spanish speakers had a

language barrier to involvement in prevention and treatment programs due to program content being offered predominantly in English.

Mike focused his comments about language on the power reversal created in families when Hispanic adolescents learn English and their parents do not. Mike felt that this power reversal led to Hispanic adolescents not respecting or submitting to the authority of their parents. He cited this family dynamic as one reason why families do not participate in programs.

All participants, excepting Mike, recognized the necessity for bilingual staff and or translators to address the barrier of language. However, participants stated that bilingual staff and translators were not always available. Participants also noted that barriers to family involvement in programs remained even with the use of bilingual staff and translators.

Paul clearly articulated that monolingual Spanish speaking parents faced barriers involvement in programs for alcohol and substance abuse:

We have most of the clients that we serve speak English. But many of their parents don't speak English. So, typically, I think language does become a barrier and we will have, usually a staff [member] that's bilingual in the group. But the primary group format is in English and then there's some interpretation on the side going on. But I think, especially for the families, it creates some barriers.

The content of the group session was translated for monolingual Spanish speaking parents, if a translator was available. However, the parents were not full participants in the session because of the language barrier.

Maria noticed the barriers created by conducting sessions in English while knowing that some of the family members present were monolingual Spanish speakers. The hazard was that translators and or bilingual therapists were not always available. This circumstance could leave monolingual Spanish speaking family members feeling left out and not respected:

Another thing I noticed is sometimes we have families who are Spanish speaking within the group for instance and if you don't have somebody to translate, that leaves the families in there unable to understand whatever the therapist, this is usually with a therapist who is not bilingual, but we do use translators, and for one reason or another the translator is not available. Well you know, you don't want to say all the people who speak Spanish need to leave because the translator is not here. That makes those people feel like second class citizens and so you're not [going to] get enthusiasm, motivation and a buying into if you don't treat people with respect, because of course that's part of our culture.

Maria felt that not providing a translator for monolingual Spanish speaking family members was a violation of the traditional Hispanic cultural value of respect. If these family members did not feel respected and could not be actively involved in group sessions due to language barriers, then they were not likely to follow through with the treatment program.

In her role as clinical director of treatment programs in a public mental health agency, Linda sought to remove the barrier of language for monolingual Spanish speaking families:

I really believe in providing treatment, and for our monolingual [Spanish] families and not just a second-rate or just fill-in this way. I'm really striving, I'm not saying we're perfectly there yet, but to provide full treatment and addressing their needs with bicultural staff. I think that's important. Education, education in Spanish.

Linda recognized that if "mom's monolingual [Spanish], that, unfortunately, can put them [Hispanic adolescents] at risk."

Providing interpreters or translators to assist with monolingual Spanish speakers was a challenge for the middle schools as well. According to Jose, the middle schools were "under mandate...to provide a trained interpreter for any event that a parent or student requests" to have an interpreter present. Tom and Jose pointed out the high numbers of Hispanic adolescents in their schools who were first generation immigrants. Both the adolescents and their family members spoke little if any English upon enrollment in the school.

After discussing some of the programs she would like to implement to educate parents about alcohol and substance abuse, Sue was asked how the issue of monolingual Spanish speaking parents would be overcome:

Well, we'd obviously have to draw upon our staff and faculty that are bilingual or bring in resources. [The] district has a Hispanic studies department. I can see them being a partner for sure. So we'd obviously have to utilize other resources than what we just have here at the school.

Julie pointed out that even second and third generation parents are not learning English. "It's amazing how the parents aren't learning English. Their kids, the kids are

[bilingual] and the parents aren't." Bill agreed stating, "I'm surprised that some of the kids have picked up English, which apparently is a very difficult language to learn....But the parents rarely, they're mostly monolingual Spanish speakers." Julie noted that the middle school provided interpreters for monolingual Spanish speakers. However, middle school counselors also recognized the limited availability of trained translators.

Hispanic-American counselors believed that having translators was an important component to overcoming the language barrier for involvement in programs faced by monolingual Spanish speakers. However, Maria and Jose felt that more should be done to eliminate the language barrier. They recommended having program materials available in Spanish that were written from the perspective of Hispanic-American culture.

Jose suggested that providing materials in Spanish would make it easier for parents to be involved in Hispanic adolescents' experiences and lessons they were learning in middle school, including those about the dangers of alcohol and substance abuse:

Awareness in this part of town or in our state even to provide material in Spanish also. Even though we can't give lessons in Spanish, we can give literature to kids and parents in Spanish to make them aware of it....when you go into the classroom and you give them homework, have something that accompanies the lesson, but in Spanish, that their parent can read and also reinforce at home as part of the lesson.

Jose felt these suggestions could benefit Hispanic adolescents' who were not yet proficient in English and their monolingual Spanish speaking parents' efforts to support them:

The student could obviously use it also, but the parent would be able to reinforce it with them if they also have it in Spanish. Because if you just send it in English, the [adolescent] is learning English and the parent has no clue in English, that's going to be lost.

Maria suggested going beyond the use of translators for group sessions and translations of English based program materials into Spanish:

I think another thing, we should have just specialized groups for Spanish speaking parents. We shouldn't have translators. We just should have curriculum for Spanish speaking families, which we really don't. We translate. I translate.

For Maria the "ideal" curriculum for monolingual Spanish speakers would be in Spanish, written from a Hispanic-American viewpoint, and have culturally relevant examples, illustrations, and terminology. Maria's goal was to have a treatment program offered totally in Spanish to remove language as a barrier to family involvement in programs.

Summary. Participants identified language, specifically being a monolingual Spanish speaker, as a barrier to family involvement in prevention and treatment programs for alcohol and substance abuse. Hispanic adolescents who were not proficient in English faced barriers to participating in prevention programs offered by the middle schools. These prevention programs focused on helping Hispanic adolescents be successful in school.

Monolingual Spanish speaking parents had to work through translators, when they were available, to be involved in prevention and treatment programs. This was true for programs offered in the middle schools and through substance abuse counselors.

Hispanic-American counselors suggested the provision of programs completely in Spanish to eliminate the language barrier.

Extending Trust

Substance abuse counselors recognized the importance of building a trusting relationship with Hispanic adolescents and their families as a core component of prevention and treatment programs. Substance abuse counselors identified the inability of Hispanic adolescents and their families to extend trust as a barrier to their involvement in prevention and treatment programs. This barrier was not identified by any of the middle school counselors.

Traditional Hispanic culture values privacy within the family, meaning that what takes place in the family stays in the family. Hispanic adolescents and their families may resist disclosing information to counselors to protect family privacy. Maria described this dynamic in Hispanic-American families:

You don't talk about certain things right up front. I can be very candid with a Caucasian family and kind of be more open, where I would have to take some time to build rapport with the Hispanic or Mexican-American family because it's just not, there [are] certain things that you just don't talk about unless you know them.

Maria's first goal in treatment was to build a therapeutic relationship with the family. The "challenge is to get the family to bond with you, to connect with you on some level. Once you have that, once they buy in, usually that's good."

Paul also recognized the traditional Hispanic cultural value of privacy within the family as a barrier to extending trust:

For the Hispanic-Americans, the main impact of that particular group is sort of this cultural norm that counseling is sort of frowned upon. That you don't really invite people from outside of your community, whether that's your family or whether that's your neighborhood, to sort of know who you are and know who your family is.

Paul's private practice had contracts with the Juvenile Justice Court (JJC) system. Many of the Hispanic adolescents who came for treatment at Paul's practice had broken the law and were court ordered to participate in treatment. Their experiences with the JJC system also impeded their ability to extend trust:

I think that, especially if those [adolescents] are involved in the system, by the system I mean the juvenile court system, and a lot of their treatment, often, is mandated. So there's a whole trust factor. Can they trust what's happening in group--that it's not going to come back on them and sort of create more difficulties? So it's really, I think, the task is getting them to trust the process and trust you as an individual.

Paul felt that the combination of the "cultural norm that you do not share your feelings" and Hispanic adolescents' experiences with the JJC system made it difficult for them to extend trust to the counseling process and to the substance abuse counselor.

Linda noted that the desire to maintain family privacy can be compounded by poor proficiency in English, which may inhibit discussion of emotional topics. Hispanic adolescents and their families may not know the correct English words to express their true feelings:

A small population of our teens speak English, but are more comfortable in Spanish and so when you reach those emotional issues they can speak English but it will look like to the therapist that they're not dealing with the issues because they don't have the vocabulary and the ability to speak. It's not their comfort level to speak about emotional, family issues in English.

The family value of privacy and poor proficiency in English may make the establishment of a trusting relationship more difficult and time consuming. Substance abuse counselors may also interpret these issues as resistance to the treatment process.

Mike believed that Hispanic adolescents needed to know that there would be a measure of confidentiality between them and the counselor and that their parents would not learn of information divulged to the counselor. The challenges were to get the parents to trust him enough to agree to measured confidentiality and then for the adolescent to trust that agreement:

And in working with teens, they have to be able to trust that you're not going to spill the beans and that they can really trust that you're a straight up person. And I do that pretty clearly with informed consent with clients first session out.... I preface that is, you know, I say, "In technical terms everything that your mom and dad would want to know about you, I am obligated to tell them. But, in the context of our meeting, the only thing that I'll tell them is what you and I have talked about. And we'll talk about how they'll find out, and my preference is that you always tell them. If there's something that I think they need to know." And then I'll look to mom and dad and I'll say, "And you can fill my voice mail or email or make a session for yourself and share all you need to. The more

information you give me, the better chance our success is.” And parents really go along with that. I mean, they want their kids to have a safe place. And some kids trust easily and some kids don’t.

If the parents are not involved or if measured confidentiality was not agreed to by the client or parents, then the chances of success with treatment were diminished. In Mike’s experience, parents who were involved with treatment agreed to measured confidentiality. However, some Hispanic adolescents did not extend trust even with a measured confidentiality agreement.

Summary. Substance abuse counselors identified several reasons why it may be difficult for Hispanic adolescents and their families to extend trust to substance abuse counselors and to the counseling process. Whether the reason was the traditional Hispanic cultural value of family privacy, poor proficiency in English, or Hispanic adolescents general distrust of others, substance abuse counselors agreed that a trusting therapeutic relationship needed to be established for prevention and treatment programs for alcohol and substance abuse among Hispanic adolescents to be successful.

Limited Financial Resources

Caucasian counselors identified aspects associated with having limited financial resources as a barrier to involvement in prevention and treatment programs for alcohol and substance abuse. Families with limited financial resources focused their efforts on meeting basic needs, had limited access to programs, experienced a loss of hope, and had higher rates of alcohol and substance abuse. Neither of the Hispanic-American counselors identified limited financial resources as a barrier.

One challenge of having limited financial resources was the daily struggle to meet the basic needs of the family such as food, clothing, and shelter. Paul explained that family involvement in prevention and treatment programs for alcohol and substance abuse did not receive priority due to families' emphasis on meeting these basic needs:

Some limitations for those [adolescents] is that their environment oftentimes doesn't support the change process. And because they're dealing with some of the other hierarchy of needs, like shelter and food and existence, getting their [adolescents] clean and sober is not often right on the front of their plates.

The assumption in Paul's statement was that if parents were not so concerned about basic survival needs, they would be both willing and able to participate in prevention and treatment programs for alcohol and substance abuse.

When discussing his efforts to involve parents in prevention programs related to poor academic achievement, Tom also focused on the families' struggles with meeting basic needs. "[I] think some of it has to do with the families are struggling to meet some basic survival needs." Tom felt that education was "not a value as stressed or as understood" and "that there's not the motivation to really succeed in school" in general among those families who have low socioeconomic status. Tom attributed not valuing education to the family focusing on more pressing and basic needs of survival.

Families with limited financial resources may be willing to be involved in programs and yet unable to do so. Sue and Bill noted that many of the families they attempted to involve in prevention programs were "hard to get in touch with" because "a lot of them have disconnected phones" and were not easily contacted. Some of the parents needed to "work two jobs" to provide for basic needs, which limited their

availability. Additionally, many families lacked adequate transportation to get to the middle schools to attend programs.

Sue stated that “transportation is a big issue” for them. Bill added:

From what I know about...there’s not a whole lot of follow through. But the little bit I know, is it’s a matter of transportation and time, not willingness for the parents to take their [adolescents to programs], but inability to get there.

The context of Bill’s statement was in reference to whether or not families would follow through on middle school counselor’s recommendations and referrals to alcohol and substance abuse treatment programs available in the community.

Sue and Bill also noted that the lack of health care insurance and finances to pay program fees represented barriers to involvement in programs. Mike agreed with them stating that a “barrier is fees. It’s expensive.” Even though he only charges \$15 for group treatment, that’s “a week’s worth or two weeks worth of lunches for a high school [adolescent].” Linda also noted that having limited financial resources “can certainly cause a problem in terms of being able to access mental health care.” The lack of financial resources at the family level also impacts the communities in which they live.

The negative aspects of living in a community where families predominantly had limited financial resources included a lack of community resources and positive activities for adolescents to be involved in. According to Bill:

There’s not a whole lot of money around here in the community. There’s not a lot of things for [adolescents] to do, and that seems to be a strong negative factor in their lives.

The powerful negative influences of having limited financial resources, ultimately leads to a sense of powerlessness and a lack of hope in the future. Tom summarized these feelings. “[I]f it’s a low socioeconomic level, I just think that there’s some despair, there’s some, why try, kind of thing.”

The stress of trying to meet basic needs, the inability to access programs due to a lack of transportation and a lack of funds to pay program fees, the lack of community resources, and the loss of hope in some cases lead to increased family abuse of alcohol and substances. Sue noted the correlation between family abuse of alcohol and substances and having limited financial resources. “The problems seem to be more prevalent with the lower socioeconomic [families].” Tom agreed stating, “I think that the lower socioeconomic group here, from what I’ve been able to see, has a greater percentage of that type of situation, at least in the home.” Tom’s references to “problems” and “that type of situation” alluded to family abuse of alcohol and substances.

Summary. Caucasian counselors identified limited financial resources as a barrier to family involvement in prevention and treatment programs for alcohol and substance abuse among Hispanic adolescents. Even if families desired to be involved, factors such as having to meet basic survival needs, having to work two or more jobs, lacking adequate transportation, and lacking funds to cover program fees prevented them from doing so. Families with limited financial resources were also characterized as having higher rates of alcohol and substance abuse and as losing hope in the possibility of change.

Summary

Participants unanimously agreed that family involvement in programs was an essential component to improve the efficacy of prevention and treatment programs for alcohol and substance abuse among Hispanic adolescents. Participants identified barriers that impacted Hispanic-American families' ability to access and become involved in these programs.

All participants noted that monolingual Spanish speakers experienced a language barrier when attempting to access prevention and treatment programs, which were primarily delivered in English. All participants, except Mike, recognized the need for bilingual staff or translators to overcome the language barrier. Linda, Maria, and Jose recommended provided program materials in Spanish that included culturally relevant examples and illustrations.

Substance abuse counselors identified the inability to extend trust as a barrier to family involvement in prevention and treatment programs. The traditional Hispanic cultural value of family privacy and Hispanic adolescents' involvement in the Juvenile Justice Court negatively influenced Hispanic-Americans ability to extend trust to counselors and the counseling process.

Caucasian counselors identified limited financial resources was a barrier to families' ability to be involved in prevention and treatment programs. These families had to focus on meeting basic needs, lacked resources such as transportation, telephones, and the finances to cover program fees and experienced a loss of hope. The plight of being impoverished was correlated with higher rates of family abuse of alcohol and substances.

These barriers impeded the families' ability to be involved in prevention and treatment programs for alcohol and substance abuse among Hispanic adolescents.

Research Question #3

How do select counselors' perspectives on contributing factors compare and contrast?

Participants were diverse in function, context, and strata (see Table 1). Middle school counselors' perspectives were drawn from their experience with a broad population of Hispanic adolescents between the ages of 11 and 13 in a school setting. Substance abuse counselors' perspectives were drawn from their experience with a specific population of Hispanic adolescents between the ages of 14 and 17 who were in treatment programs for alcohol and substance abuse. Participants also were ethnically diverse with two being Hispanic-American and six being Caucasian. These differences provided the bases for comparing and contrasting their perspectives.

All Participants

Participants unanimously identified four contributing factors and one barrier that were pervasive enough to be influential across participants' diversity of function, context, and strata. Participants unanimously identified the presence or absence of alcohol and substance abuse, the structure of the family, academic achievement, and peer relationships as contributing factors for onset and development of alcohol and substance abuse among Hispanic adolescents. All participants recognized that family involvement enhanced the efficacy of prevention and treatment programs for alcohol and substance abuse among Hispanic adolescents. All participants noted that family members who were

monolingual Spanish speakers faced a language barrier to involvement in prevention and treatment programs for alcohol and substance abuse among Hispanic adolescents.

Middle School versus Substance Abuse Counselors

Middle school and substance abuse counselors each unanimously identified one contributing factor or barrier that the other group did not identify. In both cases, none of the members of the opposing group mentioned the identified contributing factor or barrier. Middle school counselors identified stability of the home as a contributing factor for onset and development of alcohol and substance among Hispanic adolescents. Substance abuse counselors identified extending trust as a barrier to family involvement in prevention and treatment programs.

Stability of the Home

Middle school counselors identified stability of the home as a contributing factor for the onset and development of alcohol and substance abuse among Hispanic adolescents. Middle school counselors met with Hispanic adolescents when they enrolled in the school and when they were leaving the school. Middle school counselor's function made them acutely aware of how many Hispanic adolescents were experiencing changes in domicile that resulted in changes in school enrollment. These changes also became evident during the enrollment process of a new student through a review of that student's academic history.

Substance abuse counselors, most likely due to their function and context, did not recognize stability of the home as contributing factor. Hispanic adolescents and their families traveled to the public or private mental health agency to participate in treatment.

A change in domicile may go unnoticed by substance abuse counselors provided that attendance in the program was maintained.

Extending Trust

Substance abuse counselors identified Hispanic adolescents' and their families' inability to extend trust to counselors and the counseling process as a barrier to family involvement in treatment programs for alcohol and substance abuse among Hispanic adolescents. Substance abuse counselors' function and context caused them to work with a narrow slice of Hispanic adolescents who had unique experiences. For example, substance abuse counselors noted that many of the Hispanic adolescents in treatment had committed crimes resulting in a court order for them to attend a treatment program. Substance abuse counselors recognized the potential that Hispanic adolescents viewed them as part of the same system as the Juvenile Justice Court.

Middle school counselors worked with a broad population of Hispanic adolescents who may or may not have problems with alcohol and substance abuse. Middle school counselors viewed part of their role as advocating for Hispanic adolescents and partnering with them to improve their likelihood of being successful in school. Middle school counselors' function did not include addressing issues related to Hispanic adolescents' involvement with the Juvenile Justice Court. Hispanic adolescents may have had a more favorable view of middle school counselors that made trusting them easier.

Caucasian versus Hispanic-American Counselors

Caucasian counselors identified having limited financial resources as a barrier to family involvement in prevention and treatment programs for alcohol and substance abuse. This barrier was not mentioned by either of the Hispanic-American counselors.

Limited Financial Resources

Caucasian counselors identified limited financial resources as a barrier to family involvement in prevention and treatment programs for alcohol and substance abuse.

Caucasian counselors portrayed Hispanic-American families with limited financial resources as struggling to meet basic needs, not having adequate transportation, being unable to pay program fees, and having a diminished sense of hope. Caucasian counselors viewed these circumstances as barriers outside of the control of Hispanic-American families.

Hispanic-American counselors did not mention limited financial resources as a barrier to family involvement in prevention and treatment programs for alcohol and substance among Hispanic adolescents. Since one Hispanic-American counselor was a middle school counselor and one was a substance abuse counselor, the primary difference between these subgroups of counselors was ethnicity.

CHAPTER V: DISCUSSION

This study illuminates potential contributing factors for onset and development of alcohol and substance abuse among Hispanic adolescents and barriers to efficacy of prevention and treatment programs as identified by select counselors or key informants. In this chapter the contributing factors and barriers identified by participants and those from the corpus of literature reviewed for this study are compared and contrasted. Conclusions are drawn from the findings and their implications are discussed. Suggestions for research to further the understanding and knowledge of this topic are presented.

Literature Review versus Participants' Perspectives

A significant degree of overlap existed between the contributing factors and barriers identified by participants in this study and those identified through a review of the literature. Both included the influence of family, academic achievement, socioeconomic status, and negative peer pressure and gangs. Participants did not identify gender and comorbidity, two intrapersonal contributing factors listed in the review of the literature, as contributing factors. Participants identified two barriers to involvement in prevention and treatment programs for alcohol and substance abuse not found in the literature review; the inability of Hispanic-Americans to extend trust in the counseling process and the issue of language for monolingual Spanish speakers.

Acculturation was the only systemic contributing factor for the onset and development of alcohol and substance abuse among Hispanic adolescents identified in

the literature review that was not identified by a consensus of participants. The findings of this study did not support acculturation as a contributing factor for alcohol and substance abuse among Hispanic adolescents. Linda was the only participant who identified acculturation as a contributing factor. Conversely, Maria and Tom specifically stated that acculturation was *not a contributing factor* and no reference to acculturation was made by Paul, Mike, Sue, Julie, Bill, or Jose in their interviews.

Epstein et al. (2001) demonstrated a significant correlation between language usage by Hispanic adolescents and their level of acculturation. By collecting data on language usage as a measure of acculturation, researchers identified a positive correlation between the level of acculturation and the abuse of alcohol and substances by Hispanic adolescents (Epstein et al., 1996; Epstein et al., 2001; Epstein et al., 2003; Gil et al., 2000; Marsiglia & Waller, 2002). In these studies acculturation, not language usage, per se was the risk factor being investigated.

Although participants in this study did not identify language usage as a contributing factor for onset and development of alcohol and substance abuse among Hispanic adolescents, they unanimously recognized that monolingual Spanish speakers faced barriers to being involved in prevention and treatment programs for alcohol and substance abuse among Hispanic adolescents. They noted that Hispanic adolescents and their family members who were monolingual Spanish speakers had difficulties accessing and being fully involved in prevention and treatment programs delivered predominantly in the English language.

Participants recognized the need for bilingual staff, translators, and program materials written in Spanish to address the language barrier faced by monolingual

Spanish speakers. Participants noted that these resources were not always available. Even when they were, participants felt that barriers to full involvement in prevention and treatment programs still existed.

The implications of not acquiring proficiency in English for Hispanic adolescents and their families go beyond access and involvement in programs for alcohol and substance abuse. Hispanic-Americans who are monolingual Spanish speakers have limited access to the institutions and opportunities afforded to them by the host culture that may enhance educational and vocational advancement. Participants identified poor academic achievement and having limited financial resources as risk factors for alcohol and substance abuse among Hispanic adolescents.

Conclusions

Two conclusions are drawn from the findings of this study. First, all of the contributing factors for onset and development of alcohol and substance abuse and the barriers to efficacy of prevention and treatment programs for alcohol and substance abuse were systemic. Second, individual family culture was the most influential systemic force in the lives of Hispanic adolescents. Participants portrayed individual family culture as having the potential to serve as a risk or protective factor.

Systemic Contributing Factors and Barriers

All of the identified contributing factors for onset and development of alcohol and substance abuse among Hispanic adolescents were external to Hispanic adolescents and systemic in nature. None of the identified contributing factors addressed intrapersonal attributes of Hispanic adolescents or personal volition. Participants did not mention the concepts of personal choice and personal responsibility on the part of Hispanic

adolescents during the course of their interviews. In essence, participants portrayed Hispanic adolescents' behaviors related to alcohol and substance abuse as being a product of externalized and systemic contributing factors over which they had no control or the ability to overcome.

The identified barriers to efficacy of prevention and treatment programs were also systemic in nature. Participants described these barriers as being outside of Hispanic adolescents' and their families' control. Participants perceived Hispanic-Americans as being willing to participate in prevention and treatment programs for alcohol and substance abuse, yet unable to do so because of these systemic barriers.

Study participants placed substantial emphases on systemic forces and portrayed Hispanic adolescents and their families as being unable to overcome these systemic forces. Their emphases on systems and systems theory is consistent with current thought in the social sciences and likely represents study participants' bias. Conversely, the emphasis on the family system as a contributing factor for the onset and development of alcohol and substance abuse among Hispanic adolescents may be an accurate representation of family dynamics in Hispanic-American culture.

Participants' identification of contributing factors that were external to Hispanic adolescents and systemic was consistent with the corpus of research literature reviewed for this study. Those systemic contributing factors found during the review of the literature included:

1. Socio-economic status (Blum et al., 2000; Marsiglia & Waller, 2002).
2. Acculturation (Epstein et al., 2000, 2001; Gil et al., 2000; Marsiglia & Waller, 2002; Perez & Padilla, 2000).

3. Academic achievement (Alva & de Los Reyes, 1999; Chin & Kameoka, 2002; Swaim et al., 1997; Swaim et al., 1998).
4. Family (Blum et al., 2000; Frauenglass et al., 1997; Marshall & Chassin, 2000; Pabon, 1998; Portes & Zady, 2002).
5. Peer pressure and gangs (Bray et al., 2003; Epstein et al., 1999; Frauenglass et al., 1997; Tani et al., 2001).

Two intrapersonal risk factors were also identified in the literature review, gender (Epstein et al., 2000; Griffin et al., 2000) and comorbidity (Alva & de Los Reyes, 1999; Fraser, et al., 1998; Randall, et al., 1999; Robbins, Kumar, et al., 2002). These were not identified by the participants of this study.

In applying these findings to prevention and treatment programs for alcohol and substance abuse specifically designed for use with Hispanic adolescents, *Familias Unidas* (Coatsworth et al., 2002), Multidimensional Family Therapy (Liddle, 1999), and Brief Strategic Family Therapy (Kurtines & Szapocznik, 1995), appear to be structured appropriately. Each of these programs addresses systemic contributing factors and barriers in the lives of Hispanic adolescents and focus interventions on the family. The findings of this study support the emphases these programs place on systemic factors and the family.

The findings of this study did not support prevention and treatment programs using modalities and interventions that place sole responsibility for outcomes on Hispanic adolescents. Participants did not portray Hispanic adolescents as possessing the personal strength or volition necessary to overcome the externalized and systemic forces related to onset and development of alcohol and substance abuse. Further, participants perceived

Hispanic adolescents and their families as being unable to overcome the barriers to their involvement in prevention and treatment programs for alcohol and substance abuse.

Individual Family Culture

Participants identified the family as the most influential systemic force in the lives of Hispanic adolescents. Individual family culture characterized the attributes of Hispanic adolescents' families. Participants portrayed individual family culture as having the potential to be a risk or protective factor for the onset and development of alcohol and substance abuse among Hispanic adolescents.

The phrase, individual family culture, had its genesis in Maria's description of the differences between Mexican-American families and why she, as a Mexican-American, could not assume that other Mexican-Americans shared her experiences and values:

I believe that there [are] cultures of families, as opposed to just culture that you say, "Well all Mexican people are like this, all Mexican people think like this or all Mexican people do this." There are cultures of families and they're very different. What may be important in one family may not be as important in another family.

Sue reinforced the importance of individual family culture. "It's just kind of case by case, family by family. I just don't think I can make a broad statement about...this particular group."

When asked what he had learned about Hispanic-Americans over the years, Mike stated, "I've learned that there's great diversity within Hispanic culture." He also stated, "the more solid his or her home is, the less likely [adolescents] are to use." While discussing the family as a risk or protective factor, Julie used the phrase "family

tradition” to characterize the differences between families that determine whether the family is a protective or risk factor.

Rather than making broad statements about the Hispanic-American culture, or focusing on Hispanic adolescents’ personal choices, all participants focused their responses on attributes of individual family culture. Participants unanimously emphasized the power of individual family culture on the lives of Hispanic adolescents and noted how the family could be a risk or a protective factor for alcohol and substance abuse among Hispanic adolescents depending on the attributes of that particular family.

Family Influence

Participants attributed the level of influence that individual family culture has on Hispanic adolescents to the concept of *familismo*. *Familismo* is the traditional model of the Hispanic family in which respect for and loyalty to one another supercede the needs of self (Falicov, 1999; Ramirez et al., 2000). Sue described the bonding in Hispanic-American families as being “tight” and “cohesive.” Mike stated that a normal Hispanic-American family would appear “enmeshed” by Caucasian standards.

The influence of the family on Hispanic adolescents also was identified as a prominent contributing factor in the review of the literature. The researchers concerned themselves with topics regarding:

1. The traditional Hispanic value of *familismo* (Ramirez et al., 2000; Perez & Padilla, 2000).
2. Presence or absence of alcohol and substance abuse in the family (Brook et al., 1990; Brooks et al., 1998; Epstein et al., 1999; Kilpatrick et al., 2000; Swaim et al., 1998).

3. Single-parent families (Blum et al., 2000; Nielson & Ford, 2001; Pabon, 1998; Parker et al., 2000; Siddiqui et al., 1999).
4. Parenting practices (Brooks et al., 1998; Barrera et al., 2003; Coatsworth et al., 2002).
5. Family relationship patterns (Blum et al., 2000; Bray et al., 2003; Brook et al., 1990; Brooks et al., 1998; Frauenglass et al., 1997; Hadjicostandi & Cheurprakobkit, 2002; Hovey & King, 1996; Kilpatrick et al., 2000; Marshall & Chassin, 2000; Okagaki & Moore, 2000; Portes & Zady, 2002).

Researchers did not characterize the family system as being the most influential contributing factor for the onset and development of alcohol and substance abuse among Hispanic adolescents. This also is true of the findings of epidemiological studies that assessed multiple risk factors, including attributes of the family, concurrently. The limited number of studies using the epidemiological approach actually indicated that contributing factors other than the family were the most influential.

Alcohol and Substance Abuse in the Family

Participants identified family abuse of alcohol and substances as a key attribute of individual family culture that indicated a substantial increase in Hispanic adolescents' level of risk for onset and development of alcohol and substance abuse. However, if the abuse of alcohol and substances was not present among family members, then individual family culture could mitigate the influence of other risk factors such as limited financial resources and peer relationships.

Participants described individual family cultures in which abuse of alcohol and substances was present as having other risk factors associated with them. Participants

characterized them as being more likely to have single-parent family structures, inadequate parental supervision, instability of the home, little emphasis on academic achievement, and limited financial resources. Also, many Hispanic adolescents' peers were extended family members. Thus, the negative influence of family was compounded through these peer relationships.

Participants recognized that family involvement in treatment and prevention programs for alcohol and substance among Hispanic adolescents improved the likelihood of successful outcomes. However, the presence of alcohol and substance in the family was not identified by all or any subgroup of participants as a barrier to the efficacy of prevention and treatment programs.

This inconsistency may have resulted from the content of the structured interview questions (see Appendix B) and subsequent follow up questions. Two participants were asked a follow up question about family involvement in programs if the family was abusing alcohol and substances. Maria responded, "You won't see any of the family members. No one will come." Julie stated, "I think that's crucial." Bill clarified it was crucial because, "they won't come" to programs.

Specific follow up questions were not required for participants to identify the presence of alcohol and substance abuse in the family as a risk factor for onset and development of alcohol and substance abuse among Hispanic adolescents. Participants' perspectives appear to have changed based on whether Hispanic adolescents or their families were the topic of discussion. This inconsistency in findings is consistent with participant's bias for identifying systemic contributing factors and barriers.

Suggestions for Research

The suggestions for further research were derived from the conclusions of this study and the experience of conducting this study. Most of the suggestions for further research are in the qualitative tradition in hopes that the void of qualitative research on this topic will be filled and the voices, views, and first hand experiences of Hispanic-Americans will be heard and understood.

Hispanic Adolescent Participants

This study assumed that middle school counselors and community based substance abuse counselors were key informants possessing the knowledge, experience, and expertise to provide meaningful perspectives on the issue of alcohol and substance abuse among Hispanic adolescents. This assumption led to two fundamental limitations. First, participants' perspectives were based on personal observations made in the context of their professional positions and not their personal experiences. Second, the first hand perspectives and experiences of Hispanic adolescents and their families were not included.

Much of the quantitative research literature cited in this study gathered data about Hispanic adolescents' experience with alcohol and substance abuse through large surveys. Thus, researchers did not interact with Hispanic adolescents directly, as is also true of this study. It appears that Hispanic adolescents and their families are being spoken about in the research literature more than they are being spoken with.

Qualitative research with Hispanic adolescents being the participants is necessary if their voices and views are to be heard and understood. The possibilities for qualitative research designs are as numerous as the number of researchers who are willing to pursue

them. Studies designed to obtain the first hand insights of Hispanic adolescents who have successfully resisted the pressures to abuse alcohol and substances, who have succumbed to those pressures, who are in treatment, or who have successfully recovered from alcohol and substance abuse may prove invaluable.

Ethnographies of Families

This study concluded that individual family culture was the most influential contributing factor for onset and development of alcohol and substance abuse among Hispanic adolescents. What are the possible reasons for the abuse of alcohol and substances to be prevalent in some Hispanic-American families and not in others? What are the differences, if any, in the values, family structure, parenting style, education, vocation, socioeconomic status, language usage, etc. between individual family cultures in which abuse of alcohol and substances is or is not prevalent? To use Linda's terminology, what attributes of individual family culture increase the likelihood of "success" regarding the issue of alcohol and substance abuse among Hispanic adolescents?

These and a plethora of other questions can be investigated by conducting ethnographies of Hispanic-American families having differing experiences with abuse of alcohol and substances and its treatment. Given the broad definition of family in Hispanic-American culture, the scope of the family may need to include several generations and extended family members such as aunts, uncles, and cousins. Conducting an ethnography of a Hispanic-American family comprising three generations, the first of which immigrated to the United States, may prove to be a treasure trove of first hand insights and information about their experiences. A comparison of ethnographies on two

families, one in which abuse of alcohol and substances is prevalent and one in which it is not, may also provide valuable information.

Language Usage

This study found that Hispanic adolescents and their families who are monolingual Spanish speakers faced a language barrier when attempting to access programs for prevention and treatment of alcohol and substance abuse. Language usage was presented in the research literature as a measure of acculturation. However, the barrier of language and how it relates to the efficacy of prevention and treatment programs for alcohol and substance abuse among Hispanic adolescents has not received specific attention in the research literature.

Suggestions for research include efficacy studies of prevention and treatment programs using bilingual staff, translators, materials written in Spanish, and programs offered completely in Spanish. This study indicates that language usage is a topic in and of itself that is worthy of investigation in relation to the issue of alcohol and substance abuse among Hispanic adolescents.

Summary

A significant degree of overlap existed between the contributing factors and barriers identified by participants in this study and those identified through a review of the literature. Both included the systems based influence of family, academic achievement, socioeconomic status, and negative peer pressure and gangs. Divergence was noted in that the review of the literature included gender and comorbidity as contributing factors and study participants identified being unable to extend trust and being monolingual Spanish as barriers.

The identification of being a monolingual Spanish speaker as a barrier to the efficacy of prevention and treatment programs for alcohol and substance abuse among Hispanic adolescents was the most significant departure from the literature reviewed in this study. Language usage was present in the literature as a measure of acculturation. Study findings did not support the identification of acculturation as a contributing factor for alcohol and substance abuse among Hispanic adolescents. This study did find that monolingual Spanish speakers faced a language barrier to full participation in prevention and treatment programs for alcohol and substance abuse among Hispanic adolescents.

This study concluded that all of the identified contributing factors for onset and development of alcohol and substance abuse and all of the barriers to efficacy of prevention and treatment programs for alcohol and substance abuse among Hispanic adolescents were systemic in nature. Participants portrayed Hispanic adolescents and their families as lacking the power to overcome the influence of these systemic forces. The findings of this study support prevention and treatment programs for alcohol and substance abuse among Hispanic adolescents designed to address systemic contributing factors and barriers. The findings of this study did not support prevention and treatment programs that place sole responsibility for change on Hispanic adolescents

Participants identified the family, characterized by individual family culture, as the most influential system for the onset and development of alcohol and substance abuse. Individual family culture served as a risk factor or a protective factor dependent upon its attributes. When possessing positive attributes, individual family culture was a protective factor that mitigated risk factors outside of the family system. Individual

family cultures with negative attributes served as a risk factor for the onset and development of alcohol and substance abuse among Hispanic adolescents.

Suggestions for research call for involving Hispanic adolescents and their families as participants in a manner that allows their voices, views, and first hand experiences to be heard and understood. Research in the qualitative tradition is uniquely suited for this task. Studies that garner the first hand perspectives of Hispanic adolescents and their families who have successfully avoided or succumbed to alcohol and substance abuse may prove invaluable. Additionally, investigating the impact of language usage on the efficacy of prevention and treatment programs for alcohol and substance abuse among Hispanic adolescents represents a new line of research.

The far reaching power and influence of individual family culture on Hispanic adolescents, rooted in the traditional Hispanic value of *familismo*, cannot be underestimated. Using Sue's and Maria's words, individual family culture can "make or break" Hispanic adolescents' chances for success. Developing a better understanding of Hispanic American families is an essential step in any attempt to understand the issue of alcohol and substance abuse among Hispanic adolescents.

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APPENDIX A

INFORMED CONSENT

Informed Consent for Participation in a Research Study

This study is being conducted to further the understanding of the development and treatment of alcohol/substance abuse among Hispanic-American adolescents. Results of this study may provide information that can assist the design, research and implementation of interventions pre and post onset of alcohol/substance abuse. Performance of this study meets partial requirements for the researcher's Ph. D. in Counseling at Liberty University.

Your voluntary participation in this study will provide important information. You qualify to participate in this study if you have a minimum of a master's degree in a counseling related field of study are a Licensed Professional Counselor or a Licensed Substance Abuse Counselor with a minimum of five years experience as a middle school or community counselor providing alcohol/substance abuse treatment to Hispanic-American adolescents.

Participants in this study will be interviewed by the researcher for approximately one and one half to two hours. Some participants may be requested to participate in a follow up interview, approximately one hour in length, to clarify themes and ideas emerging from the data. The interviews will be recorded and verbatim transcripts generated for analysis.

There are always risks and discomforts associated with participating in a research study. These include but are not limited to: (a) becoming fatigued from responding to the interview questions, (b) emotional stress from the content of the questions, and (c) discovery of your responses without your written consent. To minimize these risks, participants will have a number randomly assigned to them to identify their responses. All participant information will be stored in a locked file cabinet that only this researcher has access to and held in confidence.

Participation in this study is strictly voluntary and you may withdraw from the study at any time without prior notification. If you have already been interviewed, your response can be withdrawn from the study by contacting this researcher. After the study is completed, all participants will have the opportunity to attend a meeting discussing the results. The results of this study may be published in a professional journal. Please direct questions pertaining to this research study, participants' rights, or on issues related to participation in the study, including personal injury, to this researcher at (520) 404-2621.

Your consent to participate in this study will be indicated by your signature at the bottom of this informed consent form. Please submit a signed copy to the researcher prior to being interviewed and retain one copy for your records.

Participant Signature

Printed Name

Date

APPENDIX B
INTERVIEW GUIDE

Interview Guide

1. What is a day at work like for you?
2. How much of your time is spend on alcohol and substance abuse vs. other aspects of your job?
3. What significant issues to you see impacting each of the primary ethnic groups your serve?
4. What population of students, in terms of race, do you see more frequently having issues with alcohol and substance abuse?
5. What prevention measures and or interventions do you as a middle school/substance abuse counselor provide involving alcohol and substance abuse?
6. What have you learned over the years through interacting with the Hispanic-American population?
7. What strengths and weaknesses do you see among the Hispanic-American students regarding alcohol and substance abuse?
 - a. What criteria do you use to identify Hispanic-American students/adolescents who may be “at risk” for alcohol and substance abuse?
 - b. What services are available for those who are identified as “at risk” and how effective are those services?

8. What challenges or risk factors do you see in Hispanic-American students/adolescents regarding the prevention of and treatment of alcohol and substance abuse?
9. What suggestions do you have for new preventive measures and or interventions to address those challenges and risk factors and why do you think they would be more efficacious?
10. How would your role and that of the middle school/agency be different if these suggestions were implemented?

APPENDIX C

MEMBER CHECKING

Member Checking

One substance abuse counselor (Maria) and one middle school counselor (Sue) were chosen to participate in follow up interviews. The findings and conclusions of this study were presented using a format that followed the organization and outline of this document. Maria and Sue were each given the opportunity to ask questions and to offer their opinions and responses to the findings and conclusions. They predominantly found the findings and conclusions to be consistent with their professional experience. Maria stressed the significant influence language has on academic achievement and disagreed with the perception that Hispanic-American families may not value education.

Sue felt that the findings were consistent with her professional experience and understanding of the risk factors for alcohol and substance abuse among Hispanic adolescents:

I guess I am not surprised that it, that so much seems to depend on the system as far as either preventing adolescents from getting involved or once, if they're involved helping them to get away from that culture. So I'm not totally surprised....What comes to my mind is just the fact that it seems like such a daunting task, given like you said that everything seems intertwined.

Sue was also struck by the overwhelming task of changing the systems that Hispanic adolescents interact with in an effort to decrease their chances of onset or increase their chances of recovery:

But, it's just not an easy task, I mean when you're looking at so many...variables. And then just that particularly with adolescents, I think it's, it's particularly difficult because...you can't change...a lot of the systems that they go into, the school system, the peer system, that kind of thing and that seems to undermine recovery I think to an extent.

The findings and conclusions reinforced Sue's beliefs that the overpowering influence of systemic risk factors can cause Hispanic adolescents and their families to lose hope:

The adolescent himself or herself and then the family too might just feel like; "What can we do...we've got these strikes against us." So maybe a sense that there's no empowerment.

Maria was pleased with the overall findings, conclusions, and emphases of the suggestions for research in the study:

It's going in the direction, I think, where the research is going....We've got a pool of people and they may not all have the same life experiences and let's look at that. Let's try to identify the risk factors and the barriers and the different life experiences especially. So...I think you're going in the right direction.

Maria felt that the findings brought out the complex nature of the risk factors for alcohol and substance abuse among Hispanic adolescents:

Yeah, it's just so complicated. I'm glad that...people like you are doing this.

You're like pushing the envelope. You're saying; "Well, this is too simple, this is

too easy, it's got to be more, there's got to be more to it." And that's the only way we're going to get good literature.

One of the reasons cited by participants for poor academic achievement was that Hispanic-American families may not emphasize or value education. Maria felt that being monolingual Spanish negatively impacts Hispanic adolescents' ability to perform in school and others' perceptions of how much they value education:

[When] I went to school, I didn't know how to speak any English. I was thrown into a school where I had no role models that were bilingual. All of my teachers were Anglo's so I couldn't even bridge that gap because of the language differences. I couldn't go to the teacher and tell her in Spanish; "This is what I'm having trouble with" or "This is what I'm not learning." And that's been a big problem throughout the school system, because a lot of times the language barriers, the parents can't go to the teacher and talk about what's going on in the home and so there's that assumption that a parent doesn't care or the parent doesn't value education. So, I just wanted to add that because I think that's a big thing when we ask about why kids drop out of school, that's one of the reasons.

Later in the interview I noted that she appeared to be offended by this point in the findings. Maria affirmed that she was offended; "that's a good word to use, that's offensive."

Summary

Maria and Sue agreed that the identified risk factors were consistent with their professional experiences. Both were impressed with how daunting the task of addressing alcohol and substance abuse among Hispanic adolescents appears given the systemic

nature of the identified risk factors. Maria was offended by the perception of Hispanic-American families not valuing education. She cited reasons for this perception, but insisted that it was not accurate.