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Addiction Counseling Practice Competencies and Curriculum in CACREP-Accredited Programs

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Abstract

Addiction counseling is a growing field with emerging practice competencies and standards that have implications for counselor education programs. This study examined addiction counseling practice competencies and curriculum elements in CACREP-accredited programs to determine curriculum and program needs. A survey of 62 CACREP programs found that programs are including addiction counseling content into the curriculum, employing faculty who have experience in addiction counseling, and addressing the skill practice competency by adding increased credit hours in addiction counseling and teaching from a didactic and constructivist pedagogy. Recommendations are made to align addiction counseling training curriculum, including adding an addiction counseling specialization track that incorporates practice experiences.

Keywords: addiction counseling, curriculum, practice competencies

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According to the Substance Abuse and Mental Health Services Administration (SAMHSA), approximately 136.9 million Americans over the age of 12 drink alcohol regularly and 24.6 million use some type of illicit drug (SAMHSA, 2014). Of these substance users, approximately 22.7 million people over the age of 12 were seeking or needed substance use treatment in 2013 (SAMHSA, 2014). Employment opportunities for counselors who treat addictions are expected to grow by 27% over the next 7 years; a rate faster than average for all other counseling fields (Bureau of Labor Statistics, United States Department of Labor, 2013). This growing need for counselors who can provide addiction counseling and treatment has implications for counselor education training programs.

As the need for trained addictions counselors has grown, the view of effective treatment paradigms has also evolved. Historically, the view of addiction was based on a morality perspective with treatment involving punishment to correct maladaptive and negative behavior. This led to the stigmatization of those who struggle with addiction and toward the addiction counseling field in general (Miller, Scarborough, Clark, Leonard, & Keziah, 2010). However, over the past 20 years, addiction has come to be understood as a chronic, relapsing disease of the brain with social and behavioral manifestations marked by continued alcohol or drug use despite negative consequences (American Society of Addiction Medicine, 2011; Center for Substance Abuse Treatment [CSAT], 2006). This definition emphasizes addiction as a treatable illness based on a multi-determined and multi-causal perspective (Brooks & McHenry, 2009; CSAT, 1999; Doweiko, 2011). Consequently, addiction treatment has come to encompass a wide range of therapeutic processes aimed at meeting the specific needs of the client taking into account biological, psychological, and social aspects of addiction, suggesting the need for counseling practice competencies (CSAT, 1999; CSAT, 2006).

Addiction counseling gatekeeping organizations, such as SAMHSA, CSAT, and the National Board of Certified Counselors (NBCC), formed the National Steering Committee on Addiction Counseling Standards and developed a national set of comprehensive knowledge, skill, and attitude/self-awareness practice competencies for addiction counselors to guide counselor development and curriculum planning (CSAT, 1999, 2006). The knowledge competencies developed address the counselor's understanding of the theories, etiology, and treatment of addiction; the skill competencies address competency in the provision of treatment services; and the attitude/self-awareness competencies address awareness of personal beliefs and biases regarding addictions, as well as an openness to alternative approaches in the bio-psycho-social-spiritual model of treatment. These practice competencies also encompass diversity and counselor willingness to examine beliefs about addictions as important aspects of effective and ethical counseling practice; however, it is unclear how widely adopted these competencies are in addiction counseling training programs (American Counseling Association, 2014; Broadus, Hartje, Roget, Cahoon, & Clinkinbeard, 2010; CSAT, 2006; Sue, Arredondo, & McDavis, 1992).

Prior to the development of these practice competencies, and due to the divergent route of addiction counseling training through specialty training programs in a treatment setting rather than an academic setting, a fragmented approach to addiction counseling training emerged with very little in the literature to guide addiction counseling curriculum development (Miller et al., 2010; Mustaine, West, & Wyrick, 2003; SAMHSA, 2005).

With few uniform educational and practice competencies to guide curriculum expectations, inconsistencies have developed in the type of addiction counseling courses taught, the programs of study required for counselors-in-training in addiction counseling, the expected expertise of faculty who teach addiction counseling coursework, and in the pedagogical approaches used to deliver training (Hagedorn, 2007; Lee, 2011). Due to the prevalence of substance use issues in the general population, counselors-in-training have been working with addiction counseling clients in their training programs but are often inadequately prepared to do so. Whittinghill, Carroll, and Morgan (2004) found that although 80% of CACREP programs surveyed provided substance abuse courses, they were doing so without regard to any established practice competencies. Furthermore, Salyers, Ritchie, Cochrane, and Roseman (2006) found that 71% of students in practicum and internship courses were seeing clients with substance abuse issues without any prior specific addiction counseling coursework, and Dawes-Diaz (2007) found that 90% of the counselors-in-training in CACREP-accredited programs had seen clients with substance abuse issues but felt unprepared to work with them due to a lack of education and training in addiction-specific counseling.

Now, as a result of the emerging consensus in the treatment field on practice competencies, emphasis is being placed on developing standards for addiction treatment training in counselor education programs based on addiction counseling practice competencies (Iarussi, Perjessy, & Reed, 2013; Lee, 2011; Lee, Stephen, Fetherson, & Simpson, 2013; Linton, 2012; Madson, Bethea, Daniel, & Necaise, 2008; Salyers et al., 2006). In the 2009 Standards revision, CACREP added addiction counseling standards to the professional identity core curriculum standards common to all CACREP programs, as well as additional addiction standards for the Clinical Mental Health Counseling (CMHC) program and for a newly created program in Addiction Counseling (AC; CACREP, 2009).

Purpose of the Study

Identifying the CSAT practice competencies and the necessary curriculum elements in addiction counseling training programs to address the competencies can provide a seamless transition from training to counseling practice, potentially improving the quality of addiction treatment. The transition from training standards and practice competencies to curriculum integration is just beginning in CACREP-accredited programs, so which practice competencies are actually reflected in training program curricula is uncertain. In order to determine the curriculum elements included in CACREP-accredited programs that include addiction training and to determine the CSAT practice competencies that are addressed during training, this study was designed to determine (a) which curriculum elements currently exist in CACREP-accredited programs in the course design, hours of instruction, faculty expertise level, and method of instruction and (b) which competencies are being addressed by the type of curriculum element.

Method

Procedure

To gather data from CACREP-accredited counselor training programs related to addiction-related curriculum elements, practice competencies, and training standards, a survey was created and sent to CACREP accredited programs. The CSAT practice competency documents, as found in CSAT's Four Transdisciplinary Foundations (CSAT, 2006) and CACREP accreditation training standards related to addiction counseling (CACREP, 2009) were used to guide the development of the survey, titled as the Addiction Counseling Curriculum and Competencies Survey (ACCC). The content of the questions were directly defined by the CACREP standards and the CSAT competencies ensuring content and construct validity of the survey as indicated in the tailored design method of creating surveys (Dillman, Smyth, & Christian, 2009). The ACCC Survey was an 11-item forced choice survey developed by the researcher to gather information on how CACREP-accredited programs are addressing the CSAT addiction counseling competencies, the 2009 CACREP accreditation standards, and the curriculum elements included in the program (CACREP, 2009; CSAT, 2006; Dillman et al., 2009). The ACCC Survey questions, designed using operational definitions found in the 2009 CACREP standards and the 2006 CSAT addiction counseling competencies, were rated on a 4-point Likert scale. The ACCC Survey was also designed to gather data from CACREP programs based on curriculum offerings in the areas of course design, hours of instruction, faculty expertise level, and method of instruction.

To ensure validity of the survey prior to the data-gathering phase of the research study, the ACCC survey was piloted by sending it to 20 experts in the counselor education accreditation field, the addiction counseling field, and counselor educators for completion and to gather feedback on the questions. The reliability (alpha) coefficient for the items on the survey was $r=.88$. Based on the results of the pilot administration, two questions were clarified for content and ease of reading. All experts then approved the survey for administration and data gathering.

Data gathering. Using the tailored design method for surveys to maximize return rate results (Dillman, et al., 2009), a post card was sent by mail to research participants that provided a brief overview of the research project and the incentive to enter into a random drawing for a $25.00 VISA gift card. The ACCC survey and informed consent were then sent to participants electronically using the Qualtrics online survey program. Participation in the study was voluntary and access to the survey was granted only if the participant electronically signed the informed consent document. Of the 241 surveys sent, 63 were successfully completed yielding a response rate of 26%.

Participants. Participants in the survey portion of the study were 63 CACREP liaisons at accredited counselor education programs in Clinical Mental Health Counseling, Community Counseling, or Mental Health Counseling, as well as those with an addiction counseling specialization track or in the process of applying for addiction counseling program accreditation (Council for Accreditation of Counseling and Related Education Programs, 2012). The only demographic information collected on the schools was the type of programs the institution offered in relation to the CACREP standards. All 63 respondents reported having a core curriculum and a Clinical Mental Health Counseling/Mental Health Counseling or Community Counseling accredited program.

Thirteen of the 63 programs (21%) also reported having an addiction specialization program. Of the 13 that indicated they had an addiction program, four of the programs indicated that the program was in the process of being accredited as an addiction counseling program by CACREP and nine of the programs reported they had an addiction counseling specialization track.

   Data analysis. The data gathered from the ACCC Survey was screened for normality; one survey was eliminated due to missing information, leaving 62 surveys to analyze (Warner, 2008). Data was analyzed using descriptive statistics and inferential statistics. The use of descriptive statistics is standard in analyzing frequency data and was chosen to describe the current status of curriculum elements in addiction counseling training in CACREP-accredited programs. To determine if differences exist in the practice competencies by the curriculum elements, independent samples *t*-tests were completed to determine the levels of competency addressed by the specific component of the curriculum element. An independent samples *t*-test was completed for each of the competencies in the curriculum element identified.

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Results

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   Participants were asked to answer questions related to the program curriculum elements including the course design, number of credit hours required in addiction counseling, the expertise of the faculty in addiction counseling, and the method of instruction used to teach the addiction counseling content. It was found that 53% of programs required a specific stand-alone addiction course and 39% required a stand-alone addiction course and infused addiction counseling content into other courses. Eight percent of the programs did not require a stand-alone addiction course but infused the addiction counseling content into existing courses. Most programs (74%) required
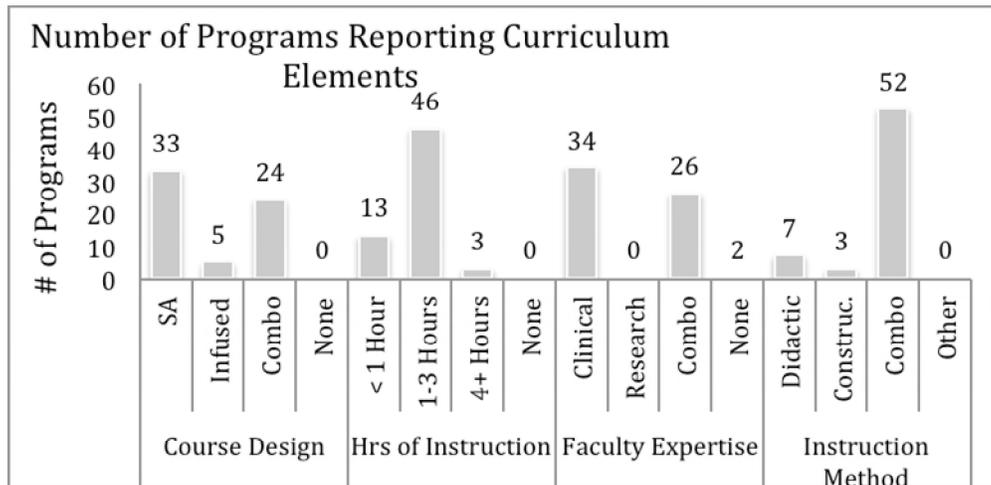

Figure 1. Number of programs reporting the specific curriculum element offered in addiction counseling.

between one and three credit hours in addiction counseling instruction; however, 21% required less than one credit hour, and 5% required four or more credit hours. The preferred method of instruction, used in 84% of the programs, was a combination of didactic and constructivist approaches, while 11% used didactic instruction alone, and

5% reported using only a constructivist approach. With regard to faculty expertise in addictions, 55% had clinical experience in addiction counseling, 42% had clinical and research experience in addiction counseling, and 3% had no special expertise in addiction counseling (see Figure 1).

Independent samples *t*-tests were completed for each curriculum element category to determine the frequency with which each CSAT practice competency was addressed by the identified curriculum elements. Each of the curriculum elements defined included two variables to analyze. The course design elements compared in the analysis included; a) a stand-alone course in addiction counseling and b) a combination of stand-alone addiction counseling courses and courses infused with addiction counseling. The hours of instruction variable compared in the analysis included two groups; a) less than 1 credit hour in addiction-specific counseling and, b) 1–3 credit hours in addiction-specific counseling. The faculty expertise curriculum element compared included two groups; a) faculty with clinical experience in addiction counseling and, b) faculty with a combination of clinical and research experience in addiction counseling. The final curriculum element category, method of instruction, included two categories: a) either didactic or constructivist instruction exclusively and b) a combination of didactic and constructivist instruction used together. The following curriculum elements were not analyzed due to a lack of data in each category; infused courses, courses that did not address addiction counseling, four or more credit hours of instruction, no hours of instruction, faculty research experience only, no faculty addiction counseling experience, and other method of instruction. Analysis of each of the curriculum elements using independent *t*-tests for each practice competency revealed that the only competency significantly impacted by the curriculum elements was the skill competency. Results indicated that the frequency with which the skill competency was addressed was significantly effected when the hours of addiction counseling instruction were between one and three credit hours, $t(57)= -2.18, p =.03, r=.28$, medium effect size, and when the method of instruction was a combination of didactic and constructive strategies, $t(60)=-3.14, p =.003, r=.56$, large effect size (see Table 1).

Discussion

The purpose of this study was to begin to understand the inclusion of addiction counseling practice competencies into CACREP-accredited programs and to determine the curriculum elements needed to ensure that addiction counseling competencies are being addressed. While some of the findings in this study are significant, they are also guarded and tentative based on the limited sample size and the overall lack of programs that were accredited under the Addiction Counseling program type, necessitating the inclusion of counseling programs that offered an addiction counseling specific track or programs that were in the process of accreditation.

Results of this study revealed several things regarding the structure of the addiction-specific counseling curriculum. Research has shown that counselors-in-training who complete at least three credit hours in addiction-specific counseling are better able to demonstrate the skill and knowledge competency in addiction counseling (McDermott, Tricker, & Farha, 1991). Over the past decade, the percentage of programs requiring this type of coursework increased from 30% around 2000 (Morgan, Toloczko, & Comly,

1997; Whittinghill et al., 2004) to 46% in 2011 (Lee, 2011). This trend appears to be continuing as 53% of training programs in this study now require an addiction-specific

Table 1

Means, Standard Deviations, and t-tests for Comparisons of Curriculum Elements and Addiction Counseling Competencies in CACREP Accredited Programs

	Knowledge Competency				Skill Competency				Attitude/Self-Awareness Competency			
	M (SD)	t	p	r^2	M (SD)	t	p	r^2	M (SD)	t	p	r^2
Course Design												
Stand Alone (n=33)	3.33 (.59)	-2.65	.79	.34	3.27 (.62)	-.108	.91	.02	3.30 (.77)	-.360	.72	.05
Infused & Stand Alone (n=24)	3.38 (.57)				3.29 (.69)				3.38 (.71)			
Hours of Instruction												
<1 Credit Hour (n=13)	3.00 (.71)	-1.95	.05	.25	2.85 (.80)	-2.18	.03*	.28	3.23 (.83)	-.30	.76	.04
1-3 Credit Hrs. (n=46)	3.37 (.57)				3.30 (.63)				3.30 (.76)			
Faculty Expertise												
Clinical (n=34)	3.26 (.57)	-.267	.79	.11	3.09 (.75)	-1.67	.10	.21	3.21 (.85)	-1.09	.28	.14
Clinical and Research (n=26)	3.31 (.68)				3.38 (.57)				3.42 (.64)			
Method of Instruction												
Didactic or Constructivist (n=10)	3.00 (.47)	-1.42	.16	.29	2.60 (.69)	-3.14	.003**	.56	3.10 (.73)	-.82	.41	.17
Combination (n=52)	3.37 (.84)				3.30 (.64)				3.33 (.81)			

Note: ** = $p<.01$; * = $p<.05$

stand-alone course, and 39% of the programs have also infused addiction counseling into the core curriculum courses. This is an encouraging finding as previous research indicates addiction counseling training is best addressed through a combination of stand-alone addiction-specific counseling courses and infusion of addiction related information into existing courses (Giannetti, Sieppert, & Holosko, 2002; Keller & Dermatis, 1999; Lee, 2011).

Counseling students in CACREP-accredited programs are not only spending more time in addiction counseling instruction, they are also learning from faculty who have clinical expertise and experience in the addiction counseling field. Results of this study

indicate that 98% of the faculty who are teaching addiction counseling courses have some type of clinical experience in addiction counseling. This is a shift in CACREP-accredited counseling programs as Morgan et al. (1997) found that 58% of faculty in 1997 had prior formal educational experience in addiction counseling and Lee (2011) found in 2011 that 65% of the addiction counseling courses were taught by faculty with addiction counseling experience.

The educational and instructional strategies used to teach addiction counseling has been examined by previous researchers and the findings have been consistent; teaching addiction counseling is most effective if faculty use constructivist pedagogy and experiential learning, as well as didactic techniques (Blagen, 2007; MacMaster & Holleran, 2005; Osborn & Lewis, 2004). Results of this study show 84% of the programs report using this combination of experiential constructive teaching with didactic elements when teaching addiction counseling courses. An added benefit is that this pedagogical approach has been shown to engage students in challenging their attitudes, beliefs, and biases, leading to a greater sense of self-awareness regarding addiction and improved skill competency, a critical competency area that needs to be addressed in the curriculum (Batson, Chang, Orr, & Rowland, 2002; MacMaster & Holleran, 2005; McAuliffe & Eriksen, 2012; Osborn & Lewis, 2004).

Based on the results of this study, CACREP-accredited programs may want to consider the following curriculum elements when adding addiction counseling content into the program to begin to address the CSAT practice competencies: a) offer one to three credit hours of addiction counseling in program requirements in a stand-alone course format to increase the skill competency; b) when given a choice, employ faculty with experience in addiction counseling to teach addiction counseling courses and to infuse addiction content into other coursework in knowledgeable ways; and c) teach addiction counseling content from a combination of didactic and constructivist teaching methodology. As suggested by previous research (Iarussi et al., 2013; Lee, 2011; Lee et al., 2013; Linton, 2012; Madson et al., 2008; Salyers et al., 2006) counselors-in-training who have been exposed to these curriculum elements will be better prepared to work with clients in the area of addictions when they begin the practicum and internship portion of their training, and in clinical practice after graduation at competence levels that align with the practice expectations of the profession.

Limitations

There are several limitations in this study due to the non-experimental design and the nature of survey data collected. The non-experimental design created uneven sample sizes and limited data collection; there was limited data regarding addiction counseling programs due to few training programs offering an accredited addiction counseling program. In addition, the ACCC is a survey that was designed by the researcher to gather perceptual data from CACREP-accredited programs. The respondents who completed the survey completed it from the unique perspective of their programs and their understanding of the addiction counseling competencies. Because of this there is a reliance on the subjective judgment of the responder. There is also an issue of self-selection based on interest in the topic, which can lead to bias in the response set. The low response rate is another limitation noted in this study as 63 programs completed the

survey out of 241 sent, and only 13 of the programs identified a specialization track or accreditation process pending in addiction counseling.

Direction for Future Research

Understanding more clearly how the practice competencies align with the CACREP training standards in addition to the curriculum offerings in counseling education programs could provide direction for research into the infusion of addiction counseling content across all CACREP program options. Given that a combination of experiential learning and a constructivist pedagogical approach has been found to be more effective in the preparation of counselors in addiction counseling, and that the trend toward offering more courses in an online format continues in higher education, determining the impact of online courses on the various competency practice areas in addiction counseling will be a critical area to explore in future research.

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