

## Curriculum Standards for the Education of Professional Substance Abuse Counselors

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**ABSTRACT.** The present study examined the perceived need for CACREP-accredited counselor education programs to formalize curriculum standards for substance abuse counseling courses. The participants were university professors who are CACREP liaisons for currently accredited counselor education programs. A survey was conducted using questions constructed from a review of literature and subsequent feedback from counselor educators with substance abuse counseling and CACREP expertise. Results suggested that providing educational preparation for students aspiring to be substance abuse counselors should be implemented. More than half of those surveyed (56.6%) indicated that the establishment of such curriculum standards by CACREP is "important" (23.3%), "very important" (14.4%), or "extremely important" (18.9%). [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com>

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The role of the professional counselor is changing rapidly (Gale & Austin, 2003). In the early years of the profession, counselors worked with a variety of people and problems because "they were expected to know about everything and do anything" (Vacc & Loesch, 1994, p. 95). Eventually, however, problems in living became increasingly complex for individuals residing and working in Western industrialized countries; therefore, it became progressively more difficult for counselors to be clinically effective with all clients. Among the problems that counselors increasingly encountered were those associated with substance abuse. The problems linked to substance use commonly are seen among the clients served by present-day counselors. Counselors in mental health agencies, educational institutions, inpatient and outpatient treatment facilities, human resource centers, private businesses, criminal justice settings, and private practices regularly see evidence of clients' reliance on alcohol and other drugs. Counselors are called upon not only to assist clients who are substance-dependent, but the individuals with whom clients have relationships, such as spouses, children and employers. Counselors learn that hostile and aggressive behavior such as spousal battery, rape, and child abuse and neglect often are related to substance abuse. Counselors see clients with histories of truancy from work and school, and observe clients having problems arising from the co-morbidity of substance dependence and depression, anxiety, schizophrenia, and personality disorders (Carroll, 2000; U.S. Department, 1995; Jones, 1984; Moss & Tarter, 1993).

Professional counselors, as with other specialists such as physicians, lawyers, and engineers, found it necessary to establish areas of expertise in which to practice. Types of counseling that became specialized included school, marriage and family, rehabilitation, mental health, and the most recent addition to the field, substance abuse counseling (Gladding, 2003).

Although the call for a specialist designation and its accompanying formal preparation for substance abuse counseling has been questioned (Hosie, 1995; Miller & Brown, 1997), a preponderance of studies have

shown that specialized graduate-level preparation of substance abuse counselors is needed. The present study examined the perceived need for CACREP-accredited counselor education programs to formalize curriculum standards for substance abuse counseling courses. Counselor preparation as taught currently in generalist counselor education is insufficient for students wanting to specialize in substance abuse counseling or to at least have exposure to the philosophy and practices of the specialty (Carroll, 2000; Randolph & Davis, 1996; Wheeler & Turner, 1997; Watts, Trusty, Erdman, & Canada, 1996). Proper treatment of substance abusing clients requires counselors with specialized substance abuse counselor education. They are clinically more effective compared to their relatively uneducated counterparts (Carroll, 2000; Lenhardt, 1994; McDermott, Tricker, & Faraha, 1991; Scotch, Fleger-Berman, & Shaffer, 1997). For example, Carroll's (2000) study showed how students' thinking about the meaning of substance dependence is influenced when they have received as little as three semester hours of instruction in substance abuse counseling. Counseling students who receive less than three semester hours of instruction in substance abuse counseling are more likely than students who receive three or more semester hours of instruction in substance abuse counseling to treat or refer a substance-dependent client for a problem other than substance dependence.

Adequately educated counselors are needed to meet current needs. Recent studies indicate that the education of substance abuse counselors now working in the field is inadequate. In particular, studies have shown that substance abuse counselors, such as individuals who hold no more than a bachelor's degree and whose specialized training in alcohol and drug counseling was obtained chiefly at workshops and seminars, are not prepared to recognize and treat substance abusing clients with one or more coexisting mental disorders (Fowler, Carr, Carter, & Lewin, 1998; Kelly & Benshoff, 1997; Klee, 1990). The deficiencies in traditional substance abuse counseling education are seen further by the increased demand for master's degreed substance abuse counselors (Gibson, Leamon, & Flynn, 2002). Healthcare Management Organizations (HMOs) and other related insurance organizations have mandated an earned master's degree as a requirement for third party reimbursement of services (Taleff & Martin, 1997).

The International Association of Addictions and Offender Counselors (IAAOC), a division of the American Counseling Association, has a sizeable membership. Furthermore, the National Board for Certified Counselors awards the credential of Master of Addictions Counselor

(MAC). Educational standards for the preparation of master's level practitioners, however, have not been established. The counseling profession's foremost educational accrediting body, the Council for the Accreditation of Counseling and Related Educational Programs (CACREP), has not instituted guiding curriculum experiences for the specialized preparation of professional substance abuse counselors, nor does CACREP certify or accredit competent preparation programs as it does for other counseling specialties, including marriage and family counseling, mental health counseling, gerontology counseling, and career counseling. This is an unfortunate situation because it is understood widely that the most essential element of any professional specialty, whether it is in medicine, law, or counseling, is the identification of educational standards for the preparation of effective practitioners within the specialty area (Vacc & Loesch, 1994).

Unfortunately, students seeking a specialty in substance abuse counseling are limited to the same informal educational opportunities available to bachelor's-degree-level paraprofessional alcohol and drug counselors (Taleff & Martin, 1997). This circumstance is of particular concern because work behavior analyses of master's level substance abuse counselors have identified the knowledge and skills needed to render competent treatment (Von Steen, Vacc, & Strickland, 2002). The findings of these studies, however, have not been translated into curriculum standards. Evidence of the failure to establish and adopt standards based on the recent work behavior analyses of master's-level substance abuse counselors is shown in the variation in curriculum content among substance abuse courses offered by graduate counseling programs. In a study of CACREP-accredited programs, Morgan, Toloczko, and Comly (1997) found approximately 81% of programs offered substance abuse counseling course(s). Yet, comparison of the content of the courses unearthed a lack of uniformity. Review of course syllabi submitted by counseling department participating in the study revealed nearly half of programs provided no specific instruction on "how to counsel" individuals with substance disorders. Instead, these programs provided either (a) "drug overview" courses in which instruction was limited to the pharmacology of various drugs or (b) "prevention" in which instruction was limited to avoidance of first time use of alcohol or drugs.

The study by Morgan et al. (1997) made clear two important facts. First, a majority of programs (87%) assign students to field experiences in substance abuse counseling, and second, a majority of counselor educators (52%) consider substance abuse counseling preparation to be "very necessary." Important questions regarding the need for establish-

ing curriculum standards specific to substance abuse counseling remain unanswered, however. First, the total number of CACREP-accredited programs providing a master's degree in counseling with a substance abuse or addictions emphasis has not been published. Clearly, it is unnecessary to establish standards if there are few if any programs providing specialized instruction. Secondly, although instruction in substance abuse counseling has been judged to be important, and specialty preparation programs may exist, it is not known and cannot be assumed that counselor educators support the establishment of specific curriculum standards. In fact, some have argued that educators can agree on the importance of teaching a particular domain of knowledge without supporting the establishment of uniform goals and objectives for guiding the delivery of the educational content (Adomanis, 1995; Noddings, 1997; Tatum, 2000). Finally, the potential consequences in counselor education programs of establishing CACREP standards and program accreditation for substance counseling are unknown. Therefore, the purpose of this study was to determine the perceived need for developing guiding CACREP curriculum experiences for the preparation of professional substance abuse counselors. Particular attention was given to (a) investigating the number of CACREP-accredited programs offering a substance abuse counseling emphasis, (b) measuring counselor educators' judgments regarding the degree of importance for creating CACREP curriculum and other accreditation standards for the preparation of professional substance abuse counselors, and (c) determining if establishing CACREP standards would prompt counseling programs to consider adding a substance abuse counseling program of study.

## METHOD

### Participants

University professors designated as CACREP liaisons for currently accredited counselor education programs were asked to participate in this study. It was inferred that these individuals had greater familiarity with the purpose and process of accreditation and, therefore, were more knowledgeable than other faculty regarding the need for curriculum standards and program certification. CACREP identified and provided the names and contact information for current faculty liaisons.

### Instrument

An eight-item questionnaire was developed to survey the need for curriculum standards for the preparation of professional substance abuse counselors. Questions were constructed from a review of related literature (Hershenson & Berger, 2001; Vacc, 1985; Zimpfer, Cox, West, Bubbenzer, & Brooks, 1997) and refined following review and subsequent feedback from four counselor educators with substance abuse counseling and CACREP expertise. Areas of inquiry included: (a) type of accredited programs of study offered, (b) number and type of substance abuse counseling course(s) offered, (c) whether a substance abuse emphasis within community counseling program was offered, (d) percentage of substance abuse counseling field placements, and (e) importance of establishing CACREP preparation standards for substance abuse counseling. This final area of inquiry produced results through the use of a modified 5-point Likert scale in which 1 indicated "not important" and 5 indicated "extremely important." Faculty thinking was also explored by asking (a) how frequently faculty have as a group considered adding a substance abuse counseling track and was determined using a modified 5-point Likert scale (1 indicating "not at all" and 5 indicating "very frequently"), and (b) whether faculty would consider adding a substance abuse counseling track if CACREP established specialized preparation standards using a 5-point Likert scale (1 indicating "strongly disagree" and 5 indicating "strongly agree").

### Procedure

The survey packet that was mailed to each CACREP liaison included the questionnaire, introduction and instruction letter, and a stamped envelope addressed to the principal investigator. The letter described the purpose of the study, how data would be handled to insure confidentiality, and the procedure for completing and returning the questionnaire. Three weeks after the packets were distributed, a reminder letter was mailed to potential participants who had not returned the questionnaire. Data collection ended 8 weeks after the initial distribution of the survey packets. A total of 163 packets were distributed to CACREP-designated participants. Of these, 93 were returned. Four were omitted because of insufficient responses, resulting in a final pool of 89 CACREP liaisons and a response rate of 55%.

## RESULTS

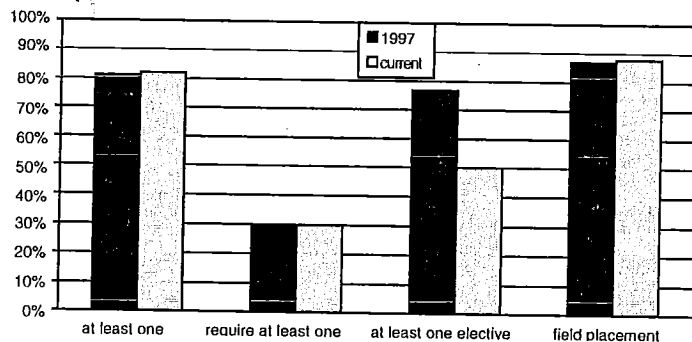
Although conducted several years after Morgan et al.'s (1997) survey of CACREP-accredited programs, the current study confirms some elements from that earlier picture of substance abuse education. A comparison of the 1997 study with the current study follows.

Eighty-one percent of CACREP-accredited programs surveyed in 1997 offered one or more substance abuse courses, while 30% required one or more courses and 77% offered one or more electives in substance abuse counseling. In the current study, 82% of the programs surveyed offered courses and of those programs, 30% required one or more courses and nearly 50% offered electives, a decline since 1997 (see Figure 1).

A majority of currently CACREP-accredited programs (87.8%) offer internship placements in substance abuse counseling. This is a finding similar to the 1997 study where 87% reported such placements. These programs indicate, however, that only a small percentage of students (0%-25%) complete field experiences of this sort. In general, a large percentage of CACREP-accredited programs offer one or more courses in substance abuse counseling, some of which are required and some elective. A large percentage of accredited programs also offer field placement opportunities in substance abuse counseling, although a relatively small number of students participate.

Interestingly, however, the current survey suggests that providing guiding curriculum experiences for the preparation of substance abuse

FIGURE 1. Comparison of substance abuse counseling course offerings in 1997 and the current study in CACREP-accredited programs.



counselors is a vital undertaking, the time for which has come. More than half of those surveyed (56.6%) indicated that the establishment of such curriculum standards by CACREP is "important" (23.3%), "very important" (14.4%), or "extremely important" (18.9%).

What did program faculty think about offering a substance abuse curriculum? Twenty-five (28%) reported that their programs currently offered a substance abuse emphasis under the rubric of community counseling preparation. Nevertheless, twenty-three (26%) suggested their faculty would consider adding a substance abuse program "if it could be CACREP accredited."

## DISCUSSION

To date, CACREP has not established guiding curriculum standards for the preparation of professional substance abuse counselors, yet standards for other counseling specialties (e.g., Career Counseling, Gerontology Counseling) have been developed and adopted. In the past it was argued that a CACREP specialty designation was a specialized curriculum needed for the preparation of substance abuse counselors (Hosie, 1995). Yet, recent research findings, especially those which revealed a recent increase in the demand for substance abuse counselors trained at the master's degree level, made a strong case for the re-examination of the issue (Mustaine, West, & Wyrik, 2003). Therefore, this study sought to determine the perceived need for developing guiding CACREP curriculum experiences for the preparation of professional substance abuse counselors by examining participant responses to three questions.

1. How many CACREP-accredited programs participating in the study offer a substance abuse counseling emphasis?
2. What were participating counselor educators' judgments regarding the degree of importance for creating CACREP guiding curriculum standards for the preparation of professional substance abuse counselors?
3. Did participants believe establishing CACREP standards would stimulate interest among fellow program faculty for adding a substance abuse counseling program of study?

In order to accurately determine the need for specialized CACREP standards it is critical to determine if graduate-level counseling pro-

grams actually offer a substance abuse counseling degree and if so, exactly how many of these institutions exist. Clearly, existence of specialized substance abuse counseling degree programs would indicate, to some degree, a need exists for establishing standards. However, if only a handful of such programs are found, establishing standards for this counseling area would be unwarranted and a waste of valuable resources. Findings of this study revealed 25 programs participating in this study do offer a master's degree in substance abuse counseling. It could be argued that 25 substance abuse counseling specific programs indicate a substantial need for establishing curriculum standards. However, a more accurate interpretation can be determined by comparing the number of substance abuse programs in this study with the number of currently CACREP-accredited, specialized programs. CACREP presently offers accreditation for ten separate counseling specializations, including (a) Community Counseling (CC), (b) College Counseling (CIC), (c) Career Counseling (CrC), (d) Gerontological Counseling (GC), (e) Marital, Couple, and Family Counseling/Therapy (MFC/T), (f) Mental Health Counseling (MHC), (g) School Counseling (SC), (h) Student Affairs (SA), (i) Student Affairs Practice in Higher Education-College Counseling, (SACC) and (j) Student Affairs Practice in Higher Education-Professional Practice (SAPP). Review of the current CACREP directory of programs finds 133 institutions of higher education with accredited programs in CC and 153 accredited programs in SC (CACREP, 2003). The need for establishing standards for 25 substance abuse programs appears minimal when compared to the large numbers in these two accreditation categories. However, the number programs accredited under the remaining eight CACREP-designated counseling categories are on the whole are closer to the number of substance abuse programs found in this study and make clear the need for establish guiding curricular experiences. For example, CACREP accredits 33 SACC programs, 30 MHC programs, 26 MFC/T programs, 11 SAPP programs, 6 CrC programs, 2 CIC programs, 2 GC programs, and 1 SA program (CACREP, 2003). When compared to the small numbers in several CACREP specialty categories, the lack of CACREP preparation standards for the 25 substance abuse counseling programs in this study is puzzling and troublesome.

When conducting a needs assessment it is critical to survey those most familiar with the factor(s) under consideration. In this study, faculty designated as CACREP liaisons from accredited counselor education programs were selected as they were determined to be most knowledgeable regarding accreditation needs of their respective stu-

dents, communities, and counseling programs. Findings of the study reveal 56.6% of counselor educators in this study deem the establishment of CACREP standards for the preparation for substance abuse counselors to be important. The significance of this finding should be emphasized as this is the first study to document majority support for the development of CACREP substance abuse counselor preparation standards among counselor educators. However, it is troubling to note that 43.4% believed establishing standards were not important. Reasons for not supporting the creation of standards are unknown. Perhaps, this group perceives generalist trained counselors (i.e., those with degrees in Community Counseling) are sufficiently trained to provide effective substance abuse services or training for substance abuse counseling should be provided on-site via field placement supervisors and/or workshops. Whatever the rationale, it would be helpful to know if those opposed to establishing substance abuse standards also believe developing standards for current CACREP counseling specialties (e.g., CIC, CrC, GC, MFC/T) were unnecessary.

The final factor in the study centered on the likelihood programs would seek CACREP accreditation for the preparation of Substance Abuse Counselors if standards were established. This factor was arguably the most critical in the study. Hypothetically, if all participants reported their programs offered a master's degree in substance abuse counseling and if all judged the creation of CACREP standards to be important, it would be a pointless undertaking if none intended to obtain the new accreditation. Findings revealed 23 participants predicted faculty in their respective counseling programs would consider applying for a CACREP program accreditation in Substance Abuse Counseling if it were offered. Not surprisingly, the majority of those indicating interest in obtaining this type of CACREP program accreditation were participants from institutions which currently provide a master's degree in Substance Abuse Counseling, presumably to add credibility and visibility to their programs. In view of this information, it is reasonable to expect an accredited program in Substance Abuse Counseling would receive least as many if not more applications than counseling programs currently accredited by CACREP.

### *Limitations*

Certain limitations of the study have been identified and should be considered when interpreting or applying study findings. For example, data was limited to CACREP liaisons that completed and returned the

study survey. It is possible that liaisons electing to participate in the study may have responded differently than those who chose not to participate, i.e., participants may have indicated either more or less support for establishing CACREP standards. More important, further support for establishing the proposed standards may exist if additional substance abuse counseling master's degree programs exist among counseling departments not included in the study.

It is also important to note other groups familiar with substance abuse counselor preparation were not included in the study. In particular, faculty from non-CACREP programs, including non-accredited programs and those accredited by other organizations, e.g., Council on Rehabilitation Counseling (CORE), were not surveyed and may have provided a very different perspective. Therefore, it is recommended future research on this topic be expanded to examine perspectives of all faculty familiar with formal preparation of substance abuse counselors. In addition, a replication study that surveys clinical directors of substance abuse counseling agencies regarding the need for CACREP standards is highly recommended. Clinical directors work closely with third party reimbursement providers and staff the clinical casework of substance abuse counselors and in all probability have a more accurate understanding of the need for establishing master's level preparation standards.

### CONCLUSION

Even though minor limitations were identified, the overall findings of the study support the need for establishing CACREP accreditation standards for graduate-level preparation of professional substance abuse counselors. In particular, two critical findings of the study imply CACREP is obliged to develop and adopt standards in keeping with its mission to "to promote the advancement of quality educational program offerings" (CACREP, 2003). First, standards are necessary to guide the delivery of substance abuse courses provided by 80% (72) of the accredited programs in this study. If standards are not developed, educational deficiencies will persist. Curriculums will vary widely as content will be based on arbitrary judgments of individual instructors rather than the collective judgment of a panel of recognized substance abuse counseling experts. Establishing CACREP standards would certainly decrease the numbers of inadequately trained counselors providing inadequate counseling for those with substance abuse disorders.

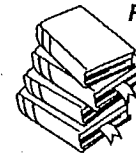
Second, standards are necessary to guide the formal preparation counselors enrolled in the specialized substance abuse counseling programs found to exist among accredited counselor education departments in this study. In total, 25 substance abuse counseling programs were found in this study which is nearly equal to or much greater in number compared to other accredited counseling specialties. Therefore, it is reasonable to conclude the need for establishing CACREP accreditation status and guiding curriculum experiences for the preparation of substance abuse counselors is as great as that of counseling specialties with similar numbers, namely Mental Health Counseling and Marital, Couple, and Family Counseling/Therapy.

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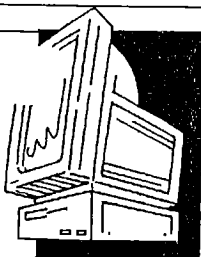
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# Indexing, Abstracting & Website/Internet Coverage



## *Journal of Teaching in the Addictions*

This section provides you with a list of major indexing & abstracting services and other tools for bibliographic access. That is to say, each service began covering this periodical during the year noted in the right column. Most Websites which are listed below have indicated that they will either post, disseminate, compile, archive, cite or alert their own Website users with research-based content from this work. (This list is as current as the copyright date of this publication.)

### Abstracting, Website/Indexing Coverage . . . . . Year When Coverage Began

- *Australian Education Index* <<http://www.acer.edu.au>> . . . . . \*
- *CINAHL (Cumulative Index to Nursing & Allied Health Literature), in print, EBSCO, and SilverPlatter, Data-Star, and PaperChase. (Support materials include Subject Heading List, Database Search Guide, and instructional video)* <<http://www.cinahl.com>> . . . . . 2003
- *e-psyche, LLC* <<http://www.e-psyche.net>> . . . . . 2001
- *EBSCOhost Electronic Journals Service (EJS)* <<http://ejournals.ebsco.com>> . . . . . 2002
- *ERIC Database (Education Resource Information Center)* <<http://www.eric.ed.gov>> . . . . . 2004
- *Family Index Database* <<http://www.familyscholar.com>> . . . . . 2003
- *Family & Society Studies Worldwide* <<http://www.nisc.com>> . . . . . 2002
- *Family Violence & Sexual Assault Bulletin* . . . . . 2002
- *Google* <<http://www.google.com>> . . . . . 2004
- *Google Scholar* <<http://scholar.google.com>> . . . . . 2004
- *Haworth Document Delivery Center* . . . . . 2002
- *Health & Psychosocial Instruments (HaPI) Database (available through online and as a CD-ROM from Ovid Technologies)* . . . . . \*

(continued)

- *IBZ International Bibliography of Periodical Literature* <<http://www.saur.de>> . . . . . 2002
- *Internationale Bibliographie der geistes- und sozialwissenschaftlichen Zeitschriftenliteratur . . . See IBZ* <<http://www.saur.de>> . . . . . 2002
- *Pharmacy Business* . . . . . 2002
- *Prevention Evaluation Research Registry for Youth (PERRY)* . . . . . 2002
- *Social Work Abstracts* <<http://www.silverplatter.com/catalog/swab.htm>> . . . . . 2002
- *Sociological Abstracts (SA)* <<http://www.csa.com>> . . . . . 2001
- *Spanish Technical Information System on Drug Abuse Prevention "Sistema de Informacion Tecnica Sobre Prevencion del Abuso de Drogas" (In Spanish)* <<http://www.idea-prevencion.com>> . . . . . 2001

\*Exact start date to come.

### *Special Bibliographic Notes related to special journal issues (separates) and indexing/abstracting:*

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