

Article 86

An Examination of Educational and Training Requirements in Addiction Counseling

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Abstract

Addiction is a serious and growing problem in the United States and the demand for adequately trained addictions professionals has never been greater. The growing need for addiction counselors and the mandate that counselor training is rigorous, competency based, and inclusive of clinical training experiences in the field has implications for training programs. The purpose of this study was to begin to understand the training requirements for addiction counselors across the United States to begin to lay the groundwork needed to move the field forward in the pursuit of uniform licensure laws. A total of 78 programs were reviewed, examining the course requirements in addiction counseling training. The findings in this study indicate a continued lack of uniformity in educational training across the United States in the area of addiction counseling and a lack of skills based training. To address these concerns, advocacy for the profession regarding the need for uniform training standards based on accepted accreditation standards is needed.

Keywords: addiction counseling, training, education

Addiction is a serious and growing problem in the United States and the demand for adequately trained addictions professionals has never been greater. 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). As of 2014, 16.3 million American adults were diagnosed with alcohol use disorders, with only 1.5 million adults receiving treatment. According to the National Institute on Drug Abuse (2016), the total cost of substance abuse due to crime, lost work productivity, and health care is estimated at \$700 billion annually. This public health epidemic has created a great need for counselors who are trained in addiction counseling. In fact, the U.S. Bureau of Labor Statistics (2015) projected a 22% increase (approximately 22,000 more jobs added) for addiction counselors between the years 2014 and 2024.

Simultaneous to the growing need for trained addiction counselors, the American Counseling Association (ACA) and the American Association of State Counseling Boards (AASCB) sponsored 20/20: A Vision for the Future of Counseling (Kaplan & Gladding, 2011). As a result of this initiative, principles for unifying and strengthening the counseling profession were established, and a unified counseling definition and title “licensed professional counselor” emerged (Kaplan, Tarvydas, & Gladding, 2014). Within this framework, a philosophy of a single profession with specialized areas of training and uniform licensing standards exists, establishing legitimate questions and concerns regarding how addiction counseling fits as a specialized area of practice with specific skills, competencies, and dispositions (Osborn, 2015). The skills, competencies, and current state of licensure and certification are important to consider when discussing the move toward unifying the profession.

In 1974, the first of a series of studies on the credentialing of counselors working in alcohol and drug treatment programs began the movement toward the certification and licensure of addiction counselors, which has resulted in an ongoing discussion about the training, credentialing, and competencies needed to provide ethical and effective treatment (White, 1998). A recent review of the requirements to practice addiction counseling across the United States found that all 50 States and the District of Columbia have a separate licensing or credentialing process for addiction specific counselors. Seven states have a licensure requirement to practice addiction counseling, 22 states have a certification requirement, and another 22 States have both a licensure and a certification requirement. In addition, there are several different entities that monitor the process. In 23 states, the process is directed by a non-governmental entity or association, seven states oversee the process through a governmental entity, and 12 states have a combination of an association and a state process (Morgen, Miller, Chasek, DePue, & Ivers, 2015). This creates challenges when discussions turn toward unifying the counseling profession and has led some to call for changes in addiction counseling training and certification requirements (Morgen, Miller, & Stretch, 2012; Mustaine, West, & Wyrick, 2003; Salyers, Ritchie, Cochrane, & Roseman, 2006).

Although there are not yet uniform national licensing, credentialing, or competency standards for addiction counselors, addiction counseling gatekeeping organizations, such as SAMHSA, the Center for Substance Abuse Treatment (CSAT), and the National Board for Certified Counselors (NBCC), have recognized the need to improve the professionalization of the field and have proposed developing uniform credentialing standards for addiction counseling as a part of national health care reform (Miller, Scarborough, Clark, Leonard, & Keziah, 2010; Mustaine et al., 2003; SAMHSA, 2011). Toward this end, the National Steering Committee on Addiction Counseling

Standards was formed and developed a national set of comprehensive knowledge, skill, and attitude/self-awareness competencies for addiction counselors to guide counselor development and curriculum planning (CSAT, 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 biopsychosocial-spiritual model of treatment. These 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 (ACA, 2014; Broadus, Hartje, Roget, Cahoon, & Clinkinbeard, 2010; CSAT, 2006; Sue, Arredondo, & McDavis, 1992).

Based on the history of the profession and in response to efforts to professionalize and unify the field, the International Association of Addiction and Offender Counseling (IAAOC), a division ACA, included the need for rigorous training, education, clinical practice, and clinical supervision in the addiction counseling field within the division's mission and vision statement. The need for rigorous training that is competency based is also clearly articulated in the 2014 *ACA Code of Ethics*. Section F.9.a. of the *ACA Code of Ethics* states:

Counselor educators clearly state to students, prior to and throughout the training program, the levels of competency expected, appraisal methods, and timing of evaluations for both didactic and clinical competencies. Counselor educators provide students with ongoing feedback regarding their performance throughout the training program.

Purpose of the Study

The growing need for addiction counselors and the mandate that counselor training is rigorous, competency based, and inclusive of clinical training experiences in the field has implications for training programs. Achieving these goals requires an examination of the current educational and training requirements of addiction counseling trainees throughout the United States. The purpose of this study was to examine the educational and training requirements across the United States specific to addiction counseling to develop a current picture of the training requirements needed for licensure or certification in the field. Three research questions were explored in this study: 1) What are the current educational training requirements across the United States for addiction counseling licensing or certification?; 2) Do differences exist in the type of training offered for addiction counselors in knowledge competency (didactic courses) and skills competency (clinical courses)?; and 3) Do differences in the knowledge or skill competencies exist across the addiction counseling educational institutions categorized by higher education (graduate and undergraduate programs) and professional school education (community colleges and paraprofessional programs)? For purposes of clarification, the following terms and definitions will be used throughout the article. *Licensure* is the state-specific granting and regulating of licenses to engage in the practice of a specific activity. A *professional license* grants a licensee the authority to use a

specific title. *Credentials* are a certificate or other form of documentation. *Certification* is normally a voluntary credential that is offered by private organizations and is a form of documentation attesting that a person has met specific criteria set by a certification organization (Osborn, 2015).

Method

This study examined the educational and training requirements in addiction counseling training programs as they currently exist across the United States. Data was collected over a 4-month period between December 2015 and March 2016 through purposive sampling. Two researchers independently searched online for addiction counseling training programs that met the requirements of addiction counseling licensure or certification for each state. The training programs were identified through the licensure, certification, or credentialing process outlined on the state's addiction counseling regulatory licensing or credentialing Web site. The researchers randomly selected 2 training programs from each state to review. Four categories of educational training programs emerged through this process; graduate training programs, undergraduate training programs, community colleges, and paraprofessional training programs. The researchers then independently reviewed the course requirements as listed on the training program's Web site. The course catalog and the listed curriculum requirements were examined to identify addiction counseling courses offered and to gather data in each of the following categories: a) requirements for program entry, b) number of credit hours required for degree attainment, c) number of clinical courses required, and d) number of didactic courses required. Courses were included as clinical courses if the language in the title or catalog description contained the words practicum, internship, techniques, application to practice, clinical practice, or direct supervision. If the courses did not contain this language, they were included as didactic. The hours of credit were calculated and converted as 1 credit hour equaling 15 clock hours and 3 credit hours equaling 1 course.

After the independent review was completed, the researchers met to collectively review the data gathered. Any discrepancies noted were reconciled through a review of the courses, the requirements, and category definitions to make final coding decisions. A total of 78 programs were reviewed; several states did not list programs that were required for licensing or credentialing and were thus excluded from the data pool. Of the programs reviewed, 23 were graduate programs, 15 were undergraduate programs, 31 were community colleges, and 9 were paraprofessional training programs. All programs reviewed were listed as meeting licensing or credentialing requirements for the state they were associated with.

Results

The first research question in this study was aimed at understanding the education training requirements across the United States for addiction counseling licensure or certification. To answer this question, the data collected from the electronic review of the training programs were analyzed using descriptive and inferential statistics. The educational training requirements across the United States for addiction counseling

licensing or credentialing are summarized in Table 1. The total number of credits required across the programs varied from 3 credit hours to 124 credit hours. The average number of credit hours required was 50.15, with most programs requiring 60 total credit hours to graduate. The number of clinical training credit hours required in the programs varied from 0 credit hours to 6 credit hours. The average number of credits in the clinical training courses was 5.7; however, 34 programs required no clinical training hours. The average number of didactic credit hours required was 35.82, with a range between 0 to 75 credit hours.

Table 1

Addiction Counseling Educational and Training Requirements Across the United States

	<i>Range</i>	<i>Mean</i>	<i>Mode</i>	<i>Median</i>
Number of credit hours required	3–124	50.15	60 (12 programs)	60
Number of clinical training credit hours required	0–6	5.70	0 (34 programs)	3
Number of didactic credit hours required	0–75	35.82	60 (9 programs)	45

To answer the second research question, a dependent *t*-test was conducted to determine if differences existed in the training offered for addiction counselors in the knowledge competency area (didactic courses) and in the skills competency area (clinical courses). There was a significant difference in the type of training offered for addiction counselors in the competency area of knowledge ($M = 35.82$) and skills ($M = 5.70$), $t(77) = -11.925$, $p < .001$, $r = .81$, indicating that counselors-in-training are receiving significantly more training in the knowledge area than in the skill area.

To answer the third research question and to determine if differences in the knowledge or skill competencies existed across the educational institutions categorized by higher education (graduate and undergraduate programs) and professional school education (community colleges and paraprofessional programs), independent *t*-tests were conducted. The analysis revealed no significant differences in either the knowledge or the skill competency by the type of educational institution. In the knowledge area, the average number of credit hours in higher education programs ($M = 39.38$) did not differ significantly from the professional school education programs ($M = 42.38$), $t(76) = -.584$, $p = .561$, $r = .067$. Likewise, in the skill area, the average number of credit hours in higher education programs ($M = 5.31$) did not differ significantly from the professional school education programs ($M = 6.05$), $t(76) = -.456$, $p = .650$, $r = .007$.

Discussion

The purpose of this study was to begin to understand the training requirements for addiction counselors across the United States to begin to lay the groundwork needed to move the field forward in the pursuit of uniform licensure laws. The findings in this study indicated a continued lack of uniformity in educational training across the United States

in the area of addiction counseling. Programs were found with degree requirements ranging anywhere from 3 to 124 credit hours, with each of the programs meeting the requirements for licensure or certification within the state. Essentially, an addiction counselor can be licensed or certified in one state with 124 credit hours of training while a counselor in another state could do the same job with only 3 credit hours of training and experience. The lack of uniformity, while alarming, can also be seen in the number of hours required in knowledge/didactic-based courses. Didactic course requirements ranged anywhere from 0 to 75 credit hours. Theoretically, a student could take 1 course or up to 25 courses to gain the necessary knowledge in the state to become a licensed or credentialed addiction counselor. Previous research has found that the inclusion of specific addiction counseling content into the curriculum produces counselors who engage in higher levels of critical thinking in case conceptualization and who are better able to incorporate better treatment methods with addiction clients (Bina et al., 2008; Hester & Miller, 2003; Payne, Schreiber, & Riely, 2004; Thombs & Osborn, 2001); however, it is not clear how much education or training is needed to determine the level of competency required in the specialized area of addiction counseling.

While the average number of required educational training credit hours to obtain licensure or certification was reasonable across the states (i.e., 50 credit hours), the number of skill-based courses found was alarming. Only 56% of the programs offered skills-based courses, leaving 44% of the programs offering no clinical training credit hours. It appears that training programs, regardless of the type of educational institution, are providing very few opportunities for counselors-in-training to develop their skills competency. This is very concerning given that previous research (Iarussi, Perjessy, & Reed, 2013; Lee, 2011; Lee, Stephen, Fetherson, & Simpson, 2013; Linton, 2012; Madson, Bethea, Daniel, & Necaie, 2008; Salyers et al., 2006) found that counselors-in-training who have been exposed to both knowledge-based courses and skills-based courses are better prepared to work with clients in the area of addictions when they have practicum and internship courses included in their training while under close supervision. These levels of competency align with the practice expectations of the profession and advance the professionalization of the addiction counseling field.

The practical implications of this research can be seen in the need for counselor educators and counselors-in-training to seek out opportunities for skill-based training in addiction counseling. Lee (2014) found that counselor educators believe that there is a need for more addiction counseling training in counselor education programs connected to the changes in the field. Changes are needed to require programs to offer skill-based courses in addiction counseling to ensure that counselors-in-training are competent in this critical area. It is also suggested that programs develop training programs that are built on the necessary addiction counselor competencies laid out by CSAT (2006). As has been articulated by the 20/20 Vision (Kaplan et al., 2014), these changes would further strengthen and unify the counseling profession as a whole, ensuring that the specialized training needs are being met.

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. Due to the lack of standardization in addiction

counseling standards for licensing and credentialing, it was difficult in the data collection phase to find specific educational training programs that met each state's licensing or credentialing criteria. A wide variety of requirements, number of training hours, course descriptions, and types of degrees earned for those who want to enter the addiction counseling field were found in this research project leading to researchers making coding determinations based on subjective judgment. The limited number of programs examined makes larger generalizations and conclusions tentative at best.

Direction for Future Research, Advocacy, and Next Steps

The results of this study show that a lack of uniform standards and educational curriculum in the training of counselors in addiction counseling exists. This lack of consistency has created gaps between the standards of the accrediting standards for training programs and the addiction counseling competency expectations of the profession, leading to questions regarding the rigor of the training and the level of competency achieved (CSAT, 2006; Hutchings & King, 2009; Miller et al., 2010; Mustaine et al., 2003; Payne et al., 2004; SAMHSA, 2005, 2011). As a result of the finding that 44% of the training programs examined did not include clinical courses in the curriculum, research is needed to determine what barriers exist that prevent including clinical courses in the curriculum and what effect it may be having on client outcomes. If the addiction counseling field sees itself as an area of practice with specific skills, competencies, and dispositions, more advocacy is needed to ensure that these things are addressed uniformly in training programs. Educational training programs need to have direction and guidance from leaders in the field to standardize the training to include all the necessary competencies. To advance the addiction counseling field, it is suggested that counselors and counselor educators join with IAAOC, ACA, and the AASCB to continue the dialog on the professionalization of the field by employing standards for educational training programs and clinical skills training including the specialized area of addiction counseling. It is further suggested that counselors advocate for standards in addiction counseling accreditation, as has been started by the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016) and the National Addiction Studies Accreditation Commission (2016). Finally, advocating for the profession should include discussions with representatives of each state's addiction counseling licensing or credentialing boards regarding the need for uniform training standards based on accepted accreditation standards.

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