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# Assessing Counseling Students' Attitudes Regarding Substance Abuse and Treatment

*Christine L. Chasek, Maribeth Jorgensen, and Thomas Maxson*

Undergraduate counselors-in-training completed the Substance Abuse Attitude Survey, which measures treatment intervention, treatment optimism, and nonstereotypical attitudes. Treatment optimism was positively correlated with nonstereotypical attitudes and treatment intervention. Results indicated that treatment intervention and nonstereotypical attitudes must be addressed in addiction counseling courses.

*Keywords:* addiction, beliefs, treatment, counselor education

Although substance use, abuse, and dependency have long been national problems, there has been a lack of attention in the counselor education field regarding addiction counseling training. The U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA; 2010) reported that the rate of illicit drug use of Americans over the age of 12 years is 8.7% of the population. An estimated 51.9% of Americans age 12 years and over use alcohol and 8.9% can be classified with substance dependence or abuse based on the criteria in the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev.; American Psychiatric Association, 2000). The large number of people in need of substance abuse services is reflected in these statistics. As society becomes more knowledgeable about addictions, it is becoming increasingly common for people to seek addiction treatment. The *Occupational Outlook Handbook, 2008-09*, predicts that the number of substance abuse and behavioral disorder counselors is expected to grow 21% over the next 7 years. This growth is classified as much faster than the average for all other

occupations (United States Department of Labor, Bureau of Labor Statistics, 2008). Given this climate, counselor education programs are challenged to develop programs that adequately train future counselors to address substance abuse issues by adding addiction counseling courses to their program of study.

There are currently no uniform national curriculum standards for preparing addiction counselors; this has been identified as a serious problem that needs to be rectified (Hutchings & King, 2009; Miller, Scarborough, Clark, Leonard, & Keziah, 2010). To adequately address the need to serve clients with substance use issues, counselor education programs must develop addiction counseling curricula. The Center for Substance Abuse Treatment (CSAT) and SAMHSA have provided a comprehensive list of competencies that substance abuse counselors need when providing substance abuse counseling (CSAT, 2006). These competencies include the knowledge and skills addiction counselors need and the attitudes that reflect an openness to alternative approaches and a willingness to change.

Salyers, Ritchie, Cochrane, and Roseman (2006) specifically addressed the need for training counselors in the provision of substance abuse services. Salyers et al. surveyed counselor education programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) and found that a high percentage of counselors-in-training see clients in their practicum and internship experiences who present with substance abuse issues. They also found that counseling students had minimal training related to substance abuse counseling. This is true despite the fact that previous research has shown a clear need for an increase in addiction counseling training in master's-degree programs (Morgan & Toloczko, 1997; Sias, Lambie, & Foster, 2006). This deficiency in addiction counseling training was addressed in CACREP's *2009 Standards*, which increased the emphasis on addiction counseling and added an addiction counseling program area standard. Counseling education programs are now beginning to develop courses and curricula that provide academic instruction and supervised field experiences in substance abuse counseling. Lee (2011) found that 50% of accredited counselor education programs are offering one or more courses that are focused on addiction counseling to meet the new CACREP standards.

As counselor education programs move to meet the new CACREP standards of including substance abuse training in the core areas of the curriculum and add substance abuse specialty programs, there is a need to better understand students' attitudes, beliefs, and biases regarding addiction and addiction treatment. Students bring into the classroom their attitudes, beliefs, and biases regarding addictions. Addiction and addiction treatment is a subject that is rich with misinformation, controversy, myths, and negative attributions and attitudes. The historical roots of addiction and addiction treatment are grounded in the moralistic view of addiction provided in the temperance movement (i.e., prohibition) and the Harrison Act of 1914, which created stereotypical views of addiction (Chappel, 1973; Kinney, 2006). The stereotypical view of addiction from the moralistic viewpoint of addiction is that it is a moral and legal problem rather than a treatable medical or health condition. These views have had an impact on the way that people who struggle with addiction are treated, resulting in delayed diagnosis and treatment, thereby leading to poorer therapeutic outcomes (McLellan, Lewis, O'Brien, & Kleber, 2000).

An important objective of an addiction counseling course is to help students become aware of their attitudes, beliefs, and biases (CSAT, 2006). Blagen (2007) argued that these attitudes must be examined and challenged when teaching an addiction counseling course so that students obtain accurate information and their attitudes can be formed. This helps clinicians to facilitate the development of counseling relationships with clients who struggle with addiction. Previous research has found that clinicians' ability to form therapeutic relationships with clients and their belief that addiction treatment will be effective improve treatment outcomes for substance abusing clients (Ackerman et al., 2001; CSAT, 1999; Lambert & Barley, 2001; Miller & Rollnick, 2002).

Research has supported the view that having accurate information regarding substance use and treatment outside of a moralistic or stereotypical viewpoint is critical to the therapeutic relationship and the belief that treatment will be effective (Boysen, 2010; CSAT, 2006). The purpose of our research study was to assess graduate counseling students' attitudes and perceptions regarding addiction treatment and the beliefs they hold regarding substance use. The research question was: Can a graduate counseling student's optimistic perception of treatment be predicted from the absence of

a stereotypical view of substance use and an orientation toward viewing substance use in the context of treatment interventions? We hypothesized that treatment optimism would be positively correlated with nonstereotypical attitudes toward substance use and the conceptualization of substance abuse in the context of treatment interventions.

## *Method*

### **Participants**

Graduate students at a midwestern university who were enrolled in graduate-level counseling courses were recruited to participate in the research study. Students were invited to participate in the research study through written invitation at the beginning of the course and through an announcement made by the instructor. A total of 64 graduate students consented to participate in the research project. After providing informed consent, each participant was assigned a unique identifier code. The participants then completed a demographic form on which they indicated the number of master's credit hours completed, experience working in the substance abuse field, and career aspirations. Participants' ages ranged from 24 to 58 years, and the average number of graduate counseling course hours completed was 14.26. Of the 64 students, 23 had experience in the substance abuse field either through working directly in the field or taking courses specifically related to substance abuse and treatment.

### **Materials and Procedure**

The Substance Abuse Attitude Survey (SAAS) was used to assess graduate counseling students' attitudes regarding substance use, abuse, and treatment. After completing the informed consent and the demographic form, the participants completed the SAAS, which was developed by Chappel, Veach, and Krug (1985) to assess the attitudes of medical students and physicians toward substance abuse and treatment. The SAAS consists of 50 attitude statements and uses a 5-point Likert scale for indicating degrees of agreement or disagreement (1 = *strongly disagree*, 2 = *disagree*, 3 = *uncertain*, 4 = *agree*, 5 = *strongly agree*). The items in the survey were chosen from a large pool of statements administered several times by Chappel and Veach (1987) to target audience members. The SAAS is a valid and reliable assessment survey with

subscale reliabilities ranging from 0.63 to 0.77 (Chappel et. al., 1985; Chappel & Veach, 1987; Gerace, Hughes, & Spunt, 1995). The SAAS contains five dimensions of clinical attitudes toward substance use and treatment of substance abuse. The meaning of each SAAS subscale is as follows:

- Treatment Intervention: Orientation toward perceiving substance use/misuse in the context of treatment and intervention.
- Permissiveness: Accepting substance use within a continuum of normal human behavior.
- Nonmoralism: Absence/avoidance of moralistic perspective when considering substance use and substance users.
- Nonstereotypical Attitudes: Nonreliance on popular society stereotypes of substance use and substance users.
- Treatment Optimism: An optimistic perception of treatment and the possibility of a successful outcome.

After participants completed the SAAS, the surveys were collected and scored, using the scoring protocol for the instrument. Scores on each of the five clinical attitude dimensions were recorded. The Treatment Intervention, Nonstereotypical Attitudes, and Treatment Optimism subscale results were analyzed to address the research question regarding the impact of non-stereotyping attitudes and treatment intervention on treatment optimism.

### *Results*

As described by Warner (2008), a multiple regression analysis was performed on the Treatment Intervention, Nonstereotypical Attitudes, and Treatment Optimism subscale data to determine if graduate counseling students' treatment optimism was correlated with nonstereotypical attitudes toward substance use and an orientation of viewing substance abuse in the context of treatment interventions. A prediction model was developed, and further analysis was completed to determine if treatment optimism could be predicted from nonstereotypical views and treatment interventions. The total sample size for this analysis was 64. No cases were eliminated in the analysis because

all data were normally distributed, with no univariate or multivariate outliers. Data screening was completed, and all assumptions for the multiple regression were met. Standard multiple regression was performed with nonstereotypical attitudes and treatment intervention attitudes as the predictor variables and treatment optimism as the outcome variable (see Table 1). The overall regression with nonstereotypical attitudes and treatment intervention was statistically significant in predicting treatment optimism attitudes in graduate counseling students, accounting for 21% of the variance. Nonstereotypical attitudes and treatment intervention attitudes significantly predicted treatment optimism in graduate counseling students,  $R = .458$ , adjusted  $R^2 = .210$ ,  $F(2, 61) = 8.108$ ,  $MSE = 874.010$ ,  $p < .001$ . Using the standardized beta coefficients, scores on the Nonstereotypical Attitudes subscale was the strongest predictor of treatment optimism, followed by treatment intervention attitudes. These scores were significantly predictive of treatment optimism when the treatment intervention attitude variable was statistically controlled for:  $t(61) = 3.183$ ,  $p < .01$ . Nonstereotypical attitudes uniquely predicted about 13% of the variance in treatment optimism. The treatment intervention attitudes variable was also significantly predictive of treatment optimism when the nonstereotypical attitude variable was statistically controlled for:  $t(61) = 2.857$ ,  $p < .01$ . Treatment intervention attitudes uniquely predicted about 10% of the variance in treatment optimism. The predictive equation for this model is Treatment Optimism =  $5.38 + .49 \times \text{Nonstereotypical Attitudes} + .38 \times \text{Treatment Interventions}$

### *Discussion*

We hypothesized that nonstereotypical attitudes regarding substance use and the conceptualization of substance misuse in the context of treatment intervention attitudes would predict treatment optimism by graduate counseling students. The results of this study supported the hypothesis that treatment optimism could be predicted from nonstereotypical attitudes and treatment intervention attitudes. Holding accurate information regarding substance abuse and treatment along with an absence of stereotypical viewpoints is critical to an optimistic view that treatment will be effective. Graduate counseling students who have more accurate views of substance use and who approach the conceptualization of substance abuse from a treatment intervention

standpoint will be more likely to perceive treatment for substance abuse as effective. Thus, it is likely that graduate students will be more effective in their treatment approaches. Brooks and McHenry (2009) found that the ability to develop an effective relationship with addiction clients is critical to a positive therapeutic outcome, because these clients often feel stigmatized and ostracized. As articulated by Miller and Rollnick (2002), optimistic views of treatment and the building of positive counseling relationships with clients improve the treatment outcomes for individuals who are confronting addiction issues.

**Table 1**  
**Correlations, Standard Multiple Regressions, Means, and Standard Deviations for Treatment Optimism (Y), Treatment Intervention attitudes (X<sub>1</sub>), and Nonstereotypical attitudes (X<sub>2</sub>)**

| Variable                         | Y     | X <sub>1</sub> | X <sub>2</sub> | B      | r <sup>2</sup> | s  |
|----------------------------------|-------|----------------|----------------|--------|----------------|----|
| Treatment intervention attitudes |       | -.13           |                |        |                | .1 |
| Nonstereotypical attitudes       | .28*  |                |                | -.38** | .33            | .1 |
|                                  |       |                |                |        | .37            | .1 |
|                                  | .32*  |                |                |        | .3             |    |
| M                                | 45.81 | 4              | 4              |        |                |    |
| SD                               | 11.50 | 4.09           | 9.09           | 8      |                |    |
|                                  |       | 0.04           | .64            |        |                |    |

\* $p < .05$ . \*\* $p < .01$ .

Addiction counselors come from many different backgrounds, and many do not engage in a formal graduate educational program to complete the requirements for an addictions counseling license; therefore, a limitation of this study is a sampling pool that may restrict generalization to the counseling profession as a whole. Counselors who do not complete a formal graduate educational program to obtain their counseling license



may hold different attitudes, beliefs, and biases regarding addiction and addiction treatment. This study does not account for counselors who have not engaged in a graduate-level educational program. Another limitation of the study is the lack of information collected regarding graduate counseling students' own experiences with addiction and addiction treatment. This may have an effect on optimistic treatment attitudes and beliefs, as was found by Sias et al. (2006) in their study of addiction counselors who were in recovery themselves.

The implications of these findings regarding graduate counseling students' attitudes toward substance use and treatment directly relate to the development of graduate counseling courses that address addiction counseling. As graduate-level counseling programs incorporate the new CACREP (2009) standards that relate to addiction counseling into their educational programs, it is not sufficient to address only the knowledge and skills competencies of addiction counseling. In fact, they will also need to address an attitude and awareness competency that is based on students' attitudes, beliefs, and biases regarding addiction and addiction treatment. The results of this study indicate that counselor educators must assess students' attitudes toward substance use and treatment and challenge any stereotypical or moralistic attitudes that emerge. These attitudes are important in predicting the student's overall optimism of treatment effectiveness and the counseling relationship with the client.

Future research should explore the relationship between treatment optimism and the student's own experience with substance use and treatment and students in recovery. Future research should also address the course content of graduate counseling programs related to addiction counseling to determine how the addiction competencies are being included in the curriculum as they change to incorporate the CACREP (2009) standards. This research highlights the need to assess students' attitudes, beliefs, and biases about addictions. Counseling students must also be taught the information and skills regarding substance use and treatment in order to develop competent counselors who can effectively build counseling relationships with addiction clients and provide effective and timely treatment.

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