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Abstract

An estimated 21.7 million people need treatment for their substance use problem. As barriers to treatment are removed with health care reform, this number will continue to grow. Simultaneous to this need for treatment, a workforce crisis is occurring in the addiction counseling field due to high turnover rates, an aging workforce, worker shortages, and lingering stigma about substance abuse. Given this climate, counselor education programs are challenged to develop programs that adequately train future counselors to address the unique needs of clients who are struggling with addiction and to better understand how students construct their knowledge regarding addictions and addiction counseling. The purpose of this study was to explore and qualitatively examine the development of counseling students' thoughts, attitudes, and beliefs about addiction and treatment that may help educators understand how to better design addiction

counseling curriculum to address attitude and self-awareness competencies. Themes identified in the study are explored as well as the implications for counselor educators.

Keywords: addiction counseling, counselor education, attitudes and beliefs

A 52-year-old client presents to a counselor for an intake session stating that she has been drinking most of her adult life. She has lost her job, her marriage is failing, she is exhausted from parenting her 6-year-old adoptive daughter, and she is facing the prospect of a liver transplant. She is coming to counseling hopeful that she can change her life so that she can watch her young daughter grow up. She is guardedly optimistic but overwhelmed, as is the counselor whom she has entrusted to help her in the journey back to health and wellness. The counselor has had many experiences treating clients who struggle with addiction. The counselor reflects on theories, techniques, and training experiences while she listens to the client's story. She challenges her beliefs and ideas and draws on the experiences she has had in her clinical training and her work with clients who struggle with addiction. A treatment plan is developed and the work begins.

This story is not unusual. Counselors from all disciplines, theoretical orientations, and backgrounds hear this story in their offices on a daily basis. The Center for Behavioral Health Statistics and Quality (2015) reported that an estimated 52.7%, or 139.7 million, of Americans age 12 and over use alcohol and 10.2%, or 27 million, use illicit drugs. Further, it was estimated that 21.7 million people needed treatment for their substance use problem.

The number of people seeking treatment will continue to grow, causing a greater demand for addiction counseling as barriers to treatment are removed with the passage of the Affordable Care Act, (Substance Abuse and Mental Health Services Administration [SAMHSA], 2013). Simultaneous to this need for treatment, a workforce crisis is occurring in the addiction counseling field due to high turnover rates, an aging workforce, worker shortages, and lingering stigma about substance abuse (SAMHSA, 2013). The Occupational Outlook Handbook for 2016–17 predicts that the need for substance abuse and behavioral disorder counselors is expected to grow 22%, and the need for mental health counselors is expected to grow by 19%; both are classified as much faster than the average for all other occupations (Bureau of Labor Statistics, 2016). Given this climate, counselor education programs are challenged to develop programs that adequately train future counselors to address the unique needs of clients who are abusing substances and to better understand how students construct their knowledge regarding addictions and addiction counseling.

Historically, the view of addiction has been based on a morality perspective with treatment involving punishment to correct maladaptive and negative behavior (White, 2014). This has led to the stigmatization of those who struggle with addiction and to the addiction counseling field in general (G. Miller, Scarborough, Clark, Leonard, & Keziah, 2010; White, 2014). However, over the past 20 years, addiction has come to be defined 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; Herron & Brennan, 2015). This definition emphasizes addiction as a treatable illness based on a

multi-determined and multi-causal perspective (Brooks & McHenry, 2009; CSAT, 1999; Doweiko, 2011; Herron & Brennan, 2015). 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 (CSAT, 1999, 2006; Herron & Brennan, 2015; White, 2014).

The evolving view of addiction in the counseling profession as a disease of the brain with social and behavioral manifestations has implications for addiction counseling training and treatment services. The view of addiction as a disease has led to an increased emphasis on the importance of developing competency standards for addictions treatment and has increased the importance of including addiction counseling training in counselor education programs (Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2009, 2016; Lee, 2011; Madson, Bethea, Daniel, & Necaise, 2008; Salyers, Ritchie, Cochrane, & Roseman 2006). Currently, however, there are vast inconsistencies in the training offered in addiction counseling training programs in the areas of terminology, degrees offered, curriculum, academic preparation, and the perception of addiction counseling training programs (Chasek & Kwata, 2016; Edmundson, 2004).

To adequately address the training needs of counselors who will be serving clients with substance abuse issues, counselor education programs are beginning to examine their curriculum. Previous research has shown a clear need for an increase in addiction counseling training in master's degree programs (McDermott, Tricker & Farha, 1991; Morgan, Toloczko, & Comly 1997; Sias, Lambie, & Foster, 2006). Salyers et al. (2006) specifically addressed the need for training counselors in the provision of addiction counseling services. Salyers et al. surveyed counselor education programs accredited by CACREP and found that 71% of students in practicum and internship courses were seeing clients with substance abuse issues without any prior specific addiction counseling coursework. Dawes-Diaz (2007) further 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. The deficiency in addiction counseling training was addressed in the 2009 and the 2016 CACREP standards where increased emphasis has been placed on addiction counseling including adding an Addiction Counseling program area standard (CACREP, 2009, 2016). As found by Lee, Stephen, Fetherson, and Simpson (2013) and Chasek, Dinsmore, Tillman, and Hof (2015), counseling education programs are beginning to develop courses and curriculum that provide academic instruction and supervised field experiences in substance abuse counseling.

Although an educational approach has been shown to be the most effective way to train counselors in addiction counseling and more counseling programs are adding addiction-specific content into the curriculum (Lee, 2011; McDermott et al. 1991; Mustaine, West, & Wyrick, 2003; Thombs & Osborn, 2001; Whittinghill, Carroll, & Morgan, 2004), the non-prescriptive nature of the new standards raises questions about the content of the curriculum and if competency standards in addiction counseling are adequately being addressed (Hagedorn, 2007; Lee, 2011). The addiction counseling competencies developed by CSAT (2006) are a comprehensive list of competencies that substance abuse counselor need when providing substance abuse counseling. These competencies include the knowledge and skills addiction counselors need and the attitude

and self-awareness that reflect an openness to alternative approaches and a willingness to change.

The knowledge competencies 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 a willingness to examine beliefs; an important aspect of counselor training that addresses effective and ethical counseling practice (American Counseling Association, 2014; Broadus, Hartje, Roget, Cahoon, & Clinkinbeard, 2010; CSAT, 2006; Sue, Arredondo, & McDavis, 1992).

Students bring into the classroom their attitudes, beliefs, and biases regarding addictions and beliefs about how addiction counseling knowledge is constructed. Addiction and addiction treatment is an area rich with misinformation, controversy, myths, and negative attributions and attitudes. The historical roots regarding addiction and addiction treatment are grounded in the moralistic view of addiction provided in the temperance movement, Prohibition, and the Harrison Act of 1914, which created strong stereotypical views of addiction (Chappel, 1973; Kinney, 2006; White, 2014). Students may come into an addiction counseling course with strongly held opinions and beliefs about addictive behaviors that have been socially constructed and are mostly inaccurate. Blagen (2007) argued that teaching an addiction counseling course is different than teaching other counseling courses due to the nature of the beliefs and issues regarding addictions. An important objective of an addiction counseling course is to help students become aware of their attitudes, beliefs, and biases (CSAT, 2006). The instructor of a substance use counselor education course must address these beliefs and work to understand and deconstruct them in order to construct a foundation for effective addiction counseling. This helps to move students to a new understanding of substance use and abuse and gives them information on how to work with substance using clients. Because of these challenges, an addiction course lends itself to a constructivist teaching philosophy using a reflective judgment model (King, 2000), where students are challenged to search for alternative explanations (McAuliffe & Eriksen, 2012). Blagen further argued that these attitudes must be examined and challenged when teaching an addiction counseling course so that accurate information and attitudes can be formed, helping to facilitate the development of counseling relationships with clients who struggle with addiction.

Previous research has found that the clinician's ability to form therapeutic relationships with clients and their belief that addiction treatment will be effective, improves treatment outcomes for substance abusing clients (Ackerman et al., 2001; Brooks & McHenry, 2009, CSAT, 1999; Lambert & Barley, 2001; W. R. Miller & Rollnick, 2002). Research has supported that holding accurate information regarding substance use and treatment outside of a moralistic or stereotypical viewpoint is critical to the therapeutic relationship and for the belief that treatment will be effective (Boysen, 2010; CSAT, 2006). Chasek, Jorgensen, and Maxson (2012) found that graduate counseling students who held more accurate views of substance use and who approached the conceptualization of substance abuse from a treatment intervention standpoint were

more likely to perceive treatment for substance abuse as effective. Thus, it is likely that the graduate students would be more effective in their treatment approaches.

As counselor education programs move to include substance abuse training into the core areas of the curriculum and add substance abuse specialty programs, there is a need to better understand student's attitudes, beliefs, and biases regarding addiction and addiction treatment. It is not sufficient to address only the knowledge and skills competencies of addiction counseling; there is also a need to address the attitude and self-awareness competency based on the student's attitudes, beliefs, and biases regarding addiction and addiction treatment. The present study's purpose was to explore and qualitatively examine the development of counseling students' thoughts, attitudes, and beliefs about addiction treatment that may better help the researchers understand the third competency area of attitudes and self-awareness.

Method

Creswell (2013) discussed qualitative grounded theory as an extension beyond more traditional and common phenomenological study. This extension goes beyond simply describing a phenomenon and yields a theory to understand its process. The present study's purpose was to explore and qualitatively examine the development of counseling students' thoughts, feelings, and beliefs about addiction treatment. As such, the qualitative methodology of grounded theory was selected to accomplish this task.

Participants

Participants were selected from a Midwestern university's master's degree program in clinical mental health counseling. To be included, participants had to have completed one addiction counseling course of three required in the program. All participants were beginning the second course in the sequence. As directed in Creswell (2013), the number of participants can be determined by data saturation. Data saturation in this study occurred at 20, therefore $N = 20$. The participants were both male and female, and were ages 25 to 47. No other identifying information was collected on the participants.

Participants were sought from the counseling graduate-level addiction treatment courses taught by one of the researchers. Students in the graduate classes were given information about the research study and were invited to participate through an informed consent process approved by the Institutional Review Board. Those expressing an interest to be involved in the study were invited to complete a brief writing assignment during the class and to participate in a focus group at the conclusion of the course. Participants were made aware that their decision to participate in the study had no bearing on their grade or standing in the course in an effort to reduce any perceived bias or coercion.

Procedure

Using the reflective judgment model (King, 2000), participants in this study were asked to complete a brief one-page writing assignment as part of the course inquiring about their current thoughts, attitudes, and beliefs about addiction treatment thus far in their coursework. Identifying information was removed from the participants' writing and

each participant was issued a code number to ensure confidentiality. The researchers kept the de-identified writings for data analysis.

Data Collection

Individual writing. The primary source of data for this study came from the participants' individual writings on their current thoughts, attitudes, and beliefs about addiction treatment. Participants were asked to write a one-page reflection paper on the following question, "What are your beliefs, thoughts, and ideas regarding substance abuse and substance abuse treatment?" Participants were free to write on the topic without any further instruction or use of resource material. These writings were submitted by the participants, de-identified, and archived after final grading for qualitative analysis.

Focus group. So as not to over rely on one source of data, a focus group was conducted at the conclusion of the course and after initial coding of themes identified from the writings. Participants who were still completing their programs of study, and who had consented to be a part of the study, were contacted to determine their willingness to take part in the focus group. Of the 20 participants in the study, a total of five took part in the focus group with two of the researchers. The purpose of this focus group was to review, confirm, or denounce the themes that emerged from the data. Participants were shown the themes gathered from the writings and were asked two open-ended questions to further illuminate how the themes captured their thoughts, attitudes, and beliefs regarding addiction (see Appendix A).

Trustworthiness. A strict adherence to trustworthiness was followed to add transferability, confirmability, and dependability to the findings as discussed in Lincoln and Guba (1985). The ultimate goal of these rigorous steps was to enhance credibility of the findings. Transferability was aided by using thick and rich descriptions, including quotations from the participants' own writing to support the themes. This demonstrates that it is the participants' own words that drove the findings, not the bias of the researchers. Confirmability of the findings is gained by not over relying on one source of data and completing a focus group with a co-researcher. Dependability of the findings was established by following suggestions in Creswell (2013) and Merriam (2002). Here, an expert check/peer review was completed on one of the participant's writings. Further, two member checks were completed as well. For these dependability efforts (expert check/peer review and member checks), the researcher primarily tasked with data analysis completed the open coding phase. This document was then e-mailed to the expert/peer reviewer or the participant who again completed the open coding process. The researchers further discussed all discrepant codes until a final code was agreed upon.

Bias control. Rigorous attempts to control bias were utilized in this study. First, the analysis researcher completed an epoche, as outlined in Creswell (2013), where he articulated his own thoughts, attitudes, and beliefs about addiction treatment. This epoche was reviewed before and after each analysis session, member check, expert/peer review, and focus group. Frequent memos were written in the margins of the transcripts to bracket out the analysis researcher's feelings so as not to taint the process. Next, a complete and thorough analysis journal was maintained to provide evidence and document the entire analysis process.

Data Analysis

This study employed the three-phase analysis process as outlined in Strauss and Corbin (1990). In the open coding phase (1st phase), the transcript was reviewed. Here the data was segmented into categories and the essence of the words captured. In the axial phase of analysis (2nd phase), the open codes from the previous phase were re-organized, exploring similar factors or themes emerging from them. Finally, in the selective coding phase (3rd phase), the themes were connected and the final theory emerged from the data to explain the development of counseling students' thoughts, attitudes, and beliefs about addiction treatment.

Results

This study yielded a total of 310 codes from the participants' writings. The themes identified in the study were formed from 153 of the 310 codes, or 49.3%. All of the themes emerged from the participants' writings and were confirmed by the focus group. As shown in Table 1, a total of nine themes emerged from the data to explain the development of students' thoughts, attitudes, and beliefs regarding addiction treatment: (a) addiction is a developmental process and relapse is common, (b) addiction hurts self and others, (c) addictive behavior is an attempt to self-soothe, (d) addiction treatment is difficult and complex, (e) clients must want to change, (f) genetics play a role in addiction, (g) support system as a key component of change, (h) addiction treatment needs to be individualized, and (i) social support is involved in the creation or sustaining of the problem. Each theme, as it relates to the competency area of attitudes and self-awareness, was explored and checked through the participants' writings and selected quotes.

Table 1

Number of Codes by Theme

Theme name	Number of codes from individual writings
Addition is a developmental process and relapse common	33
Addiction hurts self and others	21
Addictive behavior is an attempt to self-soothe	20
Addiction treatment is difficult and complex	18
Clients must want to change	18
Genetics play a role in addiction	13
Support system as a key component of change	12
Addiction treatment needs to be individualized	10
Social support is involved in the creation or sustaining of the problem	8

Addiction Is a Developmental Process and Relapse Is Common

In this theme, participants articulated a belief that addictions are developed over time; therefore, they must be treated over time. Further, perfection at this process should

not be assumed. As an individual is overcoming an addiction, expect there will be times of relapse. In articulating this, participant 16 stated, "My feelings towards treatment is that addiction is something that never goes away—you can work on it and manage your life, but there is no cure to it." Participant 11 echoed this:

> The most helpful thing I've heard about recovery and relapse is this: "when a person falls down, they usually fall forward . . . so as long as they get up back, the farther along they are in the journey." So when a person slips up in recovery, as long as they give it another go, they are that much further along in the journey.

Addiction Hurts Self and Others

In this theme, participants expressed the belief that addictions harm not only the individuals themselves, but also those around them. These participants seemed to be calling attention not only to the social impact of addictions, but also to the pain and suffering that accompany loving or supporting the individual being treated.

Participant 17 stated, "I think addiction is a disease that not only affects the person that is addicted but their friends and loved ones as well." In support of this sentiment, participant 7 stated, "I think addiction can also include things like shopping, or computer use, as long as it's causing havoc in their lives or lives of their loved ones, it can be labeled as an 'addiction.'"

Addictive Behavior Is an Attempt to Self-Soothe

As participants in the study attempted to make sense of the origins of addictive behavior, they articulated it as being an attempt from the individual to self-regulate. They wrote about how the individual's stress or life events may be overpowering their coping mechanisms, and thereby, an addiction is created. Participant 2 (when talking of their own experience with alcohol) stated, "I didn't get into any of the heavy drugs; however, I did find alcohol to be my getaway. If I was feeling stressed, lonely, or just wanted to meet new people, I would resort to drinking." Participant 13 offered up their ideas stating, "Someone makes a choice to start using something for various reasons: to escape, a distraction, to become numb or not feel, [or] to feel something, etc."

Addiction Treatment Is Difficult and Complex

In this theme, participants expressed how daunting of a task addiction treatment can be. In the individual writings, they shared the trepidation they had for the process and acknowledged that the path from addiction to recovery was not a simple one. Participant 8 stated,

> I've learned over the years in AA that addiction to alcohol and drugs is different from abuse because of the phenomenon of craving, or the desire and willingness to put the drinking or obtaining the drink over all else regardless of the cost as well as the inability to stop when wanting to.

Participant 10, expressing a slightly more pessimistic belief stated, "I think the treatment process of addiction is complex and from what I know, few really truly overcome the addiction process."

Clients Must Want to Change

Participants in this study also discussed the role of the client's own desire in overcoming their addiction. Participants identified that without the individual wanting change, the treatment will likely be ineffective. Participant 1 said this of the power of the client's decision to want change, "The pain will continue until the addicted person and those nearest them receive the education about addiction that they need and are ready to make a change in their lives." Echoing this, participant 14, stated

> I feel addiction and substance abuse is a choice to a degree and a person has to recognize their addiction as a problem, and they have to choose to want to change their behavior in order to help recover from the addiction.

Genetics Play a Role in Addiction

This study identified a theme from the data around the power of genetics in addictions. Participants saw that some individuals were prone to addictions, while others were not. Articulating this role of genetics, participant 12 stated, "Through substance abuse, many individuals have other factors keeping them addicted with all of the chemical imbalances in their body." Participant 9 supported that opinion stating, "For starters, I believe that there are individuals that [who] are born with an addictive personality."

Support System as a Key Component of Change

This study identified a theme from the participants' writings around the power of the support system, as the client overcomes their addiction. For some of the participants, they believed the support system could hold the keys to success by bringing the addiction into the open, learning of its effects on the individual, and identifying how they can be of help. In articulating this idea, participant 17 stated, "Because addiction affects their friends and family, it is important to include them in the treatment process so they know what is going on and can be there to support and encourage them while they are struggling". Other participants believed the support system could be as important as the treatment itself; "There are some success stories of overcoming, but I think continual support such as therapy and/or meeting are vital but also a healthy support system is also important" (Participant 10).

Addiction Treatment Needs to Be Individualized

The degree to which addiction treatment is not a one-size-fits-all endeavor also emerged as a theme from the data. The participants identified that in order to increase the likelihood of successful treatment, the treatment plan must be individualized to the client. Supporting this, participant 19 stated,

> I believe that a person should get their help from many different treatments. Counseling being the number one in my opinion. Self-help groups are also good because of the sense of community that is established for a person. Also help from friends and family as long as those certain friends or family are not perpetuating the problem.

Echoing this, participant 9 stated, "I believe that the level of treatment should be evaluated from individual to individual. I don't believe that a 12-step program is appropriate for everyone."

Social Support Is Involved in the Creation or Sustaining of the Problem

The final theme identified in the study was again regarding the support system of the individual seeking treatment; however, in this case, how social support sustains or prolongs the addiction. Participant 5 stated, "It can be challenging to overlook the disease and see the biological, social, and even environmental aspects that impact the individual [making it worse]." Participant 6 agreed, saying, "People with addictions, struggle to find support, jobs, and/or sometimes empathy from loved ones."

Discussion

Optimally, students enter counselor training with an interest in furthering their personal and professional development. Students are presented with many professional options, including licensure and specializations. Addiction counseling is one such area of specialization; however, given the increasing number of people impacted by substance abuse, all professional counselors must have a working knowledge of addiction counseling as indicated by the new CACREP standards and CSAT competencies (CSAT, 2006; CAREP, 2009, 2016). Students who enter counselor education programs are beginning to attain the knowledge and skills to work in the area of addiction counseling, but it is unknown what attitudes and biases they may have as they enter training programs. Students in this study were asked to reflect in writing on their current thoughts, attitudes, and beliefs about addiction counseling during their training using the reflective judgment model (King, 2000). From these writings, themes were identified that described the students' current thoughts, attitudes and beliefs about addiction and addiction treatment, and a theory of change emerged.

Theory of Change in Students' Thoughts, Attitudes, and Beliefs Regarding Addiction and Addiction Treatment

Students believed in the power of counseling to help people change. They also described addiction and addiction treatment as a large and difficult issue to help clients overcome. Students believed that people engaged in addictive behavior for a reason. Further, this premise was accepted and not judged by the student. Students also acknowledged that punishment for these issues is largely ineffective at helping people change and is often shortsighted. They hypothesized than an addiction is an escape from uncomfortable things, perhaps worries the person holds. Despite a growing awareness of addiction counseling information, the student's own experiences continued to overpower the knowledge they have attained thus far in their coursework, reflecting inaccurate views of addiction and addiction treatment. Students continued to see that the clients themselves must want to change, that they must overcome their addiction themselves, mostly through the help and support of other "addicts," that addiction can be attributed to a personality trait, and that addiction largely remains a choice that people make.

The theory that emerged from this study contains some accurate information and beliefs about addiction and addiction treatment as well as some glaring inaccuracies when compared to current addiction research. The recent Surgeon General's Report on Alcohol, Drugs, and Health (U.S. Department of Health and Human Services, 2016) clearly identifies addiction as a chronic disease that has a neurobiological base with strong genetic susceptibility rather than a moral failing or a choice. The report also emphasizes the effectiveness of evidence-based treatments for addiction that are built on behavioral therapies, recovery support models, and mutual aid groups. The report further highlights that remission from substance use disorders is achievable and occurs far more often than people realize; more than 50% of those who have had a diagnosable disorder are in remission. These concepts are important to convey to students as they are adapting their views on addiction and addiction treatment during their counseling education training. It is critical that these beliefs are challenged to help students construct more accurate views on addiction that are outside of a moralistic or stereotypical viewpoint, helping them to develop strong therapeutic relationships with clients who struggle with addiction.

Implications

Given the long history of societal acceptance of the moral model as a primary explanation for addiction and the "War on Drugs" through "get tough on crime" and mass incarceration as the primary means of addiction management (White, 2014), counselor educators must be keenly aware that students will present with a variety of thoughts, attitudes, and beliefs. Some students will be personally impacted due to a history of addiction or at times an active addiction themselves; others will be raw from the pain of having lived with an addicted family member, whereas others will have little to no exposure aside from what they have seen around them in the culture. Counselor educators must intentionally draw out these experiences, assist the student in recognizing the impact these experiences have on them as future counselors and assist in constructing accurate beliefs and knowledge grounded in a scientific practitioner model to develop the necessary competencies to treat an individual with an addiction.

Limitations

This study focused on one Midwestern university's clinical mental health master's degree program and was a small convenience sample; all of the students in this study were exposed to the same instructor and same material prior to completing their reflective writing. Another limitation relating to the understanding of the themes relates to the lack of information regarding each participant. It was unknown whether participants had a personal history of addiction or treatment or were affected by addiction in some way. A few participants did self-disclose this information; however, it was not gathered due to confidentiality reasons. This personal knowledge would certainly impact the participants' thoughts, attitudes, and beliefs regarding the topic. This study is only a small attempt to understand a complex subject and is limited by the methodology employed, mainly a qualitative approach.

Areas for Future Research

This study focused exclusively on the students' thoughts, attitudes, and beliefs regarding addiction and addiction treatment; however, the exposure the student receives to the material and the intentional instruction to guide the construction of the student's knowledge arises from the instructors themselves. Further research should consider the thoughts, attitudes, and beliefs of the course instructor. Assisting the instructor in becoming aware of their own bias will aid the students in finding theirs. In addition, given the current CACREP requirement to have a core addictions course and the possibly limited pool of instructors with experience in addiction treatment, it is likely the content and focus of the course offerings vary dramatically. A course taught as a survey of addiction to provide knowledge and exposure to treatment will likely produce a very different impact than a course taught from a treatment perspective. These differences are likely impacted by the experiences, biases, preferences, and at times simple availability of a course instructor.

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. This research highlights the need to assess attitudes, beliefs, and biases along with teaching the knowledge and skills required 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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Appendix A

Focus Group Interview Process and Questions

Themes Identified in the Data Shown to Focus Group Members

- Addiction is a developmental process and relapse is common (33)
- Addiction hurts self and others (21)
- Addictive behavior is an attempt to self-sooth (20)
- Addiction treatment is difficult and complex (18)
- Clients must want change (18)
- Addiction is a choice (15)
- Genetics play a role in addition (13)
- Support system as a key component of change (12)
- Addiction treatment needs to be individualized (10)
- Social support involved in the creation or sustaining of the problem (8)

Questions Asked of Focus Group Members

1. Do the themes capture your experience in the course?

2. Please discuss the themes as they relate to your experience in the course.