

Addressing the Future of Addiction Studies in Higher Education

By Peter L. Myers, PhD

The Community Colleges movement of the 1960's created educational programs for the "new professionals" of alcoholism counselors to treat persons affected by this disease. This movement created a level of paraprofessionals specific to alcoholism and drug addiction and was modeled after "Teacher Aides," "Human Service Workers," and the "Mental Health Tech" paraprofessional movement. That paraprofessionals movement has developed a more advanced curriculum to match the career ladder that now ranges from a technician/paraprofessional to a Master's Degreed professional. Dr. Ed Reading chronicled the rise of addictions curricula in college and university settings in the Fall issue of *Advances in Addiction & Recovery*. The scope of practice and the addiction specific education to match those scopes have been identified and are being used by the International Coalition for Addiction Studies Education (INCASE), National Addiction Studies Accreditation Commission (NASAC), and NAADAC. A profession is not identified as a profession until the education is specific to that discipline and accredited as such. Today, there are many colleges and universities that have upgraded their curricula to these models but much more needs to be accomplished.

The creation of "Recovery Support Specialists" or "Recovery Coaches" to serve in the recovery mentor role in the Recovery Oriented System of Care (ROSC) model opens the door to confusion. In some states and locations, these roles mean something different with a variety of scopes of practice. Recovery Support Specialists or Recovery Coaches and Mentors perform many of the same functions as addictions counselors have in the past: community navigation; support and coping skills enhancement; long term support for emotional, behavioral, and cognitive stability; and referral to treatment when relapse prevention or other counseling supports are needed. Curricula for recovery mentors needs to be developed and upgraded to include specific knowledge, skills, and competencies that reflect the scope of practice. Confusion between the role of the "sponsor" and the role of the "Addiction Counselor" verses the role of the Recovery Support Specialists or Recovery Coaches. (White 2006) Other components and standards of the ROSC model such as for sober living facilities will also need to be added to the curricula. Very few colleges and universities have courses on long-term recovery support and textbooks that train specifically to this new practice need writing as upgrading as the ROSC model replaces the old acute care model (SAMHSA 2010).



The future of addiction studies need to include critical thinking about addictions and counseling (ethics, treatment, and support modalities), the pros/cons and limitations of the SBIRT models along with the various uses of SBIRT models, and the proliferation of non-12 step mutual support groups to curricula. The era of dogmatism in addictions treatment is eroding. Whereas years ago it was once actually forbidden to offer an in-service workshop of SMART Recovery, students and counselors are now inquisitive about the menu of options in the road to recovery, including SMART, Charlotte Kasl's 16 step "spirituality lite" model, and LifeRing Secular Recovery, as well as others (White 2005).

Additionally, the "third wave" of cognitive-behavioral therapies (Forman et al. 2007, Hayes et al. 2004), mindfulness (Hoffman et al. 2007, Williams and Kraft 2012), coping skills, and the integration of addictions counseling into primary health care are innovations that also need to be added to the addiction studies curricula.

In working with families who have a member with a substance use disorder, too often educators and texts repeat non-evidence-based formats on typologies of children of alcoholics that are decades old, and copied from classic family systems research on families in general. These too need to be upgraded (Corcoran 2003).

The future possess several threats. One threat is that many professors who teach or supervise addictions courses identify as a social worker, counseling psychologist, or even a health educator, and not primarily as an addiction specialist. Their education and loyalty lies to organizations in those disciplines, and they gravitate towards accreditation by the bodies formed by these disciplines. The dispersal of substance use disorder studies among many college/university departments can make it difficult to even identify SUD specific curricula.

Another threat, which is endemic to higher education as a whole, is the "adjunctification" of instruction. This writer, as well as many other faculty that have been trained in SUD studies, retired from full-time faculty status and have been replaced by an assortment of adjunct faculty who are loosely supervised and not necessarily well-educated and trained in SUD-specific studies. This problem is compounded when we view the rise of private online curricula in which the supervisor of the adjunct instructors is often not in a helping professions, but instead is a technocrat who may not care whether the course

has been updated to reflect the latest developments and practices. There is often no oversight by qualified professionals in the structuring of the curriculum and no assurance that the curriculum is aligned to national or state standards.

In closing, this article suggests the importance of upgrading the education and texts specific to SUD by educators that are well trained and supervised in the new methodologies and practices that have been and will become part of the foundation of addiction practice.



Peter L. Myers, PhD, is a Past President of INCASE, an emeritus member of NASAC, and emeritus Editor-in-Chief of the *Journal of Ethnicity in Substance Abuse*. He is co-author of *Becoming an Addictions Counselor: A Comprehensive Text*, and coauthor or editor of five other books in the SUD field. He works for the publishing conglomerate ABC-CLIO as Series Editor of volumes concerning substance use disorders.

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