Kingsborough Community College of CUNY

Preliminary Findings: Addiction Counseling Trainees Self-efficacy Perceptions
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In order to promote successful client outcomes, increased focus is being placed on developing a professional workforce with addiction counseling specific skills.

As part of this, there has been a review of counselor education requirements in many states.

Nearly all have certification and/or licensure, but minimum qualifications vary from a High School Diploma through Masters Level education.

NYS adopted a standardized curriculum.
Program Description

Addiction counselor education program located within Kingsborough Community College (KBCC) of the City University of New York (CUNY)

• Had the first accredited Associate Degree in Chemical Dependency Counseling program in the country

• Also has a Certificate Program in Chemical Dependency Counseling
Are Counselors Developing Needed Skills

- With the expansion of counselor education programs, how do we know if counselors are developing the needed counseling skills?
- Is passing the state certification tests the only measure we should be focused on?
- Should counselor education programs be implementing other standardized mechanisms to assess students’ needs even prior to graduation?
Addiction Counseling Self-Efficacy Scale (ACSES) has demonstrated internal validity and test-retest reliability with samples of experienced counselors and counselor trainees (Wendt, 2007; Murdock et al., 2005).

When tested, its 5 dimensions have accounted for up to 65% of the variance (Murdock et al.).

Based on Bandura’s (1977) social learning theory, i.e. self-efficacy or the belief that one has the ability to accomplish a task is critical to success.
To promote success

- 4 elements of self-efficacy needed
  - 1) Successful performance – counselor must experience success to build confidence
  - 2) Vicarious experience – must have positive role models and mentoring
  - 3) Verbal persuasion – timely positive feedback important to reinforce skills
  - 4) Emotional arousal – must be emotionally (and physically) ready for the field
ASCES Dimensions

• Developed using the TAP 21 Counselor Competencies as a guide

1. Specific Addiction Treatment Skills
2. Assessment & Treatment Planning Skills
3. Co-occurring Disorder Skills
4. Group Counseling Skills
5. Basic Counseling Micro Skills
Goal

• Goal of this study is to assess if there is any change in counselors’ perceptions of their self-efficacy using the ACSES

• (Wendler 2007) suggests that the ASCES can be helpful:
  – To identify more and less self-efficacious addiction counselors
  – To gauge improvements in addiction counselors’ self-efficacy from a certain time point to the next
  – To target areas for training and intervention
  – To measure counselors’ confidence in their skills before and after interventions designed to increase self-efficacy beliefs
• All trainees are recruited to complete self-administered surveys on a rolling basis:
  – Prior to starting their internships
  – At the end of the first internship
  – At the completion of the second internship

• Demographically diverse

• Age range 24 - 65
As of August 1, 2015,
- n=8 trainees completed Time 1, 2 & 3
- n=24 completed Time 1 & 3
- n=71 completed either Time 1, 2 or 3

Preliminary findings are based on data for Time 1, 2 and 3 completers to identify if there appeared to be any trends.
Specific Addiction Treatment Skills

- Q17) Teach ct about self-help networks and literature-No change
- Q19) Help ct recognize what triggers substance use, &
- Q13) Assess ct readiness to change, &
- Q25) Challenge behaviors that interfere with recovery ----Small +change increments Time 1>2>3
- Q1) Assess prior self-help; Q8 Help determine rec supports; Q14) Help dev realistic expectations; Q18) Help ID supportive behaviors
- Small +change increments Time 1>3 for
- Overall means from Time 1=38.69 > Time 3=38.89
Assessment & Treatment Planning Skills

- Q21) Assess ct’s financial concerns
- Q22) Summarize tx/recovery info
- For Q21 & 22, small change increments from Time1>2>3
- Q10) Use assess data to develop tx plan, decrease Time1>2; 1>3
- Q20) Write accurate, concise reports
- Q24) Gather info about prior tx
- No change from Time 1 > 3
- Overall means from Time 1=22.94 > Time 3=23.05

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Co-occurring Disorder Skills

- For Q5) Work effectively with SUD & anxiety D/O, and
- Q28) Work effectively with SUD & mood D/O, decrease from Time 1 to 3
- For Q9) Work effectively with SUD & psychotic D/O
- Q12) Work effectively with SUD & personality D/O
- Q16) Work effectively with SUD & trauma
- Small change increments from Time 1 to 3
- Q7) Screen for co-occurring mental health D/O = no change
- Overall means from Time 1 = 26.32 > Time 3 = 26.38
Group Counseling Skills

- For Q6) Develop trust & cohesion in group, &
- Q11) Help group challenge each other responsibly, &
- Q15) React spontaneously & responsively, &
- Q27) Help group support each other decrease from Time 1>3

- For Q26) Form group including determining form & selecting members, &
- Q29) Explore interpersonal dynamics Small +change increments from Time1>3

- Overall means decreased from Time 1=28.88 > Time 3=28.79
Basic Counseling Micro Skills

- For all 6 questions, decrease from Time 1 > 3
- Q2) Show empathy
- Q3) Create a therapeutic environment
- Q23) Establish warm, respectful relationship
- Q4) Convey care & concern
- Q30) Use active listening
- Q31) Be respectful & non-judgmental

Overall means decreased from Time 1 = 32.54 > Time 3 = 32.40
Mean Scores

- Likert scale used
- Scoring 1 through 6
- Overall, counselor trainee rated themselves highly over all time frames

- Dimension 1) Specific Addiction Treatment Skills
  - Mean Score Time 3 = 38.89 out of 48

- Dimension 2) Assessment & Treatment Planning Skills
  - Mean Score Time 3 = 23.05 out of 30

- Dimension 3) Co-occurring Disorder Skills
  - Mean Score Time 3 = 26.38 out of 36

- Dimension 4) Group Counseling Skills
  - Mean Score Time 3 = 28.79 out of 36

- Dimension 5) Basic Counseling Micro Skills
  - Mean Score Time 3 = 32.40 out of 36
• During the scale’s validation, Wendt noted:
  – Lack of variance in self-reported self-efficacy beliefs for many items
  – Data were negatively skewed since participants tended to highly rate their self-efficacy beliefs
  – Was possible that participants were overestimating their skills
  – Could be that participants were already trained & experienced
Discussion

• These preliminary findings suggest the trend is a negative skew
• In a number of instances, the mean scores for Time 2 and/or 3 were lower than Time 1, which suggests that trainees might have encountered skill challenges
• Only 2 areas where means decreased - Group Counseling and Basic Micro Skills
• Closer attention need to be paid to these areas & to those items that show a -trend
• Very small convenience sample recruited from trainees taking the field internship
• Not enough data to complete more in depth analyses
• Preliminary findings suggest there is a trend in a few areas especially Group & Basic Micro
• We may want to begin to take a closer look at what is going on in the program as these are 2 critical areas of skill sets
Limitations & Next Steps

• Several –
  – Small sample, non-randomized
  – Cannot generalize any finding
  – Test-retest bias
  – Attrition

• Data gathering is continuing
• Targeted sample = 300 trainees who complete Time 1, 2 and 3
• Possible redesign to add a qualitative component
