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Examination of Factors Related to Counsellor Educator Self-Efficacy to Treat Addiction

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Abstract. Counsellor educators are tasked with preparing students to serve clients diagnosed with substance use disorders. In this context and alongside the global impact of addiction, the authors explored factors related to counsellor educator self-efficacy in treating addiction. A total of 78 counsellor educators and 44 doctoral counselling students took part in the study. A demographic questionnaire, the substance abuse attitude survey, and the substance abuse treatment self-efficacy scale were combined to create an online questionnaire completed by participants. A multiple regression indicated that the number of completed graduate-level courses in addiction and the years of clinical experience significantly predicted educator self-efficacy. Limitations of the study included the use of self-report instruments, a homogeneous participant pool, a potentially biased questionnaire and data analysis, difficulty assessing all the factors related to self-efficacy, and limited research already in existence on the relationship between educator clinical experience in treating addiction. Future research using a qualitative design is recommended to gain a deeper understanding of the factors that influence counsellor educator self-efficacy. The findings of this study will help fill the gap in knowledge on counsellor educator self-efficacy and provide direction in terms of how administrators can support educators in developing both their addiction pedagogy and comfort in teaching addiction. Supporting counsellor educators directly supports counselling student education and preparedness, which enhances client treatment and helps to fill the growing need for mental health counsellors trained to treat clients with addiction.

Keywords: Counselling self-efficacy; addictions; substance use disorders; attitudes; counsellor educators

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1. Introduction

The burden of drug addiction on society has created a demand for counsellor educators to be prepared to teach an addiction curriculum regardless of their specialisations. Research indicates that counsellors in the United States of America (USA) continue to see an increased number of clients presenting with substance-related concerns (Cornfield & Hubley, 2020; Bureau of Labor Statistics, 2019). This increased need for counsellors trained to treat addiction in the USA reflects the current opioid epidemic (Centers for Disease Control and Prevention, 2019), the rise in stimulant use in our communities (Via, 2019), and the associated support needs of loved ones diagnosed with addiction (McCann et al., 2017; Via, 2019). Another national study provided a detailed breakdown of treatment needs related to client substance use disorders (SUDs), indicating that approximately 20.3 million individuals in the USA aged 12 and older met the diagnostic criteria in the *American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) for an SUD, with approximately 8.1 million people with an illicit drug use disorder and an additional 14.8 million with alcohol use disorder (Substance Abuse and Mental Health Services Administration, 2019).

Canadian researchers have found a similar need to address the costs to society caused by substance use problems and disorders (Sherk et al., 2024). The growing need for trained addiction professionals to serve citizens with SUDs in the USA and Canada is mirrored in a global study in which researchers indicated that the societal strain related to substance use has grown and continues to impact communities worldwide (Citaristi, 2022).

Tran et al. (2019) completed a global meta-analysis of 13,685 research papers related to SUDs, providing evidence of the need for addiction treatment policy and treatment interventions that are culturally sensitive to different communities and geographic locations. Improving educational opportunities in addiction counselling has been identified as one way to encourage more people to enter the field (Murphy, 2022; Klingemann & Wieczorek, 2024).

2. Literature Review

Clients with increased substance use issues outnumber the current USA workforce of addiction professionals and this leaves many people lacking access to needed treatment (Centers for Disease Control and Prevention, 2019). Counsellor educators who are tasked with ensuring all students are prepared to serve clients with addiction issues need support since not all counsellor educators have specialised training or experience in addiction topics (Cornfield & Hubley, 2020; Stokes, 2019). Programme administrators are encouraged to support educators in building their skills in teaching addiction (Stokes, 2019; Yates et al., 2017). The Council for Accreditation of Counselling and Related Educational Programs (CACREP) continually highlights the importance of counsellor educators in preparing students to serve the addicted client population (CACREP, 2024).

Given this mandate, counsellor educators may need to broaden their knowledge of core curriculum topics in addiction (Fields et al., 2023). For example, trauma-

informed care and integrated behavioural health are common in addiction treatment, yet researchers have suggested that counsellor educators and counsellors have insufficient training in these areas (Felter et al., 2022; VanAusdale & Swank, 2020). Counselling students graduate without adequate knowledge or training to meet the needs of the client population in their communities (VanAusdale & Swank, 2020). This lack of student preparation to teach addiction could be addressed by assessing counsellor educator teaching self-efficacy, specific to content areas (Bandura, 1986) and encouraging them to make student needs central in course planning and delivery (Carlisle & McCloskey, 2023). Discovering the factors that support teaching self-efficacy will provide direction for programme administrators in planning and implementing administrative support for teaching faculties. However, there is a gap in the literature published on the topic of counsellor educator self-efficacy to teach addiction.

In this study, the researchers defined teaching self-efficacy as a counsellor educators' confidence in their ability to effectively teach addiction topics. Furthermore, counsellor educators' self-efficacy to treat addiction refers to their confidence in their ability to treat clients with addiction. Self-efficacy theory refers to a person's confidence level in their ability to perform a task (Bandura, 1986). Individuals with high self-efficacy will be more likely than those with low self-efficacy to begin and successfully maintain a task to completion (Goreczny et al., 2015). Self-efficacy increases in four ways: 1) by performing the skills related to a task; 2) by observing someone else perform the task; 3) by receiving encouragement and support in attempts to perform a task, and 4) by learning to regulate the emotions that occur during the learning process (Bandura, 1986; Bandura, 1993).

In a study that surveyed elementary to high school teachers ($N = 310$), it was determined that teacher self-efficacy is a characteristic that correlates with student achievement (Voelkel & Chrispeels, 2017). Dybowski et al. (2017) found that the teaching quality of clinical psychology educators was enhanced by their ability to assess student competency. In a study of 76 health professionals who served clients with addiction, it was found that providing training through virtual mentoring and case-based learning improved participants' confidence and satisfaction in providing addiction services (Heerema et al., 2023).

An underlying theme in the literature suggests it is important to support counsellor educators in building knowledge, confidence, and self-efficacy to create and teach in-depth addiction curricula. Intervening in support of counsellor educators in this way will not only benefit the counsellor educators, it will also benefit students preparing to be future counsellors, their clients, and help fill the need for professionals trained in addiction (VanAusdale & Swank, 2020; CACREP, 2024; Kourgiantakis et al., 2022; Ricciutti & Davis, 2024). Therefore, this literature review examines published studies that explore the self-efficacy of schoolteachers, clinical educators outside of professional counselling, counselling clinicians, and counselling students to treat addiction.

2.1 Attitude

A major duty of counsellor educators is to create a curriculum and determine what is important to teach (Carlisle & McCloskey, 2023). Considering that counsellor educators' personal beliefs have been found to determine what is important to teach (West et al., 2021), it is important to research counsellor educator attitudes toward addiction (Chasek et al., 2012). The results of a seminal study on factors related to graduate students' confidence to treat clients with addictions suggest that student treatment optimism is related to their addiction attitudes (Chasek et al., 2012).

Chasek et al. (2012) encouraged counsellor educators to address student attitudes, beliefs, and biases toward substance use issues and substance use treatment in their attempt to prepare their students to serve clients with addiction issues. Programme administrators were encouraged to support educators in reflecting on their biases toward addiction to help ensure that they are open to teaching evidence-based curricula (Chasek et al., 2012). The connection between educator counsellor attitudes and addiction service delivery appears to be just as true today as it was more than a decade ago (Fish, 2024; Smith et al., 2023; West et al., 2021).

2.2 Education, Clinical Experience, and Teaching Experience

Educational training has been linked to the self-efficacy of counselling students, counsellor educators, and professional counsellors. Student self-efficacy has been positively correlated with their level of education and subject-specific coursework (Goreczny et al., 2015). Doctoral student teachers and recent graduated counsellor educators identified practice teaching, clinical work, and supervised teaching experiences as predictors of their self-efficacy (Farmer et al., 2017; Ong et al., 2019; Suddeath et al., 2020). Education has also been identified as a stronger predictor of counsellors' willingness to consider research-informed addiction treatment interventions (Ducharme et al., 2010; Knudsen et al., 2007).

Combined, these research findings highlight the importance of education, clinical, and teaching experience in building student, counsellor educator, and clinician self-efficacy related to addiction. Given the projected need for addiction counsellors in the USA, we can use these findings in supporting counsellor educators build self-efficacy to provide comprehensive domain-specific addiction curriculum (Pedersen & Sayette, 2020; Smith et al., 2023).

As educators guide students in adopting the competencies to treat future clients presenting with addiction issues (Goreczny et al., 2015), we must ask what or who is supporting the educators in developing their self-efficacy to teach addiction curriculum. While trying to answer this question, the researchers identified a gap in the literature around the self-efficacy of counsellor educators to teach addiction. This study attempted to fill the gap. The purpose of this study was to investigate whether the following factors would predict counsellor educator self-efficacy related to addiction: the number of graduate-level courses in addiction counsellor educators complete; the number of years of experience treating clients with substance abuse they have; whether they regularly teach courses in addiction; and their substance abuse attitudes. It was hypothesised that the number of graduate-level addiction courses counsellor educators complete, the number of years of

experience treating clients with substance abuse they have, whether they regularly teach courses in addiction, and their substance abuse attitudes predict counsellor educator self-efficacy in treating addiction.

2.3 Research Questions:

The study investigated the following research questions:

1. Can counsellor educator self-efficacy be predicted by the number of graduate level courses in addiction they have completed?
2. Can counsellor educator self-efficacy be predicted by their years of experience treating clients with substance abuse?
3. Can counsellor educator self-efficacy be predicted by whether they regularly teach addiction courses?
4. Can counsellor educator self-efficacy be predicted by their substance abuse attitudes?

3. Method

3.1 Research Design

A quantitative research design using correlational research was used in this study to examine the relationship between the predictor variables of counsellor educator attitude; graduate-level addiction courses completed; experience treating clients with substance use issues; and years of experience teaching addiction courses. The criterion variable was self-efficacy. Descriptive statistical analysis was used to determine the relationship between the predictor variables and the criterion variable. To improve research rigour, the researchers used Bandura's self efficacy theory to guide the study (Bandura, 1993).

3.2 Participants

Prior to conducting the study, a priori power analysis was completed using G* Power with four predictor variables, in which the estimated medium effect size required 89 participants. Based on the G* Power analysis, the total sample size ($N = 122$), power was .95 was sufficient to support an analysis of the results (Faul et al., 2009). A purposeful sampling approach was used to identify and recruit participants. An online survey was created utilising Survey Monkey for administrative purposes and data collection. Before filling out the online questionnaire, participants were informed of the purpose and nature of the study; that no personal identifying information would be collected; that they could withdraw from the survey up until publication; and they were given contact information for the researchers' supervisor to contact if they had questions about the study. Data were stored on a private password-protected laptop at the researchers' educational institution and only the researchers had access to it. The transparency of the data was strengthened by weekly review meetings with the researchers and their institutional supervisor to review procedures and data interpretation. If there were inconsistencies in researcher interpretation of data, they discussed these and came to an agreement, helping to limit the effect of individual bias.

All participants were counsellor educators and doctoral students who were 18 years old or older and enrolled in a CACREP accredited counsellor education programme in the USA. A total of 78 counsellor educators and 44 counsellor

educator doctoral students, of the potential 1,200 invited participants, took part ($N = 122$). Caucasian participants made up 70% ($n = 84$) of the sample, followed by 20% ($n = 25$) African Americans, and 10% ($n = 13$) who identified as other race/ethnicity. Female educators represented 68.03% ($n = 122$) of the sample, followed by 31.97% ($n = 39$) male educators. Counsellor educators made up 64% ($n = 78$) of the participants and doctoral students made up 36% ($n = 44$) of the participant population.

The low response rate is a limitation of the study. The researchers addressed this by sending out a reminder email two weeks after the first email.

3.3 Survey Instruments

The Substance Abuse Attitude Survey (SAAS)

The substance abuse attitude survey is a 50-item, Likert-scale survey. Chappel et al. (1985) developed this instrument and demonstrated that it is a viable tool to use in developing and measuring attitudinal objectives and in improving teaching approaches at both the undergraduate level and for the continuing education of medical students. This instrument was used to measure participant attitudes toward addiction and was found to be a valid, reliable assessment survey with reliability ranging from 0.63 to 0.77 (Chappel et al., 1985; Chappel & Veach, 1987). In the current study, the reliability estimates were acceptable with a Cronbach's alpha of .77 for this exploratory study (Streiner, 2003).

The Substance Abuse Treatment Self-Efficacy Scale

The substance abuse treatment self-efficacy scale (SATSES) was designed to measure the degree of confidence social workers have in using substance abuse treatment skills (Kranz, 2003; Kranz & O'Hare, 2006). Exploratory and confirmatory analyses demonstrated excellent reliability and construct validity. The substance abuse treatment self-efficacy scale is a 32-item, five-point Likert-type scale. The items are divided into five subscales: assessment/treatment, case management, counselling-individual, counselling-group, ethics. The scale has shown good internal consistency with Cronbach's alphas ranging from 0.89 to 0.96 (Kranz & O'Hare, 2011). In the current study the reliability estimates were high, with a Cronbach's alpha of .965 (Streiner, 2003).

Demographic Survey

The demographic survey was informed by the literature and created by the researchers. It included questions to gather information such as age, gender, race, teaching experience, clinical experience, and number of graduate courses in addiction completed by participants. While the questions that made up the literature were informed by the literature, the reliability and validity of this questionnaire has not been determined (see Appendix for the full demographic questionnaire).

3.4 Data Collection Procedures

University Institutional Review Board approval was received for the study. A purposeful sampling method was used to identify and recruit participants. An online survey was created utilising Survey Monkey for administrative purposes and data collection. Survey instruments such as these are cost effective,

convenient for participants, and often used in research to collect large amounts of data in a timely fashion (Regmi et al., 2016).

The CACREP Program Directory and the webpages of CACREP accredited universities were used to access potential participant email addresses. A recruitment letter was emailed to faculty members of CACREP programmes asking for their voluntary participation in the study and asking them to forward the recruitment letter to their doctoral students. They were instructed to assure students that participation in the study was voluntary and would not influence their grades. Participants were also recruited at both the American Counseling Association Conference and the Southern Association of Counselor Education and Supervision Conference to address the low response rate from the online survey. A total of 1,200 faculty members and doctoral students were invited to participate in the study. Doctoral students on counsellor education programmes were included as participants because they often teach classes as part of their curriculum, and they are being trained to teach future counselling students upon graduation.

A tailored design method was used to assess areas of interest: participant attitudes toward substance use and treatment, their self-efficacy in treating addiction, and the relationship between their attitudes and self-efficacy in treating addicted clients. Additional predictor variables assessed included the number of graduate courses in addiction participants had completed, their number of years of experience treating clients with substance use issues, and whether the participants regularly taught addiction courses. A link to the survey was included in the recruitment letters.

No identifying information associated with the data was collected from participants except for demographic information. Responses to the survey were not associated with respondents. The data were kept confidential and saved electronically using confidential password protection. There was a 10% response rate. Web-based surveys typically deliver lower response rates than other data collection methods (Dillman et al., 2014). The low response rate was addressed by sending out a second email invitation two weeks after the first to encourage participation. This low response rate will be taken into consideration when planning further research.

3.5 Data Analysis

For the study, the goal was to investigate counsellor educators' attitudes toward addiction and self-efficacy to determine if attitudes predict self-efficacy. A standard multiple regression was conducted to predict how well substance abuse attitudes, number of years treating clients with substance abuse, number of graduate courses in addiction completed, and years of experience teaching substance abuse courses predict the self-efficacy of counsellor educators in to treat addiction. Data analysis was performed using SPSS regression.

To investigate normality, descriptive statistics were explored. Descriptive statistics were computed on survey items and analyses were performed using

SPSS Statistics Version 25 to determine possible associations between the variables in each research question. The significance level was set at .05 or lower and the power was set at .80 or higher as a mechanism to prevent type II errors (Garson, 2012). Prior to conducting the study, a priori power analysis was carried out using G* Power with four predictor variables and estimated medium effect size requiring 89 participants. Based on the G* Power analysis, the total sample size ($N=122$), power was .95 was sufficient to support analysis of the results (Faul et al., 2009).

Next, the data were coded and cleaned. Before conducting the multiple regression, the data were screened for missing data, outliers, and assumptions. An investigation of histograms, scatterplots and normal probability plots revealed no major violations of the assumptions of normality, linearity, independence of residuals, or homoscedasticity. There were no missing values, and no multivariate outliers detected. Univariate outliers were detected upon consulting the plots and trimmed mean, but it was determined that these outliers had minimal influence; therefore, they were retained.

An examination of the skewness values and a visual inspection of the frequency distributions suggested that the distributions of variables were approximately normal. Examination of the bivariate scatterplots indicate that there were linear relationships between all the variables. The correlation coefficients among the variables are reported in Table 1. All the collected data were used in the analysis. The predictor variables were counsellor educator attitude, represented using SAAS total scores, graduate-level addiction courses completed, experience treating clients with substance use issues, and years of experience teaching addiction courses. The criterion variable was self-efficacy represented by SATSES score. Next, the researcher transformed the raw scores from the SAAS into t-scores using the conversion table provided by the assessment creators (Chappel et al., 1985). Transparency of the data was strengthened by weekly review meetings with the researcher and their institutional supervisor. At these meetings study procedures and data interpretation were reviewed. If there were inconsistencies in the researchers' interpretation of the data, they discussed these and came to an agreement, helping to limit the effect of individual bias.

Table 1: Coefficients

		Total Self-Efficacy Score	Addiction Courses Completed	Years Of Experience Treating Clients	Substance Abuse Attitudes	Regularly Teach Substance Abuse Courses
Pearson Correlation	Total Self-Efficacy Scores	1.00	.457	.421	.085	.246
	Addiction Courses Completed	.457	1.000	.152	.238	.179
	Years of Experience Treating Clients	.421	.152	1.00	-.071	.485
	Substance Abuse Attitudes	.085	.238	-.071	1.00	.265
	Regularly Teach Substance Abuse Courses	.246	.179	.485	.265	1.00

	Regularly Teach Substance Abuse Courses	.246	.179	.485	.265	1.00
	Total Self-Efficacy Scores		.002	.003	.301	.063
	Addiction Courses Completed	.002		.174	.070	.134
Sig. (1-tailed)	Years of Experience Treating Clients	.003	.174		.331	.001
	Substance Abuse Attitudes	.301	.070	.331		.049
	Regularly Teach Substance Abuse Courses	.063	.134	.001	.049	

4. Results

4.1 Counsellor Educator Self-Efficacy as Predicted by the Number of Graduate-Level Courses in Addiction They Have Completed

The number of graduate-level addiction courses completed by the participants significantly predicted their self-efficacy ($p = .009$) and had the largest positive standardised beta and semi-partial correlation coefficients.

4.2 Counsellor Educator Self-Efficacy as Predicted by Their Years of Experience Treating Clients With Substance Abuse

The number of years of experience treating clients with substance abuse issues was also statistically significant in predicting participant self-efficacy ($p = .032$), with similar positive standardised betas and semi-partial correlation coefficients.

4.3 Counsellor Educator Self-Efficacy as Predicted by Whether They Regularly Teach Addiction Courses

While counsellor educator years of experience teaching addiction courses was hypothesised to be positively related to counsellor educator's self-efficacy, it was not statistically significant, and the standardised beta and semi-partial correlation coefficient were virtually zero.

4.4 Counsellor Educator Self-Efficacy as Predicted by Their Substance Abuse Attitudes

While substance use attitudes were hypothesised to be positively related to counsellor self-efficacy, attitude was not statistically significant in predicting participant self-efficacy and the standard beta and semi-partial correlation coefficient were virtually zero.

The unstandardised regression coefficients (B) and intercept, the standardised regression coefficients (β), and semi-partial correlations (sr_i) are reported in Table 2. The variance accounted for (R^2) equalled .336 (adjusted $R^2 = .260$), which was significantly different from zero ($F = 4.423, p < .01$).

Table 2: Unstandardised regression coefficients (B) and intercept, the standardised regression coefficients (β), semi-partial correlations (sr_i), t-values, and p-values

	B	β	sr_i	t-value	p-value
Intercept	109.252			2.499	.017
Graduate Courses Completed	3.900	.399	.421	2.767	.009***
Years of Experiences Treating Clients	1.314	.365	.353	2.233	.032*
Substance Abuse Attitudes	.041	.018	.020	.119	.906
Regularly Teach Addictions Courses	-.941	-.007	-.008	-.045	.965

Note: * $p < .05$, *** $p < .01$

4. Discussion

The purpose of this study was to identify factors that influence counsellor educator self-efficacy in teaching addiction. The authors explored the relationship between the following four variables: counsellor educators' formal training in addiction; their experience treating clients with addiction issues; whether they regularly taught addictions courses; and their attitudes toward addiction. The results of the study suggest that two of the predictor variables had a statistically significant effect on counsellor educators' self-efficacy to treat addiction.

The first predictor variable with statistical significance was the number of graduate-level courses a study participant had completed in addiction. Participants who reported the highest number of completed graduate courses in addiction had the highest self-efficacy scores. This finding is consistent with past studies that show educational training enhances self-efficacy (Heerema et al., 2023; Murphy, 2022). It may be that counsellor educators who advance in their study of addiction deepen their understanding of addiction topics, giving them more confidence to teach advanced topics (Farmer et al., 2017). Moreover, with the completion of additional domain-specific coursework, educators may find it easier to engage students in the learning process and this may indirectly boost the educators' sense of teaching self-efficacy (Bandura, 1986; Bandura, 1993).

The second predictor variable that demonstrated statistical significance was the years of experience participants had treating clients with SUDs. The more experienced they were in treating clients with addiction issues, the higher their self-efficacy. This second finding was consistent with the literature, highlighting counsellor educator reported self-efficacy to teach resulting from clinical experience (Ong et al., 2019). These significant findings correspond with Bandura's theory of self-efficacy which assumes that when a person increases

their learning and skills related to a task, their confidence in their ability to complete the task in the future increases (Bandura, 1993).

The results did not indicate a statistically significant relationship between teaching experience and self-efficacy. The participants who had more years of teaching addiction courses did not have higher self-efficacy in treating addiction. This finding reflects earlier findings in the literature that indicate that additional faculty development is necessary to affect teaching (Alford et al., 2008) and that counsellor educator self-efficacy is better measured based on content areas so that the results are more predictive of outcomes (Kourgiantakis et al., 2022). It may also be that education, without some level of mastery in providing addiction treatment, is not sufficient for developing the confidence needed to teach addiction content.

The last factor investigated was educator attitudes toward addiction. The attitudes of educators did not seem to influence their belief in their ability to treat addiction. This finding may be indicative of an emphasis in counsellor education on ethical guidelines over the past decade that encourage a non-judgemental culturally responsive approach in addiction counselling (Smith et al., 2023). It may also reflect the Hawthorne effect, suggesting that the participants felt pressure to conform to discipline norms. Another possible explanation for this finding may be that the survey used to measure attitudes was not sufficiently sensitive to capture the complexity of counsellor educator attitudes toward addiction. This finding could also be a reflection of the need to create and validate a more nuanced measurement of attitudes toward addiction that would capture both conscious and unconscious bias.

The results of this study give a deeper understanding of educators' self-efficacy to teach addiction topics. The study will lend support to policymakers, administrators and counsellor educators who strive to support each other in building self-efficacy in the creation and teaching of addiction curricula needed to prepare students for the demands they will face as they graduate and begin to treat clients, many of whom will most likely present with substance use issues.

5. Conclusion

This study examined counsellor educator self-efficacy to treat addiction. The results indicated that the number of completed courses in addiction and the number of years treating addiction issues strengthened educator self-efficacy to treat addiction. Regularly teaching addiction courses and substance abuse attitudes did not strengthen educator self-efficacy to treat addiction. It could be that counsellor educators can boost their self-efficacy to teach addiction by taking master-level addiction courses and clinical experience treating addiction. Administrators are encouraged to be intentional in supporting current faculty members in building expertise in teaching addiction by assessing their preparedness to teach addiction and supporting their mastery over addiction topics. Suggested strategies for supporting counsellor educators include providing opportunities for advanced education on topics in addiction; engaging faculty in experiential activities and discussions on best practice in teaching

addiction; promoting faculty self-reflection on potential unconscious bias towards people with addiction; pairing faculty members with a mentor with expertise in addiction; and filling open faculty positions with counsellor educators specialised in addiction. Programme administrators are also encouraged to focus on addiction curriculum in doctoral programmes for counsellor education and supervision to help ensure that graduating doctoral students are knowledgeable and skilled at teaching a comprehensive addiction curriculum. Last, recruiting master's-level addiction counsellors into counselling doctoral programmes is recommended.

Counsellor educators can build their addiction self-efficacy with the following strategies: committing to reading peer-reviewed journal articles on addiction topics; being intentional in participating in professional workshops on addiction-specific topics; seeking mentorship with a more experienced professional trained in addiction; engaging in service in the addiction community; engaging in self-reflection activities aimed at identifying and challenging unconscious addiction biases, which would influence the topics and interventions chosen to emphasise in their teaching of addiction; keeping student needs related to client caseloads for counsellors central in their course planning; and using standardised assessment tools to guide curriculum planning and student assessment.

6. Implications, Limitations and Future Research Recommendations

The results of this study have implications for administrators of counselling programmes, counsellor educators, students, and counsellors, since they can support administrators and counsellor educators in preparing students to enter a workforce in which counsellors serve an ever-increasing number of clients with addiction issues (Cornfield & Hubley, 2020). The study's findings indicate that counsellor educator self-efficacy is positively influenced by the number of graduate-level courses in addiction they have completed and by their years of experience treating clients with substance abuse.

The study is not without limitations. First, the researchers may have unintentionally allowed personal bias to influence their interpretation of the data. Second, the generalisability of the results is limited due to participant recruitment being limited to CACREP-accredited programmes and professional conferences in the USA. The results may have been different if the participant pool included counsellor educators from USA teaching institutes that were not CACREP accredited. The results may also have been different with international counsellor educators and doctoral student participants. Considering the global impact of addiction, a consideration of cultural and contextual factors influencing self-efficacy in different educational systems would have provided a richer perspective. A third study limitation is that the surveys used were self-report instruments, which are more likely to be limited by the Hawthorne effect where participants want to be seen in a positive light. A fourth limitation may be that a certain type of participant may have been more likely to respond to a survey email or have been available at professional conferences. A fifth limitation of this study is that, without an experimental design, there are limits to our ability to suggest causation. Sixth, it is important to recognise that the survey instruments used may

not assess all variables that influence self-efficacy. Last, the seventh limitation may be the low response rate.

While acknowledging these limitations is ethically required, it is important to recognise that the results of the study are valuable because they help build the current understanding of how to support counsellor educators in their work, ensuring students graduate prepared to join the profession in serving clients with substance use concerns.

It is suggested that future researchers continue to explore the self-efficacy of counsellor educators in treating addiction. By doing so, administrators will possibly gain additional knowledge on how to support counsellor educators in preparing students to address the need for addiction counselling today. Future studies using larger, more diverse participant samples and a qualitative research design will be instrumental in deepening understanding of how counsellor educators view their preparedness to use evidence-based addiction theory and interventions in treating clients with addiction concerns.

Although it can be hypothesised, it is unclear if counsellor educator self-efficacy in treating addictions is correlated with self-efficacy in teaching addictions. Therefore, future research into the relationship between treating and teaching addiction and educator self-efficacy is recommended to help expand understanding of this topic. Given the importance of cultural competence of counsellors, the authors encourage future research exploring the self-efficacy of counsellor educators in international educational systems for a deeper understanding of the global needs of counsellor educators who teach addiction. This line of research will be useful to USA counsellor educators as well because it will inform them of the cultural characteristics of addiction training in other countries, which will help in teaching international students studying in the USA.

Finally, the researchers encourage continued research in creating and testing assessment tools for assessing counsellor educator self-efficacy to teach addiction and assessment tools to assess student learning. The creation and validation of new assessment tools would be helpful to programme administrators and counsellor educators in adapting teaching in support of optimal student learning.

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Appendix 1 Demographic Survey Questions

1. Age

2. Gender Identity/Sex

Female
Male
Transgender
Other

3. Race/Ethnicity (Check one)

African/Black American
American Indian/Alaska Native
Biracial/Multiracial
Caucasian/White
Latinx
Other

4. What is the highest degree that you have earned (select one)

Master's degree
Doctoral degree

5. What counselling specialisation do you hold?

Clinical Mental Health/Community Counselling
School Counselling
Marriage and Family Counselling
Addictions Counselling
Other (Please specify)

6. How many substance abuse/addiction courses have you completed? (If none, put zero.)

7. How many years of experience do you have teaching counselling students at the graduate level? (If none, put zero.)

8. Which counselling curriculum courses do you regularly teach?

Professional Counselling Orientation and Ethical Practice
Social and Cultural Diversity
Human Growth and Development
Career Development
Counselling and Helping Relationships
Group Counselling and Group Work
Assessment and Testing
Research and Program Evaluation
Addiction Counselling
Career Counselling
Clinical Mental Health Counselling
Clinical Rehabilitation Counselling
College Counselling and Student Affairs
Marriage, Couple, and Family Counselling
School Counselling
Rehabilitation Counselling
Counsellor Education and Supervision

9. How much clinical experience do you have treating clients with substance use disorders/addictions? (If none, put 0.)

10. What percentage of your caseload is or has been addicted clients?

11. List licenses and certifications you currently hold.

12. Please provide any general comments you have regarding this overall research investigation.