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The Effects Of Education On The Attitudes Of Counselors In Training Toward Alcoholism

Pamela Sue Van Kampen
Wayne State University

THE EFFECTS OF EDUCATION ON THE ATTITUDES OF COUNSELORS IN TRAINING TOWARD ALCOHOLISM

by

PAMELA SUE VAN KAMPEN

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Approved by:

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DEDICATION

This manuscript is dedicated to Doug.

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CHAPTER I

INTRODUCTION

Scope of the Problem

Alcohol is a drug that has been consumed since the beginning of recorded history, and is associated with many pleasurable traditions and rituals (Room, Babor & Rehm, 2005; Streissguth, 1997); it is legally available to adults, and minors continue to acquire it illegally (Anonymous, 2000) despite increasingly severe legal consequences. It is identified in research and widely known by medical professionals as the source of a multitude of severe social, legal, and health problems; it is related causally to more than 60 different detrimental medical conditions including malignant neoplasms, neuropsychiatric disorders, cardiovascular disease, unintentional injury (motor vehicle and home) and self-inflicted injuries and homicide (Rehm et al., 2003). A preponderance of domestic violence cases involve alcohol use (Fals-Stewart & Kennedy, 2005), although there is not necessarily a causal relationship. Alcohol abuse is a contributing factor to a number of fairly common health problems as well; these include gastritis, increased risk for stroke, vitamin deficiencies, intestinal ulceration, malnutrition, depression, anxiety and panic disorders. Women who abuse alcohol can endanger their pregnancies and its use can contribute to fetal alcohol effect. Despite these and other adverse consequences of alcohol use, it remains the most accepted and least stigmatized drug in our society (Jay, 2006).

There is a struggle in terms of public opinion as to whether alcoholism is a disease or a personal conduct problem (Hobbs, 1998) and that debate exists within the mental health community as well. In 1784, Benjamin Rush first identified alcoholism as a disease and asserted that total abstinence was the only cure. Stanton Peele, a social psychologist and

author of the book *Diseasing of America: How we allowed recovery zealots and the treatment industry to convince us we are out of control* writes that the disease concept of alcoholism excuses alcoholics from their personal irresponsibility, and maintains that most people can overcome addiction to alcohol on their own. In other words, according to Dr. Peele, alcoholism is a personal conduct problem as opposed to a disease. A recent Gallup poll found that almost 90% of Americans believe that alcoholism is a disease; conversely, when physicians' views of alcoholism were reviewed at an August 1997 International Doctors of Alcoholics Anonymous conference, 80% viewed alcoholism as bad behavior (Hobbs).

Hobbs (1998) contends based on his 10 years of working in the field of addiction that most health professionals still view alcohol addiction as a willpower or behavior problem and are reluctant to view it as a disease. It has been reported that medical students perform poorly in the diagnosis and treatment of alcohol abuse (Mangan & Patterson, 1994) and alcoholism is undertreated and under diagnosed by physicians (Heiligman & Nagoshi, 1994). Moreover it is thought that many physicians treat only the alcohol related problem i.e. the presenting complaint such as depression, anxiety or insomnia that requires medical treatment and caused the patient to solicit medical care (Hapke, Rumpf & John, 1998) unless the patient directly identifies alcohol use as a concern.

In addition to recognizing the signs and symptoms of alcoholism, there is a need for medical and mental health professionals to present a positive attitude toward patients with alcohol and drug abuse problems. Past surveys of nurses and other health professionals have noted negative attitudes toward alcoholics and high levels of pessimism related to successful treatment outcomes (Naegle, 1989). Moreover, there is a tendency to stereotype addicts as hopeless junkies.

When medical students in their final year of training were surveyed about their attitudes toward alcoholism, the results indicated that those who were most likely to accept the disease concept of alcoholism were those students who indicated they drank most heavily (Sharkey & Patterson, 1997). These same students were less likely to consider alcoholism as a behavioral choice. In other words, the drinking behaviors of the medical students were found to influence their attitudes toward alcoholism.

Student nurses at St. John's University were surveyed (Long, 1985) as to their attitudes toward alcoholism using the Marcus Alcoholism Questionnaire (Marcus, 1963). The results indicated that students who participated in an alcoholism education program had an overall more positive attitude toward alcoholism than those who did not participate in the educational program. In general, substance use tends to be overlooked in nursing training (Harling, Overy, Beckham, Denby, Goddard, O'Connor, Piotrowski, Prout & Tully, 2006). This is especially significant since nurses are often times the first contact for individuals seeking health care, with many of their presenting problems potentially alcohol use related.

In the medical field, it is often suggested that students do not have the opportunity for training and clinical experience in the field of addiction (Cape, Hannah & Sellman, 2006). Further, research has shown that medical student attitudes toward drug users and alcoholics become increasingly negative as their training progresses (Ritson, 1991). Isaacson, Fleming, Kraus, Kahn, & Mundt (2000) determined that there was not systematic training for medical residents in the diagnosis and treatment of substance use disorders, including alcoholism, when they surveyed medical school program directors from across the nation.

Pak-Archer (1997) explored whether the level of professional school counselors' substance abuse training in their graduate programs impacted their attitudes and personal

competencies in assessing alcoholism. In this study, 151 American School Counselor Association members who lived in the District of Columbia, Maryland and Virginia participated in a survey. The results indicated that the level of training in substance abuse was significantly related to their attitudes toward substance abuse counseling. The professional school counselors received a limited amount of substance abuse training in their graduate program and had an overall low attitude toward substance abuse counseling. For example, they believed statements such as, "Very little can be done to help an alcoholic or drug user solve his or her problem until the client first stops drinking or using drugs."

The majority of addiction treatment and therapy is provided by counselors and psychologists, and not by primary care physicians (Abraham, Ducharme & Roman, 2009). Counselors also provide individual and group counseling, marriage and family counseling, rehabilitation counseling and career and vocational counseling. Many have experience in a variety of client difficulties including self-concept enhancement, relationship issues, remarriage and step-family issues, depression, anxiety, life transitions, eating disorders, career, parenting and child development and grief and loss issues. Alcohol is likely to be a contributing factor to many of these and other types of problems that cause persons to seek therapy. There is relatively little research regarding counselor attitudes toward alcoholism, though surveys and studies done with professionals from related fields show results that indicate a positive attitude positively affects therapeutic outcomes.

Purpose of the Study

The degree that the attitudes of counselors working with alcoholics and families affected by alcoholism influences the therapeutic outcome and even their expectations for recovery and effective intervention plays in treatment calls for attention. Negative attitudes

by professionals in related fields have been shown to adversely impact treatment and intervention for alcohol related problems. Further, the understanding or the identification of a relationship between counselor attitudes and successful intervention with patients with alcohol related problems may lead to program development at the university level.

While there are few studies on counselor attitudes toward people with alcohol related problems, there are several on professionals in related fields. An early study by Lemos and Moran (1978) surveyed attitudes toward alcoholism among psychiatrists, psychologists, social workers, registered nurses, licensed practical nurses, and nursing students. The authors described alcoholism as an "emotionally charged" issue because of the high incidence of alcoholism in the general public, and recognized a relationship between attitudes toward alcoholism and effective treatment and recovery.

The purpose of this study is to determine the effects of an educational course in substance abuse on the attitudes of counselors in training toward alcoholism, and in their perception of personal competencies in working with alcoholics.

Major Research Questions and Hypotheses

The principal research questions are:

(1) What relationship exists between the attitudes of participants in the substance abuse education course from pre- to post treatment?

(2) What changes exist in their perception of personal competencies in working with alcoholics in a therapeutic situation from pre- to post- treatment?

Hypotheses:

Within this investigation, the following hypotheses were tested:

<u>Hypothesis 1:</u>

Participants in the substance abuse education course will demonstrate more positive attitudes toward alcoholism from pre- to post- treatment as evident by their scores on the Marcus Alcoholism Questionnaire (MAQ).

Hypothesis 2:

Participants in the substance abuse education course will demonstrate significant changes in their perception of personal competencies in working with the alcoholic in a therapeutic situation from pre- and post-treatment as evident by their scores on the demographic data collection form.

Need for Study

There is a prevalence of alcoholism in our society and thus it is frequently present to some degree in the person or family who presents for psychotherapy. Although most counselors have knowledge of the effect alcoholism has on relationships, families, and careers, it frequently remains unaddressed within the therapeutic setting as it is not usually the focus of the presenting problem. Counselors are taught to have an unconditional positive regard for their clients, and negative attitudes toward persons or groups of persons such as alcoholics would generally result in negative outcomes. If an alcohol related problem is disclosed or identified, it is of therapeutic importance that the clinician has a positive attitude toward alcoholism in order for therapy to be effective. Unfortunately, without education and training, some clinicians may adopt moralistic attitudes that are more reflective of society than of those within the mental health community.

Kahle & White (1991) examined the attitudes of psychologists and found that while they subscribed to the concept of alcoholism as a disease, there remained negative moralistic attitudes and stigmatization. Michaud, McDermott, Garner & Lichtenberg (1992) identified

psychologists' attitudes toward alcoholism in an effort to determine the existence of a relationship between education and training and those attitudes. They found (Michaud, McDermott, Garner & Lichtenberg) a strong need for alcohol education for psychologists; their results indicated that inexperience and a lack of knowledge about alcoholism led to feelings of discomfort when dealing with an alcoholic client. There is research identifying negative attitudes of nurses and nursing students toward clients who misuse alcohol (Martinez & Murphy-Parker, 2003; Smith, 1992) and the overall belief that treatment for alcoholism is ineffective causing one to wonder about the therapeutic relationship between addicted clients and their nurses. Martinez and Murphy-Parker found that negative and inaccurate perceptions and beliefs of nursing students toward their patients with substance use disorders could be changed through instruction and increased knowledge of addiction disorders. Craig (2008) surveyed the beliefs of clinicians with doctorate degrees about substance abuse. Craig found limitations in the level of substance abuse education and training the participants received, but those who had a high number of workshop and in-service hours answered more positively on only one question of the survey of substance abuse. Other researchers have made a correlation between the level of substance abuse education and counselor attitudes toward substance abuse (Foster, 2003; Amodeo, 2000; Pak-Archer, 2005).

Based on the above research, there is a need to measure the attitudes of counseling students toward alcoholism, define variables such as experience and self-reported levels of competency in working with the alcoholic population and then present information on alcoholism and substance abuse to them. The goal of this research is to measure the degree to which these attitudes can be changed, and to build on the surveys that have been published to date.

Definitions

The terms that are used throughout this investigation on the effects of treatment on the attitudes of counselors in training toward alcoholism are defined in an effort to maintain consistency throughout this study.

Alcoholism: There are multiple and sometimes conflicting definitions for alcoholism. The medical field describes alcoholism as a disease and an addiction resulting in the persistent use of alcohol in spite of adverse consequences. The National Council on Alcoholism and Drug Dependence and The American Society of Addiction Medicine define alcoholism as "a primary and chronic disease characterized by impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking" (Morse & Flavin, 1992). Alcoholism is persistent intoxication; the excessive and perpetual excessive intake of alcoholic beverages resulting or progressing toward a complete breakdown in physical, mental and/or spiritual health; it is a disease of the body, mind and spirit. It is characterized by dipsomania, or a preoccupation with alcohol or drinking accompanied by a persistent desire to drink alcoholic beverages despite adverse consequences. It is a chronic disorder that is marked by excessive and usually compulsive drinking of alcohol that leads to psychological and physical dependence or addiction (Merriam-Webster Online Dictionary, 2010). Alcoholism is not recognized in the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition-Text Revised (DSM-IV-TR, 2000). For the purposes of this paper, the terms alcoholism and alcoholic will be used to describe any type of alcohol use disorder including but not limited to alcohol dependence and alcohol abuse, and the persons experiencing these conditions.

Alcoholic: An alcoholic is a person affected with alcoholism (Merriam-Webster Online Dictionary, 2010).

Alcohol Use: When a person consumes or ingests alcohol or an alcoholic beverage.

Alcohol Abuse: When repeated use of alcohol leads to problems, but does not include the compulsive use of alcohol or addiction, and stopping the use of alcohol does not lead to significant withdrawal symptoms. According to the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition-Text Revised (DSM-IV-TR, 2000) alcohol abuse is a maladaptive pattern of alcohol use leading to a clinically significant impairment or distress, as manifested by specific behaviors within a 12-month period. These behaviors may include the use of alcohol due to not meeting obligations at work, school, or home; recurrent alcohol use when it is physically hazardous; recurrent alcohol-related legal problems; and continued use of alcohol despite social or interpersonal problems caused or made worse by the effects of alcohol (DSM-IV-TR, 2000).

Alcohol Dependence: A maladaptive pattern of alcohol use which leads to a clinically significant impairment or distress (DSM-IV-TR, 2000). Alcohol dependence can be characterized by a change in tolerance, withdrawal behaviors, increased use over longer periods of time, unsuccessful efforts to control or quit, preoccupation of use, disengagement in life activities in order to make time to use, and continued and persistent use despite adverse physical or psychological problems (DSM-IV-TR, 2000). Three of the above described behaviors must occur at any time in the same 12- month period to meet this clinical definition.

Summary

Chapter one presented an overview of alcoholism, a basic summary of alcohol related problems, reviewed the link between alcoholism and various health related problems and

other adverse consequences, examined the attitudes of medical and mental health professionals toward alcoholism, and presented the rationale for conducting this research. In addition, the statement of the problem, the purpose of this study, research questions and definitions are included in this chapter.

Chapter II

LITERATURE REVIEW

Introduction

Alcoholism is undertreated and under diagnosed in clinical practice (Kamerow, Pincus & Macdonald, 1986). There is a need to closely examine the attitudes of counselors and counseling students in a master's level college programs toward alcoholism and individuals with alcohol use disorders, and the effects of education on these attitudes. Previous research has suggested that attitudes about alcoholism are important therapeutically (Heiligman & Nagoshi, 1994) and efforts have been made in the past to determine whether or not there are quantifiable societal attitudes that affect therapists' and other health professionals' perceptions of alcoholics, and subsequently adversely affect the client and treatment outcomes.

Related Studies

Previous studies of professionals' attitudes toward alcoholic patients revealed negative feelings toward alcoholic persons by physicians, psychiatrists, psychologists, medical students, social workers and medical administrators (Schwartz & Taylor, 1989). Schulberg (1966) found that physicians and psychiatrists traditionally do not devote much of their time in treating alcoholism as they are seen as difficult to treat. Even today physicians and mental health professionals do not consistently view alcoholism as a disease (Schwartz & Taylor, 1989).

In a study of one hundred mental health professionals completed by Schwartz and Taylor (1989), the attitudes toward the taking of an alcohol use history and initiating alcoholism treatment were surveyed and the results indicated that alcoholism is seen as a

disease that can contribute to the patient's co-occurring psychiatric problems. In spite of this early research, and the fact that alcoholism was recognized as a disease by health organizations in the 1950's, many mental health professionals remain unaware of the signs and symptoms of alcoholism within the paradigm of the disease model.

Quite often, media coverage today does not help to facilitate that understanding. News reports are frequently loaded with words and phrases in reference to addiction that damage the addiction field and reinforce public misconceptions and misinformation. The euphemism "problem drinker" is one example specific to alcoholism; it is a pervasive misuse of words that trivializes and minimizes alcoholism (Hoffman, 2007). The term "problem drinker" leads people to believe that the person is simply engaging in willful misconduct (Hoffman, 2007).

In addition to attitudinal surveys, several studies have focused on the identification of certain client characteristics that could potentially influence clinical judgments in a significant way (Hardy & Johnson, 1992). Three of the characteristics which have been studied include socioeconomic status (SES), gender and alcoholism (Hardy & Johnson, 1992).

There is empirical evidence of a bias toward low SES individuals by clinicians (Haase, 1964; Routh & King, 1972; Wright & Hutton, 1977). Persons with low SES were diagnosed more frequently as poorly-adjusted, less appropriate for therapy and more severely pathologically impaired.

Extensive exploration and study has been done on the influence of gender on clinical judgments as well. Broverman, Broverman, Clarkson, Rosenkrantz & Vogel (1970) found that mental health professionals were more likely to attribute behavioral traits and observations that characterize health to men than to women. However, attempts to replicate

and extend these results have been inconsistent. Some researchers have reported no biases and others show evidence that gender biases are present (Aslin, 1977; Johnson, 1978). It remains unclear whether gender has an effect independently or in interaction with other variables (Brodsky & Hare-Mustin, 1979).

The third and very important client characteristic that may potentially affect the judgments of therapists is alcoholism. Perhaps the most commonly held stereotype is that of the alcoholic as a "skid-row bum" (Rosenberg, 1971).

Addiction to alcohol continues to be one of the most neglected health problems of our time. As long ago as 1975, Macdonald and Patel wrote that "addiction to alcohol is one of the largest and most neglected problems of our time." (p. 430). Kreitman (1962) found that the most important factor in the success of any alcohol treatment program was the enthusiasm and special interest of the consultant in charge. The same is true for counseling, and the identification of alcoholism, alcohol abuse and alcohol related problems. The increasing needs of patients with alcohol-related health and social problems require increased education and training, especially among those mental health professionals practicing in the addiction field.

Therapy that is free from therapist values and judgments is the expectation, the right, for all clients and counselors are taught to keep their personal values, opinions and related suggestions for actions out of the therapeutic process. Recent study results suggest this is not totally realistic, especially when working in the field of addiction (Graham, 1980). Graham found that how or if clients are assessed and how they are accepted was in part determined by therapist expectations. Moreover, the wider the gap between the client and the therapist

values, the more likely the client was to receive a poor prognosis and be given a serious diagnosis (Hardy & Johnson, 1992).

In addition to the societal barriers to treatment, and the high probability of an alcohol related problem going unrecognized or misdiagnosed, most people with drinking problems do not seek treatment; in 2001, only 16% of those with an alcohol use disorder received professional treatment (Harris & McKellar, 2003). Moreover, in the United States, less than half of those who need mental health treatment actually get care, and when they do it is often delayed by more than a decade (Wang, Lang & Olfson, 2005).

According to the results of a recently released poll conducted for the Substance Abuse and Mental Health Services Administration (SAMHSA, 2008), almost half of Americans know someone in recovery and most people believe that prevention and treatment work. A survey of counselors working in primary health care settings found that most did not consider chronic alcoholism as a treatable issue or suitable to counseling. Further, they indicated a tendency to avoid alcohol-related problems because they are not certain how to approach or define a treatment plan (Aubrey, Bond & Campbell, 1997).

Further complicating the issue is the fact that most people use alcohol occasionally without developing other problems. However, alcohol dependence is observed at some time during the lives of 3 – 5 % of women and about 10% of men. Approximately 100,000 people in the United States die each year from alcohol related disorders (Ehlers & Chester, 2009). It is estimated that alcohol is a factor in up to 40% of all fatal traffic crashes (Yi, Chen & Williams, 2006).

Despite a gradual overall decrease in alcohol consumption in the United States, it is still the most abused drug and the most widely used mood-altering substance among

adolescents (McDermott, Clark-Alexander, Westhoff & Eaton, 1999). Alcohol causes a bigger problem in this country than all other drugs combined (Jay, 2006). It is important to note that while consuming alcohol leads to problems including alcohol abuse and/or alcoholism for many people, most people in the United States abstain or drink safely (Anonymous, 2000).

Approximately 14 million Americans, or 7.4 percent of the population, meet the diagnostic criteria for alcohol abuse or alcoholism (Grant et al., 1994). More than one-half of American adults have a close family member who has been or is in recovery from alcoholism (Dawson & Grant, 1998). Additionally, approximately one in four children younger than 18 years old in the United States is exposed to alcohol abuse or alcohol dependence in the family (Grant, 2000).

In addition to the individual, people around alcoholics are susceptible to the effects of the disease. This includes, but is not limited to the alcoholic's spouse, children, neighbors, friends, employer and colleagues (Johnson, 1986). Alcohol is consistently associated with violent crime; its adverse effects on cognitive functioning, including overly emotional responses and emotional labiality lead to impaired problem solving in conflict situations (Sayette, Wilson & Elias, 1993). There is also a connection to traffic accidents and other unintentional injuries to others in addition to the person drinking (Room, Babor & Rehm, 2005).

Among adults sixty-five years and older drinking is on the rise; alcohol abuse among members of this population is one of the fastest growing health problems (Sorocco & Ferrell, 2006), and some predict it may become a national health issue (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2008). Older adults tend to metabolize alcohol more

slowly, may have other health conditions and are more likely to take medications that, when combined with alcohol, may cause harmful or even life threatening drug interactions. Considering the fact that many Americans are either under insured or not insured at all today, it's possible that seniors are self-medicating with alcohol in lieu of purchasing more expensive prescription drugs. Approximately 49% of adults aged 60 and over drink alcohol (NIAAA, 2005). Alcohol studies among ethnic minorities have found higher rates of alcohol related problems than whites (Caetano & Clark, 1998). Moreover, 83% of college students drink, and 41% report engaging in dangerous patterns of alcohol use including drinking five or more drinks on at least one occasion in the past two weeks (White, Krause & Swartzwelder, 2006).

Summary

Chapter two presented a review of the literature specific to alcoholism, its prevalence among certain populations, and the problems associated with alcohol misuse. The attitudes of professionals toward alcoholism were also examined along with the influence these attitudes may have on treatment.

CHAPTER III

METHODS AND RESEARCH DESIGN

The purpose of this study is to determine the effects of training on the values and attitudes of counselors in training toward alcoholism. The targeted population consists of students enrolled in a Master's level workshop format counseling course entitled Substance Abuse Education at Wayne State University, the Oakland Center, 33737 West Twelve Mile Road, Farmington Hills, Michigan, 48331. A wide range of professionals with expertise in the field of substance abuse presented to the students over the course of the two weekend class. The students were primarily counseling students enrolled in the Master's program in counseling at the College of Education, however, one of the students was enrolled in an art therapy program and one participant was working toward an Educational Specialist certificate. Most of the students were in the process of securing a Master's degree in counseling, some with a specialization in substance abuse, and one person was participating in the course as an elective. These students were asked to provide information on their attitudes toward alcohol and substance abuse counseling on the first day of the course, before any instruction and information is given to them and again on the last day of the course. This study is an effort to determine whether the substance abuse course content has an effect on the attitudes and values of these workshop participants, most of whom are counselors in training, toward alcoholism.

The following hypotheses will be examined within this investigation:

1) Participants in the substance abuse education course will demonstrate more positive attitudes toward alcoholism from pre- to post- treatment as evidenced by their scores on the Marcus Alcoholism Questionnaire (MAQ).

H_0	Null Hypothesis	$\mu_1 = \mu_2$
H_1	Alternative Hypothesis	$\mu_1 \neq \mu_2$

2) Participants in the substance abuse education course will demonstrate significant changes in their perception of personal competencies in working with alcoholics in a therapeutic situation from pre- and post-treatment as evidenced by their responses on the demographic data form.

H_0	Null Hypothesis	$\mu_1 = \mu_2$
H_1	Alternative Hypothesis	$\mu_1 \neq \mu_2$

Method and Procedures

All of the subjects attended two weekend seminars, and each weekend included five one-and-one-half hour presentations by experts on various alcohol and substance abuse addiction topics. The presenters are identified and their topic and/or areas of specialization are listed in Appendix E. On the evening of the first presentation, the pre-survey instrument was administered to all participants; after the last presentation, the post-survey instrument was administered and the initial and final scores were compared. The survey instrument was the Marcus Alcoholism Questionnaire (MAQ) developed by Marcus (1962).

The MAQ is designed to measure both attitudes toward alcoholics and knowledge about alcoholism. The survey instrument contains nine four-item scales, plus four additional items for a total of 40 items to which subjects respond to statements by choosing a position on

a Likert scale from 1 – 7. Positions range from complete disagreement (1) to complete agreement (7).

The scoring yielded nine mean factor scores (MFS). A high score on factors 1, 2, 4, and 9 indicates a "positive attitude" and high scores on factors 3, 5, 6, 7 and 8 indicate "negative" attitudes.

The factors are as follows:

Factor 1. Emotional Difficulties: A high score indicates the belief that emotional difficulties or psychological problems are an important contributing factor in the development of alcoholism.

Factor 2. Loss of Control: A high score indicates the belief that the alcoholic is unable to control his use of alcohol.

Factor 3. Prognosis for recovery: A high score indicates the belief that most alcoholics will not, and cannot recover from alcoholism.

Factor 4: The addict as a steady user: A high score indicates the belief that periodic excessive drinking can be alcoholism. A low score indicates the belief that a person must be a continual excessive drinker in order to be classified as an alcoholic.

Factor 5: Alcoholism and character defect: A high score indicates the belief that the alcoholic is a weak-willed person.

Factor 6: Social status of the alcoholic: A high score indicates the belief that alcoholics come from the lower socio-economic strata of society.

Factor 7: Alcoholism as an illness: A high score indicates the belief that addiction is <u>not</u> an illness.

Factor 8: Harmless voluntary indulgence: A high score indicates the belief that the alcoholic is a harmless heavy drinker whose use of alcohol is motivated only by his fondness for alcohol.

Factor 9: Alcohol addiction producing: A high score indicates the belief that alcohol is highly addictive.

Marcus (1963) recommends that a safe operating criterion be utilized until more information is available regarding the variability of factor scores. Specifically, the mean factor scores should be ignored if they are less than 0.50 and attention should be paid particularly to those that are greater than 1.00. This method was utilized in this study. The administration format detailed by Marcus was implemented, and his suggested pre and post test instructions were precisely followed as well.

As indicated in previous works, many of the attitudes that are identified in the Marcus Alcoholism Questionnaire (Marcus, 1963) are still prevalent and relative today, despite the fact that the instrument was authored nearly 50 years ago (Martinez & Murphy-Parker, 2003). Martinez and Murphy-Parker used this tool to examine the beliefs of nursing students toward persons with alcohol problems and to identify a relationship between those beliefs and addiction education. This survey instrument was used with various sample populations including experts in the field of alcoholism to establish both validity and a .90 reliability score (Martinez and Murphy-Parker; Marcus).

Lemos and Moran (1978) used the Marcus Alcoholism Questionnaire to survey psychologists, psychiatrists, social workers, registered nurses, licensed practical nurses and nursing assistants. They found no changes in attitude as the result of training in the treatment of alcoholism for any of the groups. Further, the authors believed that the attitudes toward

alcoholism that are surveyed using this instrument were so deeply ingrained that they could not be changed by a traditional workshop-seminar approach. It is important to recognize that the educational component focused on alcoholism treatment and not the condition.

1n 1994, Heiligman and Nagoshi conducted a longitudinal study of residents in family practice and their attitudes toward alcoholism using the Marcus Alcoholism Questionnaire. The physicians were surveyed at the beginning and at the end of their 3-year training program. The attitudes of the family practice residents did not deteriorate over time, and were comparable statistically to those in an expert sample.

Long (1994) investigated the effect of an alcoholism education program on the attitudes of student nurses toward alcoholism using the Marcus Alcoholism Questionnaire and concluded that their participation in an alcoholism education program resulted in more positive attitudes toward alcoholism. Interestingly, students with higher grade point averages produced more positive attitudes on 4 of the 9 factors included in the MAQ.

Participant information was also collected on the Demographic Data Instrument created by this researcher. The items in the assessment form included participant information on age, gender, ethnicity, education, current educational program, current number of years in counseling-related activities, number of courses in addiction education, personal belief as to efficacy in working with alcoholics and knowledge of someone to be an alcoholic.

Independent and Dependent Variables

The independent variables in this study include number of courses taken, ethnicity, gender and years of experience of the students enrolled in a Master's level substance abuse education course.

The dependent variables for this project are the attitudes and beliefs as measured by the Marcus Alcoholism Questionnaire and grouped into 9 factors, and self-reported levels of confidence in the areas of professional competence and education and experience.

Statistical Analyses

The data was analyzed using nonparametric statistical tests; tests that do not make assumptions about the population distribution. Nonparametric tests rank the outcome variable from low to high, and then provide an analysis of the ranks. The nonparametric tests used in this study include the Wilcoxon, Mann-Whitney, and the Kruskal-Wallis. These tests are also commonly called distribution-free tests. Because parametric statistical methods could not be completed due to insufficient statistical power from unbalanced small sample sizes, the exact tests, which were designed for small, sparse, heavily tied, or unbalanced data when the validity of the corresponding large sample theory is in doubt, were conducted in order to be able to make reliable inferences. This is achieved by computing exact p values for a very wide class of hypothesis tests, including one-, two-, and K-sample tests, tests for ordered and unordered categorical data, and tests for measures of association.

Statistical analyses will include paired-samples *t*-tests for initial versus final questionnaire administrations to test for the effect of the course on questionnaire responses. The Mann-Whitney U and the Wilcoxon nonparametric tests will be used as well to test for significant main effects in various sub groups as identified by the Demographic Data Instrument. These sub groups include the levels of prior substance abuse training, perceptions of personal competencies, number of courses in substance abuse to date, ethnicity, and gender.

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Summary

Chapter 3 presented the methods and research design for this investigation. The participants and setting were detailed, and the survey instruments, The Marcus Alcoholism Questionnaire and the researcher developed Demographic Data Instrument, were discussed. The independent and dependent variables were identified, and the specific types of statistical analyses were explained.

Chapter IV

RESULTS OF DATA ANALYSIS

Introduction

This chapter reports the results of the data analysis used to describe the research participants and test the hypotheses identified in the study. The chapter is divided into two sections. The first section of this chapter is a review of the descriptive statistics that were used to establish and identify a profile of the counselors in training who participated in this study using the investigator created demographic questionnaire. The second section details the inferential statistical analyses that were done to test each of the two hypotheses, as well as to identify and explain additional results.

The purpose of this study was to measure the effects of training on the attitudes of Master's level counselors in training at Wayne State University toward alcoholism from pre- to post- treatment as evident by their scores on the Marcus Alcoholism Questionnaire (MAQ) (Marcus, 1962). The training consisted of participation in a substance abuse education workshop as part of their requirements for a degree. Additionally, participant perceptions of personal competency and confidence were collected with a demographic data instrument both pre- and post- treatment.

Description of Participants

Twenty-six students enrolled in a Master's level substance abuse education course at Wayne State University completed the research protocols for this study. The descriptive statistics for actual age are listed in Table 1. The minimum participant age was 23, while the maximum participant age was 58. The mode was 24 years of age.

Table 1
Actual Ages and Percentages of Participants
n = 26

Age	Count	Valid %
23	1	4.0
24	4	16.0
25	3	12.0
26	1	4.0
27	3	12.0
28	1	4.0
29	2	8.0
30	1	4.0
32	1	4.0
34	1	4.0
35	1	4.0
36	1	4.0
37	1	4.0
44	1	4.0
45	1	4.0
53	1	4.0
58	1	4.0
*Missing	1	0.0
Total	26	100.0

Age group characteristics are identified in Table 2. The participants' ages were categorized into two groups; the number of participants assigned to each group and the distributions are as follows: Fifteen students qualify for the age group 0 – 29 and 10 students meet the criteria for the age group 30 – 59. One participant did not identify her age; it is reported as missing.

Table 2
Age Group Characteristics and Percentages
n = 26

Age Group	Count	Valid %
0 – 29	15	60.0
30 – 59	10	40.0
Missing	1	*
Total	26	100.0

Descriptive statistics for gender and ethnicity are reported in Tables 3 and 4 respectively. There was one male study participant/student in the class, and 25 female study participants/students. Ten study participants/students reported their ethnicity as White/Caucasian, while 11 reported their ethnicity as African American. Additional ethnic groups identified by participants included Hispanic, Indo-Pac and Jamaican. One participant did not indicate their ethnicity and it is reported as No Answer.

Table 3
Gender Characteristics and Percentages
n = 26

Gender	Count	Valid %
Male	1	3.8
Female	25	96.2
Total	26	100.0

Table 4
Frequency and Percentage of Ethnicity
n = 26

Ethnicity	Count	Valid %
White/Caucasian	10	40.0
African American	11	44.0
Hispanic	2	8.0
Indo-Pac	1	4.0
Jamaican	1	4.0
*No Answer	1	0.0
Total	26	100.0

Tables 5 and 6, respectively, presented the highest degree earned and the various types of degrees held by each of the study participants/students, and the type of educational program in which each of the participants was enrolled respectively. For 20 students, a Bachelor's degree was the highest degree earned, five reported their highest degree to be a Master's, and one study participant held a Specialist's certificate. Twenty four of the 26 students were enrolled in the counseling Master's program, while one student was enrolled in

the art therapy Master's program and one person was working toward an Education Specialist certificate all at Wayne State University.

Table 5
Educational Characteristics and Percentages
n = 26

Education	Count	Valid %
Bachelors	20	76.9
Masters	5	19.2
Specialist	1	3.8
Total	26	100.0

Table 6
Educational Program and Percentages
n = 26

Program	Count	Valid %
Counseling	24	92.3
Ed. Specialist	1	3.8
Art Therapy	1	3.8
Total	26	100.0

Table 7 reported that only one person participated in the course as an elective, and one person did not indicate whether the course was required or optional. Most of the study participants/students were required to take the substance abuse education course in order to fulfill the requirements for their degree. Additionally, 19 varied occupations were represented by the students participating in this study. Six students had taken between one and three courses, one student had taken between four and six courses, and two students had taken more than six courses.

Table 7
Course Information and Percentages
n = 26

	Count	Valid %
Required	24	92.4
Elective	1	3.8
Missing	1	3.8
Total	26	100.0

Tables 8 and 9 reflected an effort to determine the number of years of experience in substance abuse and the number of courses taken thus far toward the completion of their chosen degree respectively. Table 8 showed the breakdown of the number of years of experience the participants had in the field of addiction and/or substance abuse prior to the course. Ten students reported they did not have any experience, eight had between one and three years of experience, and two had between four and six years. Six students or 23% reported more than six years of experience working in the field of substance abuse. Table 9 reported the number of courses each participant has taken to date. For 17 students, this was their first course ever in their program. Table 6 described the types of programs represented by the participants in this study.

Table 8
Frequency and Percentage of Years of Experience
n = 26

Years of Experience	Count	Valid %
None	10	38.5
1 – 3 Years	8	30.8
4 – 6 Years	2	7.7
6 + Years	6	23.0
Total	26	100.0

Table 9
Frequency and Percentage of Number of Courses in Program
n = 26

Number of Courses	Count	Valid %
None	17	65.4
1 – 3 Courses	6	23.1
4 – 6 Courses	1	3.8
6 + Courses	2	7.7
Total	26	100.0

Tables 10, 11, 12, and 13 represented the actual number of students who judged themselves to be confident that they had the experience and education necessary to work with alcoholics in a therapeutic capacity, and also reflect the number of students who judged themselves to be competent to work with alcoholics in a therapeutic capacity. Pre- and post-frequencies of responses are reported.

Table 10
Frequency and Percentage of Confidence Pre-Treatment
n=26

Confidence	Count	Valid %
Not Confident	12	46.2
Slightly Confident	10	38.5
Confident	1	3.8
Very Confident	3	11.5
Total	26	100.0

Twenty two students judged themselves to be either not confident or slightly confident in their competence as a clinician working with alcoholics before the course. Only four students felt confident or very confident.

Table 11
Frequency and Percentage of Competence Pre-Treatment
n=26

Competence	Count	Valid %
Not Confident	10	38.5
Slightly Confident	9	34.6
Confident	3	11.5
Very Confident	4	15.4
Total	26	100.0

Nineteen students felt not confident or slightly confident in their therapeutic competence in working with alcoholics before participating in the course. Seven students were confident or very confident in their professional competence.

Results of the Study

Table 12
Frequency and Percentage of Confidence Post-Treatment
n=26

Confidence	Count	Valid %
Not Confident	5	19.2
Slightly Confident	12	46.2
Confident	4	15.4
Very Confident	5	19.2
Total	26	100.0

Seventeen students felt not confident or only slightly confident that they had the education and experience to effectively treat alcoholics after participating in the course. Five more students were confident or very confident in their professional competence at the end of the course.

Table 13
Frequency and Percentage of Competence Post-Treatment
n=26

Competence	Count	Valid %
Not Confident	6	23.1
Slightly Confident	9	34.6
Confident	6	23.1
Very Confident	5	19.2
Total	26	100.0

Only fifteen students judged themselves to be not confident in their competence to work with alcoholics in a therapeutic capacity; seven more students felt confident or very confident in their therapeutic confidence after participating in the course.

Table 14
Paired Factor Samples
n = 26

	Factors	Mean	Std. Deviation
Pair 1	Emotional Difficulties (Pre)	4.5385	.98664
	Emotional Difficulties (Post)	5.0288	1.26950
Pair 2	Loss of Control (Pre)	4.2404	.93403
	Loss of Control (Post)	4.5000	1.06066
Pair 3	Recovery Prognosis (Pre)	2.3077	.94421
	Recovery Prognosis (Post)	2.0000	.93005
Pair 4	Steady Drinker (Pre)	4.8173	.86475
	Steady Drinker (Post)	5.5577	.99073
Pair 5	Character Defect (Pre)	2.3750	1.15163
	Character Defect (Post)	2.1154	1.07989
Pair 6	Social Status (Pre)	2.3269	.94807
	Social Status (Post)	2.2500	1.20623
Pair 7	Illness (Pre)	2.6442	.88931
	Illness (Post)	2.0865	.86586
Pair 8	Harmless and Voluntary (Pre)	2.1058	.74556
	Harmless and Voluntary (Post)	2.0673	1.04537
Pair 9	Addiction (Pre)	4.8077	.84649
	Addiction (Post)	5.1058	1.21073

Table 14 presented the paired sample statistics comparing means on each of the nine factors of the Marcus Alcoholism Questionnaire. Although all of the changes were not significant, all of the mean gain scores changed in the way this investigator predicted; their attitudes were different after participating in the class and listening to the content of the fact-based informational lectures. The mean gain scores on the following four factors increased from pre- to post- treatment: Factor 1, the belief that emotional difficulties or psychological problems are important contributing factors in the development of alcoholism; Factor 2, the

belief that the alcoholic is unable to control the use of his alcohol; Factor 4, the belief that periodic excessive drinking can be alcoholism, and Factor 9, the belief that alcohol is highly addictive. As a result of the treatment, attendance and participation in the substance abuse education workshop, the mean gains reflect a stronger agreement with these facts about alcoholism. The mean gain scores on Factor 3, the belief that most alcoholics will not, and cannot recover from alcoholism; Factor 5, the belief that alcoholics are weak-willed individuals; Factor 6, the belief that alcoholics are weak-willed persons; Factor 7, addiction is an illness; and Factor 8, the belief that the alcoholic is a harmless heavy drinker whose use of alcohol is motivated by his fondness for the drug all decreased, which also showed the positive change of attitudes of the participants.

Table 15
***t*-Test**
Paired Differences
95% Confidence Interval of the Difference

Paired Differences (Pre & Post)	t	Significance (2-tailed)
Emotional Difficulties	-2.243	.034*
Loss of Control	-1.241	.226
Recovery Prognosis	1.763	.090
Steady Drinker	-3.540	.002**
Character Defect	1.633	.115
Social Status	.268	.791
Illness	2.734	.011*
Harmless & Voluntary	.221	.827
Addiction	-1.119	.274

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

While there were differences between all of the pre- and post- means, three of the paired differences were significant. In other words, the results suggest that the difference in student attitudes is related to participating in the substance abuse education course in terms of the following factors: Factor 1, Emotional Difficulties; Factor 4, Steady Drinker; and Factor

7, Alcoholism as an Illness. There was a positive effect on the belief that emotional difficulties or psychological problems are an important contributing factor in the development of alcoholism, that periodic excessive drinking can be alcoholism, and that alcoholism is an illness as a result of the information provided to them and their participation in the class.

Table 16
Mean Gain by Number of Courses
n=26

	Mean	Std. Deviation	Mann-Whitney U	Wilcoxon W	Z	Exact Sig. (2-tailed)
Emotional Difficulties	1.9615	4.45853	73.500	118.500	-.16	.884
Loss of Control	1.0385	4.26597	72.000	225.000	-.244	.821
Recovery Prognosis	-1.2308	3.55874	67.000	220.000	-.516	.621
Steady Drinker	2.9615	4.26597	56.500	101.500	-1.081	.292
Character Defect	-1.0385	3.24322	37.500	190.500	-2.118	. 034*
Social Status	-.3077	5.86358	71.000	116.000	-.300	.779
Illness	-2.2308	4.15988	65.500	218.500	-.598	.566
Harmless Voluntary	-.1538	3.55181	45.000	198.000	-1.713	.091
Addiction	1.1923	5.43337	54.400	99.500	-1.189	.245

* $p < .05$

Table 16 represented mean gains according to number of courses. In other words, mean scores for students who reported having taken no courses in substance abuse education or addiction on the demographic data collection instrument were compared to students who reported completing at least one course or more. The Mann-Whitney U test and the Wilcoxon W tests were run resulting in a p value of .034 for Factor 5. Students who had at least one course previously believed more strongly at the end of the course that alcoholics are not weak willed individuals compared to students who had not had not had any formal coursework on the topic of substance abuse.

Table 17
Kruskal-Wallis Test Table
Grouping Variable = Ethnicity

Gain	Ethnicity	Count	Mean Rank
Emotional Difficulties	Caucasian	10	10.35
	African American	11	15.32
	Other	4	13.25
	Total	25	
Loss of Control	Caucasian	10	11.75
	African American	11	13.95
	Other	4	13.50
	Total	25	
Recovery Prognosis	Caucasian	10	12.65
	African American	11	15.23
	Other	4	7.75
	Total	25	
Steaady Drinker	Caucasian	10	12.30
	African American	11	11.18
	Other	4	19.75
	Total	25	
Character Defect	Caucasian	10	11.75
	African American	11	16.23
	Other	4	7.25
	Total	25	
Social Status	Caucasian	10	10.00
	African American	11	14.36
	Other	4	16.75
	Total	25	
Illness	Caucasian	10	10.40
	African American	11	15.05
	Other	4	13.88
	Total	25	
Harmless Voluntary	Caucasian	10	10.80
	African American	11	16.14
	Other	4	9.88
	Total	25	
Addiction	Caucasian	10	13.00
	African American	11	11.95
	Other	4	15.88
	Total	25	

Mean rank scores were derived from the Kruskal-Wallis test and are represented in Table 17. There were no significant differences among means for groupings based on ethnicity. Table 18 displayed mean ranks and sums of ranks using the Mann-Whitney Test; there are no significant differences among the groups for Factors 1 – 9 using this statistical measure either.

Table 18
Mann-Whitney U Test
Ethnicity

	Ethnicity	Count	Mean Rank	Totals
Emotional Difficulties	White/Caucasian	10	8.90	89.00
	African American	11	12.91	142.00
	Total	21		
Loss of Control	White/Caucasian	10	10.00	100.00
	African American	11	11.91	131.00
	Total	21		
Recovery Prognosis	White/Caucasian	10	9.70	97.00
	African American	11	12.18	134.00
	Total	21		
Steaady Drinker	White/Caucasian	10	11.60	116.00
	African American	11	10.45	115.00
	Total	21		
Character Defect	White/Caucasian	10	8.85	88.50
	African American	11	12.95	142.50
	Total	21		
Social Status	White/Caucasian	10	9.20	92.00
	African American	11	12.64	139.00
	Total	21		
Illness	White/Caucasian	10	9.00	90.00
	African American	11	12.82	141.00
	Total	21		
Harmless Voluntary	White/Caucasian	10	8.70	87.00
	African American	11	13.09	144.00
	Total	21		
Addiction	White/Caucasian	10	11.45	114.50
	African American	11	10.59	116.50
	Total	21		

Table 19
Mean Gain by Confidence (Pre)
n=26

	Mean	Std. Deviation	Mann-Whitney U	Wilcoxon W	Z	Exact Sig. (2-tailed)
Emotional Difficulties	1.9615	4.45853	78.000	156.000	-.310	.770
Loss of Control	1.0385	4.26597	84.000	189.000	-.000	1.000
Recovery Prognosis	-1.2308	3.55874	53.500	131.500	-1.581	.118
Steady Drinker	2.9615	4.26597	66.500	171.500	-.903	.380
Character Defect	-1.0385	3.24322	39.000	117.000	-2.332	.018*
Social Status	-.3077	5.86358	81.500	186.500	-.130	.910
Illness	-2.2308	4.15988	70.500	148.500	-.700	.499
Harmless Voluntary	-.1538	3.55181	58.500	136.500	-1.323	.194
Addiction	1.1923	5.43337	80.500	185.500	-.181	.869

* $p < .05$

Table 19 presented mean gains according to confidence. In other words, mean gain scores for students who reported they were not confident in their education and experience to work in a therapeutic setting with alcoholics were compared to those who reported they were confident on the demographic data collection instrument. The Mann-Whitney U test and the Wilcoxon W tests were used resulting in a p value of .018 for Factor 5. Students who were confident in their ability to work with alcoholics therapeutically believed more strongly that alcoholics are not weak willed individuals compared to students who judged themselves as not confident.

Table 20
Mean Scores by Competence (Pre)
n=26

	Mean	Std. Deviation	Mann-Whitney U	Wilcoxon W	Z	Exact Sig. (2-tailed)
Emotional Difficulties	1.9615	4.45853	72.500	127.500	-.398	.707
Loss of Control	1.0385	4.26597	68.000	123.000	-.636	.541
Recovery Prognosis	-1.2308	3.55874	42.000	97.000	-2.018	.044*
Steady Drinker	2.9615	4.26597	59.500	195.500	-1.084	.290
Character Defect	-1.0385	3.24322	43.000	98.000	-1.965	.050
Social Status	-.3077	5.86358	75.000	130.000	-.267	.804
Illness	-2.2308	4.15988	76.000	131.000	-.212	.845
Harmless Voluntary	-.1538	3.55181	52.500	107.500	-1.462	.149
Addiction	1.1923	5.43337	64.500	200.500	-.819	.427

* $p < .05$

Table 20 presented means according to the students' confidence in their professional competency in working with alcoholics before treatment. In other words, mean scores for students who reported they were not competent to work as a therapist treating alcoholics were compared to those who reported they were confident on the demographic data collection instrument. The Mann-Whitney U test and the Wilcoxon W tests were used resulting in a p value of .044 for Factor 3. Students who judged themselves to be competent to work with alcoholics therapeutically believed more strongly that alcoholics can recover from alcoholism.

Table 21
Chi-Square Tests
Confident (Post)
n = 26

Chi-Square Tests				
	Value	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	29.127[a]	.001	.000	
Likelihood Ratio	29.610	.001	.000	
Fisher's Exact Test	21.432		.000	
Linear-by-Linear Association	15.642[b]	.000	.000	.000
McNemar-Bowker Test	12.000	.007*		

a. 15 cells (93.8%) have expected count less than 5. The minimum expected count is .15.
b. The standardized statistic is 3.955.

* $p < .01$

The results of the Chi-Square tests for post confident rankings are listed in Table 21. One of the hypotheses was whether or not students would judge themselves to be more confident after participating in the substance abuse education course. Using the results from the McNemar-Bowker test and the information from the demographic data collection instrument post-treatment, more students judged themselves to be confident in working with alcoholics after taking the course.

Table 22
Chi-Square Tests
Competent (Post)
n = 26

Chi-Square Tests				
	Value	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	23.520[a]	.005	.003	
Likelihood Ratio	26.587	.002	.002	
Fisher's Exact Test	18.541		.002	
Linear-by-Linear Association	9.514[b]	.002	.001	.001
McNemar-Bowker Test	7.333	.197		

a. 15 cells (93.8%) have expected count less than 5. The minimum expected count is .15.
b. The standardized statistic is 3.955.

The results of the Chi-Square tests for post competent rankings are listed in Table 22. One of the hypotheses was whether or not students would judge themselves to be more competent after participating in the substance abuse education course. Using the results from the McNemar-Bowker test and when considering all four groups of ranking categories (not confident in their competency to work with alcoholics, slightly confident, confident, and very confident) using the information from the demographic data collection instrument post-treatment, there was no statistical difference among the competence measures in the post test data.

The ranking categories were also combined to form two groups. Not confident and slightly confident in my education and experience composed the group “not confident” and confident and very confident composed the second group “confident”, and Chi-Square tests were run. Table 23 presented the results of the McNemar-Bowker Test for these two groups; more students judged themselves as confident after participating in the substance abuse education workshop.

Table 23
Chi-Square Tests
Confident (Post)
2 Groups
n = 26

	Value	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	7.222[a]	.007	.012	.012
Continuity Correction[b]	4.789	.029		
Likelihood Ratio	9.156	.002	.012	.012
Fisher's Exact Test			.012	.012
Linear-by-Linear Association	6.944[c]	.008	.012	.012
McNemar-Bowker Test			.016[d]	.008[d*]

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 2.31.
b. Computed only for a 2x2 table.
c. The standardized statistic is 2.635
d. Binomial distribution is used.
*p < .01

When using a similar binomial distribution for competence, not confident in competence and slightly confident in their competence forming the group "not confident in their competence" and confident and very confident in their competence combining in the new group "confident in their competence", the raw data showed 4 more students were now confident in their competence, but there were still no significant changes as a result of participation in the substance abuse education course (Table 24).

Table 24
Chi-Square Tests
Competence (Post)
2 Groups
n = 26

	Value	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	6.635[a]	.010	.018	.018
Continuity Correction[b]	4.400	.036		
Likelihood Ratio	6.746	.009	.053	.018
Fisher's Exact Test			.018	.018
Linear-by-Linear Association	6.380[c]	.012	.018	.018
McNemar-Bowker Test			.219[d]	.109[d]

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 2.31.
b. Computed only for a 2x2 table.
c. The standardized statistic is 2.635
d. Binomial distribution is used.

Summary

Chapter 4 discussed the results that were identified through the analyses of data that were used to test the hypotheses. The Demographic Data Instrument and Marcus Alcoholism Questionnaire provided descriptive data specific to the participants, and they were administered pre- and post- treatment. The results indicated statistically significant mean differences in the following factor areas: Factor 1, the belief that emotional difficulties or psychological problems are important contributing factors in the development of alcoholism; Factor 4, the belief that periodic excessive drinking can be alcoholism; and Factor 7, the belief that alcoholism is an illness.

There were also significant results related to previous coursework. Students who had at least one course previous to this believed more strongly at the end of the course that

alcoholics are not weak willed individuals compared to students who had not had not had any formal coursework on the topic of substance abuse.

Additionally, students who were confident they had the education and experience to work with alcoholics therapeutically believed more strongly that alcoholics are not weak willed individuals compared to students who judged themselves as not confident after the course. Moreover, students who judged themselves to be competent to work with alcoholics therapeutically believed more strongly that alcoholics can recover from alcoholism as determined by their post-test responses after participating in the workshop.

Lastly, more students judged themselves as confident in working with alcoholics after taking the course. There were no statistically significant changes in levels of competence.

CHAPTER V

DISCUSSION, SUMMARY AND RECOMMENDATIONS

Introduction

The purpose of this study was to determine the effects of a substance abuse education course on the attitudes of counselors in training toward alcoholism. It has been shown that negative attitudes held by professionals adversely impact treatment, psychotherapeutic interventions and perhaps delay the medical treatment for the specific alcohol problem. Medical professionals routinely treat the alcohol related problem, e.g. the broken bone that is perhaps the result of a fall that occurred while the patient was intoxicated. Psychologists, social workers and counselors may provide psychotherapeutic services to a married couple whose verbal disagreements have recently become physically violent without ever discussing drinking habits. The attitudes of counselors in training toward alcohol were examined before and after they participated in a substance abuse education workshop; of importance was whether or not these attitudes became more positive. The perceptions of the study participants' levels of confidence and personal competence in working with the alcoholic were also examined. More specifically, it was important to determine whether the self-reported levels of personal competence and confidence changed after participating in the study. Included in this chapter is a discussion of the results, summary and recommendations for future research.

Discussion of Results

The Marcus Alcoholism Questionnaire, authored and developed by Alan M. Marcus in 1963, was used to test the following hypotheses: (1) Participants in the substance abuse education course will demonstrate more positive attitudes toward alcoholism from pre- to

post- treatment as evidenced by their scores on the (MAQ); and (2) Participants in the substance abuse education course will demonstrate significant changes in their perception of personal competencies in working with the alcohol dependent person in a therapeutic capacity from pre- to post- treatment as evident by their self reports using a demographic data collection form.

A total of 26 students were enrolled in a Master's level substance abuse education course offered through the Counselor Education Department at Wayne State University. The course can be taken as an elective for students from related fields, and is required for students getting a Master's degree in counseling. Twenty-five females and one male participated in this study. Fifteen participants were between the ages of 23 and 29, while 10 participants identify in the age group 30 – 59. One person did not identify her age.

The data were analyzed using nonparametric statistical tests; tests that do not make assumptions about the population distribution. Nonparametric tests rank the outcome variable from low to high, and then provide an analysis of the ranks. The nonparametric tests used in this study include the Wilcoxon, Mann-Whitney, and the Kruskal-Wallis. These tests are also commonly called distribution-free tests.

Hypothesis Number 1

Hypothesis number one stated that participants in the substance abuse education course will demonstrate more positive attitudes toward alcoholism from pre- to post-treatment as evidenced by their scores on the MAQ. The results indicated statistically significant mean differences in the following factor areas: Factor 1, the belief that emotional difficulties or psychological problems are important contributing factors in the development of alcoholism; Factor 4, the belief that periodic excessive drinking can be alcoholism; and

Factor7, the belief that alcoholism is an illness. The results were significant with a 95% confidence level, and with p values of less than .05 for Factors 1 and 7, and with a p value of less than .01 for Factor 4. These differences all reflect more positive and accurate beliefs about alcoholism.

Mean scores for students who reported having taken no courses in substance abuse education or addiction on the demographic data collection instrument were compared to students who reported completing at least one course or more. The Mann-Whitney U test and the Wilcoxon W tests were run resulting in a p value of .034 for Factor 5. In other words, at the end of this course, students who had at least one course previously believed more strongly that alcoholics are not weak willed individuals compared to students who did not have any formal coursework on the topic of substance abuse. These results seem related to a previous survey of the attitudes of student nurses using the Marcus Alcoholism Questionnaire; nursing students with higher grade point averages reported more positive attitudes on four of the nine factors included in the MAQ (Long, 1994).

Hypothesis Number 2

Hypothesis number two states that participants in the substance abuse education course will demonstrate significant changes in their perception of personal competencies in working with the alcoholic in a therapeutic capacity from pre- to post- treatment as evidenced by their self reports using a demographic data collection form.

Mean gain scores for students who reported they were not confident in their education and experience to work in a therapeutic setting with alcoholics were compared to those who reported they were confident on the demographic data collection instrument. The Mann-Whitney U test and the Wilcoxon W test were used resulting in a p value of .018 for Factor 5,

the belief that alcoholics are weak-willed individuals. Students who were confident in their ability to work with alcoholics therapeutically believed more strongly that alcoholics are not weak willed individuals compared to students who judged themselves as not confident.

Mean scores for students who reported they were not competent to work as a therapist treating alcoholics were compared to those who reported they were confident on the demographic data collection instrument. The Mann-Whitney U test and the Wilcoxon W tests were used resulting in a p value of .044 for Factor 3, the belief that alcoholics can recover from alcoholism. Students who judged themselves to be competent to work with alcoholics therapeutically believed more strongly that alcoholics can recover from alcoholism.

Also included in the second hypothesis is whether or not students would judge themselves to be more confident after participating in the substance abuse education course. Using the results from the McNemar-Bowker test and the information from the demographic data collection instrument post-treatment, more students judged themselves to be confident in working with alcoholics.

Summary of Results

The results of this study demonstrate that it is possible to change the attitudes of counselors in training toward alcoholism through education. In addition to the significant findings, all of the mean gain scores changed in the way this investigator predicted; their attitudes were different. There was a definite correlation between their participation in the substance abuse education class, which consisted of listening to the content of the fact-based informational lectures and then processing that information in a small group facilitated by a doctoral level counseling student, and their attitudes toward alcoholism. Again, while recognizing that the following results were not significant, the mean gain scores on the

following 4 factors increased from pre- to post- treatment: Factor 1, the belief that emotional difficulties or psychological problems are important contributing factors in the development of alcoholism; Factor 2, the belief that the alcoholic is unable to control the use of his alcohol; Factor 4, the belief that periodic excessive drinking can be alcoholism, and Factor 9, the belief that alcohol is highly addictive. As a result of the treatment, attendance and participation in the substance abuse education workshop, the mean gains reflect a stronger agreement with these facts about alcoholism. The mean gain scores on Factor 3, the belief that most alcoholics will not, and cannot recover from alcoholism; Factor 5, the belief that alcoholics are weak-willed individuals; Factor 6, the belief that alcoholics are weak-willed persons; Factor 7, addiction as an illness; and Factor 8, the belief that the alcoholic is a harmless heavy drinker whose use of alcohol is motivated by his fondness for the drug all decreased, also showed the positive change of attitudes of the participants.

It would be important to determine how much education, and what specific type of education in the area of substance abuse, specifically alcoholism, would produce significant changes. Moreover, should this additional education be required to fulfill the requirements for a Master's degree in counseling? It is well known that the attitudes of counselors correlate very highly with an effective therapeutic outcome; should all counselors who work with alcoholics be required to have a set amount of training in substance abuse that is combined with some sort of attitudinal measure?

Limitations of the Study

This study is perhaps the first to measure the attitudes of counselors in training toward alcoholism, and to ask if the participation in a substance abuse education course could change those attitudes for the better. The sample size is relatively small, however, and there was only

one male represented. Moreover, the class in this study was a workshop style format held over the course of two weekends as opposed to a traditional lecture style course that typically takes place within a full semester. The latter having exams and projects throughout meant to test the knowledge of the students and provide feedback as the opportunities to experience and learn culminate at the end of the semester.

Another limitation is the fact that not all of the students want to work with alcoholics. Students with a strong desire to work with that population may have an increased motivation to examine their attitudes, as well as challenge themselves to accurately identify and support their opinions with facts.

Lastly, the use of a self-report is a limitation due to its subjective nature. It might be helpful to devise an objective data-based measure of confidence and professional competence for use in future studies of this nature.

Recommendations for Future Research

The results of this study provide a baseline from which research should continue and build. The following recommendations for future research are presented:

1) It would be of interest to replicate this study using a bigger sample size, and to include more evenly distributed numbers of males and females.
2) The Marcus Alcoholism Questionnaire was developed in 1963, and while the attitudes described in it appear to be reflective of those articulated today by members of our general society today, it would be of interest to use another instrument that is more current to see if similar results are determined.
3) It would be interesting to survey counseling students at various points in their careers to see how or if their attitudes toward alcoholism change over time. For

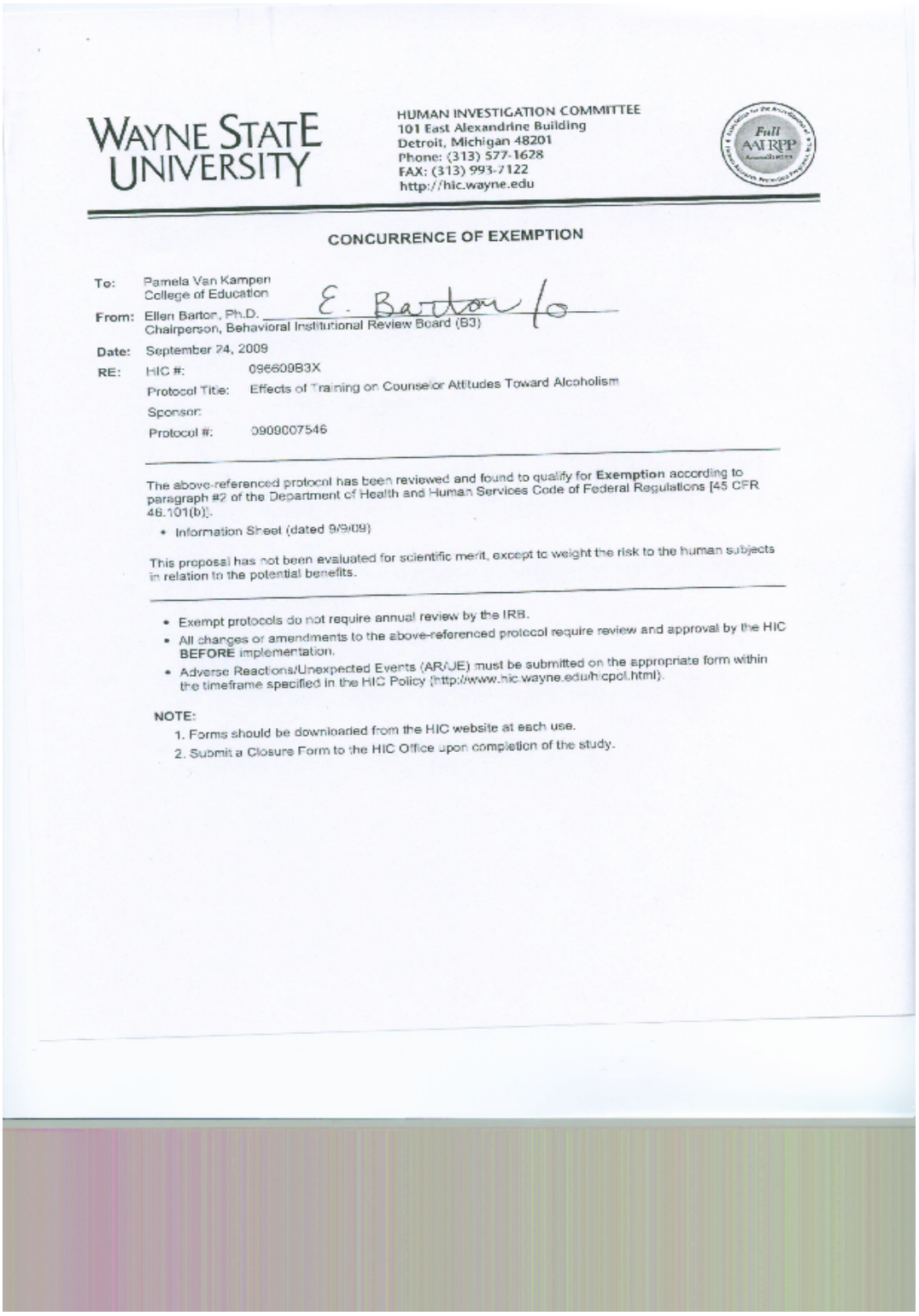
example, students could complete the survey on the first day of the course entitled Introduction to Counseling, and then again on their last day of their Internship.

Chapter Summary

This chapter presented a discussion of the results, a summary of the results, limitations of the study and recommendations for future research.

APPENDIX A

HIC APPROVAL FORM



WAYNE STATE UNIVERSITY

HUMAN INVESTIGATION COMMITTEE
101 East Alexandrine Building
Detroit, Michigan 48201
Phone: (313) 577-1628
FAX: (313) 993-7122
http://hic.wayne.edu

Full AAHRPP

CONCURRENCE OF EXEMPTION

To: Pamela Van Kampen
College of Education

From: Ellen Barton, Ph.D. E. Barton /lo
Chairperson, Behavioral Institutional Review Board (B3)

Date: September 24, 2009

RE: HIC #: 096609B3X
Protocol Title: Effects of Training on Counselor Attitudes Toward Alcoholism
Sponsor:
Protocol #: 0909007546

The above-referenced protocol has been reviewed and found to qualify for **Exemption** according to paragraph #2 of the Department of Health and Human Services Code of Federal Regulations [45 CFR 46.101(b)].

- Information Sheet (dated 9/9/09)

This proposal has not been evaluated for scientific merit, except to weight the risk to the human subjects in relation to the potential benefits.

- Exempt protocols do not require annual review by the IRB.
- All changes or amendments to the above-referenced protocol require review and approval by the HIC **BEFORE** implementation.
- Adverse Reactions/Unexpected Events (AR/UE) must be submitted on the appropriate form within the timeframe specified in the HIC Policy (http://www.hic.wayne.edu/hicpol.html).

NOTE:

1. Forms should be downloaded from the HIC website at each use.
2. Submit a Closure Form to the HIC Office upon completion of the study.

APPENDIX B

RESEARCH INFORMATION SHEET

Research Information Sheet

Title of Study: Effects of Training on Counselor Attitudes Toward Alcoholism

Principal Investigator (PI): Pamela Van Kampen
Counselor Education
313-909-5363

Purpose:
You are being asked to be in a research study of the effects of training on attitudes toward alcoholism because you are enrolled in CED 6720, Substance Abuse Education. This study is being conducted at Wayne State University, Oakland Center College of Lifelong Learning Campus, Farmington Hills.

Study Procedures:
If you take part in the study, you will be asked to take a short survey on the first night before the course begins and again upon course completion. You will be asked questions concerning your attitudes and opinions about alcoholism, and about what information you think should be communicated to the public specific to alcoholism. You will respond using a rating scale, and the questionnaire will take about 30 minutes to complete each time.

Benefits:

As a participant in this research study, there will be no direct benefit for you; however, information from this study may benefit other people now or in the future.

Risks:

There are no known risks at this time to participation in this study.

Costs:

There will be no costs to you for participation in this research study.

Compensation:

You will not be paid for taking part in this study.

Confidentiality:

You will be identified in the research records by a code number. There will be no list that links your identity with this code.

Voluntary Participation /Withdrawal:

Taking part in this study is voluntary. You may choose not to take part in this study, or if you decide to take part, you can change your mind later and withdraw from the study. You are free to not answer any questions or withdraw at any time. Your decision will not change any present or future relationships with Wayne State University or its affiliates.

Questions:

If you have any questions about this study now or in the future, you may contact Pamela Van Kampen or one of her research team members at the following phone number (313) 909-5363. If you have questions or concerns about your rights as a research participant, the Chair of the Human Investigation Committee can be contacted at (313) 577-1628. If you are unable to contact the research staff, or if you want to talk to someone other than the research staff, you may also call (313) 577-1628 to ask questions or voice concerns or complaints.

Participation:

By completing the questionnaire you are agreeing to participate in this study.

APPENDIX C

DEMOGRAPHIC DATA INSTRUMENT – PRE-TEST

Alcohol and Substance Abuse Education Workshop Demographic Data Form

Participant Number _____ Date _____

Age _____

1) Gender ☐ Male ☐ Female

2) Ethnicity ☐ White/Caucasian ☐ African American ☐ Arab American

☐ Native American ☐ Hispanic ☐ Other: _____

3) Highest Level of Education Completed ☐ Bachelors ☐ Master's ☐ Specialist

☐ Other: _____

4) Current Educational Program ☐ Counseling ☐ Social Work ☐ Education

☐ Nursing ☐ Psychology ☐ Other: _____

5) Course Information ☐ Required ☐ Not Required ☐ Audit

6) Employment/Current Occupation (or indicate none): _____

7) Current Number of Years in Counseling-Related Activity as a Helping Professional

☐ None ☐ 1-3 Years ☐ 4-6 Years ☐ 6+ Years

8) Number of Courses in Addiction Education:

☐ None ☐ 1-3 ☐ 4-6 ☐ 6+

9) I am confident that I have the experience and education to work with alcoholics in a therapeutic capacity:

☐ Not Confident ☐ Slightly Confident ☐ Confident ☐ Very Confident

10). I am competent to work with alcoholic in a therapeutic capacity.

☐ Not Confident ☐ Slightly Confident ☐ Confident ☐ Very Confident

APPENDIX D

DEMOGRAPHIC DATA INSTRUMENT – POST-TEST

Alcohol and Substance Abuse Education Workshop Demographic Data Form

Participant Number _____ Date _____

1) I am confident that I have the experience and education to work with alcoholics in a therapeutic capacity:

☐ Not Confident ☐ Slightly Confident ☐ Confident ☐ Very Confident

2). I am competent to work with alcoholic in a therapeutic capacity.

☐ Not Confident ☐ Slightly Confident ☐ Confident ☐ Very Confident

APPENDIX E

SUBSTANCE ABUSE EDUCATION
FALL 2009
WORKSHOP PRESENTERS

Cynthia Denham	Family Sculpting The Roles Family Members Assume When Addiction is Present and Implications for Treatment
Debra Jay	Aging and Addiction Treatment Considerations When Working with Elderly Persons Who Are Addicted and the Prevalence of Addiction in This Population
Micah X.	My Story Substance Use, Abuse and Recovery
Roger McPhail	Fatherhood The Role of Fathers in Society and the Effects on Children in Father Absent Families
Dr. John Pietrofesa	Introduction to Substance Abuse Overview of Substance Abuse Education
Don Robinson	The Cycle of Addiction The Diagnosis and Treatment of Addiction
Dr. Linda Sucher	Co-Dependency, Substance Abuse and Adolescents
Kimberly Williams	DSM-IV Diagnosis Code Application to Case Studies

APPENDIX F

PARTICIPANT OCCUPATION FREQUENCIES AND PERCENTAGES

Occupation and Percentages
n = 26

Occupation	Count	Valid %
Band Director	1	3.8
Cook	1	3.8
Financial Counselor	1	3.8
Intake Specialist	1	3.8
Journalist	1	3.8
None	2	7.7
Nonprofit	1	3.8
Rehabilitation Counselor	1	3.8
School Psychologist	1	3.8
School Secretary	1	3,8
Self-Employed	1	3,8
School Social Worker	1	3.8
Student	4	15.4
Student Advisor	1	3.8
Substitute Teacher	1	3.8
Social Worker	1	3.8
Teacher	3	11.5
Therapist	1	3.8
Youth Counselor	1	3.8
*No Answer	1	3.8
Total	26	100.0

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ABSTRACT

THE EFFECTS OF EDUCATION ON THE ATTITUDES OF COUNSELORS IN TRAINING TOWARD ALCOHOLISM

by

PAMELA SUE VAN KAMPEN

May 2010

Advisor: Dr. John Pietrofesa

Major: Counseling

Degree: Doctor of Philosophy

The purpose of this paper is to determine the effects of education on the attitudes of counselors in training toward alcoholism. Alcoholism is a treatable disease if recognized, properly diagnosed and the appropriate interventions are made available to the alcoholic and their families. There is estimated to be more than two billion people worldwide who consume alcoholic beverages, and approximately 76.3 million of them have diagnosable disorders, psychological, and/or social difficulties associated with their alcohol use. Currently there is a relationship to more than 60 types of injury and disease with alcohol. In addition to health problems related to alcoholism, alcohol addiction, and binge drinking, chronic alcohol use is estimated to cause 20 - 30% of all motor vehicle accidents, homicides, liver cirrhosis, esophageal cancer, liver cancer, and epileptic seizures worldwide. The American Cancer Society recognizes the following cancers to be related causally to alcohol: larynx, rectum, breast, liver, esophagus, pharynx, and oral cavity. The risk for these cancers increase with the number of drinks a person consumes. In spite of these well know facts, alcoholism remains a very misunderstood and stigmatized disease.

Societal attitudes toward alcoholics tend to be negative, and shame and behavior based. Research shows these same attitudes are prevalent among medical and mental health care professionals. Alcohol related problems are frequently misdiagnosed, and sometimes the expectation for recovery is limited or negligible.

This study posited that the attitudes of counselors in training would become more positive as a result of a substance abuse education course as evidenced by a comparison of the pre- and post- scores on The Marcus Alcoholism Questionnaire (MAQ) (Marcus, 1962). Moreover, they would demonstrate significant changes in their perceptions of personal confidence and competencies in working with alcoholics in a therapeutic setting. There was a significant positive effect on the belief that emotional difficulties or psychological problems are an important contributing factor in the development of alcoholism, that periodic excessive drinking can be alcoholism, and that alcoholism is an illness based on a comparison of the mean gain scores and related to their experience in the course. Moreover, students who had at least one course in substance abuse prior to the workshop believed more strongly at the end of the course that alcoholics are not weak willed individuals compared to students who had not had not had any formal coursework on the topic of substance abuse when comparing pre- and post- mean gains. There were no significant differences among mean gain scores for groupings based on ethnicity. Students who were confident in their ability to work with alcoholics therapeutically believed more strongly that alcoholics are not weak willed individuals compared to students who judged themselves as not confident, and students who judged themselves to be competent to work with alcoholics in therapy believed more strongly that alcoholics can recover from alcoholism. Finally, more students judged themselves to be

confident in working with alcoholics after participating in the substance abuse education workshop.

The results of this study show that attitudes toward alcoholism can be changed through education. With increased public education along with the proper training and instructional opportunities in medical and all medically related fields including psychology, counseling and social work, alcohol related disorders, diseases and deaths would decrease substantially.

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AUTOBIOGRAPHICAL STATEMENT

PAMELA VAN KAMPEN, Ph. D.

EDUCATION:

2010 — Wayne State University, Detroit, MI 48202
College of Education
Theoretical and Behavioral Foundations
Doctor of Philosophy with a Major in Counseling

1999 — Wayne State University, Detroit, MI 48202
College of Education
Theoretical and Behavioral Foundations
Master of Education Degree with a Major in School Counseling
CACREP (Council for Accreditation of Counseling and Related Educational Programs) Accredited Program Graduate
3.93 Grade Point Average on a 4.00 scale

1985 — Michigan State University, East Lansing, MI 48824
College of Communication Arts and Sciences
Audiology and Speech Sciences
Master of Arts Degree in Audiology and Speech Sciences

1984 — Central Michigan University, Mt. Pleasant, MI 48859
College of Health Professions
Communication Disorders
Bachelor of Science Degree
Communication Disorders Major
Psychology Minor

CREDENTIALS: National Certified Counselor (NCC)
National Certified School Counselor (NCSC)
Licensed Professional Counselor (LPC)

State of Michigan Thirty-Hour Continuing Teaching Certificate
Endorsements: K-8 All Subjects, Grade 9 Psychology, K-12 Speech and Language Impaired, K-12 Counseling