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Perceived Self-Efficacy of Licensed Counselors to Provide Substance Abuse Counseling

Nichelle Chandler, Richard S. Balkin, and Michelle Perepiczka

This nationwide, quantitative study documented licensed counselors' perceived self-efficacy of adequately providing substance abuse services. Despite their lack of substance abuse training, counselors were highly confident in their ability to provide quality substance abuse services. Counselor training implications are discussed.

Self-efficacy theory is a construct derived from Bandura's (1977) social cognitive theory (SCT). Social cognitive theorists believe people set their own goals and standards and control their learning and behavior. Counselors who use an SCT approach do not view people as reactive organisms shaped by environmental forces; rather, they perceive people as having the ability to self-organize, be proactive, self-reflect, and self-regulate (Pajares, 2002). According to the SCT perspective, human functioning is viewed as the product of personal, behavioral, and environmental influences (Bandura, 1986; Pajares, 2002). On the basis of this belief, Bandura (1986) created the concept of reciprocal determinism. Bandura maintained that personal, behavioral, and environmental influences all create an interaction that causes triadic reciprocity—the reciprocal nature of the personal, behavioral, and environmental determinants of human functioning.

Bandura (1977) stated that self-efficacy beliefs are people's judgments of their capabilities to organize and carry out courses of action required to attain specific types of performances. In conjunction with Bandura's definition of self-efficacy, Larson et al. (1992) defined counselor self-efficacy (CSE) as a counselor's judgment about his or her capabilities to effectively counsel a client in the near future. CSE beliefs are important in understanding how people feel, think, motivate themselves, and behave. Consequently, CSE is positively correlated to a counselor's training level and experience (Johnson, Baker, Kopala, Kiselica, & Thompson, 1989; Larson et al., 1992; Rushlau, 1998). Given the relationship between training and CSE, the purpose of the present study was to investigate the relationship of substance abuse training to CSE. In the following section, we expand on the concept of self-efficacy.

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Counselor Development and Self-Efficacy

Over the past 2 decades, counselor educators explored how self-efficacy beliefs affect the development of counselors and counselors-in-training. Early research on self-efficacy examined more simplistic and discrete behaviors rather than complex sets of skills in varying situations (Johnson et al., 1989; Sharpley & Ridgway, 1993). More recently, researchers began exploring a variety of variables that may affect CSE (Cashwell & Dooley, 2001; Daniels & Larson, 2001; Tang, Addison, LaSure-Bryant, Norman, & Stewart-Sicking, 2004). Tang et al. (2004) used Friedlander and Snyder's (1983) Self-Efficacy Inventory to explore factors that influence counseling students' self-efficacy. The researchers examined how age, prior work experience, number of courses taken, and number of internship hours interacted with CSE. The length of internship hours and prior related work experience were positively correlated with counseling students' self-efficacy.

Training Needs in Substance Abuse Counseling

Substance abuse continues to be one of the most prevalent public health issues in the United States. Substance abuse does not discriminate with respect to age, religion, income, ethnicity, geography, or profession (Stevens & Smith, 2001). Annually, substance abuse costs the United States \$67 billion in crime, lost work productivity, foster care, and other social issues (McLellan, Lewis, O'Brien, & Kleber, 2000). According to Morgan and Toloczko (1997), trained professionals can be invaluable resources in confronting this critical social problem. Crozier and Gressard (2005) argued that the delivery of effective and comprehensive substance abuse education and interventions requires comprehensively trained and effective professionals.

Researchers have documented the need for adequate substance abuse training among mental health professionals (Carroll, 2000; Cellucci & Vik, 2001; Chappel & Lewis, 1997; Harwood, Kowalski, & Ameen, 2004; Lubin, Brady, Woodard, & Thomas, 1986; Madson, Bethea, Daniel, & Necaise, 2008; McLellan, Carise, & Kleber, 2003; Montgomery, 1993; Moos, 2003; Moos, Finney, Federman, & Suchinsky, 2000; Morgan & Toloczko, 1997). Cellucci and Vik's (2001) study found that 89% of 144 psychologists in Idaho had contact with those who abuse substances, yet most of them rated their graduate training as inadequate preparation for practice. Renner (2007) reported that psychiatrists have not been adequately trained to care for individuals who present with substance use disorders. Although multiple groups of mental health professionals have noted the lack of substance abuse training as a concern, the presented study focused on the need for substance abuse training among licensed counselors (Carroll, 2000; Cellucci & Vik, 2001; Chappel & Lewis, 1997; Harwood et al., 2004; Madson et al., 2008; Montgomery, 1993; Morgan & Toloczko, 1997; Selin & Svanum, 1981).

Carroll (2000) examined counseling students' choice of initial clinical interventions with a described substance-dependent client and conceptions of substance dependence among students. Results of the study revealed that counseling students who had 3 semester hours of instruction in substance abuse counseling were more likely to treat or refer the client for substance abuse or dependence rather than assessing for another problem. Although students with little or no instruction in substance abuse counseling were more likely to treat or refer a client for substance abuse or dependence, many did not recognize the need for immediate attention or dismissed the problem as not urgent. The results of this study reinforce the need for training counselors in the delivery of substance abuse services (Crozier & Gressard, 2005). The present study focused on the substance abuse training needs of counselors, more specifically, those who hold licensure as professional counselors.

Continuing Education and Substance Abuse

The extant literature lacks studies that explored the direct relationship between substance abuse CSE and continuing education. However, Gregoire (1994) examined the effects of continuing education on child welfare workers' beliefs about alcohol and drug addictions. Public child welfare workers were recruited to attend a 7-hour training program on the impact of addiction on child welfare practice. The participants were administered a written survey at the start of training to assess for changes in attitudes after training. At the conclusion of the training and at follow-up, participants exhibited positive attitude change and felt more comfortable and confident in their ability to adequately work with clients who present with issues of substance abuse. According to Bandura (1977), a person's attitude is positively correlated with self-efficacy beliefs. Therefore, a case can be made that continuing education can be useful in enhancing counselors' sense of comfort and self-efficacy as they carry out substance abuse counseling services.

Purpose of Study

There have been few studies that examined the impact of CSE at later stages of training or after graduate school (Lent, Hill, & Hoffman, 2003). Researchers in the past primarily focused on counseling students' self-efficacy as it relates to providing counseling (Cashwell & Dooley, 2001; Johnson et al., 1989; Larson et al., 1992; Rushlau, 1998; Sharpley & Ridgway, 1993; Tang et al., 2004). The present study is significant because it is one of the first to explore the self-efficacy beliefs of licensed counselors as it relates to providing substance abuse services. In an effort to fill these literature gaps, four research questions provide the basis for this study:

1. What is the extent of the relationship, if any, between the number of substance abuse courses taken in graduate school by licensed counselors and their perceived self-efficacy in providing substance abuse services?
2. What is the extent of the relationship, if any, between the number of combined practicum and internship clock hours completed in graduate school by licensed counselors and their perceived self-efficacy in relation to providing substance abuse services?
3. What is the extent of the relationship, if any, between the percentages of clients with substance abuse as a primary diagnosis treated by licensed counselors and their perceived self-efficacy in relation to providing substance abuse services?
4. What is the extent of the relationship, if any, between the numbers of continuing education clock hours completed in the area of substance abuse by licensed counselors and their perceived self-efficacy in relation to providing substance abuse services?

Method

Participants

A demographic questionnaire and the Substance Abuse Treatment Self-Efficacy Scale (SATSES) were e-mailed to 999 professional members of the American Counseling Association (ACA) for completion. The participants for the study were randomly selected by the ACA office from the four ACA regions (North, East, South, and West) of the United States. All participants had the following characteristics in common: (a) counseling licensure within the United States, (b) the absence of licensures or certifications in the area of substance abuse, (c) a graduate degree from a counseling program, and (d) professional member of ACA.

The participants' age ranged from 24 to 70 years. Sixty-nine participants were female and 33 were male. Seventy-four of the participants reported being Caucasian, 19 African American, 5 Hispanic, 2 Native American, and 2 Asian. Participants reported completing an average of 0.83 substance abuse courses in their graduate program (see Table 1). They completed an average of 40.05 continuing education clock hours in the area of substance abuse post master's program. An average 713.38 practicum and internship hours were completed by the sample. Participants reported treating an average of 37.02% of their current clients for substance abuse as a primary diagnosis.

Sampling methods and instrumentation present limitations to this study (Gall, Gall, & Borg, 2007). Recruiting the sample depended on valid e-mail addresses of potential participants; however, approximately 200 of the e-mail addresses purchased were no longer valid. This lowered the number of participants recruited, therefore possibly lowering the sample size. The sample had an overrepresentation of particular groups (e.g., private

TABLE 1

Means, Standard Deviations, and Correlations of Research Variables

Variable	<i>M</i>	<i>SD</i>	1	2	3	4	5
1. Substance abuse courses ^a	0.83	0.91	—				
2. Continuing education hours ^b	40.05	113.61	.04	—			
3. Practicum/internship hours ^c	713.38	122.96	.01	-.01	—		
4. Percentage of clients treated ^d	37.02	31.20	.11	.02	-.01	—	
5. SATSES total	3.83	6.27	.11	.06	.02	.07	—

Note. *N* = 102. SATSES = Substance Abuse Treatment Self-Efficacy Scale.

^aNumber of substance abuse courses taken. ^bNumber of continuing education hours completed post master's degree. ^cTotal practicum and internship hours completed. ^dPercentage of clients diagnosed with substance abuse problems who have been treated.

practitioners, female, and Caucasian), which may affect generalizability. Nevertheless, participants for this study did reflect a national sample, including licensed counselors who were professional members of ACA.

Procedure

ACA provided the researcher (the first author) with the e-mail addresses of 999 professional members. The participants were randomly selected to represent all four ACA regions of the United States. This random cluster sampling method ensures, within a certain margin of error, population representativeness within the sample. In random sampling, every individual in the population has an equal and independent chance of being selected for the sample (Glass & Hopkins, 1996). Using a random sampling method is a way of obtaining unbiased samples that are representative of the population to be studied (Bluman, 2007). Once the e-mail addresses were received, the members were e-mailed a brief description of the proposed research and a request that they participate in the study. The participants were given specific steps to follow to participate in the study. A hyperlink was e-mailed to participants directing them to the consent form, demographic questionnaire, and SATSES. A follow-up e-mail was sent 2 weeks later reminding participants about the deadline at the end of the 4th week.

An Internet online survey tool called SurveyMonkey was used to facilitate data collection. A total of 117 participants accessed the informed consent, survey, and demographic questionnaire via surveymonkey.com; however, there were 15 incomplete assessments. The final sample size comprised 102 participants.

Instruments

A demographic questionnaire was used to identify the variables that may contribute to differences in the perceived level of self-efficacy of licensed counselors relating to providing substance-abuse-related services to clients. The SATSES is a derivative of Kranz's (2003) Alcohol and Other Drug Self-Efficacy Scale (AODSES). The AODSES was "designed to measure social

workers' perceived self-efficacy of their substance abuse knowledge and skills with master's level social workers practitioners" (Kranz & O'Hare, 2006, p. 109). Kranz and O'Hare (2006) used confirmatory factor analysis (CFA) to further validate the AODSES. The CFA yielded a five-factor model and was renamed the SATSES. The SATSES is a highly reliable instrument with the following alpha coefficients: (a) .95 for assessment and treatment planning, (b) .94 for individual counseling, (c) .91 for case management, (d) .89 for ethics, and (e) .96 for group counseling. The SATSES is a 32-item, five-factor scale. Each item is scored on a 5-point Likert-type scale. The items prompt participants to respond to phrases such as "Please indicate to what degree you feel confident . . ." and include the following choices: *very low* (1), *low* (2), *moderate*, (3), *high* (4), and *very high* (5). Higher scores reflect higher confidence about treating clients with substance abuse or issues related to substance abuse.

Data Analysis

To analyze the data to determine the extent of the relationships between the independent and dependent variables, we used a simultaneous multiple regression analysis to assess statistical significance (Thompson, 2006). We assessed model assumptions prior to running the analysis. Squared semi-partial correlation coefficients were examined after the multiple regression was conducted to determine the extent of practical significance.

We used a multiple regression to determine the variables that contribute to the confidence of licensed counselors in the area of providing substance abuse services to clients. Four predictor variables were included in the study: (a) number of combined practicum and internship clock hours completed in graduate school by licensed counselors, (b) percentage of clients with substance abuse issues as a primary diagnosis treated by licensed counselors, (c) number of substance abuse continuing education clock hours completed by licensed counselors, and (d) number of substance abuse courses completed in graduate school by licensed counselors. The criterion variable was the total score on the SATSES. Because the predictor variables and criterion variable were continuous, multiple regression was deemed as the appropriate statistical tool to identify the relationship.

Results

On the basis of the research questions, we focused on identifying the following: (a) the relationship between the number of substance abuse courses taken in graduate school by licensed counselors and their perceived self-efficacy in providing substance abuse services, (b) the relationship between the number of combined practicum and internship clock hours completed in graduate school by licensed counselors and their perceived self-efficacy in providing substance abuse services, (c) the relationship between the percentage of clients with substance abuse as a primary di-

agnosis treated by licensed counselors and their perceived self-efficacy in providing substance abuse services, and (d) the relationship between the numbers of continuing education clock hours completed in the area of substance abuse by licensed counselors and their perceived self-efficacy in providing substance abuse services.

Regardless of the amount of training, counselors identified moderately high levels of confidence when treating clients with substance abuse issues (see Table 2). However, a large number of continuing education hours were evident in the sample. Descriptive statistics, including Pearson product-moment correlation coefficients, are in Table 1. Alpha level was set at .05 for the study. SATSES scores and standardized residuals were normally distributed, and scatterplots confirmed homoscedasticity and linearity.

The average SATSES total score of the participants was 3.83, indicating high self-efficacy. In addition, the average scores on all subscales indicated that the participants were highly confident in their ability to provide substance abuse services in the following areas: Assessment and Treatment Planning, Case Management, Individual Counseling, Group Counseling, and Ethics. Average scores on the subscales were 3.70, 3.78, 3.96, 3.57, and 4.16, respectively (see Table 2). Thus, on the basis of these descriptive statistics, counselors have a moderately high self-efficacy when treating clients with substance abuse issues despite having less than one substance abuse course on average. Furthermore, the presence of continuing education hours had no predictive relationship to CSE.

There was no statistically significant relationship found between substance abuse treatment self-efficacy and number of combined practicum and internship hours completed in graduate school by licensed counselors, percentage of clients with substance abuse as a primary diagnoses treated by licensed counselors, number of substance abuse continuing education hours completed by licensed counselors, and number of substance abuse courses taken in graduate school by license counselors, $F(4, 97) = 0.47, p = .756$. A small effect size was noted with 2% of the variance accounted for in the model, $R^2 = .019$. Number of combined practicum and internship hours completed, number of continuing education courses completed post master's degree, percentage of clients with substance abuse as a primary diagnosis treated by licensed counselors, and number of substance abuse

TABLE 2

Substance Abuse Treatment Self-Efficacy Scale (SATSES) Scores

Scale and Subscale	<i>M</i>	<i>SD</i>
SATSES total	3.83	0.63
Assessment and Treatment Planning	3.70	0.85
Case Management	3.78	0.73
Individual Counseling	3.96	0.60
Group Counseling	3.57	0.87
Ethics	4.16	0.57

courses completed in graduate school by licensed counselors were not statistically significant predictors of perceived level of substance abuse treatment self-efficacy (see Table 3) and accounted for .0003, .004, .003, and .010 of the unique amount of variance, respectively.

Discussion

The findings of this study provide a basis for the lack of relationship between licensed counselors' substance abuse counseling perceived self-efficacy and the number of combined practicum and internship clock hours completed in graduate school by licensed counselors, percentage of clients with substance abuse issues as a primary diagnosis treated by licensed counselors, number of substance abuse continuing education clock hours completed by licensed counselors, and number of substance abuse courses completed in graduate school by licensed counselors.

Participants were most confident in their ability to provide substance abuse services relating to ethics. This may be because the accreditation standards of the Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2009) require counseling ethics to be addressed in core and specialty area curricula, and the participants likely received multiple instructions on the topic of ethics. Consequently, this may increase the participants' self-efficacy beliefs in their ability to provide substance abuse services as it relates to ethics (Johnson et al., 1989; Larson et al., 1992; Rushlau, 1998). Furthermore, on average, participants reported being moderately highly confident in their abilities to provide substance abuse services as they relate to assessment and treatment planning, case management, individual counseling, and group counseling. An explanation could be that counseling programs typically address these areas of counseling in their curricula; therefore, general knowledge in these areas may be obtained in graduate school. Although participants in this study, on average, were highly confident in their ability to treat clients who present with substance abuse issues, this is in no way an indication of the qual-

TABLE 3

Multiple Regression Results for the Substance Abuse Treatment Self-Efficacy Scale

Predictor	<i>B</i>	<i>SE</i>	β	<i>T</i>	<i>p</i>	<i>sr</i> ²
Practicum/internship hours ^a	0.00	0.00	.02	0.16	.873	.0003
Continuing education hours ^b	0.00	0.00	.06	0.60	.549	.004
Percentage of clients treated ^c	0.00	0.00	.05	0.53	.595	.003
Substance abuse courses ^d	0.07	0.07	.10	1.01	.313	.010

Note. The squared semipartial correlation coefficient (*sr*²) represents the unique amount of variance.

^aTotal practicum and internship hours completed. ^bNumber of continuing education hours completed post master's degree. ^cPercentage of clients diagnosed with substance abuse problems who have been treated. ^dNumber of substance abuse courses taken.

ity of services being delivered. One possible explanation for counselors feeling highly confident in their ability to treat clients who present with substance abuse issues is consistent with Bandura's (1977) self-efficacy theory, which states that individuals' confidence level increases when they complete tasks that they perceive as successful. The participants in this study were experienced licensed counselors; therefore, many of them may have had experiences treating clients with substance abuse or issues related to substance abuse, which, if perceived as successful, could increase their confidence in treating this population.

Although no statistically significant relationship was found between the number of substance abuse courses completed in graduate school, the combined practicum and internship hours completed in graduate school, the percentage of clients with substance abuse as a primary diagnosis, and the number of substance abuse continuing education clock hours completed by licensed counselors and their perceived level of self-efficacy in providing substance abuse services as evidenced by scores on the SATSES, these findings were consistent with past research. Carroll (2000) revealed that regardless of the number of substance abuse counseling courses completed, students were confident in their abilities to treat a client who presented with substance abuse issues. The described client in Carroll's study was in need of immediate and urgent attention; however, the students who received little or no instruction in substance abuse counseling incorrectly dismissed the problem as not urgent. This brings to the forefront an important issue: Although the licensed counselors in this study were confident in their ability to provide substance abuse services to clients, this does not mean that the services provided were adequate. In the next section, we focus on the results of this study, as well as recommendations for future research in this area of study.

Research Implications and Recommendations

The majority of the participants (82%) in this study received substance abuse information by taking elective courses. Only 18% of the participants obtained substance abuse information in one or more required courses. These demographics are consistent with the results of Morgan and Toloczko's (1997) study, in which 77% of counselor education programs surveyed offered an average of 1.5 elective courses in substance abuse and dependency. The fact that a significant number of counselor education programs surveyed in Morgan and Toloczko's study offered substance abuse courses as electives and the majority of the participants in this study obtained substance abuse education via elective courses sends a clear message that substance abuse knowledge is valued. Findings from this study, as well as Morgan and Toloczko's study, have notable implications relating to accrediting bodies.

The CACREP 2009 Standards are the minimal criteria for preparing professional counselors. Therefore, CACREP should include a substance abuse counseling component among its requirement. CACREP has acknowledged

the importance of addressing the topic of substance abuse in curricula by adding addiction counseling as a specialty area; however, students who choose not to specialize in addiction counseling may only receive such information as an inclusion in one course (Normal Human Growth and Development). Salyers, Ritchie, Cochrane, and Roseman (2006) presented three methods for possibly including substance abuse education requirements among CACREP standards. One of the methods was to include substance abuse education standards in all eight existing common core areas. Doing so may ensure that students receive a more in-depth knowledge base of substance abuse. In addition, Urbani et al. (2002) suggested the skilled counselor training model (SCTM) as a method of training counseling students. The SCTM emphasizes mastery, modeling, counseling skills self-appraisal, persuasion, and arousal as key elements to promote skills acquisition and confidence in counseling skills. The SCTM is multiuseful in that it teaches the mastery of counseling skills in a systematic way while promoting the accurate assessment of one's own counseling ability to learn counseling strategies (Urbani et al., 2002). This model appears to be easily adaptable to train counselors and counseling students in the area of substance abuse.

Allowing students to work with clients who present with substance abuse and issues related to substance abuse during their practicum and internship experiences would better ensure the delivery of ethical and efficient counseling services after graduation. This may benefit counseling students because it affords them the opportunity to identify problem areas and address them prior to entering the counseling field unsupervised. Furthermore, students should be adequately educated on the topic of substance abuse in the classroom before being exposed to clients with substance abuse issues in practicum and internship. Salyers et al. (2006) conducted a survey of 111 CACREP programs to determine how substance abuse training was included in their programs. Respondents most frequently cited practicum and internship as the courses that included content in substance abuse.

Results of the present study have significant implications for counselor educators. To fulfill their obligation to adequately prepare counseling students to meet the needs of clients with substance abuse issues, counselor educators should take steps to include substance abuse education among their instructional subject matter, even if accrediting bodies such as CACREP do not mandate the course work. According to the *ACA Code of Ethics* (ACA, 2005), counselor educators have a responsibility to make students aware of their ethical responsibilities to the profession. It is further stated that counseling teachers should infuse ethical considerations throughout the curriculum. Adhering to this standard would require counselor educators to prepare students to practice within the boundaries of their competence. This is based on their education, training, supervised experience, credentials, and professional experience (ACA, 2005). Standard C.2.b. of the 2005 *ACA Code of Ethics* states that "Counselors practice in specialty areas new to them only after appropriate education, training, and supervised experi-

ence." Thus, counselors who treat clients presenting with substance abuse and substance-abuse-related issues and have not been trained or educated in the area of substance abuse are clearly in violation of the *ACA Code of Ethics*. Furthermore, counselor educators who neglect to inform counseling students of their ethical responsibility to practice within the scope of their education and training are also in violation of the *ACA Code of Ethics*. Standard F.4.c. states, "Supervisors make their supervisees aware of professional and ethical standards and legal responsibilities."

Given the common occurrence of substance abuse in the United States, until credentialing bodies such as CACREP mandate a more adequate way of preparing counselors-in-training to meet the needs of clients with substance abuse issues, it is incumbent on counseling students to go the extra mile to obtain such education as a way of fulfilling their ethical obligation to the counseling profession. Obtaining the Master Addictions Counselor (MAC) credential is one avenue counselors may take to fulfill their ethical duty to acquire and maintain a reasonable level of awareness of substance abuse information. Counselors are required to keep current with the specific populations in which they work (ACA, 2005). Standard C.2.f. of the 2005 *ACA Code of Ethics* states, "Counselors recognize the need for continuing education to acquire and maintain a reasonable level of awareness of current scientific and professional information in their fields of activity."

Limitations

Approximately 200 of the e-mail addresses purchased were no longer valid, thereby possibly lowering the sample size. In addition, this research study included only licensed professional counselors; thus, the results can only be generalized to the counseling profession.

The instrumentation had a limitation. The SATSES is a self-report instrument; therefore, social desirability response bias may have occurred. Participants may have wanted to present themselves differently from what might be true (Gall et al., 2007). According to Kruger and Dunning (1999), people who lack a specific skill may not possess the metacognitive framework that is required to accurately assess their own competence. It is possible that the licensed counselors who participated in this study were overconfident in their beliefs of their abilities. Individuals' perception of their abilities lends no information as it relates to effectiveness or quality of task performance.

Recommendations for Future Research

Additional studies should be conducted to investigate the self-efficacy of licensed counselors in relation to providing substance abuse services to clients. Because of the lack of statistical and practical significance in this study, researchers could expand the investigation of predictors of licensed counselors' confidence as it relates to providing substance abuse services to clients. Researchers should seek to identify factors that predict substance

abuse counseling self-efficacy or rule out those factors that do not. The variables that could be explored include personal issues of substance abuse, family history of substance abuse, attitudes and beliefs about substance abuse, and feedback received by supervisors in clinical supervision. Also, researchers could examine the relationship between predictor variables and all of the subscales on the SATSES instead of limiting the analyses to the total SATSES score. In addition, researchers could use an experimental design with a control group to compare findings. For example, future researchers may want to compare the self-efficacy beliefs of licensed counselors who received substance abuse education and training over a period of time against the self-efficacy beliefs of those who did not receive any substance abuse education or training. To minimize the effect of self-report bias, researchers could administer another tool that assesses competencies in addition to an assessment tool such as the SATSES. A final recommendation for future research includes the exploration of the level of substance abuse training and client outcomes.

Conclusion

This article provides insight about the variables that predict licensed counselors' perceived level of confidence as it relates to providing substance abuse services, although no statistically and practically significant relationship was found. Despite having little to no training or education in the field of substance abuse, the licensed counselors in this study had moderately high levels of confidence in their ability to adequately provide substance abuse services to clients. However, this lends no information on actual client outcomes. Additional research exploring factors that contribute to the confidence levels of licensed counselors in terms of providing substance abuse services is recommended in conjunction with an exploration of substance abuse knowledge. A study that measures both confidence levels and knowledge is recommended because self-efficacy beliefs lend no information on actual knowledge. Furthermore, a follow-up study that measures client outcomes may be useful in determining the effectiveness of licensed counselors' substance abuse counseling interventions. Counselors, counselor educators, and counseling students all have an ethical responsibility to ensure that clients who present with issues of substance abuse receive counseling services from professionals who are well educated and trained in the field of substance abuse.

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