

Exploring Experiential Learning Through an Abstinence Assignment Within an Addictions Counseling Course



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Counselors-in-training may struggle in working with addictions populations for various reasons, including limited training, pre-existing stigma toward the population, and low self-efficacy treating substance use disorders. This is concerning because professional counselors have the highest proportion of clients with a primary substance abuse diagnosis. The authors explored the experiential learning approach of an abstinence project within an addictions course in an attempt to give students a genuine experience that parallels what an individual with an addiction may experience. The authors utilized generic qualitative analysis to explore the experience of 17 counseling students completing the abstinence assignment. The emergent themes of (1) concrete experiences, (2) dealing with cravings, (3) student's self-reflection of learning, and (4) empathetic understanding and challenging attitudes are presented. Finally, future areas of research and implications for counselor educators are discussed.

Keywords: substance use disorders, abstinence assignment, generic qualitative analysis, counselors-in-training, addictions

Counselor educators face considerable challenges in providing comprehensive and effective training for counselors-in-training (CITs) serving persons with substance use disorders (SUDs). These challenges include students' unfamiliarity with addictions or addicted populations, few opportunities to infuse addictions-related materials into the general curriculum, and no uniform national curriculum standards for addictions-related education (Chasek, Jorgensen, & Maxson, 2012; Salyers, Ritchie, Cochrane, & Roseman, 2006). This is concerning, as addiction remains a consistent issue for the general population. Approximately 21.5 million Americans meet criteria for an SUD (Substance Abuse and Mental Health Services Administration, 2015), reinforcing the need for competent addictions counselors. Professional counselors (excluding specified addictions counselors) have the highest proportion of clients with a primary substance abuse diagnosis, in comparison to social workers, psychologists, and psychiatrists (Harwood, Kowalski, & Ameen, 2004). Additionally, CITs also treat clients with addictions much more frequently during their training. Salyers et al. (2006) found that a high percentage of CITs see clients in their practicum and internship experiences who present with substance abuse concerns. Due to the frequency of addiction concerns counselors and CITs treat, it is imperative that counselor education programs continue to address training necessary to accommodate these concerns.

In response to the growing need to train effective addictions counselors, the Council for Accreditation of Counseling & Related Educational Programs (CACREP; 2016) constructed standards that counselor educators should infuse within the curriculum. The integration of the standards across all CACREP-accredited programs has been slow, but a 2013 survey of programs found that 76.7% of counseling graduates had at least one course related exclusively to substance abuse counseling (Iarussi, Perjessy, & Reed, 2013). This is a substantial increase considering Salyers et al.'s (2006) findings that only 58.2% of counseling graduates had taken at least one course related to substance abuse counseling. Starting in 2009 and continuing within the 2016 standards, CACREP specifically called for counselors to understand the theories and etiology of addictions and addictive behaviors, including strategies for prevention, intervention, and treatment (CACREP, 2016). These changes

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have provided steps toward greater competency in the treatment of addictions; however, most students still have only one course during their program devoted to addictions (Chasek et al., 2012). As most counseling education programs continue to only have a single course devoted to addictions education, it is critical to investigate the educational experiences of CITs and explore the educational experiences that maximize student learning.

A common concern when educating CITs about addictions is the attitudes and biases they bring with them to an addictions course (Chasek et al., 2012). The pre-existing attitudes and behaviors espoused by CITs are often derived from moralistic notions of addiction (Chasek et al., 2012). Clinicians' negative attitudes toward persons with addictions often lead to reduced outcomes in treatment (McLellan, Lewis, O'Brien, & Kleber, 2000). Blagen (2007) suggested that negative attitudes need to be addressed during training to help CITs facilitate relationship building with persons with addictions. A common tool utilized in addictions training to foster empathy and understanding of persons with addictions is the abstinence assignment. The abstinence assignment asks students to abstain from a substance or behavior for a set period and journal about the experience. This learning approach has been explored in a pharmaceutical education program (Baldwin, 2008), allowing students to successfully meet all four of the course's learning objectives: (1) describe feelings and experiences related to the process of withdrawal from habituating or addicting substances or activities; (2) describe the importance of abstinence in the maintenance of recovery from habituating or addicting substances or activities and discuss the implications of relapse to the recovery process; (3) discuss the importance of support systems in recovery from habituating or addicting substances; and (4) describe the process of addiction and recovery (Baldwin, 2008).

Baldwin (2008) found generally favorable opinions of the assignment and strong ties to reflective learning through class surveys conducted before and after the assignment. However, no study to date has explored students' learning processes during an abstinence assignment. The aim of the current study was to understand the pedagogy behind the abstinence assignment and to explore the experience of students completing the project. It was hoped that the study would reveal if the abstinence assignment could foster empathetic experiences for persons with addiction and if the assignment could enhance understanding of withdrawal, craving, and relapse. Specific research questions included: (a) what, if any, were the empathetic experiences of students concerning clients with addictions; (b) how was the concept of *craving* experienced and made meaningful by participants; (c) what were the elements of the learning process for participants completing the abstinence assignment; and (d) how did students find ways to deal effectively with cravings and abstinence through the project? This study utilized qualitative data analysis methodology to explore the experiences of 17 CITs who completed an abstinence assignment during their addictions course. A review of pertinent literature follows.

CITs often face considerable difficulty learning addiction-specific tools and skills. These challenges typically arise due to students' limited exposure to persons who are addicted, limited experiences of cravings and triggers, limited understanding of the lives of those with addictions, and limited self-efficacy of being effective with this population (Harwood et al., 2004). This lack of awareness, coupled with classroom material that is disconnected from the students' experiences, may lead students to feel unprepared for treating clients with addiction concerns. The infusion of experiential learning activities is one way to counter the above concern. Kolb (1984) stated that learning new concepts involves directly encountering these concepts within real world experiences. In Kolb's theory, "Learning is the process whereby knowledge is created through the transformation of experience" (Kolb, 1984, p. 38). Effective learning is seen when a person progresses through a cycle of four stages: (1) having a concrete experience, followed by (2) observation of and reflection on that experience, which leads to (3) the formation of

abstract concepts (analysis) and generalizations (conclusions), which are then (4) used to test hypotheses in future situations, resulting in new experiences (Kolb, 1984). Experiential learning is a means of acquiring knowledge through action and feelings; it creates an emotional understanding and challenges attitudes (Warren, Hof, McGriff, & Morris, 2012).

Sias and Goodwin (2007) explored an experiential learning approach of CITs attending 12-step meetings and then journaling their experience. Students attending 12-step meetings reported growth and new awareness of the experience of persons with addictions. Students described the fear and uncertainty clients faced when beginning a support group. They also reported challenging their pre-existing stereotypes of persons with addictions, through interacting with those in recovery. Results from studies such as Sias and Goodwin (2007) can help further understanding of the barriers in learning about addictions and also help educators implement experiential learning approaches more intentionally.

Barriers to Learning

In training emerging clinicians to work with persons with addictions, research has revealed that many trainees lack empathy and emotional understanding for this population (Baldwin, 2008; Giordano, Stare, & Clarke, 2015; Sias & Goodwin, 2007). Research has shown the struggles CITs may experience in showing empathy, emotional understanding, and challenging bias toward persons with addictions. These struggles may impact the quality of care toward persons with addictions (Chasek et al., 2012; Giordano et al., 2015). Furthermore, many CITs report poor self-efficacy in being clinically effective with persons struggling with addictions (Harwood et al., 2004). Celluci and Vik (2001) found that approximately 144 mental health providers in Idaho who treated persons with an SUD rated their graduate training as inadequate preparation for treating clients with an SUD. The importance of strong educational experiences is reinforced by Carroll (2000). Carroll reported that CITs with more addictions courses were increasingly likely to treat or refer a client for an SUD and to think of an SUD as a distinct disorder, compared to CITs with less addictions training.

Another potential learning barrier for students is negative stigma toward persons with addictions. Society's negative portrayal of those battling addictions may play a role in counselor trainees' perceptions and attitudes regarding this population (McLellan et al., 2000). For instance, the general public is reported as viewing persons with drug addictions negatively, as blameworthy and dangerous (Corrigan, Kuwabara, & O'Shaughnessy, 2009). CITs possess similar negative attitudes, beliefs, and biases regarding addictions and addiction treatment (Chasek et al., 2012). These authors investigated CITs' attitudes toward persons with addictions and the effectiveness of substance abuse counseling. They concluded that students who had less bias toward persons with addictions were more likely to view treatment for substance abuse as effective.

Counselor educators are charged with the responsibility to ensure that competent counseling professionals are entering the field (CACREP, 2016). As present research shows the struggles that many CITs are facing in relation to persons with addictions, it is vital that further research is conducted to examine how counselor educators can remedy this known lack of empathy and emotional understanding through pedagogical intervention. Although anecdotal evidence from past generations of counselor educators has shown the experiential assignment of abstaining from a substance as useful, to date no counseling literature exists that shows empirical evidence for this assumption. Consequently, we investigated the experience of students utilizing the abstinence assignment and built upon the limited understanding of integrating an abstinence assignment into addictions curriculum.

Qualitative Research Design

Generic qualitative analysis (GQS; Percy, Kostere, & Kostere, 2015) was employed as a qualitative methodology to examine the pedagogical implications of utilizing an abstinence assignment within an addictions course. GQS seeks to understand and discover the perspectives and worldviews of participants and is intended to explore what participants directly experienced, or what the experience was about (Percy et al., 2015). The present study utilized existing abstinence journals and reflection summaries that included descriptions and reflections of students' experiences of participating in the abstinence assignment; it was deemed appropriate to use a qualitative methodology that would support the analysis of these data resources (Percy et al., 2015).

Participants

The participants selected for the study were master's-level counseling students enrolled in their second and last year of study. These students were enrolled in an addictions counseling course, and a major course requirement was an abstinence assignment. Students were instructed to select a substance or behavior from which they wished to abstain for 4 weeks. There was a total of 17 participants (14 females and three males). The ages of participants ranged from 24 to 44 years with a mean age of 26. All 17 participants identified as White. Participation in the study was solicited after the participants completed their abstinence journals and reflective summaries, and received grades for the assignment. The participants were informed that participation in the study was completely voluntary and would have no impact on their grade. Data analysis was conducted once the course was completed. Of the 17 participants, the following is a list of the chosen substances or behaviors with the number of students: Soda or Carbonated Beverages (3), Sugar (4), Alcohol (3), Eating Out at Restaurants (2), Social Media or Entertainment Activities (3), Procrastination (1), and Evening Snacking (1).

Abstinence Assignment

This exercise was designed to help students experience some of the feelings/thoughts that addicted individuals experience when they quit their drug or behavior of choice. Students were told: This exercise requires that you give up a substance (e.g., nicotine, caffeine, or alcohol) or a behavior (e.g., eating sweets, playing video and computer games, watching television) for a period of 4 weeks. During this assignment, you will write a goodbye letter to your substance or behavior detailing why you are choosing to give up the substance or behavior and what the substance or behavior means to you, and you will keep an abstinence log of your experiences. This log will describe your feelings and reactions, especially focusing on times you "lapse" or experience cravings (*minimum one page log of two entries per week*). Finally, you will write a summary paper, which will serve as the conclusion to the 4-week exercise.

Data Analysis and Trustworthiness Procedures

The researchers obtained Institutional Review Board approval prior to the analysis of the data. Data analysis procedures were followed according to the guidelines set forth by Percy et al. (2015). The researchers first familiarized themselves with the study materials—which included a goodbye letter to the substance or behavior, abstinence journals, and reflection summaries—by reading through each item and making notations (highlights) about significant statements that reflected the research questions for the study. The above step was performed independently by the first and second author for all 17 transcripts. The two researchers (authors one and two) met at two different times, once halfway through the initial transcript analysis and again at the end to compare and contrast notes.

After this step was completed, the researchers compared notes to identify common theme listings from the data. The researchers created a definitional agreement for each emergent theme. The goal of this step was to isolate significant themes represented in both researchers' notes. Each researcher had to agree that there was ample evidence to support this theme and agree on the mutual definition of this theme. To aid the researchers in coding, the work of Kolb's Experiential Learning Model (Kolb, 1984) was incorporated into the coding procedures to link existing learning theory steps to the process that was being discovered within the transcripts. Once the coding structure was in place, the first author coded each of the 17 participant transcripts. Coding each participant was performed by highlighting significant statements that represented the theme and its definition. For example, the researcher coded a significant statement from Participant 1: *I can see why this is so difficult for some people to stay sober; I'm having a hard time and only . . . giving up sugar.* This significant statement was coded as empathy. Upon completion of this coding, both researchers independently reviewed the list of significant statements under each theme and noted if the statement was representative of the existing theme definition. If the significant statement was not representative, it was either discarded or represented under a more appropriate theme.

The researchers met upon completion of this step to share the results of the review of significant statements. The researchers then decided if each change to the significant statement was warranted. Following the above step, the researchers organized all themes into similar categories. After this categorization was complete, the researchers utilized an auditor outside of the study who shared a similar background and training in qualitative research to review the significant statements under each theme and identify if they were representational to the existing theme definition and if the themes fit within their designated category. The auditor made notes about significant statements to discard or to move to another theme. Upon completion of the auditor's review, the category, theme structure, and theme definitions were emailed to each participant of the study for member checking. Each participant was asked to comment on the list of themes and the researchers' definitions of each theme to ensure that they were credible. Participants with comments for the researchers were contacted again, and category and theme structures were reviewed and revised based on the participants' input.

Results

Four themes emerged during the data collection process. The first theme was "concrete experiences" of the participants completing the abstinence assignment. This theme contained several subthemes, such as withdrawal cues, cravings, relapse, justifications of relapse, shame after relapse, and triggers. The second theme that emerged was "dealing with cravings." Within this theme were the subthemes of replacement behaviors and relapse avoidance. The third theme contained elements of "student's self-reflection of learning." This theme contained two subthemes: reflective observation and abstract conceptualization. The last theme consisted of statements showcasing students engaging in empathetic understanding and challenging their attitudes or perceptions of persons with addictions.

Theme One: Concrete Experiences

Theme One contained participant descriptions of completing the abstinence assignment. These concrete experiences, cravings, relapse, and shame over relapse are similar to experiences of persons beginning and sustaining recovery. The most often identified statement from participants was craving for their identified substance. Participant 3 journaled, "Sometimes I wish I could just take all of my cravings and put them in a jar and smash the jar so I don't have to deal with them anymore." Beginning to deny the use of a substance had begun to produce strong desires often unknown by

participants. Participant 15, who abstained from soda, described hearing a soda dispenser and the physical effect she noticed in her body for the first time, “It was odd to note that I had a sensation go through my entire body as I heard it. It made me think and consider Pavlov’s dogs. Truthfully, I thought about Diet Coke the rest of the day.” Cravings were often accompanied by withdrawal in participants who had given up substances they had consumed over long periods. Participant 12 reported, “Today I was run-down and fatigued, and I developed a low-grade headache that stayed with me all day. And even though I ate more than I usually eat in a day, I felt like I was starving.”

Reading through the 17 participants’ journals, researchers found consistent patterns of subthemes often occurring in a sequential order. The subthemes order was descriptive of a trigger or cravings, followed by relapse, justification for the relapse, and finally shame and guilt over the relapse. Upon review of the participants’ transcripts, this pattern was found in 15 of the 17 participants and occurred between one and three times per participant. Participant 13, who abstained from sugar, described a cycle of trigger, craving, relapse, justification of relapse, and shame over relapsing: “Tonight was Superbowl Sunday. My aunt made a gluten free cake with dulce de leche and strawberries on top, and I ate two slices . . . I felt like I deserved it because I was doing so good on this abstinence assignment.” Participant 13 further recalled, “I feel a little bad about it now, but I honestly feel like it was justifiable and I plan on going back to the no sugar and no gluten thing again tomorrow anyway.”

Instances of complete breakdown on the students’ abstinence goals often appeared. These especially occurred with students who chose substances like grains, carbs, or sugar. The defining elements of these complete breakdowns were a sense of low self-efficacy and overwhelming guilt and shame. Participant 10, who abstained from fast food, expressed, “I have eaten at fast food restaurants three times since last Thursday . . . I literally feel disgusted at myself that I haven’t been able to control my cravings or at least have enough self-control to just be mindful about my choices.” The experience of emotional and physical symptoms related to abstaining from a behavior or substance prompted students to begin exploring effective personal strategies for dealing with their cravings.

Theme Two: Dealing With Cravings

Paralleling the experience of individuals in the early stages of recovery, participants actively dealt with cravings in various ways, including healthy and unhealthy coping mechanisms. When participants selected strategies that were unhealthy or unhelpful, the researchers labeled these as replacement behaviors. These behaviors often consisted of replacing their substances with other substances. For example, switching from sugary foods to fatty or salty foods, and avoiding a trigger or cravings by staying overly busy. These behaviors are not new to professionals working with clients with addictions. Below are examples of the participants engaging in these replacement behaviors. Participant 1, who abstained from soda, described noticing her behaviors as, “I ate a lot more . . . than I normally do. Because of how many chips I was eating I realized that I had replaced my drink [soda] with chips and salsa.” Noticing the pattern was a valuable learning experience that helped the participant to confront her substitution later in the assignment.

However, other students were unable to observe the ties connected to these behaviors and future relapse. Participant 5, who abstained from social media, reported, “I was also very busy the last couple of days because I’ve been preparing for my counseling presentation. Maybe I’ve successfully distracted myself from the temptation.” Nearly all participants reported engaging in replacement behaviors at some point in their experience. However, many of these participants discovered more successful ways to cope with triggers and cravings. When participants reported positive craving coping strategies, the researchers labeled these experiences as relapse avoidance strategies. These strategies often involved the elimination of potential triggering events or objects within the participants’ environments, relying

on significant others and family members for support, talking to classmates about their cravings, and using healthy substitutions in place of their substance.

Participant 5 reported an instance of a relapse avoidance strategy: "I actually uninstalled and deactivated my Twitter. That way if I go to tweet something, I would have to download the app and activate my account. Two layers of activity would definitely put a damper on impulsivity." Additionally, Participant 6, who had given up sugar, reported, "I got rid of all the sugar in the house."

Relying on classmates and family was often described as essential from participants who reported they felt they had successfully abstained. Participant 3, who abstained from sugar, reported, "I talked with one of my friends about how the relapse has impacted my overall motivation and she really helped me get through and process." Participant 5 added, "I've enlisted the help of my husband—(he) agreed to check my Twitter handle to make sure it is deactivated. This keeps me honest. I like the accountability piece because I can't tweet in secret." The healthy substitution often resembles behaviors like a step-down program or funneling energy into healthy activities and hobbies such as exercising or spending time with close friends. Participant 3, described replacing sugary sodas with a healthier alternative: "I found this type of soda . . . that is basically naturally flavored water. To say it's curbed my sugar craving is an understatement." Others described tending to general wellness to alleviate the stress associated with abstinence. Participant 7, who abstained from alcohol, reported, "I noticed myself going to sleep earlier yesterday . . . which I believe was a coping strategy for dealing with my irritability of trying to relax without allowing myself to have a drink."

These strategies represent active experimentation and learning about how best to be successful at abstaining from the identified substance or behavior. Reflections on these experiences were essential to the learning goals associated with this project. The next theme explores these reflections and provides insight into the learning that was taking place throughout the assignment.

Theme Three: Student's Self-Reflection of Learning

Theme Three explored the elements of personal learning the participants reflected upon. The researchers identified learning through Kolb's Experiential Learning Model (Kolb, 1984). The researchers were interested in participants' statements that evidenced reflective observations, defined as observations and reflections on what their experience was about and how it resonated with them. The researchers also were interested in participants' statements that evidenced abstract conceptualization. We defined abstract conceptualization as the reflection upon concepts related to treating persons with addictions followed by generalizations from these reflections to future work with clients.

Examples of reflective observation can be found within Participant 2's description of her difficulty in remaining abstinent from television for the assignment and how she discovered the difficulty of the change process within herself: "I feel like all I've done is replace not thinking because I watch mindless shows on television to not thinking because I play mindless games on my phone. I've thought about replacing it with exercise, but I feel myself rebelling against that."

Many of the participants' reflections facilitated greater awareness about how difficult it was to change any reinforced behavior or the difficulty of abstaining from a substance or behavior. Many reflected on discovering the difficulty of living without their substance or behavior. Participant 4, who abstained from social media, described, "It was very surprising to me when I realized how automatic my impulses were and how often I gave into them. During this time, my eyes were opened to how much this habit impacted my life." In addition to discovering how hard it was to live without

something they once enjoyed, many participants described experiencing new insight into the minds and behaviors of persons in recovery. Participant 13, who abstained from sugar, described, "It was much more difficult to abstain when I was around people who were consuming around me. I felt a greater social pressure and found myself feeling insecure (and) disconnected in social settings." Participant 13 reported that pressure to continue was difficult to maintain: "Once I relapsed and we were nearing the end of the four weeks, it was hard for me to remain motivated to continue . . . the craving, the desire to connect with people and fit in, and the unexplainable high I get from eating sugar and gluten had to be outweighed by something else."

Additionally, participants described the change process as something tangible and less theoretical. Participants could describe and reflect upon where they were within the stages of change and began to appreciate the difficulty of sustaining lasting change. Participant 11, who abstained from alcohol, described her awareness of the change process as, "Change doesn't just happen overnight; it requires many things, including commitment, energy, the right motivation, and the right timing." In addition, Participant 3, who abstained from sugar, added, "I talk in my notes at my site all the time about motivation for change and what that looks like for each of my clients, and I couldn't even apply it to myself."

The participants began to understand the experience of what counselors were asking clients to do by abstaining from drugs or alcohol. They also began to understand how to apply this learning to clients who were currently struggling with addictions and help with the understanding of the concepts of addiction. Participant 12, who abstained from sugar, reported, "This experience helped me understand how counterproductive it is to tell other people what they need to do to change. People don't change until they are ready . . . to assume that a person will change just because someone tells them to is a mistake."

Additionally, participants recalled what was most difficult about abstaining and built stronger conceptualizations about the role of triggers in relapse. Participant 17, who abstained from alcohol, reported, "I went dancing with some friends last night at a bar in town and found myself being asked several times why I wasn't drinking." This participant expressed the frustration about the experience as, "It began to get really annoying, and I feel (it) gave me some insight into the role that others play in the process of addiction and becoming sober, and how risky it can be in certain environments."

The application of the experience of abstinence impacted all of the participants to some degree. Overall, they stated they felt a greater capacity of empathy for persons with addictions based upon how difficult abstinence was. Most participants reflected that the way they viewed a person in recovery was altered based on their experience of abstinence. The assignment generated new learning opportunities and understanding of the concepts of addiction and also enhanced their empathy for clients suffering from addictions. This enhancement of empathy was found within Theme Four, discussed below.

Theme Four: Empathy and Attitudes

The participants all stated that a significant learning outcome of the assignment was empathy for those with addictions. Participant 3, who abstained from sugar, reported, "I can see how people would struggle giving up drugs when their body has such a dependence on their drug of choice. I am struggling and counting down the days and I'm only giving up sugar." This empathy was often associated with a strong protest that they were only experiencing a small proportion of the suffering that persons in recovery go through. Participant 10, who abstained from fast food, described growing his awareness of persons with addictions as, "I know one of my limitations in counseling is not being

able to relate to my clients because I haven't experienced some of the things that they have, like an addiction." Participant 10 discussed the benefits from the abstinence assignment as, "by doing something as simple as this, I feel that I am in a much better place to help clients."

Other participants described that empathy helped them deepen their understanding and care for those in their close family who had gone through addictions. Participant 17 reported, "I have personally observed my father going through his journey in alcohol and opiate addictions. I have felt the pain, suffering, frustration, and struggle as a family member, which makes this assignment very personal for me." Participants reported these empathetic gains as important because they provided new perspectives on the lives of persons with addictions. Gaining empathy helped move participants closer to understanding persons with addictions as human beings who were attempting to steer themselves away from alcohol and drugs. This helped them to combat previous biased views of persons with addictions and altered previous attitudes and beliefs that are ineffective in helping this population.

Discussion

This study explored the pedagogy behind an abstinence assignment and the experiences of students who participated. Specifically, the researchers wished to discover (1) What, if any, were the empathetic experiences of students concerning clients with addictions; (2) how was the concept of craving experienced and made meaningful by participants; (3) how did students find ways to deal effectively with cravings and abstinence through the project; and (4) what were the elements of the learning process for participants completing the abstinence assignment? A discussion of the research questions, including analysis of the themes, follows.

Empathetic Experiences of Students

Addressing bias and negative stigma associated with persons with addictions is a major aim of most addictions courses, as negative stigma has contributed to lower therapeutic outcomes for clients struggling with addictions (McLellan et al., 2000). This study explored the empathetic understanding of students completing the abstinence assignment and found that participants reported accessing empathy for persons struggling with addictions through experiences of craving, triggers, and relapse. Moreover, students empathized with the pain and suffering that abstaining produced and described the needed patience of treating clients with addictions. This empathy was fostered through an experiential understanding of craving, which is better explored within the second research question of how students found ways to effectively deal with cravings and abstinence via the project.

Experiences of Craving

An essential element of Kolb's Experiential Learning Model (Kolb, 1984) is concrete experience. A concrete experience is a learning stage that involves having students experience a phenomenon physically, mentally, and psychologically. Although the experiences from the abstinence assignment are only approximations of individuals with addictions, they may still be important, as they provide students insight into withdrawal, craving, triggers, relapse, shame, and justification concerning relapse. This study's first theme supports the learning objective that students experienced genuine addiction-related experiences. Students were cognizant that their experiences may not have perfectly compared to individuals addicted to drugs and alcohol; however, they stated often that the abstinence assignment produced suffering and uncertainty over their ability to abstain successfully from their chosen substances or behaviors. Students also reflected upon how they learned to cope through effective and ineffective ways with the experiences of craving and relapse. This was encouraging, as it provided students with strategies on how to help future clients during recovery.

Effectively Dealing With Cravings

Students often struggle with understanding where to start treatment with persons entering recovery (Carroll, 2000). This uncertainty may stem from unfamiliarity with the experiences of addictions and from lack of awareness of appropriate therapeutic goals for clients suffering from addictions. Students in this study reported understanding the concepts of triggers and cravings much more tangibly, while often discussing how they would broach these topics more readily with clients after completing the abstinence assignment. The students also reported ways they found to effectively manage their cravings that they felt could be useful to explore with clients in the future. These ways included many of the well-established treatment interventions for addictions that advocate for removal of all substances or substance use–related materials from home; restructuring daily living to replace or avoid triggering things, places, or times; the building of a supportive structure of family and peers; allowing others to hold the person responsible for future substance use; limiting exposure to cross-dependency through the use of other substances; actively discussing current cravings and triggers with family or peer support; and relying on healthy living strategies, like eating and sleeping well, to bolster defenses against triggers. We see from the list above that students were able to extrapolate strategies through abstaining from a substance or behavior to their work with clients. A closer inspection of Theme Three, students' self-reflection of learning, found further support for the application of this project.

Elements of the Learning Process

In examining the students' learning process, this study was interested in discovering if Kolb's model could be an effective explanation of students' learning during the abstinence assignment. It was discovered that the stage of concrete experiences was experienced during the period of abstaining. The assignment also required a reflection log or journal and a summarization paper. Within these portions of the assignment, the researchers found ample evidence to support that students engaged in reflective observations that helped them assign meaning to their experiences during abstaining, and also provided room for students to actively think through what these experiences meant for their work with clients (i.e., abstract conceptualization). Due to time considerations and inaccessibility to students, the researchers were unable to observe elements of Kolb's fourth stage (i.e., active experimentation). Future research might build upon the present design to investigate the application of skills with CITs having undergone an abstinence assignment.

Implications for Counselor Education

Madson, Bethea, Daniel, and Necaise (2008) explored current training within counseling psychology and mental health counseling programs and recommended key areas educators should attend to within the realm of addictions. These areas included: (a) thoroughly assess SUD, (b) determine the appropriate level of treatment, and (c) develop treatment plans that include evidence-based substance abuse treatment (Madson et al., 2008). Madson et al. identified key areas that closely aligned with CACREP Standard II.3.D., which calls for counselors to understand the theories and etiology of addictions and addictive behaviors, including strategies for prevention, intervention, and treatment. It is the authors' belief that the abstinence assignment helps students prepare for the above standards in a way that surpasses traditional didactic content. Speculatively, this may be why the abstinence assignment has been seen as a hallmark of addictions training. Baldwin's (2008) investigation of abstinence assignments found that 69% of participants felt the abstinence assignment had a major positive effect, and 44% of participants agreed that they better understood the process of addictions recovery as a result of the assignment. This study aimed to build upon Baldwin's findings; specifically, to explore if the abstinence assignment was found valuable by students; and to discover if it provided a valuable learning experience about the phenomenological experiences of persons with addictions, an understanding of the symptoms of addictions, and an understanding of preliminary

treatment approaches to use with clients. The researchers found key themes within the research that supported the assignment meeting the above learning goals. With these findings, the authors believe in the continued infusion of this assignment within counselor education.

The abstinence assignment carries pedagogical considerations for an educator to take into account before including it in the curriculum. These considerations include how an instructor intends to provide feedback and assess the reflection journals. Content of feedback should be considered to help elicit further reflection for the student to deepen the learning experience. Moreover, the instructor will want to consider ethical issues that may arise from the grading of this assignment. If a student is disclosing dangerous or high-risk behaviors or demonstrating signs or behaviors of a process addiction, instructors will need to address their concerns and support the student's developmental needs.

Future Research

There are several recommendations for future research. First, future research is needed to examine the application of skills with counselors who have completed an abstinence assignment. Qualitative and quantitative inquiry could provide insight as to whether students are translating their learning from this assignment into clinical practice. Secondly, research may expand upon this study by examining students' prior experience with addictions or persons struggling with addictions to inquire if prior knowledge influenced their learning experience. Finally, continued empirical exploration into additional pedagogical interventions to examine effectiveness in addictions curriculum is needed.

Limitations

Several limitations exist within the current study. A primary limitation known from the beginning of the study was the utilization of a class assignment as the primary means of data collection with all White participants. While other studies have utilized class assignments as means of data collection (Baldwin, 2008; Sias & Goodwin, 2007), it is unknown if participants provided consistently accurate representations of their progress, or if different types of students would have different experiences. This limitation was partially mitigated by encouraging journaling and reflection upon success and failures during abstinence. Another limitation was the inability to monitor the application of the learning material potentially being applied with internship clients.

Conclusion

Researchers investigated the pedagogical advantages of utilizing an abstinence project within an addictions course, along with exploring the empathetic understanding of students completing the abstinence project. Elements of their learning process were identified and results found that students reported increased empathy for persons struggling with addictions through their experience of abstinence. The authors recommend employing the abstinence assignment in an addictions course curriculum in counselor education. Future research is needed to examine the application of skills with counselors having undergone an abstinence assignment.

Conflict of Interest and Funding Disclosure

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