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RESEARCH

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Couple/marriage and family therapist extent of training for working with families impacted by substance use

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Abstract

Objective: The goal of this study was to explore substance misuse training exposure and preparedness among couple/marriage and family therapists (C/MFTs) who graduated from Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) programs.

Background: In 2018, approximately 53.2 million individuals aged 12 years and older reported using illegal substances. Substance misuse has a significant family impact, and family system patterns can contribute to the development or maintenance of substance misuse issues. Couple/marriage and family therapists (C/MFTs) are well positioned to work with families impacted by substance misuse, as their standard training focuses on the interplay of relationships and systems in the development and maintenance of individual and family functioning. However, the extent of substance misuse–specific training within accredited C/MFT graduate programs is still unclear.

Method: The present study used a mixed-methods convergent design to explore substance misuse training exposure and preparedness among C/MFTs who graduated from COAMFTE programs. A total of $N = 109$ individuals participated in online assessments, and $n = 8$ completed interviews. Quantitative and qualitative data were collected during the same phase, analyzed separately, and then integrated and interpreted to gain a comprehensive understanding of substance misuse training and workforce experiences among C/MFTs.

Results: Ninety-three percent of respondents ($n = 101$) reported very little to no substance misuse training in their programs (no course to one course in their COAMFTE-

accredited programs), despite consensus among respondents that such training and related supervision would be valuable.
Conclusion: Training recommendations are provided for the inclusion of substance misuse coursework among graduate-level training programs.
Implications: A C/MFT educational program pursuing curriculum changes to include more substance misuse–related content may encounter several challenges. Implications for addressing challenges are discussed.

KEYWORDS
couple and family therapy, families, substance use, training

Over 53 million individuals aged 12 and older report using illegal substances (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019). In 2018, approximately 41 individuals died every day from prescription drug overdose (Wilson et al., 2020). Substance misuse in the United States is a public health concern. Noteworthy, many terms for substance misuse (e.g., substance abuse) are no longer endorsed, as they perpetuate stigma (NIDAMed, n.d.). Thus, we use *substance misuse*, defined as improper or unhealthy use of illicit drugs or alcohol that can cause harm to individuals as well as their family and friends (National Institute on Drug Abuse, 2020).

Family context can play a role in the development and maintenance of substance misuse as well as treatment and recovery outcomes (Lander et al., 2013). The presence of substance misuse among a family reverberates throughout the family system and across multiple generations (Center for Substance Abuse Treatment, 2004). When substance misuse enters a family system, rules and roles often change, creating family dysfunction (Reiter, 2019). For example, families impacted by substance misuse tend to display rigid boundaries between the family and external systems, emphasizing the need to keep the substance misuse a secret (Reiter, 2019); this secrecy can prohibit families from discussing the substance misuse and its impact on family relationships.

Substance misuse can result in role shifts within a family system, such as children becoming parentified or grandparents parenting grandchildren (Chou et al., 2019). These changes can in turn result in permeable system boundaries (Lander et al., 2013). Ultimately, "the family's homeostasis changes over time to where dysfunction and distressing interactions become the family's primary way of engaging with each other" (Reiter, 2019, p. 57).

Substance misuse programs have increasingly focused on the importance of including families in treatment as part of the response to the alarming number of individuals and families impacted by substance use disorders (SUDs; Reiter, 2019; Werner et al., 2007). Family-centered treatment and the inclusion of multiple systems in the treatment process have been prioritized as crucial elements of recovery (Reiter, 2019; Werner et al., 2007). Couple/marriage and family therapists (C/MFTs) are well positioned to work with families impacted by substance misuse, as their standard training focuses on the interplay of relationships and systems in the development and maintenance of individual and family functioning. Couple/marriage and family therapists are trained to understand family rules, roles, and boundaries that create and maintain conflict.

The high prevalence rates of substance misuse increase the likelihood that C/MFTs will encounter families impacted by substance misuse (Chou et al., 2021); however, Corless et al. (2009) highlighted that, compared with other treatment issues, family therapists remain hesitant to claim their own importance for families impacted by substance misuse (Chou et al., 2021).

ADULT LEARNING THEORY: ANDRAGOGY

Though adult learning theories play a vital role in healthcare education (Mukhalalati & Taylor, 2019), there is a lack of educational curricula focusing on substance use among healthcare programs (Gotham et al., 2015; Polydorou et al., 2008). Andragogy (Knowles, 1980) emphasizes the importance of delineating adult learners from child learned pedagogy (Teaching Excellence in Adult Literacy [TEAL], 2011). This distinction is important as graduate-level programs are comprised of adult learners who can use their life experiences to enhance their education (Mukhalalati & Taylor, 2019). The present study used an andragogy framework to better understand experiences substance use training among graduate-level students.

C/MFT SUBSTANCE MISUSE TRAINING ELEMENTS

The larger mental health literature context supports a relationship between graduate training in clinical skill development and client outcomes (Smaby et al., 2008). For instance, the training of counseling psychology graduate students in therapeutic practices has been linked to improved therapeutic relationships, skills delivery, and conceptualization of cases, based on therapist and client reports (Hill et al., 2015). The goal of training C/MFTs also is centered on building competency and improving clinical outcomes (Breunlin, 2016). Yet Breunlin (2016) notes that there is much room for advancing efforts to research C/MFT training programs.

Researchers from other mental health disciplines, including psychology, social work, and counseling, have specifically examined how well their respective fields are preparing clinicians to work with substance misuse issues, and all these disciplines have identified the importance of formal clinical training in this area (Corbin et al., 2013; Lee et al., 2013; Quinn, 2010). However, to date, there is no research that examines the existence and extent of substance misuse training for C/MFTs. The extent of substance misuse–specific training within accredited C/MFT graduate programs must first be identified before the C/MFT field can measure the efficacy of such training and ensure practitioners are meeting the needs of clients affected by substance misuse.

The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), the national accrediting body for C/MFT programs in the United States, does encourage competency for C/MFTs in the area of substance misuse treatment. Specifically, the COAMFTE Accreditation Standards (Version 12.0; 2017) require that COAMFTE programs aim to apply the marriage and family therapy (MFT) Core Competencies, which were developed by the American Association of Family Therapy and other stakeholders in the profession. Three of these MFT Core Competencies (Version 12.0; 2017) are related to substance misuse:

> 2.1.3: Understand the clinical needs and implications of persons with comorbid disorders (e.g., substance abuse and mental health; heart disease and depression)
> 2.1.5: Understand the current models for assessment and diagnosis of mental health disorders, substance use disorders, and relational functioning
> 2.3.5: Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others

The COAMFTE accreditation standards also require accredited programs to incorporate the Association of Marriage and Family Therapy Regulatory Boards' Domains, Task Statements, and Knowledge Statements into their curricula, program structures, and educational processes (COAMFTE, 2017). Association of Marriage and Family Therapy Regulatory Board

TABLE 1 Association of Marital and Family Therapy Regulatory Boards (AMFTRB) Substance Use Knowledge Statements

	AMFTRB Knowledge Statements
52	Effect of substance abuse and dependence on individual and family functioning
53	Effects of addictive behaviors (including but not limited to gambling, shopping, sexual) on individual and family system
54	Addiction treatment modalities (including but not limited to 12-step programs, individual, couple, marital and family therapy, and pharmacological)
55	Principles and elements of recovery-oriented systems of care (for addiction and substance abuse

Note: Adapted from "2020 AMFTRB Marital and Family Therapy National Examination: Handbook for Candidates" by the Association of Marital and Family Therapy Regulatory Boards, 2020 (https://amftrb.org/wp-content/uploads/2019/11/AMFTRB2020.pdf).

(AMFTRB) Knowledge Statements 52, 53, 54, and 55 all reference substance misuse or addiction and can be seen in Table 1 (AMFTRB, 2020).

This indicates that the primary professional and regulatory bodies in the C/MFT field recognize that substance misuse is a significant clinical issue and that C/MFT professionals should be prepared to work with families impacted by substance misuse. However, there remains a lack of research about the scope of training for C/MFT professionals working with families impacted by substance misuse. Uncovering this gap in educational coursework and supervision could provide a means to identify and address any training deficits to ensure that C/MFTs are effectively equipped to address this clinical issue in practice.

PRESENT STUDY

The present study seeks to fill the gap in the literature on C/MFT training and workforce development for those working with couples, families, and individuals impacted by substance misuse. Specifically, this exploratory study examined substance misuse training exposure and preparedness among C/MFTs who graduated from COAMFTE programs. Two specific research questions were examined:

1. What level of training exposure occurs in COAMFTE programs for working with substance misuse populations?
2. Do C/MFT professionals who are trained in COAMFTE programs feel adequately prepared to work with substance misuse populations?

METHOD

Upon university institutional review board (IRB) approval, the present study used a mixed-methods research design to develop a comprehensive understanding of substance misuse training among C/MFT programs (Creswell & Plano-Clark, 2017). A convergent design was used in that quantitative and qualitative data were collected during the same phase, analyzed separately, and then integrated and interpreted (Steinmetz-Wood et al., 2019) to gain a comprehensive understanding of substance misuse training and workforce experiences among C/MFTs. A mixed-methods research design supports the need to reach a broad sample while also learning in depth about the experiences of graduate-level C/MFTs. Guided by the literature and the expertise of the research team, the investigators operationalized substance misuse among families as working clinically (as a therapist or in case management) with individuals, couples, or

families who may or may not have been formally diagnosed with a substance use disorder but have indicated using a substance such that the substance use was a problem for the person and/or relationship(s).

Procedure

Participants were recruited by convenience snowball sampling through online listservs, social media, and contacting administrators of COAMFTE-accredited master's-level programs for the dissemination of recruitment materials. Inclusion criteria comprised the following: (a) individuals who successfully graduated from a COAMFTE master's degree program in the last 10 years, (b) individuals who went straight into the clinical workforce upon graduation, (c) individuals currently in practice as C/MFTs, and (d) individuals age 18 years or older. The initial inclusion criteria were expanded from graduating within the past 10 years to graduating in the past 20 years due to low participation rates. As well, criteria were extended to include those who were enrolled in or completed a doctoral program. Participants completed an online survey taking approximately 20–30 minutes. Participants who identified as C/MFTs and who were working with populations impacted by substance misuse were prompted at the end of the survey to indicate whether they would be willing to participate in a follow-up telephone interview to further discuss their clinical experiences. All participants who participated in telephone interviews received a $20 Amazon gift card.

Data collection

Quantitative

Quantitative data were gathered from the online questionnaire that requested participants to answer questions related to demographic characteristics, including years of clinical experience, licensure status, and interest in working with substance misuse populations, as well as training and workplace experiences. Two scales were created to capture substance misuse educational program experiences and work experiences. The scale questions accurately portray the terminology used for each question (e.g., substance use), though, since distribution of the scale the terminology has changed from substance *abuse* to *misuse*.

Measures

Substance Misuse Training Exposure and Preparedness Scale

Because no scale exists examining substance use training experiences, the research team developed the Substance Use Training Exposure and Preparedness Scale. This scale was developed based on expertise from the team based on the goal of understanding perceived substance use training adequacy and workforce substance use training experiences.

A deductive approach (Tay & Jebb, 2017) was used based on existing conceptualization of substance use and educational training elements. Internal reliability, measuring satisfaction with substance misuse training exposure and preparedness, was investigated using Cronbach's alpha. Cronbach's alpha was used for final scale creation as it has been identified as a standard practice in determining scale reliability (Boateng et al., 2018). Six items were scored on a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*) and yielded good reliability ($\alpha = .88$, $M = 16.93$, $SD = 5.46$). Examination of individual items demonstrated increased reliability (Gliem & Gliem, 2003) after the removal of the question, "I knew of at least one

supervisor who had experience working clinically with those abusing substances." The final five-item scale yielded excellent reliability ($\alpha = .91$, $M = 13.18$, $SD = 4.77$). The following five questions comprised the scale: (a) I had adequate training in my program to provide clinical services to those who abused substances. (b) I had adequate training on evidence-based practices used for treating those who abused substances. (c) Overall, I felt support in my interest in substance abuse populations during my MA program. (d) I felt satisfied with my substance abuse training during my MA program. (e) Upon graduating, I felt prepared to enter the workforce and work clinically within the substance abuse population. Higher scores on this scale indicate higher perception of training adequacy during participants' graduate-level education for working with cases of substance misuse.

Workplace Support Scale

A scale also was developed to examine substance misuse workplace training support. The internal reliability of measuring experiences of workplace support for substance misuse training was investigated using Cronbach's alpha. The six-item workplace scale yielded acceptable reliability ($\alpha = .78$, $M = 20.55$, $SD = 4.94$). The six items were scored on a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*) and consisted of the following: (a) My current workplace provides me with opportunities to participate in training related to substance abuse. (b) My past workplace provided me with opportunities to participate in training related to substance abuse. (c) I currently have access to a mentor or supervisor who could support my clinical work within the substance abuse population. (d) Given the opportunity, I would participate in further training about clinical work in the substance abuse field. (e) Overall, I feel competent to provide services to those with substance abuse problems. (d) I feel satisfied with my substance misuse training received after joining the workforce. Higher scores indicated higher workplace training support for substance misuse training.

Qualitative

A member of the research team conducted eight qualitative interviews. Interviews ranged from 30 to 60 minutes and were recorded and transcribed. Participants were de-identified, and all participants picked pseudonyms for themselves. Participants responded to four questions: (a) In your master's program, what was your training exposure to working with individuals, couples, or families using or impacted by substance misuse? (b) Did you feel prepared to enter the workforce directly out of school and begin working with those who have abused substances? (c) Was there anything that could have been added to your master's program that would have facilitated an easier transition to working in the substance misuse field? (d) Is there any training you currently need to support your work in the field? If so, what kind of training? With the addition of the doctoral-level participants, we added a question to examine doctoral-level training experiences.

Participants

A total of $N = 109$ individuals participated in the study, with a majority of the participants identified as women ($n = 94$). Participants reported being White ($n = 85$), Black or African American ($n = 9$), Latino or Hispanic ($n = 3$), Asian ($n = 2$), biracial ($n = 5$), or prefer not to disclose/other ($n = 5$). Participants' ($n = 107$) ages ranged from 23 to 63 years old, and over half (53%) reported being married, while 19% reported being single and 17% reported being partnered. Participants' education levels were master's degree ($n = 103$), currently enrolled in a doctoral program ($n = 4$), doctoral degree ($n = 3$), and master's degree with specialized

certification ($n = 1$). A total of 71 (65%) participants reported being a licensed marriage and family therapist (LMFT). Twenty-three participants were currently or previously licensed as other professionals, with most being licensed professional counselors ($n = 9$). A majority of the participants reported attending graduate school located in the Northeast United States ($n = 33$) or the Midwest United States ($n = 28$); see Table 2.

A total of 23 participants who completed the assessment indicated willingness to participate in a telephone interview. Seventeen of those individuals provided their contact information. The research team reached out to all participants via email or telephone. Nine individuals responded to set up interviews. One participant reported that they were not currently working with those who were impacted by substance misuse and opted not to participate. In total, eight individuals participated in the interviews. Seven of the participants identified as female, and one identified as male. A majority of the participants ($n = 7$) identified their race as White. Their ages ranged from 28 to 60 years old. A total of seven participants reported working full-time, and a majority were licensed as LMFTs ($n = 5$). In years since graduating from their C/MFT programs, two participants reported less than 1 year since graduating, three reported 1–3 years, two reported 4–7 years, and one reported 16–20 years since graduating.

Analyses

Upon the completion of the data collection, IBM SPSS Statistics (Version 25) was used to analyze the quantitative data. Two of the participants in the sample did not report graduating from a COAMFTE program and, as a result, were removed from the analyses. Listwise deletion was used for missing data. Frequencies, analyses of variance (ANOVAs), and correlations were used to examine relationships and group differences between demographic variables and each outcome of educational training and workforce experiences.

The data from the qualitative interviews were analyzed by the research team using Braun and Clarke's (2006) six phases of thematic analysis. All interviews were transcribed and double checked for accuracy of transcription prior to analyses by a research team member. Team members read through the transcribed interviews in their entirety and then repeated the process to become immersed in the data. The data were organized into meaningful groups that became initial codes. The initial codes were generated by viewing the text and looking for potential patterns through segments of the data, and then the codes were grouped and collated. The codes were analyzed from a broader perspective to develop themes.

The themes were reviewed and refined to determine their overall coherence, as well as to ensure distinctiveness between the themes and subthemes. The researchers examined the overall fit of the themes in reflection with the whole data set. The themes were collapsed into more succinct overarching themes, and subthemes were formed. The themes and subthemes were named to define and capture the essence of each theme and subtheme. This phase included using interpretative skills to define themes that accurately represented the data. The final themes and subthemes were composed into a coherent narrative.

Trustworthiness

Lincoln et al.'s (1985) criteria for trustworthiness were applied to the analyses. Adding credibility to the analyses, the research team members who coded the transcriptions are both faculty in a C/MFT program, and one has extensive clinical and research experience among families impacted by substance misuse, thus providing opportunities for prolonged engagement and

TABLE 2 Participant demographics

Demographics	*N*	%
Race/ethnicity		
White	85	78
Black/African American	9	8.3
Latino/Hispanic	3	2.8
South Asian/East Asian	2	0.18
Prefer not to disclose	2	1.8
More than one	5	4.6
Other	3	2.8
Gender identity		
Male	14	12.8
Female	94	86.2
Gender non-conforming	1	0.9
Employment status		
Full-time	83	76.1
Part-time	23	21.1
Pursuing higher ed and/or working FT/PT	3	0.27
Location of graduate school (United States)		
Northwest	13	11.9
West	14	12.8
Southwest	4	3.7
Midwest	28	25.7
Southeast	8	7.3
Mid-Atlantic	9	8.3
Northeast	33	30.3
Length since MA graduation		
Less than 1 year	12	11.0
1–3 years	35	32.1
4–7 years	37	33.9
8–10 years	15	13.8
11–15 years	5	4.6
16–20 years	5	4.6
LMFT licensed		
Yes (currently)	71	65.1
No (not currently)	19	17.4
No (never)	19	17.4

Note: N = 109. FT = full-time; LMFT = licensed marriage and family therapist; MA = master's degree; PT = part-time.

persistent observation among the population of focus. Reflexivity was applied, as the team held research meetings to discuss the values and assumptions of each researcher related to substance use among families. To ensure dependability, transferability, and thus confirmability, the process of analyzing and coding the data was documented at each phase, and an audit trail was utilized through transcripts, raw data, and a codebook that documented the various phases of coding.

Integration

The present study used Creswell and Plano-Clark's (2017) comparison strategy for the interdependence integration of quantitative and qualitative data. The data were analyzed independently, and categories of quantitative data and qualitative themes were examined for points of convergence and divergence. Interdependence strategies were used, as the participants in the qualitative interviews were recruited from the quantitative phase (Steinmetz-Wood et al., 2019).

RESULTS

The results of the study outlined the training and workplace experiences of C/MFTs in working with families impacted by substance misuse.

C/MFT educational training experiences

Of 105 participants, 93 (88.6%) agreed or strongly agreed that C/MFTs should be trained to work with families impacted by substance misuse, and 45 (42.8%) reported that they had a current interest in working with clients impacted by substance misuse. Only 22 participants (20.9%) indicated they had adequate clinical training in their master's programs to provide substance misuse services. Additionally, only 24 participants (22.9%) reported having adequate training in evidence-based practices used for treating those with substance misuse.

Of a total of 109 participants, 34 (31.2%) participants had no classes specifically for substance misuse training, while 67 (61.5%) reported having one class focusing on substance misuse in their department. A majority of participants (86.2%, $n = 94$) reported not taking any classes outside of their department focusing on substance misuse, while of the 15 participants who did report taking classes outside of the department, nine participants (60%) reported taking one course and three (20%) reported taking two. Finally, of 108 participants, only 22 participants (20.4%) reported completing a practicum at a substance misuse facility or treatment center. However, 80 participants (73.4%) reported participating in a practicum in which they worked with clients who misused substances.

One-way ANOVA was conducted to explore C/MFT substance misuse training and length of time since graduation. The results indicated significant differences in mean scores of training satisfaction based on the number of years since graduation, $F(4, 89) = 2.61$, $p = .04$. Post-hoc analyses indicated that participants who graduated 1 to 3 years ago ($M = 11.32$, $SD = 4.14$) approached significance with less satisfaction with program training, compared with those who graduated 11–15 years ago ($M = 16.11$, $SD = 4.94$, $p = .06$).

One-way ANOVA results also indicated a significant difference in the mean number of department substance misuse courses completed by participants and the participants' substance misuse training exposure and preparation satisfaction, $F(2, 91) = 11.23$, $p = .00$. Post-hoc analyses indicated that those with no courses were less satisfied with the program training ($M = 10.37$, $SD = 4.02$) than those with one course ($M = 13.96$, $SD = 4.20$) or two or more courses ($M = 17.5$, $SD = 5.62$). There was a significant difference between mean scores for satisfaction with substance misuse training during graduate programs for those who completed their clinical practicums at substance misuse facilities compared with those who did not ($t_{92} = 2.73$, $p < .01$). Specifically, those who completed their clinical practicums at substance misuse facilities indicated increased satisfaction with their substance misuse training during their graduate programs. Finally, there was a significant positive relationship between education training and preparedness and workforce experiences ($r = .36$, $p = .00$).

Regression analysis was used to further examine the length of time since graduating, departmental courses for substance misuse, and clinical practicum at a substance misuse facility as predictors of perceived training adequacy. The model explained 24.7% of the variance and was significant, $F(3,90) = 11.33$, $p = .00$. Although the length of time since graduating ($\beta = .60$, $p = .11$) and the type of clinical practicum placement ($\beta = -1.96$, $p = .07$) did not significantly contribute to the model, the number of courses in the department focusing on substance misuse was significantly related to perceived training adequacy ($\beta = 2.95$, $p = .00$). Specifically, for every course in the department focusing on substance misuse, there was a nearly 3-point increase on the scale.

Workplace experience

Of 105 participants, over half ($n = 54$; 51.4%) reported not feeling prepared to enter the workforce and work clinically with those with substance misuse problems. Additionally, 62.9% ($n = 66$) reported currently working in a clinical capacity with those struggling with substance misuse. Specifically, referring to their current workplaces, of the 109 participants, 88 (80.7%) reported working with individuals, 72 (66.1%) reported working with couples, and 74 (67.9%) reported working with families impacted by substance misuse. Of the participants 73 (69%) agreed or strongly agreed to having access to a mentor or supervisor who could support their clinical work among substance misuse populations. Finally, 76 (73%) participants indicated that they would participate in further substance misuse training to support their clinical work if such training were available to them.

One-way ANOVA indicated a significant relationship between the number of courses specific to substance misuse and workforce experiences, $F(2, 90) = 3.63$, $p = .03$. Post-hoc analyses indicated that those with no courses had lower scores ($M = 18.63$, $SD = 5.98$) with workforce experiences than those with one course ($M = 21.29$, $SD = 4.03$). Additionally, there was a significant difference between experiences with workplace support for those who completed their clinical practicums at substance misuse facilities and those who did not ($t_{51.26} = 6.43$, $p < .001$). Specifically, those who completed their clinical practicums at substance misuse facilities indicated increased substance misuse training support during their workforce experiences.

Themes

Thematic analysis revealed themes related to graduate training, prevalence of working with families impacted by substance misuse, and sources of support outside of educational courses. Three themes emerged from the data: (1) minimal graduate training related to substance misuse, (2) the inevitability of substance misuse work across practice settings in post-graduation practice, and (3) the value of internship and supervision. We identified two subthemes under theme 1: (1) desire for more curricular specific substance misuse training, and (2) strong systemic framework and lack of substance misuse integration. Below, we further describe each theme and subtheme.

Theme one: Minimal graduate training related to substance misuse.

The first theme explored participants' reports of the lack of graduate training related to substance misuse as supported by the assessments, with all participants providing responses reflective of this theme. Two subthemes emerged from the data that focus on specific training needs from their programs: (1) desire for more substance misuse–specific curricular training and (2) strong systemic framework and lack of substance misuse integration. A majority of the participants agreed that the courses offered in their programs did not focus on substance misuse populations. As Liz suggested, "My training basically did not cover substance use disorders at

all on any level." Participants described the desire for formal coursework and discussions in their classes. Another participant, Kelso, recounted their experience:

> There [were] no specific classes on substance abuse. It was talked about systemically looking at it. The only other class I had that really poked at it even briefly was on an evidence-based treatment class. So we learned about [inaudible] and other in-home services. And they said, "If there's substance abuse, you can refer to this one, if also these other things are going on." No real treatment on motivational interviewing or anything else to help with substance abuse.

Nicole echoed this sentiment and talked about advocacy efforts from their colleagues for the inclusion of substance misuse training in their program:

> I mean, I feel like we should've had a course on addictions. And I know that many students felt the same way and had petitioned the school I went to for an addictions class. And they had talked about doing a five-week summer class. But I feel like having a full-on class would have been the best way to handle it. I don't know that it could've been addressed with anything shorter than a semester-long class. It just is too much to do in a short amount of time.

In addition to the need for more training around substance misuse, participants discussed specific aspects of training that would have been helpful in their transition to the workforce.

Desire for more curricular substance misuse–specific training

Many participants described having no or one class specific to working with substance misuse populations. There was consensus that the classes offered did not provide enough material in support of specific aspects of treatment. As one participant, Summer, described their experience,

> We had one class that was substance abuse. And it was only a two-units' class. And it was honestly—my professor was wonderful … But I think that he was not enough. I think that having only two units of substance abuse in the whole program was not enough at all. And then in other classes they touched on substance abuse. But they did not go deep into how to treat someone with substance abuse issues.

Discussions revolved around the minimal presence of substance misuse topics in some classes both within and outside of the department; however, participants acknowledged the need for more course content that focused on clinical skills for substance misuse populations. As Brittani explained,

> I mean, we've discussed situations in some of the classes I've had, but that hasn't been the sole focus. Or it's really a path of conversation, not like a whole segment of the class is devoted to substance abuse or addiction.

Kelso expanded on their training experience and the need for additional support:

> And then as far as specific training, I think I had one class from a different department that was required. And that class, unfortunately, wasn't that great. It was talking about AA. And then going through eight different therapy models, which

> weren't even lined up with my program, about how they might tackle substance use.

Strong systemic framework and lack of substance misuse integration

Many of the participants ($n = 5$) discussed receiving a strong foundation in family systems training that at times was helpful in conceptualizing cases in which clients experienced the impact of substance misuse. As Liz contended, "I would definitely say yes. The systemic focus that I received during my training and some of the techniques I knew would translate into working with some substance use populations. So, I have been using that."

Nicole further discussed the benefits of being systemically trained:

> I do think it melded together very well because I had a unique perspective. Or when we would do group supervision and things like that. And I think it really helped because so many of the population that I worked with came from families with addiction or mental health [problems]. And so many of them, one of the main reasons why they couldn't stay sober is because their family system wasn't changing to meet them.

Although the participants acknowledged the strengths of being systemically trained therapists, they also realized that there were still nuances of substance misuse training that could have been integrated into the family systems framework. Participants discussed their ability to understand addiction broadly from a systemic lens, but they still expressed a desire for further support in conceptualizing addiction etiology, drug classification, and the application of therapeutic skills. As Mia stated,

> I feel like I'm trained well enough in systems and systems theories that once I understand the different substances and the impacts that they can have on the individual, I can see it better systemically. But just because I don't understand any of it well at all, I can see how having an alcoholic parent can impact the whole system … And I can see maybe how it would stem from the system and those kinds of things. But I just don't understand all the impacts on the individual well enough.

Kelso shared a similar experience:

> It was good and kind of challenging to look at different presenting problems through the systemic lens. It was good looking at depression, or marital issues, or substance abuse through that lens; at the same time, I felt like I didn't really leave with skills to adequately treat that.

Overall, participants were aware of the benefits of systemic training from a general clinical perspective while also desiring more specific training details. Approximately 23% of participants believed they had adequate training on evidence-based practices for substance misuse treatment. In addition to the desire for supplemental training, participants discussed an awareness of the high probability of working with those impacted by substance misuse.

Theme two: Inevitability of substance misuse work across practice settings in post-graduation practice.

Although the individuals who participated in the interviews worked in a variety of practice settings, including nonprofit ($n = 1$), for profit ($n = 4$), education ($n = 2$), and other ($n = 1$), they agreed that regardless of the clinical environment, encountering individuals, couples, and

families impacted by substance misuse was highly likely. This theme was addressed in the responses of six of the eight interviewees. Sonya commented,

> Well, the thing that I find very interesting is that because I also work a lot with people with trauma … that there is substance abuse in their history. It's extremely rare for me to run across a client that doesn't have substance use in their family of origin.

The quantitative assessments reinforced this theme: Nearly 86% of the participants reported providing services in some clinical capacity to those with substance misuse. The interview participants were aware of the growing prevalence of substance misuse in the United States and how that could affect their clinical experiences.

Liz discussed her experience with the majority of her caseload being impacted by substance misuse:

> I'm currently working as a marriage and family therapist in a more rural area in my home state. I would say four out of five of my clients have either been affected by substance use or are themselves—I would diagnose them with having a substance use disorder.

Finally, though Mia sought not to work with cases in which substance misuse issues were present, she found them difficult to avoid in her private practice setting:

> And then now I'm working in private practice, and, well, a few of them—I did not ask—I asked to not get substance abuse cases, but the way a few of my cases have gone is they didn't say they were abusing substances when they called the intake line, and so I got assigned them and they ended up being substance abuse cases.

In addition to the acknowledgment of the inevitability of working with those impacted by substance misuse, participants identified the importance of having clinical experience in training programs.

Theme three: Value of internship and supervision.

All the participants talked about the value of having clinical internships and supervision that exposed them to clients impacted by substance misuse. Nearly 70% reported having access to a mentor or supervisor who could provide substance misuse training support. Interview participants talked about both the lack of formal coursework and the beneficial opportunity for internship. As Sara explained, "In terms of my education on addiction, the only reason I know anything is because of my experience and the education I received at my site, not from my school." There was consensus that it was important for the participants to seek out supervisors and clinical experiences to supplement their lack of coursework. For example, Jane noted,

> In terms of, yeah, specific training that everyone got, I mean, my internships at training sites were all drug-related because that was my interest area. But that was my choice. So other people didn't necessarily have that. So I definitely felt like that was a big piece that was lacking in our program and something I hear from other people and counseling programs as well, but it's not super comprehensive in terms of the education that they are getting.

Participants were also open about their experiences seeking out internships and mentorships as a result of their personal interest in substance misuse. Nicole explained her desire to work with a supervisor with such experience:

> I did have a supervisor my second year who specialized in addiction, and I had requested him because I wanted to work in that area. And so, I mean, it wasn't class. It was supervision, but it was covered in our topics, and I have clients that struggled with substance abuse, so I learned that way, but as far as strictly academic curriculum, it was only covered in that one two-hour class.

Finally, participants described specific components of having knowledgeable supervisory support. Kelso detailed the experience of having access to a supervisor knowledgeable about substance misuse:

> A lot of the times it was if I'm sitting in the intake and someone's going through withdrawals, I was able to run and call them and pull them into the session and actionize in the moment how to handle it and what we would do. And also, I was able to ask some questions like, "What do I do? What do I look for?" to know what programs [are] here that I'm still not familiar with … So we're very successful in that regard.

Brittani also referenced the benefits of having a supervisor when working with substance misuse issues. She noted,

> But having a supervisor that was knowledgeable on the effects of this drug or [could say] this is how it can affect a relationship [or] this is what I've seen in my years of doing therapy—I think that was also helpful. Yeah.

Overall, the participants reported that the availability of supervisors experienced in the area of substance misuse in conjunction with their clinical internship experiences proved valuable in their preparedness and training prior to entering the workforce.

Integrated summary

Many participants believed C/MFTs should be trained to work with individuals and families affected by substance misuse; however, most reported that such training was sparse or lacking in their COAMFTE-accredited graduate programs. Participants' perceived preparedness in the clinical area of substance misuse was shown to be related to the extent of their exposure to substance misuse–focused courses. Both quantitative and qualitative data highlighted the importance of courses focusing on or incorporating substance misuse training material. Participants reported that minimal numbers of classes that focused on substance misuse content were offered within C/MFT departments, and they expressed a desire for classes with content related to substance misuse treatment, particularly if integrated with the family systems perspective.

The results also highlighted the significance of participants' exposure to substance misuse–related clinical practicum experience. Completion of a clinical practicum experience at a substance misuse facility was correlated with participants' higher satisfaction with their level of substance misuse training in their graduate programs. Participants' qualitative responses indicated that such substance misuse–focused clinical practicum experiences were highly valued parts of their training programs. Additionally, the participants expressed a consensus regarding the value of having access to a supervisor or mentor who had experience with substance misuse among families.

Notably, there was one participant who completed the interview and had considerable training during their graduate experience; thus, their responses often diverged from much of the sample. Table 3, adapted from Moseholm et al. (2017), presents the integrated data and meta-inferences.

TABLE 3 Integrated results

Domain	Quantitative finding	Qualitative finding	Mixed methods meta-inferences
Perception of Substance Use Training Adequacy	Training Scale [a] ($n = 94$): *M*: 13.18 *SD*: 4.76 The number of courses focusing on substance use in the department was significantly related to perceptions of training adequacy ($\beta = 2.95$, $p = .00$). Specifically, for every one course in the department focusing on substance use, the was a nearly 3-point increase on the scale.	Theme: Minimal graduate training related to substance use ($n = 7$) *I mean, I feel like we should've had a course on addictions. And I know that many students felt the same way and had petitioned the school I went to for an addictions class.*	*Confirmation* Participants reported low levels of satisfaction with substance use training during their graduate-level programs.
Workplace support	Workforce Scale [b] ($n = 93$): *M*: 20.55 *SD*: 4.94	Theme: Inevitability of substance use work across practice settings in post-graduation practice *Well, the thing that I find very interesting is that because I also work a lot with people with trauma … That there is substance abuse in their history. It's extremely rare for me to run across a client that doesn't have substance use in their family of origin.*	*Confirmation* Participants acknowledged the high likelihood of working with clients impacted by substance use post-graduation and reported workplace support.
Educational needs	Demographic form: Of 105 participants, 93 (88.6%) of participants agreed or strongly agreed that C/MFTs should be trained to work with families impacted by SUDs	Theme: Value of internship and supervision *But having a supervisor that was knowledgeable on the effects of this drug. Or this is how it can affect a relationship. This is what I've seen in my years of doing therapy. I think that was also helpful. Yeah.*	*Confirmation* Participants acknowledged the need for substance use training and identified the value of having access to supervisors and internship experiences for substance use training.

Note: N = 105. C/MFTs = couple/marriage and family therapists; SUDs = substance use disorders.
[a]$n = 94$. Scale is out of 25, higher scores indicate increased satisfaction with substance use training during graduate program.
[b]$n = 93$. Scale is out of 30, the higher the score indicates increased support for substance use training during workforce experiences.

DISCUSSION

Substance misuse is a pervasive issue with significant family impact. Couple/marriage and family therapists need to have more preparation and training to work effectively with those impacted by substance misuse. The healthcare field at large lacks formal substance misuse training in educational programs (Gotham et al., 2015). However, while other mental health fields have already critically examined the extent of substance misuse–related curriculum in their training programs

(Corbin et al., 2013; Lee et al., 2013; Quinn, 2010), the C/MFT field has lagged behind. This study explored substance misuse training among C/MFTs to identify gaps in training and better understand how to enhance substance misuse training in graduate programs.

Substance misuse training

The results indicate that C/MFTs who received more graduate coursework on substance misuse report higher perceptions of their own clinical competence in working with clients impacted by substance misuse. Notably, the positive impact of coursework on perceived competency outweighed both practicum placements and workplace support. This finding may be best understood through an andragogical lens. Andragogy (Knowles, 1980) focuses on the process of learning for adults (TEAL, 2011) and recognizes that adult learners are, at varying paces, in the process of moving from being instructor-reliant dependent learners to becoming self-directed learners. Developing clinical competency in specific clinical content areas such as substance misuse in the context of a clinical practicum experience entails a level of self-directed learning from C/MFT students. Substance misuse–focused courses, which inherently provide a structured and instructor-led exploration of the topic, could thus conceivably have more impact on the perceived clinical competence of C/MFT graduate students who are still in the process of developing the skills to engage in effective self-directed learning. Andragogy also emphasizes that adult learners "need to know why they are learning something" (TEAL, 2011, p. 1). Graduate C/MFT courses focused on substance misuse may more directly address the "why" of learning about and treating substance misuse–related issues, particularly for those students who do not have a specific clinical interest in this area and may not yet realize that they will inevitably encounter clients impacted by substance misuse regardless of clinical setting.

Of course, clinical experiences still play an important role. Knowles (1980) identified experiential opportunities as a key way to promote active and participatory learning for adult learners. A previous study that specifically explored the educational experiences of marriage and family therapy graduate students, conducted by Piercy et al. (2016), found that "the more meaningful components of the program appear to allow the students to both *learn* and *apply* theory, whether in the classroom or in practicum" (p. 592); they (Piercy et al., 2016, p. 588) also noted that students frequently identified experiential learning opportunities as most meaningful in their graduate education. This aligns with the current study findings that those participants who had substance misuse–focused practicum and supervision experiences found them valuable, and that practicing at a substance misuse–focused practicum site correlated to participants' greater satisfaction with their graduate substance misuse training. Thus, incorporating such clinical experiences should be a key consideration for C/MFT graduate programs who desire to increase and improve their substance misuse training.

Lastly, results from the study indicated that those with increased length of time post-graduation training indicated more satisfaction with their training. Specifically, post-hoc analysis approached significance between those who were 11–15 years post-graduation compared to 1–3 years post-graduation. Because more time post-graduation could be related to increased experience (Goldberg et al., 2016), participants who graduated more than 10 years ago may have had more opportunity to apply knowledge from their educational training program thus indicating increased satisfaction. Additionally, participants with who are newly graduated may be feeling less confident, as it is not uncommon for graduate-level students to experience feelings of inadequacy (Weir, 2013) that can extend well beyond graduation. Feelings of inadequacy may, in turn, be contributed to educational training experiences. This finding may also be representative of substance use trends, as graduates in the last few years may have experienced increased families impacted by substance use, commensurate with the growing opioid epidemic. Thus, participants who recently graduated from a C/MFT program may be more cognizant about substance use training or lack thereof.

Implications

Although the systemic perspective embedded throughout COAMFTE-accredited programs may provide graduates with a framework for recognizing the potential family impact of substance misuse, graduates of COAMFTE programs with little or no substance misuse–specific curriculum may still feel ill prepared to work with individuals and families impacted by substance misuse. Because of the high prevalence rates of substance misuse (SAMHSA, 2019), C/MFTs are likely to encounter families impacted by substance misuse not only in their professional lives but also in their personal lives. Curriculum focusing on substance misuse is essential; it should include courses that both emphasize the necessity and value of this clinical area and provide a strong foundation in relevant theory with a clear connection to practice. We recommend that this connection to practice be delivered through both experiential classroom activities (i.e., clinical role plays) and substance misuse–focused practicum experiences. We suggest that educational programs strive to ensure that all students have the opportunity to complete at least a portion of their practicum hours at a clinical site that works with families impacted by substance misuse and, specifically, where they can work with clinical supervisors who have had experience and training in substance misuse among families. This will support graduate C/MFT learners in the process of becoming more self-directed and engaged in this important area of clinical practice.

Specifically, COAMFTE-accredited programs should consider adding substance misuse–specific topics such as psychoeducation about substance misuse (Smith et al., 2018), drug classification (Kim et al., 2019), and evidence-based best practices and treatment models (SAMHSA, 2019). Our study participants indicated that they appreciated working with supervisors well informed in substance misuse–related issues and treatment, which is consistent with literature highlighting the value of supervision in clinical training programs (DeAngelis, 2014). Therefore, we also recommend that C/MFT programs offer continuing education and training to all of their faculty and clinical supervisors in the area of substance misuse (Hartzler et al., 2017) to promote clinical competence in this area.

Students may also benefit from more formalized guidance regarding pursuing substance misuse treatment certifications (MacKain & Noel, 2020). Substance misuse certifications can offer specialized training supplemental to counseling and family therapy programs that may support the integration of substance misuse treatment for C/MFTs. Providing students with information on the steps, processes, requirements, and benefits of such certifications may increase the number of C/MFT students who choose to pursue them. Education on certifications could be presented through a specific course (i.e., a professional development course), in one-on-one student advisement, or in an extracurricular informational session provided to students. Educational programs can use technology to develop an experiential substance misuse curriculum and facilitate the acquisition of therapy skills. Couple/marriage and family therapists programs have used human simulation (HS) as a teaching tool for learning how to manage high-risk clients (Hodgson et al., 2007); competency-based training (Miller, 2010); and clinical readiness, formative evaluation, and Person of the Therapist Training (Brooks & Henry, 2012). Interactive clinical scenarios using mixed simulation (MS) and virtual reality (VR) are newer, engaging learning tools that enable C/MFT faculty to facilitate substance misuse treatment competencies inside and outside the classroom.

Addressing potential challenges

A C/MFT educational program pursuing curriculum changes to include more substance misuse–related content may encounter several challenges. One may be fitting the additional content into a credit-limited program that needs to simultaneously meet all COAMFTE requirements and prepare graduates for meeting state licensure requirements for LMFTs. However, at a minimum, programs can work to ensure that many, if not all, of their existing courses,

such as those focused on trauma, couples, and clinical diagnosis, have a substance misuse component (MacKain & Noel, 2020). Substance misuse does not occur in a vacuum; it is often intertwined with other presenting issues (McLellan, 2017) and should be taught in context. Program instructors could accomplish this by adding didactic substance misuse content to various courses as well as utilizing case studies or role-plays in which substance misuse and its impact is included as the presenting problem or contextual information.

A second challenge is the lack of a practicum site where students can receive substance misuse–specific clinical experience and supervision. This issue may require reaching out to substance misuse treatment centers in the area and seeking to build new, reciprocal relationships. Such partnerships have the potential to benefit both the clients (by providing more clinicians) and the students (through professional development).

Any program changes require an investment of time and energy, which in turn requires buy-in from program faculty, staff, and students (Kok et al., 2015). Program directors who are interested in incorporating more of a substance misuse focus should consider dialoguing with all stakeholders to identify and address potential barriers and strengths, misconceptions or stigma about substance misuse and treatment, complementary areas of research and clinical interest, and steps to implementation.

Limitations and future research

When interpreting the results, it is important to contextualize the sample, which predominantly consisted of White, female participants. Our sample is representative along these demographics as it is estimated that nearly 79% of marriage and family therapists in the United States are female, while approximately 74% of MFTs are White, Non-Hispanic (Data USA, n.d.), however it still limits generalizability. Additionally, reported experiences of training by participants in this study are regionally focused, as a majority of the sample completed graduate school in the Northeast or Midwest of the United States.

The cross-sectional design of the study limited the experiences to what participants recalled from one time point. Lastly, although the newly created scales demonstrated adequate reliability (Tavakol & Dennick, 2011), because this was pilot study the sample size was too small determine scale validity (Osborne & Costello, 2004).

Future research should include a larger sample size to ensure representativeness and generalizability. Building on the current retrospective research, future research should examine the substance misuse–related clinical and curricular experiences of students currently enrolled in COAMFTE-accredited C/MFT programs as well as differences in the measured clinical competence of C/MFTs who receive specific training for families impacted by substance misuse and possible improved client outcomes as a result of the specific training. Additional research should also explore the level of substance misuse training among clinical supervisors within COAMFTE-accredited C/MFT programs. Finally, the experience of one interview participant, whose strong substance misuse education and experience within their graduate program was an important outlier, suggests that there is at least one C/MFT program, and perhaps more, that extensively incorporated the issue of substance misuse into curriculum and training. Future research in this area should also aim to identify such programs and explore best practices for making substance misuse a key content area.

AUTHOR NOTE

On behalf of all authors, the corresponding author states that there is no conflict of interest.

REFERENCES

Association of Marital and Family Therapy Regulatory Boards. (2020). AMFTRB marital and family therapy national examination: Handbook for candidates. https://amftrb.org/wp-content/uploads/2019/11/AMFTRB2020.pdf

Boateng, G. O., Neilands, T. B., Frongillo, E. A., Melgar-Quiñonez, H. R., & Young, S. L. (2018). Best practices for developing and validating scales for health, social, and behavioral research: A primer. *Frontiers in Public Health*, *6*, 1–18. https://doi.org/10.3389/fpubh.2018.00149

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Breunlin, D. C. (2016). Advancing training and supervision of family therapy. In T. Sexton & J. Lebow (Eds.), *Handbook of family therapy: The science and practice of working with families and couples* (1st ed., pp. 517–529). Routledge.

Brooks, S., & Henry, R. (2012). Human simulation in couple and family therapy education. In L. Wilson & L. Rockstraw (Eds.), *Human simulation for nursing and health professions* (pp. 317–330). Springer.

Center for Substance Abuse Treatment (2004). Impact of substance abuse on families. In *Substance abuse treatment and family therapy: Treatment improvement protocol (TIP) series, no. 39*. Substance Abuse and Mental Health Services Administration. https://www.ncbi.nlm.nih.gov/books/NBK64258/

Chou, J. L., Cooper-Sadlo, S., Diamond, R. M., Muruthi, B. A., & Beeler-Stinn, S. (2019). An exploration of mothers' successful completion of family-centered residential substance use treatment. *Family Process.* Advance online publication., *59*, 1113–1127. https://doi.org/10.1111/famp.12501

Chou, J. L., Diamond, R. M., Muruthi, B. A., Cooper-Sadlo, S., Ibrahim, M., Hillier, S., Aponte, H. J., Herbert, D., Montesinos, S., & Zaarur, A. (2021). An application of Ecostructural family therapy for maternal substance use. *Journal of Systemic Therapies*, *40*(3), 50–66. https://doi.org/10.1521/jsyt.2021.40.3.50

Commission on Accreditation for Marriage and Family Therapy Education. (2017). *Accreditation standards* (Version 12.0). https://www.coamfte.org/documents/COAMFTE/Accreditation Resources/2018 COAMFTE Accreditation Standards Version 12 May.pdf

Corbin, J., Gottdiener, W. H., Sirikantraporn, S., Armstrong, J. L., & Probber, S. (2013). Prevalence of training in addiction psychology and treatment in APA-accredited clinical and counseling psychology doctoral programs. *Addiction Research & Theory*, *21*(4), 269–272. https://doi.org/10.3109/16066359.2012.712731

Corless, J., Mirza, K. A. H., & Steinglass, P. (2009). Family therapy for substance misuse: The maturation of a field. *Journal of Family Therapy*, *31*(2), 109–114. https://doi.org/10.1111/j.1467-6427.2009.00457.x

Creswell, J., & Plano-Clark, V. (2017). *Designing and conducting mixed methods research*. Sage.

Data USA. (n.d.). *Marriage and family therapists*. Retrieved August 30, 2021, from https://datausa.io/profile/soc/marriage-and-family-therapists#demographics

DeAngelis, T. (2014). Fostering successful clinical supervision. *Monitor on Psychology*, *45*(8), 42. https://www.apa.org/monitor/2014/09/clinical-supervision

Gliem, J. A., & Gliem, R. R. (2003, October 8–October 10). *Calculating, interpreting, and reporting Cronbach's Alpha reliability coefficient for Likert-type scales* [Paper presentation]. Midwest Research to Practice Conference in Adult, Continuing, and Community Education, Columbus, OH, United States.

Goldberg, S. B., Rousmaniere, T., Miller, S. D., Whipple, J., Nielson, S. L., Hoyt, W. T., & Wampold, B. E. (2016). Do psychotherapists improve with time and experience? A longitudinal analysis of outcomes in a clinical setting. *Journal of Counseling Psychology*, *63*(1), 1–11. https://doi.org/10.1037/cou0000131

Gotham, H. J., Knopf-Amelung, S., Krom, L., Stilen, P., & Kohnle, K. (2015). Competency-based SBIRT training for health-care professionals: Nursing and social work students. *Addiction Science & Clinical Practice*, *10*(Suppl. 1), Article A14.

Hartzler, B., Beadnell, B., & Donovan, D. (2017). Predictive validity of addiction treatment clinicians' post-training contingency management skills for subsequent clinical outcomes. *Journal of Substance Abuse Treatment*, *72*, 126–133. https://doi.org/10.1016/j.jsat.2015.11.010

Hill, C. E., Baumann, E., Shafran, N., Gupta, S., Morrison, A., Rojas, A. E., Spangler, P. T., Griffin, S., Pappa, L., & Gelso, C. J. (2015). Is training effective? A study of counseling psychology doctoral trainees in a psychodynamic/interpersonal training clinic. *Journal of Counseling Psychology*, *62*(2), 184–201. https://doi.org/10.1037/cou0000053

Hodgson, J. L., Lamson, A. L., & Feldhousen, E. B. (2007). Use of simulated clients in marriage and family therapy education. *Journal of Marital and Family Therapy*, *33*(1), 35–50. https://doi.org/10.1111/j.1752-0606.2007.00003.x

Kim, D., Kang, P., Lee, J.-H., Suh, S., & Lee, M.-S. (2019). Machine learning classification of first-onset drug-naïve MDD using structural MRI. *Journal of Psychosomatic Research*, *121*, 152. https://doi.org/10.1016/j.jpsychores.2019.03.158

Knowles, M. S. (1980). *Modern practice of adult education: From pedagogy to andragogy* (Revised and updated). Cambridge Book Co.

Kok, G., Gurabardhi, Z., Gottlieb, N. H., & Zijlstra, F. R. H. (2015). Influencing organizations to promote health: Applying stakeholder theory. *Health Education & Behavior*, *42*(Suppl. 1), 123S–132S. https://doi.org/10.1177/1090198115571363

Lander, L., Howsare, J., & Byrne, M. (2013). The impact of substance use disorders on families and children: From theory to practice. *Social Work in Public Health*, *28*(3–4), 194–205. https://doi.org/10.1080/19371918.2013.759005

Lee, T. K., Craig, S. E., Fetherson, B. T., & Simpson, C. D. (2013). Addiction competencies in the 2009 CACREP clinical mental health counseling program standards. *Journal of Addictions & Offender Counseling*, *34*(1), 2–15.

Lincoln, Y. S., Guba, E. G., & Pilotta, J. J. (1985). Naturalistic inquiry. *International Journal of Intercultural Relations*, *9*(4), 438–439. https://doi.org/10.1016/0147-1767(85)90062-8

MacKain, S. J., & Noel, N. E. (2020). Master's-level psychology training in substance use disorder treatment: One model for expanding the workforce. *Training and Education in Professional Psychology*, *14*(1), 27–33. https://doi.org/10.1037/tep0000251

McLellan, A. T. (2017). Substance misuse and substance use disorders: Why do they matter in healthcare? *Transactions of the American Clinical and Climatological Association*, *128*, 112–130. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5525418/

Miller, J. K. (2010). Competency-based training: Objective structured clinical exercises (OSCE) in marriage and family therapy. *Journal of Marital and Family Therapy*, *36*(3), 320–332. https://doi.org/10.1111/j.1752-0606.2009.00143.x

Moseholm, E., Rydahl-Hansen, S., Lindhardt, B. O., & Fetters, M. D. (2017). Health-related quality of life in patients with serious non-specific symptoms undergoing evaluation for possible cancer and their experiences during the process: A mixed methods study. *Quality of Life Research*, *26*, 993–1006. https://doi.org/10.1007/s11136-016-1423-2

Mukhalalati, B. A., & Taylor, A. (2019). Adult learning theories in context: A quick guide for healthcare professional educators. *Journal of Medical Education and Curricular Development*, *6*, 1–10. https://doi.org/10.1177/2382120519840332

National Institute on Drug Abuse. (2020). The science of drug use and addiction: The basics. https://www.drugabuse.gov/publications/media-guide/science-drug-use-addiction-basics

NIDAMED. (n.d.). Words matter: Terms to use and avoid when talking about addiction. Retrieved August 16, 2021, from https://www.drugabuse.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction

Osborne, J. W. & Costello, A. B. (2004). Sample size and subject line to item ratio in principal analysis. *Practical Assessment, Research, and Evaluation*, *9*, Article 11. https://doi.org/10.7275/ktzq-jq66

Piercy, F. P., Earl, R. M., Aldrich, R. K., Nguyen, H. N., Steelman, S. M., Haugen, E., Riger, D., Tsokodayi, R. T., West, J., Keskin, Y., & Gary, E. (2016). Most and least meaningful learning experiences in marriage and family therapy education. *Journal of Marital and Family Therapy*, *42*(4), 584–598. https://doi.org/10.1111/jmft.12176

Polydorou, S., Gunderson, E. W., & Levin, F. R. (2008). Training physicians to treat substance use disorders. *Current Psychiatry Reports*, *10*, 399–404. https://doi.org/10.1007/s11920-008-0064-8

Quinn, G. (2010). Institutional denial or minimization: Substance abuse training in social work education. *Substance Abuse*, *31*(1), 8–11. https://doi.org/10.1080/08897070903442475

Reiter, M. D. (2019). *Substance abuse and the family* (2nd ed.). Routledge.

Smaby, M. H., Maddux, C. D., LeBeauf, I., & Packman, J. (2008). Evaluating counseling process and client outcomes. In G. R. Walz, J. C. Bleuer, & R. K. Yep (Eds.), *Compelling counseling interventions: Celebrating VISTAS' fifth anniversary* (pp. 229–238). Counseling Outfitters.

Smith, D., Egizio, L. L., Bennett, K., Windsor, L. C., & Clary, K. (2018). Teaching empirically supported substance use interventions in social work: Navigating instructional methods and accreditation standards. *Journal of Social Work Education*, *54*, S90–S102. https://doi.org/10.1080/10437797.2018.1434438

Steinmetz-Wood, M., Pluye, P., & Ross, N. A. (2019). The planning and reporting of mixed methods studies on the built environment and health. *Preventive Medicine*, *126*, 105752. https://doi.org/10.1016/j.ypmed.2019.105752

Substance Abuse and Mental Health Services Administration. (2019). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health* (HHS Publication No. PEP19-5068, NSDUH Series H-54). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.htm

Tavakol, M., & Dennick, R. (2011). Making sense of Cronbach's alpha. *International Journal of Medical Education*, *2*, 53–55. https://doi.org/10.5116/ijme.4dfb.8dfd

Tay, L., & Jebb, A. (2017). Scale development. In S. Rogelberg (Ed.), *The SAGE encyclopedia of industrial and organizational psychology* (2nd ed.). Sage.

Teaching Excellence in Adult Literacy. (2011). *TEAL Center fact sheet no. 11: Adult learning theories*. https://lincs.ed.gov/state-resources/federal-initiatives/teal/guide/adultlearning

Weir, K. (2013). Feel like a fraud. *Grad Psych Magazine*, *11*(4), 24.

Werner, D., Young, N. K., Dennis, K., & Amatetti, S. (2007). *Family-centered treatment for women with substance use disorders: History, key elements, and challenges*. Department of Health and Human Services, Substance

Abuse and Mental Health Services Administration. https://www.samhsa.gov/sites/default/files/family_treatment_paper508v.pdf

Wilson, N., Kariisa, M., Seth, P., Smith, H., IV, & Davis, N. L. (2020). drug and opioid-involved overdose deaths—United States, 2017-2018. *Morbidity and Mortality Weekly Report*, *69*(11), 290–297. https://doi.org/10.15585/mmwr.mm6911a4

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