

# Third-year Ākonga Reflections on the Bachelor of Counselling and Addiction Practice: Evaluating the Degree

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Wellington Institute of Technology's (WelTec) Bachelor of Counselling and Addiction Practice (BCAP) is for ākonga who wish to be counselling and addiction practitioners. This study explores ākonga experiences of the dual-focus degree, their perspectives on the most significant course learning and suggestions for course improvements. Fifteen final-year ākonga completed a hard-copy survey with a nine-item, five-point Likert scale and five open-ended questions. The Likert response data is presented in table format, while a semi-deductive thematic analysis of the qualitative data was undertaken. The majority of ākonga rated placement learning, counselling modalities and cultural aspects of the course as the most significant learning that they would implement in their future clinical practice. Suggestions for course improvements were: providing free supervision, more face-to-face teaching and increased content on trauma, rainbow clients, children and young people. Given the coexistence of mental health concerns and addiction, more dual-focus courses are needed. Exploring ākonga perceptions of these relatively new courses can inform the course's development.

**KEYWORDS:** addiction; counselling; substance use disorder; tertiary education; undergraduate

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**E**ACH YEAR, 25% of Aotearoa New Zealand's population experience mental illness or distress, rising to between 50% and 80% across the expected lifespan (New Zealand Government, 2018). People with mental health concerns are more likely to experience substance use disorders (SUDs) and process addictions (e.g., shopping or gaming) than those who do not. The government estimates that 12% of the nation's population will develop an SUD across their lifespan, with 70% of this figure having a

coexisting mental health concern (Ministry of Health, 2018). Consequently, counsellors will likely have clients dealing with or recovering from addiction, or who are family members of those with addiction disorders. It is therefore imperative that counsellors should be trained to identify, refer and/or treat clients with SUDs and process addictions (Cavaiola et al., 2022). The early detection of addiction could enable those with SUDs to seek help earlier, reducing the negative impacts of addiction on themselves,

their whānau and society (Hagedorn et al., 2012). In 2018, the national cost of serious mental health concerns/illness and addiction was estimated to be \$12 billion, which is likely to have increased (New Zealand Government, 2018).

Numerous international studies have been undertaken on developing counselling ākongā confidence, resiliency and self-efficacy through their placements, work with clients and supervision (Belser et al., 2018; Guindon, Myhr, & Renaud, 2022; Karis & Kim, 2022; Min, 2022; Saki & Şahin, 2012). Research has also found that counselling ākongā experience personal growth and enhanced interpersonal relationships throughout their counsellor education (e.g., Rak et al., 2003; Sounders et al., 2009). Much research also focused on exploring the mental wellbeing of counselling ākongā, as well as the effectiveness or ineffectiveness of personal counselling for some (e.g., Edwards, 2018; Richardson et al., 2018). Fewer studies focus on counselling ākongā experiences and learning from their undergraduate training, except for placements and supervision (Smith et al., in press). This is why some of the literature reviewed here can be considered somewhat dated.

When it comes to addiction, traditional moralistic discourses have led to the societal stigmatisation, incarceration and punishment of those with SUDs (Chasek, 2017; White, 2014). In the past two decades, however, a shift in attitudes towards addiction has occurred. Nowadays, addiction is framed as a disease rather than a moral failing. Yet, some people, including counselling ākongā, continue to view addiction as a behavioural flaw, a bad choice and/or a punishable offence (Dice et al., 2019; White, 2014). Such negative views are likely to compromise the recovery of clients with SUDs who seek counselling support (Cornfield & Hubley, 2020). Nevertheless, negative attitudes of ākongā can be changed through placements in addiction services, education and training, and regular supervision (Flynn, 2023; Gutierrez et al., 2020; Johnson, 2018).

In 2018, the New Zealand Government conducted a national inquiry into mental health

and addiction (New Zealand Government, 2018). They found that although most mental health professionals enjoyed their work, many were burnt out and leaving the sector. They also found that wait times for those seeking treatment were too long, and some people who sought care were not treated with respect or dignity. The inquiry and other research studies identified Māori, Pacific, Rainbow communities, disabled people, migrants and refugees as groups with unmet mental health needs (Fenaughty et al., 2021; Fraser, 2022; New Zealand Government, 2018; Su et al., 2016). To better meet the needs of those with mental health concerns and SUDs, the New Zealand Government (2018) report stated that more services need to employ holistic models of health and well-being. Such models are embedded in the curriculum of the Bachelor of Counselling and Addiction Practice (BCAP), which was introduced at the Wellington Institute of Technology (WelTec) in 2018.

## THE BACHELOR OF COUNSELLING AND ADDICTION PRACTICE

In 2018, the Bachelor of Addiction (three-year degree) and Bachelor of Counselling (four-year degree) were merged to form the BCAP. These programmes were combined because placement providers and the industry recognised how often clients presenting with mental health concerns also had an addiction component and vice versa. The BCAP is the only dual-focus national degree for ākongā who wish to become professional counselling and/or addiction practitioners. Unlike many counselling courses, which may have one or two papers focused on addiction, the BCAP is unique in that its aims and objectives focus equally on counselling and addiction practice. These two different, but connected, aspects of the mental health continuum are a current national concern (New Zealand Government, 2018). BCAP graduates are equipped with the necessary knowledge, skills and capability to adapt and respond to ongoing change in the counselling and addictions fields.

This research project aimed to explore ākongā experiences of the BCAP, their

perceptions of the most significant course learning, aspects of the course they would implement in their post-graduation clinical practice and suggestions for improving the course. The research question was ‘what are BCAP ākonga experiences of the BCAP, their perspectives on the most significant course learning, what aspects of the course they would implement in their post-graduation clinical practice, and recommendations for change?’

## METHODS

The researchers developed a survey containing nine-item, five-point Likert scale questions and five open-ended questions. The Likert scale is common in education research and convenient for gathering data, and the open-ended questions allow for ākonga to make more detailed comments (Rouder et al., 2021). All questions were developed by both researchers and informed by literature on, and experience in, counselling and addictions education.

Ethics approval was obtained from the Whitireia and WelTec Ethics and Research Committee (reference RP 335–2022) in April 2022. The first researcher is a tutor in the BCAP, while the second is not. To avoid a potential conflict of interest, the second researcher was the one to discuss the project with the final-year ākonga in class. After ākonga questions had been answered, an information sheet, consent form and hard-copy survey were distributed. A hard-copy survey was selected as they tend to have a higher response rate than online surveys (Ebert et al., 2018). The survey was to be completed in their own time, but ākonga asked to complete it in class. Some more engaged participants even completed it during their lunch break. A total of 15 final-year ākonga (74% of ākonga enrolled in the third-year) completed the survey. No demographic data is reported given the number of participants and therefore the higher potential for identification.

Rather than conducting a complex statistical analysis of the Likert response data (e.g., t-test or ANOVA), a simple sum of responses for each item was completed, with results presented in table format for easy readability (Table 1) (Boone

& Boone, 2012). However, not all participants responded to each Likert item, so some response tallies do not equal 15. Although we don’t know why this occurred, it could be a simple oversight, which is common in hard-copy surveys (Ebert et al., 2018). Nevertheless, five students chose not to respond to an item about whether their supervision was good, which may suggest otherwise.

The qualitative data was analysed using a semi-deductive thematic approach based on the constant comparative method (Maykut & Morehouse, 1994). Rather than utilising an online qualitative analysis programme, such as those used on large data sets (Cypress, 2019), the coding and analysis was done manually. Each completed survey was read multiple times where initial patterns occurring in the responses were identified (Maykut & Morehouse, 1994). The excerpts that were identified as exemplifying a pattern were colour-coded on photocopies of the hard-copy surveys. Computer files were created that corresponded to the identified patterns, and excerpts that illustrated these patterns were typed into the relevant file. If the excerpts were consistent, a theme was created. The numerous themes are presented in the following findings section.

## FINDINGS

The Likert data is reported in Table 1. The overwhelming majority of participants strongly agreed/agreed with the statements ‘I have enjoyed the BCAP course’ (12 participants), ‘After graduation I wish to have a career in counselling and addiction practice’ (13 participants), ‘Overall, the course content will be relevant to my future career as an addiction and/or counselling professional’ (14 participants) and ‘After graduation I will take the knowledge and skills I have learned in the BCAP programme and implement it in my practice’ (14 participants). Fewer participants strongly agreed/agreed with the statements ‘My supervision was good’ (6 participants) or ‘After graduation I wish to have a career in addictions’ (8 participants).

	Strongly agree/ Agree	Neither agree nor disagree	Strongly disagree/ Disagree	No response
Statement	n (%)	n (%)	n (%)	n (%)
I have enjoyed the BCAP course	12(80)	3(20)	-	-
After graduation I wish to have a career in addictions	8(53.3)	4(27)	2(13.3)	1(6.7)
After graduation I wish to have a career in counselling	11(73.3)	2(13.3)	2(13.3)	-
After graduation I wish to have a career in counselling and addiction practice	13(86.7)	2(13.3)	-	-
Overall, the course content will be relevant for my future career as an addiction and/or counselling professional	14(93.3)	1(6.7)	-	-
The BCAP course prepared me for my future career	11(73.3)	2(13.3)	1(6.7)	1(6.7)
My placement was valuable to my career	13(86.7)	1(6.7)	-	1(6.7)
My supervision was good	6(40)	2(13.3)	2(13.3)	5(33.3)
After graduation I will take the knowledge and skills that I have learned in the BCAP programme and implement it in my practice	14(93.3)	-	-	1(6.7)

**TABLE 1: LIKERT SURVEY RESPONSES**

**Positive Comments about the BCAP**

Although they were not asked about what aspects of the course they enjoyed, five participants made favourable comments about the BCAP in the open-ended questions. For instance, participants 3 and 13 respectively said ‘Loved the course being both counselling and addictions, being exposed to both’ and ‘I feel like I have had more counselling training in my addiction placement than many other addiction practitioners’. Studying for the degree also made participant 5 aware that ‘learning was ongoing’, while participant 4 also reported that ‘WelTec and its ethos have and provide a wonderful rhetoric [regarding] “lifelong learning”’. Participant 15 also said that WelTec ‘has a few extremely seasoned, experienced, and highly knowledgeable tutors, which are a wonderful asset’.

**Significant Learning**

When asked what specific aspects of the BCAP they would implement in their future clinical practice, seven participants mentioned their placement learning. These comments are typified by the following excerpt from participant 7, ‘Placement has been where most of my learning has happened for me’. Participant 5 also said that their learning from a placement ‘in a kaupapa Māori organisation’ was the most significant learning that they would implement in their clinical practice. Despite almost half of the participants listing placement learning, almost none specified what this learning was, though participant 11 said ‘practical experience’. However, several participants made critical comments about their placement organisation.

For instance, participant 2 stated 'I've had huge inconsistencies in the number of hours I've been offered and what has been counted'. Participants 3 and 6 commented in more depth:

*Placements are not following the handbook. I have not had a single placement that has followed the supervision, or hours of the placement. Placement costs \$258 at the [District Health Board] for a blood test, this is a lot for a student to find. (P3)*

*I found it difficult that I did my addiction placement first and most of the class did their counselling placement. So, when I was doing my counselling placement, I found that the classes were more addiction focused, which I already knew. If a class does the same placement type, at the same time, this wouldn't be an issue. (P6)*

Participant 10 also said that '[There] needs to be more preparation for student placements including systems, service structure, governance... education working with LGBT+ or cultural minorities/people with intersecting identities'.

Seven participants also listed counselling modalities (counselling methods) as the aspect of their learning that they would implement in their clinical practice. Some of these participants said that they would utilise 'all modalities learned' (P13), or that they 'enjoyed the variety of modalities' (P4). Others listed a specific modality, such as 'ACT [Acceptance and Commitment Therapy]' as an important aspect of their learning (P1).

Three participants mentioned that 'biculturalism' (P15), 'cultural knowledge' and 'Te Tiriti [o Waitangi] paper and marae visit' (P7) were aspects of their learning that would be the most useful in their career. As reported previously, participant 5 stated that their work placement 'in a kaupapa Māori organisation' was the most valuable aspect of their learning for their future clinical practice. However, when it came to recommendations for change, other ākonga called for 'more Te Ao Māori classes and focus' (P6), 'more Māori cultural practices and design into all papers' (P5), and more 'Māori ways of working' (P10).

## Recommendations for Change

All participants identified areas for improvement in the course content or organisation of the BCAP, however, the most common response related to the cost of supervision. Participant 6 said supervision should be funded by WelTec, or that they needed some 'financial support' to pay for it. Similarly, participant 14 said 'Counselling supervision should be funded through the School. This is a huge financial stress on students and is a class-based issue that leads to less diversity of students [and] social workers get paid [on] placements so should counselling and addiction students'.

Two participants also stated that personal counselling should be mandatory for the ākonga. For instance, 'Personal counselling and mental health support needs to be made available to all attending students in all years' (P1) and 'Mental Health and wellbeing focus for students [and] personal counselling to be required once more to ensure safe practitioners' (P6).

When it came to the curriculum, some participants suggested that there needed to be more content on 'working with children' (P6), 'child and youth mental health training/theory' (P10) and counselling 'different age groups and genders' (P11). Two further participants maintained that the course needed more 'trauma informed perspectives' (P4), and a greater focus on 'addictions counselling [...] and counselling modalities' (P13). Another two recommended more content on 'ethics [and] values work' (P1) and 'co-existing mental health problems [...] practical counselling triads [...] personal counselling... [and] assessment-intervention planning' (P8).

Three participants made suggestions for the course delivery, like including more tutor demonstrations and guest speakers. For instance, 'it would have been great to have counselling tutors who were prepared to demonstrate skills' (P4) and 'having more guest speakers would be great' (P14). Another two participants also discussed the need for more material/classes on trauma, including 'Guest speakers and tutors sharing their experiences

and how the sector is understanding trauma' (P14) and 'trauma training' (P12).

Given that the BCAP is a blended course (taught online and in person), some participants also made recommendations regarding the ratio of face-to-face and online classes. For example, 'Being a practical course, I think more face-to-face classes would be beneficial, where we can practice skills etc with the supervision of a tutor' (P12) and 'Keep Zoom classes to a max of two hours, one hour content and one hour practical. Zoom fatigue is real' (P14).

## DISCUSSION

From an ākonga perspective, it appears that the BCAP is producing knowledgeable, skilled and clinically competent graduates, as evidenced by the 93% of participants who strongly agreed/agreed with the statement that 'course content will be relevant for my future career'. This can be considered as a speculative claim, given that ākonga were not employed in clinical practice at the time. A follow-up study is planned that aims to gather BCAP graduates' perspectives on how valuable the course content was for their clinical practice.

Some findings are consistent with previous studies on counselling education. For instance, many participants stated placement was where the most significant learning occurred (Baird, 2015; Folkes-Skinner et al., 2010; Kurtyilmaz, 2015; Rabees et al., 2020), while the costs associated with placements and supervision caused financial stress (Maidment, 2003). Other findings are unique to the BCAP's dual counselling and addiction focus. For example, 13 participants strongly agreed/agreed with the statement that they wanted a career in both counselling and addiction practice, rather than single scope counselling (11 participants) or addiction practice (8 participants). Although this was probably the motivator for why ākonga enrolled in the BCAP, this figure is pleasing given the national shortage of counselling and addiction practitioners (Nelson, 2016, 2017; New Zealand Government, 2018; Rucklidge et al., 2018).

Despite many participants also strongly agreeing/agreeing with the statement that their placement would be valuable to their career, one participant reported feeling unprepared for placements with LGBT+ clients and those with intersecting identities. This participant's comment can be seen as highlighting a lack of Rainbow content in the BCAP; however, many undergraduate ākonga have reported feeling unconfident and ill-prepared for placements (Baird, 2015; Kumary & Baker, 2008). Perhaps the participant's comment could be seen as drawing on this long-standing narrative in counselling education.

Approximately half of the participants also mentioned modalities as the most significant learning that they would implement in their practice. During their training, counselling ākonga are taught several modalities and will select those that personally appeal (Baird, 2015). Nevertheless, a counsellor is eclectic in that they will adapt their practice to fit their clients' personalities and desired therapy outcomes (Baird, 2015). Consequently, having a solid grounding in several modalities is highly desirable.

Several participants also listed the course content on biculturalism, Te Tiriti o Waitangi and a work placement in a kaupapa Māori organisation as their most significant course learning. Others recommended more content on Māori world views and tikanga. This finding is encouraging, given the need to provide culturally safe health, counselling and addiction care (Crawford, 2016; McLachlan et al., 2017; Pihama et al., 2017). For mental health services to better meet the needs of Māori, they firstly need to acknowledge the service users' status as tangata whenua (New Zealand Government, 2018). Under Te Tiriti o Waitangi, Māori are acknowledged as tangata whenua; partners and equals. This is a thread that runs through the BCAP. Ākonga learn about the impacts of colonisation on Māori (e.g., intergenerational trauma), while Māori models of health and aspects of tikanga are built into the curriculum. Ākonga also unpack traditional hierarchical therapeutic relationships, acquire knowledge of

Māori cultural perspectives and help support their clients' cultural identities. Monthly puawānanga kaitiakitanga (cultural supervision) meetings are also mandated. Ideally, such steps will help shape BCAP graduates into culturally safe counselling and addiction practitioners, but this will be a lifelong process (Crawford, 2016).

Some participants also stated that studying for the BCAP instilled a desire for lifelong learning. Many universities include lifelong learning in their list of graduate attributes; however, this trait is less emphasised in vocational education (Hammer et al., 2012). Perhaps this is because vocational education is traditionally considered to prepare graduates with the necessary skills to enter a trade (Hodge et al., 2020). However, the BCAP is a bachelor's course and therefore, as with other higher education courses, ākonga may acquire the knowledge that lifelong learning is necessary to keep up to date with contemporary knowledge and notions of best practice (Coll et al., 2019).

Some participants wanted more content on working with children, young people and trauma. However, it is unclear if these participants wanted more content on addiction in children/young people or how SUDs impact children/young people. There is variation between these two dimensions of addiction: if a parent/caregiver has an SUD this will impact their children, but if a young person has an SUD, it will impact their whānau (Lander et al., 2013). A more precise answer from the participants would have been ideal. Nevertheless, if a BCAP ākonga wishes to specialise in working with children and/or young people (e.g., school counsellor), then they will need to do so at a postgraduate level.

The qualitative comments show that the cost of supervision is a stress for many ākonga, which is a theme echoed in the literature (Maidment, 2003). Given that, as of 2024, the student allowance is \$240.19 per week for ākonga under 24 years old (Ministry of Social Development, n.d.), it's unsurprising that some ākonga may struggle with funding for supervision. One participant also said that social work ākonga are

paid on placement; however, this is not the case (Maidment, 2003). The researchers are unaware of any tertiary ākonga who receive payments on placement. But given the national shortage of counselling and addiction practitioners, the government may wish to consider funding the ākonga supervision and placements (Ministry of Health, 2016; Nelson, 2016; 2017). If they did, it would ensure the development of the nation's future mental health workforce, while providing ākonga from low socioeconomic backgrounds more opportunities.

Some participants wished for more face-to-face course delivery, rather than online. However, COVID-19 has changed the way teaching has traditionally been delivered, with many education institutions now opting for blended courses (Adel & Dayan, 2021). Online counselling is also becoming increasingly popular as a flow-on effect from national lockdowns, when it was the only form of counselling available (Hanley, 2020). Consequently, BCAP ākonga and those in counselling and/or addiction courses are likely to need both highly developed technological and counselling skills in their clinical practice.

## EVALUATING THE RESEARCH

The research is limited because the survey only produced a limited amount of data. Future studies on undergraduate ākonga experiences of dual-focus counselling and addiction practice courses may wish to employ interviews or focus groups to gather more detailed data. Given the BCAP is the only dual-focus counselling and addiction degree on offer in Aotearoa, findings can be considered as having limited generalisability. However, study results also provide nuance to the large body of literature that generally focuses on counselling ākonga placements and supervision. The findings are also unique as they are positioned within the shift to blended learning post-COVID-19, and a dual-focus degree where ākonga can apply for registration through the New Zealand Association of Counsellors (NZAC) and the Addiction Practitioner's Association Aotearoa New Zealand (dapaanz).

## CONCLUSION

There are several national tertiary education institutions that provide degrees in counselling or addiction, but not both. Given the coexistence of mental health concerns and SUDs, more education institutions may wish to establish dual-focus degrees. Findings of this study may be used to inform the development of such programmes, while also informing changes in the current BCAP offered at WelTec. The participants wished for more content on diversity of clients, a Māori cultural lens, more guest speakers, paid

placements and supervision, and content on children, young people and trauma. Given the current rise of vocational education and shortfalls in government funding for tertiary education, some recommendations are unable to be implemented due to cost. However, some have already been implemented into the BCAP, such as having additional guest speakers. BCAP tutors are training the next generation of mental health professionals to work in a society with heightened levels of addiction and coinciding mental health concerns.

## REFERENCES

- Adel, A., & Dayan, J. (2021). Towards an intelligent blended system of learning activities model for New Zealand institutions: An investigative approach. *Humanities & Social Science Communication*, 8, Article 72. <https://doi.org/10.1057/s41599-020-00696-4>
- Baird, B. N. (2015). *Internship, practicum and field placement handbook: A guide for the helping professions* (7th ed.). Routledge.
- Belser, C. T., Wheeler, N. J., Bierbrauer, S. L., Solomon, C. S., Harris, S., Crunk, A. E., & Lambie, G. W. (2018). The experiences of counselors-in-training in a school-based counseling practicum. *Journal of Counselor Preparation and Supervision*, 11(2), Article 8. <https://digitalcommons.sacredheart.edu/jcps/vol11/iss2/8>
- Boone, H. N., & Boone, D. A. (2012). Analyzing Likert data. *The Journal of Extension*, 50(2), Article 48. <https://doi.org/10.34068/joe.50.02.48>
- Cavaiola, A., Giordano, A. L., & Golubovic, N. (2022). *Addiction counselling: A practical approach*. Springer Publishing.
- Chasek, C. L., Tillman, D. R., Hof, D. D., Dinsmore, J. A., & Maxson, T. Z. (2017). A qualitative analysis of counseling students' thoughts, attitudes and beliefs about addiction counselling and treatment. *Vistas Online*, Article 37. <https://digitalcommons.unomaha.edu/counselfacpub/28/>
- Coll, D. M., Johnson, C. F., Williams, C. U., & Halloran, M. J. (2019). Defining moment experiences of professional counsellors: A phenomenological investigation. *The Professional Counselor*, 9(2), 142–155. <https://doi.org/10.15241/dmc.9.2.142>
- Cornfield, Z. A. D., & Hubble, A. M. (2020). Counsellors' attitudes towards working with clients with substance used disorders. *The Counseling Psychologist*, 48(5), 630–656. <https://doi.org/10.1177/0011000020915451>
- Crawford, H. S. (2016). A Pākehā journey towards bicultural practice through guilt, shame, identity and hope. *Aotearoa New Zealand Social Work*, 28(4), 80–88. <https://doi.org/10.11157/anzswj-vol28iss4id300>
- Cypress, B. S. (2019). Data analysis software in qualitative research: Preconceptions, expectations, and adoption. *Dimensions of Critical Care Nursing*, 38(4), 213–220. <https://doi.org/10.1097/DCC.0000000000000363>
- Dice, T. F., Carlisle, K., & Byrd, K. (2019). Students' perspectives of experiential learning in an addictions course. *Teaching and Supervision in Counseling*, 1(1), Article 6. <https://doi.org/10.7290/tsc010106>
- Ebert, J. F., Huibers, L., Christensen, B., & Christensen, M. B. (2018). Paper- or web-based questionnaire invitations as a method for data collection: Cross-sectional comparative study of differences in response rate, completeness of data, and financial cost. *Journal of Medical Internet Research*, 20(1), Article e24. <https://doi.org/10.2196/jmir.8353>
- Edwards, J. (2018). Counseling and psychology student experiences of personal therapy: A critical interpretative synthesis. *Frontiers in Psychology*,



- 9, Article e1732. <https://doi.org/10.3389/fpsyg.2018.01732>
- Fenaughty, J., Sutcliffe, K., Fleming, T., Ker, A., Lucassen, M., Greaves, L., & Clark, T. (2021). A Youth19 Brief: Transgender and diverse gender students. Youth19 Research Group, Victoria University of Wellington and the University of Auckland. <https://researchspace.auckland.ac.nz/handle/2292/58668>
- Folkes-Skinner, J., Elliott, R., & Wheeler, S. (2010). 'A baptism of fire': A qualitative investigation of a trainee counsellor's experience at the start of training. *Counselling & Psychotherapy Research*, 10(2), 83–92. <https://doi.org/10.1080/14733141003750509>
- Flynn, L. (2023). Predictors of clinical mental health counseling students' attitudes toward working with clients with substance use disorders [Doctoral dissertation, Georgia State University]. Scholar Works@Georgia State University. <https://doi.org/10.57709/35859361>
- Fraser, G., Brady, A., & Wilson, M. C. (2022). Mental health support experiences of rainbow rangatahi youth in Aotearoa New Zealand: Results from a co-designed online survey. *Journal of the Royal Society of New Zealand*, 52(4), 472–489. <https://doi.org/10.1080/03036758.2022.2061019>
- Guindon, J., Myhr, G., & Renaud, J. (2022). A qualitative examination of trainee perspectives on cognitive behavioural supervision. *The Cognitive Behaviour Therapist*, 15, Article e53. <https://doi.org/10.1017/S1754470X22000538>
- Gutierrez, D., Crowe, A., Mullen, P. R., Pignato, L., & Fan, S. (2020). Stigma, help seeking and substance use. *The Professional Counselor*, 10(2), 220–234. <https://doi.org/10.15241/dg.10.2.220>
- Hagedorn, W. B., Culbreth, J. R., & Cashwell, C. C. (2012). Addiction counseling accreditation: CACREP's role in solidifying the counseling profession. *The Professional Counselor*, 2(2), 124–133. <https://doi.org/10.15241/wbh.2.2.124>
- Hammer, S. J., Chardon, T., Collins, P., & Hart, C. (2012). Legal educators' perceptions of lifelong learning: Conceptualisation and practice. *International Journal of Lifelong Education*, 31(2), 187–201. <https://doi.org/10.1080/02601370.2012.663803>
- Hanley, T. (2020). Researching online counselling and psychology and psychotherapy: The past, the present and the future. *Counselling Psychotherapy Research*, 21(3), 493–497. <https://doi.org/10.1002/capr.12385>
- Hodge, S., Holford, J., Milana, M., Waller, R., & Webb, S. (2020). Adult education, vocational education and economic policy: Theory illuminates understanding. *International Journal of Lifelong Education*, 39(2), 133–138. <https://doi.org/10.1080/02601370.2020.1747791>
- Johnson, A. M. (2018). Developing competence during supervision: Perceptions of addiction counselor trainees. (Publication No. 10974987) [Doctoral dissertation, Capella University]. ProQuest Dissertations & Theses Global.
- Karis, M., & Kim, A. B. (2022). MFT trainee experiences of shame, self-criticism, and self-compassion in their first practicum. *Counselling & Family Therapy Scholarship Review*, 4(2), Article 2. <https://doi.org/10.53309/2576-926X.1048>
- Kumary, A., & Baker, M. (2008). Stresses reported by UK trainee counselling psychologists. *Counselling Psychology Quarterly*, 21(1), 19–28. <https://doi.org/10.1080/09515070801895626>
- Kurtyilmaz, Y. (2015). Counselor trainees' views on their forthcoming experiences in practicum course. *Eurasian Journal of Educational Research*, 61, 155–180. <https://doi.org/10.14689/ejer.2015.61.9>
- Kusmaryono, I., Wijayanti, D., & Maharani, H. R. (2022). Number of response options, reliability, validity, and potential bias in the use of the Likert Scale education and social science research: A literature review. *International Journal of Educational Methodology*, 8(4), 625–637. <https://doi.org/10.12973/ijem.8.4.625>
- 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>
- Maidment, J. (2003). Problems experienced by students on field placement: Using research findings to inform curriculum design and content. *Australian Social Work*, 56(1), 50–60. <https://doi.org/10.1046/j.0312-407X.2003.00049.x>
- McLachlan, A. D., Wirihana, R., & Huriwai, T. (2017). Whai tikanga: The application of a culturally relevant value centred approach. *New Zealand Journal of Psychology*, 46(3), 46–54.

- Maykut, P. S., & Morehouse, R. E. (1994). *Beginning qualitative research: A philosophic and practical guide*. Routledge.
- Ministry of Health. (2018). *Mental Health and Addiction Workforce Action Plan 2017–2021* (2nd ed). <https://www.health.govt.nz/publication/mental-health-and-addiction-workforce-action-plan-2017-2021>
- Ministry of Social Development (n.d.). *Student allowance rates*. <https://www.studylink.govt.nz/products/rates/student-allowance-rates.html>
- Nelson, A. (2016). A therapeutic community training programme for Aotearoa New Zealand. *Therapeutic Communities: The International Journal of Therapeutic Communities*, 37(3), 149–158. <https://doi.org/10.1108/TC-04-2016-0011>
- Nelson, A. (2017). Addiction workforce development in Aotearoa New Zealand. *Drugs: Education, Prevention & Policy*, 24(6), 461–468. <https://doi.org/10.1080/09687637.2017.1311841>
- New Zealand Government (2018). *He ara oranga: Report of the government inquiry into mental health and addiction*. <https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/>
- Pihama, L., Tuihawai Smith, L., Evans-Campbell, T., Kahu-Morgan, H., Cameron, N., Mataki, T., Te Nana, R., Skipper, H., & Southey, K. (2017). Investigating Māori approaches to trauma informed care. *Journal of Indigenous Wellbeing: Te Mauri-Pimatisiwin*, 2(3), 18–31. <https://journalindigenousewellbeing.co.nz/media/2024/05/Investigating-Maori-approaches-to-trauma-informed-care.pdf>
- Rabees, A., Tarziers, K., Coleman, J., Istre, M., & Zeligman, M. (2020). Shifting the culture of counseling skills courses: Alleviating pervasive anxiety through experiential approaches. *Journal of Counselor Practice*, 11(2), 44–65. <https://doi.org/10.22229/stc1122020>
- Rak, C. F., MacCluskie, K. C., Toman, S. M., Patterson, L. E., & Culotta, S. (2003). The process of development among counsellor interns: Qualitative and quantitative perspectives. *Canadian Journal of Counselling*, 37(2), 135–150.
- Richardson, C. M. E., Trusty, W. T., & George, K. A. (2018). Trainee wellness: Self-critical perfectionism, self-compassion, depression, and burnout among doctoral trainees in psychology. *Counselling Psychology Quarterly*, 33(2), 187–198. <https://doi.org/10.1080/09515070.2018.1509839>
- Rouder, J., Saucier, O., Kinder, R., & Jans, M. (2021). What to do with all those open-ended responses? Data visualization techniques for survey researchers. *Survey Practice*, 14(1), 1–9. <https://doi.org/10.29115/SP-2021-0008>
- Rucklidge, J. J., Darling, K. A., & Mulder, R. T. (2018). Addressing the treatment gap with more therapists – is it practical and will it work? *The New Zealand Medical Journal*, 131(1487), 8–11.
- Saki, V., & Şahin, M. (2021). Examining the experiences of counselor trainees towards practices in individual counseling practicum course. *International Journal of Psychology & Educational Studies*, 8(1), 110–123. <https://doi.org/10.17220/ijpes.2021.8.1.298>
- State Government Victoria (2013). *Victorian strategic direction for co-occurring mental health and substance use conditions*. <https://www.emphn.org.au/images/uploads/files/VDDI-Information-Bulletin-FINAL-Nov2013-DOC.pdf>
- Smith, L., Haycock, P., & Schreuder, P. (in press). Effectiveness of online triads for developing counselling students' clinical skills, competency, and practice: Student perspectives following Covid-19. *New Zealand Journal of Counselling*.
- Su, D., Irwin, J. A., Fisher, C., Ramos, A., Kelley, M., Mendoza, D. A. R., & Coleman, J. D. (2016). Mental health disparities within the LGBT population: A comparison between transgender and nontransgender individuals. *Transgender Health*, 1(1), 12–20. <https://doi.org/10.1089/trgh.2015.0001>
- White, W. L. (2014). *The history of addiction counselling in the United States: Promoting personal, family, and community recovery*. NAADAC, The Association for Addiction Professionals.

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