



Training Personnel in Addiction Recovery: A Case Study

Ross M. Woods, 2024

Worldwide University Arizona, USA. Orcid: 0000-0003-2622-4814

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Abstract

This is a case study of a training program for addiction recovery personnel in a facility that used on-job training. It traces the transitions and development of the program through several stages. The first stage was the internal system before accredited training, where all training was on-job with no documentation. The second stage was the implementation of a training program with basic written materials. The final stage included classes, sequenced training topics, better documentation, and a textbook. This study highlights factors that were unforeseeable during planning or were outside the control of the training organization.

During the final phase of its evolution, a focus group explored students' perceptions, with the main questions as follows:

1. Did the program go to plan?
2. Why was it taking so long to graduate?
3. Was the amount of writing a barrier to successful completion?
4. Would students do better if we offered the qualification in different streams? (In other words, were students taking so long because they were not well-suited to the program they were in?)
5. Were students required to do more than was required for their qualification?
6. Were students given enough decision-making responsibility to demonstrate unit competencies?
7. Did the textbook speed up or slow down learning?
8. Would students be employable in other recovery programs?

Keywords: addiction, recovery, training, personnel.

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Introduction

This is a study of a training program inside a functioning Addiction Recovery (AR) organization. Its purpose is to identify successes and difficulties in providing on-job accredited training for AR personnel. The first part documents the transition from internal training to accredited training, and shows the way in which organizational expectations can sometimes conflict with best practice in training and can create confused work roles. The second part is a focus group study.

Work in Addiction Recovery has several distinctive characteristics that make workers' roles quite challenging. First, it is a health care role, where residents are usually on medication under the supervision of medical practitioners and often have mental health issues. Second, case management is often central to the role of AR workers, and can involve many other kinds of care, such as coordinating residents' legal challenges, debts, diet, recovery from prostitution, counseling, unemployment, and advocacy. Third, most work is subject to confidentiality protocols. Finally, it involves great amounts of personal relationship work, including management of residents' behavior and motivation.

Literature Review

The literature is quite limited regarding internship training in addiction recovery. Some researches refer to medical practitioners. For example, Holt, Segar, et. al. (2017) examined the use of a clinic to train to medical residents in addiction medicine, and Ayu, Schellekens et.al. (2015) reviewed training curricula in addiction medicine. Another referred to professional psychologists. Pedersen and Sayette (2020) noticed the need for training in the treatment of substance use disorders, and ways it can be integrated into current training. They saw better opportunities where faculty engaged in addiction research, and concluded that brief training can increase access to care for patients.

One article looked only at prospective trainees. Hartzler and Rabun (2014) interviewed them about their interests in empirically supported treatments, their preferences for how training events are structured, and obstacles that deter them from receiving training.

Other researches are more closely related to general training. Du Plessis (2010) looked at the role of the recovery model. He examined an integrated model of recovery and "sought to demonstrate that addiction treatment facilities, therapists working with this population, and recovering addicts will become more proficient and effective; and consequently will have higher success rates by becoming integrally informed."

Walters, Matson et.al. (2005) evaluated workshops as a method for training in evidence-based approaches. In general, training tended to improve attendees' knowledge, atti-

tudes, and confidence in working with clients who have substance abuse problems. Some skill improvements, when measured, are usually seen immediately after training but are less often maintained over a longer time. Extended contact, through follow-up consultation, supervision, or feedback, appears to be necessary for the long-term adoption of skills. However, workshops are only a small component in full-time internships.

Several other researches are more specifically relevant to internship training programs. Greene (2015) compared counseling trainees who had and had not experienced recovery from alcohol or drug addiction.

Crow and Kelly et al. (2013) conducted a quantitative evaluation of a twelve-month on-site internship program. They found that interns highly valued mentoring, training, feedback and observation elements of training, and most frequently identified competency based learning events as significant. Similarly, Johnson (2018) explored interns' beliefs about the acquisition of competence as addiction recovery workers. They believed competence resulted from "personal and professional experience, exposure to and active involvement in addiction services during training, academic preparation in college, active use of supervision during training, and the degree of personal emotional intelligence."

Even so, it indicates that internship training for addiction recovery workers has not yet been thoroughly explored, and this remains a major gap in the literature.

The program

The training program commenced when the Esther Foundation (EF), a non-profit charitable AR facility asked the Australian Centre for Advanced Studies (ACAS) to implement an accredited training program for its personnel, so that they could be certified according to Australian national competency standards.

EF was at that time relatively small, with about twenty residents. All were female and generally from 13 to 30 years of age. They were housed in rented premises in an inner suburb of Perth, Western Australia. Most workers were volunteers, and those who were employed gave some of their time without pay. In order to enable workers to continue, the foundation provided them with housing. Residents were not restricted to those with addiction issues. Some had come from broken homes, some used the foundation as the first stop out of prison or juvenile detention, and some had mental health issues without addiction. A few were wards of the State who had nowhere else to go.

ACAS specialized in supporting churches and charities with on-job training. It was, and still is, accredited in the Australian vocational training sector, which is a separate sector with its own accreditor, the Australian Skills Quality Authority. The Australian Qualifications Framework defines the range of qualifications from the lowest to highest across Australian education. Vocational colleges can issue some qualifications that are at the same level as university qualifications, including a Graduate Certificate and a Graduate Diploma, which are higher than a Bachelor degree.

Most Australian vocational qualifications are owned and published by the Australian government in documents called "training packages." Qualifications comprise units that themselves comprise sets of competencies. Consequently, all training and assessment is, at

least notionally, competency based. To offer a qualification, accredited training institutions must offer its compulsory units, but are free to select electives and then determine the pathway for students to achieve those competencies. One of the characteristics of vocational education is that training should lead to employability. To this end, institutions must consult industry or employers to determine their expectations from training. The accreditation standards and the training packages were revised from time to time, and those revisions often destabilized the program.

The training program commenced in 2008 and continued until 2019, when it closed due to a combination of factors. Changes in accreditation rules and qualification requirements were unfavorable. Not long after, the AR program moved to a less accessible location on the city outskirts, and the Board appointed a new Chief Executive Officer. The whole AR program then moved to the oversight of a different organization.

Methodology

Most of the research was done as a case study. Case studies are a well established research methodology. As an empirical inquiry method, it “investigates a contemporary phenomenon within its real-life context, especially when ... the boundaries between phenomenon and context are not clearly evident.” Yin adds that it is applied when “there will be many more variables of interest than data points.” (Yin, 1994, p. 13)

Punch defines case studies as having several characteristics. The “case” is defined and has boundaries. Next, the approach is holistic, preserving “wholeness, unity, and integrity of the case.” Lastly, “Multiple sources of data and multiple data collection methods are very likely to be used, typically in a naturalistic setting.” (2009, p. 120)

While any insights and conclusions might be helpful in other programs, they do not necessarily always apply, even when other programs are quite similar. Drawing on Stouffer (1941), Stake notes that each case study is unique. (1994, p. 238) Consequently, the findings of case studies do not necessarily result in generalizations that apply to other cases, even if they are similar. However, they can illustrate factors that might occur elsewhere, especially factors that are unforeseeable during the planning phase or which are not under the control of the training organization. (E.g., Banda, 2017; Mtika, 2011. Cf. also Punch, 2009, p. 122f.)

As an accredited educational institution, ACAS had to frequently review its programs in order to identify improvements. The case study is based on the program reviews written by the author, who oversaw the whole training program. The original reports derived mainly from participant observations of the program over a number of years, teaching some of the Advanced Diploma units, overseeing training and assessments of all qualifications, and frequent meetings with all staff and, less frequently, with students.

The final aspect of the research was done as a focus group (Woods, 2017a). The population comprised all students in the diploma program, including those who had been put on hold and those who had already graduated. Due to the way it was scheduled, some Certificate IV students were also invited to attend the focus group. This posed no problem as the Certificate IV had been delivered in the same way as the diploma. All invitees attended. In essence, a focus group is an interview conducted with a group with the purpose of collecting qualitative information. In practice, it is a discussion of questions that address a research

purpose, which the researcher moderates and records in notes. Its background is in marketing research, but it is now common in qualitative research. It has the advantages of being “inexpensive, data rich, flexible, stimulating to respondents, recall aiding, and cumulative and elaborative, over and above individual responses.” (Fontana & Frey, 1994, p. 365.)

The session began with an introduction explaining the purposes as “an evaluation the diploma internship program at the Esther Foundation. We need to know what works well and what doesn’t. Discussion results will be collated and put into a formal report with recommendations, and you may read a copy.” The next part of the introduction was the discussion guidelines, encouraging participants to speak freely:

1. “Please speak freely and say what you think. Don’t ask others what they think and just give their opinions.
2. “Let’s try to get through the whole questionnaire in one session. How long it takes will largely depend on you. You may add follow-up comments afterwards.
3. “Feel free to comment on any aspects of the program, including any not specifically asked. But try to avoid personal criticism of individuals.
4. “By participating, you authorize ACAS to include your oral and written comments in the report. However, if you want a comment to be confidential, you can either leave out names of people or say that the whole comment is confidential. Everybody else has to keep it in confidence, and it won’t appear in the report.

The ability to speak freely was particularly significant. EF prohibited residents and students from making disparaging comments for two reasons. Internally, criticism and negative talk is very destructive in a small community. Externally, bad publicity could have damaged EF as a charity that depended on the goodwill of volunteers and donors. These seem to be the reasons why EF limited the amount of time that students could participate in a focus group where they could speak openly without a senior worker present and without fear of reprimand.

The questionnaire was so long that a free-flowing focus group probably could not have discussed all questions in one meeting. To speed up the process, the group was given 30 minutes to write their individual answers to as many questions as possible, starting with the first topic and then an assigned group of questions. (Cf. Guthrie, 2010, p. 130.) The session was then opened for discussion as a focus group. Students could share their answers and others could comment.

The number of words on each topic in this article does not reflect time spent in discussion. Some participants spoke longer to say little or to simply reiterate the words of others, while some short but insightful remarks were very valuable and deserved an equal number of words in the report. On the whole, however, it was easy to identify the centre of gravity of group opinion.

In the original plan, the report would be only a preliminary draft, and a second meeting would be held with the students who could not attend the first meeting. I had also hoped to let students view the draft report to check that it reflects their views. However, this was not practical in the circumstances.

Ethics

As an accredited educational institution, ACAS had to frequently review its programs in order to identify improvements. This study was originally an internal program review document written by the author. As such, it did not need the informed consent of students. However, individuals have been made anonymous to protect their privacy, and this paper does not contain enough information to re-identify them. All senior workers, including the director, are not differentiated despite their very different personalities and styles, so that no individual can be identified. As far as possible, this paper is only mentions governance and organizational management when they affected training. When the AR program moved to the oversight of a different organization, ACAS increased control of past reviews, enabling ACAS to use them for published research.

The Previous Training System

Before contacting ACAS, EF already had an on-job training program, although no internal staff had formal qualifications. The trainees were mostly residents who had been through the recovery program and shown that they were suitable for responsibility and leadership.

Trainees could learn a series of roles. A *shift manager* was responsible to oversee all on-site activities and keep track of all personnel. This involved keeping a written record of all events (called the *day book*) and solving all kinds of everyday problems. Shift managers usually had at least one *assistant shift manager* whose role was to help the shift manager and run errands. *Senior workers* were the next level up from a shift manager. Their role was to solve any problems beyond the shift manager's skills. Consequently, shift managers always had support, even if the senior worker on duty was offsite at the time. Each resident had a *case manager* (confusingly known as a "team leader") who met with the resident regularly (usually weekly) and ensured that the recovery program was as effective as possible at the time for the resident. These case managers also doubled as shift managers.

The training had a very clear set of components:

1. The on-job component, working under supervision.
2. The weekly staff meeting, which was used for analyzing critical incidents and for discussing procedures, personnel, and case management. It also had a team-building role. The meeting occasionally included extra sessions for Professional Development.
3. Workplace documentation, mainly application assessments, incident reports, case notes, and shift managers' records.

As a training system, the on-job learning structure was not well defined, almost on a "make it up and you go along" basis. There was no structured instruction, the program had no written recovery model or program goals, no written policies and procedures, no written job descriptions, and no textbook. The program lacked sequencing of content so that those in training had to somehow "pick it up" through experience, absorption, and "figuring it out" for themselves.

This had some rather unusual consequences. First, it was very slow; new workers took an inordinately long time to learn their roles. Second, learning particular roles was part of the organizational culture, with the effect that competent personnel undervalued their skills and could not articulate what it was that they had learned. They structured their knowledge not as a body of learning that they had acquired, but according to other people at EF and the task. They could not see how those skills could be useful in any other position.

Roles were also poorly defined. Some roles were driven by what the worker wanted to do rather than by what needed to be done. With no job descriptions, anybody could be co-

opted for anything, and some personnel operated at a range of levels, creating delineation problems. The incremental staff levels blended into each other. Even senior personnel disagreed on the level particular workers were at, and there was no clear way for workers to make the transition from one level to another. Oddly, everybody seemed to think they understood the system until they compared notes.

Clarification of job roles and responsibilities would have offered many benefits. It would have helped to create a definition of how many staff EF needed, which it did not have at the time, nor any method for calculating it. Clearer job roles would have helped senior workers not to feel responsible for everything all the time, and prevented personnel from getting drawn into roles other than their own. It would also have made operations easier to understand for new staff and volunteers.

Clear job roles would have also benefited training. It would have been easier to define career pathways for workers and show how they could follow them. Staff would be able to learn new roles more quickly, and training records would have been easier to keep. For example, an assessor would have been able to sign students off when they satisfactorily met all competency requirements relevant to a particular job description.

The disorder was not restricted to job roles. Some of it was only in perception, as most spaces in the main building were multi-functional, so that particular spaces were not dedicated to particular activities. In other ways, however, the disorder was real. The schedule could change at any time without notice. Staff were free to interrupt any meeting at any time. This resulted in poor workflow, where staff wasted inordinate amounts of time in interruptions and other activities. Many seem to enjoy the state of chaos, euphemistically known as “flexibility.”

The leadership style was very authoritarian. The culture was quite clannish, differentiating clearly between outsiders and insiders. Program leaders also felt that “We are unique” and “We are the best,” so they thought they had no need to learn from anybody else. (Other programs operated on almost exactly the same recovery model, so EF’s claim to uniqueness was unfounded.)

Some staff members suggested that the only way to learn the role is through experience, probably because that is the way they had learned and had given training. Unfortunately, it implied that training should not have more structure or sequencing, and that the only way to improve training would be to provide more experience. This was expressed in the style, “I needed ten years experience to learn what I know now, so training must take ten years.”

Cases were conferenced in the staff meeting with more sensitive topics discussed one-to-one with a senior worker. The long-term effectiveness of this system was quite doubtful. It required senior workers to micro-manage anything difficult, and did nothing to reproduce that expertise in others. Instead, EF needed a system that could grow. It would have been better to have at least three or four people in the meeting, so that staff would have become less dependent on the senior worker. The meeting would have had more personnel contributing to the discussion and upcoming staff could learn case management by participation in case meetings.

Many graduates and former staff were bitter about their EF experience, and the reasons were not clear at the time. In some cases, it was found to be the person's own fault, but it was very unlikely that it was *always* their own fault. EF did not systematically liaise with graduates and former staff to understand and prevent this kind of bitterness.

Implementing Accredited Training

The first task was to select qualifications to fit job roles. We retained the roles of shift manager, assistant shift manager, senior worker, and case manager. With better definition, these would be useful as training roles. The plan was for assistant shift managers to take the Certificate III, and shift managers would take the Certificate IV. Most senior workers would take the Advanced Diploma. Later on, shift managers and senior workers could take the Diploma and senior workers could take the Graduate Certificate. Each of these qualifications had mandatory units and ACAS chose relevant electives.

These qualification levels require some explanation. The Certificate III was useful for skilled helping roles. The Certificate IV was usually the first level of supervisory responsibility. Qualifications with the title of Diploma varied greatly; some applied to para-professional roles, but the Diploma in this case was similar to a Bachelor degree. The Advanced Diploma was usually a specialist paraprofessional role. The Graduate Certificate qualification was rather odd; it often required about one semester of full-time study past the Bachelor degree, but this particular qualification was not very different from a US Masters degree, depending on how it was offered. It should have become the target qualification for all senior workers, but none of them ever took it.

The accreditor required that program developers consult “industry” in order to assure that its training would suit the requirements for employment after graduation. At first, this mainly involved the senior personnel at EF. Later on, it also included three other residential AR programs, the government office overseeing drug and alcohol recovery services, the association of drug and alcohol recovery services, and two university departments specializing in addiction research. I also did a literature search. It was surprising that the higher education sector did not know more than we did. The state of research on addiction recovery was not strong at the time, being given to describing addiction problems, to neurology, and to pharmacotherapy.

One of the urgent tasks of the Advanced Diploma group was to describe in writing the recovery model and program goals. The group also had to draft a set of job descriptions for different roles, and policies and procedures. These drafts had to be clear and simple so that personnel would actually use them. These documents were then edited and collated, discussed in the staff meeting, and submitted to the Board for approval.

The program also needed textbooks, which were first provided as online electronic books. We also disclosed assessment requirements in writing. This was not effective. Students tended to dislike reading, so they did not read the textbooks or assessment requirements. Students who had not yet graduated from the program were not permitted access to the internet, and some students forgot or lost the URL. We then provided some of this infor-

mation on paper but this was also ineffective; most looked at it, but subsequently forgot what they had read.

Although the on-job training component inherited all the problems of the previous phase, we retained it because the existing system seemed to be quite effective, and the leadership would certainly have rejected any radical changes. Assessment was based on four components: performance on job, contributions at staff meetings, workplace documents, and oral assessments based on the lists of required knowledge in competency standards.

The Middle Stages

In the next stage of the program, the standard of training was very high, and generally followed world best clinical practice. One strength of the program was assessment of on-job performance using EF staff as assessors. This enabled assessments to be based directly on observed workplace performance and documentation, so it was very easy to be confident in the procedure and that students were competent in the units assessed. Moreover, most workplace documents were confidential and could not be shown to anybody other than internal staff.

Students were trained to meet the requirements of all relevant units of their qualifications, and could meet some of the highest level units available in Alcohol and Other Drugs and case management simply by following EF procedures. Students were trained to meet all requirements for their roles. Using staff meetings for case conferences was seen as successful for training.

Staff members generally had excellent attitudes to their work. This was essential because their roles in dealing with residents were highly interpersonal. Besides, skills training alone could not produce them; it could only guide students' attitudes.

At the time, the training program compared favorably to university programs. Senior workers had most of the skills of the Graduate Certificate, implying that university graduates could come to EF to continue their training. There was no reason to believe that most university staff (let alone their students) could perform the role of an EF staff member. It was doubtful whether EF personnel would learn more useful practitioner skills if they went on to study in relevant university programs (e.g. social work, addiction studies), even if those courses had more theory behind them, particularly psychology, neurophysiology and epidemiology.

The main way to improve training at this stage was not in raising the required skill levels or its suitability to EF. The major difficulties in the training program at this stage were those inherited from the previous unaccredited program and its view of on-job training. Students did not see their on-job training as part of the ACAS training process nor identify AR as an industry area; they saw their roles as ways to "help out" in a tight-knit community.

Effects of culture

Students' temperaments often made some aspects of training more difficult due to the oral culture of EF and to behaviors acquired during addiction. They were often erratic and forgetful. They gave the impression that they quickly bored with any lengthy or detailed written materials, and either did not read written information, lost the pieces of paper, or

forgot what they had read. Nevertheless, students (and some staff) generally expected lots of reading, writing, and class work, even when it was not related to what students needed to learn.

Working inside the organization was quite difficult, such as working around its calendar and schedule, adjusting to frequent changes in schedules, and navigating the limitations of EF staff. ACAS needed tighter procedures for on-job training and firmer scheduling. Assessors were usually senior workers, dividing their loyalties between doing what their supervisors said or following accredited procedures and standards.

Making changes

The recovery program needed a clear avenue for suggesting program improvements, getting them agreed on, and implementing them. Most advanced units were about program improvement and they could only deliver any value if EF adopted improvements. Admittedly, the onus would have been on students to show that their suggestions would be effective, but it appeared that students would want to leave if they could see opportunities for significant improvements and had no way of getting them approved. Changes became even more important as EF was growing and changing.

Some positive suggestions were welcomed and could be quickly instigated. However, any suggestions that appeared negative were treated as complaints and met with a crushing reprimand. To some extent, this was justified because an atmosphere of negativity and criticism would be destructive in a small close-knit community. However, it also seems to have had the effect that workers avoided suggesting changes. The complaints system was not independent, and many complaints were about the people who responded to complaints.

Qualifications and roles

The organization could have defined staff roles better to improve staff development pathways. In particular, the on-job training of shift managers needed to be more structured, more intentional, faster, and less dependent on osmosis.

It was anomalous that students who already worked as shift managers at Certificate IV level had to study for a Certificate III. The benefit was that they learned classroom skills as a student, such as structure and formal study. However, they consistently said that they did not learn anything that helped them in shift management.

It became difficult to match qualifications with actual roles. A senior worker had wanted all shift managers to graduate with the diploma, whether or not they had done the role under competency conditions, which included the ability to work without supervision. In fact, their supervisors believed they were not yet ready to do so and had not permitted it. However, competency based assessment required satisfactory work performance, and students could not be assessed on tasks that they had never done.

Classes and textbook

The training program needed a series of classes linked to a structured practicum. It would be similar to the approach current at the time, but would include specific reflection

tasks and systematic review meetings. It would have been possible to over-emphasize academic ability, because it would disconnect it from EF culture, the actual task to be done, and essential personal attitudes. With the instigation of more class work, personnel needed a suitable venue.

The training needed a set of written hard-copy materials, comprising at least a current up-to-date copy of EF procedures, a very clear statement of what they are supposed to learn, and a textbook. The latter was being written at the time, incorporated existing online materials.

Other improvements identified at the time

1. Students should have acquired particular skills and knowledge (health and safety, ethics) before being allowed onsite in a responsible role.
2. Students were not invited to attend the discussion on their performance in practical assessments. Afterward, the feedback they were given was oral but not written. Although students should not have attended all assessment discussions, they should have been given better oral feedback as well as written feedback.
3. The program would have benefited from including the following:
 - a. Clear guidelines about the topics on which staff could give advice to residents.
 - b. More advanced case management skills, including counseling and improving the format of case conferences.
 - c. Specialized training in treatment of eating disorders.
 - d. Use of research, for example, how to find and interpret journal articles, and how to use them in practice.
 - e. Collection of statistical data.
 - f. First aid. The competency standards required workers supervising detoxifications to have first aid qualifications, although the procedure of calling an ambulance was quite adequate. Even so, first aid was very desirable. At one stage, it was offered for free, but EF was unable to schedule it.
 - g. Prostitution recovery.
 - h. Some advanced units required students to develop practitioner leadership beyond their own organization. For example, staff should know how to participate in industry forums and relate to the industry peak body. This was incompatible with the clannish culture.
4. The supervision of on-job training should include setting a monthly learning agreement and monitoring its effectiveness with regular one-on-one meetings between a trainer and the student. The process needed better written documentation and students needed both oral and written feedback.
5. Most residents were on prescription medications, and shift managers were responsible to ensure that residents took them. Students needed better medical knowledge, especially in medications and physiology. For example, students needed to know when medication could be dangerous or have side effects. It seemed unprofessional to think of medications only as “little red pills” or “big green pills.”
6. Shift manager training could have been opened up to people other than EF graduates, as long as they met the foundation’s acceptance requirements. At the time, applications

were decided only on a case-by-case basis. The requirements could have been clearer, perhaps based on the existing volunteer guidelines.

Implications for training shift managers

First, it would take less time to train shift managers to the same proficiency level. Second, it would create a staff development pathway, comprising two levels of shift leaders. The first would be a Certificate IV-qualified shift manager, who could only manage shifts and oversee detoxifications. The next level would have been a Diploma-qualified worker who could also lead groups, act as advocate, assess applicants, act as a case manager, manage shifts with less supervision, and train assistant managers. To progress go to the Diploma, a Certificate IV-qualified shift manager would have to demonstrate proficiency, so that it would then be a simple case of adding those other tasks.

The Textbook Stage

The program changed when the previous assessor left the foundation and the training package qualifications were replaced with new versions, so that students would then take different qualifications at the same level. By this time, the AR program had over 45 residents and was generally better organized.

The training program was formalized as an internship with a published handbook. It was a natural evolution of the original approach to on-job training, most of which still remained in use. It included the Certificates III and IV, the Diploma, and the Graduate Certificate.

This phase saw the creation of a new textbook, this time on paper, because students had seldom read the various online materials that ACAS provided, and the textbooks used in similar local university courses seemed unsuitable. The first version incorporated revised versions of existing online textbooks, assessment materials, and syllabus statements of all units in all four qualifications.

This new textbook had the following characteristics:

1. Each chapter generally covered only one distinct topic, although some very large topics were divided into two. Topics were not repeated in later chapters.
2. The original intention was that most chapters covered only one week of study, although in practice more were required.
3. Chapters were clearly sequenced, so that new students could start with chapter one. The first part of the textbook was designed as orientation that would be necessary before students were permitted to take responsibility in positions.
4. The textbook addressed requirements of all qualifications offered at the time, from Certificate III right through to the graduate qualification.
5. The book contained discussion questions and assignments, some of which were simply learning exercises that were not necessarily useful for assessing unit requirements. Others directly reflected the required knowledge in the units.
6. It included an assignment on medication so that students would understand the “little red pills” or “big green pills.” Students always reported feeling daunted before doing it, but usually commented afterward that it was extremely beneficial.
7. It did not specifically address assessment requirements, because the government authority changed the details of competencies and assessment requirements from time to time.
8. The language was edited so that students would get the point quickly, even when topics were relatively complex. It was revised annually based on feedback from instructors and students. Changes normally comprised clarification of any points of confusion, and additions or improvements of discussion topics and assignments.

During this stage, an instructor gave weekly classes for a group of students at Certificate III, IV and Diploma levels. I monitored the delivery of the program, regularly getting feedback from the instructor and the students, and occasionally attending classes. Students generally commented that they found the classroom sessions helpful and the book easy to understand. Having all students in one class seemed inefficient, so it was split into two groups, one for the Certificates III and IV and one for the Diploma. The Certificates III and IV program seemed to be doing well when a focus group evaluation was held.

Classes were much more structured. Students were required to do all textbook discussion questions and assignments as written assignments. It was surprising that this was successful, because the institution had a predominantly oral culture. Regardless of the qualification they were earning, students had to go through the whole textbook, including the material for the graduate qualification, which was added at about this time.

The written assessment strategy was published on the website, although students did not need to repeat anything that had already been assessed through an activity in the textbook. The program was designed to be a reproducible package that could easily be implemented elsewhere.

During this stage, the program passed an audit for ACAS re-accreditation by the Australian Skills Quality Authority.

Full-time students were eligible for an Australian government living allowance called Austudy, and the accreditor had set the length of time for each program. At first, it was based on a government system called "nominal hours." The government then produced a new edition of the Australian Qualification Framework with "volume of learning," allowing Austudy students much longer times to graduation, for example, up to two years for a Diploma.

However, several problems were not resolved. First, students were not assessed according to a schedule, but only when senior staff thought that they would be successful in the assessments. The unfortunate consequence was that students could be locked in the program indefinitely, and their only way out was to leave without a qualification. Second, despite the sequencing, EF asked ACAS to allow new students to join the training cycle at any time. This request might have made the recovery program easy to manage for EF, but it was not in the students' best interests. For example, it would have placed an unprepared new student directly into a complex graduate unit.

The Focus Group

The original purpose of the focus group was to explore aspects of the program of which I had become suspicious. Observation and discussion had often left me with the impression that some aspects of the program were not going as well as reported. As a research paper, it explores students' perceptions of factors in providing on-job accredited training for AR personnel. These factors were unforeseeable during planning or were outside the control of the training organization. It had always been clear that we were pioneering a new program and that implementation had been imperfect. Other people could come along afterward and make improvements. Senior personnel could always give good reasons for their opinions, and students were generally very supportive.

The main questions were as follows:

1. Did the program go to plan?
2. Why was it taking so long to graduate?
3. Was the amount of writing a barrier to successful completion?
4. Would students do better if we offered the qualification in different streams? (In other words, were students taking so long because they were not well-suited to the program they were in?)
5. Were students required to do more than was required for their qualification?
6. Were students given enough decision-making responsibility to demonstrate unit competencies?
7. Did the textbook speed up or slow down learning?
8. Would students be employable in other recovery programs?

The layout for most questions below comprises several parts. The first part is usually the rationale for the question and any relevant discussion. It refers to suspected problems for which student responses would be insightful. The second part refers to the question as it was introduced in the group. The following part contains the students' discussion, based on notes written at the time. Some topics came up multiple times under different questions; these redundancies are retained so that the summary notes are accurate. In some cases, findings are added in the discussion. The recommendations are listed separately at the end, as the recommendations do not correspond one-to-one to topics.

Topic 1: Overall Learning Experience

This section comprised several open questions for students to give opinions on the whole program, and to give comments on topics that were important to the students but not anticipated in the questionnaire.

Questions

1. What were the program's main strengths?
2. What did you enjoy most?
3. What was most difficult or frustrating? What would you do differently?
4. Which topics were most difficult?

Student discussion

Students listed the program's main strengths as:

1. The textbook supported on-job training.
2. Students had two years of practical learning experience.
3. Students played a part in residents' lives and in the organization.
4. Students' responsibility increased during their learning development.
5. Classes were effective and structured, including debriefing and comparisons of techniques.

Aspects the students most enjoyed were:

1. Applying assignments to work, putting theory into practice,
2. Relating to program participants and coaching them,
3. Growing in areas "I didn't think I would, especially leadership,"
4. Reviewing policies and procedures in staff meetings, and,
5. Researching different areas.

They gave various answers to the questions, "What was most difficult or frustrating? What would you do differently?" They generally tended to answer from their individual experiences.

1. They found it difficult to learn procedures.
2. Policies were not communicated well and changed frequently.
3. It was difficult to be both a resident and a student at the same time. This affected access to the Internet, the time commitment to the program, and the respect given by residents.
4. Some [assignment] questions were very confusing and often too broad. Some needed a thesis, not a paragraph.
5. They would have liked more opportunities to liaise with other agencies.

6. They would have liked processes to be more streamlined.
7. They found it difficult to be emotionally stable.
8. Case management was difficult. Their roles were unclear and there was little documentation and guidance. It needed clear procedures and training. At that time, there was no procedure stating the student's role and what they are permitted to do and not permitted to do, and how and when to refer to external agencies.
9. They found it difficult to apply care plans to "perfect storm" cases.
10. The program lacked third party information (e.g. journal articles).
11. Esther was very insular. It was hard to know if the standards were the same elsewhere.
12. Even so, "I wouldn't do anything differently."

When asked which topics were most difficult, they again tended to answer from their individual experiences:

1. Maintaining "my cool" [i.e. not losing one's temper]
2. The assignment on stages of recovery
3. Busyness at work, especially last-minute changes
4. Communication
5. Dealing with recovery issues such as relapse and emotional variation
6. Learning and understanding procedures; they were inconsistent between workers and not well communicated.
7. Lack of time to do assignments.
8. Tuesday nights [the classes] needed more structure and less open discussion.
9. The medications assignment.
10. Case management as a continuum. [The continuum of case management models ranged from personal mentoring to administrative systems.]
11. "What would you do?" questions. [These were questions in the textbook that presented a dilemma to which students had to propose solutions.]
12. The statistics assignment was difficult because EF did not keep program statistics.

We discussed the comment about inconsistent procedures at greater length. Procedures changed frequently and students were not always told of the changes, with the result that they were reprimanded for following old procedures. Senior personnel sometimes had different procedures for the same task, and students were chastised for doing a task the same way as one of the other senior workers.

The observation on the lack of third party information (e.g. journal articles) on addiction recovery was quite accurate. Some of the students' comments hit recurring themes, especially case management, procedures, and the organization's insularity.

Topic 2: Did the Program Go to Plan?

The rationale for these questions was based on several suspicions. The internship did not follow the goals in the original handbook: "Certificate III interns are trained for the role of Assistant Shift Manager.... Certificate IV interns are trained for the role of Shift Manager ... The Diploma covers case management, advocacy, and advanced practice." The Handbook listed the diploma program as "One year full time."

Students could not finish within the year. Their roles also seemed to change. The Certificate IV seemed to evolve into an assistant shift manager course, and students did not have the role of shift manager. Diploma students took mainly the role of shift manager and apparently did little else.

The class met for only one session per week for about 90 minutes, and students were often late.

Staff meetings were intended to be part of the whole learning experience. They covered implementation issues, reviews of procedures, and case conferences. Meetings became longer as the program went on and eventually stretched out to 4.5 hours per week (9.00 a.m. to 1.30 p.m.). That is, if students kept to a 30-hour internship, one-seventh of all internship time was spent in staff meetings.

It was unclear whether or not the internship was a good balance between a learning experience and working for free. Ideally, the internship should benefit the student and the "work for free" element should make it worthwhile for employers. If the work component were too light, it would be expensive for the employer and could justify fees, and might mean that students were passed before they are fully competent. On the other hand, if the work component were too heavy, students would be exploited and the employer would have a reason to extend the internship as long as possible.

Questions

1. Did the actual program run according to the original handbook given to you?
2. Did the internship keep to a total of 30 hours per week?
3. Did you meet in class for long enough each week?
4. How helpful were staff meetings as a learning experience?
5. Give the program a score of 0 – 10:
 - 10 means "Well planned and closely followed the plan."
 - 5 means "Well planned but needed some on-course adjustments."
 - 0 means "They made it up as they went along."

6. Did the internship strike a good balance between a free qualification and working for free?

Student discussion

When asked whether the actual program ran according to the original handbook, most could not remember the handbook. After some discussion, however, they thought that it did.

Some students said that the internship exceeded a total of 30 hours per week, and it seemed that classroom and study requirements were not always included in the 30 hours. On the other hand, overnight shifts were not fully counted in time totals because students could sleep while on duty, and one student did more hours as a paid part-time job.

For most of them, the internship exceeded the total of 30 hours per week, and one student once did 64 hours in a week. Another was asked to do extra hours “as a volunteer.” One group member said that EF now has procedures for recording breaks and hours, but only one person in the group knew what they were. Hours were generally not recorded. If a student was still a resident, the idea of 30 hours had some unclear edges and students had to learn how to say no when asked to give extra time.

Most of the group said they had a job description.

The group generally felt that they met in class for long enough each week.

Students were asked how helpful staff meetings were as a learning experience. Some students seemed to enjoy them, but in some cases, they were used to castigate or reprimand staff. The group felt that meetings were generally not helpful: “waste of time,” “lots of pointless stuff,” “useless,” “goes on tangents,” and “usually no plan.” On the other hand, the meetings were described as very helpful if they reviewed procedures and cases, and discussed how to respond in difficult circumstances. One of the group appreciated their team-building role.

When asked to evaluate how well the learning program followed a plan, students scored it at 7 or 8 out of 10. (10 meant “Well planned and closely followed the plan.” 5 meant “Well planned but needed some on-course adjustments.” and 0 meant “They made it up as they went along.”)

Students were asked whether the internship struck a good balance between a free qualification and working for free. Generally speaking, students appreciated the opportunity to get free on-job training for a qualification. One student, however, reported that she was sometimes overworked but unable to say anything, as it was a free qualification.

The focus group led to the following findings about student perceptions:

1. The program did not go completely to plan and students were not trained according to the original goals. It was probably unrealistic to expect students to learn everything involved in shift-leading and case management in one year.
2. Staff meetings were generally not good value as learning experiences.
3. The internship was a good balance between a learning experience and working for free.
4. The internship frequently required more than 30 hours per week, and excessive workloads were a continuing concern.

5. A weekly training session was probably sufficient.
6. Although shift management was a major role for diploma students, they also did case management.

Topic 3: Time Taken to Graduate

An unacceptably high fail rate seemed probable, but the causes were not entirely clear. Nobody could pass the program within one year of government student support, two passed within longer time-frames (one of them taking 3.5 years full-time), one would pass only some units, and three were “put on hold.” All other students could fail the version of the diploma that they enrolled in by default, because we needed to transition to the replacement version of the diploma.

The diploma was originally planned to take a year but students took much longer. One person even commented that the program “never ends.” This aroused suspicion of exploitation where students work for free but never graduate.

Nobody suggested that students’ ability to learn theory was a cause of delay; it seems they read the book and could immediately discuss theoretical points. However, when on the job, students tended to be slow to identify real examples of phenomena that they had understood in classroom situations.

One of the senior personnel identified several reasons for graduation delay. First, those coming from the government vocational colleges (TAFE) needed extra time for induction; they had to start from the beginning because their TAFE qualifications did not equip them for roles at EF. Second, the diploma required similar knowledge to a Bachelor degree but was taught in much less time. Third, ACAS, as a training organization, is legally obliged to require competence, unlike higher education institutions. Fourth, students’ emotional states fluctuated and caused inconsistent on-job performance.

Other factors could have also played a part.

1. *Poor sequencing.* Could students have felt dumped in a practicum and left to simply figure it out for themselves?
2. *Unclear time-frame.* The program seemed to need a semester schedule to ensure that students at least had the option to finish within their allotted time of government support.
3. *Unclear expectations.* With no specific unit in Shift Management, job descriptions alone might not have been adequate guides to expectations of students. Graduation requirements were quite unclear with the change of goals during the programs; Certificate IV students learned only the assistant shift manager role, and Diploma students learned the shift manager role, and then the senior worker introduced of a new level (shift manager under supervision). Consequently, it was sometimes doubtful whether unit requirements were the actual guideline for passing the program; for example, following a strict definition based on the actual units, a student could pass all diploma units as a case manager without ever leading a shift.

The delayed graduation had another implication. The diploma was replaced with an updated version. The teach-out period on the previous diploma qualification was nearly over and students still had not graduated. If they were to go past the teachout time limit, they would be unable to graduate with any units in that diploma and would transfer to the new diploma.

Questions

The diploma was originally planned to take a year but students took much longer, even if they already had the Certificate IV. The practice at the time was that students were not assessed until they were ready, i.e. they had to be able to do everything well and the assessor was confident they would pass. However, this meant that there is no planned end date and the course has no end.

1. How long do you think it should take to get through the Diploma?
2. Do you like the practice that you are not assessed until you are ready?
3. What were the main causes of delays?
4. Which is better: take longer and get longer Austudy support or try to make the program more efficient and get through in less time?
5. Were the requirements clear on what was required to graduate?
 - a. Were your job descriptions a good guide to what was expected of you, preferably one job description per qualification?
 - b. How often did your job descriptions change? Was that good or bad?
 - c. Was the program set out clearly so it was easy to progress between stages (e.g. induction to a qualification, Certificate III to Certificate IV, Certificate IV to Diploma)?
6. Did the program progress easily from beginning to end? E.g.
 - a. No topics unnecessarily repeated,
 - b. Not dumped into difficult topics unprepared,
 - c. Fast enough doing simple topics,
 - d. Not rushed through difficult topics.
7. What could we do to get people through in less time? E.g.:
 - a. Stricter rules for handing work in on time,
 - b. Pre-set periods for on-job assessment (e.g. October and November),
 - c. Deadlines (get over the line by the deadline or you don't pass),
 - d. Better defined increments or sequencing,
 - e. Tougher on "I feel bad" excuses.

Student discussion

The group members varied in opinion on how long they thought the diploma should take. The general view was a maximum of two years, although some felt they could do it in one year or 18 months. In theory, it was good that students were not assessed until they were ready, but "ready" was very subjective and lacked concreteness. While some flexibility was good, the program needed a time-frame.

The main causes of delays in graduating were:

1. Students lacked motivation to work when no end was in sight.
2. Students faced time constraints while in the program.

3. Students were not permitted to progress if they could not grasp an assignment.
4. Some students had addiction relapses and personal recovery issues.
5. Supervisors could deem students not to be “stable, consistent, confident.”

It would have been better to make the program more efficient and to get through in less time than to take longer. The suggestion of a two-year cut-off was raised again.

The statements of requirements were not clear enough on what was required to graduate. Written goals were clear, but in practice they were vague. There was no unit outline, and chapters were given out one at a time and not in order. “It was glossed over that it could take more like two years and I could talk with only one ‘lecturer’ if I thought things were unjust.”

They thought their job descriptions were not a good guide to expectations. Some thought they had no job descriptions, while another liked change and flexibility. (In fact, they all had job descriptions.)

Students thought the program was set out clearly so it was easy to progress between stages (e.g. induction to a qualification, Certificate III to Certificate IV, Certificate IV to diploma).

Students were asked about sequencing and pacing. For example, would the program have been better if no topics had been unnecessarily repeated? Were students dumped into difficult topics unprepared? Did the program go fast enough through simple topics? Were students rushed through difficult topics? Answers varied.

First, some topics were repeated. In particular, Counselling 1 and 2 were very similar and seemed to repeat. These did not refer to the textbook but to the original government units, which had some overlap, and students should not have been assessed twice for overlapping requirements.

Second, students were unprepared for some topics. This suggests that they might have been given some training while doing the roles, but needed at least some orientation beforehand. Third, the suggestion arose that students should probably do all case management at once. The first section of the book (intended for Certificates III and IV) has basic casework, while the second section (diploma and graduates) had more advanced case management.

Some topics were rushed through. Counselling and case management probably lacked depth. Counselling in particular needed more practical training in class, such as empathetic listening skills.

The group suggested ways to get people through in less time. The questionnaire gave examples: stricter rules for handing work in on time, pre-set periods for on-job assessment (e.g. October and November), deadlines (“get over the line by the deadline or you don’t pass”), better defined increments or sequencing, and tougher on “I feel bad” excuses. Some students liked all these suggestions, especially stricter rules for written work and deadlines, where students would fail if they did not meet deadlines.

One mentioned that tick boxes and self-assessments were too vague to be helpful, and suggested a weekly ten-minute verbal assessment and feedback, “How you are going and what are you working on?”

On this topic, the focus group led to the following findings about their perceptions:

1. Students' own recovery affected their performance.
2. The unclear time-frame and expectations contributed to delays in graduation.
3. The instructor should not have sole power to postpone assessment indefinitely on completely subjective criteria.
4. Sequencing was not a major factor in delayed graduations, except perhaps for case management.
5. The program needed a semester schedule to ensure that students could finish within their allotted time limit for government student support. The government's previous time limit for the diploma was grossly inadequate and the two-year limit was more accurate (called "volume of learning").
6. Students needed practical training in class on empathetic listening skills. Students knew little and it was clear that they had not been well trained. Empathy cannot be taught through a textbook.

Topic 4: Textbook

A senior worker had commented that the book needed some extra chapters to cover gaps, for example, leadership, how to respond differently to different temperaments, and developmental psychology, the latter of which had been a compulsory unit in the previous version of the diploma.¹

Questions

1. What changes to the book are needed? (E.g., extra chapters on leadership, working with individual temperaments, developmental psychology?)
2. Does the idea of comparing to The_house work for you? [The_house was the fictitious AR facility in the textbook.]
3. Is it under- opinionated or over-opinionated? Give a score of 0 – 10:
10 means “The book should be clearer and stronger in presenting its views.”
5 means “Good balance.”
0 means “Too opinionated; it’s an indoctrination program.”

Student discussion

Nobody suggested changes to the book at this point, although some had already been discussed in the previous topic. Someone suggested that the medications assignment could instead be given as “categories of medications.” Students seemed to like the idea of comparing EF to The_house and thought it was good to have something off which they could bounce opinions. The book was neither under- nor over-opinionated. On this topic, the focus group led to the finding that the textbook still needed some changes.

¹ Adolescent and early adulthood development were very relevant to the EF program, but early childhood was generally not.

Topic 5: Amount of Writing

Previous students had found writing difficult, and did better when knowledge components were assessed as much as possible by oral interview. The reasons for more writing were to give students opportunity to continue to university and to more easily pass compliance audits from the accreditor, which depended heavily on written records. Faced with copious amounts of written work, students had generally risen to the challenge and done well, but the question arose as to whether it had been excessive.

Students seemed to accept the writing load as a course requirement, but one reported that every learning exercise in the textbook was required as an assessable written assignment. This seemed unnecessarily burdensome, as some of them were designed only to be class discussion topics.

Questions

1. How helpful is the written work?
2. How burdensome is it?
3. Would some kinds of written work better done another way?

Student discussion

Students said that the written work was either helpful or very helpful. It explained the reasons why EF had been run as it was and how to apply what is learnt. One said, "I struggled with major assignments but they helped me to learn." There was little agreement that some kinds of written tasks would be better done another way. On this topic, the focus group led to the finding that the amount of writing was not problematical.

Topic 6: Streams

Some students had not seemed particularly well suited to the role of shift manager and might work better in other roles.

Questions

“Not everyone is well suited to doing only shift managing, although shift managers make everything happen on shift. Some people work better in other roles, such as advocacy and case management. We could consider two different streams. (We don’t have resources to offer more than two.)”

1. What do you think of the “one size fits all” program?
2. Should we consider various streams? If so, what kinds?

Student discussion

The group generally agreed that a “one size fits all” program was good because it covered all areas and helped graduates get jobs at different organizations. ACAS should not consider offering various streams. This led to the finding that offering multiple streams would not be advantageous, and perhaps disadvantageous.

Topic 7: Over-assessment

Did all the written work, the very long period of observation, and the interviews together result in over-assessment?

Questions

Was the difference clear between:

1. assignments used to teach something new,
2. assessments used to know whether you were on track to pass, and
3. assessments used to determine whether or not you passed a unit?
4. Were some things assessed again and again in different ways (e.g. both assignment and interview)?

Student discussion

Students seemed to agree that the difference was clear between assignments used to teach something new (learning activities), assessments used to know whether or not one was on track to pass (formative assessment), and assessments used to determine whether or not one had passed a unit (summative assessment). When asked whether some requirements were over-assessed, students tended to answer this from a personal viewpoint. They said they needed to be re-assessed for things they had not grasped. On this topic, the focus group led to the finding that students perceived the program was not over-assessed.

Topic 8: Decision-making

Most skills in the internship were decision-making skills. Consequently, it had been difficult to assess students if they were not authorized to make decisions nor see their consequences, or had satisfactory decisions over-ridden.

Esther had a top-down decision-making structure and it was unclear which decisions one could make and which had to be referred to more senior staff.

Shift management and case management were treated quite differently. It seems that case managers normally referred all significant case management decisions to more senior personnel. Shift management was different. Previously, the delegated authority of shift managers had been quite clear; one indicator that students were ready for assessment was their ability to clearly distinguish between what they were authorized to do and what they had to refer to a senior worker.

That position seems to have weakened. During the program, senior workers had authority to countermand any decision made by a shift manager even if the decision followed procedures and training, and was thus correct. Senior workers seemed to enjoy having this right, even though it undermined shift leaders and inadvertently trained residents to seek a more favourable outcome from senior workers when they disliked the shift manager's decision.

This suggests several possible kinds of situations. First, the student could have made a poor decision. Second, the senior worker simply enjoyed taking over and making the decision, or expressing her personal style and preference. Third, the student had made a good decision but the senior worker could make a better decision because she had better knowledge of the resident's case and particular temperament. In other words, there could be a disparity between procedures and training on one hand, and better decisions on the other.

As shift managers were often students, this appears to have made it much more difficult to teach them skills in decision-making.

The first two questions in this topic concerned EF's decision-making systems, policies and procedures e.g. safety, case management, shift management, staff meeting, role of senior workers and Director.

Questions

1. Most skills in the Certificate IV and diploma are decision-making skills. Esther has decision-making systems, policies and procedures (e.g. safety, case management, shift management, staff meeting, role of senior workers and Director):
 - a. Which were helpful in achieving internship goals?

- b. Which were not helpful in achieving internship goals?
2. How did the assessor determine when you were ready to make decisions?
3. Were you given enough authority to make decisions required in the Diploma?
4. If so, were your decisions left in place so you would see how effective they were?

Student discussion

Students generally thought that staff meetings could be helpful in teaching decision-making skills, although case management was still a grey area.

EF leadership used emotional stability as the main guide to determine when students were ready to make decisions.

Students were given enough authority to make decisions in shift leading but not in case management. Strong senior workers sometimes undermined shift managers, but this was later resolved. The new concept of the role of shift manager seemed very good; it seemed that shift managers' decisions would be left in place so they see how effective their decisions had been.

Case management came up again as a major point. Some people were put into case management before they were ready and with inadequate training. There should be a clear procedure for beginning case managers, for example, they at least needed to have a list of what they were supposed to be doing.

Case management procedures were very unclear; some thought that they didn't even exist. People did not do case management paperwork and it was not checked. One asked for more instruction on how to relate to other agencies, such as the Department of Child Protection. When students were case managers, they were generally sidelined from their role and from decisions about their residents. They were excluded from key meetings about their residents, especially when dealing with third parties. Senior staff took over and students actually regressed in their skills.

On this topic, the focus group led to the finding that, despite some recent improvements, decision-making is still problematical, especially in case management. It was also doubtful whether students should even be case managers while they were still residents in the program, as EF was legally responsible for their decisions.

Topic 9: Employable Elsewhere in Recovery Programs

The Graduate Certificate should have become the goal of the program, as it would have given students more supervisory skills and an advantage when applying for positions after graduation. However, it seemed that the overly long internship and the writing load had discouraged students from further study.

Students said that they were required to do all chapters in the book. This included chapters representing graduate units, even though they were not enrolled in them. To some extent this was not a major problem, because, depending on the electives, diploma and graduate requirements mostly overlapped and students completed most graduate requirements while doing the diploma. Moreover, the graduate units were highly beneficial. However, it was a mistake to require students to meet extra requirements to get only the diploma.

Questions

1. We want our graduates to be employable anywhere in recovery services in the roles for which they are trained, even as normally preferred candidates.
 - a. Right now, you need to know Esther's policies and procedures. Should we instead compare them with those of other organizations?
 - b. Did you see enough of other organizations?
 - c. How many chapters of the book did you do?
 - d. Right now, you do everything to graduate with the Graduate Certificate except for two assignments. Although some students are not suited to do the Graduate Certificate, what should we do to make articulation to that qualification more attractive? (E.g. reduce assignments, make assignments more useful to you?)

Student discussion

The group thought that it was not enough to know only EF's policies and procedures. Instead, students should compare them with those of other AR organizations because what works for them might not work for EF. Students thought they could learn from them to improve EF's practices. Although exposure to other organizations was encouraged, students still did not see enough of them. One focus group member suggested day visits, and another suggested work experience in other organizations.

The longest-term student in the group said she had done all twenty-four chapters of the book. That is, she had done substantial amounts of graduate work even though she was not a graduate student.

On this topic, the focus group led to the finding that diploma students were required to do graduate tasks. It was subsequently found that diploma students had acquired most of the graduate skills if they had already mastered the diploma skills, and if EF had adequate procedures and systems.

Recommendations

Some focus group answers were inconsistent. Some participants wanted more structure in the program while others wanted flexibility. Some thought that the amount of writing was acceptable, while others would have liked a little less writing and extra on-job training. At one point, most said they did not have job descriptions, and at another point, most of them said that they did. Although they said the amount of work they did in the internship was fair, they also had to put in more than the required number of hours. Although some students admitted to relapses, they also disliked the way that the instructor could subjectively “deem” them unsuitable. The student who said she wouldn’t change a thing also suggested some major changes. These inconsistencies do not in any way invalidate their views; it is simply that they were not explored at the time.

The implications for students also affected staff members in similar roles; most students were treated exactly the same as non-students performing the same role.

Program management

Procedures needed to be changed less frequently and more systematically, with a better system of communicating them to staff and ensuring consistent understanding. Staff meetings needed to be shorter and better focused. A simple, monitored procedure was needed to ensure that students spend a total of no more (and perhaps no less) than 30 hours per week in the internship. EF should also keep enough objective statistics for students to do the assignment on program effectiveness.

Training program

Visits to other AR centres were strongly encouraged, but should have been made a course requirement, and the suggestion of practicums in other centres was commendable. Students should have compared EF’s policies and procedures with those of other AR programs, and with various industry standards.

ACAS should also have appointed a group to validate assessment processes to make them more objective. The validation group should include some senior students or recent graduates, EF assessors, and an external person with specific skills in AR.

Students and staff needed to be better informed about students’ rights in an accredited training organization. Unfortunately, this would have been at odds with the authoritarian management style.

The diploma should have been made into a two-year program with a full textbook issued at the beginning. It should have included predetermined weekly topics issued at least

every semester, set assignments with deadlines, and a set period of practical assessment where students would be required to do everything in the diploma for a period of at least two months. The assessment period needed to be long enough for assessors and senior workers to be confident that they would perform consistently well and could respond appropriately to the occasional unusual cases. This would have severely curtailed the instructor's autonomy in planning, but it is quite reasonable for an academic dean to require week-by-week planning in syllabus statements.

Job descriptions needed to be reviewed. All students needed job descriptions that matched their training goals, and they needed to know what is in them.

Textbook

ACAS should divide the textbook into separate volumes, one for Certificates III and IV, and one for diploma and graduate levels.

The book needed extra chapters to cover gaps, for example, leadership, and how to respond differently to different temperaments. However, the textbook did not need general developmental psychology as it was no longer a compulsory requirement in the diploma, and development of small children was not essential to AR or EF. However, developmental psychology of adolescents and young adults would have been helpful. For the same reasons, the developmental sociology of adolescents and young adults would also have been helpful.

Student selection

The program should continue to accept applicants who have been through recovery themselves as residents and graduated from EF. Former residents, at least at diploma level, should have worked for a year outside EF. This would be to better manage the higher risks of being emotionally unstable or relapsing.

A senior worker had noted that the staff profile needed to change. At the time, most AR staff were younger and were former residents. EF needed a balance of younger and older people, and also needed a balance of former residents and those never been residents.

Case management

EF already had a case management system, but it had several problems. First, it was simply a mistake to use the general staff meeting as a specialized case conference. Second, the role of case manager is complex; many aspects cannot be reduced to step-by-step procedures because every case is presumed to be unique. Third, senior workers should not have consistently sidelined students, although this would have been difficult to change in the authoritarian management structure.

EF should have separated the roles of caseworker and case manager. The role of case worker is easier to proceduralize, and is good preparation for the case manager role. The caseworker was a Certificate IV role, and could have followed the system used in the previous version of the policies, i.e. hold a mentoring session with the resident at least once a week, set and monitor goals, and keep basic records. It should also include the screening as-

essment. The caseworker's role should be clarified in a self-contained explanation for students in the Certificates III and IV section of the book.

The case manager's role was quite different; it reflected the diploma/graduate role and was beyond the scope of the Certificate IV. The case manager role included writing and monitoring case plans, making case decisions, much of the task of liaising with third parties, supervising case workers (including monitoring their records), and doing complex assessments. The training for case managers should also have included more on relating to other agencies (e.g. Department of Child Protection), and students should have done more simulations as practice in class.

Case managers should have been responsible to a separate case managers' team meeting. In a small organization it should have comprised all case managers, and any other students and senior workers who have already been appointed as case managers. They should all have taken turns to lead it so that they all learned the role. One person should have been made coordinator, to make sure it goes well. It could also have been run as a clinical supervision group consistent with relevant industry standards.

Evidence-based practice: Effect of insularity

Students usually thought of evidence-based practice as learning from experience, and in practice, it was the collation of the group's anecdotes. This could have been refined to create a grounded theory approach, but it never was. The usual meaning of the term Evidence Based Practice is to apply the same kind of rigour to evidence that is applied in journal articles.

Counselling

Counselling in particular needed more practical training in class, such as empathetic listening skills, and ACAS should have considered expanding the training on counselling. The question is "How much counselling training does a case manager need?" While students needed to do well in basic counselling training, the core roles were still in shift management and case management. The SAMHSA standard gives helpful guidance. (SAMHSA, 2017. See also Moore, 2015.) If counselling training needed more emphasis, it should have been a separate program to train people to be specialist counsellors.

The boundary between case management and counselling needed definition. Case managers and case workers were the frontline contact for residents, so they needed to be able to respond to residents who presented with a counselling need. Their role was to refer the resident to a counsellor. Trained counsellors and clinical psychologists have legal liability for the services they provide, and normally also need professional indemnity insurance. Put another way, if case managers and case workers take on counselling roles without specialized training, they put themselves and the institution at legal risk of malpractice allegations.

Balance of controlling power

A continuing concern was the role and nature of relationships between the AR facilities and the training provider. The overarching implication is the need to improve balance power between them. Despite the accreditor's view that training organizations must generally

comply with the voice of “industry” (in this case the Esther Foundation), the balance of power in many aspects of the program overly favoured the Foundation, usually to the detriment of training.

Conclusion

This study has traced the transition from an internal workplace program to a program of accredited training. While maintaining the ethos of the institution, and working within its constraints, the training evolved to improve the structure, not only in training, but in the entire program. Some organizational practices were retained while others had to improve. In fact, organizational expectations sometimes conflicted with best practice in training and created confused work roles. Nevertheless, it illustrates some of the programmatic factors that could not have been anticipated during the planning phase.

Most of the suspicions that precipitated the focus group study were to some extent justified, although it would have been beneficial if the many inconsistencies between respondents' answers could have been resolved. Considering the length of the entire internship, it seems that most questions needed further exploration in existing programs. Another enduring matter is legal liability for students who must be able to make decisions that could affect residents' lives. The legal and ethical aspects of tuition-free internships also invite further examination.

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