ADDICTION EDUCATOR

Welcome Back to the Addiction Educator

Welcome back to the Addiction Educator! We have been on hiatus for a bit and are thrilled to be back! Please refer to p. 2 and the last page regarding writing articles and submission guidelines for future AEs!

Fall 2020 Conference!!

Go to www.incase.org

Letter from the President

Dear INCASE members,

Thank you for your membership and involvement with INCASE. Your support and active participation assists in our mission and desire to support fellow Addiction Educators.

INCASE was a part of the annual NAADAC/INCASE conference held from September 28-October 3 in sunny Orlando, Florida. There were multiple presentations connected with Addiction Education as well as information provided by the National Addiction Studies Accreditation Commission (NASAC).

While there, we had 40 people attend our INCASE Membership meeting with several new members joining our coalition. We are excited about the growth in our coalition, and plan to work to continue to interact and connect with Addiction Educators in multiple ways.

The 2020 NAAAC/INCASE conference is set for September 25 (pre-conference session) through 29, 2020 in Washington DC. Again, INCASE will have its own Education track which provides information specific to higher education for addiction instructors and faculty. We have a booth at the conference and enjoy when members and members-to-be stop by for conversation. Our membership meeting is another way to connect and we look forward to seeing you there.

Speaking of connecting, INCASE is sponsoring the INCASE 2020 conference on November 7 and 8th in Philadelphia, PA. “Teaching the Next Generation of Addiction Professionals” will show case panel discussions, workshops, poster, and breakout sessions during the two-day conference. For more information, please go to our website at http://incase.org/ and click on the conference tab.

As president of INCASE, I hope to see you all at both conferences as we work together to provide the best opportunities to collaborate with each other, learn from one another and to teach the next generation of addiction professionals.

Sincerely,

Kathy Elson LPCCS-LICDC-CS, MAC, SAP

President, INCASE

Welcome to the Addiction Educator!

Please be sure to check out the last page regarding submission guidelines for future editions!

We welcome articles related to teaching and learning regarding addiction studies education.

This magazine is a publication of INCASE. Please check out our webpage at www.incase.org

Kirk and Lisa winning awards!!!

Dragging Dead Bodies: The Conundrum of Assigning Group Projects to Addiction Studies Students

Alan A. Cavaiola, PhD, LCADC
Department of Professional Counseling – Addiction Studies Programs
Monmouth University

The term “dragging dead bodies” is probably familiar to most of you teaching in colleges and university settings. Traditionally, this term has been used to describe situations where several faculty are co-authoring a research project and invariably one (or more) members of the team are derelict in shouldering his or her share of the work. For the other co-author(s) they often found themselves feeling burdened by needing to take on more than their share of the workload or begging/pleading with their colleague to meet deadlines; hence the term “dragging dead bodies”. So, while on the one hand, it’s great when colleagues collaborate to work on projects, it’s not so great when those who are less enthusiastic or less motivated “weigh down” the project to such an extent as to prevent the work from being completed thereby becoming “dead bodies” that have to be dragged along kicking and screaming in order to convince them to step up to the plate and do their share of the work.

This phenomena is not only common with faculty colleagues working together on projects but also exists when we addiction educators, assign group projects to our students. The following is an example:

Professor Sally Carter teaches an introductory-level addiction studies course at a four-year college. One of the projects she assigns to her students is one in which they are divided into groups of three at which point, each group is to investigate a particular type of treatment program available in their State. Groups are asked to investigate treatment programs that focus on treating individuals with gambling disorders, co-occurring disorders, opioid use disorders etc.. The students then are assigned a date on which they will present their findings to their classmates and each group also is required to submit a written paper summarizing their findings. Approximately, a week before their presentation date, one of Professor Carter’s students asks to speak with her after class. This student discloses that one of the other students in her group has not shown up for any of their project meetings and has not responded to her text messages, e-mails or phone calls to discuss their upcoming presentation for the class. This student is panicking and is concerned because she doesn’t want her grade impacted by this particular student who has done no work on the project so far. Professor Carter listens to the student’s concerns and assures her, that her grade will not be impacted by the other student’s lack of participation, however the student is concerned that there will be important parts missing from their presentation which she will be penalized for. Was Professor Carter right in reassuring the student that her grade would not be impacted? What would you have done?

In the scenario described above, the student is naturally worried that the member of the group who is shirking her responsibilities, will adversely impact the grades of the other students. At the time of the meeting with the student, Professor Carter has no way of verifying the lack of participation by the other student unless she makes a point of meeting with the accused student to discuss the concerns that have been voiced by others in their work group. This type of situation potentially creates conflicts between the students who have been assigned to the same group. Professor Carter could always discuss the concerns in a more general way without disclosing the accusations made by the other student. This is not an unusual scenario, especially when group assignments are utilized as a method of teaching. But before eliminating group projects from your syllabi, let's discuss their advantages.

First and foremost, group assignments provide students with an opportunity to interact with one another and to learn from one another. In a group project, students must agree to divide the workload of a particular assignment and strategize how to best present that information to the class. This allows students to develop their presentation and communication skills by learning how to best synthesize the material they have gathered and then presenting it to their peers in such as a way as to be instructive and useful. In order to do this, students must be able to cooperate with one another and to hold up "their end of the bargain" when it comes to gathering information and presenting what they learned to the class. This all sounds well-and-good except when students do not live up to their end of the bargain and leave the work to their peers. It's important however, not to jump to conclusions that the "no-show" student is irresponsible, passive-aggressive or ambivalent about his or her addiction counselor training. What if the student is experiencing personal difficulties that prevent him or her from keeping up with the workload such as a medical problem? The counterpoint however is that it would still be that student's responsibility to convey that to their fellow student group members and to the professor that they are encountering personal or family problems. The worse thing that student can do in this situation is to refrain from all communication with their professor and with their fellow

student group members. So in some instances, where students may be procrastinating or shirking responsibility, group projects also provide students with an opportunity for developing conflict resolution skills.

Ways to Avoid "Dragging Dead Body" Situations

I've had situations where students have offered to take on group projects individually in order to avoid having their grades impacted by irresponsible or unmotivated students. This however places more burden on the student and does not allow them to learn how to work as a team. It could potentially put more burden on the professor who now has additional grading. So as an alternative, what I've done in assigning group projects is to provide students with some suggested ways they can divide the workload for a particular project. Once this is done although a group of students may be presenting on the same topic, each have a particular area to present to the class and to write about when the written portion of the project is submitted. For example, if I assign a particular case for a group of students to present. One student will be responsible for the literature review of that client's primary diagnosis. The second student will be responsible for the case formulation/case conceptualization information and the third student will be responsible for developing the treatment plan and presenting evidence-based treatment options. Each portion of the project is therefore graded separately and each portion is independent of the other. So, if a student bails on their part of the project, the other two student's grades will not suffer because of the lack of responsibility of their third student. This "division of labor" approach would apply to both written projects as well as classroom presentations. In both instances, students often need to be reassured that although they working as a team, their projects will be graded individually.

A colleague mentions that he handles these situation by providing students with the opportunity to "vote" someone out of their group (similar to voting them "off the island"). This must be done with

the consensus of the other group members and the student who is voted out of the group is made aware of why he or she is being asked to leave the group. The student who is voted out of the group must then complete an individual project which may also mean that they have do the written summary and presentation alone. Although I'm not certain, I will assume that the student who is voted out, has a right to appeal the vote to the professor and the group.

Conclusion

Assigning student group projects have several advantages for students e.g. learning to cooperate, learning to divide the workload, and planning and presenting information in a coherent way for their classmates. In order to be fair to those students who do shoulder the burden of a group assigned project, it is important to provide a means by which group projects can be graded individually. In order to do this, instructors may need to provide some initial guidance as to how to best divide the workload, so that no individual student's grade is dependent on another's work on the project. This may be difficult in some situations however, (e.g. where students may be required to role play a case scenario in class). Students are often reluctant to throw a fellow classmate "under the bus" by "ratting them out" to a professor however, we also don't want them to take on a co-dependent role by shouldering the extra work of their fellow student. What is most important is that students are aware that the projects will be graded first and foremost…fairly.

Constructing a Substance Abuse Treatment Program

Mike Taleff, Ph.D.

Some of you may already do this, but a class assignment I had students do over the years was to create, from the ground up, their own version of an addiction treatment program. It was a written class assignment, and offered near the end of a student's academic course work. While there were several goals, one prime educational goal was to ascertain how they would apply the wealth of past classwork knowledge into a practical project.

One stipulation included no financial limits to the creation of this program. This allowed ingenuity and creativity to flow in terms of how their clinical program would appear. I was more interested in their ability to utilize their past class education, and present thinking capability to create a first-class program, and not worry about how to generate money. Students could create a program of their choice. Most created residential programs, a few created continuing care programs. But, outpatient, prevention programs were sometimes in the mix.

Among other things, they were to consider the location of the program. The program could be in their hometown, close to the ocean, mountains, or wherever they wished. An argument was made that their present living location could certainly use another treatment facility. So, how could the program they were about to create help their community. They were to give it a suitable, if not an original, name as well.

Next, they needed to select the client population for which this program was to address. For example, would it be a traditional diverse program, which their course work had described, or would it focus on females only, juveniles, or would they delimit admission according to a specific pathology. In other words, where did they see a need. Often this selection derived from a student's personal history.

Special consideration was to be given to staff make-up, that is who would be hired to work in their program such as counselors, administrators, supervisors, nurses, medical doctors, and support staff. Students were to demonstrate what constituted the front-line professional staff. Should they be academically trained, state certified, licensed, have a personal recovery or a combination of these. How important was the ability of these professionals to form an alliance across a variety of clients? Again they were to use their current and past classwork, and current research that they should be aware of, to justify an appropriate answer.

Students also were to consider what would be the ideal client case load per counselor and why that number was selected. Again, past course work would help with this requirement, or they could determine a reasonable staff client ratio based on extant research literature.

Of critical importance was the selection of a base treatment counseling philosophy, and counseling theories to be instituted. For example, if they selected a Motivational Interviewing modality, they needed to provide a rather good set of reasons for that selection or any selection or blend they selected.

Always in this treatment mixture was to be at least a paragraph on the importance of general effects. This section, in particular, needed a firm research foundation, and the most appropriate class work knowledge they could generate. Students were informed that this section would weight heavy in the grading process.

Additional emphasis was placed on creating an independent outcome program department within their facility. Here students were to create a process of how their program was to be evaluated. Generally, this would be of surveying nature where staff would follow-up with clients as to how their recovery was proceeding. If the student wished, they were to determine how that information was to be fed back into their treatment program and adjustments made to the overall program. That answer was always worth extra credit.

Peer reviewed references was the expected standard for this assignment, as well as academic tomes. Everything was to be presented in the APA format.

After reading these assessments over a couple of decades, I have to say most students were not that innovative. By far, the programs they created were of the tradition mold, and tended not to include the newer discoveries of our field.

Yet on occasion, a few decided to do something that left me with a gratifying feeling. They attempted to build what they created. One last thing.

REMEMBER!!! Check out INCASE's webpage at www.incase.org regarding the November 2020 conference!!!

While I never did it, this assignment could be modified such that it could stand as a Master's paper. In such an endeavor, everything mentioned above, plus a great deal more, would need to be thoroughly detailed and backed by research. Given the breath of issues our field faces, a variety of such Master's level programs could be constructed. Perhaps, a few might eventually serve as templates for the field. I suspect an addiction faculty member somewhere could create guidelines for such a graduate project, and submit it for publication.

In sum, the overall goals of this assignment was to: (1) see the application of years of classroom work into a practical product, (2) get students, new in their career, or returning to an existing addiction job to pump fresh ideas into our treatment industry, and (3) use this assignment as a stepping stone to one day create something novel and superior to today's existing addiction treatment programs.

Addressing the Negative Socialization of Student Interns

By
Joseph Rosenfeld, Psy.D, CRADC, HS-BCP
Elgin Community College

It is widely accepted that internships are an important component of counselor education. According to Sweitzer and King (2014) the internship experience is an opportunity for intellectual and emotional growth, and career exploration and development. It is also, "an opportunity to become socialized into the norms and values of the profession." (P. 6). This article is about the darker side of the socialization process, "negative socialization." Negative socialization is an array of attitudes and behaviors that are not good for the clients, the recovery profession, or the emerging practitioner.

I became aware of this issue as I began to see it in my students as they progress through a two semester, 500 hour internship process. I have also seen it in our alumni with whom I have contact after graduation.

I feel confident that the students are learning evidence supported interventions; the latest in neuroscience research and subsequent clinical applications; the importance of the brain disease model of addiction and recovery; and the contours of professional behavior. Then, in some (certainly not all) students, I see it slip away over the course of their internship. In the internship seminar I hear their language and reported actions reflect behaviors and attitudes that are not supported by evidence, and are counter-productive. I believe this will eventually lead these emerging practitioners to either exit the profession, or will cause those who stay to burn out. I also hear about it from other students who voice their determination not to be influenced by the negative behaviors and attitudes of the paid staff with whom they work.

have separated negative socialization into four categories. All the examples I am about share are real as provided to me by students. First, are the clinical interventions that do not reflect evidence supported practices. This includes groups that are too large to be effective; harsh confrontation; failure to intervene with clients contemplating leaving treatment; attempting to guilt clients into recovery; failure to use medication assisted treatments; dismissing client concerns; and failure to build therapeutic relationships with clients. Students who have been negatively socialized report engaging in these behaviors themselves, and defend their actions when confronted by blaming the clients for these out-of-date and counter-productive interventions.

Second, is milieu management that doesn't reflect current thinking regarding the impact of the brain disease of addiction. This includes berating clients, with mere hours in recovery, for falling asleep in group; and the rapid discharge of clients for not making beds, passing notes, arguing with other clients or staff, attempting to sneak in contraband, lying, or behaving seductively. The rapid discharge of clients does not reflect what we know about substance use disorders; about the behavioral impacts of long-term substance use disorders; about the socialization that takes place as one develops a substance use disorder; and the impact of the traumas many of our clients have experienced. William White, (2005, April), has stated that addiction treatment is the only profession where we discharge clients for being symptomatic of the disease that brought them into treatment in the first place. Again, students and alumni who have been negatively socialized report and defend these practices by blaming the clients solely for the clients' discharge.

Third, is the negative stigmatization of clients. The use of stigmatizing terms, such as "frequent fliers," "they are just putting in time, "crack whores," and "dope fiends." These terms along with along with the statements, "They are just not ready to get well, or "I guess they just weren't ready" contribute to the client self-stigma and discouragement. Shifting the locus of control regarding outcomes from clinicians to

the clients also degrades our profession and minimizes the positive impact engaged therapists can have on even the most ambivalent client. Pam Woll (2005) has written extensively on stigma within treatment facilities. Related to this, is what is commonly referred to as professional skepticism or the reinforcement among staff that a given client is “not going to make it.” This has also been referred to by Andrew Weil (1995) as “medical hexing.” Whatever it is called, it clearly interferes with staff putting effort into a client’s recovery, and interferes with emerging professionals recognition of the the positive impact they can have on any client.

Fourth, is unprofessional behavior. Swearing; using slang; dressing in a non-professional manner; not engaging in ongoing professional growth; being late; quitting without notice; and engaging in the behaviors described in the above paragraphs are all examples of unprofessional behavior. I believe that the paid staff do not perceive themselves as being professionals. They too have been negatively socialized to devalue themselves. They are also seemingly unaware of the large amount of positive (and negative) impact they can have on clients. This fourth category of negative behavior appears to be the easiest for students to identify and voice a desire to avoid. However, even then, it leaves the students disillusioned and unsure about their desire to enter the profession.

I have attempted to warn students about negative attitudes and behaviors among staff (and administrators) before they are exposed to it. Many students have reported that they didn’t believe my stories until they actually began their internships and saw it for themselves. Other students become negatively socialized, and it has been a source of frustration to me when I see it occurring. This has prompted a desire to expose the issue and seek a solutions.

oward that end I was able to conduct two impromptu focus groups with about forty participants at the fall (2017) and spring (2018) conferences of the Illinois Certification Board (ICB). ICB is the entity selected by the State of Illinois to set training standards, test, and certify substance use disorder recovery counselors. I asked the focus groups for their thoughts on how to avoid negative socialization during the internship. Their answers below are in no particular order.

First, improve the quality of supervision at agencies. There can be a requirement that supervision actually take place, and that there be a fixed supervisor to practitioner ratio. Also, supervisors would be required demonstrate competence and commitment to a set of knowledge, skills, and attitudes. These standards can be codified and implemented nationwide. At a minimum, supervisors must demonstrate a knowledge of and ability to communicate evidence supported practices; design effective interventions for clients with complex neurological and historical conditions; demonstrate little tolerance for the internal stigmatization of clients; design effective interventions when staff stigmatize clients; and finally, model and expect staff to behave at all times in a professional manner.

Second, continued supervision for alumni at the college. This would be similar the supervision required during the post-doctoral year, but with the supervision being provided by a party outside of an agency.

Third, would be the assignment of every new graduate to a mentor. Both NAADAC and the Illinois Certification Board, as well as other professional organizations promote such mentoring programs. However, in this case the mentoring would be required. Standards for who become mentors would need to be established. Also, a mechanism of rewarding or reimbursing mentors would be needed.

Finally, the focus groups recommended the establishment of alumni clubs similar to the independent peer led supervision groups that practitioners in private practice have been using for some time.

Negative socialization is a very real problem within the substance use disorder profession. It takes many forms, but there are potential solutions. The first step is admitting that the problem exists, becoming aware of and monitoring its existence, and then implementing strategies to eliminate it. Some recommendations have been presented in this article.

References

Sweitzer, H.F., & King, M. A. (2014). *The Successful Internship: Personal, professional, and civic development in experiential learning* (4th Ed.). Belmont, CA, Brooks/Cole.

Weil, A. (1995). *Spontaneous healing*. New York, Knopf Doubleday.

White, W. L., Scott, C. K., Dennis, M. L., & Boyle, M. G. (April, 2005). *It's time to stop kicking people out of addiction treatment.* Counselor Magazine, Pp. 2-12.

Woll, P. (2005). *Healing the stigma of addiction: A guide for treatment professionals*. Chicago, Great Lakes Addiction Technology Transfer Center.

Dr. Joseph Rosenfeld is an Associate Professor in the Human Services Department of Elgin Community College, in Elgin Illinois. He has been with the college for fourteen years. Dr. Rosenfeld has been an active clinician and trainer in the substance use disorder recovery field since 1978.

Educators and RCOs: Natural Allies

Peter L. Myers, Ph.D.

More than 100 recovery community organizations have sprung in the US, and many are allied with ARCO, the Association of Recovery Community Organizations, which is allied to Faces and Voices of Recovery. Recovery Community Organizations [RCO]'s consist of persons in recovery, family members, those who are are still struggling with substance abuse problems, family members of persons who have died due to substance problems, and allies in the health professions, teachers, and community institutions. RCO's vary but generally provide recovery support, education, links to resources, and help with recovery advocacy and reduction of stigma. One RCO --in the Village of Chatham NY-- also works with the Police Dept which is a member of PAARI, Police Assisted Addiction Recovery Initiative. The PAARI model utilizes civilian "Angels" who accompany the subject with an officer to the treatment facility. The RCO here also staffs a Helpline which is basically an intake process preceding the transport to treatment. Members of the Board include a leading minister in the African-American church, two members of Young People in Recovery, a credentialed counselor in the NY state system, a member of Nar-Anon, and a retired addiction educator (this writer)

Educators such as the members of International Coalition of Addiction Studies Education [INCASE] can play an important role by:

1. providing training for Helpline and Angel staff
2. encouraging RCO members to pursue credentialing as Peer Recovery Advocates or Recovery Mentors (whatever is the terminology in their state)
3. encouraging RCO members to attend program in institutions of higher education
4. Preparing training materials, such as the flyer on Nonstigmatizing language that is shown here.
4. Encouraging RCO members to be aware of multiple pathways to recovery.
5. Initiating and participating in grant writing

For the educator, participation provides valuable first hand knowledge of the opioid crisis, other substance use disorder issues in the community, local pathways to treatment, and knowledge

Advantages and Disadvantages of In-Classroom vs. Online Coursework for Addiction Studies Programs

Margaret Smith, EdD, MLADC & Alan Cavaiola, PhD, LCADC

Over the past few decades, there has been an ever-increasing trend towards online education in the addiction studies field. Part of this increase has been fueled by both the proliferation of for-profit universities and also increased demand by student for more convenient and more accessible forms of education. The purpose of this article is to explore some advantages and disadvantages to both in-classroom and online addiction studies education. We hope to accomplish this in a fair-and-balanced way in order to avoid tipping the scales towards one type of instruction versus the other.

We'll begin with a discussion of the advantages of in-classroom addiction studies education:

Advantages of In-Classroom Addiction Studies Education

One of the main advantages of in-classroom education is that it allows for more face-to-face student-to-student and professor-to-student interaction which allows students to benefit from the various perspectives of other students and professors. These interactions allow for more thorough discussion of differing viewpoints and there is less of tendency for information to be misinterpreted (as may occur in online discussion groups where tone and intention of communications may be prone to misinterpretation.)

Another advantage of in-classroom education which follows from the first point, is that students have a better opportunity to model their counseling techniques on observing their professors and fellow students. Students can discuss techniques and how those techniques can be applied to different clients. There appear to be better opportunities to role play and discuss what works and what may not work with different types of addiction clients.

From the professor's point of view, in-classroom instruction allows for more opportunities to observe student's counselor skills and to help students hone those skills. Hopefully, there would also be opportunities to discuss student's biases and difficulties they may encounter in working with particular clients. Similarly, in-classroom instruction also allows professors to observe student's social skills. Being able to relate and connect with others in a genuine way are essential counselor skills. Students can be coached in how to relate and connect more effectively with clients. Although some students seem to have more innate social skills than others, we feel these skills can be taught and shaped through thoughtful feedback.

Also, classroom interaction also better allows professors to fulfill their role as gatekeepers, e.g. a student who may be experiencing a mental health issue or even issues with addiction (not unheard of in our field) or students who may be experiencing distress because of being overwhelmed by life stressors, or students who may be inappropriate to our field because of maladaptive personality traits, may be easier to discern and to manage in-person.

Finally, in-classroom instruction may provide more varied opportunities for outcomes assessment. For example, it may be easier to assess program outcomes via written exams, classroom presentation projects, debates, role plays etc.. Therefore, professors are not relying on

only one or two methods to assess outcomes e.g. unmonitored/open book exams or written projects.

Disadvantages to In-Classroom Addiction Studies Education

There are also limitations to in-classroom instruction. For example, in-classroom instruction limits the number of students who enter the addiction counseling field to those who can commute or reside at the educational institution. This is a major disadvantage in rural areas where commuting to the college or university may be impossible. This would also be the case in in areas that are impacted by inclement weather that will shut down brick and mortar institutions e.g. hurricanes, snow storms, tornados etc.

Advantages to Online Addiction Studies Education

For students, some of the advantages of online education include access in terms of working from home where they do not have to commute to classes as well as find and pay for parking. Further if the course is asynchronous then it can work with the student's work, family, and/or child/elder care schedules. Additionally, students often comment that they feel more comfortable participating in online venues as opposed to in-person classes.

For students, online education can sometimes be less expensive as students do not have to pay for on-campus related fees, housing, and other services.

For faculty a strength of online teaching is that students must complete the readings, view the PowerPoints and watch the videos in order to participate in the discussions or complete assignments as most, if not all the work, is based directly on the reading, Powerpoints and/or videos. Unlike many (not all, but many) in-person classrooms where many students can "pass" by sitting through the class, online students cannot "pass"— without reading or viewing the materials they are unable to address any requirements based on their readings, PowerPoints, videos, etc.

For faculty, another strength of online teaching is that most programs require weekly discussion posts from each student, involving three or more postings from the students to their peers and the professor. This is different than in-person classrooms in that the professor asks a question and a few students answer. There is usually not enough time for each and every student to provide an answer. With online discussions, each and every student must respond to the discussion questions. Now in turn, that leads online faculty to decide whether or not they address each and every student or respond to a few and summarize main discussion points.

Disadvantages of Online Education

Some of the disadvantages include internet access issues including weather related and technical issues. Instructional and/or Helpdesk resources are mandatory because without them students may have trouble completing discussion posts, weekly assignments and other related aspects of the course. A related disadvantage for both faculty and students could be the Learning Management System used. Whether it be Blackboard, Canvas or some other related system, there are challenges. If a faculty member teaches for different schools, there could be different LMSs.

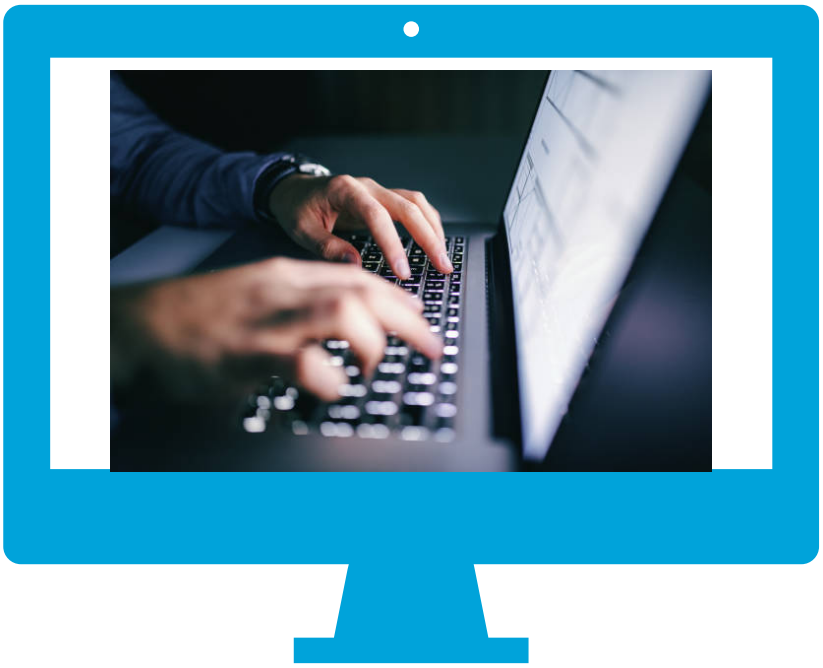
Another disadvantage is the lack of in-person role modeling of classroom behavior, etiquette, and counseling and related skills. While online students can learn from reading each

other's materials, they do not observe in-person interaction whether it is related to counseling, peer-to-peer communication, and other related actions. However, with Zoom, Skype and other online face-to-face options, there are some ways to address the lack of in-person interaction.

Another disadvantage, is that most online programs run 8 to 16 weeks with assignments due each week to assess the students' acquisition of knowledge. While this may be an advantage to students because there is weekly feedback, it requires faculty to grade weekly discussion posts AND papers from each and every student. Most programs, if not all, require substantive feedback (in writing) to each and every student. While many in-person courses have assignments on a regular basis, they do not include grading and providing feedback on participation AND assignments on a weekly basis.

Conclusion

Based on this article, there are some strength and challenges for each approach. The purpose of this article was to explore some advantages and disadvantages to both in-classroom and online addiction studies education. We hope we accomplished this in a fair-and-balanced way in order to avoid tipping the scales towards one type of instruction versus the other.



Submission Guidelines

Author Guidelines For Addiction Educator (adapted from NAADAC's guidelines for their magazine)
Articles submitted to Addiction Educator should focus on teaching in the addiction studies. Therefore, articles can address teaching methods, techniques, strategies, approaches, systems, etc.

Articles selected for publication will be posted on the Addiction Educator website. The article then becomes property of INCASE (International Coalition of Addiction Studies Education). Authors will be asked to sign a release verifying that their article is now property of INCASE.

Manuscript Preparation

Feature article submissions generally range from about 1,200 to about 2,000 words in length, with column submissions, teaching tips and updates generally ranging from 700 to 1,200 words. Letters to the editor should be no longer than 300 words. Please do NOT imbed tables, figures, or other illustrations within the text of your article (see "Graphic Elements" guidelines below).

News and faculty updates will be edited and published as space allows.

Manuscript Submission

Submit articles electronically to emails below. Please send files as attachments saved in Microsoft Word. Include at the bottom of the article file a "bio" of two to three sentences for each author, along with the e-mail address of the lead author. We publish the e-mail addresses of our authors so that readers may have the opportunity to offer authors direct feedback on the article.

In your e-mail message with the article attachment, be sure to include your mailing address, phone and fax numbers, and e-mail address so that we may contact you during the editing process.

Graphic Elements

If photos, tables, or other graphics are sent electronically, each should be sent as a separate file from the article file. Figures and photos MUST be saved in a high-resolution (minimum 300 DPI) TIFF or EPS format to ensure publication-quality images.

If you cannot send your graphics electronically, you may send hard copies suitable for scanning, such as original photographs, photograph-quality prints (especially for color illustrations) and high- resolution computer printouts (for black and white figures and graphs only).

All photographs should be identified with a suggested caption. The captions should include the names of people shown and the location of the shot, if pertinent. If a photograph is copyrighted, the photographer or photography firm's name also must be included so that we can give proper credit. It is the author's responsibility to secure appropriate consents from people shown in photographs, and permission to reprint copyrighted photos. If you wish to have photographs returned, request this in your cover letter and include the proper return address.

Tables should be double-spaced and numbered consecutively in the order in which they are mentioned in the text of the article. Provide a brief title for each. Figures or graphs also should be numbered consecutively in the order in which they are mentioned in the article.

References

All references and citations must be in APA format

Where to Submit

Electronic submissions should be e-mailed msmith@keene.edu and acavaiol@monmouth.edu