



The Addiction Technology Transfer Center Network
 Funded by Substance Abuse and Mental Health Services Administration

The Evaluation Consortium
 University at Albany



Connecticut Direct Service Providers Summary of Findings

Treatment providers face many challenges in their attempts to fill available positions, and there has been much concern that these staffing needs, along with anticipated demographic and social changes, will result in a treatment community unable to adequately care for those it proposes to serve. Among the many compelling issues our treatment agencies face is the perception of pervasive staff shortages, as evidenced by the reduced numbers of clinicians entering the field, difficulty recruiting and retaining qualified staff, and increased credentialing demands.

The Addiction Technology Transfer Center of New England in collaboration with the New England Institute of Addiction Studies and the State of Connecticut, Department of Public Health & Addiction Services, recognized that a definitive analysis of the state of existing treatment providers was crucial to determining the systemic changes needed to address these problems. Toward this end, a comprehensive examination of the substance abuse treatment provider system was undertaken through a regional workforce survey.

The following is a summary of findings, resulting from the survey of direct service providers employed in state-funded substance use disorder treatment agencies, across the State of Connecticut. The sample was stratified to ensure that agencies across all geographic regions and with varying



numbers of employees were proportionately represented.

During 2002 and 2003, an in-depth paper and pencil survey was administered to a randomly selected sample of agencies. Surveys were mailed to management staff of 11 agencies for distribution to, and independent completion by, direct service providers. Ten of these agencies returned a total of 61 completed surveys; for an agency response rate of 91%.

Completed surveys were forwarded to the Evaluation Consortium at Albany, for analysis. The

following results provide a description of workforce demographics, self-reported levels of professional competence, and areas of training interest and need.

The information contained within this summary can assist in recruitment and retention efforts and in the design of training initiatives and professional development programs that will strengthen the knowledge and skills of treatment program personnel.

December 2004

Special points of interest:

- Demographics
- Professional Background
- Academic Preparation
- Compensation
- Primary Duties
- Professional Status
- Recruitment and Retention Issues
- Counselor Proficiencies
- Training Interests

Inside Information

<i>Who are they and what is their educational background?</i>	2
<i>How much are they receiving in compensation?</i>	2
<i>What are their primary duties?</i>	2
<i>What are the key recruitment and retention issues?</i>	3
<i>What factors aid and/or hinder recruitment and retention?</i>	3
<i>What areas have been identified as in need of professional development?</i>	4
<i>ATTC-NE Contact Information</i>	4

**Connecticut:
State Specific Findings
Direct Service Providers**

Agencies Returning Surveys (n=10)
Completed Surveys (n=61)

Ages	
20 - 30	23%
31 - 40	24%
41 - 50	21%
51 - 60	23%
61 - 70	07%
>70	02%

Professional Discipline	
Addictions Counseling	71%
Social Work/	
Human Services	16%
Other Counseling	16%
Adolescent Treatment	05%
Criminal Justice	05%

Academic Degree Status	
Doctoral Degree	00%
Master's Degree	25%
Bachelor's Degree	22%
Associate Degree	28%
Some College	18%
High School Diploma	03%

Coursework Completed	
ATOD Specific	71%
Related Field	71%

Certification/Licensure	
Current	23%
Pending	22%

Current Salary	
< \$14,999	02%
\$15,000 - \$24,999	20%
\$25,000 - \$29,999	34%
\$30,000 - \$34,999	16%
\$35,000 - \$39,000	11%
\$40,000 - \$49,000	10%
\$50,000 - \$74,999	02%
>\$75,000	00%

Who are they?

- Fifty-one percent of respondents are male and 49% are female. Sixty-four percent are white and 26% are African American.
- The reported median age is 41-50, and more than one-half (51%) consider themselves to be in recovery from an alcohol and/or other drug addiction.
- Seventy-one percent of the respondents identified addictions counseling as their current profession.

What are their professional backgrounds?

- One-fourth of the respondents (25%) have a master's degree or above. Nearly one-fourth (23%) of the respondents are currently licensed or certified, 22% report licensure or certification as pending, and the majority (56%) have never been licensed or certified.
- Direct service providers demonstrate minimal differences between the number of years in the substance abuse treatment field (2-5) and in their current position and role (2-5).
- Fifty-six percent of direct service providers indicated that their current employment in substance abuse treatment is a second career. The top two reported reasons for entering the substance abuse treatment field are personal interest (61%) and previous experience with addiction or recovery (57%).

How much are they receiving in compensation?

- The median yearly reported compensation of respondents was \$25,000-\$29,999 with 56% receiving less than \$30,000, and 27% in the \$30,000 - \$39,999 range.
- Level of education is positively correlated to salary.
- Seventy-four percent of respondents report full health insurance as compensation. Full sick leave is paid to 83%, partial sick leave to 10%, and another 67% receive some other fully

What are their primary duties?

- More than one-fourth of the respondents (27%) are employed in outpatient substance abuse treatment facilities, 36% in residential settings or therapeutic communities, 12% in adult corrections, and 08% in either inpatient hospitals, or intensive outpatient programs.
- Respondents report: treating (77%), making referrals (80%), screening (59%), and diagnosing or formally assessing (49%) individuals with substance abuse disorders, in the last 12 months.
- The top three treatment models reported to have major use are: relapse prevention, integrated substance abuse and mental health, and cognitive-behavioral skill development.

What are the key recruitment and retention issues?

- Direct service providers work in agencies of varying sizes; 20% have 5 or less direct service substance abuse treatment staff, 26% have 6-10 direct service staff, 02% have 11-15 direct service staff, and 06% have more than 15 direct service staff.
- Nearly one-third of the respondents (30%) reported that their agencies have difficulty recruiting staff. The top three reasons reported are: insufficient funding, lack of interest in the position, and insufficient number of qualified applicants.
- Inadequate education and training (20%), and little or no experience in substance abuse treatment (21%), are the top two reported reasons for applicants failing to meet minimum qualifications.

What factors aid recruitment and retention?

- The five most important work characteristics that enhance job satisfaction for direct service providers, and promote recruitment and retention, are identified as: one-to-one interactions with clients (91%), opportunities for personal growth (74%), interaction with agency/co-workers (66%), commitment to treatment (64%), and their role as a change agent (56%).
- Agency changes that would promote retention of direct service providers include: more frequent salary increases (76%), more/improved on-going training (39%), promote career growth (32%), more individual recognition/appreciation (32%), and lessen/provide assistance with paperwork (29%).

What factors hinder recruitment and retention?

- Almost one-half of respondents (45%) reported they believe the status of addiction counselors is lower than that of other helping professionals. The top three reasons given for this low status are: stigmatization due to their association with substance abusers (31%), the perception that substance abuse professionals are more likely to work for public rather than private agencies (21%), and they more often have a history of substance abuse problems (20%).
- Most respondents report low salary/poor benefits (92%), large caseloads (91%), competition from other fields in terms of compensation (90%), certification/licensure/academic requirements (83%), the cost of education/training (79%), and documentation requirements (74%), as barriers to entering the substance abuse treatment field.
- Major areas of dissatisfaction, that hinder retention of direct service providers once they are in the field, include: salary/benefits (56%), lack of career growth opportunities (28%), and inability to influence agency decisions (28%).

Is there interest in developing leadership abilities?

- Despite self-reported minimal proficiency in clinical supervision (16%) and administrative management skills (30%), over half of respondents expressed interest in receiving training in clinical supervision (55%) and almost one-half (46%) in administrative management skills.

Connecticut: State Specific Findings Direct Service Providers

Agency Setting

Outpatient SA Treatment	26%
Residential/Therapeutic Community	36%
Adult Corrections	12%
Inpatient Hospital	08%
Intensive Outpatient	08%
Human Services	02%

Top 5 Treatment Models

Relapse Prevention	59%
Twelve Step	54%
Cognitive Behavioral	49%
Integrated Substance Abuse & Mental Health	43%
Behavior Modification/Token Reinforcement	39%

Turnover Rate (past 12 months)

Terminated	20%
Quit	34%
Laid off	02%

Self-Reported Proficiency

Interpersonal Communication Skills	97%
Professional & Ethical Responsibilities	93%
Group Counseling Skills	87%
Individual Counseling Skills	82%
Treatment Planning	79%

Areas of Training Interest

Co-occurring Substance Abuse & Mental Health Problems	79%
Individual Counseling Skills	78%
Intervention Skills	76%
Relapse Prevention	75%
Treatment Engagement	75%
Group Counseling Skills	75%
Treating Special Populations	73%
Treating Offenders	73%



What areas have been identified as in need of professional development?

- Direct service providers in Connecticut perceive themselves as lacking proficiency in several key areas. These include: staff recruitment and retention skills (87%), clinical supervision (84%), marriage and family therapy (79%), drug pharmacology/ pharmacotherapy (80%), and treating adolescents (70%).
- Almost all respondents report interest in participating in the following training activities: co-occurring substance abuse and mental health problems, individual counseling skills, intervention skills, relapse prevention, treatment engagement, group counseling skills, treating special populations, and treating offenders.

How would providers prefer to receive professional development?

- Respondents reported that providing in-service training (72%), direct supervision (56%), and paying the cost of continuing education (25%) are effective ways to develop skills and enhance abilities.

Electronic copies of the *Addiction Technology Transfer Center of New England Workforce Survey*, and resulting data reports, are available for downloading at the ATTC-NE website: www.attc-ne.org. Technical questions or concerns about the data analysis should be directed to: Dianna L. Newman, PhD, The Evaluation Consortium, University at Albany.

Telephone: (518) 442.5027; E-mail: eval@csc.albany.edu



Addiction Technology Transfer Center of New England

Brown University
Center for Alcohol and Addiction Studies
Box G-BH
Providence, RI 02912

Phone: 401.444.1808
Fax: 401.444.1881
E-mail: attc-ne@brown.edu
www.attc-ne.org



The Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

*Dedicated to your success
— by putting the latest academic
research into the hands of
professionals who work on the
front lines daily.*

The pressure behavioral health care professionals face every day can make keeping abreast of the latest research almost impossible. We are committed to making it easier to infuse evidence-based research throughout the workforce. Our programs are designed to enhance the knowledge, skills and attitudes of the substance abuse treatment workforce; both individually and collectively.

Unifying science, education and services to transform lives.

