



The Evaluation Consortium
University at Albany



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

Rhode Island 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 Rhode Island, Department of Mental Health, Retardation, & Hospitals, 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 Rhode Island. The sample was stratified to ensure that agencies across all geo-



graphic 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 19 agencies for distribution to, and independent completion by, direct service providers. Eighteen of these agencies returned a total of 144 completed surveys; for an agency response rate of 95%.

Completed surveys were forwarded to the Evaluation Consor-

tium 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.

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Special points of interest:

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

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**Rhode Island:
State Specific Findings
Direct Service Providers**

Agencies Returning Surveys (n=18)
Completed Surveys (n=144)

Ages	
20 - 30	19%
31 - 40	20%
41 - 50	27%
51 - 60	26%
61 - 70	08%
>70	00%

Professional Discipline	
Addictions Counseling	47%
Social Work/Human Services	44%
Adolescent Treatment	18%
Other Counseling	13%
Psychology	05%
Nursing	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	06%
\$15,000 - \$24,999	25%
\$25,000 - \$29,999	22%
\$30,000 - \$34,999	24%
\$35,000 - \$39,000	07%
\$40,000 - \$49,000	08%
\$50,000 - \$74,999	01%

Who are they?

- Two-thirds (67%) of respondents are female. Seventy-four percent are white and 10% are Hispanic or Latino/a.
- The reported median age is 41-50, and more than one-fourth (25%) consider themselves to be in recovery from an alcohol and/or other drug addiction.
- Forty-seven percent of the respondents identified addictions counseling as their current profession.

What are their professional backgrounds?

- Nearly one-half of the respondents (47%) have a master's degree or above. One-third (33%) of the respondents are currently licensed or certified, 09% report licensure or certification as pending, and the majority (57%) 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).
- Thirty-seven 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 (50%) and academic work/degree in a similar field (32%).

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.
- Thirty-three percent of respondents report full health insurance as compensation. Full sick leave is paid to 70%, partial sick leave to 14%, and another 55% receive some other fully paid leave.

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 (63%), making referrals (65%), screening (58%), and diagnosing or formally assessing (45%) 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; 22% have 5 or less direct service substance abuse treatment staff, 15% have 6-10 direct service staff, 08% have 11-15 direct service staff, and 01% has more than 15 direct service staff.
- More than one-fourth of the respondents (27%) reported that their agencies have difficulty recruiting staff. The top three reasons reported are: insufficient funding, insufficient number of qualified applicants, and lack of interest in the position.
- Little or no experience in substance abuse treatment (10%), and inadequate education and training (07%) 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 (76%), opportunities for personal growth (53%), their role as a change agent (53%), interaction with agency/co-workers (49%), and commitment to treatment (45%).
- Agency changes that would promote retention of direct service providers include: more frequent salary increases (65%), more/improved on-going training (40%), lessen/provide assistance with paperwork (36%), promote career growth (35%), and more individual recognition/appreciation (31%).

What factors hinder recruitment and retention?

- Almost one-half of respondents (47%) 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: the perception that substance abuse professionals have less formal education or training (30%), they are more likely to work for public rather than private agencies (22%), and they more often have a history of substance abuse problems (21%).
- Most respondents report low salary/poor benefits (96%), certification/licensure/academic requirements (92%), large caseloads (88%), competition from other fields in terms of compensation (86%), evening and weekend work hours (84%), the cost of education/training (82%), documentation requirements (82%), and negative preconceptions regarding addicted clients (82%) as barriers to entering the substance abuse treatment field.
- Major areas of dissatisfaction, that hinder retention of direct providers once they are in the field, include: salary/benefits (64%), inability to influence agency decisions (30%), and lack of career growth opportunities (19%).

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.

Rhode Island: State Specific Findings Direct Service Providers

Agency Setting

Outpatient Substance Abuse Treatment	32%
Human Services	22%
Residential/Therapeutic Community	14%
Outpatient Community Mental Health	09%
Outpatient Hospital	03%

Top 5 Treatment Models

Cognitive Behavioral	41%
Strength Based	41%
Solution Focused	40%
Relapse Prevention	37%

Turnover Rate (past 12 months)

Terminated	08%
Quit	13%
Laid off	04%

Self-Reported Proficiency

Interpersonal Communication Skills	89%
Professional & Ethical Responsibilities	88%
Treatment Planning	73%
Intervention Skills	72%
Screening & Assessment	71%
Documentation Skills	70%
Individual Counseling Skills	70%

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 Rhode Island perceive themselves as lacking proficiency in several key areas. These include: staff recruitment and retention skills (88% and 84%, respectively), clinical supervision (75%), drug pharmacology/pharmacotherapy (72%), detoxification (70%) and treating offenders (70%).
- Almost all the respondents report interest in participating in the following training activities: co-occurring substance abuse and mental health problems, relapse prevention, drug pharmacology/pharmacotherapy, relationship between substance abuse and other medical problems, individual counseling skills, treatment engagement, and theoretical models of substance abuse.

How would providers prefer to receive professional development?

- Respondents reported that providing in-service training (52%), direct supervision (48%), and paying the cost of continuing education (24%) 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.

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The Addiction Technology Transfer Center Network
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*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.

