



The Evaluation Consortium
University at Albany



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

Vermont 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 Vermont's Department of Health, Division of Alcohol and Drug Abuse Programs 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 Vermont. 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 12 agencies for distribution to, and independent completion by, direct service providers. Ten of these agencies returned 53 completed surveys; for an agency response rate of 83% and an individual response rate of 61%.

Completed surveys were forwarded to the Evaluation Consor-

tium at Albany, for analysis. Following are the results which 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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**Vermont:
State Specific Findings
Direct Service Providers**

Agency Returning Surveys

(n=11)
Completed Surveys
(n=53)

Ages

20 - 30	02%
31 - 40	10%
41 - 50	36%
51 - 60	40%
61 - 70	12%

Professional Discipline

Addictions Counseling	96%
Adolescent Treatment	15%
Psychology	15%
Social Work/Human Services	11%

Academic Degree Status

Doctoral Degree	04%
Master's Degree	73%
Bachelor's Degree	09%
Associate Degree	02%
Some College	08%
High School Diploma	02%

ATOD Specific Coursework

Completed	63%
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Certification/Licensure

Current	64%
Pending	19%

Current Salary

< \$14,999	06%
\$15,000 - \$24,999	21%
\$25,000 - \$29,999	19%
\$30,000 - \$34,999	24%
\$35,000 - \$39,000	04%
\$40,000 - \$49,000	11%
\$50,000 - \$74,999	02%
>\$75,000	00%

Who are they?

- Over half (67%) of respondents are female and 91% are white. The reported median age of entry into the field is 41-50.
- Close to half (46%) consider themselves to be in recovery from an alcohol and/or other drug addiction.
- Ninety-six percent of the respondents identified addictions counseling as their current profession.

What are their professional backgrounds?

- A majority of the respondents (77%) have a master's degree or above. Over half of the respondents (64%) are currently licensed or certified, 19% report licensure or certification as pending, and 17% have never been licensed or certified.
- Direct service providers demonstrate minimal differences between the number of years in the substance abuse treatment field (6-10) and in their current position and role (2-5).
- 44% 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 (57%) and previous experience with addiction or

How much are they receiving in compensation?

- The median yearly reported compensation of respondents was \$25,000-\$29,000, with 46% receiving less than \$30,000 and 28% in the \$30,000 - \$39,000 range.
- Level of education is positively correlated to salary.
- Forty percent of respondents report full health insurance; 85% are receiving some type of paid leave, including 72% reporting full sick leave and 17% reporting partial sick leave; and 37% reported full employer retirement contributions.

What are their primary duties?

- Over half of the respondents (51%) are employed in outpatient substance abuse treatment facilities, 17% in residential settings or therapeutic communities, and 17% in outpatient community health centers.
- Respondents report: screening (87%), treating (85%), making referrals (79%), and diagnosing or formally assessing (79%) individuals with substance abuse disorders, in the last 12 months.
- The top three treatment models reported to have major use are: relapse prevention, cognitive-behavioral skill development, and twelve-step.

What are the key recruitment and retention issues?

- Direct service providers work in agencies of varying sizes; 34% have less than 5 direct service substance abuse treatment staff, 30% have 6-10 direct service staff, 7% have 11-15 direct service staff, and 6% have more than 15 direct service staff.
- Almost one-half of the respondents (42%) reported that their agencies have difficulty recruiting staff. The top three reasons reported are: insufficient funding, insufficient number of qualified applicants, and a lack of interest in the position.
- Lack of appropriate certification (19%) and inadequate education and training (9%) are the top two reported reasons for applicants failing to meet minimum qualifications.
- Respondents report a 40% annual turnover rate.

What factors aid recruitment and retention?

- The five most important work characteristics, that enhance job satisfaction for direct providers and promote recruitment and retention, are identified as one-to-one interactions with clients (87%), interaction with agency/co-workers (68%), opportunities for personal growth (68%), their role as a change agent (66%), and commitment to treatment (55%).
- Agency changes that would promote retention of direct service providers include: more frequent salary increases (72%), more/improved on-going training (42%), lessen/provide assistance with paperwork (42%), more individual recognition/appreciation (34%), and promote career growth (28%).

What factors hinder recruitment and retention?

- Almost all respondents report low salary/poor benefits (96%), large caseloads (90%), competition from other fields in terms of compensation (88%), and the cost of education/training (87%) as barriers to entering the substance abuse treatment field.
- Over half of respondents (60%) reported that they believe the status of addiction counselors is lower than that of other helping professionals. The top three reasons given for this perception are: stigmatization due to their association with substance abusers (36%), the perception that substance abuse professionals have less formal education/training (30%), and a greater likelihood for substance abuse professionals to work in public agencies rather than private practice (26%).
- Major areas of dissatisfaction, that hinder retention of direct providers once they are in the field, include: salary/benefits (53%), inability to influence agency decisions (25%), and lack of career growth opportunities (15%).

Is there interest in developing leadership abilities?

- Despite reported minimal proficiency in clinical supervision (32%) and administrative management skills (38%), over half (57%) of respondents expressed interest in receiving training in clinical supervision and nearly a third (30%) in administrative management skills.

Vermont: State Specific Findings Direct Service Providers

Agency Setting

Outpatient Treatment	51%
Residential/Therapeutic Community	17%
Outpatient Community	17%
Mental Health	17%
Intensive Outpatient	09%
Inpatient Hospital	04%

Top 5 Treatment Models

Relapse Prevention	75%
Cognitive-Behavioral Skill Development	68%
Twelve-Step	57%
Solution Focused	43%
Motivational Enhancement	36%

Turnover Rate (past 12 months)

Terminated	04%
Quit	36%

Self-Reported Areas of Proficiency

Professional & Ethical Responsibilities	94%
Signs & Symptoms of Substance Abuse/Withdrawal	91%
Interpersonal Communication Skills	90%
Individual Counseling	89%
Group Counseling	89%

Areas of Training Interest

Relapse Prevention	79%
Relationship Between Substance Abuse & Other Medical Problems	78%
Theoretical Models of Substance Abuse	77%
Co-occurring Substance Abuse & Mental Health Problems	72%
Intervention Skills	72%
Treating Special Populations	70%



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

- Direct service providers in Vermont perceive themselves as lacking proficiency in several key areas. These include: staff recruitment and retention skills (93% and 86%, respectively), drug pharmacology/ pharmacotherapy (78%), marriage and family therapy (76%), and clinical supervision skills (68%).
- Almost all the respondents report that they are interested in participating in the following training activities: relapse prevention, relationship between substance abuse and other medical problems, theoretical models of substance abuse, group counseling skills, co-occurring substance abuse and mental health problems, intervention skills, and treating offenders and special populations (gender, culture, L/G/B/T).

How would providers prefer to receive professional development?

- Respondents reported that providing direct supervision (79%), in-service training (57%), and paying the cost of continuing education (51%) 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
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.

