



**Southern Coast ATTC  
Substance Abuse Treatment Workforce Survey:  
*Alabama Staff 2006***

Prepared for:  
Southern Coast Addiction Technology Transfer Center  
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Currently, few quantitative data relating to the substance abuse treatment workforce are available. This report, based on a study conducted during 2006 under the auspices of the Southern Coast Addiction Technology Transfer Center (SCATTC), offers a comprehensive look at the behaviors, attitudes, and opinions of substance abuse treatment workforce in Alabama. It includes information concerning the demographics, skills, needs, and concerns of those in substance abuse treatment staff positions in Alabama. Alabama is one of the states served by the SCATTC. In addition, the report identifies lessons learned, challenges encountered, and opportunities found in conducting the study.

**BACKGROUND INFORMATION:** The workforce survey distributed in the Southern Coast region was adapted from a similar survey developed by RMC Research Corporation for the Northwest Frontier Addiction Technology Center. The SCATTC measure consisted of a self-administered online questionnaire, and included 43 multi-format questions (please see Appendix for SCATTC survey).

A total of 331 Alabama staff personnel responded to the online survey. The surveys were completed from September 2006 to February 2007, with the majority of surveys completed in November 2006. Alabama substance abuse agencies were contacted by the SCATTC and invited staff personnel to participate in the workforce survey; there were no tangible incentives for participation. The resulting sample (n = 331) may have been biased in their responding to the extent that they were self-selected (i.e., only those who thought the questionnaire was important completed it). That said, a review of the survey results reveals several themes and concerns that were nearly universal across respondents. This uniformity of opinion provides some confidence that the survey results might reflect key issues of concern among staff working in the substance abuse treatment field in Alabama. A summary of results from the study is presented below.

### Summary of SCATTC Alabama Workforce Survey Results

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- ❖ Most respondents...
  - were addiction counselors
  - were women
  - were non-Hispanic white
  - were middle aged
  - had worked in the substance abuse field for four or more years
  - made less than \$35,000
  - had Master's Degrees
  - had current or pending addiction certification (though more than 2/5 never have had certification)
  - entered the field because of addiction/recovery experiences and/or personal interest

- ❖ Barriers to entering the field included...
  - Low salary/benefits
  - Large caseloads
  - Negative notions about addicts
  - Competition from other fields
  - Paperwork
  
- ❖ Sources of job satisfaction included...
  - one-to-one client interaction
  - personal growth/opportunities
  - role as a change agent
  - commitment to treatment
  
- ❖ Both certification and more education result in higher salaries.
  
- ❖ Regularly used treatment models were...
  - Relapse Prevention
  - Cognitive-Behavioral Skills Development
  - Twelve Step
  - Family Therapy
  
- ❖ Respondents reported high competence in ...
  - interpersonal communication
  - individual counseling
  - professional ethics
  - documentation skills
  - group counseling
  - signs and symptoms of SA and withdrawal
  
- ❖ Respondents reported low competence in ...
  - detoxification
  - Lesbian/Gay/Bisexual/Transsexual treatment
  - pharmacology
  - recruitment
  - marriage and family therapy
  - clinical supervision
  - adolescent treatment
  
- ❖ Substance abuse counselors were perceived to have lower status than the other helping professions, due to...
  - personal histories of substance abuse
  - the stigma of working with substance abusers
  - being more likely to work in public agencies
  
- ❖ Attitudes about using research-based techniques were positive.
  
- ❖ Computers are used at least once a day and mostly at work.

- ❖ Favorite training methods were ...
  - face-to-face interaction
  - college coursework
  - agency in-service
- ❖ Favorite training topics were ...
  - Individual counseling
  - Co-occurring SA and mental health problems
  - Client family and community education
  - Signs and symptoms of SA and withdrawal
  - Relation between SA and other medical problems
- ❖ Feelings about technology were positive.

## Specific Data

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### ***Staff Workforce Demographics (n = 331)***

- ❖ 66.5% female, 56.5% Non-Hispanic White, 37.2% African-America, 6.1% other
- ❖ Mean age was 44.56 years, with 36.4% under age 40 and 59.6% under age 50.

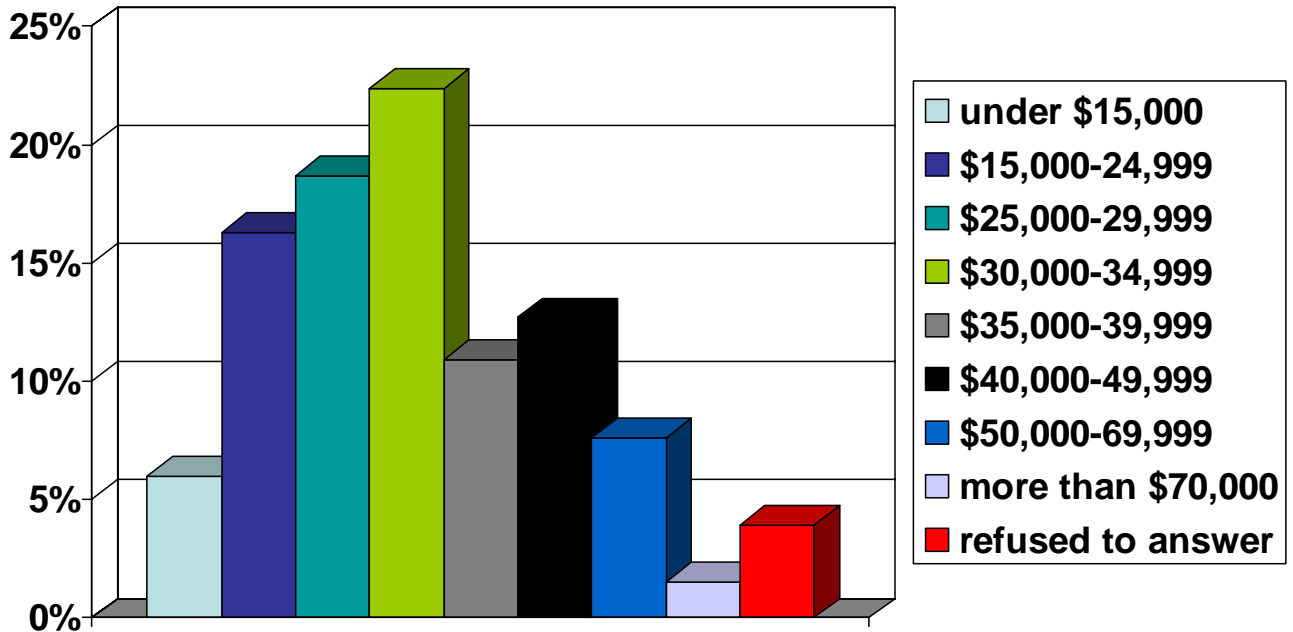
### ***Academic and Professional Background***

- ❖ Education: The majority held a college degree [Associate and higher (83.3%)]; 4.8% high school degree; 5.7% some college; 4.8% Associate Degree; 30.2% Bachelor's Degree; 45.0% Master's Degree; 3.3% Doctoral Degree; and 2.1% other (e.g., Education Specialist, Nurse).
- ❖ Certification Status: 42.3% are currently certified; 9.7% pending; 2.1% intern; 1.8% previous; and 44.1% never certified.
- ❖ Specialized Addiction Coursework: 43.8% have participated substance abuse treatment courses, with 16.3% reporting 1-3 courses, 10.57% 4-10 courses, 13.9% receiving a minor or certificate and 3.02% with degree.
- ❖ The average amount of specialized addiction training in the past 2 Years was 24.38 hours.
- ❖ Current Discipline/Profession: The top 8 (from a list of 18) were Addictions Counseling 65.56%; Other (e.g., HIV Therapist/Educator, Research Specialist, Case Managers, Residential Aide, Health Technician, Employment Assistant) 21.45%; Other Counseling 19.94%; Social Work/Human Services 16.62%; Administration 16.6%; Criminal Justice 13.6%; Psychology 13.29%; and Adolescent Treatment 12.99%.
- ❖ For 34.44%, substance abuse treatment was a second career.
- ❖ Primary Role & Experience: 85.2% report direct service and 8.76% management
- ❖ Years of experience: range = 1-45 years; mean = 11.32; median =9; mode = 3; SD = 9.425
- ❖ Years in substance abuse field: range = 1-43 years; mean = 8.44; median = 5; mode = 1; SD = 7.893
- ❖ Years in current position: range = 1-51 years; mean = 6.36; median = 4; mode = 2; SD = 6.801

## Compensation

- ❖ Most (63.4%) earned under \$35,000, 32.7% earned \$35,000 and over, and 3.9% refused to answer.

### Staff Compensation



- ❖ Certification and Salary: Results demonstrate that certification is significantly predictive of salary over a diverse workforce ( $p < .01$ ). Certification status is the strongest predictor of salary. For example, nearly half (48.6%) of those certified earn over \$35,000 per year, while 75% of those not certified earn under \$35,000 per year.
- ❖ Education and Salary: Results demonstrate that education also is significantly predictive of salary over a diverse workforce ( $p < .01$ ). For example, 2/5 (39.6%) of those with less than an Associate Degree earn less than \$25,000, whereas 4/5 (80.8%) of those with an Associate Degree or higher earn over \$25,000.
- ❖ Years in Field and Salary: Years in the field was directly and positively related to salary ( $r = .35$ ;  $p < .01$ ); those who reported more years in the field also reported higher salaries.
- ❖ 61.03% were fully covered for health insurance; 28.1% partially
- ❖ 87.0% received full or partial sick leave
- ❖ 36.56% have a full company sponsored retirement plan; 31.42% partial

## Job Detail

- ❖ The majority report spending 0-20% of their time counseling, including individual, group, and family counseling.
- ❖ 40.7% report spending 21-60% of their time on paperwork.
- ❖ During the past year, 72.21% made substance abuse referrals; 70.69% of respondents treated substance abuse clients; 60.73% screened clients for substance abuse disorders; and 43.81% formally assessed clients for substance abuse disorders.
- ❖ 43.46% had a degree or experience in similar field; 37.46% report entering SA field due to personal or family experience with addiction/recovery; 35.05% entered due to personal interest; and for 26.59% it was an unplanned decision.

## Job Satisfaction and Barriers

- ❖ In general, treatment staff indicated more factors that contribute to job satisfaction than factors that contribute to job dissatisfaction.
- ❖ The most frequently cited sources of job satisfaction were:
 

One-to-one client interaction	70.09%
Personal growth/opportunities	55.59%
Role as a change agent	42.60%
Commitment to treatment	41.99%
Agency/co-workers	26.89%
Salary/Benefits	20.85%
Career growth/opportunities	19.64%
Ability to influence agency decisions	9.97%
- ❖ 13.9% stated that nothing in their job left them dissatisfied.
- ❖ The most frequently cited sources of job dissatisfaction were:
 

Salary/Benefits	56.50%
Inability influence agency decisions	27.19%
Lack of career growth/opportunities	25.98%
Lack of personal growth/opportunity	25.98%
Agency/co-workers	15.71%
Lack of commitment to treatment	6.95%
Limited role as a change agent	6.95%
Lack of one-to-one client interaction	2.42%
- ❖ Certification status and job satisfaction were related in regard to satisfaction with one-to-one treatment, personal growth, agency/coworkers, and and salary & benefits.

<u>Source of satisfaction</u>	<u>Certified</u>	<u>Not Certified</u>
One-to-one Treatment	29%	36%
Personal Growth	16%	12%
Agency/Co-Workers	3%	0%
Salary & Benefits	0%	3%
Role as Change Agent	19%	18%
Commitment to Treatment	16%	15%
Nothing; not satisfied	10%	12%
Career Growth	3%	3%

- ❖ **Barriers:** The most frequently listed barriers for entering the field (from a list of 17) were: ...
  - Low salary/benefits 78.25%
  - Large caseloads 66.16%
  - Negative notions about persons with substance use disorders 65.86%
  - Competition from other fields 60.12%
  - Paperwork 59.82%
  - Stigma of field 56.5%
  - Evening and weekend work hours 55.89%
  - Lack of encouragement 54.68%
  - Quality of work environment in terms of professionalism 51.36%
  - Cost of training 48.94%
  - Amount of training 47.43%
  - Treatment models not tailored racial/ethnic groups 45.62%
- ❖ 33.53% stated there were no barriers.

### ***Job Status, Treatment Models and Staff Retention***

- ❖ **Perceived Status:** 48.64% indicated Substance Abuse Counselors had lower status than other helping professionals, 37.76% endorsed the same status, and 13.6% indicated higher status.
- ❖ **Reasons SA counselors are perceived as having lower status:**
  - 30.51% Often have personal history of substance abuse
  - 30.21% Are stigmatized by association with substance abusers
  - 25.08% More likely to work in public agency
  - 16.62% Less formal education/training
  - 11.48% Lower quality education/training
- ❖ **Commonly Used Treatment Models (from a list of 30):** Relapse Prevention 68.28%; Cognitive-Behavioral Skills Development 65.58%; Twelve Step 65.86%; Family Therapy 60.42%; Integrated Mental Health & SA 59.82%; Behavior Modification/Token Economy 58.01%; Social Skills Training 54.38%; and Psycho-educational 53.17%.
- ❖ The majority (68.58%) stated more frequent salary increases as the top way to promote retention of quality direct service staff, followed by promotion of career growth (39.88%), more/improved training (39.58%), smaller case loads (32.63%), increased individual recognition (32.33%), better benefit/healthcare (28.7%), lessen/provide assistance with paperwork (27.19%), and more frequent promotions (26.28%).

### ***Addiction Counseling Competencies***

- ❖ 45.92% are familiar with the Addiction Counseling Competencies. 19.03% frequently reference them in their daily work and 11.18% fully integrate them into their daily work.
- ❖ **Purpose:** The Addiction Counseling Competencies are used to: Improve treatment outcomes 24.17%; Improve counselor performance 23.87%; Self assessment 13.60%; Guide professional development 13.29%; and Assess job performance 6.65%.

### ***Staff Proficiency and Technology***

- ❖ **Competency Areas:** The most frequently endorsed proficiencies (from a list of 28) were: 86.71% interpersonal communication skills; 83.69% individual counseling;

83.68% professional and ethical responsibilities; 83.09% documentation skills; 80.36% group counseling; 80.06% signs and symptoms of SA and withdrawal; 79.15% referral skills; and 78.85% intervention skills.

- ❖ **Lacking Proficiency:** The competency areas most frequently reported as “lacking in proficiency” (from a list of 28) were: detoxification (48.94%); Lesbian/Gay/Bisexual/Transsexual (LGBT) treatment (42.3%); pharmacology (37.76%); recruitment (37.46%); marriage and family therapy (36.86%); clinical supervision (36.55%); and adolescent treatment (36.26%).
- ❖ **Technology:** The majority of respondents had positive feelings about using technology. For example, 89.12% are comfortable learning and using it; 86.41% believe using technology makes them more effective; 81.26% would like to use more; 80.66% find using it to be motivating; and 68.28% feel their organization encourages technology use.
- ❖ **Technology Use:** On a scale of 1=rarely; 2=monthly, 3=weekly; 4=once per day; and 5=several times a day, the mean computer use was 4.30, voice mail 3.69, and email 3.51. Computer use at work was 4.22 and at home 3.52. Use of other technologies such as PDA, audio/video teleconferencing, LCD, and video projectors was 1.85 or approximately once per month.
- ❖ **Technology Learning:** 84.89% would like to learn how to access more internet resources to benefit their work; 75.83% use the internet for work related research; and 67.97% take personal time to learn and practice technology skills.

### ***Research-based Techniques, Training Methods, and Needs***

- ❖ The vast majority of respondents have positive perceptions about using research-based direct service techniques. 72.2% believe the staff has the skills to use them; 72.81% feel they have the flexibility to use them; and 70.69% believe using them will improve client outcome.
- ❖ A great need for research-based technique training emerged. Over half (53.48%) felt they will not receive the training needed.
- ❖ **Impact of Individual Training Methods:** On a scale of 1 = Have not received training in this method; 2 = No impact; 3 = Some level of impact; 4 = Moderate level; 5 = Significant level of impact, the mean for:
 

Face-to-face workshops	4.04
College coursework	3.70
Agency in-service	3.59
Clinical supervision	3.43
Internet resource	3.34
Videos	3.26
Professional journals/publications	3.17
Peer mentoring	3.05
Homestudy products	2.45
- ❖ **Maximum Training Interest:** the top 11 (from a list of 28) endorsed competency areas for future training (based on having moderate to maximum interest) were: Individual counseling (91.2%); Co-occurring SA and mental health problems (89.1%); Client family and community education (89.0%); Signs and symptoms of SA and withdrawal (88.1%); Relation between SA and other medical problems (88.6%); Group counseling (88.5%); Intervention skills (87.2%); Interpersonal communication skills (86.3%);

Pharmacology (86.1%); Screening and assessment (86.1%); and Treatment planning (86.0%).

- ❖ Minimum Training Interest: the bottom 10 (from a list of 28) endorsed competency areas for future training were: Staff recruitment (57.1%); Staff retention (60.1%); Lesbian/Gay/Bisexual/Transsexual (LGBT) (68.7%); Administrative/management skills (69.5%); Adolescent treatment (71.0%); Offender treatment (72.8%); Patient placement criteria (74.7%); Clinical supervision (76.2%); Detoxification (76.2%); and Documentation (78.3%). Percentages are based on having moderate to maximum interest.
- ❖ Interestingly, competency areas most frequently reported as “lacking in proficiency” (e.g., staff recruitment, LGBT, adolescent treatment, clinical supervision, and detoxification) were not frequently identified for training interests. Conversely, skills often reported as “having proficiency” (e.g., individual counseling, group counseling, intervention skills, and interpersonal communication skills) were more frequently recognized for future training. The one exception to this rule was Pharmacology.

APPENDIX  
SCATTC Workforce Survey  
ALABAMA STAFF



SOUTHERN COAST  
**attc**

The Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

**Unifying science, education and services to transform lives.**

## **Substance Abuse Treatment Workforce Survey: Clinical Staff**

Maintaining a professional workforce is essential to the success of Alabama's substance abuse treatment efforts. For workforce development efforts to focus accurately on local needs, information from treatment providers is essential. Survey results will provide the foundation for continuous improvements to Alabama's workforce development process. But these efforts cannot be successful without your assistance.

The Alabama Department of Mental Health and Mental Retardation, Substance Abuse Services Division in conjunction with the Southern Coast ATTC is surveying addiction treatment counselors to assess current workforce development issues. This project is intended to gather information that will assist in:

- improving the preparation and recruitment of new counselors;
- increasing the retention of existing staff in treatment settings, and
- identifying agency and workforce development needs.

The survey takes approximately 30 minutes to complete. We hope to receive input from treatment staff at providing services various levels and in a variety of settings. **Your responses are very important to us. Participation is voluntary and completely anonymous.**

**THANK YOU IN ADVANCE FOR YOUR TIME AND INTEREST IN THIS IMPORTANT PROJECT!**

**Kathy R. Seifried  
Office of Training and Workforce Development  
Alabama Department of Mental Health and Mental Retardation  
Substance Abuse Services Division**

Please completely fill in bubbles like this: ● All erasures must be complete.  
**Where appropriate, please PRINT responses.**

## ***Demographic***

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1. **What is your gender?**       Male       Female
2. **What state do you work in?**     Alabama     Florida     Other (*specify*): \_\_\_\_\_
3. **What is your date of birth?** For question 3, please fill in bubbles for both columns. For example, if your answer is "5," fill in the bubbles for \_ & ▲

**Month**                                      **Day**                                      **Year: 19** \_\_\_\_\_

4. **Are you Hispanic or Latino/a?**     Yes                                       No

5. **What is your ethnicity?**

- Black or African American       Alaska Native
- Asian                                       American Indian
- White                                       Native Hawaiian or Other Pacific Islander
- Multi-ethnic                               Other (*specify*): \_\_\_\_\_

## ***Your Work & Professional Background***

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6. **What is your current discipline/profession? (Please fill in all that apply)**

- Addictions Counseling                       Psychology
- Other Counseling                               Social Work/Human Service
- Vocational Rehabilitation                       Criminal justice
- Adolescent Treatment                               Education
- Medicine: Primary Care                               Medicine: Psychiatry

**Question 6 continued. What is your current discipline/profession? (Please fill in all that apply)**

- Medicine: Other                                       Nursing
- Nurse Practitioner                                       Physician Assistant
- Administration                                       Other (*specify*): \_\_\_\_\_
- None, Student                                       None, Unemployed

7. **What is your primary role at work? (Please fill in only one)**

- Management (supervisor, administrator, etc.)
- Direct service (counselor, assessment, intake, etc.)

7a. **Total years of experience in role (at this and other agencies).** For question 7a, please fill in bubbles for both columns. For example, if your answer is "5," fill in the bubbles for \_ & ▲

**Years Experience**

**8. What percentage of your time do you spend in a typical week on the following (please include the time you spend on case notes/documentation in the respective activities):**

<u><b>TASK</b></u>	<u><b>PERCENTAGE</b></u>						
	<b>0%</b>	<b>1-20</b>	<b>21-40</b>	<b>41-60</b>	<b>61-80</b>	<b>81-99</b>	<b>100%</b>
Screening and assessments .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual counseling with your clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group sessions .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family counseling sessions .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case management .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing clinical supervision .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paperwork .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other administrative activities .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other activities ( <i>specify</i> ): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<hr/> Total Percentages							<hr/> 100%

Do your percentages add to 100%? If not, please go back through them. Thanks!

**9. During the past 12 months have you (Please fill in all that apply):**

- Screened clients for substance abuse disorders?
- Diagnosed or formally assessed substance abuse disorders?
- Treated clients with substance abuse disorders?
- Made referrals for clients with substance abuse disorders?

**10. What is your annual salary at your current position?**

- <\$14,999
- \$15,000–\$24,999
- \$25,000–\$29,999
- \$30,000–\$34,999
- Not applicable/refused
- \$35,000–\$39,999
- \$40,000–\$49,999
- \$50,000–\$74,999
- >\$75,000

**11. Which of the following benefits are provided, partially or fully, through your employment?**

Benefit	Fully	Partially	Not provided
Health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sick leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other paid leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retirement contributions by your employer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other benefit (specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____			
Other benefit (specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____			

For questions 12 and 13, please fill in bubbles for both columns. For example, if your answer is “5,” fill in the bubbles for  &

<p><b>12. How many years have you worked in the substance abuse treatment field?</b></p>	<p><b>13. How many years have you worked in your current position?</b></p>
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**14. Why did you decide to enter the field of substance abuse treatment? (Please fill in all that apply)**

- Previous experience with addiction or recovery (personal or family)
- Personal interest
- Experience in a like field
- Other (please specify) \_\_\_\_\_
- Academic work/degree in a like field
- Unplanned decision

**15. Is substance abuse treatment a second career?**  Yes  No  
 If yes, what was your previous career? \_\_\_\_\_

**16. What is your certification/licensure status in the substance abuse treatment field? (Please fill in only one)**

- Currently certified/licensed
- Never certified/licensed
- Intern
- Certification/licensure pending
- Previously certified/licensed, but not currently

16a. Indicate type(s) of current or pending certification: *(Please spell out acronyms)*

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17. What is your highest academic degree status?

- |  |   |
|--|---|
| <input type="radio"/> No high school diploma or equivalent | <input type="radio"/> Associate Degree  |
| <input type="radio"/> High school diploma or equivalent    | <input type="radio"/> Bachelor's Degree |
| <input type="radio"/> Some college, no degree              | <input type="radio"/> Master's Degree   |
| <input type="radio"/> Other _____                          | <input type="radio"/> Doctoral Degree   |

18. Have you ever completed specialized educational coursework in:

- |                            | <u>Yes</u>            | <u>No</u>             | If yes, how many courses or certificate/degree |                            |   |                              |
|----------------------------|-----------------------|-----------------------|--|----------------------------|---|------------------------------|
| Substance abuse treatment? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 1–3                      | <input type="radio"/> 4–10 | <input type="radio"/> minor/certificate | <input type="radio"/> degree |
| Related field?             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 1–3                      | <input type="radio"/> 4–10 | <input type="radio"/> minor/certificate | <input type="radio"/> degree |
| Unrelated field?           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 1–3                      | <input type="radio"/> 4–10 | <input type="radio"/> minor/certificate | <input type="radio"/> degree |

18a. If you completed coursework in substance abuse treatment, where?

*(Please fill in all that apply)*

- 2 year college       4 year college/university       Graduate school

19. Have you completed other workshops or training in substance abuse treatment in the last year?

- Yes       No

19a. In the last two years?

- Yes     No

19b. If yes, please indicate approximately how many hours you have completed. Please fill in bubbles for both columns. For example, if your answer is "5," fill in the bubbles for

\_\_\_ \_\_\_ Total hours in last two years

## Agency Staffing: Retention and Recruitment

20. Does your agency have any difficulties filling open positions for direct service substance abuse treatment staff?  Yes       No (*skip to #23*)       Don't know

21. Why do you think your agency has difficulties filling open positions for direct service substance abuse treatment staff? *(Please fill in all that apply)*

- Insufficient number of applicants who meet minimum qualifications
- Insufficient funding for open positions
- Small applicant pool due to surrounding geographic area of agency
- Insufficient facilities
- Reputation of agency
- Lack of interest in position (nature of work, stigma)
- Lack of interest in position (salary)
- Lack of interest in rural location of agency
- Lack of opportunity for advancement
- Don't know
- Other (*specify*) \_\_\_\_\_

**22. If applicants for positions in your agency do not meet minimum qualifications, why do you think this is so? (Please fill in all that apply)**

- Not applicable, generally applicants are qualified
- Little or no experience in substance abuse treatment
- Insufficient or inadequate education and training
- Lack of social or interpersonal skills
- Lack of practical/applied skills
- Lack of appropriate certification
- Don't know
- Other (specify) \_\_\_\_\_

**23. In your opinion, what are the barriers to people entering the substance abuse treatment field? (Please fill in all that apply, and rate whether each barrier you chose is a "major," "moderate," or "minor" barrier)**

√ Barrier	Major	Moderate	Minor
<input type="radio"/> There are no barriers to entering the field .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Treatment models not tailored to needs of ethnic/cultural groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Lack of encouragement (e.g., from educators, family or friends)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Competition from other fields (in terms of compensation) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Paperwork .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Large caseloads .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Evening and weekend work hours .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Discrimination (e.g., age, disability, ethnicity, gender) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Stigma/lack of respect for the field .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Geographic constraints .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Low salary/poor benefits .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Cost of education/training .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Amount of education/training .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Negative preconceptions regarding the nature of addicted clients and chemically dependent populations (e.g., difficult to work with, don't want to change) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Quality of work environment in terms of professionalism .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Substance abuse treatment is not a 'real' profession .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Other (specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<hr/>			
<input type="radio"/> Don't know			

**24. From the perspective of most helping professionals, which of the following best describes the current status of addiction counselors? (Please fill in only one)**

- Addiction counselors are thought to have higher status than other helping professionals.
- Addiction counselors are thought to have about the same status than other helping professionals.
- Addiction counselors are thought to have lower status than other helping professionals.

**If you responded that addiction counselors have lower status, we are interested in your ideas about why you think this might be the case. Compared to other people in the helping professions, addiction counselors as a group: (Please fill in all that apply)**

- Have less formal education or training
- Have lower quality formal education or training
- Are more likely to work for public agencies rather than in private practice
- Are stigmatized by their association with substance abusers
- More often have had a history of substance abuse problems themselves
- Other (specify) \_\_\_\_\_

**25. Which resources are commonly used by your agency to announce open substance abuse treatment positions? (Please fill in all that apply)**

- Agency human resource department
- Professional journals
- Newspaper advertisement
- E-mail networking
- Agency newsletter(s)
- Other (specify) \_\_\_\_\_
- Personal/informal contacts
- Web site
- Agency mailing list
- State human resources department
- Don't know

**26. How does your agency effectively develop skills and enhance abilities of direct service substance abuse treatment staff? (Please fill in all that apply)**

- Has no method/program to develop skills of staff
- Offers in-house mentoring program
- Provides in-service training
- Other (specify) \_\_\_\_\_
- Provides direct supervision
- Pays cost of continuing education
- Don't know

**27. What do you think your agency could do to promote the retention of good direct service substance abuse treatment staff? (Please fill in all that apply)**

- More frequent salary increases
- Less management/supervision
- More individual recognition/appreciation
- Increased opportunities for input
- More varied work opportunities
- Better health coverage & other benefits
- Lessen/provide assistance with paperwork
- Promote career growth
- Other (specify) \_\_\_\_\_
- More frequent promotions
- More/improved on-going training
- Better management/supervision
- More supportive agency culture
- Improved physical work environment
- Smaller caseloads
- Shorter hours/flex time/job sharing
- Don't know

**28. Do you believe it is important to have a certification for counselors who work with persons with co-occurring mental health and substance abuse disorders?**

- Yes
- No
- If no, why not? \_\_\_\_\_

**29. Would you be willing to support a move to mandate certification at some level for all individuals providing addiction services?**

- Yes
- No
- If no, why not? \_\_\_\_\_

**30. Substance abuse professionals themselves may have the best ideas on how to recruit and retain co-workers. If you have a creative strategy that you would like to share, please do so in the space provided below.**

**Recruitment Strategy:**

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**Retention Strategy:**

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## ***Status of Your Work***

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**31. What in your work gives you job satisfaction? (Please fill in all that apply)**

- Nothing, I am not satisfied
- Salary/benefits
- Career growth opportunities
- Role as a change agent
- Commitment to treatment
- One-to-one interaction with clients
- Opportunities for personal learning/growth
- Agency/co-workers
- Ability to influence agency decisions
- Other (*specify*) \_\_\_\_\_

**32. What in your work leaves you dissatisfied? (Please fill in all that apply)**

- Nothing, I am satisfied
- Limited role as a change agent
- Salary/benefits
- Agency/co-workers
- Lack of commitment to treatment
- Other (*specify*) \_\_\_\_\_
- Lack of career growth opportunities
- Lack of one-to-one interaction with clients
- Inability to influence agency decisions
- Lack of opportunities for personal learning/growth

**33. Are you familiar with the Addiction Counseling Competencies?**

- Yes
- No

These are also known as Technical Assistance Publications (TAP) 21; published by the US Department of Health and Human Services, Center for Substance Abuse Treatment.

**If yes, do you use them? (Please fill in all that apply)**

- I do not use them (**skip to #34**)
- Yes, my agency encourages their use
- Yes, my agency requires their use
- Yes, out of personal interest
- Yes, combination of personal and agency interests
- Other (*specify*) \_\_\_\_\_

**Which of the following best describes your use of the Addiction Counseling Competencies?**

- Fully integrated into my daily work
- Frequently referenced in my daily work
- Seldom referenced in my daily work
- Never referenced in my daily work

**For what purpose do you use the Addiction Counseling Competencies? (Please fill in all that apply)**

- Guide professional development
- Self assessment
- Guide supervisory decisions
- Improve counselor performance

- Improve treatment outcomes
- Assess job performance
- Other (*specify*) \_\_\_\_\_

**34. Which treatment models does your agency currently use on a regular basis? (Please fill in all that apply, and indicate whether each model you chose plays a “major,” “intermediate,” or “minor” role in your agency’s approach)**

3 Treatment Model	Role of Treatment Model in Agency Approach		
	Major	Intermediate	Minor
<input type="radio"/> Behavior modification/token reinforcement .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Cognitive-behavioral skill development .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Community reinforcement .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Culture specific .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Developmental model .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Dialectical behavior therapy .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Family .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Gender specific .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Harm reduction .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Integrated substance abuse & mental health ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Intensive case management .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Minnesota model .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Moral recognition therapy .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Motivational enhancement therapy .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Opiate substitution .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Pharmacotherapy .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Psycho-educational .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Psychotherapy .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Rational emotive therapy .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Rational recovery .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Reality therapy .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Relapse prevention .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Self-regulating "therapeutic" community .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Social model .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Social skills training .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Solution focused .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Strengths based .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Twelve step .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Other ( <i>specify</i> ) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Don't know

**35. For each statement, please indicate your level of agreement or disagreement about using direct service techniques that are based on research.**

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
<b>In general, what are your current perceptions about using direct service techniques that are based on research:</b>					
I believe I have the skills to use them .....					
I believe I have the flexibility to use them .....					
I believe using them will take too much time .....					
I believe I will receive the training I need to use them .....					
I believe using them will improve outcomes for my clients/service recipients .....					

**36. Describe other factors that may affect your use of direct service techniques that are based on research.**

**Positive Factors:**

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**Negative Factors:**

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**37. For the requirements of your current position, please rate your proficiency in each of the following competency areas.**

	Unsure how to rate my proficiency	Completely proficient	Mostly proficient	Somewhat proficient	Somewhat lacking proficiency	Mostly lacking proficiency	Have no proficiency
Administrative management skills .....							
Adolescent treatment skills .....							

Client family and community education .....

Clinical supervision .....

Co-occurring substance abuse and mental health problems .....

Detoxification .....

Documentation skills .....

Drug pharmacology/pharmacotherapy .....

Gender specific treatment .....

Group counseling skills .....

Individual counseling skills .....

Interpersonal communication skills .....

Intervention skills .....

Lesbian/Gay/Bisexual/Transsexual specific treatment .....

Marriage and family therapy .....

Offender treatment .....

Patient placement criteria .....

Professional and ethical responsibilities .....

Racial/ethnic specific treatment .....

Referral skills .....

Relationship between substance abuse & other medical problems .....

Screening and assessment skills .....

Service coordination and case management .....

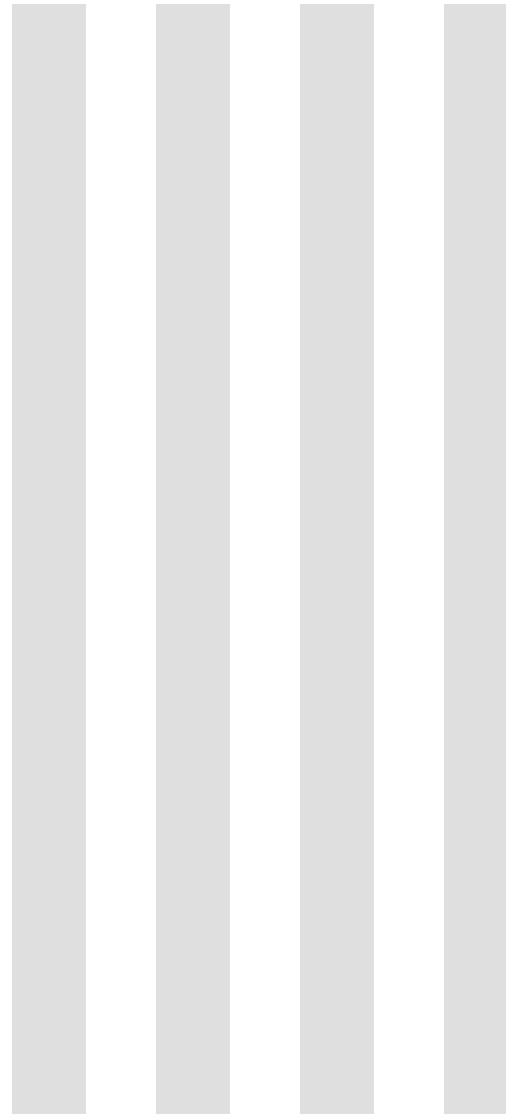
Signs and symptoms of substance abuse and withdrawal .....

Staff recruitment skills .....

Staff retention skills .....

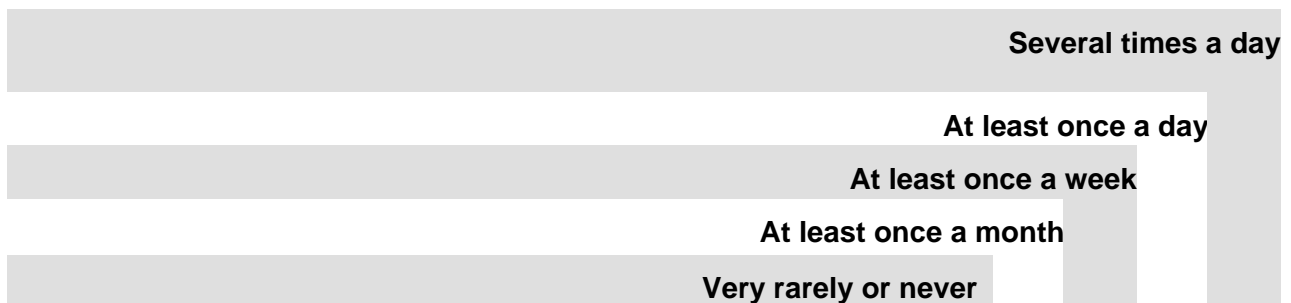
Treatment engagement .....

Treatment planning .....



## *Use of Technology*

**38. How often do you use the following equipment/communication technologies?**



Computer .....			
Voice Mail .....			
Email .....			
Audio Teleconferencing .....			
Video Teleconferencing .....			
Personal Electronic Organizer .....			
Video/LCD Projector .....			

**39. How proficient are you in using the following technologies?**

	<b>I am good enough to teach this to others</b>		
	<b>I need little additional help or training</b>		
	<b>I need to improve my skills or learn more features</b>		
	<b>I need more training just to learn the basics</b>		
	<b>I've never used this</b>		
Word Processing .....			
Email .....			
Spreadsheet (Excel) .....			
Database Programs (Access) .....			
Presentation Software (PowerPoint) .....			
Internet .....			

**40. How frequently do you use a personal computer in each of these locations?**

	<b>Several times a day</b>		
	<b>At least once a day</b>		
	<b>At least once a week</b>		
	<b>At least once a month</b>		
	<b>Very rarely or never</b>		
Work .....			
Home .....			
Other .....			

**41. How do you feel about the following statements?**

	Strongly disagree	Disagree	Agree	Strongly agree
Using technology helps me be more effective in my job.....				
I find the use of technology to be motivating.....				
I am comfortable learning about and using technology.....				
I would like to integrate more technology into my work.....				
My organization encourages the use of technology.....				
I take personal time to learn and practice technology skills.....				
I take time to research on the Internet material for my work.....				
I would like to learn how to access more resources on the Internet that would benefit my work				

***Training and Education***

**42. Please rate the following methods of training/education you have received according to their impact on your work with clients:**

	Have not received training in this venue	No impact	Some level of impact	Moderate level of impact	Significant level of impact
Face-to-face workshops .....					
Agency in-service .....					
Clinical supervision .....					
Peer mentoring .....					
Videos .....					
Internet resources .....					
Homestudy products .....					
Professional journals and other professional publications .....					
College coursework .....					
Distance education via the Internet .....					

**43. Please indicate your interest in participating in a training activity in each of the following competency areas.**

	Maximum interest	Considerable interest	Moderate interest	Very little interest	No interest
Administrative management skills .....					
Adolescent treatment skills .....					
Client family and community education .....					
Clinical supervision .....					
Co-occurring substance abuse and mental health problems .....					
Detoxification .....					
Documentation skills .....					
Drug pharmacology/pharmacotherapy .....					
Gender specific treatment .....					
Group counseling skills .....					
Individual counseling skills .....					
Interpersonal communication skills .....					
Intervention skills .....					
Lesbian/Gay/Bisexual/Transsexual specific treatment .....					
Marriage and family therapy .....					
Offender treatment .....					
Patient placement criteria .....					
Professional and ethical responsibilities .....					
Racial/ethnic specific treatment .....					
Referral skills .....					
Relationship between substance abuse and other medical problems					
Screening and assessment skills.....					
Service coordination and case management .....					
Signs and symptoms of substance abuse and withdrawal .....					
Staff recruitment skills .....					
Staff retention skills .....					
Treatment engagement .....					
Treatment planning .....					

**Thank you very much for your time.**