The Current State of Addiction Treatment

Results from the 2005 NFATTC Substance Abuse Treatment Workforce Survey

Executive Summary for Alaska

The National Treatment Plan, published in 2000 by the Center for Substance Abuse Treatment, identifies workforce development as one of five major issues to be addressed in order to improve the current state of treatment for substance use disorders. Since 1998, the Northwest Frontier Addiction Technology Transfer Center (NFATTC) has invested heavily in workforce development, with recurrent needs assessment at the forefront of this investment. The current report discusses results from the 2005–2006 administration of the NFATTC Workforce Survey.

In the fall of 2005, workforce surveys were sent to a full census of agency directors in Alaska, Hawai'i, Idaho, Oregon, and Washington (674 agency directors representing 936 treatment facilities). Agency directors, in addition to completing a survey, were asked to distribute surveys to clinicians at each facility they managed. A 68% response rate was obtained across the region, with 459 agency director responses returned along with 1,564 clinician responses. In Alaska, 41 agency directors and 137 clinicians completed the survey, resulting in a 65% response rate. Results provide rich detail regarding the demographic, academic, and professional background of the substance abuse treatment workforce in Alaska, as well as critical information on important topics such as salary, staffing and turnover, training, and technology. Significant findings are highlighted for the following topics:

- Workforce Demographics
- Academic & Professional Background
- Work Detail
- Salary & Benefits
- Staffing & Turnover
- Recruitment & Retention
- Job Satisfaction & Stress
- Training
- Technology Access & Use

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2006 HIGHLIGHTS:

Agency Size

2 or fewer staff	15%
3 to 5 staff	20%
6 to 11 staff	17%
12 or more staff	49%

Agency Setting

Private, nonprofit	63%
Public, nonprofit	7%
Government	12%
Tribal	17%

Mean Operating Budgets

2 or fewer	$516,456
3 to 5 staff	$772,875
6 to 11 staff	$822,487
12 or more staff	$3,961,002

Mean Clients Served

2 or fewer staff	200
3 to 5 staff	143
6 to 11 staff	351
12 or more staff	1,307

Workforce Demographics

- Overall, 46% of agency directors and 58% of clinicians are female, and the majority of both agency directors (85%) and clinicians (64%) are white. The finding that only 15% of directors (compared to 36% of clinicians) are nonwhite, is statistically significant.
- The average age for those surveyed was 52 years old for agency directors and 48 years old for clinicians. Results indicate that 64% of directors and 48% of clinicians are 50 years old or older. Further, 22% of directors are 60 years old or older.
- The percentage of 20 year olds in 2005 is less than half of what it was in 2002, perhaps indicating that fewer young people are entering the field.
- Results indicate that the average age of entry is 40 years for directors and 39 years for clinicians. In fact, 89% of directors and 75% of clinicians indicate entering the field after the age of 30. These numbers parallel the finding that 44% of directors and 43% of clinicians report that substance abuse treatment is a second career.
- Data indicate that only 13% of directors and 36% of clinicians report being in recovery. Interestingly, a significantly larger proportion of male than female clinicians report being in recovery.

Academic and Professional Background

- Only 20% of directors, compared to 60% in 2002, cite a previous experience with addictions as a reason for entry into the field.
- Directors average 13 years in the field and 6 years in their current position, while clinicians average 8 years in the field and 4 years in their current position.
- Despite an average of 8 years experience in the field, 40% have only 0 to 4 years experience. Further, the average age of clinicians who have 0 to 4 years experience is also quite variable, again highlighting that clinicians are entering the field at all ages. It is important to note that more than half of these recent entries into the field (62%) are over 40 years old.
- Results indicate that 98% of directors and 67% of clinicians have a Bachelor's degree or above. Further, 83% of directors and 41% of clinicians have a Master's degree or above.
- A significantly smaller proportion of recovering than nonrecovering clinicians have a Bachelor's degree or above.
- Fewer than 20% of the workforce report having a substance abuse-specific degree.
- Overall, 20% of directors and 39% of clinicians report currently participating in an academic degree or certification program.
- Overall, 38% of directors and 49% of clinicians report current certification. In addition, 38% of directors and 13% of clinicians report current licensure.

Work Detail

- On average, directors report spending 86% of their time on administrative tasks, while clinicians report spending 62% of their time on client-related tasks.
- Clinicians report spending 18% of their time conducting individual counseling sessions, and 12% of their time leading group counseling sessions. Clinicians report spending only 2% of their time providing family counseling. It is also worth noting that clinicians report spending just 14% of their time (approximately 1 hour each day) on paperwork/ documentation.
- Multivariate analysis of variance results indicate that clinicians' time spent on client-related and administrative tasks does not vary in a practically meaningful way based on academic and professional background characteristics.
- The majority of clinicians (76%) report carrying a caseload, with an average caseload size of 24 clients. Only 8% of clinicians report that their caseload is not manageable.
- From directors' and clinicians' perspectives, relapse prevention, integrated substance abuse/mental health, cognitive-behavioral therapy, and strengths-based treatment are the most frequently endorsed models playing a major role in their agencies approach. While these data do not address fidelity of implementation, it is encouraging that these models are considered to be evidence-based practices.
- Overall, 73% of directors and 59% of clinicians report weekly clinical supervision. Another 8% of directors and 15% clinicians report daily clinical supervision. Clinicians report spending an average of 3% (just over 1 hour) of their time each week receiving clinical supervision.

Salary and Benefits

- Director salaries are quite high in Alaska, as 61% of directors report earning $65,000 or more a year. Clinician salaries are more variable, with 68% of clinicians earning less than $45,000 a year.
- Overall, 98% of directors and 89% of clinicians report receiving full or partial health insurance benefits, while 83% of directors and 72% of clinicians report receiving retirement benefits.
- Both sick leave and vacation/other paid leave are provided to the vast majority of the workforce. A sizeable portion of the workforce is provided with maternity leave, but tuition assistance is less common.
- Regression analysis results indicate that multiple factors appear to be significant predictors of salary in Alaska: role (director vs. clinician), age, degree status, licensure, provision of health insurance, agency geography, and agency size.

Gender & Ethnicity

	Directors
Female	46%
White	85%

	Clinicians
Female	58%
White	64%

Age Status

	Directors
20–29 years old	0%
30–39 years old	12%
40–49 years old	24%
50–59 years old	42%
60 + years old	22%

	Clinicians
20–29 years old	8%
30–39 years old	15%
40–49 years old	29%
50–59 years old	35%
60 + years old	13%

Recovery Status

	Directors
In recovery	13%

	Clinicians
In recovery	36%

Years Experience in Field

	Directors
0 to 4 years	26%
5 to 9 years	20%
10 to 14 years	11%
15 to 19 years	9%
20 + years	34%

	Clinicians
0 to 4 years	40%
5 to 9 years	26%
10 to 14 years	9%
15 to 19 years	10%
20 + years	15%

Degree Status

	Directors
Associate's	2%
Bachelor's	15%
Master's	68%
Ph.D.	15%

	Clinicians
High school	3%
Some college	20%
Associate's	10%
Bachelor's	22%
Master's	39%
Ph.D.	2%
M.D.	1%

Staffing and Turnover

- Alaska agencies employ 27 clinical staff on average. Agency size ranges from 1 to 200 direct clinical staff.
- On average agencies employ 1 trainee for every 10 clinicians on staff.
- Based on agency director reports of staffing in the past year, agencies experience an average turnover rate of 19% of their staff. Consistent with 2002 data is the fact that most turnover (61%) in agencies across the state is voluntary (quitting).
- Reported turnover rates appear to be significantly elevated in the rural-urban fringe as agencies in these areas report an average turnover rate of 41%. Agencies with 2 or fewer clinical staff also report elevated turnover rates of 38%.
- Overall, 63% of directors report that their agency is understaffed, with an average staff vacancy of 2.88 FTE (1.88 FTE after all budgeted positions are filled). Based on this data, the average staff vacancy across all agencies is 2.02 FTE.
- Data indicate that 48% of directors reporting a staff shortage would still be understaffed if all budgeted positions were filled.
- Across the workforce, 49% of directors indicate that they expect to hire staff, reporting an average of 3.50 FTE in planned hires. Within these agencies, the number of planned hires range from 1 to 20 FTE.
- Results indicate that 61% of directors and 57% of clinicians have worked for more than one agency, with 51% of directors and 48% of clinicians voluntarily changing agencies at least one time. Overall, data indicate that 40% of director movement and 50% of clinician movement within the field is voluntary in nature.
- Overall, 86% of directors and 63% of clinicians rate their likelihood of changing agencies within the next two years as *remote* or *not at all*. In addition, 75% of directors and 73% of clinicians rated their likelihood of leaving the field within the next two years as *remote* or *not at all*. It is worth noting that a number of clinicians indicate not being sure about their future with their agency (22%) or in the field (20%).
- Both directors and clinicians cite better salary, better work opportunities (within the field), and burnout as significant factors in clinicians voluntarily leaving (i.e., quitting). The burnout experienced by clinicians appears to be largely underestimated by directors as only 29% of directors compared to 51% of clinicians indicated that burnout is a factor in clinicians' decisions to quit.

- Logistic regression results indicate that certain factors are predictive of directors and clinicians planning on changing agencies (and those not), and between those planning on leaving the field (and those not). Overall, individual turnover seems to be strongly related to financial considerations (being the primary wage earner for your family), mobility considerations (degree status, previous experience in another field), past turnover behavior, and job satisfaction and stress. Interestingly, simply earning a higher salary does not appear to be a significant predictor of staying at an agency or staying in the field.

Recruitment and Retention

- In terms of staff recruitment, 62% of directors and clinicians indicate that their agency has difficulty filling open positions.
- An insufficient number of clinicians meeting minimum requirements is the most frequently cited reason for recruiting difficulties. The most frequently cited reasons why applicants are failing to meet minimum qualifications are applicants having little or no experience and having insufficient or inadequate training/education.
- Salary is identified as the number one barrier to entering the substance abuse treatment field by both directors and clinicians. In addition, both stigma and negative preconceptions about the nature of addicted clients are frequently cited by both directors and clinicians.
- Overall, 62% of directors and 61% of clinicians report that, from the perspective of other helping professionals, addiction professionals are thought to have lower status. Reasons for the perception of lower status are numerous, with less formal education and training, lower credentialing/licensure requirements, and lower salary the most frequently cited by both directors and clinicians. Stigma due to an association with substance abusers and the perception that addiction professionals often have a history of substance abuse problems themselves are also frequently cited reasons for lower status.
- Both directors and clinicians frequently cite more individual recognition and appreciation, more frequent salary increases, and formal steps to reduce emotional burnout as retention strategies.

Job Satisfaction and Stress

- Eighty-nine percent of directors and 69% of clinicians report their job satisfaction as above average. Only 3% of clinicians reported below average job satisfaction.
- Overall, directors and clinicians cite qualities in their work as more frequently contributing to their satisfaction than their dissatisfaction. Some expected differences exist between factors that contribute to directors' and clinicians' satisfaction, as directors more frequently cite qualities such as decision making and leadership, while clinicians more frequently cite work with clients and colleagues.

Certification

	Directors
Current	38%
Active (pending, awaiting, pursuing)	10%
Inactive (never, previous)	52%

	Clinicians
Current	49%
Active (pending, awaiting, pursuing)	19%
Inactive (never, previous)	32%

Salary

	Directors
Less than $15,000	0%
$15,000–$24,999	0%
$25,000–$34,999	0%
$35,000–$44,999	5%
$45,000–$54,999	7%
$55,000–$64,999	27%
$65,000–$74,999	22%
$75,000 or higher	39%

	Clinicians
Less than $15,000	5%
$15,000–$24,999	5%
$25,000–$34,999	25%
$35,000–$44,999	33%
$45,000–$54,999	15%
$55,000–$64,999	12%
$65,000–$74,999	2%
$75,000 or higher	4%

Turnover Rates

Overall	19%
Urban core	18%
Rural urban fringe	41%
Large town	21%
Small town/isolated rural	16%
2 or fewer staff	38%
3 to 5 staff	22%
6 to 11 staff	14%
12 or more staff	16%

- Both directors and clinicians report job stress as high. In fact, 77% of directors and 57% of clinicians report above average job stress.

Training

- Results indicate that 85% of directors and clinicians have participated in substance abuse workshops or training in the past two years. On average, both directors and clinicians report having attended 7 workshops/trainings in the past two years.
- Based on self-rated proficiency and training interest in 28 Addiction Counseling Competency areas, 3 areas are identified as training priorities for directors: clinical supervision, drug pharmacology, and racial/ethnic-specific treatment.
- Based on self-rated proficiency and training interest in 28 Addiction Counseling Competency areas, 3 areas are identified as training priorities for clinicians: clinical supervision, drug pharmacology, and marriage and family therapy.

Technology Access and Use

- Overall, 98% of directors and clinicians reported having computer access in the workplace. In addition, 98% of directors and 100% of clinicians reported having internet access in the workplace.
- The vast majority of both directors (100%) and clinicians (93%) reported feeling proficient using technology to obtain information about substance abuse.

Contact Information

A full copy of *The Current State of Addition Treatment: Results from the 2005 NFATTC Substance Abuse Treatment Workforce Survey—Alaska* can be downloaded from the NFATTC website: www.nfattc.org, or requested from the NFATTC office. Questions about how this data is being used can be directed to Dr. Steve Gallon: gallons@ohsu.edu. Questions concerning methodology, data collection, and data analysis can be directed to Jeffrey R.W. Knudsen: jknudsen@rmccorp.com.