Turnover and the Substance Abuse Treatment Workforce: Results from Project Merits

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Agenda

- Overview of Project Merits I
  - *Nationwide study of the substance abuse tx (SAT) workforce*
  - *CTN platform study*
- Key research findings
- Additional research findings
  - *Complement & extend original aims*
- Brief discussion of Project Merits II & III
- New NIOSH-funded study of secondary trauma among counselors

Specific Aims: Merits I

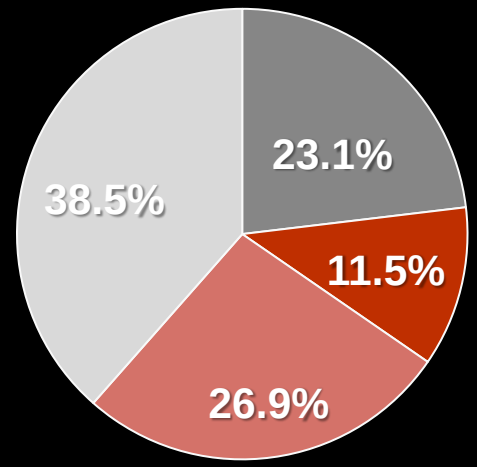
- Predictors of voluntary turnover among counselors & clinical supervisors
- Relationship between clinical supervision (CS), counselor strain, and turnover

Research Design: Merits I

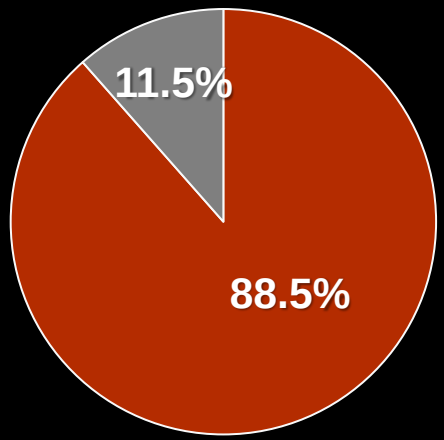
- Longitudinal (4 wave) study
  - *Survey data from counselors & clinical supervisors (years 1-3)*
  - *Other-rated job performance (years 1-3)*
  - *Archival turnover data (years 2-4)*
  - *Exit interviews with counselors (years 2-4)*
- Data collection complete
  - *113 SAT programs affiliated with 26 organizations*
  - *Sample size ranges from N=843-933*

Research Sample: Merits I

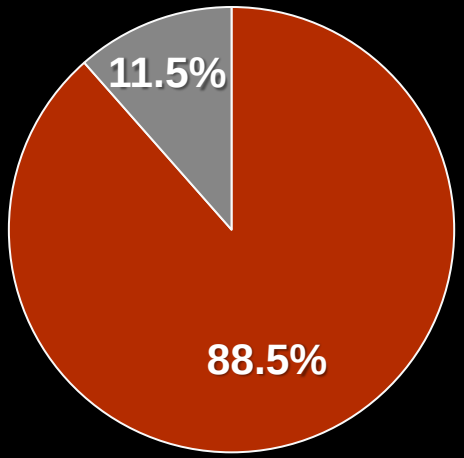
Geographic Region



Profit Status



Hospital Affiliation



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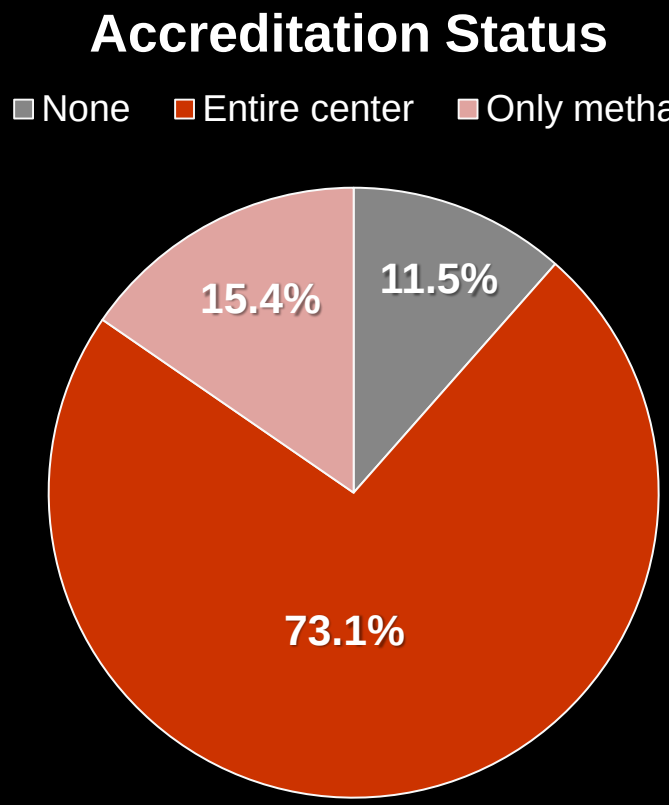
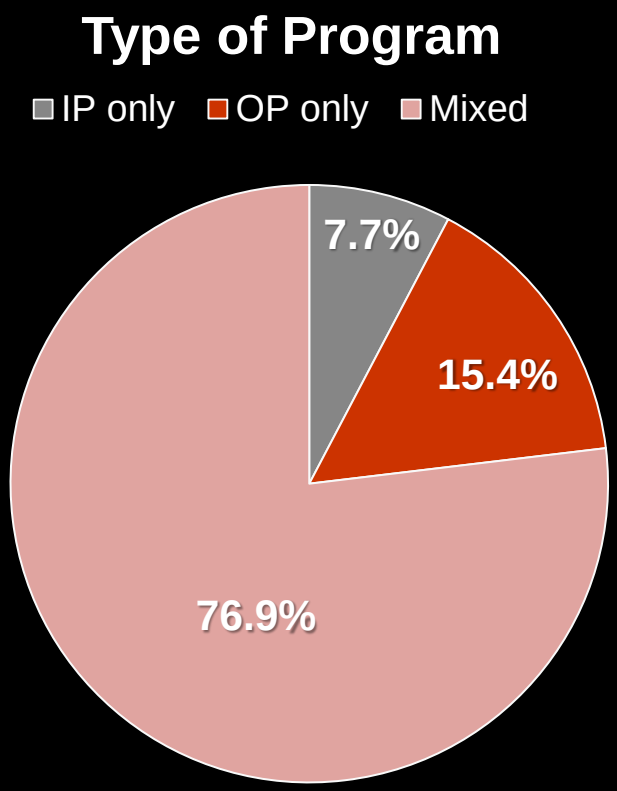
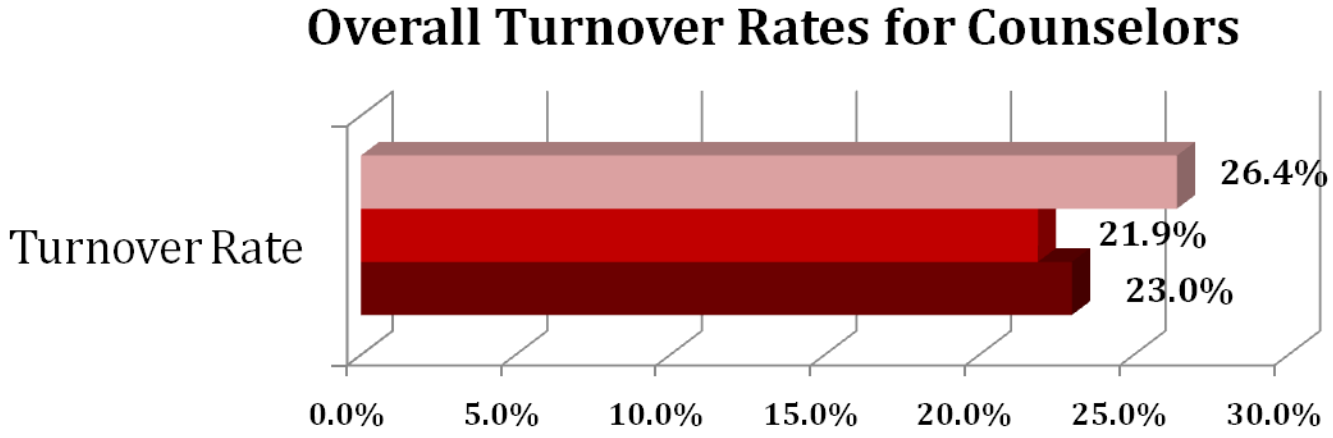


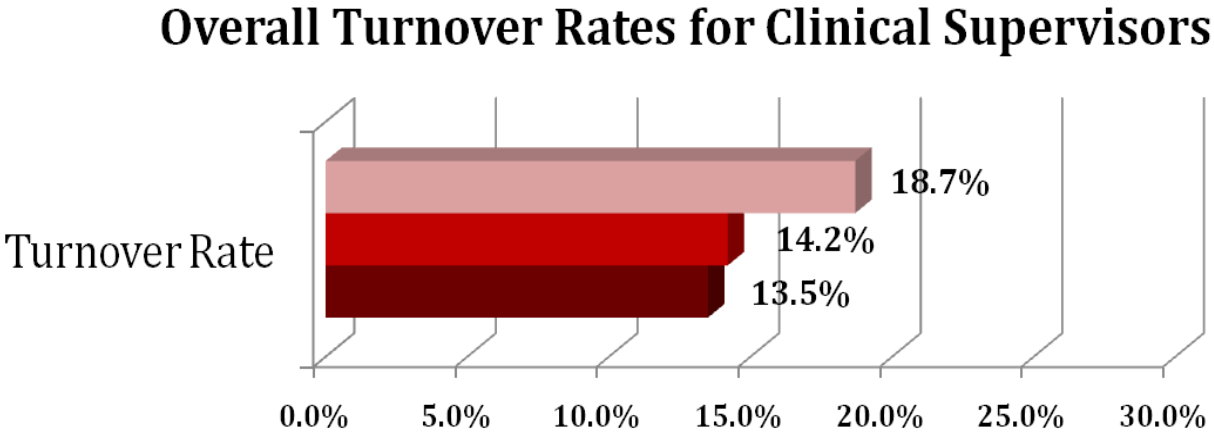


Key Findings: Merits I

- First “hard estimates” of turnover
  - *Estimated annual rates: 19%-50%*
  - *Direct & indirect costs*
  - *Impact on patient outcomes*

Turnover Rates



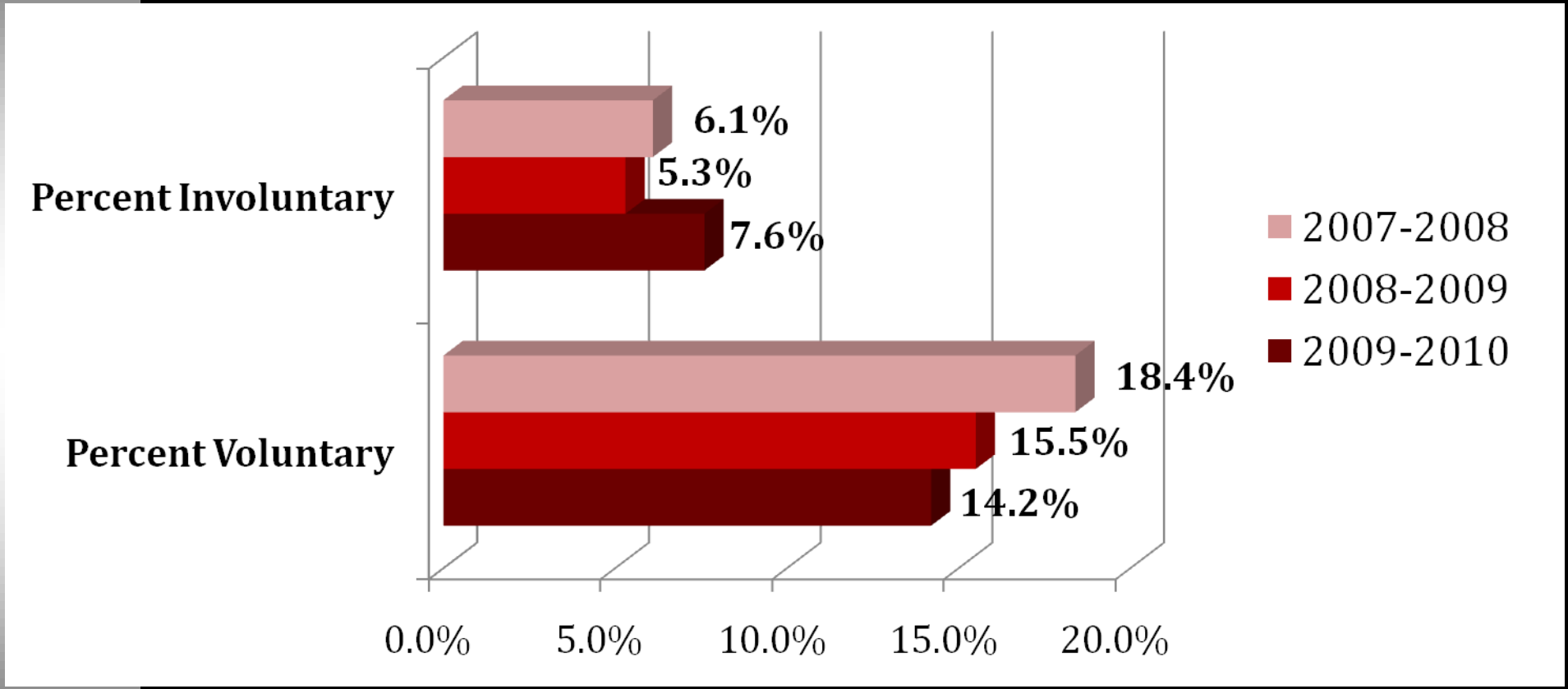


2007-2008

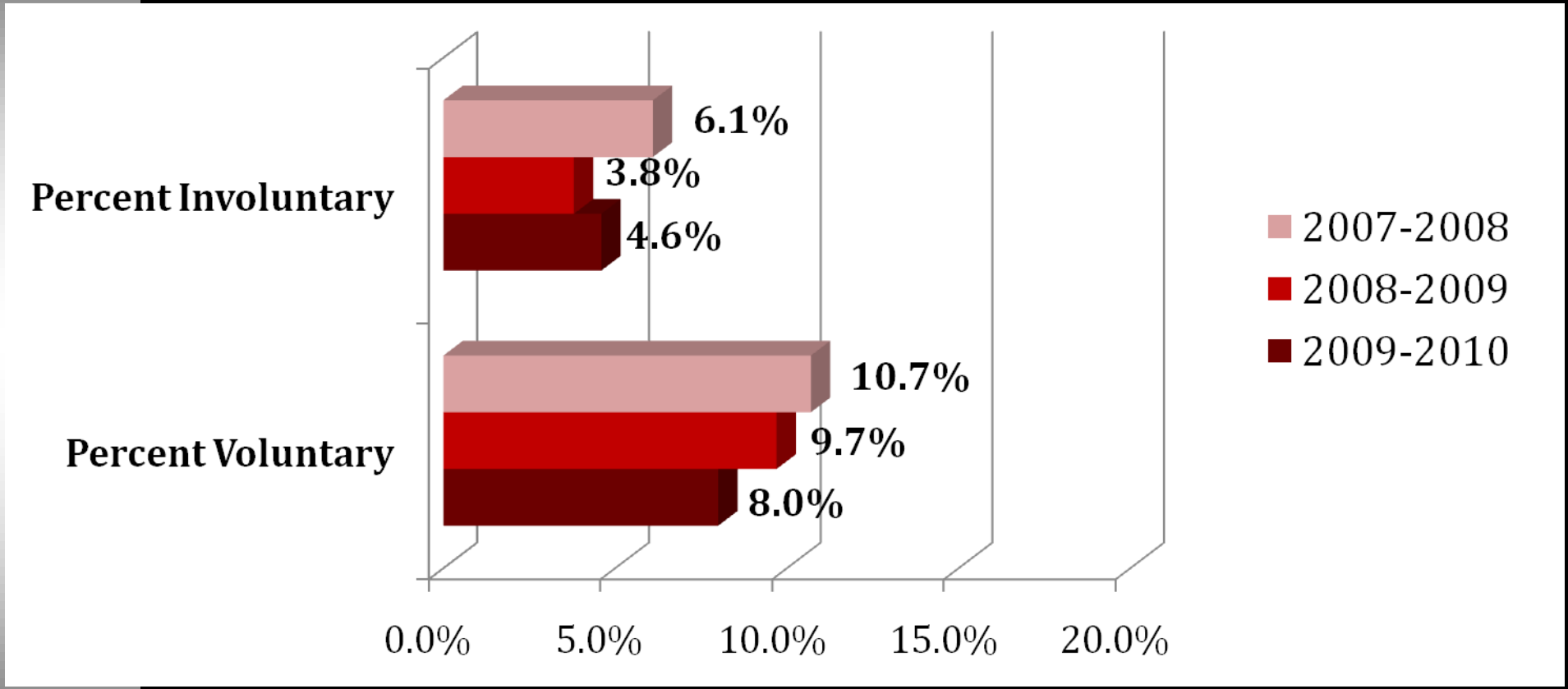
2008-2009

2009-2010

Voluntary vs. Involuntary Turnover: Counselors



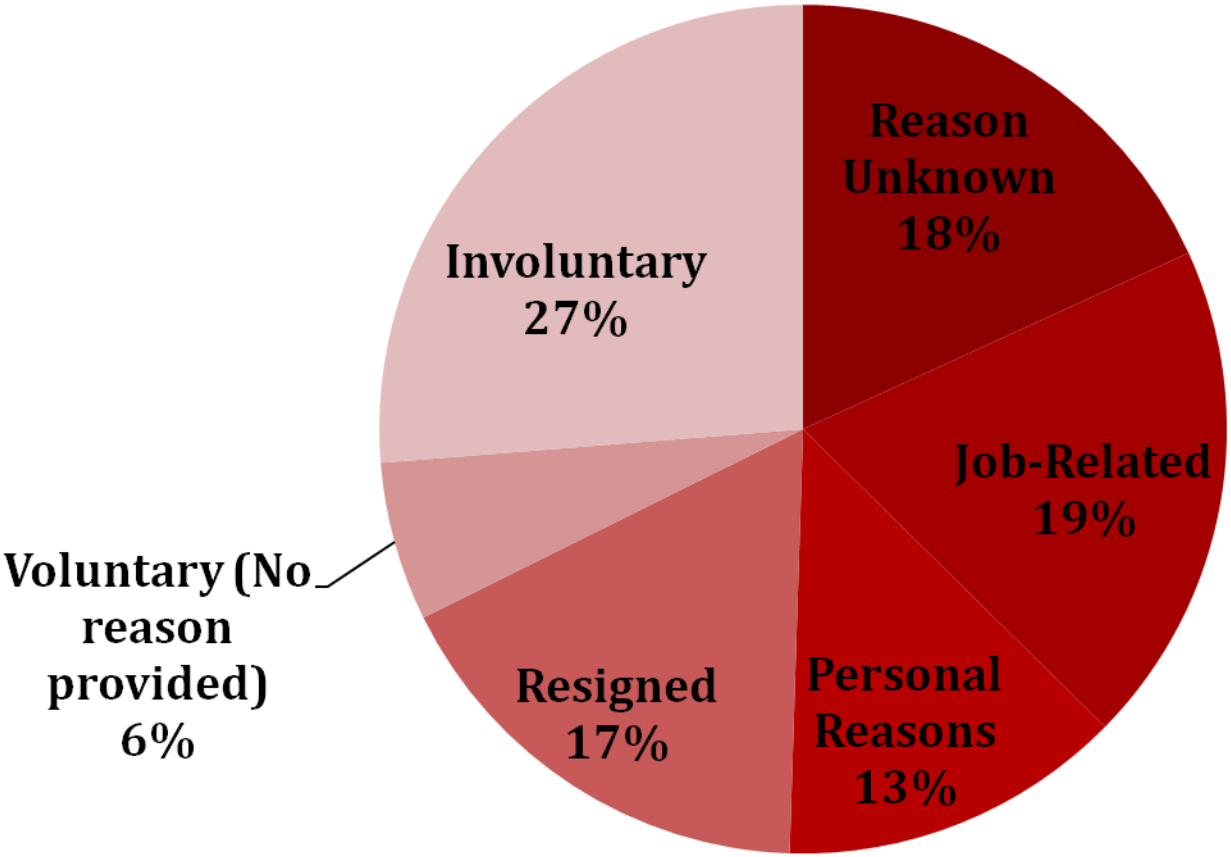
Voluntary vs. Involuntary Turnover: Clinical Supervisors



Comparative Data: Industry-Specific Voluntary Turnover

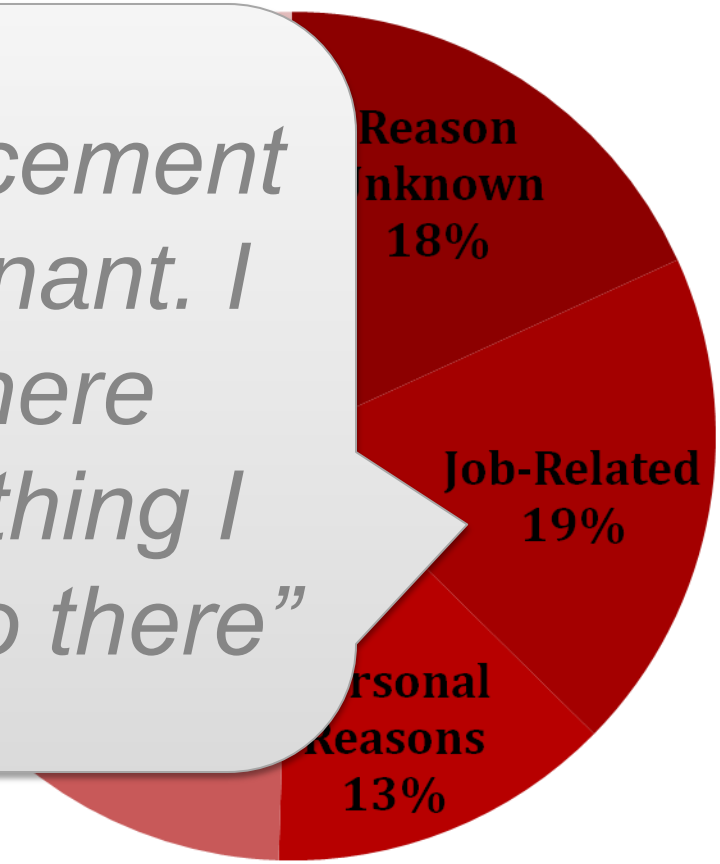
	2007	2008	2009
All Industries	12.3%	12.5%	10.4%
Manufacturing	10.2%	10.4%	8.5%
Financial Services	13.3%	14.0%	13.4%
Hospitality	21.3%	27.2%	19.0%
Not-For-Profit	**13.7%**	**12.6%**	**10.8%**
Healthcare	**15.5%**	**15.7%**	**13.0%**
SA Tx (counselor)	***18.4%***	***15.5%***	***14.2%***
SA Tx (clin sup)	***10.7%***	***09.7%***	***08.8%***

Reasons for Turnover: *Counselors*

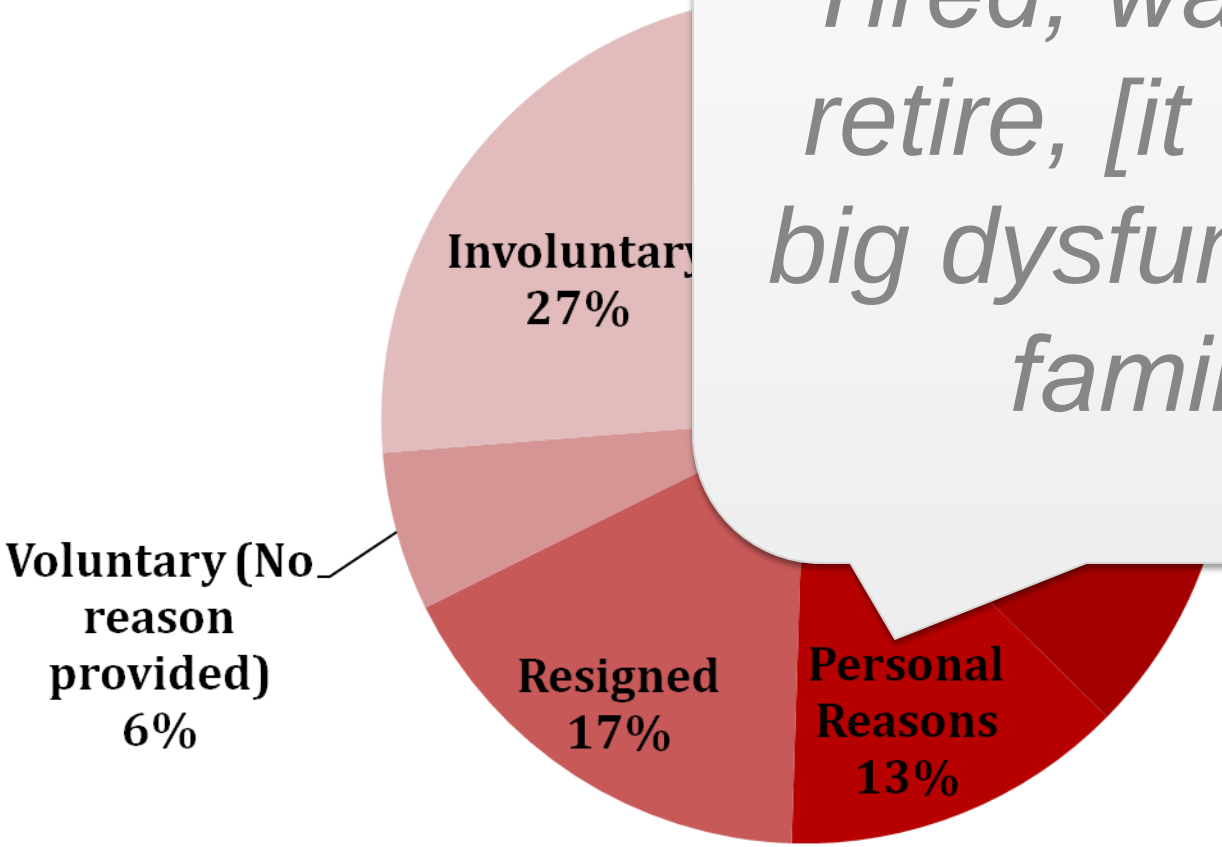


Reasons for Turnover: *Counselors*

"The advancement – I felt stagnant. I felt like there wasn't anything I wanted to do there"

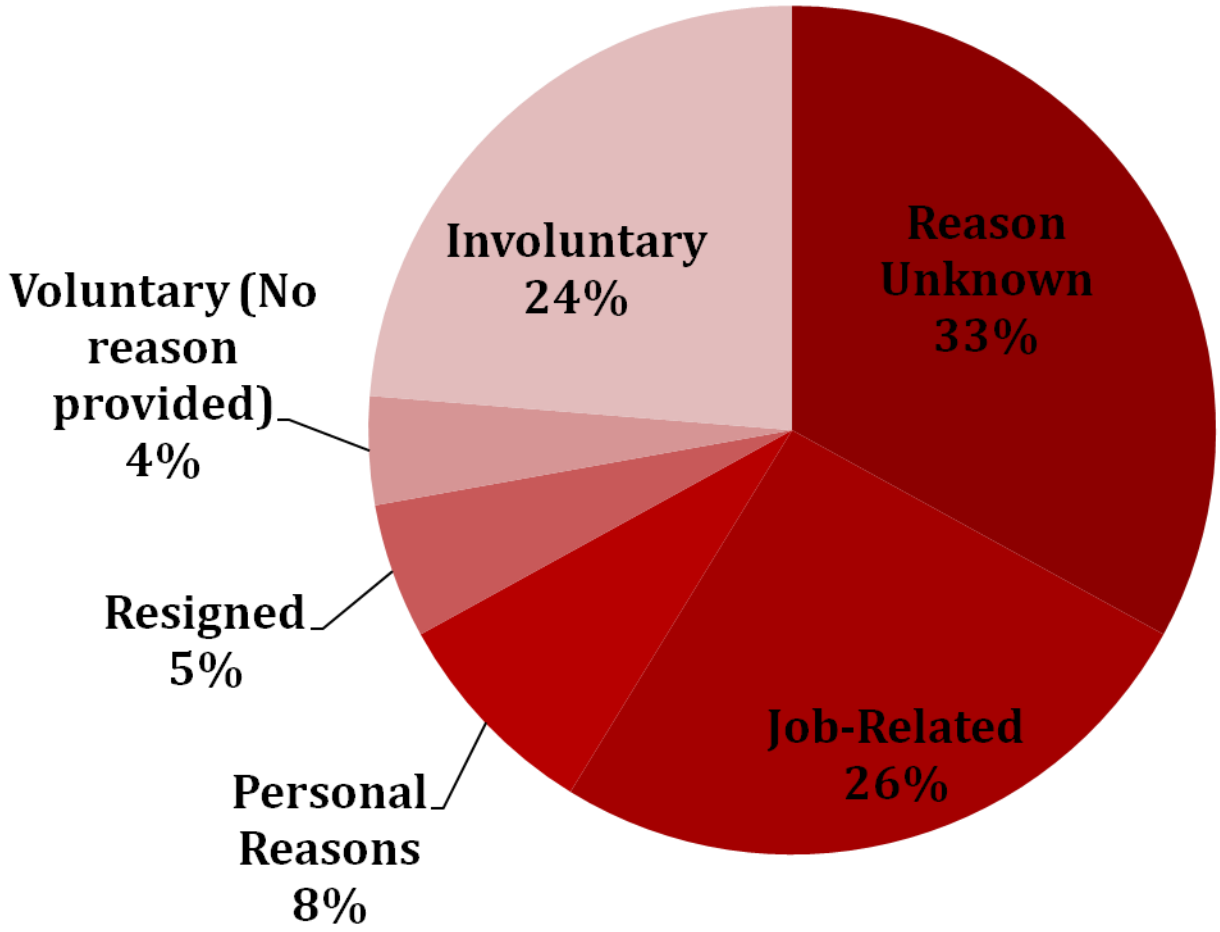


Reasons for Turnover: *Counselors*



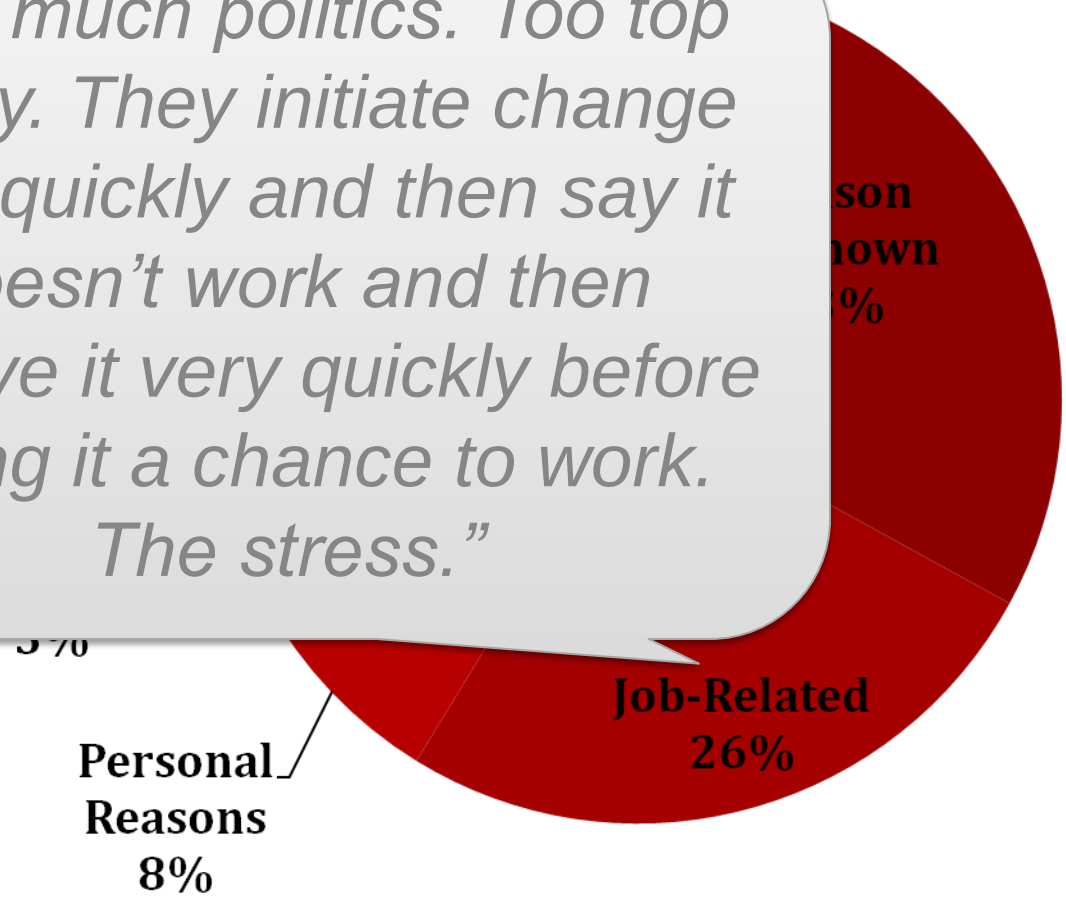
"Tired, wanted to retire, [it was a] big dysfunctional family"

Reasons for Turnover: *Clinical Supervisors*

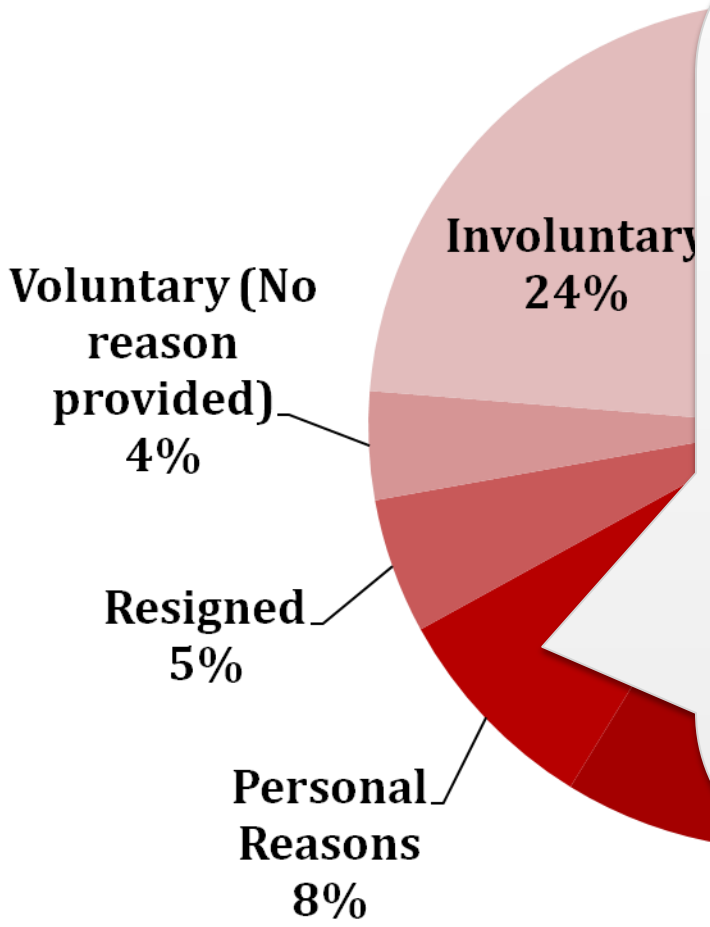


Reasons for Turnover: *Clinical Supervisors*

"Too much politics. Too top heavy. They initiate change very quickly and then say it doesn't work and then remove it very quickly before giving it a chance to work. The stress."



Reasons for Turnover: *Clinical Supervisors*



"We had lost funding for some of our programs and they were going to move me to a different location, which was further away from my home, and I just couldn't be that far away from my children."

Key Findings: Merits I

- *Cumulative turnover of 47% over 3 years*
- *Mostly voluntary & tend to be lower performers*
  - *In-role behavior (task & relational)*
  - *Extra-role behavior (toward others & org)*
- Longitudinal predictors of turnover
  - *Over 4 waves: procedural & distributive justice, job satisfaction, & perceived organizational support*

Eby, Burk, & Maher (2010); Eby & Rothrauff-Laschober (2012); Laschober & Eby (in press)

Key Findings: Merits I

- Clinical supervision (CS)
  - *Higher quality CS predicts lower burnout, which, in turn, reduces turnover intentions*
  - *Effective CS associated with higher counselor job performance & extra-role behavior, as well as less psychological withdrawal & depressed mood*
  - *Mentoring support provided in CS fosters perceptions of organizational support & employee engagement*

Baranik, Roling, & Eby (2010); Curtis, Eby, & Butts (21012); Eby et al. (2007); Laschober, Eby, & Sauer (in press)

Additional Findings: Merits I

- Counselor work stress
  - *Effect of patient death on work & life attitudes*
  - *Physical environment as a unique stressor*
  - *Career calling as a buffer of negative effects of burnout*
  - *Relationship between counselor recovery status, job satisfaction & organizational commitment*

Eby (2010); Eby et al. (2010); Curtis & Eby (2010); Sparks, Kinkade, & Eby (2011)

Additional Findings: Merits I

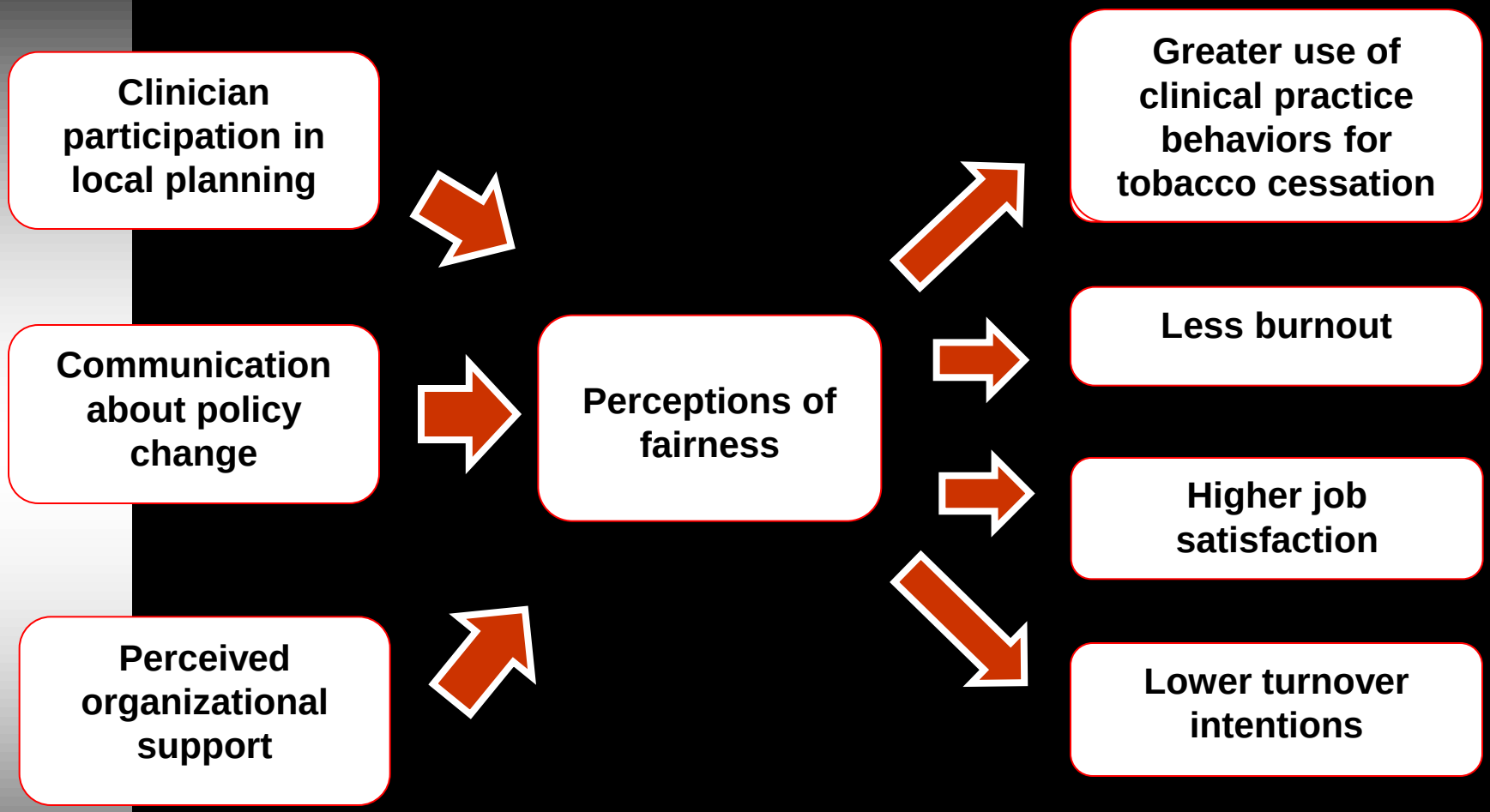
- Work and family life
  - *CS can reduce counselor work-family conflict*
  - *Effect of emotional labor on work & nonwork outcomes*
  - *Effect of negative patient, coworker, & CS relational exchanges on health & work-family conflict*

Eby (2009); Eby & Rothrauff (2011); Rothrauff, Eby, & Kinkade (R&R); Rothrauff & Eby (2010); Rothrauff & Eby (2011)

Additional Research on the Substance Abuse Tx Workforce

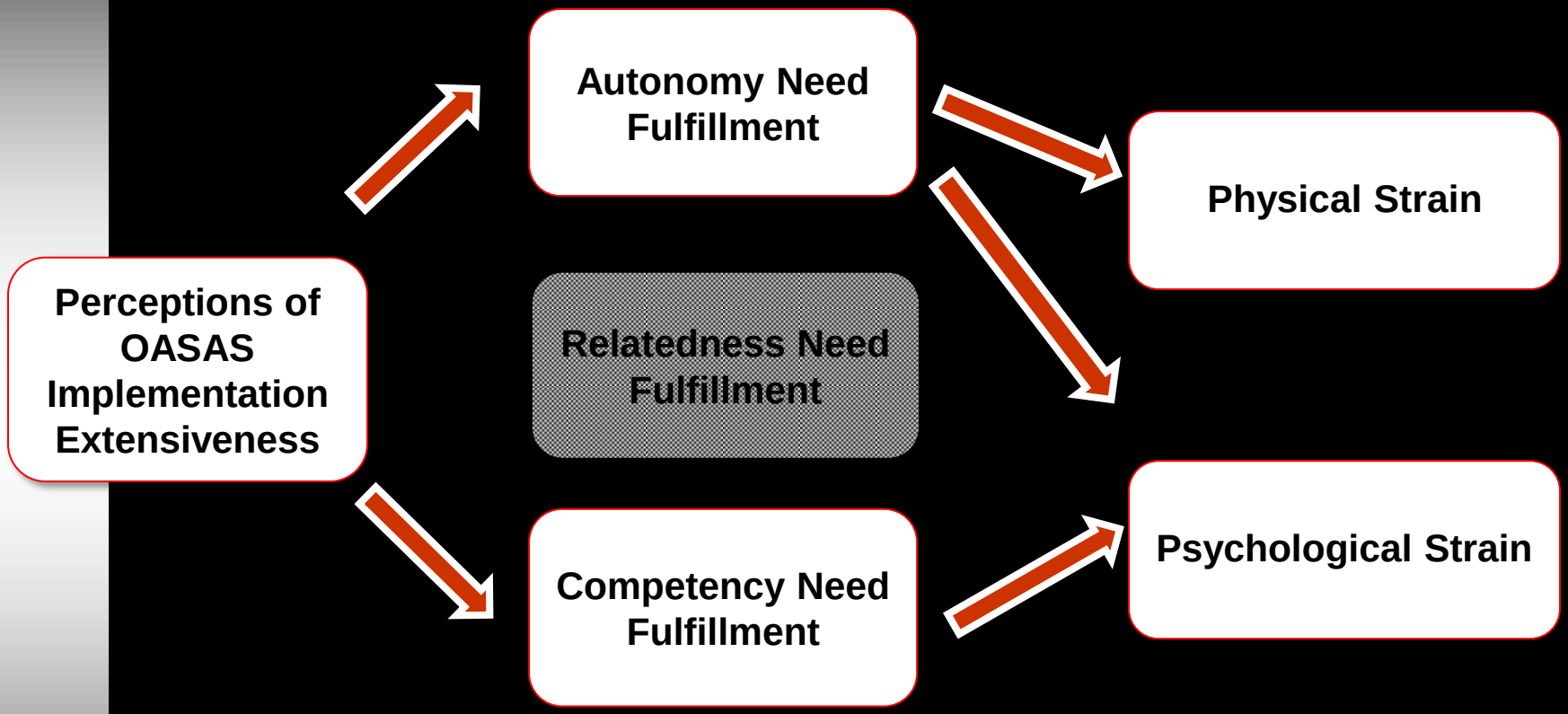
- Merits II: Implementation of OASAS tobacco-free regulation in NY State
  - *Description of implementation over time*
  - *Effect of local change management practices on clinician outcomes*
  - *Effect of implementation extensiveness on clinician reactions to the regulation and subsequent strain*
  - *Data collection complete*

Key Findings: Merits II



Eby, George, & Brown (2012)

Key Findings: Merits II



Eby, Sparks, & Kinkade (2012)

Additional Research on the Substance Abuse Tx Workforce

- Merits III: Adoption, implementation, and sustainability of smoking cessation services
  - *Organization & policy factors related to EBTs for smoking*
- Predictors of counselor use of EBTs when available
  - *Counselor skill, incentives/disincentives, obstacles, & commitment*
- Year 2 data collection in progress

Preliminary Results: Merits III

- Smoking culture in SAT
  - *Accepted part of culture in 20% of programs*
  - *In about 1/3 of programs, staff are not discouraged from smoking*
  - *Only 25% of programs have staff dedicated to smoking tx*
- *In such programs less use of EBTs, less training, & less clinical supervision for smoking cessation tx*

Conway, Barnett, Proctor, Coffman, Motley, Vashisht, Eby, & Muilenburg (2011); Motley, Muilenburg, & Eby (2011); Muilenburg & Eby (2010)

Preliminary Results: Merits III

- Organization & policy factors
  - *Generally high counselor willingness to treat smoking*
  - *But…counselors do not feel well-prepared to tx patient smoking*
  - *…and about ⅓ of counselors worry about negative effect on patient census*

Muilenburg, Eby, & Conway (2011); Motley, Muilenburg, & Eby (2011) ; Proctor, Barnett, Muilenburg, Conway, Motley, Coffman, Vashisht, & Eby (2011)

Preliminary Results: Merits III

- Organization and policy factors
  - *Financial constraints are perceived as barriers*
  - *Greater financial constraints related to…*
    - Lower counselor skill for tx smoking
    - Less likelihood of offering EBTs for smoking
    - Belief that smoking tx is not important
    - Less restrictive tobacco policies
    - Less discouragement of staff smoking

Barnett, Proctor, Muilenburg, Conway, Eby, Motley, Coffman, & Vashisht (2011); Motley, Muilenburg, & Eby (2011); Muilenburg, Eby, & Conway (2011)

Acknowledgements

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- Research team
  - *Co-investigators: Aaron Johnson, Jessica Muilenburg, Charles Lance, Tanja Rothrauff -Laschober, Bob Vandenberg*
  - *Graduate research assistants: Lisa Baranik, Jessie Barnett, David Birkelbach, Lindsay Brown, Hannah Burk, Robert Coffman, Sara Curtis, Kerrin George, Carrie Hurst, Katie Kinkade, Charleen Maher, Michael Motley, Chrissy Proctor, Julia Sauer, Taylor Sparks*
  - *Grant support: Carrie Owen, Jenn Shaikun, Keriann Conway*
- *http://projectmerits.wordpress.com/*
- *https://sites.google.com/site/projectmerits3/*

Project MERITS
Managing Effective Relationships in Treatment Services

NEW RESEARCH STUDY!

"Effects of Client Trauma on Substance Abuse Counselors and Their Families"

Katie Kinkade
Lillian Eby
The University of Georgia

Background

- Over 50% of patients enter SAT with a history of traumatic events (e.g., violence, sexual abuse)
- Counselors are often exposed to vivid accounts of trauma experiences
- Due to secondary exposure to traumatic events, counselors may exhibit symptoms of secondary traumatic syndrome (STS)

- This research will:
  - Examine how counselors' experiences with client trauma affects them and their family
  - Examine outcomes of counselor STS (e.g., psychological and physical well-being, and work-family conflict)

Recruitment

- Eligibility for participation:
- **a)** be a SAT counselor,
- **b)** be in a committed relationship with a spouse, partner, or girlfriend/boyfriend who works outside the home (part-time or full-time) who is willing to participate in the study, and
- **c)** provide their own email address and their partner's email address for participation in the confidential, web-based study.

More Details

- $20 compensation (per person)
- 30 minute, web-based survey to be completed after work
- If you have any questions or would like to send me the names and email addresses of those interested, please email me at kinkade@uga.edu
- Recruitment packets are in your folders

thank you!