How To Reduce Staff Turnover in Substance Use Disorder Treatment

Lillian T. Eby, Ph.D.

Industrial-Organizational Psychology Program
Institute for Behavioral Research
The University of Georgia
Introductions & Icebreaker

- About Project MERITS
- About today’s session
- Icebreaker
Icebreaker: Organizational Taboo

- The objective is to describe the word at the top of each card without using any derivation of the word when describing it
  - One person is group judge & timekeeper
  - One person gives clues
  - Other group members shout out answers until someone gets the correct answer

- Go through all cards provided one at a time
- Record time when completed & number of taboos
- Hint: remember this is “organizational” taboo
Example

TURNOVER

Possible clues:

“when employees leave the organization”

“this is another word for people quitting”

“this is a pastry, kind of like a pop-over” (taboo because used word “over”)
Icebreaker: Organizational Taboo

- **Scoring**
  - Total time (in seconds) to guess all 4 cards
  - Add 20 seconds for each “taboo”

- The group with the lowest score wins
Learning Objectives

- Understand the prevalence of turnover in substance use disorder (SUD) tx
  - *The problem, the myths, & the reality*
- Learn about the main triggers of turnover for counselors & clinical supervisors
  - *Based on longitudinal nationwide study*
- Obtain practical guidance to reduce turnover
  - *Evidence-based recommendations*
The Problem of Turnover

- **Direct costs of turnover**
  - Estimated cost is 40% of a person’s salary

- **Indirect costs of turnover**
  - Productivity loss
  - Increased workload for remaining staff
  - Reduced staff morale
  - Loss of institutional knowledge
  - Disruption in the continuity of patient care
The Problem of Turnover

- Coupled with high demand for SUD clinicians
  - Faster than average projected job growth (>25%) in next 10 years (O*Net.org)
  - Potential for healthcare reform to increase demand even further
- An impending “workforce crisis”
The Myths of Turnover

- Turnover is rampant in SUD tx
- Turnover is inherently bad
- Turnover is contagious
- Lots of people are leaving the profession when they turn over
- Low pay and burnout are the main reasons for turnover
The Reality of Turnover

- Turnover rates are relatively high

Eby et al. (2010)
The Reality of Turnover

- Turnover rates are relatively high

Clinical Supervisors

Eby et al. (2010)
## Comparative Voluntary Turnover Data

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

The Reality of Turnover

- Cumulative turnover is 47% over 3 years
- But…not all turnover is bad
  - Some turnover is healthy
  - It depends on **who** is leaving
  - Involuntary leavers tend to be lower performers
  - Some voluntary leavers are also lower performers

Eby & Rothrauff-Laschober (2012); Rothrauff-Laschober & Eby (2013)
The Reality of Turnover

- Turnover is contagious
  - *Average turnover intentions predict overall turnover rates*
- People are just as likely to go to a different tx program as leave the field
  - Avoidable vs. unavoidable turnover
- Pay is generally unrelated to turnover but burnout *does* predict turnover

Eby et al. (2010); Eby, Laschober, & Curtis (under review)
Comparative Voluntary Turnover Data

Geographic Region
- East: 17.18%
- Midwest: 15.45%
- South: 14.84%
- West: 22.17%

Profit Status
- Non-Profit: 19.14%
- For-Profit: 17.45%

Hospital Affiliation
- Not on Hospital Campus (freestanding): 10.13%
- On Hospital Campus (freestanding or dept/unit within): 18.80%
Turnover at Your Organization

- Small group discussion
  - What are the main reasons that counselors are leaving your organization?
  - What are the main reasons that clinical supervisors are leaving your organization?
  - Jot down your ideas & be prepared to share with larger group

"For the love of me, I quit my job."

I quit!!
The Main Drivers of Turnover

- Job dissatisfaction
- Low commitment to the organization
- Dissatisfaction with promotional opportunities
- Burnout (esp. emotional exhaustion)

- Evidence-based recommendations to impact these drivers of turnover

Eby & Rothrauff-Laschober (2012)
How Can Management Practices Help?

- Performance evaluation
- Job descriptions
- Supportive leadership
- Paperwork review
- Professional development
- Employee voice
Evidence-based Recommendations

- Performance evaluation
  - What one word describes your current performance appraisal system?

- Key features
  - Up-to-date & based on job analysis
  - Identifies key behaviors
  - Quantifiable – each item rated on 5-point scale
  - Short & easy to use
  - Worthless unless tied to individualized feedback, action plan, & outcomes
### Checklist: Characteristics and Competencies of Clinical Supervisors

#### Attitudes
- Clinical supervisors have the basic characteristics needed to provide services to treat clients with suicidal thoughts and behaviors and to supervise others to manage such clients
- Clinical supervision extends beyond talking about treatment to directly observing and coaching counselors
- Awareness of compassion fatigue or vicarious trauma in counselors and when to facilitate help for counselors experiencing these symptoms

#### Knowledge
Clinical supervisors need to have all of the training of frontline counselors. In addition, they need the following knowledge specific to supervision:
- The role of clinical supervision in substance abuse treatment
- How to train frontline substance abuse counselors in screening of suicidal clients
- When a client with suicidal thoughts and behaviors needs additional services beyond the qualifications of substance abuse counselors
- The role of transference and countertransference in the counseling and supervisory relationship
- How to recognize resistance to change among clinical staff and strategies to address it
- Change processes, process steps, and strategies for supporting them

#### Supervisory Skills
- Articulates his or her approach and philosophy to clinical supervision as it relates to approaches described in the literature
- Identifies and responds to variations in learning styles among counselors
- Is comfortable with and able to resolve conflict among team members
- Models advanced counseling skills, including development of therapeutic alliance, termination, and managing client resistance
- Uses direct observation or taping to conduct supervisory sessions
- Can teach and model skills in a variety of approaches to counseling that are applicable to substance abuse clients with suicidal thoughts and behaviors
- Can determine when referral to a QMHP for a suicide assessment is required
- Facilitates referrals to QMHPs both within and outside the treating agency
- Provides incentives through encouragement and support for counselors to enhance skills in treating clients who are suicidal
- Can assess counselor competence and develop professional learning plans and supervisory interventions
Evidence-based Recommendations

Performance Evaluation

Job Satisfaction
Organizational Commitment
Satisfaction with Promotions
Evidence-based Recommendations

- Performance Evaluation
- Perceptions of Fairness
  - Competing Demands
  - Work Overload
  - Clear Responsibilities
  - Feedback
- Job Satisfaction
  - Organizational Commitment
  - Satisfaction with Promotions
Evidence-based Recommendations

- Job descriptions
  - Important to clarify role expectations
  - Sufficiently detailed to differentiate between jobs
  - Identifies links between jobs for career development
  - Should sync with performance appraisal form
  - Must be reviewed & updated annually
BENTON COUNTY CLASSIFICATION DESCRIPTION

CHEMICAL DEPENDENCY COUNSELOR

9/91 Page 1

TITLE: CHEMICAL DEPENDENCY COUNSELOR

DEPARTMENT: Human Services

REPORTS TO: Resource Manager

SUMMARY:
Performs substance abuse and ADATSA assessments, information and referrals. Plans, develops and provides substance abuse treatment programs for the Benton/Franklin Counties' substance abuse assessment center.

EXAMPLES OF JOB DUTIES: (Any one position may not include all of the duties listed nor do the listed examples include all tasks which may be found in positions of this class.)

Conduct DWI and substance abuse assessments to youth and adults referred for assessments through the court system and others as requested. Make referrals to substance abuse provider agencies as determined by assessments.

Conduct ADATSA assessments to eligible clients referred for assessments by the CSO Office. Develop and maintain a waiting list as needed.

Refer clients to appropriate community resources to implement treatment plans. Work with community resources in developing and maintaining programs for clients.

Adhere to all agency policies and procedures as outlined in the Program Manual.

Prepare necessary paperwork for assigned cases including progress, treatment, and termination reports. Document action taken on each case.

Provide information to individuals and referral services.

Conduct information lectures in the community as requested.

Provide information to courts, probation officers and other recognized agencies regarding the progress of clients in the program, providing a Consent for Release of Confidential Information has been executed by the client.

Assist in monitoring substance abuse programs to assure that they meet WAC standards.

Assist in developing plans and systems to improve treatment systems.

Review and maintain an awareness of federal and state laws and regulations effecting program services and client groups.
Evidence-based Recommendations

Job Descriptions

Job Satisfaction
Organizational Commitment
Burnout
Evidence-based Recommendations

Job Descriptions

Competing Demands
Work Overload
Clear Responsibilities

Job Satisfaction
Organizational Commitment
Burnout
Evidence-based Recommendations

- Supportive leadership
  - What does this mean to you?

- Elements of supportive leadership
  - Task-related support
  - Consideration
  - Willing to give constructive feedback
  - Modeling behavior that you expect of employees
  - Important at all levels of management – trickle down effects
Evidence-based Recommendations

Supportive Leadership

Job Satisfaction
Organizational Commitment
Burnout
Satisfaction with Promotions
Evidence-based Recommendations

Supportive Leadership

Social Support
  Decision-Making Freedom
  Clear Job Responsibilities
  Office Politics
  Feedback

Job Satisfaction
  Organizational Commitment
  Burnout
  Satisfaction with Promotions
Evidence-based Recommendations

- Paperwork review
  - One of the biggest challenges in SUD tx is mountains of paperwork & red tape
  - Some of this is just the nature of the beast
  - But it is a major role stressor for counselors & clinical supervisors alike
  - Perception that it takes time away from helping patients
Evidence-based Recommendations

Paperwork Review → Job Satisfaction

Organizational Commitment
Evidence-based Recommendations

Paperwork Review → Work Overload → Clear Job Responsibilities → Job Satisfaction → Organizational Commitment
Evidence-based Recommendations

- Conducting a paperwork review
  - Ad hoc cross-functional task force
  - Collect all forms/computer screenshots from intake to discharge
  - Identify redundancies & outdated forms
  - Update or delete forms (may require coordination with external agencies)
  - Evaluate record-keeping system
  - Train employees on new forms & procedures
Evidence-based Recommendations

- Professional development
  - What types of professional development opportunities do you offer your employees?

- Suggestions
  - Lunch & learn sessions / Brown bags
  - Workshops at local, state, regional level
  - Professional conferences
  - Time-off for professional development
  - Integrate into performance evaluation
  - Collaborate with other agencies in your area
Evidence-based Recommendations

- Professional Development Activities
- Job Satisfaction
- Organizational Commitment
- Burnout
- Satisfaction with Promotions
Evidence-based Recommendations

Professional Development Activities

Social Support
- Decision-Making Freedom
- Task & Skill Variety

Job Satisfaction
- Organizational Commitment
- Burnout
- Satisfaction with Promotions
Evidence-based Recommendations

- Employee voice
  - What systems or mechanisms are in place for employees to voice opinions?

- How to enhance voice
  - Involve employees in decision-making
    - Large policy changes to small day-to-day issues
  - Opportunity to make suggestions & vent frustrations (but mgmt must be willing to act)
  - Advisory groups, task forces etc.
  - Requires participative organizational climate
Evidence-based Recommendation

Employee Voice

Job Satisfaction
Organizational Commitment
Burnout
Satisfaction with Promotions
Evidence-based Recommendations

Employee Voice

- Social Support
- Clear Job Responsibilities
- Perceptions of Fairness
- Decision-Making Freedom
- Feedback

- Job Satisfaction
- Organizational Commitment
- Burnout
- Satisfaction with Promotions
Diagnosing Turnover in Your Organization

- Identify why people are leaving
- Routine exit interviews
  - Use pre-specified questions
  - Can be administered in person, phone, mail survey, or internet based
  - Discuss with existing staff
  - Include in new employee handbook for future hires

- See handout
Diagnosing Turnover in Your Organization

- Organizational climate surveys
  - Brief survey of work attitudes, perceptions of work environment, & turnover intentions
  - Conducted annually
  - Carefully consider survey administration
    - Must have management support at all levels
    - Marketing the survey to staff
    - Collecting the data
    - Feedback, action planning, & follow-thru is essential

- See handout
Acknowledgements

- Financial support from NIDA
  - R01 DA019460

- Research team
  - Co-investigators: Aaron Johnson, Charles Lance, Tanja Laschober, Bob Vandenberg
  - Graduate research assistants: Lisa Baranik, David Birkelbach, Lindsay Brown, Hannah Burk, Sara Curtis, Kerrin George, Carrie Hurst, Katie Kinkade, Charleen Maher, Julia Sauer, Taylor Sparks
  - Grant support: Carrie Owen, Jenn Shaikun

- [http://projectmerits.wordpress.com/](http://projectmerits.wordpress.com/)
Thank you!