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

Dr. Lillian Eby
Department of Psychology
The University of Georgia

April 2012
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

“For the love of me, I quit my job.”
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**
- East: 38.5%
- Midwest: 23.1%
- South: 26.9%
- West: 11.5%

**Profit Status**
- Non-profit: 88.5%
- For-profit: 11.5%

**Hospital Affiliation**
- Not on hospital campus (freestanding): 11.5%
- On hospital campus (freestanding or dept/unit within): 88.5%
Key Findings: Merits I

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

Overall Turnover Rates for Counselors

Turnover Rate

- 2007-2008: 26.4%
- 2008-2009: 21.9%
- 2009-2010: 23.0%

Overall Turnover Rates for Clinical Supervisors

Turnover Rate

- 2007-2008: 18.7%
- 2008-2009: 14.2%
- 2009-2010: 13.5%
Voluntary vs. Involuntary Turnover: Counselors

- Percent Involuntary
  - 2007-2008: 5.3%
  - 2008-2009: 7.6%
  - 2009-2010: 6.1%

- Percent Voluntary
  - 2007-2008: 14.2%
  - 2008-2009: 15.5%
  - 2009-2010: 18.4%
Voluntary vs. Involuntary Turnover: Clinical Supervisors

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Involuntary</td>
<td>6.1%</td>
<td>3.8%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Percent Voluntary</td>
<td>10.7%</td>
<td>9.7%</td>
<td>8.0%</td>
</tr>
</tbody>
</table>
## Comparative Data: Industry-Specific Voluntary Turnover

<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>
Reasons for Turnover: Counselors

- Involuntary: 27%
- Voluntary (No reason provided): 6%
- Resigned: 17%
- Personal Reasons: 13%
- Job-Related: 19%
- Reason Unknown: 18%
“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**

- Involuntary: 24%
- Reason Unknown: 33%
- Voluntary (No reason provided): 4%
- Resigned: 5%
- Personal Reasons: 8%
- Job-Related: 26%
“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 (2012); 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

Clinician participation in local planning

Communication about policy change

Perceived organizational support

Greater use of clinical practice behaviors for tobacco cessation

Less burnout

Higher job satisfaction

Lower turnover intentions

Eby, George, & Brown (2012)
Key Findings: Merits II

- Autonomy Need Fulfillment
- Relatedness Need Fulfillment
- Competency Need Fulfillment
- Physical Strain
- Psychological Strain

Perceptions of OASAS Implementation Extensiveness

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

- Financial support from NIDA
  - R01 DA026291, R01 DA019460, R01 DA028188

- 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/](http://projectmerits.wordpress.com/)
- [https://sites.google.com/site/projectmerits3/](https://sites.google.com/site/projectmerits3/)
"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.
$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!