Strengthening Professional Identity

Challenges of the Addictions Treatment Workforce

A Framework for Discussion

Executive Summary

December 2006
Acknowledgments
Abt Associates Incorporated prepared this report based on a review of current research and detailed discussions from nine stakeholder meetings that were convened by CSAT from January through May 2004. The meetings included 128 participants representing the many organizations, institutions and agencies that support and provide addictions treatment and recovery services. This report reflects the views and priorities of the addictions treatment field in the area of workforce development. The report also benefited from the input of A. Thomas McLellan, Leslie J. Scallet, and Joan Zweben.

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Executive Summary

Strengthening Professional Identity: Challenges of the Addictions Treatment Workforce

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In 2004, over 23 million Americans age 12 and older needed specialty treatment for alcohol or illicit drug problems. Of those in need, only 10 percent received treatment at a specialty facility (NSDUH, 2005). There are a number of factors that contribute to low treatment participation rates. One of the most fundamental is the lack of an adequate human infrastructure to support current and future demands for treatment. The addictions treatment field is facing a workforce crisis. Worker shortages, inadequate compensation and stigma currently challenge the field. Increasingly, treatment and recovery support providers also struggle with issues related to recruitment, retention and professional development of staff. The ability to provide quality addictions treatment and recovery support services is severely hampered by these conditions. Without investment in human infrastructure, this critical public health function will not be equipped to respond effectively to the overwhelming need for services.

Strengthening Professional Identity: Challenges of the Addictions Treatment Workforce summarizes trends in addictions treatment and the challenges that confront the treatment workforce. Importantly, it also articulates a vision for the treatment and recovery support workforce by presenting a series of recommendations aimed at strengthening the field’s professional identity. The recommendations in this report reflect some of the best thinking in the field and are intended to provide momentum for ongoing discussions among stakeholders about specific implementation strategies. The report discusses current trends in funding, staff recruitment and retention, patient characteristics and clinical practice and identifies recommendations in the following six areas: infrastructure, leadership and management, recruitment, education and accreditation, retention and studies priorities. Strengthening Professional Identity focuses on all professionals who provide addictions treatment and recovery support services, e.g., addictions counselors, physicians, psychologists, nurses, outreach and intake workers, case managers, social workers, marriage and family therapists, recovery support workers and clergy.
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Background and Approach

Workforce development has been an area of concern for the Substance Abuse and Mental Health Services Administration (SAMHSA) and for the addictions treatment field for many years. In recognition of the mounting workforce crisis, SAMHSA elevated workforce development to a program priority on its “SAMHSA Priorities: Programs and Principles Matrix.” This designation has increased focus on this critical issue. The development of this stakeholder report began with an environmental scan of the recent research related to the treatment workforce.

Following the environmental scan, SAMHSA convened 128 individuals representing diverse stakeholder groups in nine separate stakeholder meetings from January through May 2004. During these meetings, SAMHSA solicited information and recommendations from representatives knowledgeable about the exceptional challenges faced by the addictions treatment workforce. Individuals from the following organizations and employment categories provided input: addictions counselors, Addiction Technology Transfer Centers (ATTCs), certification boards, Federal agencies, professional trade associations, clinical supervisors, college and university professors, faith-based providers, human resource managers, marriage and family therapists, nurses, physicians, psychiatrists, recovery support personnel, researchers, social workers, and State Directors. The participating Federal government partners represented a wide range of agencies, including the Departments of Labor, Transportation, Defense (Marine Corps and Navy), Veterans Affairs, Justice and Education, as well as the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, the Health Resources and Services Administration, the Centers for Medicare and Medicaid Services, and each of the SAMHSA Centers.

Context: Trends Impacting the Workforce

This report begins with a discussion of both long-term and emergent issues impacting the addictions treatment workforce. The information included in this section provides a context for understanding the challenges facing the addictions treatment workforce and a background for the recommendations that follow.

Among the key issues facing the workforce are:

- Insufficient workforce/treatment capacity to meet demand;
- The changing profile of those needing services (e.g., an increasing number of injecting drug users, narcotic prescription and methamphetamine users);
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- A shift to increased public financing of treatment;
- Challenges related to the adoption of best practices;
- Increased utilization of medications in treatment;
- A movement toward a recovery management model of care (i.e., a chronic care approach analogous to those adopted for the treatment of other chronic disorders, such as diabetes and heart disease);
- Provision of services in generalist and specialist settings (e.g., provision of services in primary care and other settings in addition to addictions treatment program settings);
- Use of performance and patient outcome measures; and
- Discrimination associated with addictions.

Stakeholder Priority Recommendations by Focus Area

Following the context, the report includes a listing of stakeholder priority recommendations for key focus areas and a detailed discussion for each focus area and recommendation. In total, 21 stakeholder recommendations are presented in this report. These recommendations represent the most critical subset among a larger group of recommendations that stakeholders made.

A. Infrastructure Development Priorities

1. Create career paths for the treatment and recovery workforce and adopt national core competency standards;
2. Establish a National Addictions Health Professional Services Corps Loan Forgiveness and Repayment Program;
3. Foster network development; and
4. Provide technical assistance to enhance the capacity to use information technology.

B. Leadership and Management Priorities

1. Develop, deliver and sustain training for treatment and recovery support supervisors, who serve as the technology transfer agents for the latest research and best practices; and
2. Develop, deliver and sustain leadership and management development initiatives.
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C. Recruitment Priorities

1. Expand recruitment of health care professionals in addictions medicine;
2. Improve student recruitment with educational institutions, focusing on under-represented groups;
3. Employ marketing strategies to attract workers to the addictions treatment field; and
4. Continue efforts to reduce the stigma associated with working in addictions treatment.

D. Addictions Education and Accreditation Priorities

1. Include training on addictions as part of education programs for primary health care and for other health and human service professions (e.g., physicians, nurses, psychologists and social workers);
2. Call for the use of national addictions core competencies as the basis of curricula;
3. Support the development and adoption of national accreditation standards for addictions education programs;
4. Encourage national and State boards for the health professions to have at least 10 percent of licensing examination questions pertain to addictions;
5. Support academic programs in Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions, Tribal Colleges and Universities and other minority-serving institutions; and
6. Develop college and university courses in addictions-related health services research and its application; and systematically disseminate research findings to academic institutions.

E. Retention Priorities

1. Identify and disseminate best practices in staff retention; and
2. Address substance misuse and relapse within the workforce.

F. Study Priorities

1. Conduct studies that examine the relationships among level of education, type of education, training and treatment outcomes;
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2. Conduct studies that examine the relationships among clinician and patient/client cultural, demographic and other characteristics and treatment outcomes; and
3. Conduct studies of clinician characteristics, training and skills that enhance therapeutic alliance.

Summary

The stakeholder priority recommendations presented in *Strengthening Professional Identity* are directed at a variety of organizations. Implementation of these recommendations will require the commitment of time and resources from each of these entities.

This report was developed with the guidance of expert stakeholders from the addictions treatment and recovery field and representatives of Federal agencies. It provides a template to guide concerted action in the area of workforce development in the addictions treatment field. The future effectiveness of the addictions treatment workforce rests on its ability to invest intelligently in its future, developing systems to address issues of recruitment, retention, and staff development. Other health care professions (e.g., nurses and physicians) have demonstrated that such efforts can prove effective. It is time that the addictions treatment field, in partnership with States and the Federal government follow that example, taking the steps necessary to address the challenges faced by the addictions treatment workforce. Only by doing this will the barriers to treatment access be addressed and the quality of care substantially improved.