

**NAADAC, The Association for Addiction
Professionals**

Practitioner Services Network

Year 2 Final Report:

**A Survey of Early Career Substance Abuse
Counselors**

April 2003

Acknowledgements

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I. Executive Summary

NAADAC, The Association for Addiction Professionals (NAADAC) conducted a study of its members who are new to the substance abuse field utilizing the infrastructure designed and maintained through their Practitioner Services Network (PSN). This study was designed to identify the characteristics, education, qualifications, practice settings and client characteristics of new counselors; the training and resource needs of new counselors; the factors associated with entry into the substance abuse field and pursuit of a long-term career in the field; and the differences between new career members and NAADAC members as a whole. This study builds upon and complements data collected from a prior study of NAADAC's overall membership also conducted through NAADAC's PSN.

The sample consisted of 662 NAADAC members from the 1275 members who indicated having three or fewer years of experience in the substance abuse field. The response rate for the survey, which was conducted via telephone, was 56%. This response rate was realized after excluding non-respondents from the sample who were non-NAADAC members, students, non-counselors, retired, deceased, physically or mentally incapacitated, or had invalid telephone information (200 respondents from a valid sample size of 359). Tabulations of the data revealed that many of the respondents reported having more than three years of experience in the substance abuse field. Therefore, the data presented in this study is for those respondents (n=140) with four or fewer years of experience in the field.

Findings show that early career members are likely to be female, white and, on average, 42 years old. Compared to the overall NAADAC membership, less experienced members have completed less formal education and hold fewer substance abuse and behavioral health certifications. However, those members who are new to the field have received and are continuing to pursue substantial amounts of training and continuing education in substance abuse. In addition, though these members are new to the substance abuse field, they are not new to the workforce. On average, early career members have 17 years of prior work experience.

Given that many early career members have a significant amount of prior work experience, NAADAC was interested in learning more about the factors that encouraged these members to transition to and enter the substance abuse treatment field. Personal factors, such as a desire to help the community or having friends or family with addiction problems, were of greater importance to the decision to enter the field than were structural or organizational factors such as salary or benefits.

Another important focus of this study was to learn more about the practice setting characteristics and clients of members who are new to the substance abuse field. Almost all early career members hold full-time positions in a single practice setting. About one third work in private practice, 62% work in organizational settings, and 4% split their time between private practice and organized settings. Overall, less experienced members had low incomes, lower than those earned by NAADAC members as a whole, although early career members in organizational settings earned somewhat more than did those in private practice. In addition, early career members working in organizational settings are more likely to treat clients with primary or secondary substance abuse disorders than are those members working in private

practice. Less experienced members in organizational settings are also more likely to treat clients with primary or secondary mental health disorders.

NAADAC was also interested in identifying the training and resource needs specific to new substance abuse counselors. Findings from this study indicate that a majority of members who are new to the field have at least some access to resources such as in-service training and internet materials. However, despite these encouraging findings, there is still a significant minority of early career members who have limited or no access to these resources. In general, less experienced counselors expressed a preference for resources that are “hands-on” rather than more formal or didactic.

Finally, given the relatively high rate of staff turnover in the substance abuse field, NAADAC wanted to address issues related to career satisfaction and career plans in the field for new counselors. Early career members participating in the study reported higher than expected rates of satisfaction with many aspects of their jobs. They are most satisfied with the nature of the tasks they perform and their work environments, and they expressed dissatisfaction with salary and workload. While early career members expressed some dissatisfaction with their positions, and only half see opportunities in the field for career advancement, 86% indicated that it is likely or very likely that they will pursue a long-term career in the substance abuse field. Members who entered the substance abuse field due in large part to a family member’s, friend’s or their own substance abuse problems were most likely to indicate a likelihood to pursue a career in the field.

The results from this study can be used to assist the substance abuse field and NAADAC in tailoring outreach efforts, resources, professional development opportunities and retention strategies to fit with the needs and interests of new substance abuse counselors. When designing trainings for new counselors, NAADAC and others should bear in mind the preferences and resource needs identified by early career members. Also, new addiction counselors may need to be better educated about the full range of resources that are available to them. Few respondents were able to identify particular resources or sources of information that they’ve found helpful. Further, NAADAC and the field can work to have more influence over the job-related factors that are most dissatisfying to less experienced counselors. These efforts might, in turn, improve retention of new counselors in the field.

Findings from this study also suggest directions for future research. More information is needed about the characteristics and clients of early career members working in private practice. Little is known about the configuration, staffing patterns and specialties of private practice settings. Furthermore, respondents working in private practice reported seeing much smaller proportions of clients with substance abuse disorders than did those working in organizational settings. More research is needed to determine the nature and severity of the presenting problems of the clients served in private practice.

II. Introduction

NAADAC, The Association for Addiction Professionals (NAADAC), with support from the Center for Substance Abuse Treatment (CSAT), has designed and operates a Practitioner Services Network (PSN). Research and policy studies can be conducted using the PSN infrastructure to develop solutions and answers to emerging issues facing the Association and policymakers. The Association has conducted two studies to date. This report summarizes the findings from the second PSN survey that was aimed at identifying workforce retention-related issues and challenges faced by addiction counselors who are new to the field.

III. Purpose and Research Questions

The PSN study was designed to address the policy issues related to:

- Describing the characteristics and training of new career counselors;
- Determining the training and educational resource needs of new substance abuse counselors;
- Identifying the reasons for selecting an addiction counseling position;
- Assessing factors associated with pursuing a long-term career in the substance abuse field; and
- Determining the major dimensions that differentiate new career members from NAADAC members as a whole.

Information collected via this PSN study informs the policy debate surrounding the need to replenish the substance abuse workforce and also contributes to NAADAC's efforts to tailor its resources to address the needs of new counselors, create additional professional development opportunities and better serve addiction professionals who are new to the field. This study builds on and complements data collected from NAADAC's first PSN study that fully characterized NAADAC members and compared them with non-member substance abuse counselors.

IV. Methods

Survey Instrument

The survey instrument collected information about members' about demographic information (n=3 questions); their substance abuse education, training and experience (n=13); reasons for working in the substance abuse field (n=9); their practice settings and client characteristics (n=28); time spent on clinical activities (n=2); and their job satisfaction and need for additional resources (n=19). The final cross-sectional survey included 72 questions, although respondents did not answer every question due to skip patterns. The survey took approximately 15-20 minutes to complete. Refer to Appendix A for a copy of the survey instrument.

The design of the survey instrument was informed by information collected from two focus groups conducted by NAADAC and The Lewin Group. The focus groups included addiction professionals who were new to the field and were used to identify the issues of greatest importance to them. The focus groups were conducted in June 2002 in Morgantown, WV and in July 2002 in Baltimore, MD. Information gathered from these focus groups was used to ensure that the issues, questions and response categories included in the survey instrument were appropriate and reflected salient issues faced by new counselors.

Data Collection

A random sample of 662 members was drawn from the 1275 NAADAC members with three or fewer years of experience in the substance abuse field (as indicated by information contained in the NAADAC membership database). The survey field work was conducted by the National Opinion Research Center (NORC) at the University of Chicago using a Computer Assisted Telephone Interviewing (CATI) system from September 24, 2002 to November 27, 2002.

The final response rate was 56% and was based on surveys completed by two hundred members. Of the original sample of 662 members, 303 non-respondents were excluded from the calculation of the response rate because they were either no longer a NAADAC member (n=6); students, non-counselors, or retired (n=37); deceased or physically/mentally incapacitated (n=3); or they had an invalid telephone number (n=257). Lack of current valid telephone numbers and contact information was a particular problem for this sample since new counselors often change jobs and fail to notify NAADAC of their new contact information. Also, former employers are frequently unwilling to provide forwarding information. NORC survey staff used internet-based searches in attempts to obtain updated contact information in instances where the phone number on record was incorrect. After exclusions for the reasons outlined above, the final valid sample size was 359 NAADAC members with 200 completed surveys. Reasons for non-response included the respondent being unavailable at the time of the call (i.e., the phone number was correct but NORC interviewers reached an answering machine or receptionist or the respondent indicated it was a bad time) (n=110); the respondent declined to participate (n=38); the individual answering the phone did not speak English (n=6); or the phone number was always busy or unanswered (n=5).

Tabulations of the data revealed that many of the respondents reported more than three years of experience in the substance abuse field (the basis upon which they were selected for inclusion in the sample). This may be the result of outdated information in the NAADAC membership database. Since the intent of this survey was to study issues of relevance to new counselors in the substance abuse field, this report therefore presents data for only those respondents with four or fewer years of experience in the field (n=140 early career members).

V. Findings

Demographic Characteristics of Early Career Members

The survey findings showed that early career members do in fact differ from NAADAC membership as a whole on several dimensions. Note that 8% of the total NAADAC membership can be considered early career counselors (i.e., they have four or fewer years of

experience in the field). Specifically, compared to all of the Associations' members, early career members are more likely to be female, younger and more racially diverse. As shown in Table 1, 70% of members new to the field are female and their mean age is 42. Also, while 87% of all members are white, only 78% of early career members are white.

Table 1: Characteristics of Counselors

	Early Career Members (PSN2) (%)	All NAADAC Members (PSN1) (%)
Female	70	57
Age (mean)	42	50
African American	15	7
Hispanic	1	3
White	78	87
Other	6	5

Education, Qualifications and Experience in Substance Abuse Counseling

As expected, less experienced members have completed less formal education than NAADAC members as a whole. Approximately 34% of early career members hold masters degrees and 6% hold doctoral degrees compared to 53% and 7% respectively for all NAADAC members. Likewise, 59% of early career members hold a bachelor's degree or less compared to only 27% of all NAADAC members. Refer to Table 2 for additional detail.

The data suggest that many early career members may be furthering their education and training in substance abuse since more than half who hold an associate's or bachelor's degree have taken college or university courses for credit during the past year. In contrast, members with higher levels of education (e.g., master's degrees) were much less likely to have taken courses during the past year.

Table 2: Highest Level of Educational Attainment

	Early Career Members (PSN2) (%)	All NAADAC Members (PSN1) (%)
High School/GED	10	7
Associate's Degree	13	5
Bachelor's Degree	36	15
Master's Degree	34	53
Doctoral Degree	6	7
Other Advanced Degree	NA	13

NAADAC members, including those who are relatively new to the field, have received considerable training in substance abuse and mental health. Approximately three-quarters of early career members received substance abuse and mental health training through formal coursework as part of their educational programs. Furthermore, many have received additional specialized training beyond formal course work through continuing education (refer to Table

3). In their lifetime, 96% of all early career members have received at least some training in substance abuse treatment and 91% have received some mental health training.

Table 3: Receipt of Training in Substance Abuse or Mental Health in Lifetime

	Training in SA (%)	Training in MH (%)
Formal coursework	73	75
Internship	66	52
Volunteer Work	56	41
Continuing Education	91	81
Home Study	34	20

The training and preparedness of NAADAC members to serve clients with drug and alcohol addiction is also evident from the proportions of members pursuing continuing education in the past year. Significant proportions of both early career as well as more seasoned NAADAC members reported receiving continuing education in the past year (refer to Table 4). As shown in Table 4, a large majority of members who are new to the field received formal in-service training and/or attended professional meetings (84% and 86%, respectively compared to 73 and 65% for all members). Furthermore, those counselors who received such continuing education attended these trainings or meetings for a significant number of hours over the past year (average of 77 and 54, respectively compared to 31 and 24 hours for all members).

Table 4: Receipt of Continuing Education in Past Year

	Early Career Members (PSN2)		All NAADAC Members (PSN1)	
	%	Mean Hours*	%	Mean Hours*
Formal in-service training	84	77	65	24
University/college courses	46	102	22	21
Professional meetings	86	54	73	31
Seminars or workshops	75	28	65	23
Home study	23	67	24	22

* Mean hours only for those receiving each type of continuing education.

The study findings showed that while early career members are new to the substance abuse field and are pursuing education and training in the field, they are not new to the workforce. They reported having an average of 17 years of experience in the workforce. A significant proportion of early career members (44%) worked in the general behavioral or mental health field before transitioning to addiction counseling.

As can be expected of new career professionals, only relatively small proportions hold substance abuse specific certifications in comparison to the Association's general membership. Overall, 45% of early career members hold at least one substance abuse license or certification. As shown in Table 5, state licenses or certifications are the credentials most frequently held by early career members. Early career members are also unlikely to hold other behavioral health licenses or certifications. Only 5% are licensed professional counselors (LPC), 6% are licensed clinical social workers (LCSW) and 2% are licensed mental health counselors. This is in contrast

to NAADAC members as a whole, of whom 31% are LPCs, 22% are LCSWs and 16% are licensed mental health counselors.

It is noteworthy for NAADAC that very few early career members hold NAADAC-sponsored credentials, however this is likely due to the requirements of the credentials. The lowest level of NAADAC certification, the NCAC I, requires 3 years of full-time work or 6000 hours of supervised experience as a alcoholism or drug abuse counselor. Many early career members may not yet have achieved this milestone in their careers. Also, all NAADAC credentials require a current state license or certification as an alcoholism or drug abuse counselor. Only a small proportion of early career members hold any type of state licensure, but this might be at the apprenticeship level; information on level of state licensure is not available. In contrast, a large majority (79%) of NAADAC members as a whole hold state substance abuse licenses or certifications.

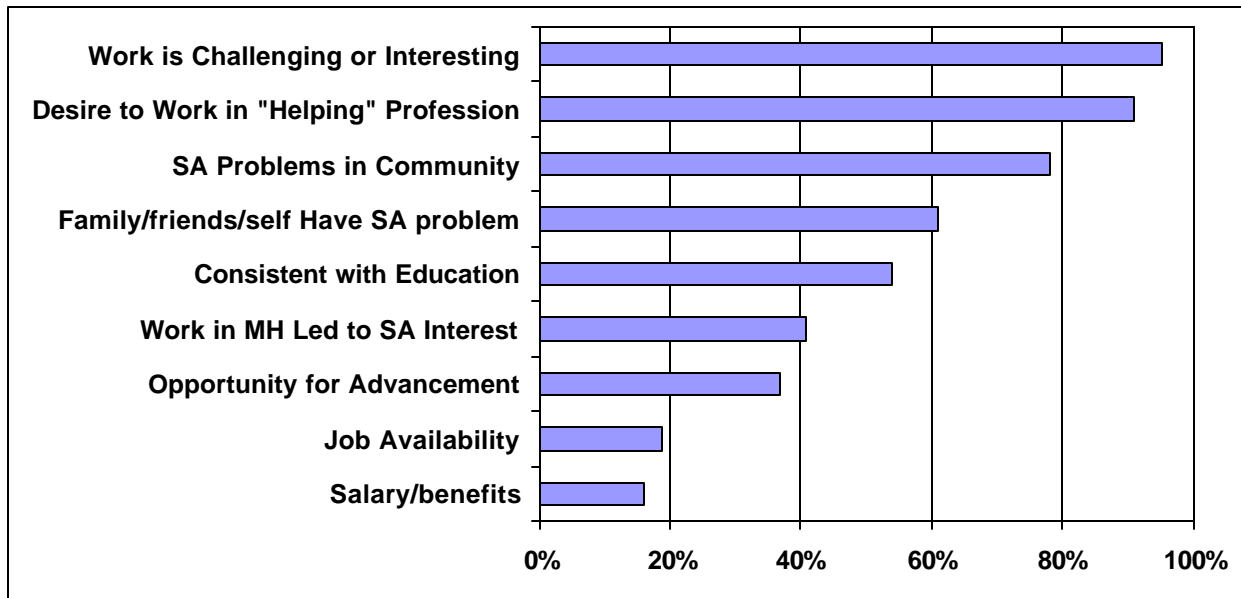
Table 5: Substance Abuse and Other Behavioral Health Licenses and Certifications

	Early Career Members (PSN2) (%)	All NAADAC Members (PSN1) (%)
State SA license	29	79
NCAC I	8	16
NCAC II	2	17
MAC	1	11
Other National certification	10	16
LPC	5	31
LCSW	6	22
Licensed MH Counselor	2	16

Factors Related to Entering the Substance Abuse Field

One important purpose of the study was to identify the major factors that contributed to addiction counselors entering the substance abuse treatment field. The findings indicated that personal reasons rather than structural or organizational factors were the primary reasons new career addiction professionals entered the field (see Figure 1). Thus, factors such as helping others in their communities, having friends or family with addiction problems, and the challenging nature of the work were of greater importance than salary, benefits or employment opportunities. For example, 95% indicated that the challenging or interesting nature of the work was influential in their decision and 91% indicated that their decision was due in part to their desire to work in a helping profession. In contrast, only 16% indicated that salary or benefits were of great or very great influence in their decision. Similarly only 19% were influenced by job availability in the field.

Figure 1: Reasons for Entering the Substance Abuse Field*



* Proportion of members who indicated factor was influential “to a great extent” or “to a very great extent” in their decision to work in the substance abuse field.

Practice Settings, Client Characteristics and Clinical Activities

Another important aspect of this PSN study was to determine how early career members are distributed across work settings and facility type. The study findings revealed that almost all early career members hold full-time positions in a single setting with about one third reporting that they worked solely in private practice, as compared to only 16% of all NAADAC members¹. The majority of early career members work in organizational settings (refer to Table 6). The most common type of organizational facility in which early career members work is an outpatient substance abuse treatment facility; one third of members work in this type of setting. One quarter work in a community mental health center. Other common types of organizational settings in which early career members are employed include therapeutic communities (21%), general hospitals (14%), other residential substance abuse treatment facilities (14%) and halfway houses (13%). Almost half of early career members (49%) have a job title of addiction counselor or senior addiction counselor. Sizable groups of members are also counselor technicians (11%) and case managers (11%).

¹ Private practice settings were defined as those in which the practitioner is not staff or contracted staff of an organizational/institutional facility such as a hospital, community mental health center, or freestanding treatment program. This might include early career counselors who are supervised in a group practice setting. Though this study makes a distinction between practice settings, more information is still needed regarding the nature of private practice settings including whether they are group or solo practices, their area of specialization, the number of counselors employed in the setting, and supervision provided.

Table 6: Practice Settings and Average Hours of Work per Week

	Early Career Members (PSN2)		All NAADAC Members (PSN1)	
	%	Mean Hours	%	Mean Hours
Organizational Setting	62	39	43	40
Private Practice	34	39	16	33
Both Settings	4	43	41	51

The results confirmed expectations that new career members had lower incomes than more experienced addiction professionals and that there was a positive association between educational attainment and income for those employed in organizational settings. Overall, while only about a quarter of early career members earn more than \$35,000 per year in each practice setting, 47% and 78% of all NAADAC members earn more than \$35,000 in organizational settings and private practice, respectively. Furthermore, none of the early career members with less than an associate’s degree earned more than \$35,000 per year while 30% holding a bachelor’s degree or higher earned \$35,000 or more per year. In addition, as illustrated in Table 7, less experienced members working in organizational settings earn more than those working in private practice. This is in contrast to NAADAC members as a whole for whom members in private practice tend to earn more than those in organizational settings. It is possible that experienced members own or are partners in group private practices where as early career members are salaried employees.

Table 7: Full-time Salary by Practice Setting

	Early Career Members* (PSN2) (%)		All NAADAC Members** (PSN1) (%)	
	Org. Setting	Private Practice	Org. Setting	Private Practice
<\$25,000	27	41	15	12
\$25-29,999	24	26	17	4
\$30-34,999	25	9	21	6
\$35,000+	24	24	47	78

* For members reporting salary and working 30-50 hours/week in practice setting.

** Excludes respondents working in multiple practice settings; salary is full-time equivalent (40 hours).

This study also sought to identify the types of activities new addiction counselors typically perform and the diagnoses of the client on their caseloads. Results showed that early career members spent an average of 20% of their time performing screening and assessments. In addition, the findings indicated that these less experienced members spend about half of a typical week providing clinical consultations to clients in the form of individual and group counseling, with slightly more time devoted to individual counseling than group sessions. As expected, given their relative inexperience, early career members spend very little time providing clinical supervision and approximately 10% percent of their time on general

administrative activities. There are no noteworthy differences in the allocation of early career members' time in organizational settings as compared to their time in private practice.

Members new to the substance abuse field who are employed in organizational settings tend to have primary responsibility for slightly more clients than those employed in private practice settings. They also average slightly fewer clients on their caseloads than all NAADAC members working in organizational settings, although the difference may be negligible (refer to Table 8 for additional details). This difference may be a function of the fact that Association members as a whole have greater experience and may therefore have more administrative positions or supervisory duties which limit the number of clients for whom they have primary clinical responsibility. Early career members working in organizational settings, compared to those employed in private practice, are more likely to serve clients with either primary or secondary substance abuse or mental health disorders and to treat clients who had previously been treated for substance abuse problems. These patterns are similar for Association members as a whole who are employed in organizational settings. There is some ambiguity in this study with regard to the clients who are seen by early career members in private practice. They report that small proportions of their clients have either primary or secondary substance abuse or mental health disorders. This finding raises questions about the types of clients, and their presenting problems, that are being treated by early career members in private practice. (Refer to Table 8 for additional detail).

Table 8: Client Caseload and Characteristics by Practice Setting

	Early Career Members (PSN2)		All NAADAC Members (PSN1)	
	Organizational Setting	Private Practice	Organizational Setting	Private Practice
No. of Clients of Primary Clinical Responsibility (mean)	29	23	26	25
% Clients with 1° SA Disorder (mean)	75	23	68	55
% Clients with 2° SA Disorder (mean)	32	10	32	34
% Clients with 1° or 2° MH Disorder (mean)	44	18	NA	NA
% Clients Previously Treated for SA Disorder (mean)	48	25	44*	35*

* Clients previously treated for SA disorder or other compulsive disorder

Availability of Resources and Professional Development Needs

In addition to pursuing further education and training through participation in university and college courses, seminars and other forms of continuing education (Refer to Table 4), many new addiction counselors also access and receive substance abuse related education and training through their employers. The study finds that most early career members have at least some access to informational resources through their work sites, yet more than 20% have little or no access to instructional materials or current published literature. In addition, despite continually increasing access to the internet, 17% of members new to the field do not have access to internet materials. The majority of early career members do have access to in-service training (84%) (see Table 9). In addition, less experienced members also receive an average of five hours per week of clinical supervision from more senior addiction professionals. Early career members also report that organizationally based employers provide them with support to attend trainings and conferences. For example, 84% of respondents working in organizational settings reported that their employers provided them with paid time off to attend conferences or participate in trainings. Furthermore, on average, 66% of the training and conference costs incurred by early career members working in organizational settings were paid by their employer.

Table 9: Availability of Resources in Organizational Settings

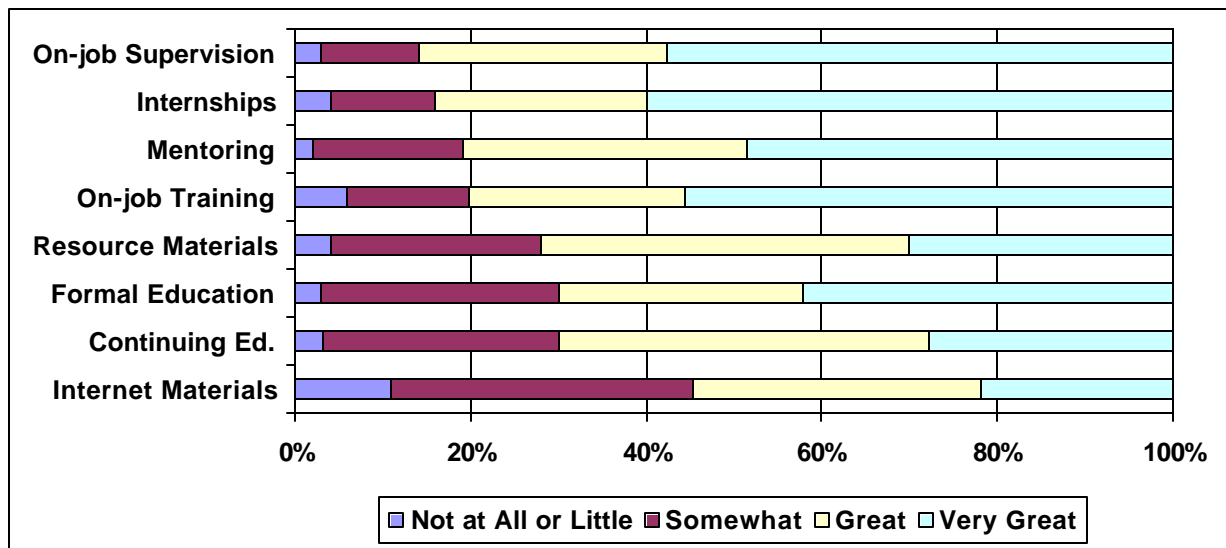
	Not at All or to a Little Extent (%)	To Some Extent (%)	To Great or Very Great Extent (%)
In-service Training	16	22	62
Access to SA Materials on Internet	21	11	68
Instructional materials	23	20	58
Current Published Literature	27	33	40

In addition to gauging access to substance abuse resources, this study sought to identify which types of professional development resources and materials new addiction counselors find most helpful. Such information can be of considerable utility when developing and disseminating training materials. In general, respondents expressed preferences for practical resources involving human interaction (e.g., internships, on-job training, supervision, mentoring) than for more formal written or didactic resources. As illustrated in Figure 2, on-the-job supervision was identified by the greatest proportion of early career members as of great or very great utility while internet materials were selected by the smallest proportion as of great or very great utility. Internships, mentoring and on-the-job training were also all identified by 80% or more of early career members as of great or very great utility.

Early career members were asked to name specific sources of resources or information that they have found helpful in becoming more effective counselors. NAADAC was volunteered by 29% of early career members. Other useful sources of information identified by sizable proportions of respondents include the National Clearinghouse for Alcohol and Drug Information (NCADI)

(14%), Join Together Online (12%), Addiction Technology Transfer Centers (ATTCs) (11%), and the Substance Abuse and Mental Health Services Administration (SAMHSA) (11%).

Figure 2: Counselors' Perceived Utility of Resources Used



The final professional development-related issue addressed by this PSN study was related to identifying substantive areas for additional training. Approximately one quarter of early career members volunteered co-occurring substance abuse and mental health disorders as an area in which they would like to receive further training and education. Women's issues and pharmacology were other frequently identified topics (refer to Table 10). It is noteworthy that, despite the imminence of HIPAA compliance, confidentiality was not identified by any of the respondents as an area in which additional training is needed or desired. The survey cannot discern whether this is because members are already receiving adequate training or if the topic is not perceived to be of high priority.

Table 10: Ten Most Frequently Volunteered Topics of Interest for Additional Training

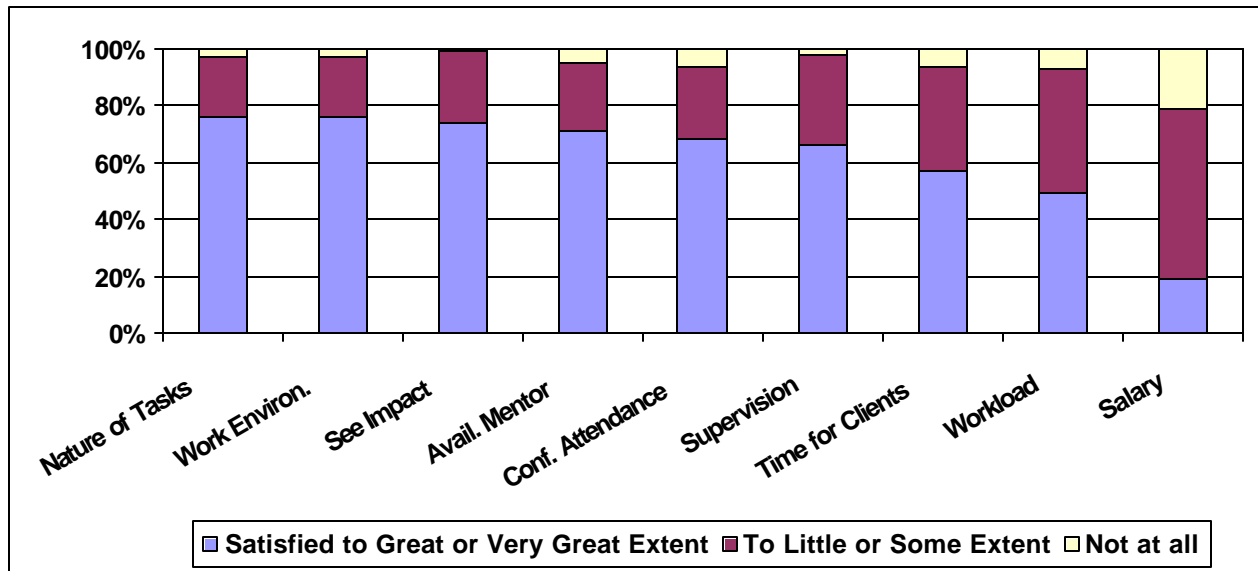
	Early Career Members (PSN2) (%)
Co-occurring substance abuse and mental health disorders	26
Women's issues	14
Pharmacology/medications for treating addictions	14
Adolescents	12
Treatment settings	10
Criminal justice population	6
Clinical interventions	6
Cultural/ethnic sensitivity	4
Standard clinical practices	4
Spiritual issues	4

Current Job Satisfaction and Likelihood of Pursuing a Career in the Addiction Field

Given the relatively high rate of staff turnover at substance abuse treatment facilities, this study attempted to identify the factors associated with new addiction counselors' job satisfaction since they could lead to actionable policy recommendations for enhancing retention. Generally, the members participating in this study reported relatively high levels of satisfaction with many dimensions of their positions (see Figure 3). Early career members are most satisfied with the consistency of their job descriptions and the tasks they perform, their work environments, and their ability to see an impact of their work on their clients. In contrast, given the lower salaries reported by early career members, they are least satisfied with salary and their workloads including having the ability to provide each of their clients with an adequate amount of attention.

The amount of mentoring and supervision that members new to the field receive is related to greater job satisfaction as members who receive more hours of supervision report higher levels of satisfaction. Ninety percent of members who receive four or more hours of supervision per week report that they are satisfied to a great or very great extent with the quality of their supervision. In contrast, only 48% of members receiving one hour per week and 59% of members receiving 2 or 3 hours per week report similar levels of satisfaction.

Figure 3: Satisfaction with Aspects of Current Job



Early career members also report satisfaction with employer support for conference and professional meeting attendance. Not surprisingly, members whose employers pay 100% of the costs of attendance are more satisfied than those whose employers pay none or only a portion of the costs. Eighty-one percent of early career members whose employers pay 100% of conference costs are satisfied to a great or very great extent, as compared to 47% of members whose employers pay less than 100% of costs. In addition, all less experienced members whose employers pay 100% of conference costs also receive paid time off for conference attendance. The study found no noteworthy differences in satisfaction between those with paid time off and those without among the members receiving less than 100% of costs. These findings suggest that there are other factors of importance, beyond paid time off and paid conference attendance, that influence new career counselors' satisfaction with employer support for conference attendance.

The availability of opportunities for advancement and/or counselors' perceptions of these opportunities are also likely to contribute to the rate of turnover by new addiction counselors. In addition to relatively high levels of satisfaction with many dimensions of their jobs, this study finds that about half of members who are new to the field believe that opportunities exist for career advancement in the field. It is also noteworthy that almost 20% of early career members believe that little or no opportunities for career advancement exist in the field. This is a particularly important finding given the concerns in the field that as the current substance abuse treatment workforce ages and retires there will be few new counselors to replace them. As indicated in Table 10, new addiction counselors with less than 10 years of total labor force experience are somewhat more likely to believe that there are opportunities for advancement than those with greater than 10 years of experience.

Table 10: Perception of Opportunities for Advancement in Substance Abuse Field by Years of Experience in General Workforce

Years Experience	Not at All or Little (%)	Somewhat (%)	Great or Very Great (%)
Less than 10 years	13	28	59
10-19 years	21	29	50
20 or more years	17	32	51
Total	17	30	53

Regardless of dissatisfaction with salary and workload, and the finding that only about half of early career members see opportunities for career advancement in the substance abuse field, 86% indicated that it is likely or very likely that they will pursue a long-term career in the field. This finding was consistent across various age categories. As indicated in Table 11, however, early career members with less than two years of substance abuse specific experience were most likely to indicate that it was unlikely or very unlikely that they would pursue a long-term career in the substance abuse field. These findings suggest that measures to enhance job satisfaction and retention would be most effectively directed to the very new addiction counselors. In addition, though sample sizes were small, there is some indication that increasing levels of educational attainment are associated with decreased likelihood of pursuing a career in substance abuse. This finding presents an opportunity for the substance abuse workforce to target retention efforts towards new counselors with more advanced education.

Table 11: Likelihood of Pursuing a Career in the Substance Abuse Field by Years of Substance Abuse Specific Experience

Experience in SA	Very Unlikely or Unlikely (%)	Likely or Very Likely (%)
Less than 2 years	21	79
2- 2.9 years	8	93
3 or more years	14	86
Total	14	86

Finally, the results show that early career members whose decision to pursue a career in substance abuse treatment was influenced to a great or very great extent by personal (self, family or friends) experience with substance abuse problems are most likely to pursue a long-term career in substance abuse. Ninety-three percent of these members indicate they are likely or very likely to pursue a long-term career in the field as compared to only 70% for whom personal substance abuse experience was of little or no influence on their decision to pursue a career in the field. (Refer to Table 12.)

Table 12: Likelihood of Career in Substance Abuse Field by Extent to Which Family/Friends/ Own Substance Abuse Problem Influenced Decision to Work in Substance Abuse Field

Extent to Which Factor in Career Decision	Very Unlikely or Unlikely (%)	Likely or Very Likely (%)
Not at all or Little	30	70
Somewhat	21	79
Great or Very Great	7	93
Total	14	87

VI. Discussion

This study, conducted through NAADAC’s Practitioner Services Network, was intended to provide information about the association’s members and early career addiction counselors. The purpose of this survey was to help NAADAC to learn more about the background, training, qualifications and experience of new substance abuse counselors; the settings in which they practice; their clients; and job retention issues including early counselors’ resource needs, job satisfaction and long-term career plans. The Association and the substance abuse treatment field can use the results from this study to tailor outreach efforts, resources, professional development opportunities, and retention strategies to fit with the needs and interests of new substance abuse counselors.

Results from this survey, based on a random sample of early career members, indicate that early career members are, on average, 42 years old, and likely to be female and white. While they are new to the substance abuse field, they have a significant number of years of prior work experience. Further study is needed to determine the extent to which counselors who are new to the substance abuse field have prior behavioral health or social service experience versus employment in non-human service fields. While early career members have less education than NAADAC members as a whole, the results suggest that they are working towards more advanced degrees. Significant proportions have received substantial amounts of training and professional development over the past year.

Given the large proportion of early career members who attend training and professional development activities, there is an opportunity for NAADAC, the CSAT Addiction Technology Transfer Centers and other organizations to tailor trainings to the needs of new addiction counselors. The findings suggest that early career members prefer to receive education and training that involves human interaction and hands-on experiences. Organizations that provide training to addiction counselors should bear in mind these preferences when designing future trainings. Also, very few early career members hold substance abuse certifications or licenses, including NAADAC-offered credentials. While this may be due in large part to the experience requirements of such credentials, the Association may explore how it can make its certifications more attractive to its early career members.

Workforce development and retention are currently of particular importance as the substance abuse field considers how to attract and retain qualified counselors in order to replenish the current aging workforce. It is therefore important for the substance abuse field and NAADAC

to understand what factors contribute to a decision to work in addiction counseling. This study finds that almost all new members chose to work in the field due, at least in part, to its challenging or interesting nature and a desire to work in a “helping” profession. While organizations have little control over these factors, they can have more influence over factors that will keep counselors in the field. Thus, early career members indicated the greatest dissatisfaction with salary, workload, the amount of time they have for their clients, and the quality of the supervision that they receive. These are specific areas in which NAADAC and other organizations could more easily advocate for changes or improvements.

In general, job satisfaction among early career members is relatively high. More than two-thirds of early career members indicated that they are satisfied to a great or very great extent with their work environments and the availability of mentorship. Furthermore, despite early career members’ very low salaries, which are substantially lower than salaries for NAADAC members as a whole, the majority of early career members indicate that they are likely to pursue a long-term career in substance abuse.

Early career members report having access to substance abuse related resources through a variety of media. Most counselors employed in organizational settings report adequate access to resources, though a sizeable proportion has little or no access to resources such as Internet access, current published literature, instructional materials and in-service training. There is also a gap between the availability and the utility of informational resources. For instance, while the majority of early career members have some access to the Internet, only about half of those members find it of great or very great utility to their counseling practices. New addiction counselors may also need to be educated about the full range of resources that are available to addiction professionals. For example, during the focus group discussions, the majority of the new counselors were unaware of the resources available to them. Likewise, when early career members were asked, in an open-ended question, to indicate the resources they’ve used or sources of information they’ve found helpful, very small proportions indicated use of any one particular resource such as the National Clearinghouse for Alcohol and Drug Information (NCADI), SAMHSA, and CSAT’s Treatment Improvement Protocols (TIPS) and Treatment Assistance Protocols (TAPS). Of particular importance to NAADAC was the finding that, although all respondents were NAADAC members, less than one third had utilized the associations’ resources. This finding identifies an opportunity for the Association to examine the appropriateness and accessibility of its informational resources for new substance abuse counselors.

Further research should be conducted to learn more about the nature of early career members’ private practice settings and the characteristics, nature and severity of presenting problems of clients treated in private practice. This study found that only a small proportion of clients with either primary or secondary substance abuse or mental health disorders are seen by early career members working in private practice. More information needs to be gathered about the configuration, staffing patterns, and specialties of private practice settings. There is uncertainty, based upon the results of this study, about the clients that are being treated in private practice by substance abuse counselors.

This PSN study of NAADAC’s early career members has assisted the association in gaining valuable information about the characteristics, training, education, and experience of early

career counselors. The results can inform the Association and the substance abuse treatment field in designing training and tailoring its outreach and resources to better align with the needs of new substance abuse counselors. In addition, this study has highlighted factors that affect job satisfaction and that will influence early career counselors' decisions regarding whether to pursue a career in the field. This can help NAADAC and the substance abuse field in their efforts to attract and retain more new counselors.

Appendix A
Practitioner Survey

- 99. Unknown
- 96. Refused

B. SUBSTANCE ABUSE QUALIFICATIONS

We are interested in learning more about your education and training in substance abuse. The next several questions will focus on your professional background and training.

- B1. What is the **HIGHEST** level of education you have completed or highest degree you have received?

[NOTE TO INTERVIEWER: RESPONDENT SHOULD SELECT SINGLE BEST ANSWER.]

- 1. High School Diploma/G.E.D.
- 2. Associate's Degree
- 3. Bachelor's Degree
- 4. Master's Degree
- 5. Doctorate
- 6. Doctor of medicine (MD or DO)
- 98. Other (please specify)_____
- 97. None
- 96. Refused

- B2. How long have you been employed in the workforce including employment both in and outside of the behavioral health/substance abuse fields? Please include both full-time and part-time employment in your response.

[NOTE TO INTERVIEWER: RECORD WHOLE YEARS AND MONTHS. FOR 5 OR MORE YEARS, BEST ESTIMATE IS FINE.]

Valid range = years: integer from 1 to 60; months: integer from 1 to 11

- B3. How long have you been providing behavioral health services including substance abuse and/or mental health services?

[NOTE TO INTERVIEWER: RECORD WHOLE YEARS AND MONTHS. FOR 5 OR MORE YEARS, BEST ESTIMATE IS FINE.]

Valid range = years: integer from 1 to 60; months: integer from 1 to 11; total time must be less than or equal to answer given in B2

- B4. How much of that time (identified in B3) have you been working primarily with clients with substance abuse disorders?

[NOTE TO INTERVIEWER: RECORD WHOLE YEARS AND MONTHS.]

Valid range = years: integer from 1 to 60; months: integer from 1 to 11; total time must be less than or equal to answer given in B3

- B5. Do you currently hold any **substance abuse** licenses or certifications? If so, what are they? [DO NOT READ OUT]

[NOTE TO INTERVIEWER: PLEASE MARK ALL THAT APPLY]

1. Certified Clinical Supervisor
2. State Certified/Licensed as a Substance Abuse Counselor
3. NAADAC National Certified Addiction Counselor (NCAC) I
4. NAADAC National Certified Addiction Counselor (NCAC) II
5. NAADAC Master Addiction Counselor (MAC)
6. Not currently certified, but working toward initial certification/licensure
98. Other National addiction counselor certification (Please specify _____)
97. None
96. Refused
99. Don't know

- B6. Do you currently hold any other behavioral health or health licenses/credentials? If so, what are they? [DO NOT READ OUT]

[NOTE TO INTERVIEWER: PLEASE MARK ALL THAT APPLY]

1. Licensed Professional Counselor
2. Licensed Clinical Social Worker
3. Licensed Marriage and Family Therapist
4. Licensed/Certified Mental Health Counselor
5. Licensed Clinical Psychologist
6. Certified Employee Assistance Professional
7. Registered/Licensed Nurse
8. Licensed MD or DO
98. Other license/certification (Please specify _____)
97. None
96. Refused
99. Don't know

- B7. Have you **EVER** had the following types of education and training in **substance abuse treatment**? [READ OUT; MULTI-RESPONSE]

1. Formal coursework during your academic program
2. Internship(s)
3. Volunteer work
4. Continuing education (including workshops and seminars)
5. Home study
98. Other training/education (please specify _____)
97. None of the above

[NOTE TO INTERVIEWER: USE 96 FOR REFUSED AND 99 FOR DON'T KNOW]

- B8. Have you **EVER** had the following types of education and training in **mental health disorders**? [READ OUT; MULTI-RESPONSE]

1. Formal coursework during your academic program
2. Internship(s)
3. Volunteer work
4. Continuing education (including workshops and seminars)
5. Home study
98. Other training/education (please specify _____)
97. None of the above

[NOTE TO INTERVIEWER: USE 96 FOR REFUSED AND 99 FOR DON'T KNOW]

- B9. In the **past 12 months**, have you had any of the following types of training or professional development (in any content area)? [READ OUT; MULTI RESPONSE]

1. Formal in-service training at your job
2. University/college courses (for credit; do not include adult ed.)
3. Professional meetings or conferences
4. Other seminars or workshops
5. Home study
- 97 None of the above [GO TO B12](#)

[NOTE TO INTERVIEWER: USE 96 FOR REFUSED AND 99 FOR DON'T KNOW]

- B10. [FOR ANY OF \(1-5\) SELECTED ABOVE, ASK](#) Over the **last 12 months**, about how many hours did you spend in (...computer to insert type of training from B9)?

[NOTE TO INTERVIEWER: RECORD WHOLE HOURS.]

Valid range = integer from 1 to 2000; (assuming they couldn't spend more than 40 hours a week for 50 weeks)

- B11. Just to check then, that gives a total of (computer to sum all hours from B10). Is that about right?

[GO BACK AND ADJUST B10 UNTIL RESPONDENT SAYS OK](#)

Valid range = integer from 1. to 2000; (assuming they couldn't spend more than 40 hours a week for 50 weeks combined on all training)

B12. I'm now going to ask you to rate a list of resources that I will read out. Please tell me if you have ever used this resource.

[INTERVIEWER: READ OUT; MULTI RESPONSE]

1. Formal education
2. Internships
3. Continuing education (include conferences, workshops, training on specialized topics)
4. On the job training
5. On the job supervision
6. Advice/mentoring from co-workers
7. Resource materials (e.g. videos, books, current literature)
8. Materials on the Internet
97. None of the above [GO TO C1](#)

B13. For each of the resources that you have used, I'm going to ask you to rate how helpful it has been in preparing you to work with substance abuse clients. Use a 5 point scale, where

- 1 means it's not at all helpful
- 2 means it's helpful to a little extent
- 3 means it's helpful to some extent
- 4 means it's helpful to a great extent, and
- 5 means it's helpful to a very great extent.

[NOTE TO INTERVIEWER: USE 96 FOR REFUSED AND 99 FOR DON'T KNOW/NOT SURE]

please rate (...computer to insert resources used from B11)

C. REASONS FOR CHOOSING SUBSTANCE ABUSE FIELD

C1-9. I am now going to ask you to rate a list of factors that might have influenced your decision to work in the substance abuse field. For each of these factors, please indicate the extent to which it was influential in your decision to work in the substance abuse field. To rate these factors, please use a 5 point scale where

- 1 means it was not at all a factor in your decision
- 2 means it was to a little extent
- 3 means it was to some extent
- 4 means it was to a great extent and

5 means it was to a very great extent

[NOTE TO INTERVIEWER: USE 96 FOR REFUSED AND 99 FOR DON'T KNOW/NOT SURE]

please rate...

- C1. Availability of jobs in the field
- C2. Work is consistent with education/training
- C3. Work in general MH field led to interest in SA
- C4. Desire to work in "helping" profession
- C5. Existence of substance abuse problems in the community
- C6. Family/Friends/Self have/had SA problems
- C7. Work is challenging or interesting
- C8. Opportunity for advancement in the field
- C9. Salary or benefits

D. PRACTICE SETTING AND CLIENT CHARACTERISTICS

Workplace Characteristics

The next set of questions focus on the characteristics of your workplace and the nature of your work.

D1. In a **typical** week, do you work in the following types of practice settings?

- 1. Organizational or institutional facility
- 2. Independent or private practice

[NOTE TO INTERVIEWER: INDEPENDENT/PRIVATE PRACTICE SETTINGS ARE THOSE IN WHICH THE PRACTITIONER IS NOT STAFF OR CONTRACTED STAFF OF AN ORGANIZATIONAL/INSTITUTIONAL FACILITY (SUCH AS A HOSPITAL, COMMUNITY MENTAL HEALTH CENTER, OR A FREESTANDING TREATMENT PROGRAM).]

D2. **FOR ANY OF (1-2) SELECTED ABOVE ASK:** In a **typical** week, how many hours do you spend in (...computer to insert practice setting from above)?

[NOTE TO INTERVIEWER: RECORD WHOLE HOURS]

Valid range= 1- 72 (assuming 12 hours of work per day for 6 days a week)

FOR RESPONDENTS WHO DO NOT WORK IN ORGANIZATIONAL OR INSTITUTIONAL FACILITIES (ANSWERED NO TO ITEM (1) in QUESTION D1) – SKIP TO QUESTION D23

FOR PRACTITIONERS IN ORGANIZATIONAL/INSTITUTIONAL FACILITIES

The next set of questions that I will ask you are related to your work experience in the **organizational or institutional facility** in which you work. Please respond based only upon your experiences in an organizational/institutional setting. If you work in more than one such facility, please respond based on the organizational practice setting in which you typically spend the most time each week.

Setting Characteristics

D3. In what type of facility or organizational setting do you work? [READ OUT]

[NOTE TO INTERVIEWER: PLEASE MARK ALL THAT APPLY]

1. General hospital with an outpatient substance abuse unit on site
2. Psychiatric hospital with an outpatient substance abuse unit on site
3. Other specialized hospital with an outpatient substance abuse unit on site
4. Outpatient substance abuse treatment facility
5. Community Mental Health Center or other mental health facility that provides a variety of services
6. Community Health Center, including Migrant Health Center, Urban Indian Program, Health Care for the Homeless Center
7. Halfway House
8. Therapeutic Community
9. Other Residential substance abuse treatment facility
10. Community or religious organization/agency that provides a variety of social services
98. Other (specify) _____
99. Don't know
96. Refused

Employee Characteristics

D4. What is your **primary** position within the agency in which you work? [DON'T READ OUT]

[NOTE TO INTERVIEWER: SELECT SINGLE BEST RESPONSE]

1. Intern
2. Counselor technician
3. Detox technician
4. Addiction counselor
5. Senior addiction counselor
6. Case manager
7. Family therapist
8. Volunteer
98. Other (please specify _____)
99. Don't know
96. Refused

D5. How long have you been employed by your **current** employer?

[NOTE TO INTERVIEWER: PLEASE RECORD TIME IN WHOLE MONTHS. FOR RESPONDENTS WHO GIVE APPROXIMATIONS IN YEARS, PLEASE CONVERT TO MONTHS]

Valid range integer 1 - not to exceed number of years (converted to months) of total employment in B2.

D6. Were you employed (by a different employer) immediately prior to your current position?

IF NO – SKIP TO QUESTION D11.

D7-10. We are interested to know what factors led to your most recent decision to change jobs. For the following factors, please rate the extent to which they contributed to your most recent change in employment. To rate these factors, please use a 5 point scale where

- 1 means it was not at all a factor in your decision to switch jobs
- 2 means it was to a little extent
- 3 means it was to some extent
- 4 means it was to a great extent and
- 5 means it was to a very great extent

[NOTE TO INTERVIEWER: USE 96 FOR REFUSED AND 99 FOR DON'T KNOW/NOT SURE]

please rate:

D7. Higher salary/better benefits from new job

- D8. Better position or more opportunity for career advancement
- D9. Different scope of work or job responsibilities
- D10. Geographic move unrelated to change in employment

D11. The next set of questions asks for some basic information about the clients you treat. How many clients do you currently have primary clinical responsibility for?

[NOTE TO INTERVIEWER: RECORD WHOLE CLIENTS]

Valid Range = integer 1+

D12-15. Of those clients, what percentage:

- D12. Have substance abuse as a primary diagnosis?
- D13. Have substance abuse as a co-occurring or secondary diagnosis?
- D14. Have been previously treated for substance abuse disorders?
- D15. Have a primary or secondary mental health disorder?

[NOTE TO INTERVIEWER: RECORD WHOLE PERCENTAGES]

Valid Range = 0 - 100%

D16. In a typical week, what is your salary for your (...computer to insert number of hours given for organizational settings {item 1 for question D2}) hours of work in an organizational or institutional setting? Please provide **gross salary** before taxes, social security, retirement, and other deductions. [DON'T READ OUT]

- 1. < \$288/wk (< \$15,000/yr)
- 2. \$288-480/wk (\$15,000-24,999/yr)
- 3. \$481-576/wk (\$25,000-29,999/yr)
- 4. \$577-673/wk (\$30,000-34,999/yr)
- 5. \$674-769/wk (\$35,000-39,999/yr)
- 6. \$770+/wk (\$40,000+/yr)
- 96. Refused
- 99. Don't know

D17-20. I am now going to ask you about the availability of a series of substance abuse-related resources from your employer. For each of the following resources, please indicate the extent to which they are readily provided by your work site. Please use a 5 point scale where

- 1 means it is not at all available
- 2 means it is available to a little extent

- 3 means it is available to some extent
- 4 means it is available to a great extent and
- 5 means it is available to a very great extent

[NOTE TO INTERVIEWER: USE 96 FOR REFUSED AND 99 FOR DON'T KNOW/NOT SURE]

To what extent are each of the following available?

- D17. Instructional materials (e.g., videos, books)
 - D18. Current published literature
 - D19. In service training on specialized topics
 - D20. Access to substance abuse materials on the Internet
- D21. Does your employer provide you with paid time off to participate in training or conferences?
- D22. Thinking about all of the costs associated with your own training or conference attendance in the past year, what percent was paid by your employer?

[NOTE TO INTERVIEWER: PLEASE RECORD WHOLE PERCENTAGES]

Valid range = 0 -100%

FOR PRACTITIONERS WHO DO NOT WORK IN INDEPENDENT/PRIVATE PRACTICE SETTINGS (ANSWERED NO TO ITEM (2) in QUESTION D1)– SKIP TO QUESTION E1

FOR PRACTITIONERS IN INDPENDENT/PRIVATE PRACTICE SETTINGS

The next set of questions that I will ask you are related to your work experience in the **private practice or independent practice setting** in which you work. Please respond based only upon your experiences in a private/independent practice setting. If you work in more than one such practice, please respond based on the private/independent practice setting in which you typically spend the most time each week.

- D23. The next set of questions asks for some basic information about the clients you treat. How many clients do you currently have primary clinical responsibility for?

[NOTE TO INTERVIEWER: RECORD WHOLE CLIENTS]

Valid Range = integer, 1+

D24-27. Of those clients, what percentage:

- D24. Have substance abuse as a primary diagnosis?
- D25. Have substance abuse as a co-occurring or secondary diagnosis?
- D26. Have been previously treated for substance abuse disorders?
- D27. Have a primary or secondary mental health disorder?

[NOTE TO INTERVIEWER: RECORD WHOLE PERCENTAGES]

Valid Range = 0 - 100%

D28. In a typical week, what is your salary for your (...computer to insert number of hours given for private practice {item 2 for question D2}) hours of work in a private or independent practice setting? Please provide **gross salary** before taxes, social security, retirement, and other deductions. [DON'T READ OUT]

- 1. < \$288/wk (< \$15,000/yr)
- 2. \$288-480/wk (\$15,000-24,999/yr)
- 3. \$481-576/wk (\$25,000-29,999/yr)
- 4. \$577-673/wk (\$30,000-34,999/yr)
- 5. \$674-769/wk (\$35,000-39,999/yr)
- 6. \$770+/wk (\$40,000+/yr)
- 96. Refused
- 99. Don't know

E. TREATMENT PRACTICES AND JOB SATISFACTION

E1. We are interested in learning more about your typical clinical activities. In a typical week, do you spend any time on the following activities?

[NOTE TO INTERVIEWER: READ OUT; MULTIRESPONSE]

- 1. Screening and assessments
- 2. Individual counseling
- 3. Group counseling
- 4. Case management
- 5. Providing clinical supervision
- 6. Administrative activities
- 98. Other
- 96. Refused

- E2. **FOR ANY OF THE (1-98) SELECTED ABOVE, ASK:** In a typical week, approximately what percent of your time do you spend on (...computer to insert type of activity from E1)?

[NOTE TO INTERVIEWER: RECORD WHOLE PERCENTAGES]

Valid range = integer 0 to 100%; sum of percentages should not exceed 100%

- E3-11. The next group of questions will ask you to rate how satisfied you are with different aspects of your current job. To rate your satisfaction with your current position, please use a 5 point scale where:

- 1 means you are not at all satisfied
- 2 means you are satisfied to a little extent
- 3 means you are satisfied to some extent
- 4 means you are satisfied to a great extent and
- 5 means you are satisfied to a very great extent

[NOTE TO INTERVIEWER: PLEASE USE 96 FOR REFUSED AND 99 TO INDICATE DON'T KNOW OR NOT APPLICABLE]

Please rate your satisfaction with:

- E3. Salary
 - E4. Workload
 - E5. Work environment
 - E6. Ability to see an impact of your work on clients
 - E7. Quality of supervision received
 - E8. Availability of a mentor to guide your professional development
 - E9. Ability to provide each client on your caseload with an adequate amount of attention
 - E10. Having tasks to perform that are consistent with job description
 - E11. Support from employer to attend conferences/seminars
- E14. On average, approximately how many hours each week do you receive clinical supervision (e.g., provision of clinical services overseen by a senior counselor or case review with a supervisor)?

[NOTE TO INTERVIEWER: ENTER WHOLE HOURS ONLY]

Valid range = 0 - should not exceed total hours worked given in D2

Likelihood of Career in SA

E15. To what extent do you agree that there are opportunities for career advancement in the substance abuse field?

[INTERVIEWER: READ OUT]

1. Not at all
2. To a little extent
3. To some extent
4. To a great extent
5. To a very great extent
96. Refused
99. Don't know/not sure

E16. At this time, given your current interest and experiences, how likely do you think you are to pursue a long-term career in the substance abuse field?

[INTERVIEWER: READ OUT]

1. Very unlikely
2. Unlikely
3. Likely
4. Very Likely
96. Refused
99. Don't know/not sure

Knowledge of and Need for SA Resources

E17. Do you have access to the Internet from the following locations?

[NOTE TO INTERVIEWER: READ OUT; MULTIRESPONSE]

1. Office
2. Home
3. Other

[NOTE TO INTERVIEWER: USE 96 FOR REFUSED AND 99 FOR DON'T KNOW/NOT SURE]

E18. What substance abuse related resources/sources of information have you found helpful in becoming a more effective counselor?

[NOTE TO INTERVIEWER: DO NOT READ OUT; MARK ALL THAT APPLY]

1. National Clearinghouse for Alcohol and Drug Information (NCADI)
2. Center for Substance Abuse Treatment's Treatment Improvement Protocols (TIPS)
3. Center for Substance Abuse Treatment's Treatment Assistance Protocols (TAPS)
4. National Evaluation Data Services (NEDS)
5. CESAR Fax
6. Substance Abuse and Mental Health Services Administration (SAMHSA)
7. NAADAC
8. Join Together Online
9. Addiction Technology Transfer Centers (ATTCs)
10. State office of Substance Abuse Services
98. Other, please specify_____
97. None
99. Don't know
96. Refused

E19. In what areas/on what substance abuse related topics would you like to receive further training?

[NOTE TO INTERVIEWER: DO NOT READ OUT; MARK ALL THAT APPLY]

1. Women/women's issues
2. Pregnant women
3. Adolescents
4. Elderly
5. Homeless
6. Criminal justice population
7. HIV-positive
8. Hepatitis C -positive
9. Dual disorders/Co-occurring mental health and substance use disorders
10. Avoiding counselor burnout/self-care
11. Best practices
12. Standard clinical practices
13. Accessing non-SA resources for clients
14. Cultural/ethnic sensitivity
15. Pharmacology/medications for treating addictions
16. Spiritual issues
17. Clinical interventions
18. Treatment settings
19. Managed care
98. Other, please specify_____
97. None
99. Don't know
96. Refused