

# NEDS ANALYTIC SUMMARY

Summary #26  
September  
2001

## Highlights

Detailed data about the substance abuse treatment workforce can help policy makers and treatment providers make informed decisions about staffing and client needs.



## Profile of Clinicians in the National Treatment Improvement Evaluation Study (NTIES)



### NEDS Analytic Summary Series

The Center for Substance Abuse Treatment (CSAT) works to improve the lives of those affected by alcohol and other substance abuse, and, through treatment, to reduce the ill effects of substance abuse on individuals, families, communities, and society at large. Thus, one important CSAT mission is to expand the knowledge about effective substance abuse treatment and recovery services. In support of these efforts, CSAT established the National Evaluation Data Services (NEDS) contract to provide a wide array of secondary data analysis products to the substance abuse treatment field.

Specifically, the NEDS project is focused upon providing CSAT with an analytic capability to use existing data to address policy- and practice-relevant topics as well as future research and evaluation activities. NEDS has developed several product lines designed to provide analytic findings to substance abuse treatment policy makers, service providers, services researchers and evaluators in a format that is most useful to the end user.

The Analytic Summary is one of the NEDS product lines. The purpose of the Analytic Summary is to provide a brief summary of each technical report produced by NEDS written in non-technical language. Readers who find the Analytic Summary results of interest can contact the original NEDS technical report authors for more detailed information. Through this process, the NEDS Analytic Summaries provide information to the substance abuse treatment field and promote linkages among different areas in the field.

### This Analytic Summary

This Analytic Summary is based on the NEDS Technical Report titled *Profile of Clinicians in the National Treatment Improvement Evaluation Study (NTIES)* (Wisdom, G., French, K., Karageorge, K., & Screen, A., 2001). For a more thorough discussion of the analysis and findings, please obtain a copy of the complete Technical Report. Information for doing so is provided on the last page of this summary.

### Contents

|                               |    |
|-------------------------------|----|
| Analytic Importance . . . . . | 2  |
| Analytic Approach . . . . .   | 3  |
| Findings . . . . .            | 4  |
| Implications . . . . .        | 11 |
| Future Steps . . . . .        | 13 |

# Profile of Clinicians in the National Treatment Improvement Evaluation Study (NTIES)

## **Analytic Importance**

One important function of CSAT is to expand the knowledge about, and the availability of, effective treatment and recovery services for those affected by alcohol and other substance abuse. In sponsoring these analyses of the data it has collected, CSAT is attempting to gain useful insight into the fundamental question: *What constitutes effective (and cost-effective) treatment, and for what populations?*

Within the field of substance abuse treatment, relatively little is known about the workforce that provides treatment services. As noted by the Workforce Panel of the National Treatment Plan Initiative (Substance Abuse and Mental Health Services Administration, 2000), there is still no current national, common workforce data set or repository of substance abuse treatment workforce data.

Another challenge is that the substance abuse treatment workforce consists of multiple professional disciplines, with treatment staff operating across both public and private sectors in the context of varied treatment modalities. In addition, there is no established training or educational curriculum on substance abuse and addictive disorders that is common across professional disciplines, nor is there a uniform system for credentialing substance abuse treatment staff.

In response to the lack of common training and credentialing across disciplines, CSAT implemented the Addiction Technology Transfer Center (ATTC) initiative to promote knowledge transfer.

This lack of knowledge hampers efforts to identify and address workforce

problems. It limits policy debates focused specifically on workforce matters, and it hinders attempts to analyze issues regarding workforce supply and demand in a meaningful way. In order to bridge this information gap, further research into a wide range of workforce-related matters is clearly needed.

In the absence of suitably robust workforce data, a thorough study of the limited information that has been gathered to date may provide important insights to substance abuse treatment policy makers and administrators.

## **Analytic Purpose**

This analysis was designed to augment the small body of existing knowledge about the substance abuse treatment workforce by providing a descriptive profile of clinicians working in publicly-funded treatment facilities.

Underlying the analysis was the assumption that a detailed clinician profile could be substantially useful to both policy makers and treatment providers in addressing a wide range of issues. A better understanding of workforce make-up may, for example, enhance efforts to build and maintain high-quality staff and inform approaches to clinician and client matching within treatment facilities.

The analysis focused on more than 800 clinicians who worked in facilities that participated in the National Treatment Improvement Study (NTIES) begun in 1992. The NTIES study focused on treatment populations in facilities that received funding from CSAT through three demonstration programs: Target Cities, Critical Populations, and Incarcerated and Non-incarcerated Criminal Justice Programs.

**This profile of clinicians includes information on:**

- **Demographic characteristics**
- **Experience and training**
- **Professional disciplines and credentials**
- **Ranking of treatment services**
- **Salary levels.**



## Profile of Clinicians in the National Treatment Improvement Evaluation Study (NTIES) (cont.)

The analysis addressed five key questions:

- What were the demographic characteristics of the NTIES substance abuse treatment workforce?
- What were the education and experience levels of the workforce members and what types of training did they receive?
- What were the clinicians' professional disciplines and credentials?
- What were the salary levels within the workforce?
- Were there differences in clinician characteristics and staffing patterns among various treatment modalities?

Clinicians profiled in this analysis worked in large metropolitan, publicly-funded treatment programs providing services largely to minority and special population clients.

### **Analytic Approach**

This analysis examined two NTIES data sets. One set was based on information supplied directly by the clinicians themselves from the NTIES Clinical Form (NCF) administered in 1993 and 1994. The other set was based on information provided by directors of the service delivery units (SDUs)<sup>1</sup> where the clinicians worked. The director data come from the NTIES Baseline Administrative Report (NBAR) administered in 1993. The final sample size included 825 clinicians and 65 SDU directors.

NTIES questionnaire items from both clinicians and SDU directors were used as the basis for analyzing (1) clinician demographics (gender, race/ethnicity, age, education); (2) years of experience and training; (3) professional disciplines and credentials; and (4) SDU-level administrative data. Salary data were based on information supplied by the SDU directors alone.

**Clinician data.** For the purpose of this analysis, clinicians were defined as those individuals who directly provided substance abuse treatment services to clients. Treatment services included, for example, counseling, group facilitation, case management, intake and assessment, treatment planning, and discharge. The clinicians included:

- Licensed clinical social workers (LCSWs)
- Licensed clinical psychologists
- Nurse practitioners
- Licensed medical practitioners (including medical doctors and physician assistants)
- Certified addictions counselors (CACs)
- Direct service providers who held other licenses.

All of the 825 clinicians included in the final sample worked at SDUs for which administrative data about the treatment staff also were available. Five different treatment modalities were represented.

**This analysis included two data sets:**

- **Clinician data from 825 clinicians**
- **Administrative data from 65 directors of service delivery units where the clinicians worked.**



<sup>1</sup>Service delivery unit (SDU) is defined by CSAT as a single site offering a single level of care. The classification of level of care is based on three parameters: facility type (e.g., hospital), intensity of care (e.g., 24-hour), and type of service (e.g., outpatient). An SDU could be a stand-alone treatment provider, or it could be one component of a multi-tiered treatment organization.

**Women comprised the majority of clinicians in every treatment modality, but men generally had more years of experience.**

## Profile of Clinicians in the National Treatment Improvement Evaluation Study (NTIES) (cont.)

The numbers of clinicians working within each modality were:

- Methadone (105)
- Outpatient non-methadone (288)
- Short-term residential (94)
- Long-term residential (153)
- Correctional (185).

**Administrative data.** The SDU-level analysis employed administrative data from the NBAR administered to SDU directors in June 1993. The data were obtained from the directors of the final NTIES sample of 65 SDUs that delivered treatment services to clients in the NTIES. The numbers of directors providing data for this analysis within each of the same five modalities were:

- Methadone (6)
- Outpatient non-methadone (28)
- Short-term residential (6)
- Long-term residential (15)
- Correctional (10).

Information supplied by the directors pertained to the SDU staff as a whole, not only to the clinicians who participated in NTIES and completed the baseline questionnaire.

Descriptive statistics, including frequency distributions and cross-tabula-

tions, were the primary techniques used to analyze the two data sets in pursuit of answers to the five key analytic questions. This analysis was one of the few attempts made thus far to describe clinician characteristics and staffing patterns across treatment modalities.

### Findings

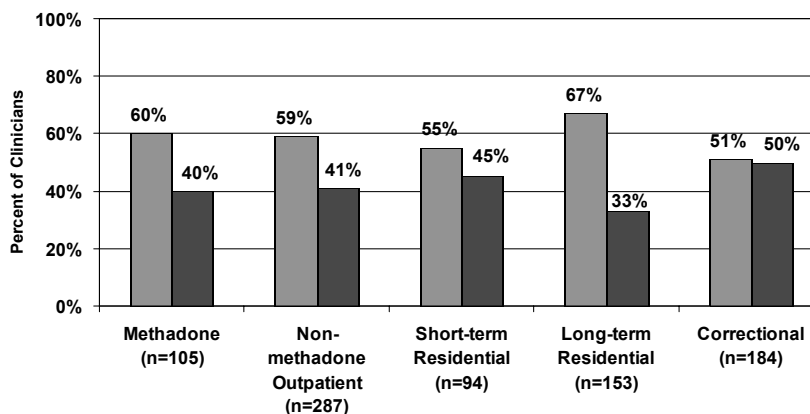
The analysis yielded detailed information regarding clinician demographics, education, experience, professional qualifications, and salary levels. In several instances, there were statistically significant variations associated with specific modalities.

### Demographic Characteristics of Clinicians

Clinicians were, on average, 42 years old. They were from racially and ethnically diverse backgrounds, and they were predominantly women. The majority had a college education.

**Gender.** Women comprised the majority of clinicians in every treatment modality. Of the total sample, more than half (58%) were women. Exhibit 1 presents clinician gender by modality.

**Exhibit 1**  
**Clinician Gender by Modality**  
(n=823)  
■ Women ■ Men



## Profile of Clinicians in the National Treatment Improvement Evaluation Study (NTIES) (cont.)

- The largest gender difference was in the long-term residential modality, in which women comprised 67 percent of the clinicians.
- Men and women were most evenly represented—50 percent and 51 percent, respectively—in the correctional modality.

Gender differences by modality were statistically significant.

**Race/Ethnicity.** A narrow majority of the clinicians (51%) were white. More than one-third (36%) were black, and 10 percent were of "other race," not including Native American (2%) or Asian/Pacific Islander (1%). Exhibit 2 presents clinician race/ethnicity by modality.

- Blacks comprised the highest proportion of clinicians in the short-term residential (47%) and methadone treatment (41%) modalities.
- White clinicians comprised the largest racial group in the non-methadone outpatient (55%), long-

term residential (54%), and correctional (55%) modalities.

- Native Americans and Asian/Pacific Islanders were the least represented racial groups in all modalities, comprising no more than 4 percent of clinicians within any single modality.

Clinicians were not asked whether they were Hispanic, but rather whether they had a Spanish-speaking background, and if so, they were asked to specify a type of Spanish-speaking background. Overall, 11 percent of the clinicians identified themselves as having a Spanish-speaking background. Among them, 45 percent identified Mexico and 29 percent identified Puerto Rico as their countries of ethnic origin.

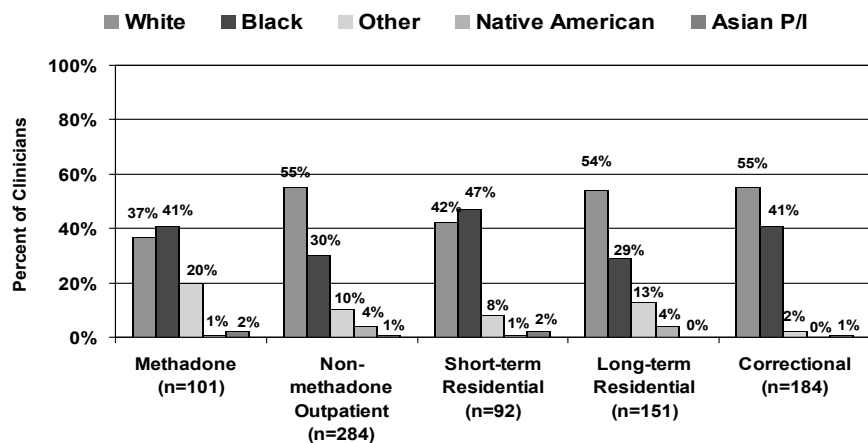
**Age.** The clinicians' ages ranged from 22 to 81 years, with an average age of 42 years. Exhibit 3 shows the distribution of clinicians by age.

- More than two-thirds (66%) of the clinicians were between 35 and 54 years of age.

**About half of the clinicians were white, and more than one-third were black.**

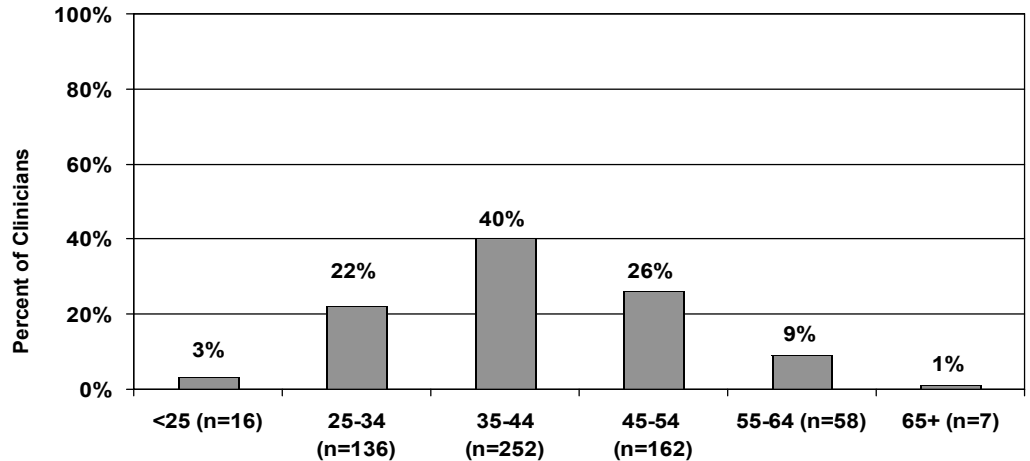
**The clinicians ranged in age from 22 to 81 years, with an average of 42 years.**

**Exhibit 2  
Clinician Race by Modality  
(n=812)**



## Profile of Clinicians in the National Treatment Improvement Evaluation Study (NTIES) (cont.)

Exhibit 3  
Clinician Age  
(n=631)



Nearly 90 percent of clinicians were educated beyond high school, and 29 percent held post-graduate degrees.

- Very small proportions of the clinicians were under age 25 (3%) or over age 65 (1%).

Unlike the distribution patterns by gender and race/ethnicity, the age distribution pattern among clinicians was consistent across modalities.

**Education.** The clinicians were well educated in comparison to the U.S. population in general. Among those who reported their education, nearly 90 percent had been educated beyond high school and 29 percent held post-graduate degrees.

- The pattern of educational levels by gender was similar, with equal proportions of men and women having less than a Bachelor's degree (45%), and having college degrees from 2-year to post-graduate (55%).
- Race was significantly associated with educational level. Black clinicians comprised the largest proportion of those with less than a 2-year college degree (51%), compared to white (19%) and "other

race" (34%) clinicians. Among clinicians with a 2-year to a post-graduate degree, the largest proportion was white clinicians (81%). A larger portion of white clinicians (41%) than black (15%) or other (23%) clinicians held post-graduate degrees.

- Treatment modality was significantly associated with educational level (see Exhibit 4). Clinicians working in outpatient (methadone and non-methadone) modalities were evenly distributed among those with less than a Bachelor's degree, a Bachelor's degree, or a post-graduate degree. In the residential and correctional modalities, the largest proportion of clinicians were those with less than a Bachelor's degree (short-term residential, 62%; long-term residential, 51%; and correctional, 48%).

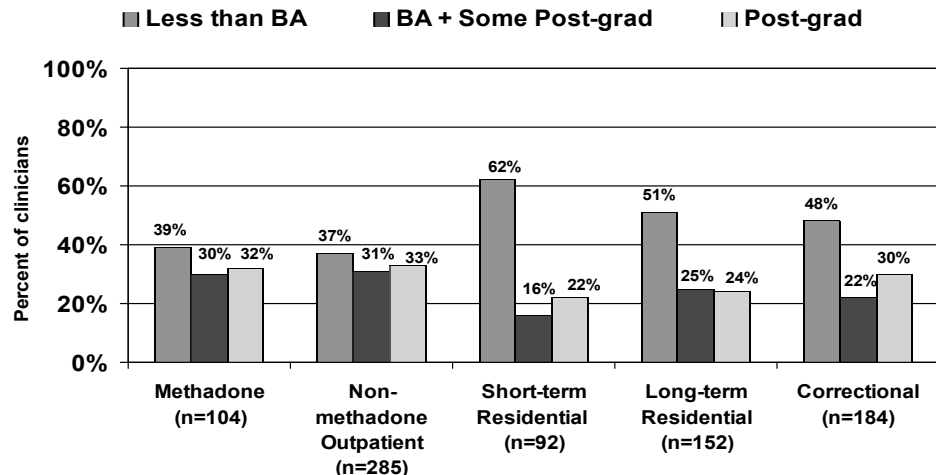
### Experience and Training

In addition to demographics, the experience and training of clinicians are important factors for describing the treatment workforce. This analysis examined years of experience among



## Profile of Clinicians in the National Treatment Improvement Evaluation Study (NTIES) (cont.)

Exhibit 4  
Clinician Education by Modality  
(n=817)



The average number of years in clinical practice was significantly larger for men (7) than for women (5).

Over 8 out of 10 clinicians had received drug/alcohol-specific training during the prior year.



clinicians, and the training they received, including drug/alcohol specific training and the types of training (e.g., in-service, university or college) they received.

**Years of Experience.** Clinicians were asked how many years they had been providing services to alcohol- and drug-dependent clients. Overall, the average number of years in clinical practice was 6 years.

- Not surprisingly, the average years of experience increased with advancing age.
- The average number of years in clinical practice was higher for men (7 years) than for women (5 years).
- Clinicians working in methadone facilities had significantly more years of experience (8) than did clinicians working in all other modalities (averaging 6 years).

Analysis of the clinicians' responses revealed no link between race/ethnicity and years of experience.

**Training.** The clinicians were also asked to report their training experiences in the past year, including whether or not they had received drug/alcohol-specific training. In addition, clinicians reported the types of training that they had received during the past year, including in-service sessions, university or college course work, professional conferences, or internship programs.

- The large majority (86%) of clinicians had received drug/alcohol-specific training during the prior year. Of those, 83 percent had received in-service training and 62 percent had received training at a professional conference.
- The largest proportion of clinicians who had received drug/alcohol-specific training during the prior year were working in long-term residential (93%) and outpatient non-methadone (88%) modalities.
- A larger proportion of men (88%) than women (83%) had received drug/alcohol-specific training during the prior year.

**Of the clinicians who reported their credentials, about 40 percent were addiction counselors, licensed social workers, nurse practitioners, medical practitioners, or clinical psychologists.**



## Profile of Clinicians in the National Treatment Improvement Evaluation Study (NTIES) (cont.)

- A significantly smaller proportion of clinicians with a high school diploma/GED (42%) or less than a high school diploma/GED (33%) had received training than had clinicians with some college (82%) or 2-year degrees (94%).

These results may be affected by the continuing education requirements for credentialing or the maintenance of professional licenses among clinicians.

To foster improvements in the training of addiction treatment professionals, CSAT today supports a network of 13 geographically dispersed Addiction Technology Transfer Centers (ATTCs).

### Professional Disciplines and Credentials

Clinicians were asked to state whether they were licensed or otherwise credentialed as LCSWs, clinical psychologists, nurse practitioners, medical practitioners, CACs, or were holders of "other" professional licenses. Of the total clinician sample, 519 clinicians (63%) reported their credentials.

**The majority (59%) of clinicians with credentials held "other" licenses.** Another 20 percent of the clinicians were CACs, 8 percent were LCSWs, 7

percent were licensed nurse practitioners, 5 percent were licensed medical practitioners, and 1 percent were licensed clinical psychologists.

**There was an association between some of the clinician categories and gender.** As shown in Exhibit 5, for example, all nurse practitioners and the majority of LCSWs were women, while most licensed psychologists, CACs, and licensed medical practitioners were men.

**Race also was associated with clinician type.** For example, the majority of LCSWs (71%), licensed medical practitioners (62%), and CACs (60%) were white. On the other hand, two-thirds (66%) of licensed nurse practitioners were black. Native Americans were represented only among certified addiction counselors (3%) and other licensed professionals (3%).

Asian/Pacific Islanders were exclusively licensed medical practitioners (6 of 6 Asian/Pacific Islander clinicians who responded to both clinician type and race questions).

**There were few age differences by clinician type.** While most clinicians were between the ages of 35 and 54,

| Exhibit 5<br>Clinician Credentials by Gender<br>(n=519) |   |                                  |                                |   |  |                            |
|---|---|----------------------------------|--------------------------------|---|--|----------------------------|
|   | Licensed Clinical Social Worker (n=41)<br>% | Licensed Psychologist (n=7)<br>% | Nurse Practitioner (n=35)<br>% | Licensed Medical Practitioner (n=26)<br>% | Certified Addiction Counselor (n=104)<br>% | Other License (n=296)<br>% |
| Male (n=198)  | 41  | 57                               | 0                              | 73  | 52   | 35                         |
| Female (n=321)  | 59  | 43                               | 100                            | 27  | 48   | 65                         |
| Total   | 100   | 100                              | 100                            | 100                                       | 100  | 100                        |

## Profile of Clinicians in the National Treatment Improvement Evaluation Study (NTIES) (cont.)

### Administrative data from SDU directors showed that:

- Over half the directors reported that more than half of their staff were from ethnic/racial minorities
- One-third of the directors reported that more than half of their staff were in recovery
- Almost all of the responding directors reported that their staff had received training (93%) in the past year.



CACs (mean age 47) and licensed psychologists (mean age 56 years) were older. Although there were some observable differences in age distribution among the various clinician types, the differences were, for the most part, insignificant.

### Clinician types varied by modality.

Among clinicians with specific licenses (i.e., not including "other" licenses), LCSWs worked in non-methadone outpatient (49%) and long-term residential (27%) facilities more than in other treatment modalities. Nurse practitioners worked in correctional facilities (43%) more than in other modalities.

Licensed medical practitioners more often worked in short-term residential (27%), non-methadone outpatient (23%), and methadone facilities (23%) than in other modalities. Most licensed clinical psychologists worked in non-methadone outpatient facilities.

### Ranking of Treatment Services

Clinicians were asked to rank 12 services in order of their perceived importance to substance abuse treatment.

For all clinicians, the four treatment services most frequently ranked among the top three in importance to substance abuse treatment included:

- Counseling to help clients gain control of self-damaging behavior (63%)
- Improving self-esteem (42%)
- Providing medical services (38%)
- Providing legal and other information about drugs and alcohol (37%).

There were some variations in the pattern of service rankings by clinician credentials, but there were few significant differences in rankings based on gender, age, race/ethnicity or treatment modality.

### Administrative Data from SDU Directors

SDU directors were asked questions about their staff as a whole, using the NTIES BAR questionnaire. Their responses apply not only to the clinicians at the SDU who participated in NTIES but to all the clinicians working at the SDU. The inclusion of administrative data from SDU directors is intended to provide some supplemental information about clinical staff from the directors' administrative perspective, and to provide some information, such as the proportion of staff in recovery and clinician salary, which was not available from the clinician data.

**Demographics of SDUs.** SDU directors were asked to report whether more than half of their staff were male, were of racial/ethnic minorities, or were in recovery. These data are presented in Exhibit 6.

- Few directors (23%) reported that more than half of their staff were male.
- Most of the SDU directors (55%) reported that more than half of their staff were racial/ethnic minorities.
- One-third of the directors (33%) reported that more than half of the SDU staff were individuals in recovery. There were significant differences by modalities. Most correctional facilities directors (78%) reported that more than half of their staff were individuals in recovery. A

## Profile of Clinicians in the National Treatment Improvement Evaluation Study (NTIES) (cont.)

**Clinicians with more education were paid more than those with less education.**

**In some cases, there was clear association of salary levels with gender and race/ethnicity.**



| Exhibit 6<br>Director Reports of Staff Composition by Gender, Race/Ethnicity<br>and Recovery Status by Modality<br>(n=65) |                |                                      |                                |                               |                   |                      |
|---|----------------|--------------------------------------|--------------------------------|-------------------------------|-------------------|----------------------|
|   | Methadone<br>% | Non-<br>methadone<br>Outpatient<br>% | Short-term<br>Residential<br>% | Long-term<br>Residential<br>% | Correctional<br>% | Total<br>Sample<br>% |
| More than half SDU staff are male (n=61)  | 20             | 4                                    | 50                             | 36                            | 44                | 23                   |
| More than half SDU staff are racial/ethnic minorities (n=62)  | 60             | 57                                   | 67                             | 64                            | 22                | 55                   |
| More than half SDU staff are in recovery (n=63)   | 0              | 11                                   | 50                             | 57                            | 78                | 33                   |

higher proportion of the directors of residential modalities reported that more than half of their staff were in recovery than did directors of the outpatient modalities.

**Training at SDUs.** Of all 65 SDUs, 28 directors (43%) responded to questions about whether at least one of their staff members had received any external training in the past year, or received in-service training provided by external trainers.

- Nearly all reported that any staff had received training in workshops (93%) and conferences (93%).
- In-service training was provided by external trainers for staff at nearly two-thirds (64%) of the responding SDUs.
- There were no statistically significant differences in training types between modalities.

**Credentials of SDU staff.** The NBAR asked SDU directors what percentage of their staff were counselors (with Bachelor's degree) and non-degree counselors, social workers, registered nurses, psychologists, and full-time psychiatrists. Of the responding SDU directors in each staff category:

- Almost all reported employing at least one full-time counselor with a Bachelor's degree (91%).
- Two-thirds of the SDUs had at least one full-time social worker on staff (67%).
- Less than half of the directors (47%) said they had at least one full-time registered nurse on staff.
- One-third of SDUs had a full-time psychologist on staff (33%).

None reported having a full-time psychiatrist.

**Salary levels.** The analysis of salary levels within the clinician workforce was based on information supplied by the 65 SDU directors. These administrators provided data on average hourly wages paid in 1993 to 11 types of clinicians (Exhibit 7).

- **Hourly wages were consistent with educational levels.** The highest pay went to clinicians with advanced degrees in medicine or psychology. Average hourly wages were lowest among counselors with Bachelor's degrees or less, and these wages were lower than the 1994 salaries reported for counselors of

## Profile of Clinicians in the National Treatment Improvement Evaluation Study (NTIES) (cont.)

### Implications for research:

- **Examine variations in clinician characteristics and staffing patterns across treatment modalities**
- **Gather additional information on clinical staff characteristics to improve clinician and client matching**
- **Conduct a comprehensive and nationally representative study of the current treatment workforce.**



| Exhibit 7<br>Director Reports on Clinician Average Hourly Wages by Credential Type<br>(n=65) |                     |
|--|---------------------|
| Credential Type<br>(Number of Director Responses)  | Average Hourly Wage |
| Psychiatrist (n=33)  | \$50                |
| Psychologist (n=37)  | \$37                |
| Other M.D. (n=38)  | \$29                |
| Other medical (n=30)   | \$16                |
| Social Worker (n=33)   | \$14                |
| Other professional (n=40)  | \$14                |
| Registered nurse (n=30)  | \$12                |
| Other licensed nurse (n=29)  | \$12                |
| Counselor with Bachelor's degree (n=57)  | \$11                |
| Counselor w/out Bachelor's degree (n=48)   | \$9                 |
| Other therapist (n=38)   | \$9                 |

similar education in a 1995 study by the National Association of Alcohol and Drug Addiction Counselors (NAADAC).

- **The analysis showed an association between salaries and gender.** The average hourly wage for medical personnel other than psychiatrists and registered nurses was higher at SDUs where the staff was more than 50 percent males than at facilities where males comprised less than half of the staff.
- **The analysis further showed an association between salaries and race/ethnicity.** At treatment facilities where more than 50 percent of staff members were from racial/ethnic minority groups, counselors with no college degree were paid significantly less than those working at other facilities.

A similar disparity in average hourly wage was observed among psychiatrists. Those working at SDUs with minority groups comprising more than half of the staff were paid an average

hourly wage of \$37. By comparison, psychiatrists at SDUs where less than half of the staff were from minority groups were paid an average hourly wage of \$63.

### Implications

This analysis yielded a detailed profile of 825 substance abuse treatment clinicians. The information may not be representative of all substance abuse treatment clinicians or of all SDUs, but, all in all, the results of this analysis serve to reasonably profile clinicians in publicly-funded, primarily urban treatment facilities that provided services to largely minority populations in the early to mid-1990s, and that participated in NTIES.

The field would benefit from additional study of staffing patterns and their changes over time. For example, managed care has been implemented in the field since the NTIES data were collected, and likely has affected staffing patterns in substance abuse treatment facilities. Information on staff demographics and staffing patterns could also

## Profile of Clinicians in the National Treatment Improvement Evaluation Study (NTIES) (cont.)

better inform studies on clinician and client matching within facilities.

Previous research has shown that salaries for substance abuse treatment counselors are low compared to other professions, and in this analysis, salaries for some counselors in NTIES were lower than for counselors in comparable positions in the field. If salaries for substance abuse treatment counselors do not remain competitive, many are likely to leave for better paying behavioral health positions, and the substance abuse treatment field will lose those clinicians most qualified to do the work.

The analysis has a number of implications for substance abuse treatment research, policy, and practice.

### Implications for Research

Treatment provider directors and administrators need additional knowledge on optimum staffing patterns for the types of treatment services they deliver. Specific implications for future research include the following:

- **Develop data collection instruments that can be used at both the clinician and the provider level.** Such instruments could better inform providers about the mix of staff needed to meet the needs of clients in different treatment modalities. Along with comparable client data, they could also support analyses of the effects of programmatic factors as well as clinician factors on treatment outcomes.
- **Observe variations in clinician credentials and training by treatment modality.** Few studies to date have been done across treatment

modalities, but the variations among types of facility can be important factors in assessing existing and changing staffing patterns. An important area for future research is to examine the work roles of clinicians in their treatment settings in addition to their professional disciplines.

- **Gather additional information on clinical staff characteristics, which can be used to improve clinician and client matching.** Demographic data are likely to have a significant prescriptive as well as descriptive value in the operation of a treatment facility.

- **Conduct a comprehensive and nationally representative study of the current treatment workforce.** A study of both the public and private sectors could address major gaps in knowledge about the treatment workforce identified by the National Treatment Plan workforce panel and by the field, including clinician demographics, professional disciplines, credentials, training, staff functional roles and responsibilities, types of client populations served and client case load, and knowledge about staff who are themselves in recovery.

Beyond these potential avenues for research, new information on such matters as staff turnover, staff salaries, job satisfaction, stress, and changes in job requirements and responsibilities may enhance the retention of high-quality staff.

### Implications for Policy

Those clinicians in the NTIES study who had less education than their

### Implications for policy:

- **Support funding for on-the-job training of clinicians with less education**
- **Develop guidelines aimed toward ensuring access to training for less-educated clinicians.**



## Profile of Clinicians in the National Treatment Improvement Evaluation Study (NTIES) (cont.)

colleagues received less drug- and alcohol-specific training than clinicians with more education. Specific implications for policy include the following:

- **Support the allocation of funding for on-the-job training of clinicians with less education than their college-educated colleagues.** The increasing trend toward credentialing could cause scarce training resources to be allocated primarily to those who have or seek credentials at the expense of those with the least education.
- **Develop guidelines aimed toward ensuring access to drug- and alcohol-specific training for less-educated clinicians.** The existence of explicit guidelines is likely to prevent those clinicians with the least education from being those who receive the least training.

More targeted and innovative approaches may be required to disseminate core substance abuse treatment knowledge to this diverse group of practitioners.

### Implications for Practice

Workforce data are valuable as a means of informing providers about staff demographics and staffing patterns across the broad field of substance abuse treatment, but data are most valuable when they lead to constructive application. Specific implications for practice include:

- **Examine staffing patterns.** Ongoing examination of staffing patterns, especially by modality, can assist treatment providers in developing benchmarks and in assessing the configuration of their own staff

in comparison to similar treatment settings.

- **Conduct assessments of the value of different treatment services by clinicians.** Clinician views of the importance or value of different treatment services may affect their therapeutic approach and consequently the treatment outcomes for clients.
- **Recognize the importance of workforce data in career planning for individual clinicians.** This information can be useful not only in counseling existing staff, but also in advising individuals who plan to enter the field of substance abuse treatment.
- **Assess professional development needs of individual clinicians.** Providers need to be in a position where they can make sound education and training allocation decisions that are targeted to staff members according to their individual career development goals.

### Future Steps

By providing a detailed profile of clinicians working in publicly-funded urban treatment facilities, this analysis augments the small body of existing knowledge about the nation's substance abuse treatment workforce. The data presented here, however, cannot serve to describe the national substance abuse treatment workforce as a whole. Nor can the data adequately reflect changes within the substance abuse treatment field that have taken place since the NTIES data were collected. The field would greatly benefit, for example, from detailed analyses of the impact that managed care has had on staffing

### Implications for practice:

- **Examine staffing pattern by modality**
- **Recognize the importance of workforce data in career planning for individual clinicians**
- **Assess professional development needs of clinicians.**



## Profile of Clinicians in the National Treatment Improvement Evaluation Study (NTIES) (cont.)

patterns in the years that have passed since its widespread implementation.

Future studies in the area of workforce demographics and staffing patterns by modality would better inform studies on clinician and client matching within treatment facilities. In addition, new data on substance abuse treatment facility employees could benefit providers who seek to hire and retain high quality personnel. Such data would, for example, assist providers in addressing such issues as job satisfaction, stress on the job, staff turnover, equity, and changes in staff requirements and responsibilities that occur over time.

### Reference

Wisdom, G., French, K., Karageorge, K., & Screen, A. (2001). *Profile of clinicians in the National Treatment Improvement Evaluation Study (NTIES)*. Report to the Center for Substance Abuse Treatment. Fairfax, VA: Caliber Associates.

*For more information, please contact the National Evaluation Data Services analysis team at (703) 385-3200, or visit the NEDS Web site.*

**Find more on the web**  
<http://neds.calib.com>

*The author of this Analytic Summary is Thomas Ewing of Caliber Associates.*

*The analytic summary was produced by Caliber Associates under the NEDS contract (270-97-7016). We wish to thank Dr. Ron Smith, CSAT Program Evaluation Branch, GPO for the NEDS contract, for his overall guidance and direction. In addition, we wish to recognize the many NEDS staff who contributed to production of this analytic summary and the technical report upon which it is based.*

## National Treatment Improvement Evaluation Study (NTIES)

This analysis was performed on data derived from the National Treatment Improvement Evaluation Study (NTIES). The NTIES was a national treatment services evaluation of the effectiveness of substance abuse treatment services delivered in comprehensive treatment demonstration programs supported by the Center for Substance Abuse Treatment (CSAT).

The NTIES project collected longitudinal data between FY 1992 and FY 1995 on a purposive sample of clients in treatment programs receiving demonstration grant funding from CSAT. Data are derived from client interviews conducted at three points in time: at treatment intake, at treatment exit, and 12 months after treatment exit.

**The perspective offered in this document is solely that of the author(s) and does not reflect the policies or views of the Federal government, or any of its Departments or Agencies.**