

Overview

- Considerable attention has been paid to the factors affecting delivery of quality care and evidence-based treatment for addictive disorders.
- The credentials and training of program staff have been associated with programs' capacity to identify and implement new treatment techniques.
- Therapeutic Communities have been understudied elements of both organizational and personnel factors in the adoption of evidence-based care.



Research Questions

- What is the current composition of the TC counselor workforce in terms of recovery status, education, certification, and training?
- How do TC counselors compare to other counselors in the substance abuse treatment field?
- What is the potential impact of these differences on TCs in terms of counselor burnout/turnover, service delivery and quality of care?



Therapeutic Community Model

- Confrontational Group Therapy
- Rigid Hierarchical Structure
- Typically Long-term (180 days+) Residential
- Goal is not to “rehabilitate” but to “habilitate”
- Often “residents” are among the “sickest” of all addicts entering treatment and therefore among the most difficult to treat



Counselors in Therapeutic Communities

- Counselors in TCs have historically been TC graduates, often from the same TC in which they are employed.
- Funding sources have changed requirements regarding education and credentials of counselors, making it increasingly difficult to hire program graduates into new positions.
- This has resulted in the increasing professionalization of the TC workforce.



Data Sources

- UGA's National Treatment Center Study
 - nationally representative samples of public and private centers and therapeutic communities
- Mail questionnaires distributed to counselors in all participating centers
 - (Response rate >60% across all three types of centers)
- Total Counselor Sample Size = 3121
 - 42% Public, 27% Private, 31% TC counselors

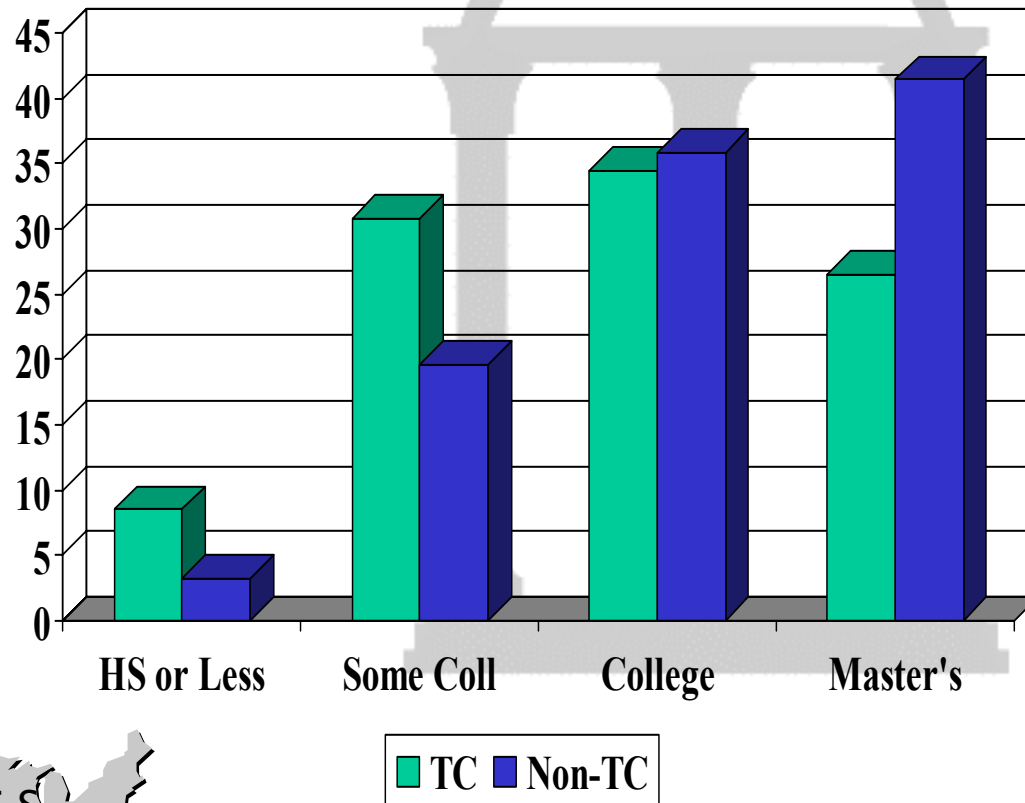


Counselor Demographics

	TC Counselors	Non-TC Counselors
Age (Mean)	43.4	45.6
Race		
White*	57.2	72.8
Black*	27.4	16.4
Hispanic*	9.2	5.9
Other	6.2	4.9
Gender (% Female)	60.2	60.8
Recovery* Status	56.0	52.8



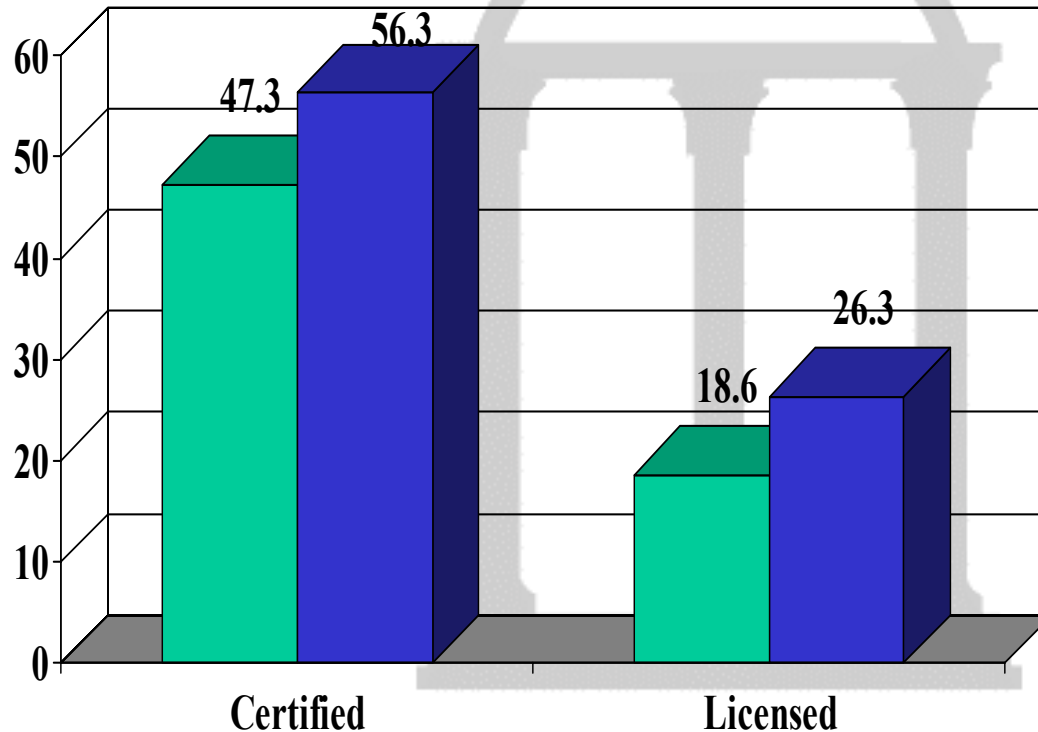
Counselor Education



TC counselors have significantly lower levels of education



Counselor Certification/Licensure

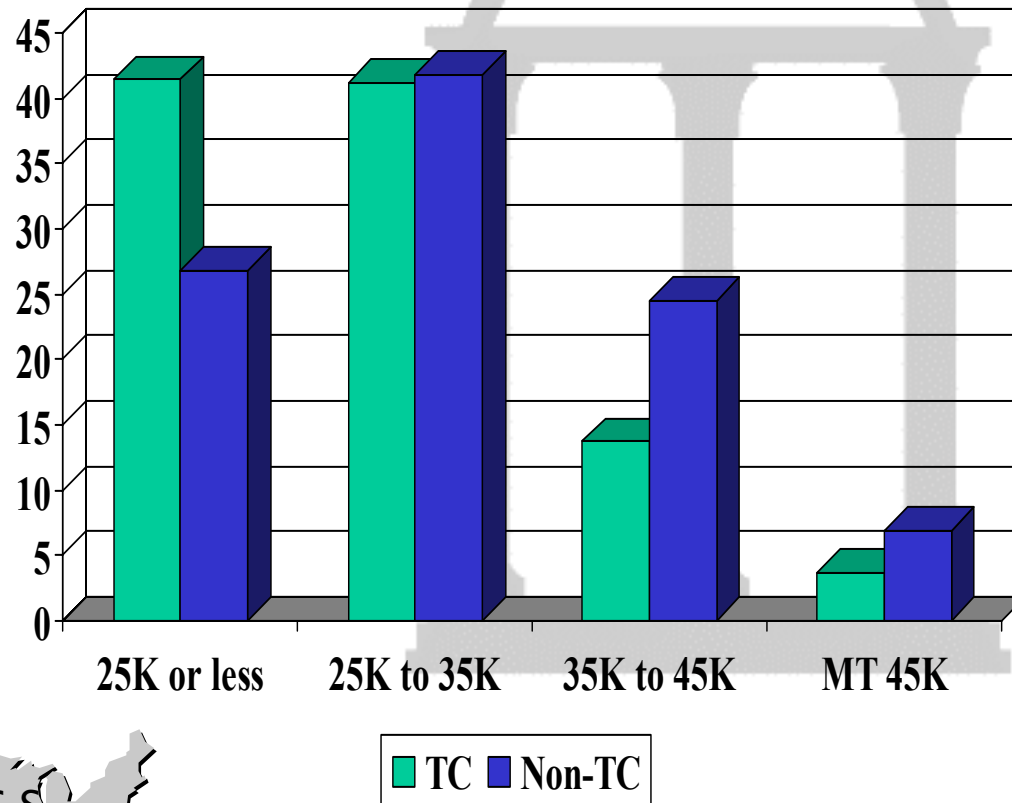


- A significantly lower percentage of TC counselors have obtained certification and/or licensure



■ TC ■ Non-TC

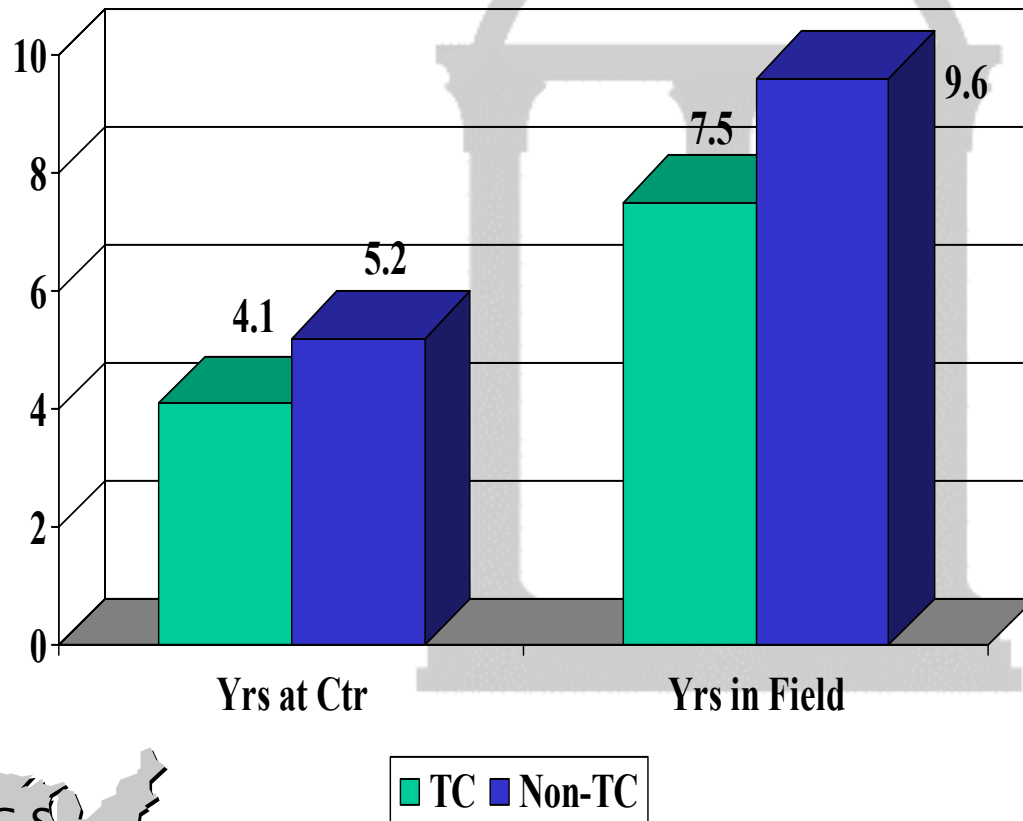
Counselor Salary



- TC counselors have significantly lower salaries than non-TC counselors



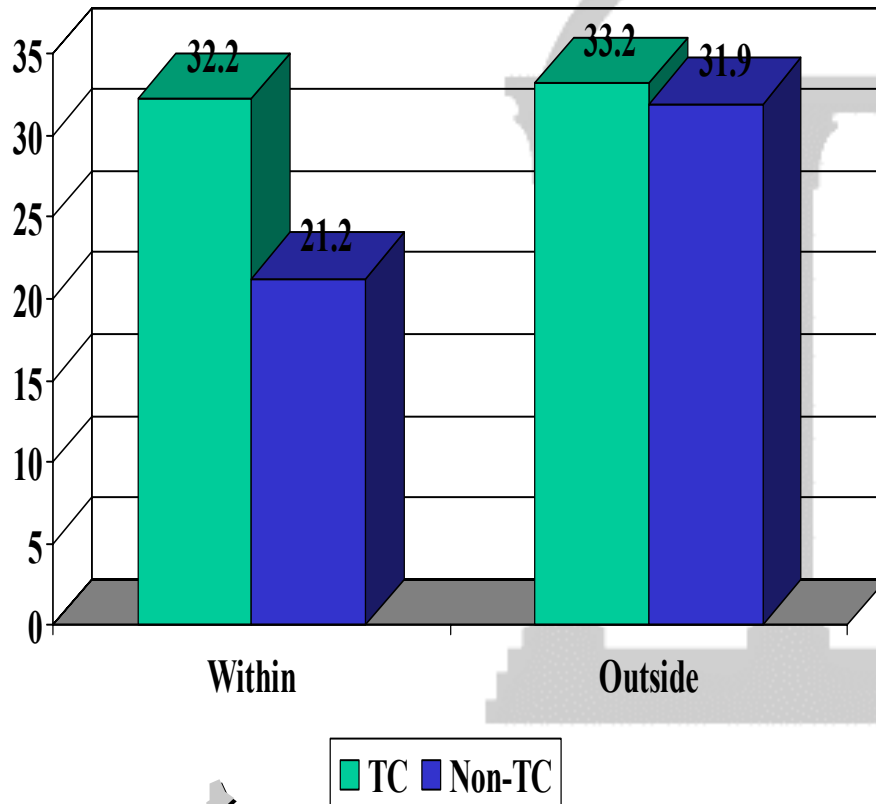
Counselor Tenure at Center/ Tenure in Field (In Years)



- TC counselors have significantly fewer years at center and fewer years in field than non-TC counselors



Hours of Training: Within and Outside Program



- TC counselors receive significantly more “in-service” training hours than non-TC counselors
- Compared to Non-TC counselors, a significantly higher percentage of TC counselors report receiving 0 hours of outside training (11.4% to 16.8% respectively)



Conclusions and Implications

- The significantly lower levels of education, certification, and licensure among TC counselors could have a significant impact on the quality of care delivered by the TC in the future as the field moves toward more innovative forms of treatment
- Counselor credentials and training have been shown to significantly improve programs’ “absorptive capacity” – i.e., an organization’s ability to identify, process, and implement new knowledge and techniques.
- These data suggest that TCs may lag behind other treatment modalities in terms of their capacity for implementing emerging evidence-based treatment techniques.



Conclusions and Implications

- The heavy reliance on “in-service” training and the correspondingly high percentage of TC counselors who report receiving zero hours of outside training could have a significant impact on future quality of care.
 - Previous research has shown a negative relationship between innovativeness and “word of mouth” information about new techniques.
- Despite the difficult caseload, relative inexperience and lower salaries among TC counselors, a separate analysis showed no significant differences between TC counselors and non-TC counselors in reported levels of burnout or intention to quit.
 - However, in terms of absorptive capacity, stability of the TC workforce may hinder this sector in terms of bridging the research-to-practice gap.

