Client access to professionally trained counseling staff: Differences by type of program

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With research grant support from the National Institute on Drug Abuse (R01DA14976 and R01DA14482)
Background

• Concern about adoption and implementation of “evidence-based practices” in addiction treatment field - “research to practice gap”
  – Substantial resources devoted to development of treatment techniques, including medications and psycho-social approaches
  – Substantial resources devoted to “bridging” gap – NIDA CTN, SAMHSA ATTC’s, etc.
  – Environmental constraints, organizational barriers to innovation adoption
  – Our research – devoted to identifying barriers as well as factors facilitating adoption

• Previous research on innovation adoption in addiction treatment:
  – Significant differences in adoption across different types of programs
  – Master’s level counselors – higher awareness, training, receptivity to evidence-based psycho-social techniques and pharmacotherapies (Forman, et al., 2001; Ball et al. 2002; Knudsen, et al., In Press)
  – Adoption more likely in programs employing higher percentage of Master’s level counselors (Roman & Johnson, 2002; Knudsen & Roman, 2004; Knudsen, et al., In Press; Fuller, et al., 2005)
Research Questions

• What are the characteristics of programs employing Master’s level counselors?
• In terms of client access to professionally educated clinicians utilizing evidence-based practices, what are the implications of these findings?
The National Treatment Center Study

- Monitoring the organization, management, delivery, and content of addiction treatment in the U.S.
- Includes Nationally Representative Samples of:
  - Privately-funded treatment programs (N=401)
  - Publicly-funded treatment programs (N=362)
- Programs must offer a level of care for addiction treatment at least equivalent to structured outpatient as defined by ASAM
  - Excludes: methadone maintenance-only facilities, clinicians in private practice, DUI-only programs, halfway houses
NTCS Instrument Design

• Multiple data collection methods used:
  – Detailed on-site interviews with program administrator
    ▪ Focuses on organizational characteristics, services offered, and use of innovations
  – Mail questionnaire from program administrator
    ▪ Focuses on leadership and management practices
  – Mail questionnaire from counselors
    ▪ Focuses on services received by clients and attitudes toward innovations
  – Brief telephone follow-ups w/ program administrator at six month intervals
    ▪ Focuses on major changes within the center

• Today’s presentation: data from on-site interviews and counselor questionnaires collected between July 2002 and June 2004
## Demographic Characteristics of Master’s level counselors

<table>
<thead>
<tr>
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<th>% with Master’s</th>
<th>% with Master’s</th>
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<tbody>
<tr>
<td><strong>Overall</strong></td>
<td>42.8</td>
<td></td>
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<tr>
<td><strong>Male</strong></td>
<td>39.3</td>
<td>Certified 36.4</td>
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<tr>
<td>*<em>Female</em></td>
<td>44.7</td>
<td>Non-certified* 50.8</td>
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<tr>
<td><strong>Caucasian</strong></td>
<td>47.7</td>
<td>In Recovery 26.6</td>
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<tr>
<td>*<em>Minority</em></td>
<td>29.7</td>
<td>Not in Recovery* 59.7</td>
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<tr>
<td></td>
<td>% Certified (CAC, CADAC)</td>
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<tr>
<td>In Recovery</td>
<td>67.2</td>
<td></td>
</tr>
<tr>
<td>Not in Recovery</td>
<td>44.2</td>
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Characteristics of programs employing Master’s level counselors
The University of Georgia

Percentage of Master’s level counselors by Program Type

- Significantly higher % MA counselors in Private NFP and For Profit

Govt-owned
Pub NFP
Priv NFP
For Profit

40.6
35.5
53.4
48.3
Organizational Factors Associated with % Master’s level Counselors

- Hospital: 40.1% - 55.1%
- Treats DD: 33.4% - 52.6%
- Physician: 39.6% - 51.1%
- Accredited: 38.9% - 50.3%
Labor Market Factors Associated with % Master’s level Counselors
Final Multivariate OLS Regression Model Predicting % Master’s Level Counselors

• Labor Market (Geographic Location)
  - Rural program (-)
  - South, Midwest, Northeast

• Organizational
  - Size (FTEs) (unexpectedly -)?
  - Physician on staff
  - Integrated CD and Mental Health

• Program Caseload
  - Percent Adolescents
  - Percent Racial/Ethnic Minority (-)
  - Percent Probation/Parole (-)
Conclusions

• Two-tiered system (Yahr, 1988) not public vs. private, but rural/nonrural
• Western states trail the rest of the country
• The highest percentages of professionally trained staff employed in programs with physicians on staff and offering integrated tx for CD and MH
• Minorities and Parolees have less access to professionally trained staff
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