

Treatment Workforce Survey

This questionnaire is for program or service managers/supervisors and social workers, nurses, counsellors, therapists, attendants, support workers and other front-line *clinical* staff in specialized substance abuse treatment services. This questionnaire should also be completed by AADAC community area service administrators. If this does not apply to you, *or if you are employed as a physican, or a psychologist* you do not need to complete this questionnaire. However, please return it with a brief explanatory note using the enclosed postage-paid envelope.

Please see the definitions of terms on the last page of this questionnaire

1. In which of the following types of services do you work, or manage/supervise front-line staff?

(Check (✓) as many as apply)

- Entry (inquiry contact, intake, screening)
- Initial assessment/treatment planning
- Community (outpatient) treatment
- Community day/evening treatment
- Community medical/psychiatric treatment
- Residential treatment (non-medical)
- Residential supportive or stabilization (recovery home)
- Residential medical/psychiatric treatment
- Detox – social/non-medical or home/outpatient detoxification
- Detox – medical withdrawal management service
- Detox – residential withdrawal management
- Needle exchange
- Methadone treatment
- Walk-in clinic
- Other _____

2. For which, if any, of the following populations are the services/programs in which you are involved specifically designed? (Check (✓) as many as apply)

- | | |
|--|--|
| <input type="checkbox"/> Men | <input type="checkbox"/> People with alcohol problems |
| <input type="checkbox"/> Women | <input type="checkbox"/> People with drug problems |
| <input type="checkbox"/> Youth | <input type="checkbox"/> Injection drug users |
| <input type="checkbox"/> Seniors | <input type="checkbox"/> People with gambling problems |
| <input type="checkbox"/> People with both
substance use and mental
health problems | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> People in trouble with the law | |

3. What is your job title? Please review the attached definitions and check (✓) one only.

- | | |
|---|--|
| <input type="checkbox"/> Program/service manager | <input type="checkbox"/> Therapist or similar |
| <input type="checkbox"/> Program/service supervisor | <input type="checkbox"/> Attendant or similar |
| <input type="checkbox"/> Social worker | <input type="checkbox"/> Support/youth (etc.) worker |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Counsellor or similar | |

4. Do you work: Part time or Full time? (check one)

5. Use check marks (✓) to indicate the extent to which the following work-related issues are of concern to you personally.

	Not sure	Not a concern	Somewhat of a concern	Significant concern
Your salary or wage and benefits compared with what you could get elsewhere				
Your level of job security				
Limited opportunities for advancement				

6. With which, if any, of the following professional development activities have you been engaged at least once in the past year?

- Attendance at an outside training event/conference
- If yes
 - Fully paid for by employer
 - Fully paid for from my own funds
 - Paid using funds from employer and own funds
- A formal external study course related to work
- If yes
 - Fully paid for by employer
 - Fully paid for from my own funds
 - Paid using funds from employer and own funds
- Agency-approved self-directed study during work hours
- Attended a structured in-house training program
- Attended in-house seminars/workshops
- Enrolled in or completed an on-line work-related course
- Been on paid study leave
- Been on unpaid study leave
- Read a professional journal
- Looked at work-related Websites
- Mentored by a colleague or supervisor

7. Please describe any significant professional development activities you have undertaken in the past year. _____

8. About how much time did you devote to professional development in the past 6 months?

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> 5-6 days |
| <input type="checkbox"/> Less than one full day | <input type="checkbox"/> 7-8 days |
| <input type="checkbox"/> 1-2 days | <input type="checkbox"/> 9-10 days |
| <input type="checkbox"/> 3-4 days | <input type="checkbox"/> More than 10 days |

9. Which of the following statements best describes your access to the World Wide Web (WWW) while at work? (check (✓) one statement only).

- I do not have access to the WWW at work
- I have limited access to computers linked to the WWW
- I have good access to computers linked to the WWW
- I have my own computer linked to the WWW

10. Please indicate using a check mark (✓) the extent to which you agree or disagree with the following statements concerning professional development.

	Strongly Agree	Agree	Neither/ Not sure	Disagree	Strongly disagree
My agency does not have enough resources to meet the professional development needs of its staff					
There are limited opportunities for professional development experiences in this area					
My supervisors and I usually discuss my professional development needs during performance reviews					
I have my own personal continuing education plan					
On the whole I prefer outside professional development events to in-house events					
On the whole I am satisfied with the professional development opportunities available to me					
Universities and colleges should provide leadership in professional development in the substance use field					

11. What are your personal priorities for professional development with respect to each of the following: (Check (✓) one option in each case)

	Low priority or not applicable	Medium priority	High priority
Basic concepts in substance abuse			
Relationships between substance use and other problems			
Working with clients with both mental health and substance use problems			
Working with women			
Working with youth			
Working with First Nations clients			
Working with offenders			
Working with seniors			
Working with other special populations (specify) _____ _____ _____			
Gambling treatment			
Pharmacotherapy			
Cultural competencies			
Interpersonal communication skills			
Models/methods of treatment			
Assessment and treatment planning			
Referral skills			
Individual counselling skills			
Group counselling skills			
Working with families			
Skills in the use of specific types of treatment (specify) _____ _____ _____			
Signs and symptoms of substance abuse and withdrawal			
Non-medical detoxification			
Medical detoxification			
Professional and ethical responsibilities			
Service coordination and case management			
Documentation skills			
Management/supervisory skills			
Other (specify) _____ _____ _____			

12. Check (✓) any of the following Best Practice reports from Health Canada that you are familiar with, and say how, if at all, they have influenced your services/programs.

Report	Not applicable to this agency	Not sure how/if this influenced our work	Confirmed that we were using best practices	Contributed to positive changes in our work
<input type="checkbox"/> Best practices in substance abuse treatment and rehabilitation (1999)				
<input type="checkbox"/> Cocaine use: Recommendations in treatment and rehabilitation (2000)				
<input type="checkbox"/> Best practices: treatment and rehabilitation for youth with substance use problems (2001)				
<input type="checkbox"/> Best practices: treatment and rehabilitation for women with substance use problems (2001)				
<input type="checkbox"/> Best practices: methadone maintenance treatment (2002)				
<input type="checkbox"/> Best practices: concurrent mental health and substance use disorders (2002)				

13. Do you have suggestions for other best practice investigations that would be helpful to your work?

The next few questions concern some specific options for supporting and enhancing treatment services.

14. Please indicate with a check mark (✓) the extent to which you feel that each of the following would contribute to the enhancement of services in Canada:

	Not sure	Would probably not make any difference	Could have some positive influences	Could have a significant positive influences
National standards for service delivery				
Nationally recognized agency accreditation process				
Nationally recognized counsellor certification				
National association for staff of substance abuse treatment agencies				
Fully maintained Canadian Website devoted to best practices in substance abuse treatment				
Printed bulletin/newsletter for substance abuse treatment service providers				
Electronic bulletin/newsletter for substance abuse treatment service providers				
Scholarships for students wishing to work in the treatment field				
National conferences for people working in the treatment field				
National media campaign that promotes working in the addiction field				
Bachelors degree programs in substance abuse treatment				
Masters degree programs in substance abuse treatment				
Distance education courses in substance abuse treatment				
Distance consultation services (using the internet, phone or video conferencing)				

**The next few questions only apply for managers and supervisors.
Others please go to question 21**

15. In total how many front-line full-time or part-time clinical staff work in the services or programs that you manage/supervise? _____
16. Which of the following statements best describes the *formal* management/supervisory training you have received?
- No formal training
 - In-house management/supervisory training program
 - Have taken/am taking one or more courses in management/supervision
 - Have taken/am taking diploma/certificate program in management/supervision
 - Other _____

17. Please use check marks (✓) to complete the following table concerning your preferences for the *minimum* qualifications for Counsellors/Therapists and Attendants/Support workers.

My preferred minimum academic achievements:	Counsellors /Therapists	Attendants/ Support workers
General:		
a) No minimum requirements	<input type="checkbox"/>	<input type="checkbox"/>
b) High school graduation	<input type="checkbox"/>	<input type="checkbox"/>
c) Community college certificate/diploma	<input type="checkbox"/>	<input type="checkbox"/>
d) University degree/diploma	<input type="checkbox"/>	<input type="checkbox"/>
e) Masters degree	<input type="checkbox"/>	<input type="checkbox"/>
Addiction-specific:		
a) Has or working toward a certificate or diploma in addiction counselling	<input type="checkbox"/>	<input type="checkbox"/>
b) Certified or working toward certification as an addiction counsellor	<input type="checkbox"/>	<input type="checkbox"/>

18. Do all current *Counsellors/therapists* in your program meet or exceed these minimum requirements?
- Yes No Not sure
19. Do all current *Attendants/support workers* in your program meet or exceed these minimum requirements?
- Yes No Not sure

20. Please indicate using a check mark (✓) the extent to which you agree or disagree with the following statements concerning staff recruitment and retention.

	Strongly Agree	Agree	Neither/ Not sure	Disagree	Strongly disagree
There is a shortage of people qualified to work as <i>counsellors/therapists</i> in our services					
There is a shortage of people qualified to work as <i>attendants/workers</i> in our services					
Retention of competent <i>counsellors/therapists</i> is a problem for this agency					
Retention of competent <i>attendants/workers</i> is a problem for this agency					

These final questions apply to everyone

21. What is your age? _____ (Years)

22. What is your gender? Male
Female

23. What level of education have you reached *or expect to reach within the next 2 years?*

- Did not finish high school
- High school graduation
- Community college certificate/diploma
- University degree/diploma
- Masters degree
- PhD/MD

24. Which of the following describes your background and work-related experiences? (Check (✓) as many as apply)

- Formal education in the health field (e.g., nursing, medicine, clinical psychology)
- Formal education in the human service field (e.g., social work, social psychology, AOD counsellor)
- Business education (administration, accountancy, management)
- A lot of relevant experience
- Personal history of problems with alcohol or drugs
- Other (please specify) _____

25. Do you have, *or are you working toward* a certificate/diploma in addiction?

Yes No

If yes: Where did/are you study(ing)? _____

26. Are you currently certified *or are you working toward* certification as an addiction counsellor?

Yes No

If yes: Please indicate the certifying body. _____

27. Are you currently otherwise registered or certified as a health professional?

Yes No

Is yes: Please indicate your profession: _____

28. Are you currently a member of any professional associations?

Yes No

Is yes: Please indicate which association(s): _____

29. How long have you been working in the substance abuse field? ____ (Years)

30. How long have you held your present position? ____ (Years)

31. How much longer do you expect to continue working in the treatment field? ____ (Years)

32. All things considered how much personal satisfaction do you get from working in your present job?

None or very little satisfaction Quite a lot of satisfaction

A bit of satisfaction A great deal of satisfaction

33. If you wish to provide written comment about professional development issues raised by this questionnaire, please do so below or on the reverse side of this sheet:

Thank you very much for filling in the questionnaire. Please now return it using the attached postage-paid envelope to CCSA Survey Team, Canadian Centre on Substance Abuse

Definitions for terms used in this questionnaire

- Agency:** The entity with the legal mandate to provide substance abuse treatment services at one or more sites.
- Service or program:** A specific type of clinical service provided to clients at one or more sites.
- Program/service manager:** Person who is the administrative head of one or more services or programs. In some cases managers are also supervisors (see below).
- Program or service supervisor:** Person with the authority to organize and monitor the work of front-line staff.
- Program or service coordinator:** Person expected to organize and monitor the work of front-line staff, but who does not have the administrative authority of a manager or supervisor.
- Counsellors/Therapists or similar:** Those designated as such by their job titles and others, except doctors, nurses and psychologists who meet face to face with clients (individually or in groups) to address significant personal issues concerning substance abuse and related problems.
- Attendants/Support workers or similar:** Those designated as such by their job titles and others who have direct contact with clients (individually or in groups), but who are not expected or permitted to do counselling or therapy, but to provide practical advice, assistance and encouragement. Except for those designated as nurses, counsellors or therapists, most other front-line clinical staff will fall into this category.