

## Recruitment and Retention Issues for Counselors in Rural Pennsylvania Substance Use Disorder Treatment Programs

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### Key Findings

- Recruiting high quality counselors is a major problem for rural substance use disorder (SUD) treatment programs.
- Treatment program directors linked recruitment problems to low salary, the rural location of the facility, and applicants lacking adequate training in the SUD field.
- Counselor turnover was not a major problem for most rural treatment programs.
- Surveys of counselors revealed that emotional exhaustion was the strongest predictor of intent to quit. Low job satisfaction, poor management communication, and having a high percentage of clients on medication assisted treatment were also related to intent to quit.

### Policy Considerations

- Treatment programs should get reimbursed for services at the same rate as other mental health providers. This would allow programs to offer higher starting salaries to attract more counselors into the substance use disorder treatment field.
- Student loan forgiveness programs should be expanded to allow more counselors in treatment programs to qualify for the benefit. This could improve both recruitment and retention in the field.
- Students in counseling programs (undergraduate and graduate) should receive more direct education and training in addiction.
- The Pennsylvania Department of Drug and Alcohol Programs (DDAP) should consider increasing the variety of its counselor trainings and including more trainings related to emotional exhaustion and trauma. DDAP also should consider consulting with programs about implementing management strategies associated with better counselor retention.

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### Background

The Bureau of Labor Statistics predicts that the number of jobs related to behavioral health counseling (which includes alcohol/drug treatment counselors) will increase 23 percent by the year 2026.<sup>1</sup> Consider-

ing the growth nationally, and the rate of overdose deaths in Pennsylvania, there may be an even higher demand for substance use disorder (SUD) treatment counselors, particularly in rural areas most impacted by the opioid crisis.

One of the most challenging issues facing the SUD treatment field is turnover. Research consistently shows high voluntary turnover rates among counsel-

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<sup>1</sup> Bureau of Labor Statistics (BLS). (2019). *Occupational Outlook Handbook*. <https://www.bls.gov/ooh/community-and-social-service/substance-abuse-behavioral-disorder-and-mental-health-counselors.htm>.

*This project was sponsored by a grant from the Center for Rural Pennsylvania, a legislative agency of the Pennsylvania General Assembly. Information in this report does not necessarily reflect the views of individual board members or the Center for Rural Pennsylvania. For more information, contact the Center for Rural Pennsylvania, 625 Forster St., Room 902, Harrisburg, PA 17120, phone: (717) 787-9555, [www.rural.pa.gov](http://www.rural.pa.gov).*

ors. High turnover rates are a problem because they can have negative effects on the organization as well as those receiving treatment. Research has found that clients stay in treatment longer and do better when they remain in contact with the same therapist (McCarty et al., 1998; McCaul and Svikis, 1991).

This project examined recruitment and retention issues for counselors in rural SUD treatment programs through a multi-method research design that included: an online, anonymous survey administered to current SUD counselors; open-ended qualitative interviews conducted with program and clinical directors; an assessment of higher education institutions in rural Pennsylvania counties to understand how well they prepare those entering the profession; and an analysis of the effectiveness of state-level incentives, like the student loan repayment program.

The study had three overarching goals. The first was to assess the characteristics of professional SUD counselors in rural Pennsylvania counties and how those characteristics relate to recruitment and retention issues. The second was to determine if the current pipeline of high-quality SUD counselors is sufficient for the current and projected demand for workers in rural Pennsylvania counties. The last was to identify strategies at the program level and state level that could improve the recruitment and retention of quality counselors in rural programs.

The results indicated that counselor recruitment is a major problem for SUD treatment programs in rural Pennsylvania counties. Interviews with program and clinical directors revealed their concerns about the number of qualified applicants for open positions. The three most common reasons cited for recruitment problems were:

- salary,
- the facility's location, and
- applicants lacking the required training in SUD treatment.

Salary issues tended to be related to reimbursement rates, so programs felt there was little they could do to raise counselor pay significantly.

Some programs viewed their location as a barrier for recruitment because the rural areas where they were located did not produce enough educated people who could apply.

Related to the training problem was a lack of educational opportunities in rural areas that could lead to SUD counseling. Very few bachelor's or master's programs existed with a concentration in addiction studies. Given the requirement for a SUD counselor to have significant clinical experience, more opportunities need to be created to link their educational experiences and internships to SUD treatment.

While recruitment was a major issue, most clinical and program directors felt that turnover was not a major problem for their facility. Still, they felt that the SUD treatment field has lost many counselors due to stress and burnout. To address these issues, many facilities attempted to improve retention through various structural efforts. Those with high retention emphasized that their programs had supportive management who were involved in the day-to-day operations of the program, sometimes even carrying their own caseload of clients. The programs created a positive working environment where clinical staff and management worked as a team. They also promoted professional development opportunities for the staff. An additional factor that clinical and program directors cited to improve retention was to promote self-care among the clinical staff. Supportive management emphasized that counselors should be able to use paid time off to help alleviate their stress. One facility administered a questionnaire twice a year to measure burnout, stress, and job satisfaction.

The survey of counselors reflected many of the themes analyzed in the qualitative interviews with clinical/program directors. Just as the directors felt turnover was not a major problem, the survey respondents scored high on job satisfaction; very few were currently looking for another job. Emotional exhaustion was the strongest predictor of intent to quit. Additional significant predictors were job satisfaction and management communication. These

findings suggest that workplaces that emphasize teamwork, management involvement, and a positive culture can have low turnover.

Salary was not a significant predictor of intent to quit, even though it may be a barrier to recruiting high quality counselors who have more lucrative options.

The other significant predictor of intent to quit was the percentage of clients receiving medication assisted treatment (MAT). While this was not as strong a predictor as emotional exhaustion or job satisfaction, it remained significant in the multivariate analysis after controlling for many individual and work-level characteristics. It is not entirely clear why having more clients on MAT would lead to a stronger desire to leave the job. Future research should attempt to discover why having clients on MAT relates to intent to quit.

Given the difficulty in recruiting high quality counselors, and the high levels of emotional exhaustion in the profession, efforts should be made to improve recruitment and retention of rural treatment counselors. One strategy that would improve recruitment and retention of high-quality counselors would be better pay. Given that salary is directly related to reimbursement rates for SUD treatment services, various Pennsylvania agencies (Department of Drug and Alcohol Programs, the Department of Health) should consider evaluating ways to increase reimbursement rates.

Student loan forgiveness is another strategy that could result in improved recruitment and retention. Analysis of the Pennsylvania program showed that very few who applied were accepted into the program and that the requirements were too strict. Given that the student loan repayment program was suspended at the time of the study, due to lack of federal funding, it was not possible to gauge the impact it could have on future recruitment and retention issues. It was suggested that the program be revised and fully

funded, and that the qualifications be expanded. The Department of Drug and Alcohol Programs (DDAP) should consider promoting internship opportunities in rural SUD treatment programs for undergraduate and graduate students. If possible, interns should receive a stipend to encourage them to enter the SUD treatment field.

DDAP and the Pennsylvania Department of Health should consider working together to promote careers in the SUD treatment field, especially in rural areas. They could develop a marketing campaign that describes the work, emphasizing how rewarding it could be, and feature people who are in recovery.

DDAP and the Pennsylvania Department of Health should also consider working with clinical and program directors in rural facilities to implement features that are associated with better retention. These include management styles that improve communication and create positive working environments. One example is the “Sanctuary Model,” which recognizes that counselors also experience trauma in the course of their work and promotes a culture that mitigates the negative effects and stress of that work.<sup>2</sup> Having these features could reduce the burnout and stress associated with SUD treatment.

These state agencies should consider encouraging clinical directors to use the Professional Quality of Life Measure (ProQOL, [https://proqol.org/ProQol\\_Test.html](https://proqol.org/ProQol_Test.html)) to monitor job satisfaction, compassion fatigue, and burnout among their clinical staff. The measure is free to use and could identify the issues associated with turnover. Management could then develop strategies to help improve staff experiences.

DDAP should also consider expanding its trainings for counselors. New training programs should be developed every year so that counselors can improve their skills, learn new areas, and feel like they are receiving adequate professional development. Required trainings should also include components related to recognizing stress and burnout and strate-

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<sup>2</sup> For more information on the Sanctuary Model, go to <https://www.thesanctuaryinstitute.org/about-us/the-sanctuary-model/>.

gies to cope with the emotional aspects of counseling in SUD treatment programs.

The Pennsylvania Department of Health could also work with treatment programs to create employee wellness programs aimed at reducing job stress and burnout. The financial savings of retaining staff and improving treatment outcomes should be considered when the state discusses increased funding for treatment.

This research revealed a need for more educational programs in rural counties related to SUD counseling. There were very few undergraduate and graduate programs that offered a major, concentration, or certificate in addiction studies. These programs can create a pipeline of workers into the rural SUD treatment programs. The Pennsylvania General Assembly should consider working with the state university system (PASSHE) to expand programs in this area. Associate degree programs at community colleges that focus on practical experience in SUD counseling would also help create a pipeline of qualified applicants.

To improve recruitment by expanding the pool of eligible applicants, DDAP should consider analyzing its current requirements for counselors and evaluate whether recovery experience could be used to satisfy part or all of the experience requirement. It should look at SUD treatment programs that have high success rates and examine counselor's education and training because these are likely contributing to success. DDAP could then revise its requirements if it would help programs recruit the highest quality counselors.

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The research report, *Recruitment and Retention Issues for Counselors in Rural Pennsylvania Substance Use Disorder Treatment Programs*, is available at [www.rural.pa.gov](http://www.rural.pa.gov).

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