Leadership, Burnout, and Job Satisfaction in Outpatient Drug-Free Treatment Programs

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Abstract

Counselors are a critical component of substance abuse treatment programming, but their working experiences are not yet well understood. As treatment-improvement efforts focus increasingly on these individuals, their perceptions of program leadership, emotional burnout, and job satisfaction and related attitudes take on greater significance. This study explores counselor views and the impact of organizational context using data from a nationwide set of 94 outpatient drug-free (ODF) treatment programs in a hierarchical linear model (HLM) analysis. Results show counselors hold generally positive opinions of program director leadership and job satisfaction, and have low levels of burnout, but they also have important variations in their ratings. Higher counselor caseloads were related to poorer ratings, and leadership behaviors predicted both satisfaction and burnout. These findings add further evidence that treatment providers should also address the workplace environment for staff as part of quality-improvement efforts.

Keywords

Counseling staff; Burnout; Job satisfaction; Leadership; Hierarchical linear models

1. Introduction

Like many areas of behavioral health care, substance abuse treatment relies heavily on professional and paraprofessional counselors and other clinical staff to deliver care. These individuals are central to the success of treatment interventions, particularly to the many approaches that are counseling-based rather than medications-based. However, despite their importance, clinical staff may be one of the most insufficiently understood components of treatment programs (Harwood, 2007). Recent surveys within the National Institute on Drug Abuse Clinical Trials Network (McCarty et al., 2007) show staff to be a diverse group of individuals, with widely-varying characteristics and attitudes. They are not a generic and interchangeable resource for programs. This situation signals a need to understand better the counselors and their working environment. To do so, substance abuse researchers are turning to many of the same perspectives and issues long used in other industries.

Substance abuse treatment programs and their workforce face several key challenges. McLellan and colleagues (McLellan, Carise, & Kleber, 2003) highlight three trends from a nationally-representative sample of programs, namely (1) organizational and administrative instability reflected in program closings and reorganization, (2) high staff turnover at all levels, and (3) overwhelming data collection and reporting requirements. Against this backdrop, programs also are under pressure to adopt more "evidence-based" clinical approaches, which are increasingly the subject of state-level regulations and funding contracts (Marton, Daigle, & de la Gueronniere, 2005).

Taken together, these factors raise important questions about the job attitudes of substance abuse treatment counselors. Although the possible set of attitudes is extensive and complex, we focus here on three dimensions that are especially salient: job satisfaction, burnout, and leadership. In light of the turnover and instability, as well as the pressures for change, these three perceptions are expected to be central to understanding which individuals and programs will remain successful. Consequently, potential facilitating factors and the opportunity to make improvement will be of interest to program management. Below, we offer an overview of each and begin to explore the program organizational features that might shape them.

1.1. Satisfaction

Job satisfaction – an affective reaction to the job situation – is an intuitive concept to most workers, who would consider it a desirable goal. Subsequently, assessment and study of satisfaction has been of enduring research interest (Hulin, 1992; Smith, 1992). Some common themes for measurement include value or interest in the work itself, sufficiency of rewards, connections with peers, and appraisals of supervisors and the organization as a whole (Cook, Hepworth, Wall, & Warr, 1981). The multifaceted nature of satisfaction makes it closely allied with some other attitudes. For example, organizational commitment is closely related but is conceptually distinct, by focusing on affinity for the employing organization as a whole rather than on the job experience (Cook et al., 1981).

For organizations and managers, interest in job satisfaction often stems from its links to job-related behaviors, including performance (Riketta, 2008), and employee turnover and turnover intentions (Smith, 1992). As noted above, the substance abuse treatment field suffers particularly from turnover, with estimated annual rates of 18.5 percent (Johnson, Knudsen, & Roman, 2002), and some programs reporting even higher rates. Retaining qualified counselors is a priority for most treatment programs, and satisfaction is potentially useful as an easy-to-assess barometer for the success of these efforts.

1.2. Burnout

Early writing on burnout focused on those working in the human services and health care fields (Freudenberger, 1975; Maslach, 1976). By nature, such work is highly interpersonal, involving direct interaction with the recipient, and can be emotional and stressful (Pines & Aronson, 1988). These authors documented patterns of emotional depletion and loss of motivation and commitment that could develop in reaction to the ongoing stress.

Modern work on burnout focuses on three main issues (Maslach, Schaufeli, & Leiter, 2001): exhaustion, cynicism, and inefficacy. Exhaustion is the most common symptom, and most likely develops first. The latter two elements may be, in part, reactions to the experience of exhaustion. Cynicism (or "depersonalization") refers to a tendency to adopt an impersonal or indifferent view of clients. It is a protective mechanism, intended to reduce stress by disengaging from the clients and their unique situations. Feelings of inefficacy reflect a low sense of personal accomplishment.

In turn, burnout symptoms have been linked to other undesirable outcomes. Across industries, workers reporting more burnout also tend to experience poorer job performance (Taris, 2006) and personal health (Maslach et al., 2001). For the individual worker, these problems can take the form of illness, fatigue, and depression (Kahill, 1988; Maslach et al., 2001). For the organization, personal difficulties raise further challenges, including absenteeism, intentions to leave (Knudsen, Ducharme, & Roman, 2006; T. A. Wright & Cropanzano, 1998), and reduced client satisfaction with services received (Garman, Corrigan, & Morris, 2002; Vahey, Aiken, Sloane, Clarke, & Vargas, 2004). Burnt-out individuals may also become more rigid in their approach and resistant to change (Cherniss, 1980). Taken together, the potential consequences provide ample reason to monitor for staff burnout and take corrective action.

1.3. Leadership

Issues of leadership are slightly different from those of satisfaction and burnout, in that they refer to leader or supervisor behaviors rather than solely to personal experiences and attitudes. Nonetheless, the leader and the relationship he or she has with staff constitute important ingredients in the workplace. There is also an attributional component involved when staff members assess the behavior of their leaders (Hollander, 1985).

Successful leaders use a broad range of behaviors in interacting with staff. Some strategies focus on social exchange or transactions (Bass, 1985; Donohue & Wong, 1994). Transactional behaviors include the leader telling the followers exactly what is expected of them, and what they can expect in return. Other strategies are more interpersonal in nature and emphasize the leader's role in transforming a situation (Bass, 1985; Donohue & Wong, 1994; Rafferty & Griffin, 2004). Relevant behaviors include articulating a vision for the future, listening to individual concerns and needs, serving as a mentor or coach, and encouraging experimentation. Individual leaders may find any of these behaviors to be useful, in different situations, making them complementary approaches (Yukl & Van Fleet, 1992). Indeed, a recent meta-analysis on leadership (Judge & Piccolo, 2004) found separate measures of these strategies to be so closely related that it was difficult to separate their unique effects.

Recent interest in leadership within the substance abuse and mental health treatment fields has grown, in part, because leaders can play an important role in times of change and instability (Conger & Kanungo, 1998; Donohue & Wong, 1994). By promoting new ways of thinking and by focusing on longer-range goals, it is argued, leaders can support and manage change more easily. Leadership has therefore emerged as a focal point in efforts to improve treatment and promote adoption of evidence-based practices. For example, in mental health programs, supervisors' leadership practices were associated with greater staff acceptance of evidence-based practices and perceptions of a closer match between current program practices and evidence-based standards (Aarons, 2006).

1.4. Conceptualization of the Current Study

The purpose of the current study is to explore outpatient drug-free (ODF) treatment counselors' perceptions of satisfaction, burnout, and leadership more fully. Over 80% of facilities in the U.S. offer ODF treatment (Substance Abuse and Mental Health Services Administration, 2003, June 27), making program performance in this modality especially salient to the provision of care in this country. Furthermore, these programs are diverse in their clinical approach and intensity, frequently offering differing levels of care within a single program (Etheridge, Hubbard, Anderson, Craddock, & Flynn, 1997; Gerstein & Harwood, 1990). These features may make the working environment of ODF programs particularly challenging. However, studies of program working environment have not always distinguished among modalities.

The potential significance of job attitudes for substance abuse treatment programs suggests providers could benefit from assessing and monitoring staff views in these areas. Doing so requires measures that are readily available to practitioners. Although a number of well-known instruments exist for measuring burnout, job satisfaction, or leadership, practitioner use may be limited by cost, length, or the diversity of sources. Consequently, one objective of the current study was to establish a set of integrated, brief job attitude measures, suitable for use by treatment providers as well as researchers. As a first stage, the psychometric properties of these measures are explored.

As a second stage, each job attitude measure is examined within a general organizational framework in order to identify factors that might facilitate or inhibit their development. Traditionally, the consequences of job satisfaction, burnout, or leadership – including turnover and performance – have been a major motivator for their measurement and study; possible antecedents have not always received the same attention (e.g., Bommer, Rubin, & Baldwin, 2004; Smith, 1992). However, identifying antecedents is an essential step in making eventual improvements.

The predictive framework builds upon prior research, incorporating both counselor- and program-level influences. Potential antecedents reflect three broad categories: personal background, task characteristics, and the program environment. Specific elements were selected from each category that might reflect either a supportive resource or a constraint on behavior. Personal background included gender, ethnic background, education level, professional certification status, and experience in the treatment field. Although these have been inconsistent predictors historically, they may still be relevant if they indicate differences in personal opportunity (see e.g., Schneider, Gunnarson, & Wheeler, 1992). That is, to the extent that any of these background characteristics affect work assignments received, advancement, employment alternatives, or coping strategies for job challenges, then they may also relate to differences in job satisfaction (Schneider et al., 1992), burnout, or leadership perceptions. Furthermore, several of these counselor attributes previously have been linked to other organizational perceptions, including stress (Joe, Broome, Simpson, & Rowan-Szal, 2007).

Task characteristics refer to both the volume and complexity of the counselors' work. Larger caseloads imply greater demands on counselors and would be expected to have a negative impact on job-related perceptions. In addition, higher percentages of clientele from special-needs populations (i.e., referrals from the criminal justice system [CJS] or comorbid clients) present additional challenges and can change the nature of the counseling task.

Program environment variables describe the overall context in which counseling takes place. These include the level of care (regular outpatient, intensive, or a mixture of the two), affiliation with a larger parent organization, and size. Each of these potentially can affect the nature of the social relations among staff within the program. Operating within a larger, more complex organization has the potential to constrain leader behaviors, such as through formalizing standards to guide program directors' action. A larger staff can make social interactions more formal and less personal, creating challenges for leadership (Hollander, 1985); conversely, a larger staff also implies a larger social network, bringing the potential for greater support and satisfaction (Schneider et al., 1992). Finally, the leadership measure was also included as a predictor for burnout and satisfaction. Supervision in general can be a positive resource, through provision of meaningful feedback and support, increasing satisfaction (Evans & Hohenshil, 1997; Schneider et al., 1992) and buffering against burnout among counselors (Garland, 2004; Garner, Knight, & Simpson, 2007). More broadly, counselor emotional well-being and commitment are higher when directors foster a sense of autonomy, fairness, and

support (Ducharme, Knudsen, & Roman, 2008; Knudsen, Johnson, & Roman, 2003); all of these are hallmarks of good leadership (Bass, 1985).

The questions raised here are inherently multilevel, involving person- and program-level differences. Thus, prediction analyses are conducted in a hierarchical linear modeling (HLM; Raudenbush & Bryk, 2002) framework.

2. Method

2.1. Sample

As part of the Treatment Costs and Organizational Monitoring (TCOM) project, data were collected in 2004 and 2005 from 115 Outpatient Drug-Free (ODF) treatment programs in 9 states: Florida, Idaho, Illinois, Louisiana, Ohio, Oregon, Texas, Washington, and Wisconsin. These data represented an initial assessment of organizational structure and the first of three annual surveys of clinical staff, clients, and costs. Programs were selected to reflect major types of ODF treatment for adults in several diverse geographic areas of the United States. The Addiction Technology Transfer Centers (ATTCs; including the Southern Coast ATTC, Great Lakes ATTC, Gulf Coast ATTC, and Northwest Frontier ATTC) assisted with recruitment.

The study sample consists of 550 counseling staff and directors from 94 programs who completed a survey regarding their working environment. Staff from the remaining 21 of the 115 treatment programs did not provide this data. Six of these 21 programs closed between the time of the initial assessment and the first annual survey administration, three others were undergoing significant reorganization, and two were rebuilding following Hurricane Katrina; these 11 were therefore ineligible for the first annual data collection. Ten other programs withdrew from the study. Thus, the 94 programs included here represent 90% of the eligible programs. Comparisons between the 94 programs with staff surveys and the 21 without that information showed no significant differences on the structural characteristics used in the study (described below). Within these 94 programs, the staff survey return rate was 77%.

2.2. Procedure

Data collection procedures focused on obtaining a cross-sectional view of treatment program functioning. Upon enrollment in the project, a program director or clinical manager completed a Survey of Structure and Operations (SSO), which gathered information about general program characteristics, organizational relationships, clinical assessment and practices, services provided, staff and client characteristics, and recent changes. Later, during a period of approximately 1 month, clients and staff completed surveys regarding their attitudes. Clinical staff completed a Survey of Organizational Functioning (SOF), which included the Organizational Readiness for Change (ORC; Lehman, Greener, & Simpson, 2002) instrument. This survey measured needs and pressures for change, general resources, staff attributes, organizational climate, job attitudes, and several specific workplace practices. A program cost assessment and surveys of clients were also completed, but these data were not included in the present study.

2.3. Measures

The current study focuses on the three SOF measures describing job attitudes (i.e., Burnout, Satisfaction, Director Leadership). All ratings for these items were made using a 1 to 5 response scale; 1 indicated "strongly disagree" and 5 indicated "strongly agree." Scale scores were then rescaled to range from 10 to 50.

2.3.1. Director leadership—Nine items were used to measure leadership behaviors. The items used a common stem referring to "My program director" and asked about specific

elements of that person's behavior. The scale serves as a brief, global assessment of leadership, but it is conceptually similar to constructs articulated by Bass, Avolio, and colleagues (Avolio, Bass, & Jung, 1999) and Podsakoff and colleagues (Podsakoff, MacKenzie, Moorman, & Fetter, 1990). Both "transformational" (e.g., "Leads by example," "Encourages new ways of looking at how we do our jobs") and "transactional" behaviors (e.g., "Provides well-defined performance goals and objectives," "Gives special recognition to other people's work when it is very good") were included.

2.3.2. Satisfaction—Six items measured global job satisfaction. In addition to broadly-defined assessments ("You are satisfied with your present job"), items reflecting satisfaction with more specific job elements were included (e.g., "You like the people you work with," "You feel appreciated for the job you do").

2.3.3. Burnout—Six items measured burnout. Many focused on issues of emotional exhaustion (e.g., "You feel tired," "You feel depressed"), but indicators of cynicism and inefficacy (e.g., "You feel like you aren't making a difference") were also included.

2.3.4. Staff background—Counselor gender, ethnic minority status, education level (Master's degree or higher), professional certification status, and experience in the treatment field (3 years or more) were used to represent their personal background. Current caseload was included as a counselor-level task characteristic. Caseload was measured with a Likert-type item, where respondents selected an appropriate range of caseload size (e.g., "1-10", "11-20"). For the current analyses, these ranges were grouped further, so that 10 or fewer clients were considered a "low" caseload, 11-30 a "moderate" caseload, and 31 clients or more a "high" caseload. Moderate caseload served as the reference category for analytic purposes, and differences associated with either low or high caseload were estimated. Not all respondents answered all of these background questions but it was preferable to retain them for analysis to avoid possible bias and loss of statistical power. For these individuals, missing values were recoded to zero and a separate "missing" indicator was created. This approach corresponds, in essence, to adding a "don't know" category to each measure.

2.3.5. Program organization—Program environment measures included several structural elements, based on reports from directors. Programs were classified according to their level of care (Substance Abuse and Mental Health Services Administration, 2006): regular (less than 6 hours of programming per week), intensive (at least 2 hours of programming on 3 days per week), or a mixture of the two. Staff size was defined as the number of counseling staff employed by the program at the time of the survey (logarithmically transformed to reduce skew). Program clientele from special populations was summarized using both the percentage of admissions referred from the criminal justice system and the percentage with comorbid psychological conditions. The clientele measures also reflect counseling task characteristics, as described above. Finally, for purposes of satisfaction and burnout, the mean of the director leadership ratings for each program was used to represent overall perceptions of leadership. The same procedures described above were used for handling missing data on the structural measures.

2.4. Statistical Analysis

The study had two main phases. The first concerned the internal psychometric properties of the proposed measures, and used confirmatory factor analysis (CFA) and Rasch model analysis to evaluate their appropriateness. The second concerned prediction modeling, and focused on hierarchical linear model analyses.

In the psychometric phase, the purpose of the CFA was to examine the dimensional structure of the entire set of items and evaluate whether 3 factors were appropriate. The factor structure was expected to reflect primarily individual perceptions of the work environment. Accordingly, individual staff member ratings were analyzed, and a correction for cluster sampling was applied to the test statistics. Decisions about model fit were based on the goodness-of-fit χ^2 statistic, the root mean square error of approximation (RMSEA), standardized root mean square residual (SRMR), and the Comparative Fit Index (CFI). Smaller values (i.e., closer to zero) are preferred for the χ^2, RMSEA, and the SRMR; the CFI ranges from 0 to 1, with larger values indicating better fit. Hu and Bentler (1999) suggest the following cut-off value guidelines for these fit indices: RMSEA < .06, SRMR < .08, and CFI > .95. These analyses were conducted with Mplus 5 software (Muthén & Muthén, 1998-2007).

Each of the three composite measures was also evaluated by applying a Rasch rating scale model (B. D. Wright & Masters, 1982) to sets of survey items. The specific goal was examining whether the items for each composite functioned together coherently. Rasch analysis assesses the relative difficulty of items in the set (i.e., the likelihood that respondents agree with the item), the fit of the item within the set (i.e., the consistency of item responses with responses to the other items), and the person separation reliability (analogous to Cronbach's alpha). Item difficulty is presented in a log-odds metric, where negative values indicate the item is endorsed even by respondents with lower levels of the construct, and positive values indicate the item is endorsed only by those with higher levels of the construct. The fit is represented by a weighted mean-square statistic with an expected value of 1; values substantially larger than 1 suggest some responses may be inconsistent with the item's difficulty ranking (e.g., high-scoring individuals disagreeing with an easily endorsed item). These analyses were conducted with Winsteps 3.47 computer software (Linacre, 2003).

In the prediction phase of the study, the central focus was on the relationship the three job attitudes have with staff background and task characteristics, and with treatment program context. A key feature of the data is measurement at two levels, staff and programs, where features of each are expected to affect staff ratings. Such research questions call for an analytic model that explicitly incorporates program membership (and the similarity among staff that it introduces), without losing valuable information about individual variability (Raudenbush & Bryk, 2002). Accordingly, a two-level hierarchical linear model (HLM) was used to test hypotheses. Separate HLMs were constructed for each of the three staff attitude measures. At level 1, each measure is related to the set of staff-level predictors. At level 2, the adjusted means for director leadership, satisfaction, and burnout become program-level outcomes to be predicted by organizational factors. Analyses were conducted with HLM 6 computer software (Raudenbush, Bryk, & Congdon, 2005)[1]. For ease of interpreting staff-level relationships, such as results involving caseload, the prediction analyses include only data from counselors and not program directors. Thus, the sample for this phase was 469 counseling staff from 93 programs.

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[1]These analyses represent the job attitude measures as an unweighted composite of the item ratings. Although multilevel latent variable methods exist, they are much more computationally demanding and are not employed here. Observed measures of job attitudes contain some measurement error, but any bias introduced into the analysis is expected to be limited. Measurement error in the dependent variable becomes part of the regression equation's residual term and does not bias the coefficients (Bollen, 1989). Furthermore, individual-level predictors in a hierarchical model can function as instrumental variables (Amemiya, 1985), helping to remove error from the program-level model.

3. Results

3.1. Sample Description

As shown in Table 1, staff were predominantly women and white, certified addictions counselors, and had at least three years of experience in the field. Typical caseloads were diverse, with 23% having 10 or fewer clients, 47% having between 11 and 30 clients, and 30% having more than 30. The programs generally offered a mixture of regular and intensive outpatient services, but 29% offered only regular. Seventy-four percent operated as part of a larger "parent" organization (e.g., a central administrative unit maintaining several facilities in the community). Average staff size was approximately 6 counselors. A typical program served approximately 60% criminal justice-referred clients and 27% comorbid or "dual diagnosis" clients.

3.2. Psychometric Analyses

The items and selected psychometric statistics appear in Table 2.[2] Fit measures for the 3-factor CFA were χ^2 (186, N=550) = 533.52, RMSEA = .058, SRMR = .055, and CFI = .90. Using Hu and Bentler's (1999) guidelines, both the RMSEA and SRMR values suggested good fit; the CFI suggested the model could be improved. The largest model modification indices corresponded to residual correlations among items within the satisfaction scale, indicating the possibility that the scale is multidimensional.

The Rasch analyses examine this possibility more fully. Table 2 shows the items ranked in order of difficulty within each scale. Among the director leadership items, for example, "Emphasizes using new ideas, services, administrative techniques, etc., before most other programs do" is the most difficult to endorse (difficulty = 0.64), suggesting only counselors who hold a strong positive opinion of their director's leadership agree with this statement. In comparison, "treats each of us as individuals with different needs, abilities, and aspirations" is the easiest to endorse (difficulty = −0.51). Even counselors giving relatively low overall ratings of leadership tend to indicate their director treats them as individuals. The difficulty ordering helps to describe the range of attitude captured by the scale, and provides a context for measuring fit: individual responses to each item should generally match its place in the ranking (e.g., high-scoring counselors should agree with easier items). As shown in the last column of the Table, mean square fit statistics were generally near 1.0, indicating most respondents' answers were consistent with item placement in the difficulty ordering for each scale. Thus, the items within each set appeared to be measuring a common construct. For the satisfaction scale, these findings suggested that the multidimensionality implied by the CFA does not seriously threaten interpretation of the scores. (Note that the item "You would like to find a job someplace else" was reverse-scored before inclusion in the Rasch analyses or computation of scale scores.) In addition, all reliability statistics were above .70. Taken together, this information supported the use of the scales.

The three-factor CFA also estimated the correlations among the job attitude latent variables. As might be expected, satisfaction and burnout had a moderately strong negative correlation ($r = -.73$, $p < .001$), indicating these are opposing reactions to the working experience. They are not, however, simply opposite ends of a single spectrum; the correlation between these factors was also significantly less than −1.0 ($t = 5.11$, $p < .001$). The director leadership measure also correlated significantly with both satisfaction ($r = .71$, $p < .001$) and burnout ($r = -.44$, $p < .001$), suggesting leader behaviors may play an important role in shaping these work

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[2]Earlier versions of the director leadership and burnout (Garner et al., 2007) scales each included one additional item. These were removed from the current scoring based on their Rasch model fit measures. For clarity, only the final results are presented. The deleted leadership item was "Insists only on the best performance" (fit mean-square = 1.69); the burnout item was "You feel that talking to clients is a waste of time" (fit mean-square = 1.79).

responses among ODF treatment counselors. The following section explores facilitating factors in greater detail.

3.3. Prediction Analyses

3.3.1. Director leadership—Consideration of facilitating factors began with an unconditional HLM model (i.e., one having no predictors at either the counselor or program level), in order to gauge the extent of variability across programs in director leadership ratings. This analysis showed that mean leadership ratings for the 93 outpatient programs averaged 37.92, with a standard deviation of 3.10; approximately 16% of the total variability in ratings reflected program differences. Although the percentage of variability is relatively modest, it does suggest meaningful differences between programs. Based on the standard deviation, programs ranging from 31.84 to 44.0 would be plausible under the model (computed as $37.92 \pm 1.96 * 3.10$). That is, in a low-scoring program staff are ambivalent about their director's leadership, but in a high-scoring program staff indicate they "agree" or "agree strongly" with the leadership description.

Table 3 summarizes results of the HLM predictive analysis for director leadership. Counselor characteristics generally were not related to leadership ratings. At the program level, programs that operated under a larger parent organization had average ratings that were 2.19 points lower than programs without a parent. The magnitude of the difference becomes clearer when it is compared to the program-level standard deviation of 3.10 from the unconditional model: operating within a parent organization was associated with leadership scores averaging almost three-quarters of standard deviation lower ($2.19/3.10 = 0.71$), after controlling for the other factors.

Also, during model fitting, one treatment program was identified as an outlier, with average leadership ratings substantially lower than any other program in the sample. However, counselor-level statistical relationships within this program were generally similar to those for other programs, and it was desirable, therefore, to retain this program for analysis. Thus, following the approach of Langford and Lewis (1998), an additional indicator variable was entered into the program-level model to represent this program and its unusual ratings. The indicator has a value of "1" for the outlying program, and a value of "0" otherwise. The significant coefficient shows that this particular program had a mean leadership rating 17.63 points below the average for the remaining programs, even after adjusting for the other factors in the model. By including the indicator, this program can contribute to the model, particularly at the counselor level, without distorting program-level relationships (see Langford & Lewis, 1998). The same indicator was also employed in the analyses for burnout and satisfaction where leadership was included as a program-level predictor.

3.3.2. Burnout—Analysis of the burnout measure also began with an unconditional HLM. The overall mean was estimated to be 24.07, with a standard deviation across programs of 1.76. Thus, burnout scores generally were low, with 95% of programs falling between 20.62 and 27.52. About 7% of total variability reflected program differences suggesting that, although there were systematic differences between programs, counselors could easily experience burnout on an individual basis, regardless of what their colleagues reported.

Counselor caseload played an especially important role in reports of burnout. An initial analysis using only counselor factors showed that, on average, having a higher caseload (more than 30 clients) was related to significantly higher burnout ratings (2.09, $t = 2.33$, $p < .05$). However, unlike other counselor factors, this caseload-burnout relationship varied significantly among programs ($\chi^2[50] = 71.34$, $p < .05$). That is, in some programs burnout ratings for counselors with high caseloads were no different from their peers, but in other situations their ratings were substantially higher.

The final predictive model (presented in Table 4) explored these variations as well, in an effort to identify program features related either to overall counselor burnout levels or the degree of caseload differentiation. Director leadership emerged as a key protective factor, as programs with higher average leadership ratings also had lower burnout ratings (−.33). More specifically, a program 1 standard deviation (*SD*) higher in director leadership would be expected to be more than half an *SD* lower in average burnout (−.57).

The impact of counselor caseload is linked to the percentage of clients referred through the criminal justice system (CJS): as the percentage of CJS-referred clients increased, differences in burnout associated with caseload appeared less pronounced. To illustrate, in a program with 63% of its clientele referred through the CJS (the sample median), burnout ratings of high- and moderate-caseload counselors would be expected to differ by 2.01 points; with 85% referred (the upper quartile) the difference would be essentially zero (−0.07), and with 31% referred (the lower quartile) the difference would be a remarkable 5.0 points. Thus, in order to understand the ramifications of caseload size for counselor burnout, it is essential to know something about caseload composition as well.

3.3.3. Job satisfaction—Unconditional HLM results for satisfaction showed an overall mean of 40.28 with a program-level standard deviation of 2.32 and 14% of total variability between programs. Thus, 95% of programs were between 35.73 and 44.83.

Table 5 shows the final prediction model for satisfaction. Among counselor characteristics, having a higher caseload (more than 30 clients) was associated with job satisfaction ratings 1.59 points lower than colleagues with 11 to 30 clients. At the program level, programs with higher average leadership ratings also had higher average satisfaction (.53). That is, a program 1 *SD* higher on leadership would be expected to be almost three-quarters of an *SD* higher in satisfaction as well (.71). Programs offering mixed regular and intensive levels of care also had higher average satisfaction, though the meaning of this finding is not immediately clear; level of care is not a significant predictor of job satisfaction when it appears in the model by itself.

4. Discussion

The on-the-job experiences of substance abuse treatment counselors constitute an important but understudied aspect of the treatment program, and the goal of the current study was to begin exploring three measures of counselor job attitudes. These measures of director leadership, burnout, and job satisfaction were shown to have good psychometric properties. They represent three distinct but interrelated components of counselor work life. In general, the ODF programs in this sample were staffed by counselors with positive reactions to their work experiences, as evidenced by the relatively high overall means for leadership (37.92) and satisfaction (40.28) and the low mean for burnout (24.07). Such a finding is encouraging evidence that treatment programs can be productive and rewarding work environments. Nevertheless, the findings also suggest areas where further improvements might be made.

A purpose of the HLM analyses was to highlight circumstances that facilitate or inhibit positive job attitudes. As described above, counselor background variables generally were not significant predictors in this sample. Rather, the conditions counselors encountered within their workplace appeared central in shaping these views. The one consistent counselor-level predictor concerned the size of the counselor's caseload, showing that those with responsibility for more than 30 clients at a time had poorer job attitude ratings, relative to their peers with smaller caseloads. Caseload was a factor describing the counseling task, rather than the counselors themselves. The emergence of a task characteristic over personal characteristics as a significant predictor is not unusual (see e.g., Schneider et al., 1992), but it is important. The

counseling task is much more open to change and program managers generally can control the distribution of work assignments.

The study also found an interrelationship of counselor caseload and prevalence of criminal justice system (CJS) referrals in predicting burnout. Closer examination of this interaction revealed that the connection between high caseload and burnout was strongest in programs with fewer CJS referrals and reduced to zero as the percentage of referrals grew higher. The implication is that larger caseloads may be less problematic for provoking burnout in outpatient programs where the clientele are dominated by CJS referrals. Clearly, further research is needed to understand how this apparent protective mechanism might work. One possibility is that CJS-referred clients and the contracts that bring them to the program may reduce variability in client needs, treatment plans, and services. Under such conditions, time and effort needed per client for assessment and planning may be lower, so that additional clients on a counselor's caseload have less impact. Furthermore, it is not unusual for programming aimed at CJS-referred clients to emphasize larger groups, as opposed to individual counseling. Supplemental analyses based on a subset of the current data showed programs with higher percentages of CJS referrals generally had fewer individual counseling sessions per week for each client ($r = -.38$, $p < .01$) and larger group sizes ($r = .26$, $p < .05$), supporting the view that the counseling task can be fundamentally different when working with CJS-referred clients.

The within-program nature of the caseload comparison deserves special comment. At the program level, in contrast, average ratings did not appear to vary in relation to the percentage of counselors with high caseloads. The differentiation between colleagues in the same outpatient program suggests it is not simply the magnitude of the workload that impacts counselors' attitudes, but also the way in which the work is distributed. These findings echo those of Knudsen and colleagues (Knudsen et al., 2006; Knudsen, Ducharme, & Roman, 2008), showing the importance of perceived justice for counselors. In those studies, both equitable distribution of workload and rewards and the fairness of decision-making procedures were key predictors of substance abuse counselor emotional exhaustion (a central element of burnout) and turnover intentions (Ducharme et al., 2008; Knudsen, Ducharme, et al., 2006, 2008). Taken together, the consistent findings pertaining to equity suggest a focal point for managerial action, in ensuring that work and rewards are distributed in a reasonable way and that personal concerns are considered appropriately. Indeed, these behaviors are relevant in the director leadership measure, touching on many aspects of leader behavior (Bass, 1985).

The relationship the director leadership measure has with both burnout and job satisfaction underscores the pivotal role outpatient program directors can play in counselors' job experiences. Better clinical supervision and administrative support have previously been shown to be related to less burnout (Garland, 2004) and more satisfaction (Evans & Hohenshil, 1997) among substance abuse counselors. Management practices emphasizing fairness and support also benefit counselors' well-being (Ducharme et al, 2008; Knudsen, Ducharme, et al., 2008) and commitment (Knudsen, Johnson, et al., 2003). Coupled with links observed between leadership and treatment program improvement (e.g., Aarons, 2006), as well as organizational performance in other industries (e.g., Judge & Piccolo, 2004), the findings support a developing pattern of positive outcomes associated with solid leadership. As central actors in the work life of the treatment program, directors can influence its success in a wide variety of ways. The variation in leadership ratings, however, hints at unevenness in the preparation and resources program directors receive for their role as leaders. With greater attention to selecting, developing, and rewarding leadership, the substance abuse treatment field can take better advantage of a valuable human resource. Training and mentorship opportunities for program directors could pay significant dividends for improving the field. The current results also suggest that complex, multi-program organizations face particular challenges in regard to director leadership that should be investigated closely. In settings with additional

administrative layers, the program director role may be more focused on supervision than leadership – with the latter handled at higher levels – yet the present study suggests possible advantages to be gained from rebalancing these two responsibilities.

Taken together with previous research efforts in substance abuse treatment (e.g., Ducharme et al., 2008; Knudsen et al., 2008), study results suggest treatment providers would find value in assessing burnout, job satisfaction, leadership, or related elements of staff working environment on a routine basis. Program management could identify organizational challenges and take corrective action. However, doing so requires that they have convenient and low-cost measures available. The measures reported in this study provide programs with one such option (they are available for free downloaded from http://www.ibr.tcu.edu/pubs/datacoll/commtrt.html#Form-SOF). Built on the framework of the Organizational Readiness for Change (ORC; Lehman et al., 2002) instrument, these permit programs to collect staff views on a variety of important dimensions. The psychometric information reported here supports broader use of the job attitude measures.

We acknowledge that the study design is cross-sectional, with the key attitude measures collected as part of the same survey. Such a design is, for example, open to overstating the relationship that leadership behaviors have with burnout and job satisfaction. Additional research needs to examine these connections in a longitudinal manner. However, the consistency of the findings with those published from other settings (described above) reinforces the interpretation that outpatient program directors' behavior can affect counselors' reaction to their work. The study sample also is not randomly sampled or nationally representative, though it is reasonably large and geographically diverse. If program participation decisions reflected prevailing job attitudes in some way, then the analysis may underestimate the full range of counselor views. Results might not generalize to programs with more extreme staff perceptions. Finally, the focus of the study is outpatient drug-free programs. Although these programs provide the majority of the substance abuse treatment in the U.S., other models exist and the present results might or might not generalize to them.

Nonetheless, the study adds to a growing foundation for examining counselor working environment issues. As Harwood (2007) points out, substance abuse counselors are crucial to the success of treatment, yet they have received limited research attention. Burnout and job satisfaction, as well as views of director leadership, are valuable to monitor, and can be a focus in program-improvement efforts. Attention to leadership issues and the distribution of caseloads are a straightforward and promising means of improving counselor work experiences. Consequently, this attentiveness with accompanying improvements may impact the high turnover rates among the treatment workforce.

Acknowledgements

References

Aarons GA. Transformational and transactional leadership: Association with attitudes toward evidence-based practice. Psychiatric Services 2006;57:1162–1168. [PubMed: 16870968]

Amemiya, T. Advanced econometrics. Harvard University Press; Cambridge, MA: 1985.

Avolio BJ, Bass BM, Jung DI. Re-examining the components of transformational and transactional leadership using the Multifaceted Leadership Questionnaire. Journal of Occupational and Organizational Psychology 1999;72:441–462.

Bass, BM. Leadership and performance beyond expectations. Free Press; New York: 1985.

Bollen, KA. Structural equations with latent variables. Wiley; New York: 1989.

Bommer WH, Rubin RS, Baldwin TT. Setting the stage for effective leadership: Antecedents of transformational leadership behavior. Leadership Quarterly 2004;15:195–210.

Cherniss, C. Staff burnout: Job stress in the human services. Sage; Beverly Hills, CA: 1980.

Conger, JA.; Kanungo, R. Charismatic leadership in organizations. Sage; Thousand Oaks, CA: 1998.

Cook, JD.; Hepworth, SJ.; Wall, TD.; Warr, PB. The experience of work. Academic Press, Inc; New York: 1981.

Donohue KS, Wong L. Understanding and applying transformational leadership. Military Review 1994;74:24–31.

Ducharme LJ, Knudsen HK, Roman PM. Emotional exhaustion and turnover intention in human service occupations: The protective role of coworker support. Sociological Spectrum 2008;28:81–104.

Etheridge RM, Hubbard RL, Anderson J, Craddock SG, Flynn PM. Treatment structure and program services in the Drug Abuse Treatment Outcome Study (DATOS). Psychology of Addictive Behaviors 1997;11(4):244–260.

Evans WN, Hohenshil TH. Job satisfaction of substance abuse counselors. Alcoholism Treatment Quarterly 1997;15(2):1–13.

Freudenberger HJ. The staff burnout syndrome in alternative institutions. Psychotherapy: Theory, Research, and Practice 1975;12:72–83.

Garland B. The impact of administrative support on prison treatment staff burnout: An exploratory study. The Prison Journal 2004;84(4):452–471.

Garman AN, Corrigan PW, Morris S. Staff burnout and patient satisfaction: Evidence of relationships at the care unit level. Journal of Occupational Health Psychology 2002;7:235–241. [PubMed: 12148955]

Garner BR, Knight K, Simpson DD. Burnout among corrections-based drug treatment staff: Impact of individual and organizational factors. International Journal of Offender Therapy and Comparative Criminology 2007;51(5):510–522. [PubMed: 17615435]

Gerstein, DR.; Harwood, HJ. Treating drug problems: A study of evolution, effectiveness, and financing of public and private drug treatment systems (Report of the Committee for the Substance Abuse Coverage Study, Division of Health Care Services, Institute of Medicine, Vol. 1). National Academy Press; Washington, DC: 1990.

Harwood H. Don't forget the workplace. Psychiatric Services 2007;58:191. [PubMed: 17287374]

Hollander, EP. Leadership and power. In: Lindzey, G.; Aronson, E., editors. The handbook of social psychology. Vol. 3rd ed.. Vol. 2. Random House; New York: 1985. p. 485-537.

Hu L, Bentler PM. Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. Structural Equation Modeling 1999;6:1–55.

Hulin, C. Adaptation, persistence, and commitment in organizations. In: Dunnette, MD.; Hough, LM., editors. Handbook of industrial and organizational psychology. Consulting Psychologists Press; Palo Alto, CA: 1992. p. 445-505.

Joe GW, Broome KM, Simpson DD, Rowan-Szal GA. Counselor perceptions of organizational factors and innovations training experiences. Journal of Substance Abuse Treatment 2007;33(2):171–182. [PubMed: 17434706]

Johnson JA, Knudsen HK, Roman PM. Counselor turnover in private facilities. Frontlines: Linking Alcohol Services Research & Practice 2002;5:8.

Judge TA, Piccolo RF. Transformational and transactional leadership: A meta-analytic test of their relative validity. Journal of Applied Psychology 2004;89:755–768. [PubMed: 15506858]

Kahill S. Symptoms of professional burnout: A review of empirical evidence. Canadian Psychology 1988;29:284–297.

Knudsen HK, Ducharme LJ, Roman PM. Counselor emotional exhaustion and turnover intention in therapeutic communities. Journal of Substance Abuse Treatment 2006;31:173–180. [PubMed: 16919745]

Knudsen HK, Ducharme LJ, Roman PM. Clinical supervision, emotional exhaustion, and turnover intention: A study of substance abuse counselors in the Clinical Trials Network of the National Institute on Drug Abuse. Journal of Substance Abuse Treatment 2008;35(4):387–395. [PubMed: 18424048]

Knudsen HK, Johnson JA, Roman PM. Retaining counseling staff at substance abuse treatment centers: Effects of management practices. Journal of Substance Abuse Treatment 2003;24:129–135. [PubMed: 12745030]

Langford IH, Lewis T. Outliers in multilevel data. Journal of the Royal Statistical Society, Series A 1998;161:121–160.

Lehman WEK, Greener JM, Simpson DD. Assessing organizational readiness for change. Journal of Substance Abuse Treatment 2002;22(4):197–209. [PubMed: 12072164]

Linacre, JM. Winsteps Rasch measurement computer program. Winsteps.com; Chicago: 2003.

Marton, A.; Daigle, J.; de la Gueronniere, G. Identifying state purchasing levers for promoting the use of evidence-based practice in substance abuse treatment. 2005. Retrieved February 6, 2008 from http://www.chcs.org/publications3960/publications_show.htm?doc_id=311033

Maslach C. Burned-out. Human Behavior 1976;5:16–22.

Maslach C, Schaufeli WB, Leiter MP. Job burnout. Annual Reviews of Psychology 2001;52:397–422.

McCarty D, Fuller BE, Arfken C, Miller M, Nunes EV, Edmundson E, et al. Direct care workers in the national drug abuse treatment clinical trials network: Characteristics, opinions, and beliefs. Psychiatric Services 2007;58:181–190. [PubMed: 17287373]

McLellan AT, Carise D, Kleber HD. Can the national addiction infrastructure support the public's demand for quality care? Journal of Substance Abuse Treatment 2003;25(2):117–121. [PubMed: 14680015]

Muthén, LK.; Muthén, BO. Mplus user's guide. Vol. 5th ed.. Muthén & Muthén; Los Angeles: 19982007.

Pines, A.; Aronson, E. Career burnout cause and cures. Free Press; New York: 1988.

Podsakoff PM, MacKenzie SB, Moorman RH, Fetter R. Transformational leader behaviors and their effects on followers' trust in leader, satisfaction, and organizational citizenship behaviors. Leadership Quarterly 1990;1:107–142.

Rafferty AE, Griffin MA. Dimensions of transformational leadership: Conceptual and empirical extensions. Leadership Quarterly 2004;15:329–354.

Raudenbush, SW.; Bryk, AS. Hierarchical linear models: Applications and data analysis methods. Vol. 2nd ed.. Sage; Newbury Park, CA: 2002.

Raudenbush, SW.; Bryk, AS.; Congdon, RT. HLM 6: Hierarchical linear and nonlinear modeling [Computer software]. Scientific Software International, Inc; Lincolnwood, IL: 2005.

Riketta M. The causal relation between job attitudes and performance: A meta-analysis of panel studies. Journal of Applied Psychology 2008;93:472–481. [PubMed: 18361647]

Schneider, B.; Gunnarson, SK.; Wheeler, JK. The role of opportunity in the conceptualization and measurement of job satisfaction. In: Cranny, CJ.; Smith, PC.; Stone, EF., editors. Job satisfaction. Lexington Books; New York: 1992. p. 53-68.

Smith, PC. In pursuit of happiness: Why study general job satisfaction?. In: Cranny, CJ.; Smith, PC.; Stone, EF., editors. Job satisfaction. Lexington Books; New York: 1992. p. 5-19.

Substance Abuse and Mental Health Services Administration. The DASIS Report: Facilities Offering Outpatient Care. Author; Rockville, MD: Jun 27. 2003

Substance Abuse and Mental Health Services Administration. National Survey of Substance Abuse Treatment Services (N-SSATS): 2006. Data on substance abuse treatment facilities. Office of Applied Studies; Rockville, MD: 2006. DASIS Series: S-39, DHHS Publication No. SMA 07-4296

Taris TW. Is there a relationship between burnout and objective performance? A critical review of 16 studies. Work & Stress 2006;20:316–334.

Vahey DC, Aiken LH, Sloane DM, Clarke SP, Vargas D. Nurse burnout and patient satisfaction. Medical Care 2004;42(2 Suppl):57–66.

Wright, BD.; Masters, GN. Rating scale analysis. MESA Press; Chicago: 1982.

Wright TA, Cropanzano R. Emotional exhaustion as a predictor of job performance and voluntary turnover. Journal of Applied Psychology 1998;83:486–493. [PubMed: 9648526]

Yukl, G.; Van Fleet, DD. Theory and research on leadership in organizations. In: Dunnette, MD.; Hough, LM., editors. Handbook of industrial and organizational psychology. Consulting Psychologists Press; Palo Alto, CA: 1992.

Table 1

Sample Description

	Distribution
Staff characteristics (*N* = 550)	
Female (%)	61
Ethnic minority (%)	30
Master's degree or higher (%)	42
Certified in addictions (%)	67
Experience (3+ years; %)	76
Low caseload (1-10 clients; %)	23
High caseload (31+ clients; %)	30
Program Characteristics (*N* = 94)	
Level of care (%)	
Regular	29
Intensive	11
Mixed regular and intensive	60
Parent organization (%)	74
Number of counseling staff [mean (*SD*)]	5.98 (5.00)
Counselors with low caseload [mean % (*SD*)]	22.73 (26.65)
Counselors with high caseload [mean % (*SD*)]	26.74 (28.62)
Criminal justice referrals [mean % (*SD*)]	60.28 (29.26)
Dual diagnosis [mean % (*SD*)]	26.92 (25.27)

Table 2

Psychometric Results for Job Attitude Scales

Item	Factor Loading	Difficulty	Fit Mean Square
Director Leadership (reliability = .90)			
My program director:			
Emphasizes using new ideas, services, administrative techniques, etc., before most other programs do.	0.67	0.64	1.19
Provides well-defined performance goals and objectives.	0.66	0.44	1.20
Inspires others with his/her plans for this facility for the future.	0.78	0.19	0.98
Gives special recognition to others' work when it is very good.	0.69	0.01	1.28
Leads by example.	0.81	−0.01	0.93
Gets people to work together for the same goal.	0.85	−0.13	0.64
Encourages new ways of looking at how we do our jobs.	0.79	−0.19	0.84
Takes time to listen carefully to and discuss people's concerns.	0.81	−0.44	0.98
Treats each of us as individuals with different needs, abilities, and aspirations.	0.80	−0.51	0.98
Burnout (reliability = .74)			
You feel disillusioned and resentful.	0.73	0.87	0.83
You feel depressed.	0.63	0.49	0.87
You feel like you aren't making a difference.	0.36	0.40	1.12
You feel that it is a real effort to come into work.	0.53	0.37	0.99
You feel tired.	0.56	−0.61	0.83
You feel overwhelmed by paperwork.	0.30	−1.52	1.40
Satisfaction (reliability = .78)			
You would like to find a job somewhere else.	−0.69	0.82	0.96
You feel appreciated for the job you do.	0.68	0.68	0.99
You are satisfied with your present job.	0.70	0.23	0.87
You are proud to tell others where you work.	0.64	−0.46	0.86
You like the people you work with.	0.51	−0.57	1.02
You give high value to the work you do here.	0.45	−0.70	1.07

Table 3

Hierarchical Linear Model Results for Director Leadership

Predictor	Coefficient
Base Leadership rating	37.77[**]
Program-level model	
Intensive	0.67
Mixed	−1.63
CJ referrals (percentage)	0.27
Dual diagnosis (percentage	0.32
Operates under parent organization	−2.19[*]
Counseling staff size (log)	0.57
Low caseload (percentage)	−0.07
High caseload (percentage)	−0.21
Outlier program	−17.63[**]
Missing on CJ referrals	1.34
Missing on dual diagnosis	0.71
Staff-level model	
Female	−0.06
Ethnic minority	1.18
Graduate degree	0.11
Certified	−0.99
Experience (3+ years)	−1.29
Low caseload	0.54
High caseload	−1.53
Missing on gender	0.78
Missing on minority status	1.34
Missing on degree	−5.35
Missing on certification	−4.79[*]
Missing on experience	1.10
Missing on caseload	−0.21

[*]
$p < .05$;

[**]
$p < .01$

Table 4

Hierarchical Linear Model Results for Burnout

Predictor	Coefficient
Base Burnout rating	23.83[**]
Program-level model	
Intensive	1.57
Mixed	0.92
CJ referrals (percentage)	−0.11
Dual diagnosis (percentage)	−0.16
Operates under parent organization	−0.66
Counseling staff size (log)	0.21
Low caseload (percentage)	−0.07
High caseload (percentage)	0.07
Director Leadership (average)	−0.33[**]
Outlier program	−8.10[*]
Missing on CJ referrals	1.03
Missing on dual diagnosis	−1.08
Staff-level model	
Female	−0.25
Ethnic minority	0.87
Graduate degree	−0.65
Certified	−0.09
Experience (3+ years)	0.77
Low caseload	0.42
High caseload	2.50
Program-level model for high caseload	
Intensive	3.81
Mixed	−0.33
CJ referrals (percentage)	−0.94[*]
Dual diagnosis (percentage)	−0.47
Operates under parent organization	−2.94
Counseling staff size (log)	0.90
Low caseload (percentage)	−0.35
High caseload (percentage)	−0.30
Director Leadership (average)	−0.23

Predictor	Coefficient
Missing on CJ referrals	−22.88[*]
Missing on dual diagnosis	9.19
Missing on gender	4.65[*]
Missing on minority status	1.19
Missing on degree	−4.86
Missing on certification	−1.27
Missing on experience	0.76
Missing on caseload	5.99

[*]
$p < .05$;

[**]
$p < .01$

Table 5

Hierarchical Linear Model Results for Job Satisfaction

Predictor	Coefficient
Base Satisfaction rating	40.14[**]
Program-level model	
Intensive	1.70
Mixed	1.77[*]
CJ referrals (percentage)	−0.04
Dual diagnosis (percentage)	0.13
Operates under parent organization	0.74
Counseling staff size (log)	−0.27
Low caseload (percentage)	−0.09
High caseload (percentage)	0.21
Director Leadership (average)	0.53[**]
Outlier program	1.47
Missing on CJ referrals	−3.14
Missing on dual diagnosis	3.27
Staff-level model	
Female	0.80
Ethnic minority	−0.96
Graduate degree	−0.23
Certified	0.39
Experience (3+ years)	−0.49
Low caseload	0.39
High caseload	−1.59[*]
Missing on gender	1.81
Missing on minority status	−3.04
Missing on degree	−3.32
Missing on certification	3.29[*]
Missing on experience	0.24
Missing on caseload	−1.36

[*]
$p < .05$;

[**]
$p < .01$