

# National Trends in Leadership Development

*Views from leaders in  
addictions treatment and recovery*

Prepared on behalf of SAMHSA/CSAT by TASC, Inc.



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# Disclaimer

*The opinions presented herein are the views of the report authors and the interviewees, and do not necessarily reflect the official position of SAMHSA/CSAT nor any other part of the U.S. Department of Health and Human Services.*



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# Current State of Leadership in the Addiction Treatment Field

- **Early leaders nearing retirement**
- **No formal plan for leadership transition**
- **No culture of leadership and leadership development within the field**
- **Differing views on key issues**
  - **Medication-assisted treatment**
  - **Standardized treatment**
  - **Outcome measures**
  - **Role of recovery movement**



# Partners for Recovery

- **Broad-based collaborative effort to advance the addiction treatment field**
- **Part of ongoing coordinated policy conversations by SAMHSA/CSAT**
- **Leadership development is one of key priorities of Partners for Recovery**
- **Goal is to ensure the continuing evolution of leadership and viability of the field on service and policy levels**



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# Taking Stock – Process

- **SAMHSA enlisted TASC to interviewed 36 recognized leaders in:**
  - Treatment
  - State and federal policy
  - Policy generally
  - Recovery
  - Research
  - Training
  - Medical field
  - Professional organizations
- **Interviewees:**
  - averaged 23.9 years in field
  - anticipated an average of 10.7 years to retirement



# Taking Stock – Interview Questions

- **What attributes/skills are most critical to your success?**
- **What is the future environment for the addiction treatment field?**
- **What talent is needed to meet future demands?**
- **Does talent already exist? What potential needs to be developed?**



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# Taking Stock – Interview Questions

- **What is the impact of leadership diversity, stigma, compensation, leaders in recovery on recruitment and leadership development?**
- **What action plans are needed to drive field into future?**
- **How are you currently developing talent internally?**
- **What are your plans for leadership transition?**



# Survey Findings

**The following slides summarize the input provided by 36 leaders in the field who are nearing retirement.**



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# Assessment of Environmental Trends

## Respondents cited:

- **Tighter funding and regulatory environment**
- **Research increasingly becoming basis for funding and policy**
- **Addiction treatment increasingly blended with mental health and primary care**
- **Impact of stigma**



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# Funding and Regulatory Environment – *Issues cited by respondents*

- **Managed care constraints on treatment practices and quality of care**
- **High-tech efficiencies replacing face-to-face interaction**
- **Greater emphasis on certification, documentation**
- **Greater expectations and accountability for outcomes**
- **Greater competition as other fields become involved**



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# Funding and Regulatory Environment – *Recommendations offered by respondents*

- **Diversification of funding streams**
- **Integration of treatment services into public and private funding**
- **Workforce and leadership equipped to deal with funding/regulatory changes**
- **Research to define optimal treatment levels and inform policy**



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# Research-Based Accountability – *Issues*

- **Outcome studies will increasingly shape policy and funding**
- **Greater accountability for specific, quantifiable outcomes**
- **Increasing knowledge of impact of addiction on brain functions**
- **Improving technology for treatment**
- **Field becoming more scientific – more options for standardization in diagnosis and treatment**



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# Research-Based Accountability – *Recommendations offered by respondents*

- **Additional studies on cost effectiveness and cost benefits**
- **Pair naturalistic case studies with clinical experiments**
- **Leaders who think broadly and can apply research to practice and communicate findings and implications**
- **Improve field's capacity to integrate research into practice more quickly**



# Connection to Mental Health and Primary Care

- **Greater understanding of pervasiveness of addiction treatment issues in other clinical contexts**
- **Integration with mental health and primary care is logical and necessary**
  - **Addiction screening as part of primary care**
  - **Physical screening as part of treatment SOP**
- **Separate fields are aligned but distinct**
- **Continue to define professional standards specific to addiction treatment**



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# Public Attitudes and Stigma

- **Disagreement over whether stigma concerns are getting better or worse**
- **Field must continue to present substance use disorders as a health issue**
- **Field must demonstrate dependable measures of treatment outcomes**
- **Field must be visible in public dialogue about addiction treatment issues**



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# Other Themes and Trends

- **Growing role of recovery movement**
- **Changes in workforce due to increasing certification requirements**
- **Need to use technology to share information**



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# Identifying and Fostering Leadership Competencies

- **Leaders must be clinicians and business people, i.e. understand:**
  - Financing
  - Contracting
  - Property management and acquisition
- ***Leadership* involves big picture vision and ability to move others forward**
- ***Management* involves infrastructure, organization, product development and team-building**



# Top 10 Leadership Skills and Competencies

- **Passion, commitment, belief in the cause and a tenacious approach**
- **Interpersonal and collaboration skills – ability to move toward consensus**
- **Vision for field and focus on key goals**
- **Solid experience and expertise based on longevity in field and interdisciplinary training**
- **Policy savvy/ability to be at right tables and garner support of key decisionmakers**



# Top 10 Skills (Continued)

- **Integrity, honesty and credibility**
- **Curiosity and drive and ability to motivate others**
- **Flexibility and patience**
- **Ability to communicate complex ideas clearly and effectively**
- **Taking risks and translating learning into action**



# Acquiring Leadership Skills

- **Leadership can be learned**
- **Self-taught through reading and developing skills over time in the field**
- **Mentoring and supervisory relationships key to fostering culture of leadership**



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# Current Challenges to Developing Leaders

- **Few leadership development training opportunities within field**
- **No defined management training tracks or “career ladders”**
- **Moving clinical line staff into management without management training**
- **Broader field does not have a blueprint for advancement between leadership levels (i.e. local, state, federal)**



# Current Challenges to Developing Leaders (cont.)

- **Current mechanisms do not promote diversity**
- **Low compensation creates high turnover**
- **Stigma toward field generally**



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# Opportunities for Developing Leadership Within Organizations

- **Dedicated leadership training**
- **Recruitment with emphasis on diversity and inclusion of recovering voices**
- **Target early career involvement**
- **Develop passion and technical expertise concurrently**
- **Internal communication to promote learning and mentoring**



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# Opportunities for Developing Leadership in Key Areas

- **Researchers**
  - **Become more proactive in advancing policy**
  - **Promote relationship between academic institutions and local communities**
  - **Engage providers in a culture of using research to improve practice**
  - **Offer incentives to bring top researchers to addiction treatment projects**
  - **Mentor young researchers**



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# Opportunities for Developing Leadership in Key Areas (cont.)

- **Primary Care Clinicians**
  - **Develop capacity for assessment and treatment of substance use disorders**
  - **Offer incentives for training in substance use issues**
  - **Incorporate addiction issues into medical academia**



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# Opportunities for Developing Leadership in Key Areas (cont.)

- **People in recovery**
  - **Being in recovery not necessarily sufficient for a leadership position**
  - **Increased certification requirements may marginalize non-certified staff in recovery**
  - **Provide training opportunities specifically for people in recovery**
  - **Create avenues for people in recovery to become spokespeople for field**



# Opportunities for Developing Leadership in Larger Field Context

- **Collaboration with external partners**
  - Develop allies and advocates in other fields
  - Expand view of what constitutes “the field”
- **Collaboration within field**
  - Relationships across geographic regions
  - Networking conferences
- **Recruitment**
  - Address “generational” gaps in motivation for working in the field
- **Transition of leadership**
  - Necessity of a field-wide effort to facilitate transition to next generation



# Summary of Major Themes

## We must:

- **Identify, attract, train, mentor, and retain individuals with passion and commitment to field**
- **Developing cultures of leadership within our organizations**
- **Coordinate leadership development efforts**
- **Articulate and embrace the common ground of a diverse field**



# Call to Action

- **Planning for transition needs to occur now**
- **Intentional leadership development needs to occur now**
- **Addiction treatment field must develop and implement coordinated strategies for identifying and preparing next generation of leaders**



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