

Research Article

The Lived Experiences of Addiction Counselors and Applications for Building Resiliency

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Abstract

As addiction counselors suffer from Burnout (BO) and Compassion Fatigue (CF), turnover rates increase and subsequently, there are fewer addiction counselors available to provide care for those experiencing addiction. A qualitative transcendental phenomenological study was conducted to interview addiction counselors believed to be resilient to BO and CF. All nine participants held the Master Addiction Counselor (MAC) certification awarded by the National Certification Commission for Addiction Professionals (NCC AP) and worked in addiction counseling for five years minimum. Previous studies show only 58% of addiction counselors remain in the field for five or more years and 29% maintain their current job for 5 or more years (therefore resiliency in this sample was inferred). Identified themes relating to resiliency factors were gleaned and implications were explored.

Background

One of the main issues that plague the profession of addiction counseling is burnout, “a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment” [1]. It is a syndrome that is seen worldwide and occurs across varying professions [2]. Equally distressing is another phenomenon, compassion fatigue, which comprises occupational stresses unique to those in the healthcare field [3]. While counselors are at risk of both [4], addiction counselors are at higher risk due to the exposure to trauma, the overall treatment environment, and the complex nature of the client’s symptomology [5]. Addiction counselors focus on providing addiction counseling, which entails helping clients overcome substance use disorders and other unhealthy dependencies [6-8]. Additionally, this typically involves coordinating ancillary services for people with a range of substance use and other behavioral addictions and health problems. Addiction counselors provide treatment and support to help clients recover from addiction and modify problematic behaviors, in a variety of settings such as hospitals, clinics, correctional institutions, rehabilitation and treatment centers, and private practices.

The gap

There was an identified gap in the literature concerning

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Keywords: Resiliency; Burnout; Trauma; Counselor; Addiction



Compassion Fatigue (CF) and Burnout (BO) among addiction counselors, specifically, addiction counselors who appear resilient to burnout and compassion fatigue [9-11]. Addiction counselors are at high risk due to having increased workloads, larger caseloads [12,13], and clients requiring higher levels of care with higher chances of suicides and overdoses among those clients [14]. Lower pay, fewer resources, and less time off than other counselors and psychotherapists are also common concerns among addiction counselors [5,15]. Previous studies have focused on CF and BO but failed to compare the burnout levels between addiction counselors and other mental health professionals [9,13,16-18].

Qualitative research

Equally important is that available qualitative research lacks the voices of these specific addiction counselors, who through their lived experiences, could provide insight as to why and how they can dissuade and mitigate the negative effects that plague the addiction counseling field [8,19,20]. Their experiences should guide the theories, prevention strategies, and assessments for future addiction counselors who wish to reach similar if not longer periods of longevity and retention in the field. Their insights could provide direction as to how to develop and cultivate resiliency; as resiliency is



often described as one's ability to overcome adverse events, experienced personally or vicariously [21]. These events can include traumatic experiences, loss, serious health problems, or other types of stress that impact wellness and mental health stability. Often experienced by addiction counselors working in the field [8,13,22]. Being able to implement coping strategies, utilize support networks, and develop their unique forms of resilience, can lead to more effectiveness for addiction counselors navigating these types of events in their work.

Methods

By using a qualitative research approach, this study provided an in-depth understanding of the social phenomena within natural settings [23]. The following research question was used in this study and served as the foundation for identifying the lived experiences of participating addiction counselors: "What are the lived experiences of addiction counselors who appear resilient to severe levels of burnout and compassion fatigue, therefore leading to longevity in the addiction counseling field?" The term "severe" was used due to the increased amount of risk factors addiction counselors face related to CF and BO and the implications of experiencing CF and BO at heightened levels [5,14,15].

Researching direct experiences of addiction counselors through the utilization of a qualitative method was selected to support the potential to develop new theories for understanding CF and BO specific to addiction counselors [23]. By taking a qualitative phenomenological design, this study explored common themes that come from the shared lived experiences of addiction counselors who appear resilient [24]. These themes provided a basis for reflective analysis and enabled meaningful units to be derived from those experiences that can facilitate a new understanding of resiliency in addiction counseling [25,26].

Procedure

Initially, the primary researcher collaborated with NAADAC, the Association for Addiction Professionals, as part of their Ph.D. Candidate survey program. The research team was comprised of a Ph.D. student who was the primary researcher and a faculty member who was designated as the co-researcher, with the student fulfilling the requirement of the doctoral degree and the faculty member providing experience and guidance to the research. After the Ph.D. candidate survey was approved, the primary researcher was provided access to their email list. The inclusion criteria for this qualitative study were as follows: worked as an addiction counselor for five or more years and hold the Master Addiction Counselor Certification, (MAC). The rationale for this was that previous studies indicated how few counselors remain in the field longer than five years, with 58% having experience in the addiction counseling field, only 29% reporting five or more years in their current job and 32% reporting being in their current job for less than one year [7]. Looking at a sample of counselors who remained in the field, provided the

opportunity to gain a sense of what resiliency factors were being employed.

Concerning ethical considerations, Institutional Review Board (IRB) approval was sought and gained to ensure the ethical treatment of all human participants. The study was approved by the Liberty University Institutional Review Board following the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations on February 3, 2023, with approval number IRB-FY22-23-590. Emails were sent out with information about informed consent, as well as a short research summary about the study and how the participants were expected to participate. All participants consented to the study by emailing back their signed consent forms.

Interviews were conducted over Microsoft Teams, and member checking (over teams?) was included as a secondary meeting with the participants. To receive a \$10 gift card, for their time and participation, both meetings had to be completed. As a safe and preventative measure, after each interview participants were provided resources and referrals to help them should they need them. Resources included phone numbers and linkage to the National Suicide Prevention LifeLine, the National Crisis TextLine, as well as the Addiction Helpline in case participants needed them. Additionally, pseudonyms were utilized to maintain and ensure the safety and confidentiality of the participants to protect their identities while also honoring their personhood [27]. Interviews lasted approximately 50 minutes on average. The participants appeared resilient due to their longevity in the field and lasting in their profession and role past the five-year mark. Interviews were semi-structured, a data collection method that relies on asking questions within a predetermined thematic framework. Questions were determined ahead of time yet there was space for additional questions dependent on their responses.

The interview questions were as follows:

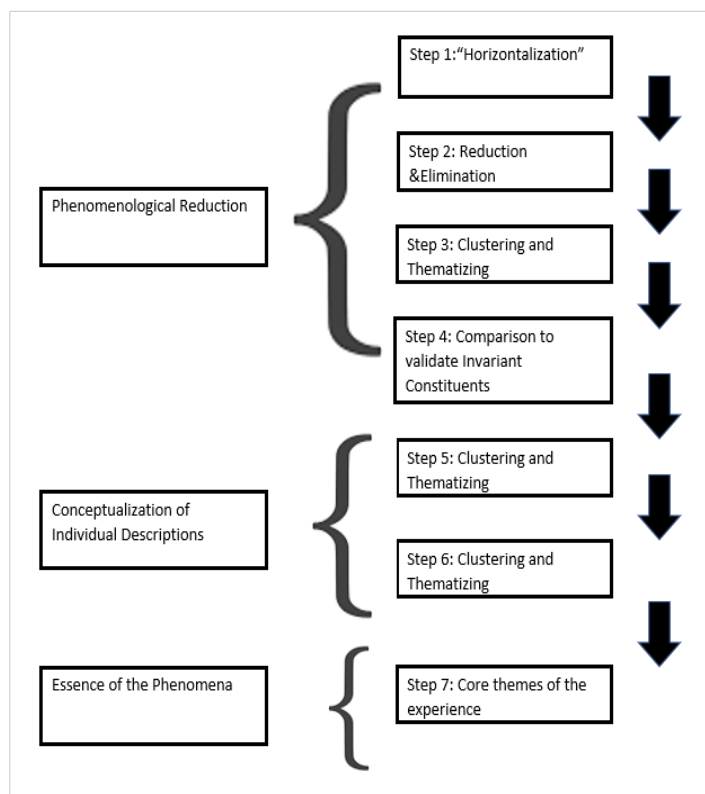
Standardized open-ended semi-structured interview questions:

1. Please introduce yourself to me, as if we just met one another, such as your qualifications and your work setting.
2. What inspired you to join this field?
3. Please describe your experience as an addiction counselor, from development to now.
4. What are some challenges you have faced as an addiction counselor?
5. Think of a time when you experienced compassion fatigue and burnout and describe that in as much detail as possible.



6. What changes did you make to remain in the field without being overcome by BO and CF?
7. What external factors have contributed to your resiliency?
8. What internal factors have contributed to your resiliency?
9. We've covered a lot of ground in our conversation, and I so appreciate the time you've given to this. One final question... What else do you think would be important for me to know about your experience as an addiction counselor, as well as burnout and compassion fatigue?

After interviews, transcripts were made for each interview and were later compiled into a master transcript that included all transcripts from participants. The primary researcher employed the modified Van Kaam method by Moustakas, 1994a, (4 analytical steps, 3 descriptive steps) which is a seven-step process of qualitative analysis. This aided the primary researcher in identifying the themes concerning the lived experiences of addiction counselors who appear resilient to BO and CF, as well as their resiliency factors and coping skills. This helped identify commonalities and reinforced the themes. Initially, five themes were identified, "Support, Sense of Self-Care, Resiliency, Self-Efficacy and Work Identity." As the codes and themes became more common, saturation was reached, and a notable pattern formed, the themes were consolidated into three main themes and thirteen sub-themes. Below is a flow chart displaying the systematic step-by-step process (Figure 1).



Credibility and truthfulness

The co-researcher, a secondary researcher, was provided access and could oversee this process to confirm analytic procedures were being followed in the form of audit trails. The audit trails involved transparently describing the research steps from the beginning of the project through the development and reporting of the findings [28] and keeping records of the research path throughout the study in the form of field notes. Also, audit trails confirmed that the main researcher was following the procedures and using the manuals in transcendental phenomenology properly, further enhancing the study's trustworthiness [25]. The primary researcher met with the co-researcher for conceptual encounters. Conceptual encounters are used to engage in reflections and facilitative questions based on the ideas of the phenomena [24]. These meetings focused on intersubjectivity and using this study to enhance identity, strengthening dependability [25,26].

A chief concern with phenomenology is often the researcher's personal feelings, bias, and prior knowledge of the phenomena while conducting research [25,29,30]. However, most phenomenologists argue the methodology is not compromised so long as steps are taken to employ introspection [30]. The primary researcher engaged in bracketing to avoid misrepresenting the participants' intended meaning [24-26]. As part of this process, the primary researcher, after each interview and coding each transcript, would read the Situation to Self routinely to separate self from participants' experience and consider his own gender, sexual orientation, socioeconomic status, ethnicity, and race, compared to the participants, as well as place in the hierarchy of the research. The primary researcher kept field notes to log and document potential biases and practiced mindfulness to prevent judgment. Lastly, member checking was employed at the final stage of the study, following the qualitative analysis of the data [24]. Seven of the nine participants completed the member-checking process and six of them endorsed every theme and sub-theme identified. The two participants who did not complete the member checking had scheduling conflicts and elected not to. One participant reported not having experienced one of the sub-themes, *lack of purpose*. This experience was documented.

Participants

Nine qualified participants were selected for participation in this study. Initially, 39 individuals expressed interest, and only nine qualified and attended the interview. To qualify for the study, participants had to be 18 years of age or older, work as an addiction counselor with five or more years of experience in the field, and possess the Master Addiction Counselor (MAC) certification awarded by the National Certification Commission for Addiction Professionals (NCCAP). These qualifications ensured the participants were nationally recognized addiction counselors who are likely resilient to burnout and compassion fatigue due to their years

Figure 1: Flow chart displaying the process.



in the field. Both the semi-structured interviews, as well as a demographic questionnaire were employed to glean both qualitative and quantifiable information that could be used for contextualizing the data shared. The researchers used aliases to protect the identities of the participants while honoring their personhood [27].

Sherry

Sherry is a licensed clinical social worker and a licensed addictions counselor, practicing in her home state but has worked in other nearby states. When Sherry initially went to school for her Master's degree, it was called a social service administration degree and later qualified her to be licensed in clinical social work. Sherry has worked almost exclusively in community-based behavioral health services and stated this means most of her clients receive Medicaid. Sherry started by working with children and families and later graduated to work with adults and has been in the field since 1986. Sherry holds the MAC through the National Certification Commission for Addiction Professionals (NCC AP). Despite being of retirement age, Sherry cannot imagine retiring, stating she loves the work she does.

Elizabeth

Elizabeth identified herself as a therapist who does addiction counseling, working in a mental health facility where she had worked for over eight years. Elizabeth stated she had been treating addiction "in and out in different capacities" for the last 20 years. Elizabeth holds the MAC through the National Certification Commission for Addiction Professionals (NCC AP).

Ruby

Ruby reported being in the behavioral health field since 1997. Graduating initially with a degree in psychology, she worked with individuals within the justice system and later worked in healthcare concerning discharge planning. Ruby then transitioned into behavioral health, working with adolescents up to transitional age youth and, more recently, with adults who have dual diagnoses. Ruby stated her caseload consists of Substance Use Disorders (SUDs) and Severe Mental Illnesses (SMIs). Ruby holds the MAC through the National Certification Commission for Addiction Professionals (NCC AP).

Pearl

Pearl specializes in co-occurring disorders. Pearl is a licensed clinical alcohol and drug counselor in her home state, as well as a master addictions counselor, a nationally certified counselor, and an internationally certified gambling counselor, level II, certified through the Gambling International Board. Pearl is also a board-approved clinical consultant, a certified clinical supervisor, and a certified gambling addictions trainer. Pearl holds the MAC through the National Certification Commission for Addiction Professionals (NCC AP).

Nancy

Nancy has a Ph.D. in psychology and is a nationally certified counselor. Nancy is also a licensed clinical mental health counselor, a board-certified clinical mental health counselor, and a supervisor for licensed clinical addiction specialists. Additionally, Nancy is a substance abuse professional and a master addictions counselor. Nancy works both in a private practice and a hospital setting and has experience doing DWI assessments as a Substance Abuse Professional (SAP). Nancy holds the MAC through the National Certification Commission for Addiction Professionals (NCC AP). Nancy reports enjoying the work she does within her small community. While the resources for her clients are limited, she can meet those needs through her private practice.

Rose

Rose currently works in local government with her county health department while also working full-time at a private practice. Rose reported enjoying being able to work in two different worlds, working for the county with students in the public school system while also working in private practice and seeing an array of diverse clients. Rose is a licensed clinical professional counselor who is certified in the second level of the Certified Reciprocal Alcohol and Drug Counselor (CRADC) and holds the MAC through the National Certification Commission for Addiction Professionals (NCC AP). Rose has worked in this field for over 10 years.

Mark

Mark is currently a licensed clinical social worker and a licensed alcohol and drug counselor. Mark has been working in the field for approximately 15 years. The setting Mark currently works in deals with mainly mental health and people struggling with addiction. The agency Mark works for offers mobile crisis response for individuals experiencing an alcohol and drug crisis, as well as mental health crises. Mark holds the MAC through the National Certification Commission for Addiction Professionals (NCC AP). Mark reports enjoying his time working with these individuals, and his passion is working with youth who are struggling with addictions.

Hermoine

Hermoine has a master's in education and clinical counseling and a master's in social work. Hermoine is licensed in their home state. Hermoine has been a Certified Alcohol Drug Counselor since 2008 and has worked in the field for over 15 years. Hermoine also holds the MAC through the National Certification Commission for Addiction Professionals (NCC AP). Hermoine works in a qualified health center and for an online Employee Assistance Program (EAP). Hermoine reports working with the indigenous populations is incredibly rewarding and is their passion.

Barbara

Barbara has been in the field of mental health and substance



abuse since 1976 in a variety of settings, spanning 45 years. Barbara started off working with community mental health and then moved into hospital outpatient services. Barbara then worked in employee assistance for 18 years. After retiring, Barbara opened a private practice in a dense urban area. This endeavor was impacted by the pandemic, so Barbara went back to her hometown and began a private practice there. Barbara holds the MAC through the National Certification Commission for Addiction Professionals (NCC AP). Barbara is a licensed clinical social worker, licensed marriage and family therapist, and a substance abuse professional, as well as a Certified Employee Assistance Professional and a Certified Labor Assistance Professional.

Demographic data

A demographic questionnaire was used to better understand the participant pool. Obtaining demographic information is both important and advantageous for researchers to have a better understanding of the population being studied. The demographic information from the questionnaire allowed this researcher to better understand certain background characteristics of the participants, such as their age, race, ethnicity, income, work situation, and marital status. The demographic was broken down using IRB standards. Gender data showed 11% of the participants identified as male, 77% identified as female, and 11% preferred not to say. Regarding ethnicity, 22% reported as Hispanic, and 77% reported as non-Hispanic. Looking at race, 66% of the participants reported as White, with 22% as Black and 11% as Bi-Racial. The breakdown of education levels showed 77% had a Master's degree, with 22% having a Ph.D. or higher. Of the participants, 77% worked full-time, with 11% being part-time and 22% being self-employed. Regarding marital status, 55% were married, 22% were divorced, 11% were widowed, and 11% reported they were single. When looking at the geographical regions of the US, 11% were from the North East, no participants were from the Southwest, 22% were located in the West region, 33% reported being in the South East and 33% reported being located in the Midwest.

Researchers

Primary researcher: This study was conducted as part of the requirement for the Degree Doctor of Philosophy for the primary researcher's degree. At the time of the study, he was a Licensed Mental Health Counselor (LMHC) and Qualified Supervisor in the state of Florida, held a Masters-Level Certified Addictions Professional (MCAP), and was also certified in Gambling Addictions Counseling (CGAC). He also possessed over 9 years of clinical experience working in community mental health, child welfare, juvenile justice, and addiction counseling settings.

Secondary researcher: The secondary researcher, or co-researcher and faculty researcher, received her Ph.D. in Counselor Education in 2007 and at the time of this study had

over 25 years of experience as a licensed school counselor, wellness director and college counselor, private practice clinician, clinical supervisor, and professor. Additionally, she was the Online Chair for the Department of Counselor Education and Family Studies at Liberty University.

Results

This study intended to explore the lived experiences of addiction counselors who appear resilient to Burnout and Compassion Fatigue, therefore leading to longevity in the addiction counseling field and providing an answer to the research question, "What are the lived experiences of addiction counselors who appear resilient to severe levels of burnout and compassion fatigue, therefore leading to longevity in the addiction counseling field?" From the data analysis, three themes and thirteen sub-themes were identified. The themes and subthemes from the findings were identified as (1) Self-Preservation: (a) workload reduction, (b) utilizing boundaries, (c) self-advocating, (2) Support: (d) organizational support, (e) lack of support, (f) family support, (g) spiritual support, (h) colleague support & supervision, (3) Purpose: (i) fulfillment & passion, (j) lack of purpose, (k) seeking knowledge, (l) helping others, (m) being person-centered. While the experiences may have varied for each participant, there were underlying thematic similarities and factors connecting the participants through their shared experiences. These themes may or may not have been experienced as linear or progressive as some participants experienced moment-by-moment movement within and between each of the themes.

Self-preservation

The first theme, Self-Preservation, signifies how participants focused on engaging in self-care, and wellness, and employing tools to increase their ability to prevent and or reduce burnout and compassion fatigue, leading to workplace retention and lower turnover rates. The act of self-preservation required insight and a sense of awareness. The participants reported seeing themselves as worthy of self-preservation, aiding them in taking steps to ensure they continued working, including collaborating with their employers or setting boundaries with colleagues and clients.

Concerning the subthemes, *workload reduction* for instance, participants mentioned having a specific day for themselves, emphasizing rest and having time for rejuvenating activities, stating "Friday is my day to play," and they took extra efforts to "protect my Fridays" (Pearl). For others, reducing workload meant knowing "when enough is enough" and it was a process where they learned "how much I can take", indicating that the need for self-awareness developed over time (Barbara).

Utilizing boundaries was discussed and integral in how the participants navigated the work-related stressors that come from working with clients, colleagues, and administrators. For some, employing boundaries was done to reduce the risk of



transference, stating how they help clients understand their own experience and that this involves telling oneself, “but then we have to let it go with them” (Sherry). This exemplifies boundaries as the participant is drawing a line and recognizing their autonomy and that of their clients. Another participant commented on the epiphany they realized from having effective boundaries, “Work is work and I’m not going to let it interfere with my personal life” (Barbara). This commitment seemed personal and important to them.

Thirdly, *self-advocating* played a part in the experiences of the participants as they navigated their work environments and focused on self-preservation and taking steps to survive such a trauma-infested setting. A participant shared how she contacted her boss and stated, “I just cannot go in. I cannot function right now” (Rose), and it was received positively allowing her to stay home and rest. Similarly, one participant shared, “I’ve never been afraid to ask for help” (Ruby), while another dared to tell their supervisor “I don’t feel supported” (Mark). These experiences indicate that resilient addiction counselors can be assertive and can effectively communicate their needs and their situation, leading to problem resolutions.

These responses indicate self-efficacy, mindful awareness, and self-advocacy as they utilized these concepts to mitigate or take preventative measures toward BO, BO and CF, when these strategies are not utilized, develop from depersonalization or cynicism to cope with stress, leading to low personal fulfillment [31]. This depersonalization precipitates burnout, followed by low self-fulfillment, and then lastly emotional exhaustion [31,32]. This demonstrates the participant’s awareness to take preventative measures but also their insightfulness, as these risk factors relate to the following themes. Additionally, these participants demonstrated resilience by overcoming adversity and work-related stressors [33-35] self-advocacy and self-efficacy to implement boundaries and reduce their workload showing how the identified sub-themes can also complement one another.

Support

For the second theme, Support, each participant identified and discussed support as a supportive factor, whether internal or external. Some participants identified spiritual support and family support as internal factors while *organizational support* and *colleague support & supervision* were identified as external factors. Participants were asked what inspired them to join the field, the challenges they faced, and a time they experienced compassion fatigue or burnout, with participants noting support as an integral factor for their success and well-being. The support they received throughout various times of their careers played a role in their development as an addiction counselor, their resiliency, and their ability to remain in the profession. Sincere efforts were noted by participants when agencies or administrators offered support, where one participant shared how it made them feel, “happy this agency has done a big turnaround” (Sherry). Another

participant stated they felt supported and cared for when a supervisor asked what they needed, “he was checking in on us” (Rose). Participants mentioned feeling empowered and supported by others as allowing them to grow and develop their strengths, stating “My work setting is so incredibly supportive” (Hermoine). Additionally, participants identified a *lack of support* as one of their biggest obstacles when asked to discuss the challenges they faced as an addiction counselor. One participant stated, “Not knowing when you’re going to get the help to give you some reprieve, that’s also difficult too” (Pearl), and others mentioned how commonplace this anguish was for them. One participant shared how isolating this was for them, “they don’t understand what we do” (Rose).

Equally important, when faced with this seclusion, adversity, isolation, and helplessness, the participants identified supportive factors that continue to make up the invaluable sub-themes of Support. *Family support* was identified with a participant noting how his family was supportive and what that meant to him, “they were proud, they were excited for me” (Mark). A participant mentioned how family helped her get through a difficult time in her career when she experienced burnout, “it’s been a very good diversion, but I seek that diversion” (Barbara). While family support is tangible, *spiritual support* had a presence in their lived experiences. One participant noted how having a “higher power has been my most significant, impactful internal and support system,” and how they were, “grateful for that relationship” (Mark). *Spiritual support* was also presented as a form of motivation to them as a helping professional and as an addiction counselor during their formative years. A participant shared, “God picked me,” and how for her that was, “my internal motivation” (Pearl). Additionally, participants discussed how important it was for them to have made bonds with their colleagues throughout their time as an addiction counselors. With *colleague support & supervision*, participants mentioned having colleague-support relationships spanning years, “I’ve worked with [her] for 10 years who, me and her well, we’re in this together” (Rose). Participants reported colleague support and supervision as being a supportive factor towards their resiliency, stating, “Colleagues are there for me,” (Rose), how for them it was very “helpful, instrumental, and supportive” (Mark), throughout their professional development.

Purpose

The last theme, Purpose, was complex as it focused on the attributes of the participant about intrinsic motivation and was subjective. This theme of purpose transcended solely having a goal for work or studying and related to having a sense that their actions were meaningful and contributed to what they cared about. This sense of purpose, based on the data, appeared to help the participants in channeling challenges to become opportunities to learn and grow.

Concerning *fulfillment and passion*, a participant stated, “I still enjoy my work after almost 45 years” (Barbara). This



sub-theme related to a sense of purpose, but it also appeared to expand on it and specify the sense of purpose. Working in the addiction counseling field for 45 years goes well beyond the five years needed for this study. These participants were obtaining fulfillment and meeting their goals of a work-related passion. One participant described it as, “thrilling and... devastating, and it’s passionate and it’s exhausting”, however, “I love it” (Sherry). This description portrays the conflicting dichotomy while also describing the joys of finding and living one’s passion.

Like the prior theme *lacking support*, there was a *lack of purpose* in the participants’ lived experiences. Participants described being frustrated at the systemic barriers of their job, with one participant stating that it, “weighs on you not only ethically, but emotionally” (Ruby). Another participant shared how the lack of purpose had to do with the realization that there is a “broken system where we have broken people who don’t want to take care of other broken people” (Hermione). These shared experiences reflect the systemic or organizational barriers that likely contribute to burnout and compassion fatigue [8,9].

Perhaps to recover from burnout and compassion fatigue, participants also identified other sub-themes as helping them through these feelings of helplessness and apathy. Participants described moments of learning, studying, and self-improving for the sake of their well-being, leading to the sub-theme of *seeking knowledge*. One participant noted, “I study and I learn” and how for her it was a, “coping mechanism” (Nancy). Others attributed this sub-theme as helping them improve their ability to help others and become a better addiction counselor, which relates to their purpose. “That’s my drive to constantly seek something” and “This is why I continue to keep going” (Rose).

Likewise, the sub-theme of *helping others* was also identified from the data, with a participant sharing “I started seeing myself in a clear role of helping individuals who were suffering from addictions” (Mark). Participants described moments of helping others that served as inspiration for them and provided them with feelings of hope. For example, “I continue because I know that people really can do it and get off drugs and alcohol and live a better life” (Elizabeth). This sub-theme also involved helping peers, colleagues, supervisors, and others who interact with the participant. One participant shared, “I can make things better for other clinicians, for our next generation of clinicians” (Hermoine), how for them helping others also meant helping future clinicians and peers. Just as helping others was deemed important, so too was *being person-centered*. This included treating others with dignity and respect and empowering others to set and reach their personal goals. Perhaps this is reflective of how Rogerian-influenced treatment has shaped addiction counseling [36]. A participant shared how this meant being able to, “see the person behind the substance” (Nancy). Another participant mentioned “The

client is the expert, ‘I am here. Let me help you with whatever you feel that you need’” (Rose). The participants mentioned moments when being person-centered mattered to them, how it was important to them, and how it related to their intrinsic motivation and purpose, “Let’s build up and not tear down” (Pearl). All these themes and sub-themes are a testament to being an addiction counselor.

Encompassing all the themes together, the diagram below was made to present the data in an easy-to-understand format. The three main themes and their many subthemes culminate to create what are the lived experiences of addiction counselors who appear resilient to BO and CF (Figure 2).

Discussion

Addiction counselors face high demands such as large workloads, low pay, working in a high-trauma environment, and having fewer resources for self-care [4,9,37,38]. These challenges demonstrate the importance of a qualitative study to help identify what resiliency factors certain addiction counselors are employing to remain in the field. Counselors have the ethical responsibility to prevent impairment of oneself, taking the necessary actions when impairment is identified to gatekeep the profession [39,40]. This becomes more relevant as we continue to understand more about how burnout impacts counselors, such as during COVID-19, and how this may impact our profession in the future should similar global events happen again [41,42].

Data consistent with supporting studies & theories

The presenting themes were consistent with prior studies and theories. The theme of *Self-Preservation*, having to do with self-efficacy, mindful awareness, and self-advocacy was consistent with individual variables, including self-efficacy, self-confidence, and self-concept in the development and evolution of burnout and compassion fatigue [31]. Resilience theory, from the contributions of Norman Garmezy [33,43,44] was relevant as resilience is considered to be what helps us recover when facing adversity, frustration, misfortune, and the challenges of everyday life [34,35], and this was described accurately by the theme *Self-Preservation* and its sub-themes as it encompassed self-advocacy and utilizing self-efficacy to utilize boundaries and reduce their workload.

The theme of *Support* and its sub-themes *lack of support* align with the lack of reciprocity as well as the interpersonal demands that come from needing support, whether family support, colleague support, supervision, or organizational support. *Support* and its sub-themes covered organizational stressors and risk factors, such as work overload or role ambiguity. Past studies have shown that this leads to individuals showing less organizational commitment as a coping strategy and self-preservation, like cynicism and depersonalization [32].

The participants also discussed supportive factors that

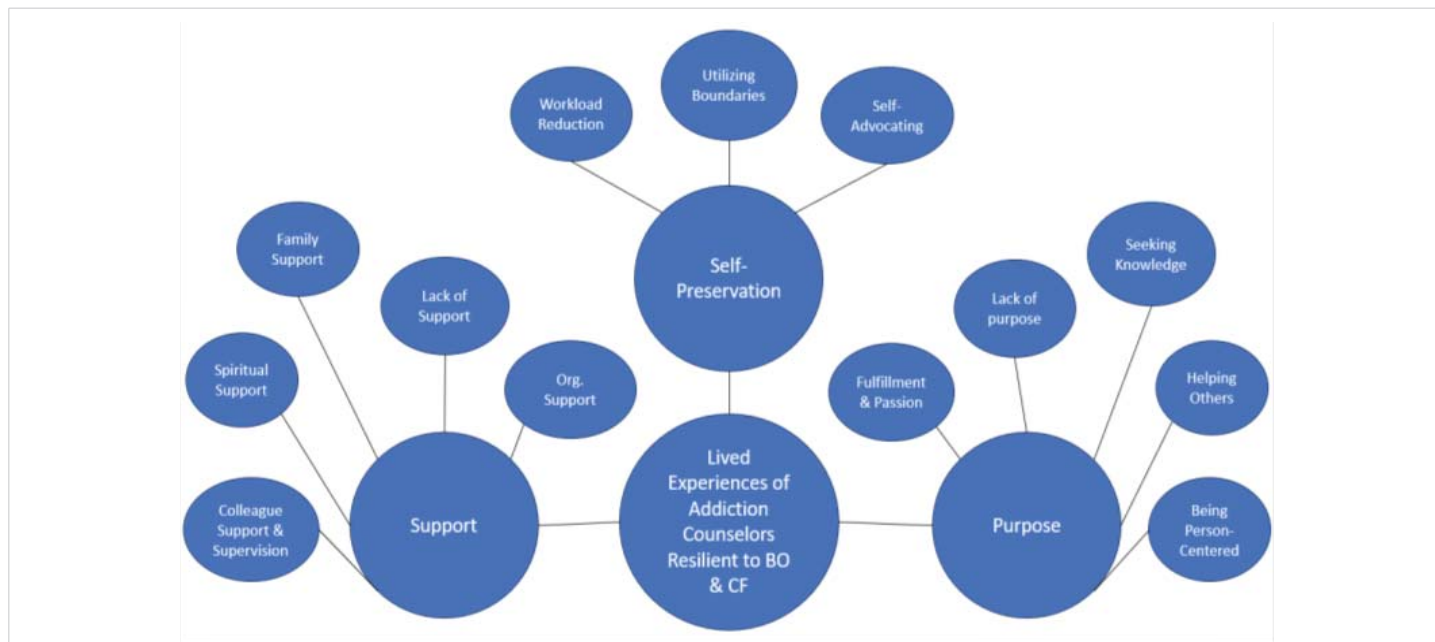


Figure 2: Encompassing all of the themes together, the final diagram above was constructed to present the data in an easy-to-understand format. The three main themes of *Self-preservation*, *Support*, and *Purpose* are presented with one another, and all three of them, with their many subthemes, culminate to create what are the lived experiences of addiction counselors who appear resilient to BO and CF.

they attributed to helping them stay in the field, as well as the work-related stressors. In previous studies, work stressors predicted job-related strain more so than burnout, while work importance and job satisfaction were more closely related to strain [45], positing that people can handle BO & CF and cope effectively so long as they feel that they are making a difference and contributing to their meaning in life. This was consistent and demonstrated in the theme of *Purpose* and its many sub-themes as individuals described having deep and meaningful opportunities that inspired them and helped them remain inspired as they were able to *help others* and be *person-centered*. Additionally, this supports other reviews and data that emphasize the importance of having meaning and a purpose; having a sense of meaning or purpose behind their motivation to become a therapist generally prevented burnout and promoted compassion satisfaction [41].

Implications for addiction counselors

Addiction counselors can learn and develop resiliency-based coping skills that relate to the prior mentioned themes and sub-themes as they encompass emotional intelligence, self-efficacy, mindfulness, and compassion satisfaction [35,46-48]. Working towards developing skills centering on *Self-Preservation* would involve building assertive communication skills, learning about professional and healthy boundaries, as well as working towards work-life balance [47,49,50]. Developing skills that focus on *Support*, may be beneficial including researching ways to build professional supervisor support such as group supervision to enhance colleague support and facilitate psychological safety [51], or administrative support for the working environment (pay, caseload, etc) and family and social support as themes

highlight this. Additionally, developing skills centering on having a sense of *Purpose* and its sub-themes can include recognizing the positives of helping others, and the benefits of being person-centered. This could involve recognizing accomplishments as a positive reinforcer, noting client and counselor successes [52] as well as activities like practicing meditation, going outside, gratitude, and recognizing what you can control [53]. This might also include creating opportunities for addiction counselors to contribute to their workplace such as enhancing client care, peer support, staff development, etc.

Implications for counselor training programs

As addiction counselors have a responsibility for themselves, so do their educators. Counselor educators have the National Board for Certified Counselors Code of Ethics [54], as well as the 2023 CACREP Standards [55], emphasizing their responsibility to prepare the counselor in training for the profession as much as possible while taking steps to safeguard and protect the field. Counselors educators and their students would benefit from incorporating the themes previously discussed to better prepare counselors with up-to-date training, providing them the skills and newfound insights to develop a plan for them to mitigate and prevent BO and CF. For example, a supervision model in social work has emphasized the importance of resilience [56], other helping professions such as counseling and counselor education would benefit by incorporating this into their training with Counselors In Training (CITs). Experiential learning assignments or role-play scenarios could achieve this, emphasizing traits related to *Self-Preservation*, where the students can practice utilizing self-advocacy, and engaging in dialogue where they



employ boundaries to prevent being overworked or devalued. Similarly, another enlightening activity may involve having an addiction counselor speak in class about their experiences concerning the themes of the study, whether agreeing or disagreeing, and having an active discussion on the addiction counselor's resiliency development throughout their career. This could provide future CITs an opportunity to better prepare for the adversities they will likely face and help them decide if they feel addiction counseling is the right field for them. Other experiential activities include active grading, peer tutoring, and active learning groups that could focus on resiliency factors, and the experiences of being an addiction counselor to prepare CITs and assist them in beginning their resiliency development early [57,58]. Active learning includes actively engaging students with course material through discussions, problem-solving, case studies, role plays, and other methods [57,58]. Taking these steps increases the chances of preparing CITs who will likely in turn grow the profession by increasing their resiliency to BO and CF and reducing turnover rates leading to higher retention [20,59-61].

Limitations

In addition to the important findings of this study, the authors note limitations. These include the geographical range of participants, participant criteria, and the researcher's own lived experiences. This study focused solely on addiction counselors within the United States and neglected addiction counselors from other countries contributing to the research. This study was limited by national borders. Additionally, this study, while being comprised of participants throughout the United States, did not include participants residing in the Southwest region, and subsequently, this area was underrepresented in the study. Though additional participants were initially sought, only nine met the inclusion criteria. From the recruitment email sent through collaboration with NAADAC, 39 people were interested in the study, 24 did not qualify, and six individuals did not complete the process to confirm if they were eligible, leaving nine participants overall qualified for the study. Efforts were made to reach out and follow up with interested parties; however, nine participants made up the final sample size. According to Moustakas, sample size can vary in qualitative research, and the focus is more on the rich and descriptive experiences of the phenomena as opposed to the quantity or size of the sample [25,26]. Nine participants proved to be optimal as saturation was reached from the data analysis and the commonalities of the themes were present.

The study also did not include all addiction counselors, as it focused only on those who hold the Master Addiction Counselor (MAC) certification awarded by the National Certification Commission for Addiction Professionals (NCCAP), signifying they are nationally recognized addiction counselors. The rationale behind choosing this credential was in part because of how the *MAC certification* attests to the educational background, knowledge, skills, and competencies

of the specialist in addiction counseling, and is the highest credential for substance use disorders and addiction professionals. This excluded other addiction counselors, who may also have resiliency factors to BO and CF but do not hold a license or meet the parameters for the MAC.

Lastly, the primary researcher's own experiences of being an addiction counselor, including the researcher's personal biases may have influenced this study. Steps were taken to mitigate this, such as using field notes to track and record biases, conceptual encounters to reduce the risk of bias, as well as constructing questions from the semi-structured interview to focus solely on the participant's lived experiences and not the lived experiences of the researcher. Engaging in these practices allows the reader to determine for themselves the trustworthiness of this study and its findings. Future research could account for these limitations by including a sample that represents all geographical areas of the United States and combines elements of both qualitative and quantitative research that would allow the researchers to look at the phenomenon of addiction counselors being resilient to burnout and compassion fatigue in a way that benefits both disciplines and provides a clearer and more comprehensive understanding. These advances in professional development, the ability to cultivate resilience and increase the likelihood of remaining in a counseling field that is plagued with burnout, can be applied to all counselors including mental health, school counseling, social work, counselor educators, and the like, benefiting the profession overall.

Conclusion

The attempt and purpose of this transcendental phenomenological study was to describe the lived experiences of addiction counselors who appear resilient to burnout (BO) and compassion fatigue (CF). The research question utilized to frame this study was: What are the lived experiences of addiction counselors who appear resilient to severe levels of burnout and compassion fatigue, leading to longevity in the addiction counseling field? This included resiliency factors to resolve BO and CF, coping skills to resolve symptoms of BO and CF, as well as internal and external factors that contributed to BO and CF. Data was collected from nine participants using semi-structured interviews. That data was then analyzed using Van Kaam's seven-step method modified by Moustakas. Various theories supported the findings, including Social Cognitive Theory, Social Exchange Theory, Organizational Theory, Existential Theory, and Resilience Theory. The implications of these results apply to addiction counselors, their supporters, employers, and those who work with them. If addiction counselors, new counselors in training entering the profession, or seasoned ones can make impactful changes in their lives that encompass the themes of *Self-Preservation*, *Support*, and *Purpose*, and including their sub-themes, then they will surely increase their resiliency and longevity in the field.

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