An Exploration of Challenges and Social Support Among Recovering Counsellors in Substance-Abuse-Treatment Agencies in New York, USA

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This qualitative study explored the challenges and social support of 18 recovering counsellors working in substance-abuse-treatment agencies in New York, USA. Results highlighted heavy workloads, countertransference, and witnessing clients' resistance to quitting using drugs as complex challenges in their roles as counsellors. Findings also revealed that participants regularly attended peer-support 12-step meetings, saw personal therapists, and talked with supportive coworkers to sustain their own recoveries while providing counselling services to substance-abuse clients. In the context of high turnover and burnout among counsellors working in the substance-abuse-treatment workforce, an understanding of challenges and strategies to seek support will improve their mental-health quality and overall wellness.

Introduction

Substance abuse has been recognised as a chronic disease and the leading cause of high mortality and morbidity rates in the United States. Approximately 10% of the general American population have lifetime struggles with substance use disorder (SUD), and more than 23 million adults in the United States struggle with problematic substance abuse (Ignaszewski, 2020). Substance abuse has long resulted in deleterious consequences on people's physical health, psychological well-being, and overall quality of life. In 2020, drug overdose deaths in the United States rose nearly 30% to 93,000, accounting for more deaths than car crashes, gun violence, or the AIDS epidemic (Katz & Sanger-Katz, 2021).

Substance-abuse-treatment agencies play crucial roles in combating substance abuse's societal and health impacts. In 2020, an estimated 14,500 specialised substance-abuse-treatment facilities will provide counselling, behavioural therapy, medication, case management, and other types of services to people suffering from substance abuse (National Institute of Drug Abuse, 2020). In 2019, there were approximately 319,400 counsellors working in substance-abuse-treatment agencies. It is projected that workers in this position will increase to 398,400 by 2029 (Bureau of Labor Statistics, 2021). Recovery from substance abuse is a unique characteristic of many counsellors working in substance-abuse-treatment agencies (Baverly, 2020; Nielson, 2016; Simons et al., 2017). Fialk (2018) estimated that approximately 60% to 70% of people in recovery from substance abuse work as counsellors in addiction-treatment agencies. Despite these high percentages, there are still limited studies that have examined the challenges and social-support systems of this population.

Currently, existing studies regarding counsellors in recovery from substance abuse focus more on topics such as relapse and overcommitment to work (Eddie et al., 2019; Greene, 2014; Greene et al., 2019; Jones et al., 2009; O'Sullivan et al., 2015; Shannon, 2017), and risk for experiencing countertransference when working with substance-abuse clients (Knight, 2015; Reamer, 2020). At the same time, previous research also has shown that many recovering counsellors in addiction-treatment agencies were reluctant to attend support groups and were averse to recovery-focused supervision due to concerns that their participation would diminish their credibility as counsellors (Dingle et al., 2015; Warren et al., 2011). Unfortunately, most of the studies are quantitative and conceptual in nature. Consequently, this study seeks to explore recovering counsellors' insights into the challenges they face while working in the addiction treatment field. It also seeks to explore their social-support networks to sustain their own recoveries from substance abuse while providing counselling services to current substance-abuse patients at addiction-treatment agencies.

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Specifically, this study seeks to fulfil these two specific research aims:

1. Explore recovering counsellors' perceptions about challenges they face while working as counsellors in the substance-abuse-treatment field.
2. Understand the social support that recovering counsellors use to sustain their own recoveries while providing counselling services to substance-abuse clients.

Literature Review

Challenges for Substance-Abuse Counselors

This section examines previous research on the challenges for recovering counsellors working in substance-abuse-treatment agencies, including the risks of relapse and burnout.

Risk of Relapse.

Previous research has discovered a link between burnout and relapse (Baldwin-White, 2016; Doukas & Cullen, 2010; Oser et al., 2013) among those who are in recovery from substance abuse working as counsellors. Baldwin-White (2016) and Doukas and Cullen (2010) reported that overinvolvement with work and clients, discontinuation of seeking support, and emotional exhaustion are factors that predict relapse among recovering counsellors working in substance-abuse treatment. In addition to these factors, studies also have found that relapse contributes to health degradation and loss of credibility and intention to work, and it often leads to loss of employment (Doukas & Cullen, 2010; Greene, 2014; Greene et al., 2014). Furthermore, coworkers and clients who were directly involved experienced feelings of betrayal and deterioration of trust once they discovered the relapses of recovering counsellors (Doukas & Cullen, 2010; Eddie et al., 2019). A study by Jones et al. (2009) that surveyed 1,239 counsellors found that 38% of them experienced a relapse. A more recent study by Greene et al. (2019) of 265 counsellors found the percentage of counsellors who relapse was 14.7%. Despite the decrease in relapse percentage among recovering counsellors, there are still very limited peer-reviewed articles that discuss relapse among recovering counsellors (Greene et al., 2019).

Countertransference.

According to Hartmann (2018), countertransference can be defined as a counsellor's thoughts, feelings, and attitudes toward a client's characteristics or situation based on similar life experiences between the counsellor and client. Countertransference negatively impacted the therapeutic-counselling process because recovering counsellors became more confrontational and failed to address the deeper core issues of substance abuse experienced by their own clients (Davis, 2013; Fialk, 2018; Gallagher, 2010; Kaplan, 2005). Furthermore, Ham (2009) found that counsellors' countertransference resulted in them viewing their clients either as outcasts or as manipulative people, which eventually led to the premature cessation of addiction treatment or client withdrawal. In some cases, countertransference was developed during an informal interaction or exchange between recovering counsellors and their clients outside their agencies (Adams & Warren, 2010; Knight, 2019; Reamer, 2020).

Studies from Greene (2014) and Shannon (2017) further described that recovering substance-abuse counsellors may establish informal relationships with their clients while attending peer support group meetings (known as 12-step groups outside the agencies). Additionally, when a recovering substance-abuse counsellor decides to disclose their recovery status to their clients, this potentially can result in a conflicted clinical relationship (Woehler et al., 2021). Most studies on countertransference found it to be problematic. However, practising effective management strategies, such as counsellors' monitoring the self-awareness and seeking supervision, are crucial to address any negative outcomes of countertransference, including overconcern, punitive issues, and loss of boundaries (Rácz et al., 2015; Rothrauff-Laschober et al., 2013; Woehler et al., 2021).

Burnout.

Studies also have identified burnout as another significant challenge among substance-abuse counsellors. On the one hand, a few studies have examined factors that lead to burnout among substance-abuse counsellors, including heavy or demanding workloads (Beitel et al., 2018; Gutierrez et al., 2019; Landrum et al., 2012; Schmidt et al., 2013; Wardle & Mayorga, 2016), work with clients from the criminal justice system who lack the readiness to change (Manuel et al., 2017; Perkins & Sprang, 2013), and societal stigmas toward the counselling profession that view helping substance-abuse clients as impossible (Baverly, 2020; Vandewalle et al., 2018). Furthermore, a study by Oser et al. (2013) found that inadequate pay and excessive working hours were other factors that contributed to burnout among substance-abuse counsellors. Subsequent studies concluded that burnout among counsellors had affected job dissatisfaction, lowered job productivity, decreased organisational commitment, and increased turnover intentions (Eby & Rothrauff-Laschober, 2012; Wardle & Mayorga, 2016; Young, 2015). Eby and Rothrauff-Laschober's (2012) longitudinal study reported that the average annual turnover rates in 27 geographically dispersed addiction-treatment facilities were 33.2% and 23.4%, respectively, for counsellors and clinical supervisors. In a more current study by Hatch-Mailette et al. (2019), the turnover rates of substance-abuse counsellors within two years were found to range from 33% to 74%.

Social Support for Counselors Working in the SUD Field

Given the potentially negative or stressful experiences that increase the vulnerability of counsellors in recovery from substance abuse, it is vital to examine the social support that contributes to building resilience among recovering counsellors.

Attending 12-Step Meetings.

Many qualitative studies have explored active engagement with 12-step peer-support-group meetings among people in recovery from substance abuse (12Step.org, n.d., 12 Steps of Alcoholic Anonymous). Studies show that 12-step peer groups provide platforms for members to share their stories and enhance their sense of belonging while decreasing the feeling of isolation often experienced by people in recovery from substance abuse (DeLucia et al., 2015; Hofer et al., 2018; Lange-Altman et al., 2017). Regular attendance of 12-step meetings provided counsellors with a safe place to share firsthand experiences and resources and a way to sustain recovery (Myrick & Del Vecchio, 2016; O'Sullivan et al., 2015). Moreover, Lange-Altman et al. (2017) reported the importance of belief in a higher power and

spiritual components in 12-step programs, both of which were identified by members as powerful and sources of strength for them to continue their recovery journeys.

Seeing Personal Therapists.

Meeting with a personal therapist was reported as a significant help-seeking practice that provided counsellors with the ability to discuss concerns related to both personal growth (Sackett & Lawson, 2016; Simionato & Simpson, 2018) and professional growth to build a more therapeutic relationship with clients (Von Haenisch, 2011), to overcome disappointment, and to manage the stresses of meeting with abusive or unhelpful clients (Kumari, 2011; Sim et al., 2016). Personal therapy provides an opportunity for counsellors' self-reflection, professional learning, training, and the creation of healthy boundaries between themselves and work (Rizq & Target, 2008). Despite their potential effectiveness, most counsellors with SUD problems were reluctant to seek support because of the stigma attached to substance abuse and the risk of losing licensure or employment (Miller & Fewell, 2002; Warren et al., 2011).

Support From Colleagues.

Another facet related to social support is support from colleagues. Studies by Landrum et al. (2012) and Winning et al. (2018) surveyed counsellors in an outpatient drug-treatment program and reported that good rapport and knowledge sharing among colleagues increased productivity in working with their clients. Brooks and Matthews's (2000) and Coaston's (2017) studies of counsellors' self-care practices—including self-acceptance, a loving attitude, and wisdom for wellness—were correlated with better spiritual well-being.

In summation, previous studies have underscored challenges, such as the risks of relapse and burnout, and examined countertransference relationships between substance-abuse counsellors and their clients. Studies also have emphasised the importance of support mechanisms, such as participating in peer-support 12-step meetings and seeking personal therapy, to cope with the complexity of their recoveries and provision of their counselling services. However, most studies have been quantitative and conceptual in nature, with limited qualitative studies integrating both challenges and social support for recovering counsellors working in addiction-treatment agencies.

Theoretical Framework

This study used the conservation of resources (COR) theory. The COR theory was developed by Hobfoll in 1989 to understand the emotional experience of individuals and aligns with the research objectives of this study: to explore the challenges as well as social support mechanisms of recovering counsellors working in addiction-treatment agencies. The COR theory identifies four types of resources: conditions, personal characteristics, objects, and energy that will affect the overall individual's well-being. Conditions are types of resources that are valuable, sought after, and treasured by an individual, for example, tenure or seniority (Hobfoll, 2001). Since conditions are valued, they will buffer against or reduce individuals' stress levels. Personal characteristics include having a healthy self-esteem and being open-minded and optimistic, which will equip the individual with better coping skills when dealing with stressful situations. Objects also are resources valued by the individual due to their physical attributions or status. Finally, energies are

valuable resources that can be exchanged for other resources, such as time, money, and knowledge. In relation to this study, the object is to work as a substance-abuse counsellor. The conditions refer to an ability to recover from substance abuse. Personal characteristics refer to recovering counsellors' recovery statuses, and energies comprise the knowledge related to the complexity of substance abuse, withdrawal, and relapse.

Methodology

Study Design

This study employs a qualitative research design based on two reasons. First, a qualitative research design provides participants with the opportunity to share their stories and express their voices (Creswell, 2007). Secondly, Marshall and Rossman (2010) described that the exploratory nature of qualitative methods allows the researcher to capture participants' thoughts and gain a deeper perspective of participants' interpretations, which aligns well with the goal of this study (to shed light on the challenges and social support while providing services to SUD clients). Further, a narrative inquiry research methodology was adopted in this study. The narrative inquiry is an appropriate methodology for this study because it allows and enables a rich, deep, and intimate study of individuals' experiences over time and within context (Josselson & Lieblich, 2003). Secondly, a narrative inquiry provided an optimal method of understanding the lived experiences that recovering counsellors were telling in such a way that participants could interpret and make meaning of their own stories (Kaushik & Walsh, 2019) as recovering counsellors working in addiction-treatment agencies.

Study Respondents

A combination of purposive and snowball sampling techniques was used to recruit participants from a nonprofit organisation in New York. A purposive sampling strategy was used to recruit participants from an addiction-treatment agency in Long Island, New York. Upon the data collection, I approached the agency's director and explained the purpose of the study. The director agreed to participate and wrote formal permission for me to collect data at the addiction-treatment agency. Furthermore, I disseminated flyers during the agency's monthly meetings, and interested individuals then contacted me directly via email or phone. During this initial contact through phone and email, I screened potential participants to ensure they met the inclusion criteria. Another strategy to recruit participants was through snowball sampling, in which respondents who completed the interview were requested to refer other potential individuals who had an interest in participating in the study.

Respondent Inclusion Criteria

The sample of this study consists of people in recovery from substance abuse who are currently employed full time in addiction-treatment agencies. The specific selection criteria of the respondents were as follows:

1. Provide weekly counselling services to substance-abuse clients.
2. Have been in substance-abuse recovery for at least two years before working as a counsellor.

A counsellor who had a relapse within a month before the interview was excluded from the sample

Respondents' Backgrounds

The final sample consisted of 18 recovering substance-abuse counsellors working in addiction-treatment agencies in the state of New York, providing counselling services to substance-abuse clients. In this study, 10 (55%) participants identified themselves as Caucasian, six (33%) as African American, one (6%) as Hispanic, and one (6%) as Native American. In addition, 12 participants were male (67%), and six (33%) were female. Participants' ages ranged from 35 to 66, with a mean of 53.6 years. Most (89%) reported being in recovery from substance abuse for more than 10 years and never having experienced a relapse (Table 1). Sixty-seven per cent had been working in the addiction treatment field for more than 10 years. All 18 recovering counsellors except one had attended 12-step meetings, and 13 reported that they still attended the meetings. Nine of 18 participants were working in outpatient treatment centres, seven in inpatient rehabilitation centres, and two in peer-run counselling centres.

Table 1
Demographic profile of participants

No	Pseudonym	Length of recovery (years)	Years of counselling (years)
1	Sigmund	35	10
2	Randy	38	36
3	Ray	13	8
4	Lari	15	14
5	Jack	25	6
6	Jay	33	32
7	Jerry	13	12
8	John	28	20
9	Hailey	31	28
10	Lorri	22	20
11	Mitch	3	2
12	Ben	24	18
13	Jasmine	5	3
14	Mose	13	13
15	Darlene	12	6
16	Ruth	28	25
17	Tim	24	22
18	Carol	20	16

Data Collection

Data for this study were collected using one in-depth semistructured face-to-face interview with each participant. Before the interview, each respondent was asked to complete a short sociodemographic and background questionnaire. There were 18 interviews, and on average, they lasted approximately 72 minutes, the longest being approximately 88 minutes. As is the norm in qualitative research, the sample size in this study was decided by saturation (i.e., when the participant interviews were no longer generating new information, such as new themes

and subthemes) (Padgett, 2008).

Data-Analysis Procedure

All recorded interviews carefully were transcribed verbatim and analysed by the researcher. Each interview transcript was analysed based on Fraser's (2004) guideline for analysing personal stories in narrative research. First, I listened and relistened to the audio-recorded interviews to avoid producing "overintellectualising" personal stories and to think critically about the stories. Secondly, I transcribed the audio-recorded interviews to categorise the transcribed information into themes or patterns and organise them into coherent categories. Finally, all the similar and different themes that emerged from the data were combined to create in-depth stories about recovering counsellors' shared experiences.

Rigour and Trustworthiness

To ensure the rigour and trustworthiness of the data, credibility, transferability, and confirmability were maintained throughout the study (Nowell & Albrecht, 2019). The credibility of the data will be maintained by using two techniques. First, member checking was used to minimise my own bias. After the interview, I contacted all 18 participants to ask whether they agreed to review the final subthemes and themes. Of 18, 10 agreed to participate and asked me to email the final themes and preliminary data. All 10 participants agreed with the final themes, and no further revisions and comments were received from participants. Secondly, I used peer review or debriefing with peers that had experiences in the field of substance abuse to guard against researchers' bias (Creswell, 2007, p. 208). For the peer-review process, I presented the emerging subthemes and themes to two counsellors working in the addiction treatment field, and no further revisions were suggested by either reviewer.

Transferability refers to the applicability of findings to other contexts (Nowell & Albrecht, 2019). This was maintained using a triangulation of methods during the data collection: (a) an audio recorder to capture laughter, sighs, and sarcasm-aural aspects of the interview, and (b) the author's field notes, which helped the author to process the full immersion into the data-collection experience (i.e., how to address interviewees' concerns). Triangulation will generate a solid description of the underlying phenomena (Padgett, 2016). To assist in reflexivity, I used an epoche that allowed me to account for my own bias, experiences, and interference in the interviews and data analysis (Marshall & Rossman, 2011).

Ethical Considerations

This study was reviewed and approved by the researcher's university's Institutional Review Board (IRB). Participants reviewed, signed a written consent form, and discussed the objectives and scope of the study, including voluntary participation and the participants' rights to discontinue and/or withdraw from the study at any time without penalty. None of the participants withdrew from the study.

Results

The results highlighted many challenges experienced

by recovering substance-abuse counsellors, including managing heavy workloads and dealing with countertransference and clients' resistance toward SUD treatment. For participants in the current study, seeking social support by regularly attending 12-step meetings, having personal therapists of their own, and talking with supportive coworkers are crucial components to support their own recoveries while providing effective counselling services for those seeking substance-abuse treatment.

Theme 1: Challenges While Working in the Addiction-Treatment Field

The results highlighted addressing countertransference, heavy workloads, and clients' resistance as complex challenges in their counselling work in addiction-treatment agencies.

Countertransference.

All participants clearly shared that their recovery status provided them with insights into addiction. At the same time, it also created a risk for participants to develop countertransference in managing their role as counsellors, in which they tend to insert themselves into situations instead of highlighting client needs. One participant describes this risk:
I previously thought that working in the field would get me sober. I was trying to get from the field rather than give to the field. And all of [the] other recovering counsellors could be in danger of that. They think working in the field is going make them important and feel good about themselves. Guess what? It won't.

Heavy Workloads.

A significant challenge identified by many was the heavy workload. Most participants reported that, due to an acute shortage of counsellors, they ended up with a caseload of 35–40 clients per week at any given point in time, which severely curtailed the amount of time spent with their clients:
I have somebody from 9 to 9:45, and then I would go to group from 10 to 11, and 11 to 12 is my next client, and from 12 to 1 is another client. I have lunch at 1 and come back at 1:45 because I have intakes at 2, and then at 3 o'clock, I would have another one until 4. So the time is not there at work because there are too many things going on.

Additionally, the heavy workload toll forced participants to work longer hours, including until midnight and on weekends. Consequently, this affected their ability to provide comprehensive counselling services to clients. Some reflected on their colleagues' decisions to eventually quit the field of substance-abuse treatment.

Witnessing Clients' Resistance to Change.

Another challenge that many respondents described is witnessing clients' resistance to initiating the change process toward recovery, especially among mandated clients. To some degree, participants reported being blamed by their own clients for not helping them, as participants explained below:
People are here because they're mandated by parole, mandated by the court. They don't want to be here, so they resist, and their mentality is really different. They're not open to change. And they blame you, and it's a lot that you have to deal with.

Participants also shared that, being a person in recovery, witnessing clients' reluctance could be unbearable and difficult, especially when it led to fatal overdoses:
Overdosed and died or, you know, to see, like, a lot of the hardships that occur…those are difficult. And that's…that is…

obvious. *The other part is, for me, being in recovery, to know the result of something or to see something coming down the road because you've experienced it and not be able to convince them [to change].*

Theme 2: Social Support to Sustain Counselors' Own Recovery

Findings revealed that participants actively sought support by attending 12-step meetings, meeting with personal therapists, and talking with supportive colleagues to sustain their own recoveries.

Attending 12-Step Meetings.

Participants' narratives revealed that actively seeking support from recovery networks, such as 12-step programs, was an effective strategy that helped them to sustain their recoveries while working as substance-abuse counsellors. According to many respondents, regular attendance at 12-step meetings provided them with an opportunity to socialise with others who were in recovery and be privy to new and different perspectives:
Everyone should get some help. And I got that from 12-step meetings. I have been in recovery for 25 years, and I still have a sponsor. My sponsor has about 16 years, which is less than my sober time. But he got different perspectives; he's Buddhist and has some interesting thoughts that are different from mine. So when we meet, I benefit because he got a different way of thinking.

Another benefit of attending 12-step meetings for many participants was an opportunity to gain knowledge that they could apply while working with clients in the addiction treatment field, including ways to set up healthy expectations for others:
I learned from the 12-step meetings not to put expectations on others. I learned that my boss is not always going to be right and that I am not always going to be right. It's not a battle that I will fight and win. So I apply the step that I've learned from the 12-step meetings in order to stay in the recovery, stay sane at my work, and for me, not become one of the relapse statistics.

Attending 12-step meetings equipped the counsellors with a strategy to manage their negative thoughts and feelings, accept mistakes, and improve their self-confidence, eventually enabling them to work effectively with their clients.

Meeting With Therapists.

Respondents in this study shared that meeting regularly with a personal therapist was an important strategy to sustain their long-term recovery. Specifically, participants reported the use of a personal therapist was helpful in discussing and processing the traumatising and triggering stories of their clients and in exploring and healing their own traumas. One participant shared:
Even after 12 years, I still meet with a therapist to discuss some stuff that still [is] bothering me during the counselling sessions. Last week, when I read one of my client's charts and all of the things that she had been through, it was like reading about my own life. I had a hard time at first. I was like, How am I going to talk with her and get her through this when I can't even swallow right now? It almost traumatised me. So I met with my therapist, and she provided me with ways to handle it.

Talking to Supportive Coworkers.

Participants explained the platform offered by colleagues to share their clients' struggles and traumatic experiences and the impacts that it had on them as recovering addiction counsellors. For many, coworkers were an important

source of support when trying to cope with complex situations. As one participant described:

I have enough coworkers here to support me, and I am always brainstorming with them. Just now, before you came in, I told her, "He [the client] was lying to me again. He [the client] didn't tell me the truth." And she [the coworker] told me, "He's active; he's using. Of course, he's going to lie to you because he did not want his counsellor to know." It's just as simple as that. So I have a good relationship with my coworkers, and we support each other when we need to.

Findings revealed that despite experiencing various challenges—specifically, experiencing countertransference, heavy workloads, and clients' resistance as challenges they faced while working in the addiction treatment field. Actively seeking support from various media, including attending peer-support 12-step meetings and seeing therapists, was identified as a key factor in sustaining their recoveries while providing services to SUD clients.

Discussion

The results highlighted dealing with countertransference, managing heavy workloads, and witnessing clients' resistance to quit using drugs as complex challenges for substance-abuse counsellors in recovery. On the one hand, their recovery status provided the counsellors in this study with insights regarding the complexity of addiction, such as difficulties in sustaining recovery and relapse, similar to studies from Pietkiewicz and Skowrońska-Włoch (2017) and Simons et al. (2017). On the other hand, their history of substance abuse imposed on the recovering counsellors the risk of developing a sense of countertransference with their substance-abuse clients. As a result, recovering substance-abuse counsellors tend to become confrontational toward themselves and their clients, similar to studies by Davis (2013), Gallagher (2010), and Fialk (2018), which reported that countertransference negatively influenced counselling-treatment outcomes, including early termination and the development of unclear boundaries between recovering counsellors and their clients.

Furthermore, managing heavy workloads was identified as another significant challenge for recovering substance-abuse counsellors in this current study, consistent with research by Beitel et al. (2018), Gutierrez et al. (2019), and Wardle and Mayorga (2016). Additionally, witnessing clients' resistance to stop using drugs, which led to multiple relapses, presented further challenges for recovering substance-abuse counsellors in this study. Similarly, Manuel et al. (2017) reported that working with clients from the criminal justice system who lacked the readiness to change posed significant challenges among counsellors and staff members working in the addiction treatment field. Perkins and Sprang (2013) also found that individuals' involuntary decisions to enter drug treatment were associated with a higher risk of recidivism and a lower chance of recovery.

Despite the counsellors' experiences with multiple challenges, the findings also revealed that actively seeking support ultimately provides recovering substance abuse counsellors with a better opportunity to manage the complex processes of their personal recoveries while working with their clients. Most participants also shared that actively attending 12-step peer-support meetings is an effective way for people in recovery from substance abuse to sustain their recovery. This is similar to studies from Lange-Altman et al. (2017) and Myrick

and Del Vecchio (2016), which reported 12-step group members' willingness to share their recovery experiences with others as successful in decreasing the isolation often experienced by people in recovery.

The results in this study also highlighted the extensive benefits of seeing therapists as a strategy for recovering counsellors to sustain long-term recovery. These findings were congruent with another study from Sackett and Lawson (2016), which also found that those who had been exposed to the benefits of addiction-counselling treatment were likely to continue using the services, including those in recovery and working as counsellors in the same field. This finding was aligned with research from Edwards (2018) and McMahon (2018), which suggested that healthcare service providers should be mandated to meet with therapists as a self-care practice and to increase their professional and personal development.

Findings from the current study also reaffirmed the vital roles played by supportive coworkers, as documented by prior research, in helping recovering counsellors sustain their own recoveries (Mullen et al., 2017; Nielson, 2016). A positive social connection at the workplace and the social support received from coworkers served as principal factors in reducing counsellors' burnout (Litam et al., 2021).

Implications Subsection (Practice and Research)

This study's findings have implications for practice and research in the substance-abuse-treatment field. Organisational demands—specifically, heavy workloads—posed risks for burnout for the majority of participants in this study. A combination of intensive addiction-treatment services, including counselling and medication dispensing for substance-abuse clients (e.g., methadone) will, in the opinion of the researcher, enhance the ability of substance-abuse treatment practitioners to provide integrated patient care without overreliance on only one service (e.g., counselling) and therefore will likely reduce counsellors' heavy workloads.

The study results also point to the importance of seeking support from outside therapists and coworkers. This has other practice implications: establishing training-on-trainers (TOT) to identify red flags when coworkers are in distress and developing a buddy system for checking up may help practitioners to achieve wellness, especially if they receive support from coworkers in the same field and agencies. Regarding the education implication, the findings from this study report utilisation of, and active engagement with, a peer recovery-support group: 12-step meetings, as part of the continuity of care and sustenance of recovery. Introducing the topic of peer-support programs, including 12-step meetings, into colleges' counselling-education syllabi creates an awareness of its philosophy, along with other evidence-based practices (EBPs), such as cognitive-behavioural therapy, motivational interviewing, and group therapy.

Theoretical Implications

The COR theory posited that recovering counsellors who are actively seeking and retaining resources would overcome workplace challenges. Furthermore, the COR theory was supported by respondents' decisions to actively foster their resources by seeking therapy to protect them from the risk of relapse. At the same time, talking with supportive coworkers was

perceived as a resource for them to cope with clients' resistance to quitting using drugs. In this current study, recovering counsellors shared the resources they must build and protect: 12-step meetings, meetings with therapists, and talking with supportive coworkers enabled them to cope with stressful situations in the workplace, which include countertransference, heavy workloads, and witnessing clients' resistance to change.

Directions for Future Research

This qualitative research presents several possibilities for future explorations in both qualitative and quantitative studies. Future quantitative research must measure and explore the associations between challenges and social support with significant variables, including work motivation and intention to remain working in the field as counsellors. Future studies related to burnout among those working in the addiction-treatment field—specifically, factors that cause it and ways to address it—are needed to improve the quality of overall well-being and life among substance-abuse counsellors. Furthermore, studies should be conducted regarding best practices for the operational management of substance-abuse-treatment agencies related to staff recruitment and retention, staff scheduling, and service hours to address heavy workloads among counsellors. Qualitative studies to understand the importance of providing social support through the lenses of coworkers and therapists on recovering counsellors' well-being and sustained recovery will be enlightening, as the current study highlights the importance of support in the workplace, including from coworkers. Additionally, future research should focus on training supervisors and coworkers to support their coworkers more effectively, benefiting the organisation and the field in general.

Limitations

Some limitations of this study, however, are worth noting. Because all recovering counsellors in the addiction-treatment field were from the southeast region of New York, the ability to apply the findings of the study to other geographical areas also was limited. The purposive sample recruited for this study largely comprised recovering addiction counsellors with over 10 years of experience in the addiction treatment field. Furthermore, the mean age of participants in this study is 53.5 years old, with ages ranging from 35 to 66 years old. Hence, the study may not reflect the views or experiences of those who have entered the field more recently and counsellors who are younger. Respondents work in diverse treatment settings. Half (9/18) work in outpatient settings, and the remaining work in inpatient (7/18), and peer-run clinics (2/18), making the findings' generality limited to these types of treatment settings. Since study participants are limited to counsellors actively involved in 12-step meetings (13/18), the ability to apply the study's findings to other recovering counsellors who do not attend 12-step groups was limited.

Conclusion

An estimated 60% to 70% of people in recovery from substance abuse work as counsellors in the addiction-treatment field, making recovery status an important topic to be explored (Baverly, 2020; Rácz et al., 2015). This study explored insights into the challenges and social-support systems among recovering

substance-abuse counsellors working in addiction-treatment agencies. Among the challenges for recovering counsellors working in this field were handling heavy workloads and witnessing clients resistant to change. Garnering social support from peer recovery-support groups (i.e., 12-step meetings) and seeking mental-health counselling, however, proved beneficial and provided the opportunity to balance counsellors' work and personal lives. Ultimately, this support enabled recovering counsellors to sustain their own recoveries while providing counselling services to clients. In the context of high turnover and burnout among substance-abuse counsellors (Hatch-Mailette et al., 2019), an understanding of challenges and strategies to seek support will improve the quality of mental health and overall wellness among those working in addiction treatment.

Acknowledgements

Statements

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