

2013

A Phenomenological Study of Stress and Burnout Experienced by Licensed Alcohol and Drug Counselors

Derrick Crim

University of St. Thomas, Minnesota

Follow this and additional works at: https://ir.stthomas.edu/caps_ed_lead_docdiss



Part of the [Education Commons](#)

Recommended Citation

Crim, Derrick, "A Phenomenological Study of Stress and Burnout Experienced by Licensed Alcohol and Drug Counselors" (2013). *Education Doctoral Dissertations in Leadership*. 35.
https://ir.stthomas.edu/caps_ed_lead_docdiss/35

This Dissertation is brought to you for free and open access by the School of Education at UST Research Online. It has been accepted for inclusion in Education Doctoral Dissertations in Leadership by an authorized administrator of UST Research Online. For more information, please contact libroadmin@stthomas.edu.

A Phenomenological Study of Stress and Burnout
Experienced by Licensed Alcohol and Drug Counselors

Derrick Crim

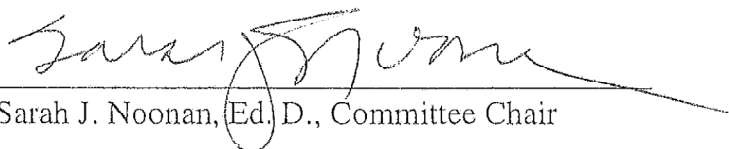
University of St. Thomas

UNIVERSITY OF ST. THOMAS, MINNESOTA

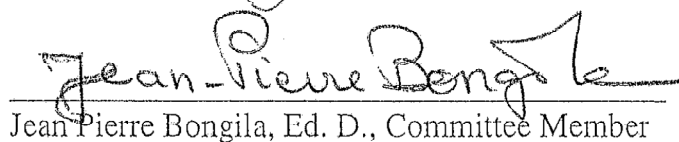
A Phenomenological Study of Stress and Burnout Experienced
by Licensed Alcohol and Drug Counselors

We certify that we have read this dissertation and approved it as adequate in scope and quality. We have found that it is complete and satisfactory in all respects, and that any and all revisions required by the final examining committee have been made.

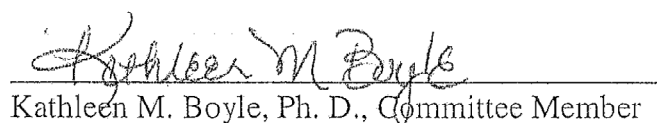
Dissertation Committee



Sarah J. Noonan, Ed. D., Committee Chair



Jean Pierre Bongila, Ed. D., Committee Member



Kathleen M. Boyle, Ph. D., Committee Member

APRIL 10, 2013

Final Approval Date

Dedicated to my wife, Ruthann K. Crim

Acknowledgements

Bruce Kramer led an information session which sparked an incredible journey with multidisciplinary leadership. This journey clarified values, built vision and voice, and gave me strength to create change. Bruce, thank you.

Thank you to my parents, Elisha and Katie Crim, for instilling, from an early age, astounding faith in God to accomplish His will. Thank you to Dr. Sarah Noonan (Dissertation Chair). I will forever be grateful for your leadership, attention to detail, guidance, and untiring support. You are the best! Thank you to my Dissertation Committee members, Dr. Kate Boyle and Dr. Jean-Pierre Bongila, for your encouragement and critical insight. Special thanks to Dr. Bongila for your assistance with my entry into the St. Paul Seminary and School of Divinity. Thank you to my research assistants, Rachelle Klatke, Mary Dunn, and Stephanie Bell for inspiring me with your amazing work ethic. Thank you to Judi Gordon, Executive Director of C.R.E.A.T.E., Inc., and staff at the Telesis Chemical Health Program for your patience and encouragement. Thank you Cohort 22 for five years of continued strength and support. Our bond is like no other.

For my wife, Ruthann Kay Crim, and daughter, Katayah Elizabeth Crim; you are my lifeblood. I very much appreciate your sacrifice of Husband and Daddy time. The last five years have been trying, but your love and support never wavered. You gave me the encouragement I needed to persevere.

Abstract

This phenomenological qualitative study examined the causes and coping strategies associated with personal, occupational, and organizational stress and burnout experienced by 15 Licensed Alcohol and Drug Counselors (LADC). The review of literature described occupational hazards associated with stress, including interpersonal contacts with clients in emotionally demanding situations and organizational factors, such as leadership, are likely to affect employees' stress levels. Findings described sources of personal stress as lack of money, caring for family members, aging, and family-work conflicts. Occupational stress included documentation requirements, a lack of time to complete paperwork, and difficulty with clients. Organizational stress included managing relationships with co-workers, adapting to change, working within a complex management structure, lack of diversity within management, and experiences associated with racism. Counselors experienced stress, reporting negative emotions, cognitive or thinking impairment, and poor health. Coping strategies included staying organized, taking short breaks, clinical supervision, professional therapy, thinking positively, relaxation and meditation techniques, humor, teamwork, effective leadership, maintaining cultural identity, establishing boundaries, and successful transition from work to home. Counselors adopted several preventative strategies to reduce the actual or anticipated effects of stress and maintain a healthy lifestyle, including talk therapy, meditation, religious practices, spirituality, physical activity, and taking vacations. Four theoretical frameworks were used to inform research findings: role, self determination, stereotype threat, and social cognitive theory. Recommendations to reduce stress and burnout

included improving communication, addressing individual needs, and adopting supportive and inclusive leadership styles.

Keywords: Licensed Alcohol and Drug Counselor (LADC), Stress, Burnout, Occupational Stress

Table of Contents

Chapter One: Introduction	11
Statement of the Problem.....	12
Research Question	13
Significance of the Problem.....	13
Overview of Dissertation	14
Definition of Terms.....	15
Chapter Two: Review of Literature	17
Stress and Burnout: A Short History and Definition	17
Individual Stress.....	19
Occupational Stress.....	22
Sources of Occupational Stress in the Helping Professions	23
Occupational Hazard.....	24
Emergency First Responder.....	25
Health Care Workers and HIV-Infected and AIDS Patients	26
Organizational Factors	28
Counselors.....	29
Mental Health Social Workers and Nurses	31
Organizational Environment.....	32
Leadership.....	32
Organizational Interventions.....	34
In-House Programs	35
Web-based Programs	35
Summary.....	36
Analytical Theory Related to Stress and Burnout.....	38
Role Theory	38
Role Conflict.....	39
Role Ambiguity.....	40
Role Overload	41
Self-Determination Theory	42
Applying SDT to Employee Performance and Autonomy	44
Stereotype Threat Theory	45
Social Cognitive Theory	46
Self-efficacy.....	47
Chapter Three: Methodology	49
Qualitative Research	49
Phenomenology.....	51
UST Institutional Review Board Permission and Guidelines.....	52
Research Sample.....	52
Interview Protocol and Questions.....	55
Warm-Up Questions	56
Personal History Questions.....	56
Occupation Questions	56
Organizational Questions.....	56
Critical Incidents.....	57

Data Collection and Analysis.....	57
Writing Memos	57
Analytical Coding Analysis	58
Ethical Issues and Evaluative Criteria for Qualitative Studies	59
Summary	60
Chapter Four: Making Meaning of Stress.....	61
Causes of Personal Stress.....	61
Money Stress.....	61
Caring for Others	63
Aging.....	64
Balancing Work and Family Demands	65
Causes of Professional Stress.....	66
Documentation Requirements and Time for Paperwork	67
Experiencing Difficulty with Clients	68
Managing Relationships with Co-workers.....	70
Organizational Culture.....	71
Adapting to change	72
Management structure and excessive bureaucracy	72
Racism and Lack of Diversity.....	74
Experiences of Stress	77
Negative Emotions.....	77
Cognitive or Thinking Impairment	77
Stress as Necessary and Physical Implications	79
Summary	79
Chapter Five: Coping Strategies and Maintaining a Healthy Lifestyle	81
Documentation Requirements and Paperwork.....	82
Staying Organized.....	82
Short Breaks of Quiet.....	82
Experiencing Difficulty with Clients	83
Clinical Supervision and Support from Colleagues.....	83
Professional Therapy	84
Cognitive Behavioral Therapy/Thinking Positively	84
Relaxation and Meditation Techniques	85
Managing Relationships with Co-workers.....	86
Humor	86
Teamwork	87
Adapting to Change, Management Structure and Excessive Bureaucracy.....	88
Supervisors and Quality Organizations	88
Lack of Diversity and Racism.....	90
Balancing Family and Work Demands	92
Establishing Boundaries.....	92
Making Successfully Transitions from Work to Home	95
Maladaptive Coping.....	96
Binge Eating.....	96
Withdrawal from Family.....	96
Maintaining a Healthy Lifestyle	97

Talk Therapy	97
Meditation Exercises	99
Religious Practices	99
The Spirituality Movement	101
Physical Activity	102
Vacations	103
Summary	104
Chapter Six: Analysis	106
Role Conflict and Workplace Demands	106
Stress and Its Effect: Managing Human Needs	108
Racism at Work	110
Managing Stress by Taking and Staying in Control	112
Summary	113
Chapter Seven: Summary, Implications, and Recommendations	116
Personal Stress	116
Money	116
Caring for Others	118
Aging	118
Balancing Work and Family Demands	120
Professional Stress	120
Documentation Requirements and Paperwork	121
Experiencing Difficulty with Clients	122
Managing Relationships with Co-workers	123
Organizational Culture	124
Racial affinity groups	126
Stress: A Dynamic Process	128
Summary	130
Recommendations for Future Research	130
Conclusion	131
References	133
Appendices	152
Appendix A	153
Appendix B	156
Appendix C	157
Appendix D	159
Appendix E	160
Appendix F	163

Table of Tables

Table 1: Participants	54
Table 2: Causes and coping strategies for occupational hazards	121

Table of Figures

Figure 1: Maladaptive coping and prevention strategies	104
Figure 2: Using theory to explain the phenomenology of stress experienced by LADCs.....	114

CHAPTER ONE

INTRODUCTION

My interest in the helping professions comes from personal triumph. At a young age, I suffered from alcohol abuse and addiction. Like many, my alcoholism included multiple treatment centers, jail stays, and emergency room visits. I seemed to be unwilling and unable to address my alcohol problem, producing years of mental and physical anguish. But with the hope given by a variety of helping professionals, I sought recovery. The sincere hearts of these professionals planted lifelong seeds for my recovery.

After only a short time in recovery, I volunteered my time to help others suffering from alcoholism. This “giving back” produced a type of joyfulness I have yet to experience in any other way. It was clear my life would involve this work. I went to school to become an addiction counselor. Now, after 26 years, I have helped people and families of all ages and backgrounds know a better life.

However, after only two years working as a counselor, I experienced stress and burnout. I began to miss work and rushed through my paperwork. My rigidity with clients soon turned to dehumanization. I received stares from co-workers, wondering what was going on. I was bored. I didn't care about the people I was hired to encourage, protect, and empower. Moreover, at home, my wife became concerned about this damaging attitude, but instead of saying anything, I remained silent, as if the problem would blow over. I had a tough time sleeping and suffered headaches. I was physically and emotionally depleted with no control over my work situation. I missed more days trying to figure out the problem. My stress and burnout also became visible to my clients. One client came to my office door and asked, “Why don't you care about us anymore?” I later broke down and cried.

Through humility, I sought support and resources. I committed to no longer harm myself or others by stress and burnout. With the aid of family, physical activity, practiced spirituality, and Alcoholics Anonymous (AA), I began to take care of myself with the same care my clients deserved. I went roller skating every week, something I have always loved to do. I also learned how to say no to my boss. After work, before coming home, I affirmed that my wife was beautiful and that she did not deserve my displaced emotions from work.

Through the years, I observed and talked with other counselors who, like me, did not know how to manage stress. They suffered negative consequences including chemical use, over eating, neglect of health, and family problems. My personal experience has caused me to see this issue as a significant factor in the work of addiction counselors and our clients. My questions likely mirror those of other addiction counselors: “Is it normal to experience stress in helping professions? What causes stress, and how can it be addressed?”

I seek answers to these and other questions in my study to help prepare new counselors for inevitable challenges and also to provide support to those with years of practice, helping all to understand their experience (and its hazards) and to identify the resources to combat the degree and effects of stress and burnout.

Statement of the Problem

Stress, a rising problem in the helping professions (Savicki & Cooley, 1982), adversely affects employee performance (Jex & Crossley, 2005) and health (Beehr & Glazer, 2005). Employees in the helping professions appear particularly vulnerable to the experience of burnout (Paton & Goddard, 2003). Such results are, in part, a consequence of employment in jobs characterized by long-term involvement in emotionally demanding situations and engagement in

extensive face-to-face contact with people and their problems (Cordes & Dougherty, 1993; Pines & Aronson, 1998).

Helping professionals feel overwhelmed by working with troubled individuals and exceed their personal resources, becoming emotionally exhausted and disengaging from individuals they serve by labeling them, using depersonalization language, and treating them as dehumanized objects (Maslach, 1982). As a Licensed Alcohol and Drug Counselor (LADC) with 26 years of experience, I have a growing concern about these and other effects of stress in the helping professions, particularly in the field of addiction counseling.

Research Question

I adopted the following questions to frame my study: (1) How do Licensed Alcohol and Drug Counselors (LADC) experience and make meaning of stress and burnout? (2) How do personal or occupational hazards and workplace demands affect LADC stress? and (3) How do LADCs mitigate and/or manage their stress?

Significance of the Problem

Stress not only affects LADC clients, as my personal experience suggests, but also organizations. Organization effects include high absenteeism, turnover, performance, low morale, and work-family conflict (Savicki & Cooley, 1982). My study of stress addresses the factors creating stress, beyond the generalized concept of “stress management,” and identifies the specific sources of stress to move the alcohol and drug counseling field forward to a more healthy state for both individual counselor and organizations.

When work involves face-to-face emotionally demanding and/or dangerous activities, stress may result (Cordes & Dougherty, 1993; Pines & Aronson, 1988). Professionals in emotionally demanding fields working with impaired individuals suffer stress and stress

symptoms (Maslach & Jackson, 1981). As a result, rehabilitation counselors have a well-documented history of high job turnover and low job satisfaction (Cushman, Evans, & Namerow, 1995). Discussions surrounding occupational stress for the helping professionals primarily focus on individual-center solutions (Maslach, Schaufeli, and Leiter, 2001). My study examined how situational and organizational factors may play a role in burnout beyond individual experiences of stress. I next describe the content found within the six chapters and then offer a definition of terms used in this study.

Overview of Dissertation

In chapter two, I provide a review of the literature to examine the sources of stress and burnout in the helping professions, including alcohol and drug counselors. I also review literature on individual and organizational stress prevention and intervention strategies. A description of theories used to form my conceptual framework and analyze data ends chapter two.

I review the methodology in chapter three, describing the reason for adopting qualitative research, which gathered “rich data” (Charmaz, 2006, p. 10). I also discuss the method of data collection as well as the methods used in the analysis.

In chapter four, I describe my findings, beginning with the causes of personal stress and professional or occupational stress, and factors found within their organizational culture creating additional stress as experienced by LADCs. I also describe the meaning participants made regarding how stress affected their sense of well-being and ability to perform their work.

I examine counselors’ response to stress in the work environment as well as the methods used to cope and manage stress in chapter five. I examined counselors’ responses to stress in the work environment as well as the methods used to cope and manage stress. Coping strategies

include relaxation exercises, support from co-workers and manager, maintenance of cultural identity, and successful transitions from work to home.

Chapter six provides an analysis of findings using four theories: role theory, self determination theory (SDT), stereotype threat theory, and social cognitive theory. Role theory explained stress derived from influences, expectations, and demands of counselors (Barling et al., 2005). SDT explained psychological needs of competence, autonomy, and relatedness (Baumeister & Leary, 1995). Stereotype threat explained the impact of one's capability when viewed through a negative stereotype. Last, social cognitive theory explained counselors' need to control their environment (Bandura, 1986).

I provided a summary of results, implications and recommendations in chapter seven. I recommend individual and organizational approaches to reduce stress levels for LADCs and suggest policies and procedures for use in organizations to help counselors manage stress and enjoy a healthy lifestyle.

Lastly, I describe the limitations in my study and make a personal statement about the implications of my research and recommendations regarding leadership within the alcohol and drug counseling profession. I begin with a definition of terms and then proceed to describe my study and findings in chapters two through seven.

Definition of Terms

The adopted the following terms and definitions for use in this study:

Licensed Alcohol and Drug Counselors (LADC) - The Institute on Chemical Dependency Professional (ICDP) began certifying Alcohol and Drug Counselors in 1984. In 1998, certification was amended to licensure through the Minnesota Department of Health. LADCs are governed by Minnesota Statutes section 148C. Alcohol and drug counselor refers to a person

who holds a valid license to engage in the practice of alcohol and drug counseling (Minnesota Board of Behavioral Health, 2012). For purposes of this study, counselors' years of experience include certification and licensure.

Stress - An adverse reaction people have to excessive pressure or other types of demands (Cooper & Dewe, 2004), generally understood as a pattern of negative symptoms that relates to all areas of functioning (Savicki & Cooley, 1982).

Burnout - Burnout describes negative reactions of stress experienced under four different symptom realms: physical, cognitive, emotional, and behavioral (Wilkerson & Bellini, 2006).

Occupational stress - Occupational stress refers to any work-related force that pushes a psychological or physical factor beyond its range of ability (Arnold, Cooper & Robinson, 1995).

CHAPTER TWO

REVIEW OF LITERATURE

I reviewed scholarly literature with regard to specific factors contributing to stress in the work place, identifying ways occupational stress and burnout may be defined, experienced, and managed in my field. I concentrated not only on addiction counselors but also other related fields included described as “helping professions,” such as those involved in education and health care, to expand my review due to the small number of studies associated with the field of addiction counseling. I provided a general background on the meaning of stress and burnout using a multidisciplinary approach, followed by a comprehensive description of occupational stress found in the helping professions. I also described individual and organizational factors associated with occupational stress, concentrating on specific causes, responses, and remedies associated with workplace demands.

Following this topical review of the literature, I then describe several theories adopted to analyze my findings related to LADC stress and burnout. My review begins with a short history and definition of stress and burnout. Although many experience stress at some point in their lives, the exact definition of stress may still be a subject of debate among scholars, even after several hundred years.

Stress and Burnout: A Short History and Definition

The various definitions of stress, a topic of great interest over the past six decades, have steadily evolved over a period of several hundred years, if not centuries (Cassidy, 1999). Selve (1936) conducted early research on the biology of stress. After nearly 40 years of research, Selve summarized the difficulty in defining stress, saying, “Everybody knows what stress is and nobody knows what it is” (p. 694). Selve empirically demonstrated the profound physiological

consequences of stress and understood more than most the difficulty of finding a universal definition of the “stress syndrome,” which he defined as our body’s “alarm reaction” to demands made upon it (p. 695). Selve published his theory of stress in 1956, differentiating between the term “eustress,” a positive response to the environment and facilitated growth, from the term “distress,” a negative response to the environment resulting in dysfunctional physical and psychological features.

Selve (1936) conducted studies in a laboratory with rats and mice as the subjects of his research on stress; some criticized Selve for his over-simplistic portrayal of stress as a mainly physiological response to a stimulant. Nevertheless, Selve’s ground-breaking work established the first correlation between physiology and psychology in stress response (Cooper & Dewe, 2004). Burnout, the human response to excessive pressure or a prolonged response to chronic emotional and interpersonal stressors on the job, described the response to chronic stress (Maslach et al., 2001).

Burnout research focused on three main areas: exhaustion, cynicism, and inefficacy (Maslach et al., 2001). Exhaustion or emotional exhaustion, referred to a state of depletion and fatigue. Emotional exhaustion is characterized by symptoms of physical and emotional depletion. Emotional depletion describes a lack of empathy and emotional distance from the clients with whom one works.

Associated with both negative health outcomes and reductions in job performance, exhaustion mainly occurs from either (1) the experience of tension from emotional dissonance or (2) the draining of resources (Hochschild, 1983). The latter two elements of burnout, cynicism and inefficacy, represent the key reactions to the experience of exhaustion. Cynicism, often referred to as depersonalization, involves the tendency to adopt an impersonal stance of

surrounding circumstances. Here, individuals detach and withdraw from others as a response to stress and burnout. Lastly, inefficacy involves the feeling of performing tasks inadequately and being incompetent in the workplace (Morris & Feldman, 1997).

These aspects of stress and burnout have become a topic of interest to researchers, mainly due to their impact in the workplace or occupational environment. People take on the roles of employee, subordinate, supervisor, coworker, or sometimes customer in the work domain, and in playing these roles, individuals must manage the expectations placed on them by others (Beehr & Glazer as cited in Barling, Kelloway, & Frone, 2005). Many factors affect individual and produce stress. I organized the causes of stress into three areas affecting LADCs: personal, occupational, and organizational stress.

I organized the literature based on three different ways regarding how stress and burnout affect individuals: (1) the individual experience of stress as a function of core personality, (2) occupational stress in the helping professions, and (3) organizational stress based on the experience of being a member of an organization. A discussion of individual stress follows.

Individual Stress

Individuals respond differently to stress based on their individual responses to stress and management of stress (Barling et al., 2005). Some display symptoms of strain and will be at risk of developing health problems, while others avoid this reaction. Individual and behavioral characteristics involved in the relationship between stressors and resultant strains include personality or dispositional factors, situational factors, and social factors (Cooper, Dewe, & O'Driscoll, 2001). These categories may overlap (Barling et al., 2005); however, stress and burnout interventions primarily focus on broad individual-centered solutions, such as removing the worker from the job or eliciting individual coping strategies (Maslach et al., 2001).

Endler and Parker (1999) found the development of coping strategies improved physical and psychological well-being. Savicki and Cooley (1982) argued on theoretical grounds that individuals' locus of control or coping style may have a direct impact on the degree of burnout experienced. Adopting literature on coping styles, Savicki and Cooley (1982) theorized, "particular coping approaches may cause certain individuals to be resistant to burnout" (p. 417). On the other hand, inadequate coping styles may exacerbate stress, resulting in the increased likelihood of burnout (Endler & Parker, 1999). Studies conducted on individual stress included coping strategies but also "genetic, biological, and motivation differences" as well (Barlett, 1998, p. 65).

Cooper and Dewe (2004) identified the following questions as significant in understanding individual stress response: "How do individual differences relate to the development of symptoms of psychological strain? How do individual differences relate to perceptions of stress in the environment? Do these differences affect the way people cope with stress?" (p. 56). To offer clarity, Wilkerson (2009) used a role questionnaire to study emotional exhaustion, depersonalization, and personal accomplishment dimensions with 198 professional school counselors. Guided by stress-strain-coping theory, the study's final hierarchical regression models accounted for 49% of the variation on the emotional exhaustion scale, 27% on the depersonalization scale, and 36% on the personal accomplishment scale (p. 436). Researchers found individual stress and coping varied significantly, predicting burnout among school counselors.

Findings from Wilderson's (2009) study of stress support programs designed to help others manage stress by introducing effective coping strategies. Health-related physical fitness consisted of cardio respiratory endurance, including aerobic fitness, muscular endurance and

strength, and body composition. Using a mixed methods approach, Ensel and Lin (2004) used the results from community health surveys and interviews with 1,261 individuals in upstate New York to examine the relationship between physical fitness and occupational stress. They found physical fitness serves as an effective mechanism for coping with a variety of types of stressors. Specifically, the results showed depression was lower for individuals with moderate or high levels of exercise than for individuals with low levels of exercise (Ensel & Lin, 2004).

Besides physical fitness, relaxation techniques assist with lessening the effects of stress (Van der Klink, Blonk, Schene, & Van Dijk, 2001). Relaxation techniques specifically focused on physical or mental relaxation constitute an effective method to cope with the consequences of stress. These techniques involve reducing muscle tension and central nervous system activity to promote a relaxed state. Muscle tension is associated with various types of psychological tension (e.g., anxiety; Van der Klink et al., 2001). In a Coronal Institute study with over 3,000 employees in various professions, relaxation techniques proved effective in managing occupational stress (Van der Klink et al., 2001). Employees with both high and low levels of stress benefited from relaxation techniques and reduced anxiety by learning to reduce muscle tension.

The stressed individual's experience may originate from their employment (Spitzer & Neely, 1992). Barlow and Iverson defined this as occupational stress, which includes employee duties, responsibilities, and job conditions (as cited in Barling et al., 2005). The severity of the stressor and the characteristics of the employee then determined the psychological or physical outcomes, resulting in adverse behavioral consequences (Spitzer & Neely, 1992).

Occupational Stress

Much of the current research on occupational stress focused on the employee: “The psychological literature on occupation stress usually defines stress as individually based, affect-laden experience caused by subjectively perceived stressors” (Handy, 1993, p. 353). Hurrell, Nelson, and Simmons (1998) defined occupational stress as work-related environmental conditions that affect the employee’s health and well-being. Physical components of the work environment may result in both positive and negative manifestations of stress based on depending on support dynamics present for accomplishing a work task. As environmental stressors, McCoy and Evans found physical features and properties of the office influenced physiological processes, produced negative effects, limited motivation and performance, and impeded social interaction (as cited in Barling et al., 2005)

Arnold et al. (1995) defined occupational stress as strain resulting from work related demands. Kahn and French (1962) maintained this type of strain was a result of stressors. Stressors, caused by stress-producing environmental circumstance or stress-producing events and conditions, generate physical or psychosocial stimuli and create a motivation to react (Beehr & McGrath, 1992).

The main stressors dominating the early study of occupational stress involved role conflict and role ambiguity (Cooper & Dewe, 2004). Role conflict occurs in situations with two or more sets of incompatible demands concerning work issues (Beehr, 1995). For example, role conflict happens when workers experience impractical expectations or when the same person performs two or more roles (Beehr & Glazer, 2005). In contrast, role ambiguity involves the lack of specificity and predictability of one’s job role. Role ambiguity occurs when tasks given

to the worker and the flow of information for completing the task appear insufficient, misleading, or restricted (Cooper & Dewe, 2004).

In a related study, Dale and Fox (2008) studied 204 people in a large manufacturing company to determine the effects of role conflict and role ambiguity on the relationship between mentoring and job attitudes. Upon approval from the Human Resources Director, all full-time employees participated in a survey questionnaire containing measures of demographics, organizational commitment, role stress, and leader consideration. Specifically, the study measured role stress using the role conflict and role ambiguity scales developed by Rizzo, House, and Lirtzman (1970). These scales employed a response format utilizing a five-point Likert scale. The study found that when superiors provide ample work information, clarify rules, and offer clear goal expectations, employees experience less role conflict and ambiguity.

Role stress may apply to employees in the helping professions (Kirk-Brown & Wallace, 2004). Helping professionals usually work as advocates and sources of support for persons unable to negotiate a system of resources (Layne, Hohenshil, & Singh, 2004). For this reason, Cranswick's (1997) research found occupational stress experienced by helping professionals as unique and not necessarily the same as the stress found in other occupations.

Sources of Occupational Stress in the Helping Professions

The helping professional addresses and facilitates individual physical, psychological, intellectual, and emotional sense of well-being. Stressors experienced by individuals result from a long-term involvement in emotionally-demanding situations, requiring extensive face-to-face contact with people and their problems (Cordes & Dougherty, 1993; Pines & Aronson, 1988). Helping professionals often exceed their personal resources and may disengage themselves from the individuals they serve as a coping strategy (Maslach & Jackson, 1981; Lee, Locke, & Phan,

1997). In addition, they may use depersonalizing language and treat their clients as dehumanized objects, reducing the emotional demands of their practice (Maslach & Jackson, 1981).

Studies of occupational stress in the helping professionals primarily focus on individual-centered responses and solutions (Maslach et al., 2001); however, other studies regarding the influence of situational (Maslach, 1976) and organizational factors (Leiter & Maslach, 1988) demonstrate additional sources of stress and burnout. Maslach and Jackson (1981) hoped to measure burnout and developed the Maslach Burnout Inventory (MBI). The MBI measures occupational burnout across various occupational dimensions and also includes a measure of personal accomplishment. A sign of occupational stress, personal accomplishment, represents the measure of satisfaction (or lack of satisfaction) derived from participating in an occupation. Low levels of personal accomplishment may be considered a symptom of occupational stress (Leiter & Maslach, 1988).

I first presented literature on individual-based responses and solutions to stress for the helping professional and then followed with a review of studies related to general occupational stress. Now I present literature on occupational hazards as a cause of occupational stress. Hurrell et al. (1998) defined occupational hazards as work-related environmental conditions affecting employee health and well-being.

Occupational Hazard

Several factors contribute to occupational hazard as a stressor, including interpersonal contacts with clients in emotionally demanding situations and/or contact with individuals who pose a personal risk, causing professionals to view their occupation as a dangerous activity (Cordes & Dougherty, 1993; Pines & Aronson, 1988). Many professional roles and duties may produce stress due to the nature of the work performed. Occupational hazard stress may occur

within several of the helping professions, including emergency first responders, professionals who work with HIV-infected and AIDS patients, and those involved in a terroristic event. I reviewed research related to emergency first responders because LADCs may find themselves in work-related environmental conditions.

Emergency First Responders

First responders appear prone to chronic, cumulative stress as well the acute reaction stress associated with “critical incident” response (Spitzer & Neely, 1992). Because emergency first responders preserve lives and property, they often deal with dangerous situations predictably involving moderate to high levels of stress. The rescue of victims from dangerous places, fire suppression, emergency medical intervention, and law enforcement activities place first responders in harm’s way. These circumstances, known as critical incidents, may be powerful enough to overcome an individual’s normal capacities for managing stress and negatively affect their performance, causing more stress (Spitzer & Neely, 1992). The stress experienced by first responders may result from inactivity as well as the stimulation of actual crises. Emergency service personnel “frequently endure long hours of waiting, changing in shift hours, responding to false alarms and call backs” (Spitzer & Neely, 1992, p. 43).

Besides diminishing their performance, first responders frequently suppress their emotions and increase their vulnerability to the delayed impact of the stressful situation. Researchers found spouses and dependents of first-responders are also vulnerable to the effects of stress reactions (Mitchell & Bray, 1990). Studies of emergency personnel and stress found increased frequency of domestic violence, substance abuse, divorce, homicide, and suicide among emergency service personnel (Mitchell & Bray, 1990; Mitchell, 1986).

Therapeutic interventions with first responders have been influenced in part by the historical and psychological nature of emergency services and those drawn to first responder roles (Spitzer & Neely, 1992). A variety of strategies have been introduced to help first responders cope with the stresses of performing emergency services, including psychological screening during the recruitment process, frequent training programs, education in crisis intervention skills, establishment of minimum physical endurance levels, and provision of employee assistance programs designed to promote stable (Spitzer & Neely, 1992). In addition, supervisory and administrative staff are trained to recognize and respond to situations of job stresses (Spitzer & Neely, 1992). Professionals who work with specific medical conditions, such as Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS), also endure emotionally demanding situations.

Health Care Workers and HIV-Infected and AIDS Patients

I reviewed research related to Health Care Workers and HIV-infected and AIDS patients because LADCs may find themselves in situations similar to those of health care workers, managing clients with multiple health concerns stemming from drug and alcohol abuse. Stress for HIV-infected and AIDS workers stems from fear of contagion, stigma associated with AIDS, discomfort with the sexual dimensions of AIDS, professional inadequacy, neurological aspects of AIDS, and dealing with the patient's family (Ross & Seeger, 1988).

Cushman et al. (1995) used a sample of 147 social service providers who worked with HIV-infected patients and the AIDS virus. This investigation, funded by the Health Resources and Services Administration (HRSA), sought to identify the correlates of job-related stress as well as to assess the availability of stress-reducing services for social service providers. The sample included three major professions within the social services: social workers (49%),

counselors (29%), and health educators (14%). Respondents spent the vast majority of their work time dealing with issues related to AIDS.

The results confirmed that AIDS social service providers experienced stress; 50% of the sample stated that they experienced a lot of stress on the job, and 44% stated that they experienced some stress (Cushman et al., 1995). Only 4% of the respondents stated that they experienced limited job-related stress. Characteristics of AIDS as a disease appeared to be the main stressor for these social service providers (Cushman et al., 1995). The study examined stress-reducing services available at the providers' sites; these included workshop(s) on handling job-related stress, rotation away from direct patient/client care, and participation in support groups for HIV/AIDS workers (Cushman et al., 1995). Surprisingly, 40% of respondents reported that they had been offered none of these services at their work sites. About one-third (36%) had been offered one of the services, 15% had been offered two, and only 3% had all three services available to them (Cushman et al., 1995).

For substance-abusing HIV-infected clients, rehabilitation counselors often have emotional reactions over the uncertainty of disease progression (McKusick, 1988). This may lead counselors to maintain irrational beliefs about casual transmission of HIV and to reduce the amount of physical contact with their clients (Bartnof, 1988; Perry & Markowitz, 1986). These counselors often endured feelings of depression, frustration, and helplessness (Shoptaw, Stein, & Raswon, 2000). The empirical literature documents various associations between behaviors, characteristics, and stressors of rehabilitation counselor who work with HIV-infected clients (Bennett, Kelaher, & Ross, 1994; Oktay, 1992).

Shoptaw et al. (2000) examined predictors of three dimensions of burnout with a sample of 168 counselors who worked with HIV/AIDS clients. They used a counselor survey to assess

job characteristics (e.g., percent of caseload with HIV), decision-making authority, program characteristics and policies, burnout, and counseling self-efficacy (Maslach Burnout Inventory; Maslach & Jackson, 1986). The study found (1) greater job support from coworkers and supervisors and (2) job efficacy resulted in less burnout in all three dimensions of the burnout construct. Further and more specifically, greater feelings of self-efficacy strongly bolster perceptions of personal accomplishment (Shoptaw et al., 2000). Support in the work environment significantly predicted less emotional exhaustion and depersonalization and more feelings of personal accomplishment (Shoptaw et al., 2000). Occupational stress resulting from occupational hazards causes great concern in helping professions. Besides occupational hazards, occupational stress may result from other stress-producing events and environment circumstances (Beehr & McGrath, 1992).

In addition to occupational sources of stress, other factors generally described as “organizational factors” also contribute to stress. These include working conditions, organizational culture, and/or relationships with supervisors and colleagues (Wilkerson & Bellini, 2006). A description of the causes, responses, and remedies associated with these different sources of stress follows.

Organizational Factors

The causes of stress within an organization include organizational structure, leader style and quality, and the demands of tasks and roles (Dale & Fox, 2008). Specific organizational factors that may cause stress include long work hours, work overload and pressure, the effects of work on personal lives, lack of control over work, lack of participation in decision making, poor social support, and unclear management and work role (Huxley et al., 2005). Organizational

stress creates negative consequences on individuals and organizations. Studies of organizational stress within various helping professions follow, starting with counselors.

Counselors

In the last decade, literature on stress and burnout in the field of counseling has shifted from focusing on burnout to focusing on Secondary Traumatic Stress (STS; O'Halloran & Linton, 2000). STS occurs as indirect exposure to trauma through a firsthand account or narrative of a traumatic event. Counselors who listen to clients' stories of fear, pain, and suffering may develop harmful emotional, cognitive, and physical consequences (O'Halloran & Linton, 2000). STS symptoms, nearly identical to post traumatic stress disorder (PTSD) symptoms, include (a) re-experiencing the traumatic events in recollections or dreams, (b) avoidance of reminders of the event such as effort to avoid thoughts, feelings and activities related to the situation, and (c) persistent arousal, such as having difficulty sleeping and concentrating (O'Halloran & Linton, 2000).

Preventing STS and general stress for counselors is complicated because often there is more focus on their clients than on themselves. Counselors trained to care for others often overlook the need for personal self-care and do not apply to themselves the techniques prescribed for their clients (O'Halloran & Linton, 2000).

Kirk-Brown and Wallace (2004) examined the antecedents of burnout and job satisfaction among workplace counselors. Research participants, employed through the Employee Assistance Professionals Association of Australia (EAPAA), completed 110 surveys. The survey requested demographic information and then asked participants about their experiences with stress using five scales. The five scales measured burnout (emotional exhaustion), intrinsic job satisfaction, role stressors (role conflict and role ambiguity), job

challenge, and organizational knowledge. Eighty-two practicing workplace counselors (56 women and 26 men) participated in the study. Results indicate that role ambiguity was a significant predictor for emotional exhaustion.

In another study, Layne et al. (2004) used the Occupational Stress Inventory-Revised (OSI-R) with a sample of 174 full-time practicing rehabilitation counselors to evaluate turnover rates. Turnover was defined as “the degree of individual movement across the membership boundary of a social system” (Price, 1977, p. 4). The Bureau of Labor Statistics originally used the term “turnover” in 1966 to describe both organizational turnover accessions and separations. Turnover encompassed individuals who have resigned, retired, died, or been laid off (Price, 1977). Turnover for the purposes of studying the potential correlation to occupational stress, strain, and coping refers to “individuals who voluntarily leave organizations” (Price, 1977, p. 9).

The Layne et al. (2004) study involved 982 rehabilitation counselor participants who were obtained from the American Rehabilitation Counseling Association (ARCA) mailing list. The instrument used the OSI-R, which measures occupational stress, psychological strain, and coping resources. Each dimension has its own scales to assess specific characteristics. In addition, an individual data form was used to gather information regarding demographic variables related to this study: age, gender, ethnicity, certification status as a rehabilitation counselor, number of years in the profession, practice setting, and hours worked per week. Utilizing the Turnover Intention Scale (TIS) adapted from a model developed by Mobley (1977), four questions were added to the individual data form to address the issue of turnover intentions.

The results of the Layne’s et al. (2004) study showed occupational stress to be inherent in the job function of rehabilitation counselors, and individual coping resources or demographic variables were not responsible for turnover intentions. Turnover intentions were negatively

correlated with coping resources and positively correlated with stress and strain. As individual coping resources decreased, the workers were more likely to leave their job (Layne et al., 2004).

Next, professional working with individuals exhibiting mental health problems emerged as a source of career fatigue and burnout (Taylor & Barling, 2004). Mental health social workers and nurses as occupations have always been associated with stress (Rees & Smith, 1991). Nolan (1995) revealed these occupations are likely to experience psychiatric pathology. LADCs' therapeutic work with clients resembles similar professional expectations and demands.

Mental Health Social Workers and Nurses

In the first major study on stress for mental health social work in the UK, two-thirds of Councils with Social Services Responsibilities (CSSRs) took part in the study. A one-in-five sample of front line social workers was drawn, and 237 respondents completed a questionnaire and diary about their work context and content, attitudes toward their work, and their employer's mental health policy. The qualitative analysis concluded that social workers valued face-to-face contact with their clients, and their commitment to clients served as an important factor in staff retention. The most unsatisfactory aspects of their work context arose from not feeling valued by their employers and wider society, and some of the most satisfactory from the support of colleagues and supervisors (Huxley et al., 2005).

Mental health nurses endure the same, if not more, occupational stress as regular nurses (Taylor & Barling, 2004). A study by Taylor and Barling (2004) identified sources of stress using qualitative research, involving storytelling and self-narrative. The participants, 20 registered nurses, five males and 15 females, working as mental health nurses in hospitals and community settings, shared their experiences of career fatigue. Participants were aged between 25 and 50 years, with an average of five years of mental health experience. The study identified

several sources of stress, including employment insecurity, issues with management, difficulties with the nature of work, and communication problems with doctors. In responding to the source of management, one participant stated:

My issues are not with individuals, but with the culture of the system. Some of the individual parts are greater than the whole, or one of those equally esoteric statements. How one goes about changing the culture I'm not sure. Maybe I've made some contribution to shifting the culture, I don't know . . . I just think that there's a culture here of saying nothing amongst the coworkers. It sets up a very high level of institutional paranoia, a very high level. I don't necessary feel isolated. But I'm tired with it, exhausted with it. Powerless with it, rather than isolated. (Taylor & Barling, 2004, p. 122)

This account identified organizational factors linked to stress as experienced by nurses. Similar employment conditions may apply to LADCs.

Organizational Environment

Job stress and burnout associated with workers in the helping professions results from their experience in an organizational structure (Beehr & Newman, 1978). Recent reviews of the stress literature (Beehr & Newman, 1978; Beehr & Schuler, 1982; Van Sell, Brief, & Schuler, 1981) indicated few studies have examined the linkages among the causes and consequences stress in organizational settings.

Leadership

Kanste, Kyngas, and Nikkila (2007) explored the relationship between multiple dimensional leadership and burnout among nursing staff. The study, a non-experimental survey design, used 601 nurse managers who worked in different health care organizations. The results found transformational leadership seems to protect nurses from stress. In another study, Lyons and Schneider (2009) used digitally-recorded instruction sets with a sample of 214 participants from a midwestern university to explore how transformational and transactional leadership styles

influenced individual performance on a stressful task. The study found transformational leadership enhanced task performance and reduced the negative effects of stress.

Kegan and Lahey (2009) offered a different view of leadership and stress when describing an internal self-awareness:

The challenge to change and improve is often misunderstood as a need to better “deal with” or “cope with” the greater complexity of the world. Coping and dealing involve adding new skills or widening our repertoire of responses. We are the same person we were before we learned to cope; we have simply added some new resources. In gaining awareness of yourself, you will begin to see a new frontier of human capabilities, the place where tomorrow’s most successful leaders will focus their leadership attention. (pp. 12-13)

According to Kegan and Lahey (2009), behavioral change consists of two types: technical and adaptive. Technical behavior change involves the acquisition of new knowledge and/or skills. However, behavioral change also involves an adaptive element. This adaptive element requires a change in mindset, made up of feelings, anxieties, and motivations based on unconscious assumptions that can actually work against organizational change.

Stress and leadership may be viewed as multifaceted and complex, affected by situational factors as well as the ambiguous nature of burnout. Consequently, this leadership knowledge may prove beneficial for counseling programs such as Employee Assistant Programs (EAP; Athanasiades, Winthrop, & Gough, 2008). Not enough attention has been paid to the relationship between organizational management and burnout, which represents a gap in the research (Leithwood, Menzies, Jantzi, & Leithwood, 1996). Moreover, in burnout research, leader behavior has been considered rather narrowly, only in terms of social support, and not from the viewpoint of comprehensive and multidimensional theory of leadership. Prior research has underestimated leadership as a factor in the development of subordinate burnout, partly

because of inadequate conceptualization and measurement of both the leadership and burnout concepts (Leithwood et al., 1996).

Organizational Interventions

In-House Programs

General stress management programs, such as employee assistance programs (EAPs) and counseling services, appear to be effective in reducing subjective distress (anxiety) and some psycho-physiological indicators (Athanasiaides et al., 2008). Cooper and Sadri (1995) examined an in-house stress counseling service in the United Kingdom (UK) postal service utilizing the Post Officer counseling service, a three-year counseling trial experiment. Psychiatric and psychological disturbance was the second highest reason for medical retirement, preceded only by muscular skeletal disorder (Cooper & Sadri, 1995).

The Post Officer counseling program was open to everyone, including cleaners, postmen and women, technical engineers, and executives (Cooper & Sadri, 1995). The stress counseling program consisted of client-centered counseling. Postal workers attended individual sessions with trained clinical psychologists. Within the first three years, 46 percent of the counseling services involved mental health issues. The remaining 54 percent consisted of relationship problems. Other psychological manifestations included alcoholism, other addictions, and physical illness. Cooper and Sadri (1995) found counseling services caused a 27 percent improvement in absenteeism, a significant fall in anxiety and depression, and a significant increase in self-esteem. The study also showed the impact counselors made in providing awareness about potentially problematic lifestyles and ways for individuals to help themselves (Cooper & Sadri, 1995).

In other research, Athanasiades et al. (2008) undertook a study of a British EAPs operating within a public sector organization in northern England. The purpose of the study was to examine the benefits of psychological counseling for employees and the factors that led them to EAP services. From previous studies conducted through questionnaires, the authors identified factors that influenced employees to use EAPs, including confidence in the work of EAPs, positive feedback from other employees who were in favor of EAP services, and convenient geographical proximity. Participants were recruited from faculty of the largest university in northern England. The small sample size of 11 participants used in this study took part in interviews using techniques from grounded theory (Athanasiades et al., 2008). The study found participants ultimately used psychological counseling services at work in search of solutions for work-related and/or personal problems (Athanasiades et al., 2008).

Factors that led them to services included preexisting psychological difficulties, lack of support at work, and prior negative experience with mental health services. The findings show that the majority of participants who used the EAP services cited convenience of location as the main reason for accessing services. The variable of convenience seems to be reason for the new-found popularity of web-based intervention programs.

Web-Based Programs

Web-based health interventions programs appear to be increasingly used in the workplace (Shimazu, Kawakami, Irimajiri, Sakamoto, & Amano, 2005). Shimazu et al. (2005) studied the effects of web-based psychoeducation on self-efficacy, problem solving behavior, stress responses, and job satisfaction. The benefits of web-based programs included overcoming physical and geographical constraints, cost efficiency, and remaining time independent (Shimazu et al., 2005).

The program itself provided problem solving training, including cognitive-behavioral techniques that allowed participants to adapt their own skills to potential problems that they might confront in the future. Two intervention programs were used. One was an organization-focused program aimed at improving stressful work environments. This was offered to blue collar workers who worked on the projection assembly line. The other was an education program aimed to enhance the coping skills of individual employees (Shimazu et al., 2005). This was offered to white collar workers assigned to clerical and managing tasks.

Two hundred and twenty-five participants took part in the study and were asked to access a website and complete learning in one month. A post-intervention survey was conducted one week after completion of the learning period. The program is self-paced and consists of three phases: cognitive and preparation motivation, skill and acquisition rehearsal, and application. The findings showed increased self-efficacy and job satisfaction. In addition, individuals with high or very high levels of stress showed significantly positive effects on psychological distress (Shimazu et al., 2005).

Summary

The various definitions of stress and burnout, occupational stress, both individually and organizationally based, continue to be a topic of interest for researchers. It appears the general causes of occupational stress for helping professionals involve role conflict and role ambiguities (Cooper & Dewe, 2004). Scholarly literature on individual experiences of stress and burnout in helping professionals occurs from multiple sources, including personal, occupational and organizational factors.

The related literature on several helping professions provided insight into how LADCs might experience stress, since few studies of LADCs appeared in the literature. The review

described the occupational hazards associated with work in the helping professions and also the organizational factors likely to affect employees working in challenging circumstances. I examined how LADCs experienced occupational stress to learn about how they make meaning of their experience and how leaders and organizations affect counselors' morale and performance related to stress.

Previous research has demonstrated employees in the helping professions prove particularly vulnerable to the experience of stress and burnout (Paton & Goddard, 2003). A great deal of research exists regarding job stress and burnout in the helping professions (Kirk-Brown & Wallace, 2004). However, when looking deeper at the stress and burnout experienced by professionals in these fields, many additional factors appear to be behind the general stress and burnout experienced by professionals (Kirk-Brown & Wallace, 2004). Recent reviews of the stress literature (Beehr & Newman, 1978; Beehr & Schuler, 1982; Van Sell et al., 1981) indicated few studies examined the linkages between understanding the causes of stress and experience and the sources of stress in organizational settings.

Furthermore, only limited attention has been devoted (Bedeian & Armenakis, 1981; Miles, 1964) to assessing empirically the causal relationships among sets of organizational, task, role, and individual variables posited in theoretical models of stress (Beehr & Newman, 1978; Caplan, Cobb, French, Van Harrison, & Pinneau, 1975; Cooper & Marshall, 1976; Kahn, Wolfe, Quinn, Snoek, & Rosenthal, 1964; McGrath, 1976).

My research question, "How do Licensed Alcohol and Drug Counselors (LADC) experience and make meaning of stress and burnout due to the occupational hazards associated with the profession?" addressed this gap in the literature previously identified and introduced a new area of research involving *how treatment settings and employment conditions* mitigate or

create additional stress and burnout among LADCs. Kegan and Lahey (2009) encouraged researchers to explore more fully theoretical foundations to explain stress and burnout for helping professionals. I identified four theories to explain experiences associated with stress and burnout.

Analytical Theory Related to Stress and Burnout

Four theories informed individual responses to stress and burnout as well as the conditions within organizations influencing the human response to stress in certain situations. They are role theory, self-determination theory, stereotype threat, and social cognitive theory. An explanation of each follows.

Role Theory

Barling et al. (2005) used role theory to explain occupational stress. A role, defined as a position in an organization, is a socially acceptable form of behavior. People basically learn how to “act” in their roles through communication by supervisors, coworkers, and subordinates (Barling et al., 2005, p. 10). Role theory involves socio-psychological stressors related to the characteristics and expectations of others who have a stake in one’s activities (Jex & Beehr, 1991).

This work role, by itself and in conjunction with other roles, may produce stress. Role theory, as the cause of occupational stress, comes from the influence and expectations of an assignment in a given setting. These influences and expectations result from past communication or role messages sent by others, not necessarily to the target person, and from actions taken by those who have had similar roles (McGrath, 1976). People who have a stake in another’s work role (the role senders), such as supervisors, managers, co-workers, subordinates, interact with the role receiver regarding a specific task. Role stressors are more often considered

to be characteristics of the social system (Jex & Beehr, 1991). Members of a social system consist of those who have a stake in the incumbent's role and communicate demands, constraints, or opportunities that may or may not be achievable to individuals attempting to perform the role (Jex & Beehr, 1991).

Whether the incumbent of the role has the resources to cope with those stressors influences success in the role and experiences of stress. Thus, individual differences with regard to performing the role may potentially serve as a factor in generating stress. Stressors emanating from one's role often require individuals to cope with the expectations (or lack of expectations) communicated (Jex & Beehr, 1991). The "receivers" of the role message may perceive it as overly demanding of their time and skills, creating strain (Beehr, 1976).

Strain comes from cognitive interpretation of environmental stressors (Lazarus & Folkman, 1984). For instance, individuals might see an important goal threatened by their inability to meet a performance standard. This may lead to increased symptoms of burnout (Lazarus & Folkman, 1984). These circumstances cause role conflict and role ambiguity, the most frequently measured causes of work stress (Cooper & Dewe, 2004).

Role Conflict

Role conflict has been defined as two or more sets of incompatible demands concerning work issues (Bacharach, Bamberger, & Conley, 1990; Beehr, 1995). Specifically, these demands may be between the expectations placed on a worker by concerned parties or by the interface between two or more roles of the same person (Cooper, Cooper, & Eaker, 1988; Perterson et al., 1995). Rizzo et al. (1970) maintained role conflict also exists when organizational requirements clash with personal values and obligations to others, referred to as "person-role" conflict (Kahn et al., 1964; Cooper et al., 1988; Behr, 1995). Role conflict may be experienced when

individuals attempt to fulfill expectations and when doing so causes individuals to deviate from performing or behaving according to the same role sender's other set of expectations. Role conflict appears to be most prevalent when two or more people or groups expect different kinds of behaviors (Rizzo et al., 1970). This can even occur because the person simultaneously holds multiple roles.

A commonly studied type of role conflict concerns work and family roles. According to Frone (2003), family dissatisfaction, absence of workers from their families' lives, and poor performance in one's family role occur when work problems transition to the family domain. Increased demands at work or home tend to exacerbate work-family conflict (Frone, 2003). Meeting the demands from one domain reduces time and energy available to function in the other domain and thus tends to create conflict when individuals seek to function effectively in both domains (Ruderman, Ohlott, Panzer, & King, 2002). Some of the factors contributing to work and family demands include hours spent at work, job stress, family stress, number and age of children, elder care, spousal employment, and marital status (Frone, 2003). Increased demands with no clear instructions also produce role ambiguity.

Role Ambiguity

Role ambiguity is defined as the lack of clarity about duties, objectives, and responsibilities concerning an employee's job (Beehr & Glazer, 2005). Others subsequently added that role ambiguity is an objective situation at work in which there is insufficient, misleading, or restricted flow of information pertaining to one's work role (Beehr, Cooper, Terborg, as cited in Pearce, 1981).

The lack of clarity about duties may be due to an inadequate understanding of colleagues' work expectations of job behaviors (Cooper et al., 1988; Peterson et al., 1995). Changes in

technology, social structures, and new personnel create role ambiguity (McGrath, 1976). Some of these changes occur due to events in the environment outside the organization affecting work-related role ambiguity inside the organization.

Role Overload

Another type of role conflict involves role overload caused by too much work, time pressures, and deadlines (Sofer, 1970) and lack of personal resources needed to fulfill duties, commitments, and responsibilities (Peterson et al., 1995). Role overload results from an inability to fulfill organizational expectations (assigned tasks) in the time available (Kahn, 1980). Role overload also occurs when employees lack qualifications to do the tasks well, regardless of how much time they have (Beehr, 1985; French & Caplan, 1973). While the volume of research on role theory may be significant, the impact of role conflict and role ambiguity would be better understood by exploring the moderating influence of individual and organizational variables (Van Sell et al., 1981). Stress occurs from role conflict due to a lack of coping skills (Savicki & Cooley, 1982).

Role theory describes socially acceptable forms of behaviors within a given context. People learn their roles through communication with supervisors, managers, and coworkers. Through conflict, ambiguity, and overload, one's role may produce stress. This stress produces bad feelings along with physical and behavioral consequences (Jex & Beehr, 1991). These consequences require individual motivation for maintaining work responsibilities.

Motivational theorists Elliot and Dweck (2005) described motivation as the application of energy and direction for behavior in achievement situations to gain feelings of competence. Coping strategies associated with psychological stress derives from the lack of external

motivation (Eden, 1990). A description of “core” motivational theories as applied to stress and burnout follows.

Self Determination Theory

Self-determination theory (SDT) serves as a broad-based theory (Vansteenkiste & Sheldon, 2006) which has been under development for more than 30 years. SDT specifies causes for human thriving (Vansteenkiste & Sheldon, 2006). To comprehend SDT, Deci (1995) maintained “self determination is to feel a sense of personal determination; people need to feel that their behavior is truly chosen by them rather than imposed by some external source” (p. 31). When people feel they chose a behavior, this becomes intrinsic motivation (Deci & Ryan, 2000). Intrinsic motivation appears to provide the SDT’s main foundation. The concept of intrinsic motivation was first introduced by Harlow, Harlow, and Meyer (1950) when they discussed that monkeys displayed great resistance to the extinction of manipulation behaviors, thus implying the behaviors were intrinsically motivated and did not represent an instance of secondary reinforcement. Deci (1975) also discussed intrinsic motivation as the spontaneous feelings of interest and enjoyment occurring when one engages in the activity. In human action, although the source of individual behavior may be social, relational, or located outside the person, in most accounts of motivation, it is an inside entity and includes feelings of interest or enthusiasm (Elliot & Dweck, 2005).

SDT’s universal necessities may be distinguished by three distinct psychological needs, including the needs for competence, autonomy, and relatedness. Elliot and Dweck (2005) described feeling competent as important for both extrinsic and intrinsic motivation. Whether behavior is instrumental (serves a goal) for extrinsic outcomes, such as employment bonuses and promotions, or for intrinsic outcomes, such as enjoyment of the task and feelings of personal

accomplishment, people must feel sufficiently competent at the instrumental activities to achieve their desired outcomes. Achieving extrinsic goals depends on being able to meet competency requirements (Deci & Ryan, 2000). A certain level of performance quality must be met to achieve the extrinsic outcome, such as a job promotion.

Intrinsic motivation requires competency of a different sort: individuals may need to become competent to enjoy the activity rather than to gain a promotion (Deci & Ryan, 2000). The need for competence pulls people to explore and try to master the environment (White, 1959). Humans actively seek challenge, a propensity which contributes to their growth and skill development, to adapt to the changing world around them (Deci & Ryan, 2000). In contrast, when people receive little opportunity to master the environment or when their sense of competence is not supported, they are less likely to perform at an optimal level (Baumeister & Leary, 1995). Competence is essentially a by-product in terms of people's intentions; it develops as they do what they find interesting and fun (Baumeister & Leary, 1995).

SDT maintains people also have a need for autonomy. Beyond feeling competent or effective with their behavior, people also benefit from experiencing a sense of "choicefulness and authorship" (Baumeister & Leary, 1995, p. 71). Social environments also need to nurture individuals' need for autonomy. Deci and Ryan (2000) argued the need for autonomy provides many advantages, including the ability to better regulate one's thoughts, actions, and emotions. To the extent that behavior is not autonomous, it is controlled, and there are two types of controlled behavior: compliance and defiance (Deci, 1995). The first type involves compliance: doing what you are told to do because you are told to do it. The other response to control involves defiance: doing the opposite of what you are expected to do just because you are expected to do it. Compliance and defiance exist as complementary responses to control (Deci,

1995). The desire for autonomy causes individuals to act volitionally, with a sense of choice, flexibility, and personal freedom (Deci, 1995).

Third, SDT maintains a need for relatedness. People seek close relationships with other people and try to achieve a sense of belongingness with other people (Baumeister & Leary, 1995). Consequently, they seek supportive, caring relationships in which their feelings, thoughts, and beliefs are respected (Vansteenkiste & Sheldon, 2006). For instance, if an alcoholic experiences a strong sense of caring and commitment from her husband, her ability to achieve the desired change will be enhanced. Humans engage in mutually supportive relationships to help them through times of hardship (Deci & Ryan, 2000).

SDT theory identifies competence, autonomy, and relatedness as important needs for optimal functioning (Vansteenkiste & Sheldon, 2006). Recent studies have shown that each need uniquely predicts positive outcomes with performance and psychological well-being (Baard, Deci, & Ryan, 2004; Filak & Sheldon, 2003; La Guardia, Ryan, Couchman, & Deci, 2000; Reis, Sheldon, Gable, Roscoe, & Ryan, 2000). By considering and providing for human psychological needs such as competence, autonomy and relatedness, organizations may strengthen employee functioning and well-being. In the next section, SDT and the need to experience autonomy were applied to employee performance.

Applying SDT to Employee Performance and Autonomy

Job autonomy facilitates the time necessary for learning and development, which in turn improves job performance (Wall & Jackson, 1995). Cordery (1997) argued the necessity of differentiating the importance of three dimensions of job autonomy: (a) method control as defined by the amount of discretion one has over the way in which work is performed, (b) timing control in terms of the influence one has over scheduling of work, and (c) discretion in setting

performance goals. He found four interrelated dimensions affecting autonomy, namely the extent to which the supervisor (a) provides clear attainable goals, (b) exerts control over work activities, (c) ensures that the requisite resources are available, and (d) gives timely, accurate feedback on progress toward goal setting.

A phenomenological study of stress and burnout requires an understanding regarding how human needs and the conditions of employment productivity and well-being affect employee performance and morale. Role and SDT theories provide a method to understand the experience of those working within the field of addiction.

Stereotype Threat Theory

Every job involves being judged by other people. However, anxieties may be heightened for those employees who are members of a negatively stereotyped group (Roberson & Kulik, 2007). Stereotype threat refers to the concern that one's actions can be seen through the lens of a negative stereotype (Croizet & Claire, 1998) and yields many negative consequences, including underperformance, ill health, and reduced interest in life (Shapiro, 2011).

Stereotype threat theory describes the psychological experience of a person who, while engaged in a task, possesses awareness of a stereotype about his or her identity group, suggesting that he or she will not perform well on that task (Roberson & Kulik, 2007). This awareness has a disruptive effect on performance, ironically resulting in the individual confirming the very stereotype he or she wanted to disconfirm (Kray, Thompson, & Galinsky, 2001). Stereotype threat places an additional burden on members of stereotype groups (Roberson & Kulik, 2007). They feel "in the spotlight," where their failure would reflect negatively not only on themselves as individuals but on the larger group (Roberson & Kulik, 2007, p. 26). Understanding risk and

experience of stereotype threat considers two forms of stereotype threat: self-concept and group-concept threat (Roberson & Kulik, 2007).

Self-concept threat is a self-as-source, self-as-target stereotype threat. Self-concept threat conceptualizes fear of stereotypic characterization in “one’s own eyes,” the fear of seeing oneself as possessing the negative stereo trait (Shapiro, 2011, p. 465). For example, James, a Black male, might fear poor performance on an academic exam will support the hypothesis of poor performance by virtue of his race, making him appear less intelligent than his White classmates (Shapiro, 2011, p. 465). To experience self-concept threat, individuals must believe the stereotype might be true. Recognizing that individuals belong to a group or that others label them as belonging to a group is not the same as psychologically “identifying” with that group (Shapiro, 2011, p. 465).

Conversely, group-concept threat conceptualizes the group as target of stereotype threat. To experience group-concept threat, one must identify with one’s group. In addition, similar to self-concept threat, individuals need to believe the stereotype could be true to the stereotype (Shapiro, 2011).

Stereotypes are contained in the culture and reinforced outside the work setting (Brief, 1998). Until society changes, people will continue to hold stereotypes about different groups (Roberson & Kulik, 2007). However, to start, stereotypical attitudes from managers and employees need to be addressed in order to reduce the impact of stereotype threat on affected employees (Roberson & Kulik, 2007). I next discuss social cognitive theory.

Social Cognitive Theory

The social cognitive theory (SCT) explains how people acquire and maintain certain behavioral patterns through personal, behavioral and environmental influences (Bandura, 1997).

SCT is rooted in a view of human agency in which individuals are agents proactively engaged in their own development (Dweck, 2005). Central to this sense of agency is the fact that individuals possess self-beliefs that enable them to exercise a measure of control over their thoughts, feelings, and actions (Bandura, 1986), which are all based on self-efficacy.

Self-efficacy

There is a growing body of evidence that human attainments and positive well-being require optimistic sense of personal efficacy (Bandura, 1986). Self-efficacy beliefs affect thought patterns that may be self-aiding or self-hindering (Bandura, 1989). These cognitive effects take various forms. However, much human behavior is influenced by goals people set for themselves. People must draw on their knowledge to generate hypotheses about predictive factors and test judgments about outcomes (Bandura, 1989).

Facing judgmental failures requires a strong sense of efficacy to remain task oriented (Bandura, 1986). People who believe strongly in their problem-solving capabilities remain highly efficient in their thinking in complex situations. People's perceptions of their efficacy also influence the types of anticipatory scenarios they construct. Those who have a high sense of efficacy visualize successful scenarios (Bandura, 1989). Those who question their coping efficacy are more likely to distrust their positive experiences than to risk encounters with threats they think they cannot adequately control (Bandura, 1986). In other words, people do not attempt to complete a task out of fear of an unsuccessful outcome. However, when experience contradicts firmly held judgments of self-efficacy, people may not change their beliefs if they discount the importance of the experience (Bandura, 1989).

The external environment influences self-efficacy. Individual effort matches individual efficacy belief (Bandura, 1989). When faced with difficulties, people slacken their effort by self-

doubt (Bandura, 1989). Self-efficacy beliefs also help determine how much effort people will expend on an activity, how long they will persevere when confronting obstacles, and how resilient they will be in the face of adverse situations (Schunk, 1995). High self-efficacy helps create feelings of serenity in approaching difficult tasks.

In summary, the literature review combined four theoretical frameworks, (1) role, (2) self-determination, (3) stereotype threat, and (4) social cognitive theory, to inform the experience of stress and burnout by LADCs. They also informed coping strategies utilized to mitigate and manage stress. In the next chapter I describe my methodology, including the reasons for adopting qualitative research and phenomenology to conduct my study of how individuals experience stress and burnout in the addiction field.

CHAPTER THREE

METHODOLOGY

Engaging in systematic inquiry about applied social services involves choosing a study design that corresponds with the research question (Merriam, 2009). I adopted the qualitative research tradition, using a phenomenological approach, to examine the experiences of stress and burnout by Licensed Alcohol and Drug Counselors (LADC). I identified key qualities of the phenomenon of stress as uniquely experienced by LADCs, learning how they manage and make meaning of this experience as an occupational hazard common to those working in the helping professions. I explored how the challenges associated with working in different treatment settings and organizations may affect counselors' experience of stress and burnout.

To answer my research question, I identified definitions, causes, and outcomes of stress and burnout as experienced by LADCs. I explored how these experiences relate to their work roles and responsibilities. The following section describes the relationship between my research question, the selected method and details regarding how I conducted this study. I first describe qualitative research and phenomenology as the approach adopted within qualitative research.

Qualitative Research

Qualitative research provides an understanding for how people interpret their experiences, their worlds, and the meaning behind their experiences (Merriam, 2009).

Qualitative research encompasses a number of philosophical orientations and approaches (Merriam, 2009). Qualitative research aids in creating meaning for participants, examining how participants' reality is impacted by the unfolding events surrounding them (Maxwell, 2005).

In my study, qualitative research was used to understand how and why LADCs experience stress and burnout.

Qualitative research is an effort to understand situations in their uniqueness as part of a particular context and the interactions there. This understanding is an end in itself, so that it is not attempting to predict what may happen in the future necessarily, but to understand the nature of the setting, what their lives are like, what's going on for them, what their meaning are, what the world looks like in that particular setting, and to be able to communicate that faithfully to others who are interested in that setting. (Patton, 1985, p. 1)

Qualitative research understands the phenomenon of interest from the participants' perspectives, not the researcher's perspective. Thus, qualitative research is an ongoing process that involves "tracking" back and forth between the different components of the design (Maxwell, 2005, p. 3). Maxwell (2005) defined the term "meaning" to include cognition, affect, intentions, and anything else that can be encompassed as the participant perspective (p. 22). Three characteristics distinguish qualitative research methods: (1) the researcher serves as the primary instrument of data collection and analysis, (2) the process is inductive, and (3) the product is richly descriptive (Merriam, 2009).

The first characteristic of qualitative research involves the researcher's role as the primary instrument for collecting and analyzing data (Merriam, 2009). As such, he or she processes, clarifies, and summarizes information immediately. However, shortcomings exist with the researcher as the primary instrument. Subjective views or biases can prove problematic. While Merriam (2009) stated it may be impossible to eliminate biases, identifying and monitoring bias may shape collection and analysis of data.

The inductive nature of the process addresses the second characteristic of qualitative research. An inductive process allows researchers to gather data to build concepts, hypothesis, or theories rather than deductively testing hypothesis as in positivist research (Merriam, 2009). Qualitative study proves useful by exploring ways to understand experience where theories fail to explain a phenomenon (Merriam, 2009).

Last, the product of a qualitative inquiry is richly descriptive (Charmaz, 2006). This means words and pictures, rather than numbers, are used to convey what the researcher has learned about a phenomenon (Merriam, 2009). Researchers generate strong theories with rich data, often from gathering several kinds of data, including field notes, interviews, and information in records and reports (Charmaz, 2006).

In sum, qualitative research promotes a deep understanding of a social setting or activity as viewed from the perspective of the research participant (Bloomberg & Volpe, 2008). By specifically using phenomenology, I explored, discovered, and described the experiences of stress and burnout for LADCs.

Phenomenology

I selected phenomenology as a primary method within the qualitative research tradition (Creswell, 2003). Phenomenology is both a twentieth-century school of philosophy and a type of qualitative research (Merriam, 2009). From the philosophy standpoint, phenomenology focuses on the experience itself and how experiencing something is transformed into “consciousness” (Merriam, 2009, p. 24). In fact, Schram (2003) defined phenomenology as “the study of people’s conscious experience of their life-world, their everyday and social action” (p. 71). The nature of “lived experiences” interests phenomenologists (Van Manen, 1990, p. 9). This type of study seeks to describe rather than explain and attempts to avoid forming a hypothesis or holding preconceptions (Husserl, 1970). Phenomenology methods effectively bring to the forefront the experiences and perceptions of individuals (Merriam, 2009).

A variety of methods to gather data may be used in phenomenology, including interviews, conversations, participant observation, action research, and focus meetings or groups.

For this study, phenomenology provided a method to explore stress and burnout experienced by LADCs, and the primary method of data collection is the phenomenological interview.

UST Institutional Review Board Permission and Guidelines

I gained permission to conduct my study from the University of St. Thomas Institutional Review Board. The application ensured the protections of persons involved in my study, including informing them of the voluntary nature of the study, assurances of confidentiality, and storage of data files.

I recruited volunteer candidates by accessing contacts from my professional network. I have worked in the field of rehabilitation for 26 years. This afforded me a professional network of LADCs with various lengths of experience working in diverse treatment settings: treatment programs and treatment programs in controlled setting. Utilizing this network, I used the snowballing sampling technique (Nardi, 2006) to explore the phenomenon of stress and burnout experienced by LADCs. Snowballing as a sampling technique allows the researcher to identify a handful of participants through personal contacts or organizations (Nardi, 2006) and then gain access to others who may agree to participate in the study (see Appendix A Participant Information Form).

Research Sample

To conduct this study, I interviewed 15 Licensed Alcohol and Drug Counselors (LADC) from a Midwestern state. Participants were required to have at least one year of counseling experience and may have also served in supervisor positions with previous counseling experience. The selection incorporated a range of experience from those engaged in the early stages of their careers to “seasoned” counselors.

I have worked in the field of rehabilitation for 26 years. This afforded me a professional network of LADCs with various lengths of experience working in diverse treatment settings: treatment programs and treatment programs in controlled setting. Utilizing this network, I used the snowballing sampling technique (Nardi, 2006) to explore the phenomenon of stress and burnout experienced by LADCs. Snowballing as a sampling technique allows the researcher to identify a handful of participants through personal contacts or organizations (Nardi, 2006) and then gain access to others who may agree to participate in the study.

Pseudonym	Age	Ethnicity	Years of LADC Experience	Treatment Setting
Shelly	44	European American	4	Adult treatment program (supervisor)
John	61	European American	28	Adult treatment program (supervisor)
Victor	61	African American	24	Juvenile treatment program in controlled setting (supervisor)
William	55	European American	1	Adult treatment program
Scott	58	European American	5	Adult treatment program
Barb	30	European American	5	Adult treatment program (supervisor)
Nancy	51	European American	3	Adult treatment program
Mark	59	European American	7	Adult treatment program
Roy	63	Japanese American	21	Adult treatment program
Tom	42	Somali American	6	Adult treatment program
Cheryl	57	African American	18	Adult treatment program (supervisor)
Susan	53	European American	18	Adult treatment program in controlled setting
Paul	60	African American	14	Adult treatment program
Darryl	54	African American	12	Adult treatment program
Kathy	36	European American	16	Adult treatment program (supervisor)

Table 1. Participants

Interview Protocol and Questions

I explored my own experiences with the phenomenon of stress and became aware of personal prejudices, viewpoints, and assumptions (Maxwell, 2005). I then conducted interviews based upon a phenomenology perspective, stimulating responses from the interviewees (Merriam, 2009). I adopted a type of interviewing that Charmaz (2006) defined as intensive interviews: “An intensive interview permits an in-depth exploration of a particular topic with a person who has had the relevant experience” (p. 25).

My master’s degree in counseling as well as my years of experience prepared me to conduct interviews successfully. As a researcher, I gained the trust of interviewees by reviewing the process and employing effective communication strategies, encouraging participants to describe and reflect on the meaning and experience of stress. I planned a set of semi-structured interview questions, designed as an open framework, which allowed focused, conversational, two-way communication (Merriam, 2009).

I reviewed the voluntary nature of the study, protections, and provisions made for security of the data prior to obtaining consent. I established a date and time for the interview and provide a copy of the consent form and interview protocol for review prior to the interview. I recorded the interviews and took measures to protect the privacy of participants. I kept the data in my home office in a locked file cabinet and will destroy the data 18 months following the IRB approval date. No one will have access to the data, and I used codes on interview transcripts and pseudonyms to protect the identity of the participants.

I used a warm-up phase to allow participants to feel comfortable and describe their professional work experience. I then asked for specific responses to their experiences to stress and burnout and finally asked participants to share several stories regarding “critical incidents”

(Denzin & Lincoln, 2000) to capture a more complete picture of a stress experience and its impact. I adopted the following sequence of questions.

Warm-up Questions

- Tell me about your personal history and experience with regard to becoming and being a LADC.
- Please briefly sketch the details of your career.
- How did you get involved?
- How did you come to do this kind of work?
- Please explain or define stress.

Personal History Questions

- How do you typically manage stress in your life?
- What circumstances typically create stress for you?
- What strategies have you adopted to manage or mitigate your stress?
- How has personal stress affected you?

Occupational Questions

- How do the occupational demands of work related to working with clients and/or employees affect your experience of stress and burnout?
- What circumstances typically create stress for you?
- What strategies have you adopted to manage or mitigate your occupational stress?
- How has occupational stress affected you?

Organizational Questions

- How do the circumstances of employment and participation in an organization affect your experience of stress?

- What organizational circumstances typically create stress for you?
- What strategies have you generally adopted to manage or mitigate stress from your organization?

Critical Incidents (Denzin & Lincoln, 2000)

- Describe a particular situation(s) or event(s) representative of your experiences of occupational stress.
- Briefly sketch the circumstances and context involving stress.
- What happened to you, and how does this story help explain your response to stress?

I followed these questions with probes to clarify answers and prompt reflection on the experience. In addition, I called participants back with additional questions for a more detailed data analysis.

Data Collection and Analysis

Since phenomenology research generates a large quantity of data, analysis is the most crucial aspect of qualitative research. Two chief strategies, memo writing and analytical coding analysis, were used for qualitative analysis (Maxwell, 2005).

Writing Memos

Writing memos develops ideas (Maxwell, 2005). Memo-writing refers to “any writing that a researcher does in relationship to the research other than actual field notes, transcription, or coding” (Maxwell, 2005, p. 12). It helps with understanding the topic, setting, or study (Maxwell, 2005). Thus, memo writing involves the “pivotal intermediate step between data collection and writing drafts of papers” (Charmaz, 2006, p. 72). In addition, memos can trigger thinking processes and become the written version of an internal dialogue during the research (Bloomberg & Volpe, 2008). A memo may range from a brief marginal comment on a

transcription or a theoretical idea recorded in a field journal to a full analytic essay (Maxwell, 2005). I used memo writing to identify degrees, causes, and outcomes of individual stress and burnout experienced by LADCs.

Analytical Coding Analysis

Coding refers to categorizing segments of data with a short name that “simultaneously summarizes and accounts for each piece of data” (Charmaz, 2006, p. 43). Analytical coding goes beyond descriptive coding; it is coding that comes from interpretation and reflection on meaning (Merriam, 2009). I carefully reviewed transcripts and identified codes likely related to the causes of stress and individual responses to this experience, such as psychological, physical, and behavioral responses to stress.

Following each interview, I promptly wrote memos, which included my observational comments, initial perceptions, and reflections. “Each interview, set of field notes, and document needs identifying notations so that you can access them as needed in both the analysis and the write-up of your findings” (Merriam, 2009, p. 173). After I conducted interviews, I reviewed transcripts and identified initial codes, categories, and themes. I developed a model to describe my findings and used participant responses to identify and describe the major themes within the study.

I then used four theories—role theory, self-determination theory, stereotype threat theory, and social cognitive theory—to analyze my findings. Theories contributed to understanding the reasons for stress as well as the coping strategies used to mitigate or reduce stress.

The process of data collection and analysis carefully observes ethical standards for qualitative studies.

Ethical Issues and Evaluative Criteria for Qualitative Studies

This study evaluated ethical and legal considerations. Potential for harm and threats to privacy could arise in the process of sampling and analyzing data. Confidentiality needs to be emphasized when information identifying respondents can be linked to their specific answers (Nardi, 2006; see Appendix B Confidentiality of Data Form). Connecting any identifying information with research participants eliminates anonymity.

Therefore, pseudonyms replaced names of LADCs, and their organizations were kept confidential. Furthermore, I provided all participants with a consent form describing the purpose of the study, research goals, and data collection process. In qualitative research, the researcher represents the reality of the situation and persons studied (Bloomberg & Volpe, 2008). Consequently, Guba and Lincoln (1998) propose various criteria for evaluating the trustworthiness of qualitative research, including credibility, dependability, and transferability (see Appendix C Informed Consent Process Form).

Credibility refers to whether the researcher accurately represented participants' thoughts, feelings and actions (Bloomberg & Volpe, 2008). Credibility parallels the criterion of validity in quantitative research (Bloomberg & Volpe, 2008). I ensured credibility by utilizing a systematic search for explanations and interpretations of how participants experienced stress and burnout (Bloomberg & Volpe, 2008; see Appendix D Risks and Benefits Form).

Dependability refers to whether one can track the processes and procedures used to collect and interpret data (Bloomberg & Volpe, 2008). Transferability refers to more than whether the study includes a representative sample. Rather, it involves how well the study has made it possible for the reader to decide whether "similar processes will be at work in their own setting and communities" (Bloomberg & Volpe, 2008, p. 79). I ensured dependability by

providing a detailed and thorough explanation of how data collection and analysis. My study offered transferability by provision of thick description (Denzin, 1989/2001) of stress and burnout experienced by LADCs. Thick description served as a vehicle for communicating a holistic and realistic picture (Bloomberg & Volpe, 2008).

Summary

I adopted qualitative research to address my question regarding how LADCs experience and make meaning of stress and burnout as an occupational hazard and condition of employment. I selected phenomenology within qualitative research to gain knowledge of the participant experience of a phenomenon—namely stress and burnout. Because qualitative research uses an inductive approach, my direction and experience shaped the results of this study (see Appendix E Lay Summary Form). I learned more about the experience of my colleagues and also contributed to this important area of research (see Appendix F Executive Summary Form).

CHAPTER FOUR

MAKING MEANING OF STRESS

I conducted a phenomenological study of stress and burnout as experienced by licensed alcohol and drug counselors (LADC) to help aspiring and current practitioners learn the “hazards” of the profession and identify ways to recognize and manage stress. Through my analysis, I found significant sources of stress in participants’ lives. The themes, including their struggle to manage difficult personal circumstances, and also considerable occupational or professional stress associated with the nature and conditions of their profession and work.

In this chapter, I first identify the causes of personal and professional stress. I then describe the meaning participants made regarding how stress affected their sense of well being and ability to perform their work. Beginning with causes of personal stress, participants identified money, caring for family, aging, and family-work conflict.

Causes of Personal Stress

Participants claimed a lack of money caused them personal stress because of their inability to pay for personal expenses and costs associated with professional advancement. Money stress included an inadequate salary as well as a lack of sufficient resources to pay student loans, care for loved ones, and save for retirement. Participants also identified low salaries and lack of compensation for professional work as a related issue.

Money Stress

Five out of the fifteen counselors identified the lack of money as an important cause of stress. Cheryl, a counselor working in a treatment program, described the difficulties in making ends meet. “Yes, [I experienced] financial stress because the pay is not great, the benefits aren’t great, and so . . . [I have] to rethink the way . . . [I] think about things. It can get stressful.”

Scott and Darryl, who both work at treatment programs and have experience, were disillusioned when financial stress was not relieved.

Some hoped to advance their career and salaries by going to college later in life, but student loans proved too expensive. Victor, who works in a controlled setting, stated finances create a fair amount of stress, particularly student loans:

They're relentless; I thought if I got [to] a certain age that they would just forgive it, but I just realized a year ago that they'll get your social security. So, that is creating a fair amount of stress for me.

Two counselors, John and Susan, shared financial challenges stemming from taking care of a spouse or parent. The financial strain appeared to be only one of several sources of stress associated with illness. Dealing with family illness and managing the financial costs associated with it proved challenging to more than one counselor.

John, a supervisor in a treatment program, described his wife's chronic illness and the way it affected him. John's wife experiences periods of remission and then relapse, allowing her to feel good sometimes and struggle at other times. John feels stress because he cannot control his wife's illness and its effects on him. "There's nothing I can do about it, and I don't like feeling powerless." Because his wife's illness has not permitted her to work full-time for the last decade, John does not feel that he has enough funds saved for retirement.

Susan, who works at a controlled treatment setting, described her financial strain associated with caring for her elderly mother. "I'd say that in the last [couple of years] . . . especially, [things] have been extremely stressful."

Both Susan and John felt challenged with caring for a family member. Even outside the family realm, individual stress derived from caring for family members appears to be most significant.

Caring for Others

Even with adequate resources, three participants described the stress created from caring for primary and extended family members. This included caring for birth or origin family members, such as parents and siblings, along with family created by birth and marriage, including spouses, children, and other relatives.

Victor experienced stress in the form of worry about his aging mother. Because Victor has no siblings, he feels responsibility to make sure his mother, 92 years old and living in New York, manages well in her old age. Victor described his mother as someone with remarkable health: “She’s doing great, she’s got that Lena Horne blood.” However, he knows the day will come when she will pass on, and “that will be . . . kind of like the last remaining bloodline family member that I have, and just being concerned about her, worrying about her, I mean, that creates a certain amount of stress.”

Susan, who cares for her aging mother, identified other ways, besides financially, she has been affected. “And sometimes financial, but that’s not been . . . [the entire problem]. [It is] more the caretaking, balance, emotional part of it; that’s [what has] been stressful.”

Nancy, who works at a treatment program, described her inability to end her significant involvement with her birth family.

My family creates stress for me. My family of origin. Yes, I’m 51 years old, and my family of origin still creates stress for me. And they’re not even in this state, but I love them very much, and so they’re able to create [stress]. . . . It stresses me out.

Caring for primary and extended family members as well as involvement with one’s birth family appears to create stress for some counselors. Caring for parents, generally, relates to the baby boomer generation, who finds getting older a challenge.

Aging

The participant sample represented varied years of experience; however, 90% of respondents were between 40 and 62 years of age, causing aging to be on their minds. Aging, as a cause of stress, was accompanied by a variety of physical changes, reduced capacity for performing work, and being preoccupied. Additionally, a dichotomy between older and younger counselors created a division between counselors and proved to be a significant cause of stress for older counselors.

Four participants identified aging as a cause of stress. Victor discussed mortality in reference to the ways the body changes with time, aging, pain, and physical challenges: “I’m a senior citizen now. I’m 61. The aches and pains . . . [have] become more prevalent.” Victor said sometimes just getting out of bed involves a struggle: “You’re thankful you can get out of bed, the aches and pains linger a lot longer.” Darryl, who has back problems, agreed, “My back is stress in itself.” He explained how adjusting his back to a comfortable position at work proves difficult. Susan, who works in a controlled setting, relates differently; she is the oldest person where she works and described how this causes stress:

Where I work you can retire at 55. So a lot of people that have worked here a long time, [their plan is to retire at 55]. That’s kind of their plan—if you’re over 55, that’s old, so I think it’s made me more aware of that.

Aging also uncovered an older-versus-younger counselor dichotomy. Two participants, Paul and William, identified working with younger staff as a cause of stress. Paul, who works in a treatment program, explained how college students who plan to be LADCs are taught today, saying, “I think that because I’ve been around for so long, I’m almost like a dinosaur, but I’m still trying to be flexible with new counselor[s] coming in.” He defined with clarity, “Younger workers fresh out of school . . . [come] in and think they know everything and discard people

with experience. [There is a] lack of experienced professionals.” Similarly, William, who works in a treatment program, stated his thoughts and concerns about the lack of maturity for this type of work, saying, “There’s a younger crowd of co-workers who act in less than mature ways.” This view of younger counselors and also concerns about aging contributed to stress among older counselors.

Balancing Work and Family Demands

The last cause of personal stress pertained to achieving balance between work and family. Stress associated with managing family relationships and responsibilities interfered with work or work problems and demanding caseloads interfered with family. Four participants identified work-family balance as a cause of stress.

Kathy, a treatment program employee, experienced difficulty separating work from her personal life. She described how being a mother and wife, working two jobs, keeping up with everything in her life, and trying not to fall behind caused stress. “Humm, because I know once you fall behind, that stress level increases even more.” Shelly, who works in a treatment program, expressed the “inability to wind down after being in the spotlight.” Two of the four participants described thinking and even dreaming about patients while at home with family members.

Darryl explained how the work itself can be stressful due to hearing some of the most “heart-wrenching stories day in and day out, and if I don’t have a way of purging myself of some of that stuff, some of it, I must admit, I do take home.”

Family-work conflict was described not only in terms of stress associated with taking concerns from work to home, but counselors also experienced stress when they took their personal concerns to work. Scott, who works at a treatment program, explained, “Generally

counselors struggle to leave their personal life at the door.” John agreed, “When counselors bring their own issues to work . . . [and] if someone is unable to care for him or herself, then how can they teach others about self-care?”

Kathy explained how family life affects other areas, “I think if there is ever conflict in relationships, whether it is with a spouse or with children, especially for women, I think that floods over into all areas of their life.” Susan described difficulties associated with increased work load:

So, if . . . [there is a good] amount of work or there’s a lot going on, I might experience . . . [stress and bring] . . . it home with me. [If I am] thinking about it, [and] letting myself [go back to work] . . . I’m at home, but I’m thinking about so-and-so, or things will come to me when I wake up in the night, and I’ll think, “I need to make myself a note so I remember to do that in the morning.”

Work-family conflicts and an inability to balance the demands of personal and professional roles created stress for many counselors. The stress from their inability to meet and balance these demands affects counselors as well as family members, coworkers, and the organization.

In summary, participants described causes of personal stress, including the lack of money, caring for others, aging, and an inability to balance family and work demands. Participants described how stress affected their performance at work and relationships with others at home. Next, I next describe sources of “occupational” (Hurrell, Nelson, & Simmons, 1998) or professional stress associated with performing work as a LADC.

Causes of Professional Stress

Another source of stress experienced by LADCs involved “occupational stress” (McCoy & Evans, 2005), generally described as the hazards associated with performing a particular work role and conditions found in the work environment. Referred to as professional stress, licensed

alcohol and drug counselors described four sources of occupational stress, including the stress associated with (1) documentation requirements and a lack of time to complete paperwork, (2) experiencing difficulty with clients, (3) managing relationships with co-workers, and (4) experiencing an organizational culture including adapting to change, management structure, lack of diversity, and racism.

Documentation Requirements and Time for Paperwork

Considerable time and effort must be expended to meet documentation requirements associated with case management. Requirements include provision of client rights and responsibilities, including informing clients of confidentiality requirements and documenting this process, developing an initial service plan, conducting a comprehensive assessment, writing an assessment summary, developing an individual abuse prevention and treatment plan, making progress notes, and writing a case summary with the termination of services. Counselors must also provide two additional contact sources of collateral information with relevant client information regarding assessments made.

Six participants described paperwork as a source of occupational or professional stress. They viewed the struggle to manage paperwork as being in competition with providing quality treatment experience to the patient. Participants simply lacked the time to do things well and expressed concern regarding how documentation standards and the associated paperwork took priority over helping clients.

Shelly described her anxiety with paperwork due to high standards associated with correctly completing and submitting case management documentation. “Documentation standards where I work can create stress because we have very high standards. . . . Sometimes it [the stress] feels like it was weighted more toward documentation than individual time with the

patient, which is a challenge.” Nancy expressed concern about having a high caseload and limited time to complete required paperwork, “I have to complete assessments, funding paperwork, and collaterals, which is very time-consuming.” Counselors were challenged with completing required documentation, and in some cases, chose to spend time with their clients instead.

Roy, who works at a treatment program, felt overwhelmed by the volume of paperwork. “The paperwork is endless and continually changing; I feel buried in it and cannot get organized.” Darryl’s inability to understand and use technology effectively contributed to stress associated with paperwork.

I’m not the most proficient “typer,” so most days when I show up here, I’ve already started manufacturing stress because I start looking at . . . [the computer], [and I think] “Oh, God, I know I’ve got to type.”

Cheryl viewed paperwork requirements as an unrealistic expectation for counselors. “I mean the documentation that . . . [I have to complete], it’s just ridiculous, and so I’m very verbal about that.” Susan viewed decisions about completing paperwork in the context of managing all the stress associated with work performance, and sometimes simply failed to complete it. “When I’m feeling stressed just with work or the amount of work, where I pay the price or what I let go of is paperwork.”

Documentation standards compete with the face-to-face time available to meet with clients. Managing case files and providing the documentation served as one source of professional stress. Experiencing difficulty with clients served as another source of stress.

Experiencing Difficulty with Clients

Experiencing difficulty with clients caused occupation stress due the increased time and demands associated with clients in crisis, including concerns regarding (1) chronic relapse, (2)

mental health issues beyond those associated with treatment and recovery for alcohol and drug addiction, and (3) noncompliant behavioral issues with regard to participation in treatment and recovery.

Chronic relapse indicates a client history and current behavior illustrating little to no coping skills to prevent relapse to substance abuse. Mental health issues include psychiatric and emotional/behavioral conditions and complications that challenge the client's ability to reach treatment objectives. Noncompliant behavior includes attendance, disruptive behavior, and overall noncompliance with treatment rules and guidelines.

Six participants identified experiencing difficulty with clients as a cause of professional stress. A client in relapse creates a crisis situation and high demands for client intervention and care. Shelly explained the increased demands: "Like a patient goes missing or someone show[s] up intoxicated. So you just [think, I am] always having to juggle [responsibilities] when there is a crisis, so that is stressful."

When clients fail to attend their treatment program (an early indicator of relapse), Scott, who works in a treatment program, uses a high school metaphor to explain his stress regarding client attendance issues:

You really start feeling like a vice principal in high school. I would rather not be doing this stuff, tracking them, and having to confront them and talk to them about [it], and give those warnings and attendance contracts and all that.

For client participation and noncompliant behavioral issues, Kathy claimed, "This is even more frustrating when you find out they have been lying to you all the time." Similarly, Cheryl asserted, "Sometimes it's hard to have sympathy towards clients or relate to them." Counselors described frustration working with people who will not accept and receive the help offered.

Mark emphasized, “There is a disconnect in trying to identify how efficient my work is and coming to terms with thinking of clients as works in progress, not finished products.”

Tom, who works at a treatment program, has a “caseload like 16, 17, 18 clients who are really [chronically] addicted, [suffering from chronic mental illness] . . . [and chronically] homelessness, and clients you cannot help.” Tom described the initial trouble as unqualified personnel making decisions to accept clients without an adequate “intake screening.” “They don’t do the screening [well], they bring in the client, I deal with the client. . . . [They tell me] this is the file, this is the client, [and] so I don’t have a choice.”

Tom believes that if he worked in another treatment setting this would not happen. “I wish I had my own private practice, so I could choose who I work with.” Mark described his difficult experience working with clients by emphasizing an inability to work successfully with all clients:

If I get to a point where a client is really stressing me or I’m not connecting with him, I am perfectly okay with handing that client off to somebody else. I’m not that territorial where I think I can fix everybody because I know I cannot.

Experiencing difficulty with clients creates stress for many counselors. This stress is compounded by paperwork demands. Counselors spend more time with these clients, but their allocated time for addressing the client’s needs remains the same. The added stress adds another challenge: working with co-workers.

Managing Relationships with Co-Workers

Counselors described how relationships with co-workers become strained due to workload. Excessive workplace demands proved detrimental to building relationships with colleagues due to the limited time available to get to know each other. Three counselors identified relationships with co-workers as a cause of stress, finding some co-workers more difficult than others. “There are just really different personalities, and so you I think you spend

so much time with the people you work with, and sometimes they get irritating and frustrating, and, I don't know, that creates some stress," explained Kathy. Tom described workplace demands' interference with forming relationships:

I don't have much stress with them [co-workers]. Everybody has their own office; they sit in front of their computer, so I think everybody [is] here, my co-workers, everybody is busy. We don't even have the time to socialize, and we don't even have time to talk to each other. So really, sometimes I feel bad, [so] I go to some of my colleagues' office[s].

Mark claimed these strained relationships are hindered by employees' own personal issues because a lot of them are recovering addicts. He explained his co-workers are good people, but there is the "addiction piece and their histories, there are relationship issues, there is stuff going on and sometimes I find myself taking on some of their [coworker] stuff" because they need somebody to talk to.

Susan described this as "bad vibes between people and the culture." Cheryl provided several reasons for dysfunction at work, including "insufficient training, people not carrying their weight, picking up the slack of others, [and] not having an adequate amount of workers compared to the work load." As with other causes of stress, relationships with co-workers are interrelated with other stressors, such as paperwork and difficulty with clients. As stated, these issues do not allow ample time for staff to get to know and support each other or resolve issues. Ample communication time amongst various staff levels is at the core of the next theme, organizational culture.

Organizational Culture

The last cause for professional stress is organizational culture, which specifically includes (1) adapting to change, including communication about change, fears associated with job loss, and conflicts in professional values, (2) management structure and excessive bureaucracy, which

links to clients not receiving needed resources, and (3) a lack of diversity in the work environment and racism.

Adapting to change. Five counselors identified adapting to change as a source of stress. Shelly described her anxiety with not knowing what will happen from day to day with her job as a result of continual change. “Stress can create fear and uncertainty due to organizational changes that happen often.”

Scott explained how organizational change takes its toll: “Organizational changes create a lack of inspiration and team work, lack of respect and trust, unexpected or unknown [changes], and the second guessing of oneself.” He sees many changes as conflicts between money and service: “There is always a conflict between being a client emphasis versus making money [emphasis for the] organization.”

Barb agreed with Scott, identifying this conflict as a common problem. “People in power have different opinions on treatment practice, qualitative and quantitative workloads.” Nancy saw a conflict between providing care and holding down costs. “On one hand we are expected to keep high standards and individualized treatment, but then [we are] reprimanded for spending too much time with clients.” Part of this complexity lies within the organizations’ management structures.

Management structure and excessive bureaucracy. Problems with management structure include reporting to too many managers and excessive bureaucracy. Seven counselors identified management structure as a cause of stress.

Tom described this problem:

[There are] too many managers and people working on the same thing. . . . [There are] too many people [working] on this file, [the] client file, and too many people involved. I have at least more than 20 people here telling me what to do with this file.

Mark explained the trouble with having multiple people to report to. “It’s a self-defeating bureaucracy, spending more time figuring out how to do something rather than just doing it.” He claimed that with so many managers, there are also many “assistants, assistants, assistants,” which requires him to go through a chain of command to get anything done. Mark recalled an earlier time in his career, when things seemed easier:

I mean, [in] the old days where you could walk in and knock on somebody’s door and say, “I need this done,” and it would be done within a half an hour. It’s almost getting to a point where you need to have a meeting to have a meeting.

Susan, who works at a controlled treatment program, described a tense organizational culture. “Regulations create tension in the workplace, [and an] air of distrust,” and regulations are largely ignored by management. Thus, Susan finds herself bringing up issues and being direct with others but avoiding disputes. In addition, she described the atmosphere within a controlled treatment environment:

I’ve had times where I’ve sort of dreaded going in [to work in] the morning. That hasn’t been ongoing, but I can remember a period of time where it was sort of just like, “Oh, I hate walking in here.”

Susan believes that in such a treatment setting, management should create an atmosphere to address this type of environment and low morale.

Kathy described her management structure: “Certain policies and procedures are unrealistic, and [managers] do not understand the actual way things are, hierarchy, not understanding the realistic challenges they face when working with clients.” John described his challenges working in two different work environments with different job roles. He adapts to different routines to accommodate changes at work, and tries to work “between two locations that . . . [emphasize] distinctive routes of operation that are incongruent with each other.” John explained this specifically as “colliding views, various positions of power, inconsistencies, and

confusion . . . with working with a wide range of professionals that maintain very different, yet essential roles within the system.” John is stressed because he juggles multiple views while trying to offer respect.

Cheryl believes management can do a better job providing clients with access to resources. This creates stress for her. She discussed clients having extensive needs, including housing, medical, and mental health concerns. Her clients cannot get access to resources because resources have “dried up. . . . It is really, really hard as a person to see people in those places and there’s literally nothing you can do but be kind and encouraging.” Cheryl voiced a global view: “I think . . . [this issue is] more related to the lack of humanity in the world right now, the refusal to help people.” She explained this lack of humanity has not only affected her work but also how she works with people with diverse needs.

Racism and Lack of Diversity

The last causes of professional stress are racism and lack of diversity. This lack of diversity is attributed to a client base which is mostly people of color within a predominately white managerial environment. One-third of participants interviewed were people of color. Three participants described the lack of diversity in the workplace as racism and identified this as a cause of stress.

Racism creates a color consciousness for counselors, affecting an individual’s confidence regarding his or her ability to perform work successfully and challenging his or her qualifications and decisions.

Victor, a supervisor, described what this feels like when there is indirect and direct questioning of his qualifications and decision-making attributes. Additionally, he believes a subtle questioning of his abilities occurs due to his status as an African American in a position of

power. He tries to maintain his identity as an African-American professional while working in a predominantly white environment.

Paul further described, “I feel there is unfairness in relation to race, oppressive attitudes toward me as a black man, [there is a] lack of people of color in management . . . as [I am] a black man . . . that’s what I am first and foremost.” When Paul sees certain things, it brings up the “stuff” that he was brought up to look for to identify oppression, and so it brings a sense of stress. Paul shared his definition of racism: “Racism isn’t an individual thing, and it’s a systematic thing and an institution.” He defined racism as a group holding back services and goods from another group. He was adamant that racism existed in the counseling profession:

That’s what it looks like because there’s no people of color in management, and that bugs me, and it causes me to be stressed because it’s just what I was taught as a kid, and I want to bury my head and say, “Nah, that ain’t going on no more.”

Paul further discussed how younger “kids” who come into management could have a voice but “don’t say anything.” He tries to educate them on racism, saying, “America is built on capitalism and capitalism breeds racism.” Paul is more hurt and disappointed than angry and does not want to speak out of anger. “I want to speak out of being hurt.” These inequalities, Paul claimed, have forced him to examine the field he works in. “I would say close to 90% of the people that we work with and see as clients are people of color, and to see who manages [the programs hurts me], most of it hurts me, that [it] hurts me.” Paul clarified that his stress, his hurt, his disappointment, can turn into anger, and it “does most of the time. . . . I don’t like when I get angry.” Paul generally hides his feelings about the racism he sees. However, it clearly affects him.

Darryl also spoke about racism as a cause of stress and desired to provide his definition: “a small group of people persuading the masses, perpetuating the belief that black men (the

majority of clients) are consistent with stereotypes—aggressiveness, loud, etc. The elites have more leeway than him due to his identity as a black man.” He claimed “as a black man, it’s not belief [believed] today that I’m the last one hired and the first one fired.” Consistent with Paul’s views, Darryl explained that managers are bringing in people with limited or no experience with clients of color. Darryl thinks this perpetuates the beliefs that younger counselors have about clients of color, consistent with what they been taught about black men: “They’re aggressive, they’re loud, they’re this, they’re that.” Most of the clients may be exactly what people have been told they are, such as “having criminal backgrounds, untreated mental illness, abusers, convicts, dope fiends and drunks,” but Darryl thinks the white staff look at him as not necessarily the exception but different, which tells him they don’t understand.

Darryl struggles with being assertive around the racism issue and feels he would be misjudged. “I don’t think that they expect that from me, bringing up race, being this nice, and [a] smiley black guy and everything’s OK with them.”

Darryl and others described their stress as stemming from a lack of diversity from an unequal ratio of clients to managers of color and from racism as a continued projection of racial stereotypes of clients and staff within this structure.

To summarize causes of professional factors, participants described stress related to paperwork and to experiencing difficulty with clients and relationships with co-workers. Counselors described the competing forces of documentation and building a therapeutic relationship with their clients. This high work demand also impacted their relationships with co-workers. Last, counselors described stress related to organizational culture, including adapting to change, management structure, and lack of diversity. In the next section, LADCs described experiences of personal and professional stress. Both types manifest similarly.

Experiences of Stress

Experiences of personal and professional stress were described by participants. These experiences affected their ability to focus on immediate and future tasks. In addition, as with causes of stress, these experiences affected various areas of their lives. Experiences of personal and professional stress include negative emotions, cognitive or thinking impairment, being a necessary force, and physical implications.

Negative Emotions

Ten participants experienced negative emotions as a result of stress. They felt overwhelmed, fearful, and inadequate. The combination and intensity of negative emotions took their toll, causing excessive worry, impairing thoughts, and interfering with the completion of routine tasks. Shelly stated, “It feels like it’s coming in from all sides.” Feeling overwhelmed caused feelings of being out of control and short-tempered with family members and clients.

Similarly, Susan stated she loses her temper easily, becomes judgmental, impatient, and angry. She saw these as signs that something was wrong, and she felt overworked: “I feel overloaded, hitting a breaking point.”

Kathy described stress and exhaustion as a response to stress.

Probably a lot of worry and fear that underlines it . . . I think about mental exhaustion sometimes physical exhaustion. [I] usually fret and worry. Am I going to get this done? Am I going to get it done on time? What’s going to happen? [I have] a lot of the racing thoughts, and I think it just takes a toll on a person’s spirit, soul, and body if it is not managed correctly.

Negative emotions affected the counselor’s ability to think effectively.

Cognitive or Thinking Impairment

Excessive workload led to excessive worries and fear regarding the consequences of not meeting assignments and deadlines. These worries impacted the quality of counselors’ thinking

and work with clients. In fact, John explained how impaired thinking allows counselors to get “behaviorally triggered” by their client’s behavior. He described this as “a perfect storm.” He shared that this is frustrating for him because he thinks that one of the really important things that counselors do is act as role models, and if they are acting “goofy,” if they are not communicating effectively with each other, if they are not being honest, if they are not allowing themselves to be vulnerable, then counselors provide a really poor example for clients, and they end up being hypocrites and frauds. “Those are harsh words, but that’s my frustration,” he stated.

Barb also described this impact on thinking, as a condition affecting the “normal” ability to focus and concentrate on tasks. She said that it relates to a frame of mind, mental, physical, and emotional phenomenon, allowing things to get to you. She described how stress affected her ability to function, experiencing feelings of anxiety and panic attacks:

It is like ADD mode where I am doing eight thousand things simultaneously and nothing is getting done. I get really anxious really easy. I started actually getting panic attacks about a year and a half ago because of all the stress. . . . I just get overwhelmed, and I can’t function; I can’t think straight.

Barb described her panic attacks as not being able to breathe and feeling like someone is sitting on her chest: “Your whole chest is clinching in, and you feel like you are going to die. It is the most horrible feeling ever.”

Shelly described her thinking as mentally dull, slow, with a decreased ability to tolerate situations: “I am not as sharp, [my] acuity [is] slower and foggy.” Mark described a need to control his environment when feeling pressure and being overwhelmed:

To me, my stress level raises when things are out of my control, when things don’t go the way I perceive the way they should generally [go]. I typically start to feel a little bit overwhelmed when I feel I’m not meeting expectations—[with] other people’s perceived or real [demands], I feel like I have to pick up the pace, and I start to challenge my thinking.

Cheryl agreed: she described stress as a lack of ability to cope with life events or situations: “Stress manifests in a feeling of not doing one’s best and feeling nervous and trying to do everything to rectify the situation.” Darryl’s thinking causes “feeling inadequate, unappreciated or incompetent, and germ phobia.”

Interestingly, Darryl’s germ phobia relates to his stress:

I know that there are coffee stains on my desk and dust stains—I’m a germophobic, right, and so I want to clean that, but I gotta type. I gotta type—I ain’t got time for that. We’re playing, dude, there’s dust up here. So just little things like that today I find are stressful and so I feel, I think, this sense of being overwhelmed or hopeless sometimes—like this is it, and it’s not going to get better.

Counselors shared how stress impacts their thinking. For others, however, it represented something they needed for sustainability.

Stress as Necessary and Physical Implications

Nancy described stress as a necessary part of life: “It’s on a continuum of positive and negative, because it isn’t all bad. It makes it possible to get things done, giving you energy. It relates to a need to control and having the ability to meet expectations.” Similarly, Tom claimed, “Stress is a part of life; it drives us to accomplish things, but too much can be negative.”

This negative result could be with specific physical implications as a result of stress. One participant experienced physical implications as a result of stress. John stated that although high blood pressure is a genetic pre-disposition, doctors are sure that other things contributed to the condition. Likewise, he stated, his sexuality was affected: “we have a finite amount of energy and libido, and it felt like work was consuming 98% of it. And it took weekends and my time off and vacation time just to kind of get that back to work.”

Summary

Personal, occupational, and organizational stress significantly affected counselors.

Participants described negative emotions including fear, anxiety, and inadequacy as negative effects of stress. Additionally, participants recognized the effects of stress on their physical health and also challenges associated with thinking logically during stressful situations.

I describe how counselors mitigate or manage their stress in chapter five.

CHAPTER FIVE

COPING STRATEGIES AND MAINTAINING A HEALTHY LIFESTYLE

Personal and professional stress, as described in the previous chapter, took their toll on counselors. This included experiencing (1) negative emotions, (2) cognitive or thinking impairment, and (3) poor health, such as physical exhaustion and hypertension. Stress, “defined as adverse reactions and feelings due to a variety of circumstances,” affects human functioning and sense of personal well-being (Bartlett, 1998, p. 24).

Licensed alcohol and drug counselors employed a variety of coping strategies to mitigate and manage the sources of personal and professional stress and adopted several preventative strategies to reduce the *actual or anticipated effects of stress* on their daily lives. Counselors coped with stress differently in terms of the number and variety of coping strategies employed.

Counselors described their response to stress in the work environment as well as the methods they used to cope and manage stress to achieve a balance between family and work demands and address various challenges associated with professional stress. I first describe coping strategies associated with various workplace demands and then describe general preventative strategies for healthy living, such as spirituality, relaxation and meditation techniques, exercise, and maintaining healthy relationships. The combination of two approaches, (1) reducing stress through coping strategies with work demands and (2) adopting preventative measures, such as spirituality and exercise, helped LADCs cope with stress and burnout in their personal and professional lives. Although coping strategies are not exclusive to one or another source of stress, they are logical responses to the following work demands.

Documentation Requirements and Paperwork

Staying Organized

Counselors often felt overwhelmed by their workloads, which included documentation requirements and paperwork. Participants described how staying organized helped manage their stress by managing schedules, daily tasks, time management, and setting priorities. Two participants identified staying organized as a way to cope with stress. Cheryl claimed technology was the key for her. “I have a smart phone—I can get my email, I can do texts, and so that really, really helps a lot because I can do both.”

Kathy agreed; however, she managed by making lists to organize tasks. “That probably is the biggest stress reducer for me. I don’t want to forget something. So I have implemented different filing and reminders systems and things like that to help me keep it all together.” Kathy said organization make a big difference in helping her deal with stress; she made lists, allowing her to plan ahead and get control. Taking short quiet breaks also proved to be a useful strategy to cope with workload stress.

Short Breaks of Quiet

Counselors used short breaks from documentation requirements, paperwork tasks and other work activities. These periods away from the counselor’s normal work routine reduced overall stress levels and provided a needed time off from specific work circumstances. Six out of fifteen participants identified taking short breaks as a strategy to cope with stress.

Mark described his breaks as being disengaged from activities and enjoying quiet time. “I try to disengage [and] have some quiet time, whether it’s personal meditations, walks outside by myself, or getting lost in a book.”

Cheryl agreed, but described her breaks as “a vacation.”

If I have too many things to do, I tend to just kind of move away from it for awhile and take a vacation, so to speak, and do something that helps me clear my mind. I'm usually able to come back and make a pretty good decision.

Shelly said office time provides a safe haven for reducing stress due to extensive contact with others. "So if I don't have some down time where I can just be in my office and be quiet without having to talk or be observed, then my stress increases."

William also spends time by himself to distance himself from office politics, so he can get his work done and "not get drawn into the drama of what's going on in the building." William and other counselors relating to normal busy environments, which aggravates stress levels and increasing the need to have opportunities for reprieve.

Short quiet periods provided counselors time off from their work routine and demands, providing needed refreshment and allowing counselors to resume normal activities. This refreshment proved even more welcome when counselors experienced difficulty with clients. I describe how they managed this stress next.

Experiencing Difficulty with Clients

Clinical Supervision and Support from Colleagues

Receiving support from colleagues, co-workers and supervisors reduced the stress associated with managing and interacting with difficult clients. Support from co-workers and supervisors encouraged counselors to find clarity and perspective with regard to a stressful situation, helping the counselor gain perspective and avoid feeling alone in the situation. Three participants identified support from colleagues and supervisors as a way to cope with stress. Susan described how colleagues helped her manage difficult clients: "I talk with co-workers about stressful circumstances, so I can manage or intervene on it early."

Mark also utilizes his colleagues, particularly his supervisor, to cope with stress associated with clients. He suggested that his ability to cope with this type of stress comes from

having a good relationship with his supervisor, including his ability to process his experience. He said he can seek out his supervisor and say, “This is what I’m seeing, this is what I’m feeling, can you help me with this particular situation?” Likewise, William stated few individuals within the company have experienced the same kind of situation. His supervisor’s knowledge and empathy helps him. Mark described this as an importance form of daily collegial support, “And so I can commiserate with [my supervisor] him or her directly during the day.”

Another stress reducer involved receiving professional therapy.

Professional Therapy

Professional therapy provided an outside perspective for counselors when interacting with client difficulties. One participant identified professional therapy as a way to cope with this particular stress. Susan shared she has good friends that she can talk to; recently, however, she started therapy and continues to go. “It’s been extremely helpful.” Susan needed an outside perspective and guidance to manage stress associated with her professional responsibilities. Therapy helped her understand the importance of being aware of stress and ways to manage it. “I’m pretty good at being aware of it, but once I’m aware of it I feel like I can sort of intentionally intervene on it and separate it from working with someone.” Thinking differently with client situations served as another coping strategy for stress management.

Cognitive Behavioral Therapy / Thinking Positively

Participants shared how thinking differently about stressful circumstances involving clients allowed them to manage the circumstance better. This technique, commonly called cognitive behavioral therapy (CBT), attempts to reduce irrational and anxiety-provoking thoughts by modifying associated thinking (Warr, 2005). CBT contributes to positive self-regard and emphasizes subjective well-being instead of the circumstances within the environment

(Warr, 2005). Two participants identified thinking positively as a way to cope with stress.

Shelly stated that thinking about gratitude helps her cope with all work circumstances.

I've been through downsizing, I've lost my job, and I've worked at other places. So really just having the sense of gratitude for where I work and knowing that I can weather whatever comes because I've weathered some pretty difficult things through loss of job and that kind of thing. I just kind of always come back to that place of gratitude.

Conversely, financially, Mark reported he does not have to work because of his personal financial resources. This allowed him to think differently about his work demands.

I can walk out of this job or work in general right now and my life is not going to change a great deal, to be perfectly frank, financially. So that helps me bring things back into perspective. I accomplished things I never thought I would and did. And I think about important people in my life—you know, who view me as somebody they want to spend time with, just a decent person. I try to identify what makes me a good person and how I've been successful in the past, and it helps me just kind of let the other stuff slide to the back of the bus.

Modified thinking about their roles as counselors and particular situations involving clients assisted counselors with stress levels. Relaxation and meditation exercises also proved to be an effective coping strategy for documentation requirements and other work demands.

Relaxation and Meditation Techniques

Relaxation and meditation techniques established a relaxed state in which counselors could interpret events more clearly. Counselors described various forms of meditation including, mindfulness, relaxation exercises, and yoga to help relief work stress. Seven participants identified relaxation and meditation techniques as a coping strategy for work demands. Roy described his meditation practice: "I do that [meditation] throughout the day when I have a break in my office. I learned a long time ago that it [meditation] doesn't take that long—ten minutes, a ten-minute break."

Roy's colleagues accuse him of being anti-social because he never leaves his office. However, Roy remains firm in his practice. He learned relaxation and meditation from taking a

college course and thinks it's one of the best things he has done for himself. He supports doing meditation anywhere, "especially [when I am] just standing at the corner waiting for the light to go from red to green; you can spend a minute and a half meditating."

Tom agreed; he also uses his time for meditation wisely.

What I do is, after I finish my lunch between 11:30-12:00 [pm], I just try to walk around [for] five to ten minutes, outside, [and] I walk and I come back, that's how I do it. Sometimes I read. I like the Serenity Prayer, you know, "God, help me with the things I cannot change."

Nancy practices yoga involving meditation and relaxation exercises (Michalsen, Grossman, & Acil, 2005). An ancient type of physical and mental exercise, yoga helps people achieve enlightenment (Michalsen, Grossman, & Acil, 2005). Nancy said, "Yoga made me feel better, it made me feel connected, it felt like my church and my school and my community all wrapped into one. Nancy attributes stress reduction to yoga, "So yoga is very effective for me in dealing with work issues." In fact, Nancy explained that where she works, she teaches yoga to clients and coworkers. "I teach them really simple yoga, some really simple breath[ing] and mindfulness stuff [exercises], and so I have brought that to the organization." Yoga and other relaxation and meditation techniques helped counselors reduce stress.

I next describe how participants used humor and teamwork as coping strategies to manage their relationships with co-workers.

Managing Relationships with Co-Workers

Humor

Having a sense of humor helped one counselor cope with stressful situations and provided a disengagement from work demands. While he still remained sensitive, humor proved significant for building relationships with co-workers. One participant identified humor as a

coping strategy for stress. Kathy, a supervisor, spoke about her boss having a sense of humor and how this comic relief helps manage her stress.

I would say the biggest stress relief is just talking about [the event] with the staff. I mean, sometimes it is you sitting down if you were working with another counselor or intern, and you are almost just talking about can you believe how crazy that was and almost in a sense trying to bring some humor to the craziness you are dealing with on a daily basis.

Kathy clarifies this exchange is not talking poorly about clients, but sometimes saying things such as, “That person is crazy crazy, and so being able to go as a group to say, ‘Yeah, I know.’” Shelly described how humor and teamwork helped her cope with stress. “I am really grateful to work on a team that is supportive, and we laugh, and we care about one another and just like one another, so I don’t feel stressed, I feel supported; we laugh and support each other.” Besides humor, working with others as a member of a team helped counselors cope with stress associated with managing relationships with co-workers.

Teamwork

Listening, encouraging, and validating colleagues’ ideas and opinions create a team atmosphere (McCoy & Evans, 2005). Working in this atmosphere proved to be beneficial for coping with stress. Shelly claimed personal relationships in the workplace are an effective way to manage stress. “I am not out there alone dealing with it; I always have a team to bounce stuff off of, to ask for help.” She also speaks to having supervisors who really support self-care. “So I am just so grateful and blessed to work where I do.”

Shelly understands this well because of her previous experience where teamwork was not emphasized. She felt more on her own without teamwork: “It wasn’t such a team-oriented atmosphere where everyone was kind of on the same page. You kind of had to find certain people that you connected with that had the same philosophy and approach.” Shelly found she

needed to create her own team in a previous workplace. “I found that team, but I had to work at it more.” Teamwork and other strategies helped counselors cope with organizational stress.

Adapting to Change, Management Structure and Excessive Bureaucracy

Several different strategies helped counselors cope with changes within their organizations, including receiving support from supervisors and the organization, experiencing autonomy in performing their profession role, and communicating effectively. Quality interactions and support from supervisors improved counselors’ ability to cope with stressful aspects within the organizational culture, helping employees feel supported and also avoiding the feeling of managing difficulties alone in stressful circumstances. Seven participants identified support from supervisors and the organization as a coping mechanism for stress.

Supervisors and Quality Organizations.

Mark’s ability to cope with organizational stress lies with “having a good relationship with his supervisor” where he can go to that person and say, “This is what I’m seeing, this is what I’m feeling, can you help me with this particular situation?” Likewise, William stated that there are a few individuals within the company who have experienced the same situation. “And so, I can commiserate with him or her directly during the day.”

Scott said, “Supervisors make the difference. Where I work . . . the clinical supervisor, within reason, lets us do what we want to do. Everyone is salaried. We come and go when as we want, [with] flexible hours. That helps a lot too.” Kathy described the importance of a flexible supervisor and the freedom to accomplish her work. “My boss is fairly laid back and flexible, and so if you just need to go for an half an hour and walk, or get some eggs, or whatever you need to do to loosen up a little bit, you know he is fine with that.”

Providing frequent information regarding organizational change allowed counselors to feel part of the organization. This communication includes treating counselors fairly and addressing any questions and concerns. Scott spoke to the importance of organization communication. “I think it comes back to communication and . . . we have the atmosphere where it is open enough to be able to talk to coworker[s] or [the] clinical director about issues that are going on. It’s actually encouraged.” Though Scott admits communication is not his strongest attribute, at work, where relationships are something he need to continually work on, “it definitely has its benefits.”

The organization as a whole can provide support to employees dealing with hardship, like Roy, who has tongue cancer and does not know how long he has to live. Roy described various aspects of his work and the gratitude he feels towards his organization. “My job, it is rewarding for me, so I try to think about it as optimistically as possible. Through sickness, the organization was supportive of me; any potential for stress is mitigated by my graciousness towards the organization,” Roy said.

Roy always enjoyed working with clients and, particularly, facilitating group therapy. Roy often feels like “dancing on my desk.” Roy has seen improvements in salary, but more importantly, he valued the experience:

Well, financially it’s gotten a lot better than it was back in the 1990s percentage-wise as far as rate of pay, but overall it’s not the money part of it. I just find it immensely rewarding working with men who want to get sober, men that want to recover their lives, men that want to be fathers again.

Regarding relationships with co-workers, Roy stated that he cannot remember a time he disagreed with a co-worker, “I don’t feel stressed out with clients or colleagues.” Referencing his employer, Roy felt supported by his team, saying,

I've worked a lot of programs where you were on your own, and if you were on vacation you'd come back and be a week behind on everything. But here someone always has your back. It's a tremendous team approach and support.

Roy felt supported during his illness and treatments for tongue cancer and throat cancer, enduring surgery, chemotherapy, and radiation. Roy continued to work a full-time and part-time job. Roy's oncologist told him to cut back on working night and day to make sure he got some rest. Consequently, Roy quit his part-time job and was offered a full-time position with his current employer:

I think at that time I knew it was a healthy place to be with what was going on with myself and I came on and they gave me a position that really was up to me how much I wanted to press myself.

In summing up his experiences, Roy said, "If there was any potential for stress and burn out, that is totally mitigated by the gratitude and just the [feeling] . . . I guess the feeling [that] I have." Working with great supervisors and caring organizations helps employees manage professional stress. Unfortunately, not all employees, supervisors, or organizations recognize and address low morale associated with racism and a lack of diversity. Counselors of color identify this as a source of stress and have developed ways to cope with these difficult circumstances.

Lack of Diversity and Racism

Black counselors identified stress from racism and lack of diversity, feeling isolated and, at times, victimized by from peers and supervisors. Three participants described the importance of maintaining their cultural identity and resisting bias and racism in the work place. They formed relationships with other individuals with the same feelings and found support in stressful situations.

Victor described the people around as imperfect and lacking knowledge in the area of stereotypes. “As we all are, seeing them as imperfect creatures like we are, and a lot of this is just fear, ignorance, not knowing, and I need to understand how to react to these situation in a way that maybe can bring healing to the situation.” Victor stated seeing others as imperfect was difficult, but he tried to see the good in the person expressing racist views or actions. Victor looked at racism in a logical and rational way, explaining racism comes from a person without good information who never experienced racial struggles. He relates his struggle with his clients’ struggles with racism.

Victor maintained his sense of self as a black man, vowing he would retain his identity and not lose it. He wished to bridge the gap with his white co-workers in a way that allowed him to work and communicate effectively. “What I’m really saying is: I don’t want to lose the essence of me as an African American in order to make them feel comfortable around me.”

Victor wanted to keep his identity as an African American while working in a predominantly white profession. Sometimes he felt successful, and sometimes he did not. Victor kept working at it because ultimately he understands people and recognized the need to make the connection with others to bridge the gap.

Victor recognized the unfairness and stress in this situation:

Very seldom do I see any of these other employees or co-workers who will stop and say, “It must feel tough to be the only one here, I’m going to really reach out to you and make you feel welcomed here.” Very seldom do you experience that. I don’t want to belabor this point, but that’s just the reality, and that creates a fair amount of stress.

Paul maintained his identity by asserting, “As a black man, that’s what I am first and foremost. A black man who is a counselor, that’s what I am.” Darryl agreed; he also points to inconsistencies with the treatment of his white counterparts. Some tell him to avoid conflict, advising him by saying, “Now don’t get in the middle of that.” But Darryl refuses.

This *nigger* ain't going to keep quiet. I'm not to be stepped on. I'm a man, I'm a child of God before I'm anything, and I come here with this mindset. I came here looking for a job as a black man—it wouldn't be new for me to have to leave here because I'm a black person.

Besides standing up for his identity, Darryl also makes friendships to cope with his stress, saying, “I've got two men here that I respect; they're cut from similar backgrounds as myself. It is important that I have somebody that I can process with.” These descriptions helped him defend himself and his identity at work.

I next describe participant comments regarding achieving a balance between family and work demands.

Balancing Family and Work Demands

Pressures from work and family create challenges for counselors. This conflict forced counselors to seek ways to balance work-family life including establishing boundaries and making successful transitions between work to home.

Establishing Boundaries

Establishing and maintaining boundaries allowed counselors to see their role as *helping clients' recovery from substance abuse instead of being responsible for their recovery*. This was also true for boundaries between work and home and the amount of work they performed for the organization. Seven participants identified establishing boundaries as a strategy for managing stress. Barb declared, “I am not superwoman, as much as everyone likes to think so sometimes. I have heard that [statement] from a lot of people that I am superwoman, but the reality is I am not, I am human.” This declaration assisted Barb acknowledging her limits.

Kathy also objected to being considered a superwoman. She explained if she tries to be one, she typically fails. “I mean, there is always going to be moments where I try to be

superwoman, and I don't maybe talk about what going on with me, and then you just kind of meltdown.”

Nancy tried not to get sidetracked by “people’s humanity” and paid attention to her boundaries by asking herself, “Am I making it worse or am I making it better here? I’m a 51-year-old woman who is going to have to make some decisions about how to do my job sometimes, and sometimes my boss isn’t going to like it.”

Darryl explained how, with time, he established boundaries between work and home to manage his stress.

I think number one is, in over 20 years of doing this, I have a capacity, I believe, that I don’t take the job home. When I leave at 4 or 4:30, whatever, I’m done with the job until the next morning when I’m pulling into the parking lot. I do not take the job home at all.

John established boundaries by understanding his role.

I see my role as simply being the person who creates a safe environment for them to figure out what they want to do. So when they get well it isn’t because I’m wonderful, and if they don’t get well it isn’t because I’ve failed.

Understanding his role changed John’s posture and relationship with his clients. It has “almost totally eliminated any sense of stress or burnout that I feel with respect to direct client care.”

Mark agreed, describing the limits of his ability to help others. “It is the whole concept of not being the master healer, so to speak, not being responsible for their recovery personally, has really helped me deal with clients. I expect them to do the work. It’s their recovery, it’s not mine.” Mark runs this “tape this tape through his head” when clients put him in “bad place.”

This knowledge proved important for Mark after a critical event:

I had a client die two years ago in one of [the transitional houses] our houses, an overdose situation. So when I got word of that that particular client had passed the night prior, I got word first thing in the morning, instant panic, “What did do? What could I have done? What’s going on?” And I’ll be frank, “did I cross my *t*’s and did I dot my *i*’s? Was there a med[ication] thing I missed? Whatever happened?”

After Mark reviewed all his interactions with the client and talked with appropriate people, he discovered he had not done anything wrong. “I mean, there was a sense of relief knowing I did the right thing, but there was an ongoing question of what could I have done.” Mark and the organization had a memorial service for the client, and Mark met the client’s wife and family and described how he felt:

A very stressful situation, a situation where I did not have the words to comfort them, words to explain what happened in a sense, why this had to happen, why a man they thought the world of had passed when, in a sense, he was under my guidance.

Mark acknowledged they were not blaming him, but he thinks he blamed others, including the deceased, “to be very, very frank.” Mark did everything appropriately, the right way, and the person still died. Mark started to doubt his expertise, his abilities, and his desire to stay in this profession. Mark experienced self-pity and jealousy for other counselors who hadn’t had somebody “die like I did.” Mark still processes this event as it still comes and goes, on occasion, in his mind.

Another aspect of establishing boundaries involves not being bothered by the opinions of others and feeling a level of personal empowerment. Victor said, “I don’t care too much what other people think. And if they don’t like whom I am or what I want to do, that’s OK with me.” John, a supervisor, provided an example of how he could assert his boundaries to his supervisor.

I can go to my boss and say, “This is how I will work, and I know you want something more from me, but you’re not going to get it. I’ll meet you half-way on some things, [and] I’ll stretch a little bit, but I’m going to insist that you respect the boundaries.”

Counselors who established boundaries developed a safety net for stress. Making successful transitions from work to home also protects counselors from stress.

Making Successful Transitions from Work to Home

Making successful transitions from work to home involved making a break from work, establishing a boundary, and then entering home without work concerns or duties. Counselors made a concerted effort to leave work at work. Cheryl described a periodic dilemma.

I would say sometimes there has been, let's say, a family or a relational obligation, responsibility or situation where I'm in a position where I do have to make a decision between, let's say, going to work or taking care of the family. And based upon the level of severity, my philosophy is family first.

As with choosing between work and home, Cheryl believed part of managing her stress involved prioritizing “what do I do first, second, third. The other thing that I always have to do is ‘who can help me with this?’”

Barb described her routine. “[I have done] a lot of practice. . . . I basically on my car ride home just crank on the music and shut my brain off and just say, ‘Okay, I am done.’”

Shelly stated, “When I get home [I] just, again, [start] practicing mindfulness between work and home.” She describes her routine after arriving home. “I have a routine when I get home as far as kind of . . . almost like a Mr. Rogers routine—changing clothes, taking out the dogs, talking to the kids, which helps me transition back to my home life.” Shelly also practices yoga first thing in the morning. Barb also stated that it helps having the kids, “going home, picking them up, and, you know, getting the focus on them.”

Counselors responded and coped with stressors differently in terms of the number and variety of coping strategies. These strategies generally produced positive effects. Two counselors dealt with stress in ways others might describe as “maladaptive coping” with stress (Lindquist & Cooper, 1999).

Maladaptive Coping

Maladaptive coping involves adopting unhealthy responses of habits to cope with stress and increases risk of ill health (Lindquist & Cooper, 1999). This might include smoking, using alcohol, engaging in drug abuse, and binge eating. Participants identified binge eating and withdrawal from family as strategies to cope with stress.

Binge Eating

Three out of the fifteen counselors identified eating or binge eating as a coping strategy for stress. Nancy described how, at one time, she “ate over stress. I did [responded to] stress with eating. I added to my stress by how I was managing my stress, which is a very, sort of, typical addictive kind of thing to do.”

Scott also shared his experience with eating.

After work I do some anxiety eating, ice cream especially, which is not good late at night, [but it is] better than other alternatives, but I think it has been a kind of a self-soothing strategies of mine since I was a kid.

Susan also used eating as a way to cope with stress at work. “I mean, I know that I will intentionally bring food with me to work that is comfort food, and if I go to a staff meeting I want to have food.”

Such coping strategies, like eating, are often habitual “quick-fix” solutions that provide some temporary relief but have longer-term harmful effects (Cartwright & Cooper, 2005, p. 612). Some counselors sought this short-term relief for stressful circumstances.

Withdrawal from Family

Another way to cope involved withdrawing from family members (including isolation and poor communication). Counselors’ communication with spouses and other family members was affected by stress. John described his struggle with work-family balance:

It got to the point where I would come home from work, and my wife would want to engage in conversation, and it was like I wasn't there. Or she'd want to go out and do something, and all I wanted to do was get in my bathrobe and sit in a chair and listen to music or read. That was hard on my marriage too because my wife felt like she was pretty far down on the priority list.

Counselors used binge eating and withdrawal from family to cope with stress and also acknowledged the liabilities of these methods.

Some coping methods appeared as logical response to different sources of stress, such as staying organized to stay on top of paperwork demands. However, counselors also reduced the *actual or anticipated effects of stress* by maintaining a healthy lifestyle. These general strategies included talk therapy, meditation/spirituality, religious practices, vacations, and physical activity.

Maintaining A Healthy Lifestyle

To maintain a healthy lifestyle, being self directed, counselors changed personal factors in an effort to delay or avoid adverse outcomes resulting from exposure to work stressors. Counselors appeared to understand how personal habits contributed to their well-being, sought to modify them, and applied preventive practices regularly.

Talk Therapy

I defined talk therapy broadly to include attending professional therapy sessions, talking with friends, family or co-workers, and participating in self-help *Twelve Step* meetings (Hurrell, 2005). Counselors recovering from chemical dependency attend *Twelve Step* meetings to support their recovery and to maintain their purpose and commitment to recovery. Seven participants identified talk therapy as a coping strategy.

Cheryl described having a support system, "peers and family," to help manage her stress. "I'm always able to process situations with someone [by] venting my frustration. I can sometimes work [towards a solution], and it might just be venting, and through that sometimes I can figure it out." Tom also spends time with family and friends: "That's how I manage."

Paul described not only talking with someone who understands but also having the ability of “picking and choosing his battles.” He referenced knowing when and who to talk as important aspect of working through stress. “There are just certain individuals I have the patience or the tolerance to try to explain.” Paul chooses individuals who have an open mind and urges them not to fix the problem: “Simply, I try to tell them that it’s okay to ask questions. You don’t have to think you know it all.”

Victor described his network as his sole stress management tool. “The support group I’ve been going to for 18 or 19 years, my friends, and the integrity I bring each and every day as a professional is how I manage stress.”

William attends AA meetings, calls his sponsor, or calls a family member to cope with his stress. “I’ve been using people for my support group, whether it’s my sister, my sponsor, or friends that don’t work in the field, so I can get those struggles out of me.” William validates having support outside of work to talk with about ongoing stress.

Scott simply stated, “I cannot [keep stress] inside [and have it] spinning around in my head.” Scott believes it is important to have someone to bounce things off of and “just having somebody [to] listen. Listening helps a lot.”

Cheryl believed staying true to her values and speak honestly with people alleviated stress:

I think [this] kind of helps me through the personal [situations]. I just let people know I’m really struggling right now, and I’m not here. I’m having a bad hair day—that’s what I tell people. But, you know, I think it gets worse if I pretend like something is not wrong.

Darryl goes to AA to manage daily stresses. “I can’t believe today that that’s not like an obvious for people in this field, but I do go to AA, I have a sponsor, I utilize the steps.”

Counseling and *Twelve Step* meetings provided a sense of empowerment for counselors experiencing stress.

Utilizing talk therapy helped counselors relieve stress. Engaging in meditation exercises allowed counselors to prevent and manage stress as necessary components of a healthy lifestyle.

Meditation Exercises

Participants utilized mental exercises for the purpose of reaching a heightened level of spiritual awareness (Peterson & Nelson, 1987). Spiritual practices give meaning to one's activities and life and may be expressed as prayer, meditation, and interaction with nature (Peterson & Nelson, 1987). Seven participants identified relaxation and meditation techniques as a coping strategy for stress. Counselors described various forms of meditation including, mindfulness, relaxation exercises, and yoga. This practice was also used for communicating with God or a higher power.

Darryl described his meditation with nature.

I'm actually looking for something that's pleasing to the eye, because, if nothing else, and this is what's helped me personally and professionally. There are times when I don't know what to do, and I'll take a walk and see the trees, and I see evidence that there is a God.

Darryl sees nature as the "fingerprints" that there is a God and if he "just look[s] at the trees as they exhale, that's oxygen. When I inhale, I need what they produce and vice versa—there's proof there's something out there."

Susan practiced meditation; however, she admitted, "Not as constantly as probably would be the most beneficial." Meditation exercises proved to be effective for counselors in managing stress. As mentioned, meditation exercises are also within one's religious practice.

Religious Practices

Religious practices refer to theology and doctrine of a particular religion. The basic concept of Buddhism involves enlightenment obtained through right conduct, wisdom, and meditation. Christianity contends revelation of God through the personalization of Jesus of Nazareth. Three participants identified religious practice as a way to maintain a healthy lifestyle.

Victor described his faith practice. “My whole spiritual practice really helps me. I’m a practicing Buddhist, and my personal faith allows me to not get too attached to the various stresses of life.” Victor feels fortunate to work near the place where he worships. “I can go there Mondays-Fridays from 12-12:30 and sit and mediate with a group of people for that half hour.” For him, this is a great way to break up his day so he can come back to work refreshed and ready to take on the challenges of the job.

Likewise, Cheryl practices Buddhism but does not see it as a religion. “Well, so one of the things is to me, like I said meditating and the teachings of Buddha, that’s a way of life, so it’s not a religion.”

Kathy, a practicing Christian, works at a faith-based treatment program. Faith-based treatment programs utilize a faith denomination, in this case Christianity, as the main focus for addressing the client’s substance abuse. She described her faith and work together; Kathy and her co-workers use spirituality to become “recharged.” She claimed it is “crucial [to practice one’s faith] in this field.” Kathy thinks it is definitely a benefit for staff to go in a room and pray.

I feel like we really have the freedom to be able to [pray] do that, and a lot of times [it has been] that has also required that each of the departments to take time during the week and pray together, or we get paid to pray for so many hours out of your work week.

Kathy and her co-workers take advantage of their faith-based work environment for maintaining a healthy lifestyle through their faith.

Tom's meditation involves spending time with his higher power. "I go actually connect with my higher power and prayer." Nancy described her religious practice as forgiveness. "My spiritual practice involves compassion and just having to do some understand[ing], and on my computer, there's a little sign that says, 'Forgive everyone all the time.'"

Nancy believed she cannot get sidetracked by people's "humanity" and pays attention to boundaries. Religious practices allowed counselors to balance stressors and maintain healthy lifestyles by connecting to personal values and morals. Physical activity also provided counselors a way to maintain a balanced life.

The Spirituality Movement

Besides a support system, counselors revealed the importance of spirituality. Both meditation and religious coping may affect a number of different physiological, psychological, neurological, and emotional domains that influence pain perception and tolerance (Wachholtz, Pearce, & Koenig, 2007). A new paradigm, the spirituality movement, has emerged from organizations (Karakas, 2009). Ashmos and Duchon (2000) have described the spirituality movement as "a major transformation" (p. 134) where organizations make room for the spiritual dimension, which has to do with meaning, purpose, and a sense of community.

More than 70 definitions of spirituality exist at work, and still, there is no widely accepted definition of spirituality (Markow & Klenke, 2005). Counselors described how spirituality enhanced well-being and quality of life and provided a sense of purpose and meaning at work. Moreover, spirituality established a sense of interconnectedness and community. Counselors even suggested spirituality increased morale, commitment and productivity and

reduced counselor's stress as a result of practicing their spirituality (Karakas, 2009). These practices brought a deeper sense of meaning and purpose to perform their jobs and be more productive (Karakas, 2009). Through their spirituality, counselors had better relationships, increased attachment, loyalty, and belonging to the organization (Karakas, 2009).

Physical activity also helped counselors stay fit and prevent stress.

Physical Activity

Counselors employed physical activity as a way to maintain a healthy lifestyle. Physical activity releases endorphins, and exercise relieves depression, diffuses anger and aggression, and increases energy (Brill & Cooper, 1993). Health-related physical activity or fitness consists of cardio-respiratory endurance, including aerobic fitness, muscular endurance and strength, and body composition. Physical activities include recreational time, caring for pets, and caring for plants. Six participants identified physical activity as a way to manage stress.

William described the importance of physical activity. "I think the other things that I do to manage [stress involve trying] to go to the gym in the morning before I go to work because that helps me be more relaxed when I get to work." Kathy realized things will always be out of her control, so "exercise and activity are the biggest stress relievers for her."

Victor described how exercise helps him start his day:

I get up in the mornings at an unforeseen hour, like 5:00, and the complex that I live in has a gym so I'll go down there and ride the exercise bike for an hour. And that really helps me feel like I'm getting my day started right.

Scott rides his motorcycle, spends time with his girlfriend, and does things he enjoys to decompress. Cheryl's pets are an effective way for her to handle stress. "I've got parrots, so as soon as I get up in the morning, there's something physical, something that is stress reduction.

She also walks her dogs. “I think the touch therapy part of having pets and the physical activity . . . it moves with me through the day.”

Darryl asserted, “Yeah, I got house plants . . . years ago, as a case manager, I was at [a] training, and the presenter said, ‘You can tell a good clinician because if he has plants in his office, that’s about him taking care of himself.’” Most times, Darryl stated, people would look at his personal work space and say, “What woman works here?” He has fish tanks, cacti, and a variety of plants. “I just see a plant I don’t have and break a tip off, put it in water, and at some point I’m putting it in some dirt,” Darryl said. Taking care of plants is Darryl’s consistent reminder for maintaining a healthy lifestyle. Taking vacations is also beneficial.

Vacations

Two counselors described the need for vacations. Darryl described “a bucket list”: things he wants to do before he dies, including taking a trip outside of the United States. Darryl spoke excitedly about planning a trip to Spain. “I got a hold of the post office to get my passport, and [I want to] wants to sit down on the coast and look at it.”

Roy also described the importance of vacation. “I just came back from vacation. It wasn’t that I was going anywhere. It was just time to take a break.” Vacations re-energized counselors and provided sustenance for the future. A variety of strategies helped counselors achieve a level of “fitness” for addressing occupational stress and the challenges of daily life.

Participants described strategies for maintaining a healthy lifestyle, including talk therapy and meditation exercises. Talk therapy offered a strong support system, allowing counselors the opportunity to share problems with peers and family, and engage in problem solving. Meditation exercises allowed counselors to relax and connect spiritually. Religious practices, such as Buddhism and Christianity, provided clarity and connection with personal values. Illustrated in

figure 1, counselors who utilized prevention strategies were able to outweigh maladaptive coping methods.

Figure 1 illustrates described prevention strategies and their ability to offset maladaptive coping approach.

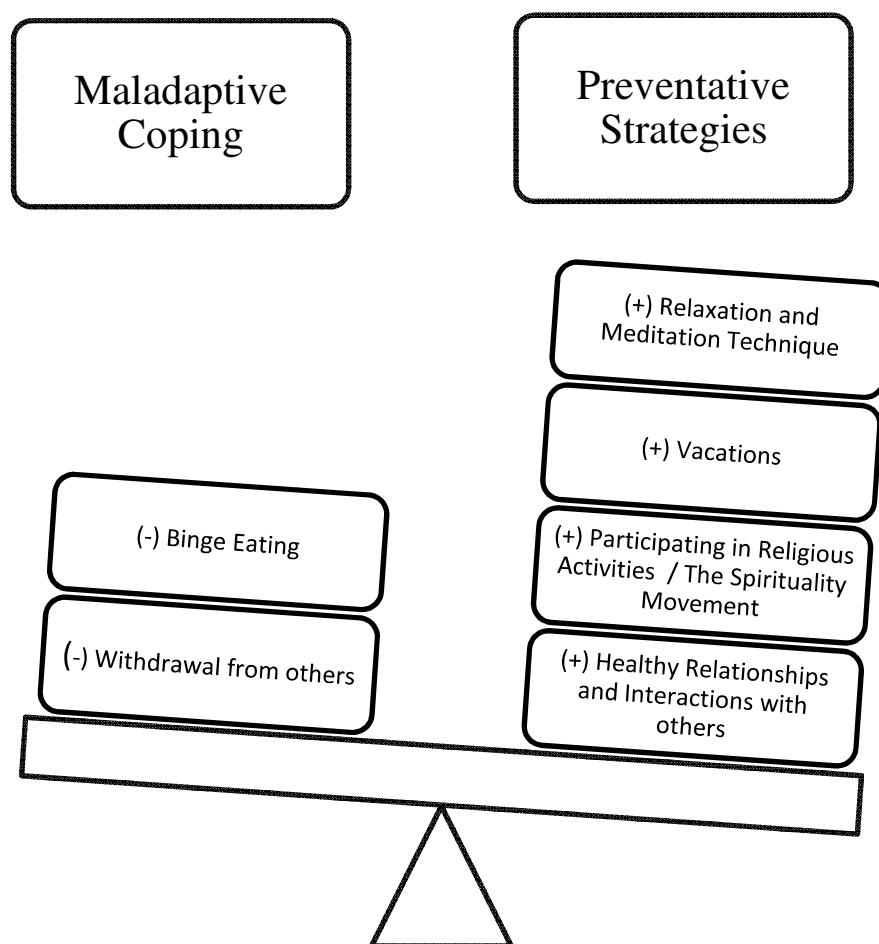


Figure 1. Maladaptive coping and prevention strategies.

Summary

I described the causes of stress experienced by Licensed Alcohol and Drug Counselors (LADC) in chapter four and then described ways to cope with stress in this chapter. Counselor experiences of negative emotions, cognitive or thinking impairment and poor health elicited

coping strategies comprised of supporting each other, having personal relationships in and outside of the workplace, and keeping their priorities regarding balancing patient care and with self-care and family life.

Through relevant theories, I next present analysis for chapters four and five, encompassing causes, experiences, and coping strategies for personal and professional stress.

CHAPTER SIX

ANALYSIS

I explored the experiences of stress and burnout by Licensed Alcohol and Drug Counselors (LADC), identifying personal and professional causes, and coping strategies with regard to experience and managing stress. Analysis expanded understanding of these causes as well as coping strategies utilized by counselors. Specifically, four theories provided explanation with regard to workplace demands, managing human needs, racism, and staying in control.

Role Conflict and Workplace Demands

Counselors experienced stress associated with associated documentation requirements, working with difficult clients, managing relationships with co-workers, and working with management and the organizational culture. These areas produced stress and affected the counselors' ability to do their jobs. Stress from one's role comes from environmental demands, constraints, and events affecting an individual's role fulfillment (Parasuraman & Alutto, 1984). Generally, counselors described their role as stressful. They met unexpected changes in their job roles, including fluctuating routines, and incongruent messages. Stressors from environmental demands resulted in role ambiguity, conflict, and overload.

Beehr and Glazer (2005) defined role ambiguity as the lack of clarity about duties, objectives, and responsibilities concerning an employee's job. Similarly, role conflict refers to the perception of incompatible demands being placed on the organizational member (Abdel-Halim, 1982). Role ambiguity and role conflict have been related to a variety of organizational and personal dysfunctional outcomes, such as job dissatisfaction, turnover, lowered productivity, job related tension, and anxiety (VanSell, Brief, & Schler, 1981).

Role ambiguity and conflict meant counselors dealt with colliding views, inconsistencies, and confusion between various positions of power. The main example concern involves confusion in mission: organizations set standards of individualized treatment but reprimand employees when they spend too much time with clients. Handy (1988) called for a greater consideration of “the relationship between the individual’s subjective experience and the broader social context” of organizations (p. 357). Rizzo et al. (1970) maintained role conflict also exists when organizations’ requirements clash with personal values and obligations to others. Both work-to-family conflict and family-to-work conflict have been studied as having an effect on psychological distress (Frone, 2003).

In addition, role stress involves conflict between work and family responsibilities (Good, Thomas, & Young, 1996). Work-related role stress and work-family conflict affect employee attitudes toward their job (Good et al., 1996). Role conflict and work-family conflict were both significantly related to emotional exhaustion (Singh, Goolsby, & Rhoads, 1994).

Role overload occurs due to incompatibility between work demands and time available to satisfy the demands (Kahn, 1980). Kahn (1964) described role overload as “standing out as another type of role conflict confronting sizable number in the labor force” (p. 59). Overload, Kahn (1964) suggested, occurs when individuals experience difficulty in deciding which tasks, within the given time limits, to comply with and which to postpone. Role theory provides a framework to understand causes and experiences of stress from LADCs. However, it also provides a framework for understanding coping strategies counselors utilized to manage and mitigate their stress.

In addition to causes, role theory explained how counselors established boundaries between job and family. Some counselors learned to separate these roles by not over working,

refusing to work overtime, and separating their professional and personal lives. Counselors found support for these efforts from leaders, co-workers and family members. This provided an opportunity to perform in ways viewed as “normal” for that counselor (Beehr & Glazer, 2005, p. 14). This type of role discretion positively predicted job satisfaction and quality of life (Aryee & Stone, 1996).

Role discretion describes the amount of leeway individuals have in performing their job responsibilities, or the authority and the decision-making latitude in their jobs (Karasek, 1979). Role discretion leads to role clarity. Role clarity entails understanding a defined set of expected behaviors (Selmer & Fenner, 2009). Both role clarity and role discretion exert positive effects on job satisfaction (Selmer & Fenner, 2009).

Role theory explained stress derived from influences, expectations, and demands of counselors. In addition, role discretion and clarity sought to seek balance in the counselor role. An exploration of the literature provided another area to explore for reducing the stress counselors face when meeting human needs, self-determination theory (SDT).

Stress and Its Effect: Managing Human Needs

SDT allowed counselors to cope with personal and professional stress. SDT theory describes fundamental causes, processes, and outcomes of human thriving (Deci & Ryan, 2000). Counselors experienced the need for competence, autonomy, and relatedness (Deci & Ryan, 2000) to help them adapt to the complex and changing world around them.

Counselors actively sought challenge and opportunities to master their environment as reflected in the need for competence (Deci & Ryan, 2000). When individuals lack a sense of competence, motivation and less than optimal functioning results from this lack of control (Deci & Ryan, 2000). Defining competence requires consideration of the potential for and

demonstration of coordinated actions to accomplish organizationally valued tasks (Kanfer & Ackerman, 2005).

Dworkin (1988) defined autonomy as endorsing one's actions at the highest level of reflection. Autonomy engages people in activities they find it interesting. Job autonomy can facilitate the time necessary for learning and development, which in turn improves job performance (Wall & Jackson, 1995). Counselors sought autonomy over certain aspects of their position including work schedules, work load, and overall decision making.

In contrast, being controlled involves acting with a sense of pressure to engage in certain actions. Gagne and Deci (2005) argued individuals need both competence and autonomy to maintain essential motivation. According to SDT, satisfaction of these two needs proves necessary to operate effectively. A third basic need, the need for relatedness, also plays a crucial in counselor success (Baumeister & Leary, 1995).

Counselors described the need to relate to others. In fact, for some, this served as the main coping mechanism utilized for stress. People, naturally inclined to seek close and intimate relationships with other people, try to achieve a sense of communion and belonging with others in their surroundings. They appreciate supportive, caring relationships and respect for their feelings, thoughts, and beliefs (Vansteenkiste & Sheldon, 2006). The concept of these three psychological needs has been central to organizational behavior for decades (Salancik & Pfeffer, 1977). In a study conducted in Bulgaria and the United States, Deci et al. (2001) assessed satisfaction of employees' needs for competence, autonomy, and relatedness at work and found direct positive relations in both countries between the degree of need satisfaction and both work engagement and well-being on the job. An inability to satisfy human needs creates stress.

Racism at Work

Some Black counselors encountered racism in the workplace. They often felt like outcasts when others directly or indirectly questioned their qualifications and abilities. Stereotype threat refers to the concern that one's actions may be seen through the lens of a negative stereotype (Croizet & Claire, 1998). Steele (1997) maintained stereotype threat causes people to conform to the negative stereotype, even causing them to underperform on a task. Several studies and theoretical papers on Black men's health suggested those who conform to negative stereotypes suffer psychologically from inadequate social support networks (Brown & Gary, 1987). Stereotype threat involves two dimensions: self concept and group concept threat (Steele & Aronson, 1995). Self-concept means the person is a target of stereotype threat. Group concept threat is the fear of seeing one's group as possessing the negative stereotypical trait. For some African Americans, living as an African American along with experiencing stereotype threat incorporated the concept of surveillance.

Surveillance, a socio-cognitive process, occurs when members of a dominant group (motivated by suspicion, fear, anxiety, or prior conditioning) monitor the language, emotional expressions, and behaviors of non-dominant group members (Ragsdale, 2000). Surveillance may generally be experienced as a general threat to one's well-being, which might hinder the individuation process as Black men (Ragsdale, 2000).

From a psychological perspective, the effect of being surveilled may play a role in the conscious or unconscious devaluing of oneself and fueling anger and rage (Bell, 1996).

Counselors of Color were observed for slip-ups.

Steele and Aronson (1995) stated that surveillance contributes to Black men experiencing stereotype threat (Ragsdale, 2000). Further, they contended that anxiety arises when individuals

try to disprove negative stereotypes, which in turn interferes with performance. Although stereotype threat may be most likely and most keenly felt among historically stigmatized groups such as African Americans, it causes trouble to member of any group because it threaten basic human motives, such as being competent, appearing competent, and being accepted by others (Aronson, Quinn, & Spencer, 1998). Counselors of Color experienced stress from subtle questioning about their abilities.

The following list represents potential White privileges developed in the context of one particular organization. While some aspects may apply universally, any agency working to understand how race privilege operates within its organization may use the list to examine its culture. Blitz and Kohl (2012) identified reasons why racism exists in the workplace:

- White people may be more likely to get jobs or to get promoted because of shared language and background with the supervisor. People in decision-making, like people in general, tend to gravitate to those who are familiar to them and trust people whose thought processes are similar to their own. Racial and/or cultural difference can inhibit trust-building and then be reflected in decisions related to job promotion.
- Job definitions and job evaluation criteria have been created by white people and might be different if developed by people of color.
- White directors who take it upon themselves to confront tradition and authority to do things new ways be called innovative. Directors of color who try similar innovation may be more likely to be seen as oppositional.
- White people may be more comfortable making autonomous decisions about when to bend a rule in service of the greater good. This can go wrong, but it can also be seen as “talking initiative” and be rewarded. A person of color, on the other hand, may feel more threatened by the idea of acting outside the box in the workplace. Therefore, while the person of color may be valued and respected as dependable, responsible, and loyal to the agency, s/he may not be noticed as a potential leader.
- White people may feel more comfortable acknowledging a personal problem, family difficulty, or asking for a favor because they expect others to understand that periods of hardship are normal and asking for help and support is healthy in those circumstances. People of color, however, may feel pressure to hide personal difficulties due to negative stereotypes about people in their racial or cultural group, creating more stress in the workplace.
- White people expect that their white supervisors will understand and validate their past and present experiences. People of color do not necessarily have the same expectation.
- Speaking English with an accent or ethnic dialect can be considered less professional, or the person may be perceived as less educated. People of color can feel pressure to “talk

white” to be considered for promotion or to be taken seriously in conferences and meetings.

- As a result of accrued white privilege, white people have an easier time accessing informal systems in the workplace. They may be likely to know somebody, or know somebody who knows somebody, who is in a position of power in the community or have other informal ways networking to advance their career. (p. 494)

Organizations should train, restructure, and provide majority groups with information regarding privilege. Social cognitive theory expands upon this focus by identifying and explaining the need for individuals to control personal, cognitive, and environmental events (Bandura, 1989).

Managing Stress by Taking and Staying in Control

Counselors need to be in control of their thoughts, feelings, and environment reduces stress. Counselors described various workplace obstacles blocking their sense of control, including management structure, workloads, and relationships at work. Bandura (1986) introduced social cognitive theory involving thoughts and emotions, which make it difficult to cope with aversive events. When people believe they can prevent, terminate, or lessen the severity of aversive events, they have little reason to be perturbed about them (Bandura, 1986). People need to feel in control of themselves and the environment.

Counselors desired control with processes, time, and, sometimes, people. People exercise control over painful events by being assertive and establishing boundaries (Bandura, 1986). For example, counselors refused to work overtime and sought hard to separate their professional from their personal lives. Parkes, Mendham, and von Rabenau (1994) found occupations that entail high demands with low control and support prompts ill health in employees. A strong sense of control renders situations less intimidating and reduces stress reactions (Bandura, 1986). Counselors demonstrated this sense of control by being direct with themselves and others.

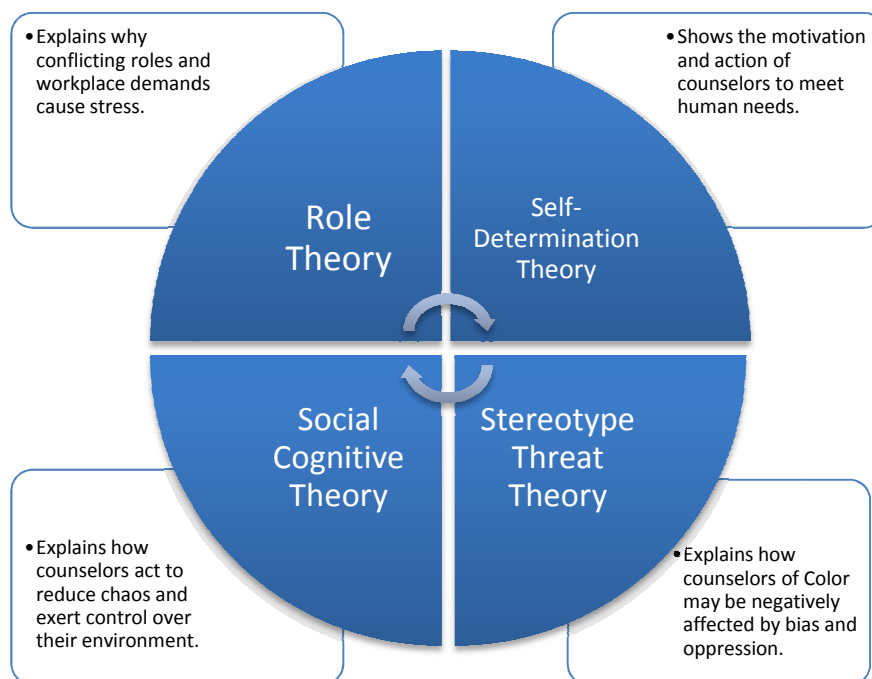
Counselors' self-efficacy (Bandura, 1989) determined how much effort they exerted to persevere in the face of stressors. Human attainments and positive well-being require an optimistic sense of personal efficacy (Bandura, 1986). When individuals experience a stronger sense of their capacities, they put forth greater effort (Bandura, 1988). Counselors' sense of their capabilities allowed them to clarify their roles and reduce stress. Self-doubt can set in quickly after some failures or reverses. Bandura (1989) described the relationship between difficulties and recovery: difficulties produce self doubt, a natural immediate reaction, but the speed of recovery helps individual recovery self-efficacy. Self-efficacy beliefs usually affect cognitive functioning through the joint influence of motivational and information-processing operations. People's beliefs in their capacities affect how much stress they experience in threatening situations (Bandura, 1989). For example, when a counselor's client died, the counselor needed to ensure his *t*'s were crossed and *i*'s dotted as a way to manage the associated stress.

Experiences of personal and professional stress from LADCs described negative emotions including fear, anxiety, and inadequacy. Additionally, the absence of mental energy interfered with logical thinking about stressful situations. Counselors endured exhaustion from workload pressure, interfering with ability to manage daily tasks.

Summary

Four theories informed the analysis of stress and burnout experiences by Licensed Alcohol and Drug Counselors (LADC).

Figure 2. Using theory to explain the phenomenology of stress experienced by LADCs.



Role theory explained stress related to work influences, expectations, and demands. In addition, role discretion and clarity helped counselors seek balance between work and home. SDT explained psychological needs of competence, autonomy, and relatedness (Deci & Ryan, 2000). Counselors desired and sought competency and mastery over activities in their roles. When people received little opportunity to master the environment or lack support, they were less likely to perform at an optimal level (Baumeister & Leary, 1995). Counselors' lack of support prevented them from having confidence in their work activities.

Autonomy proved beneficial for stress management (SDT; Deci & Ryan, 2000). Counselors managed adverse situations as a result of greater flexibility and authority to perform their job. SDT explains peoples need for relatedness (Deci & Ryan, 2000). Counselors sought relationships with co-workers to achieve a sense of belongingness (Baumeister & Leary, 1995). Stereotype threat revealed an obstacle to competence for counselors of Color who fought against

being viewed through negative stereotypes (Shapiro, 2011). Last, social cognitive theory (SCT; Bandura, 1986) explained counselor's desire for control over their thoughts, feelings, and environment to reduce stress.

In the next chapter, I move from my focused theoretical analysis into a full examination of this study. I provide a detailed overview and conclusion to my study. I summarize major findings, discuss the implications of this research for professional practice, and recommend various ways to address workplace stress in the last chapter.

CHAPTER SEVEN

SUMMARY, IMPLICATIONS, AND RECOMMENDATIONS

I examined the experiences of stress and burnout for Licensed Alcohol and Drug Counselors (LADC) in terms of occupational hazards associated with the profession and the organizational demands and conditions related to employment in various rehabilitation settings and programs. In this final chapter, I summarize the causes of stress, describe the implications of my findings, and offer recommendations for professional practice.

Personal Stress

Participants described causes of personal stress, including a lack of money, caring for others, aging, and an inability to meet family and work demands. Participants described how stress affected their performance at work and relationships with others at home.

Money

Participants claimed a lack of money caused them personal stress because of their inability to pay for personal expenses and costs associated with professional advancement. Money stress included an inadequate salary as well as a lack of sufficient resources to pay student loans, care for love ones, and save for retirement. Participants also identified low salaries and compensation for professional work as a related issue. The inability to meet financial needs created stress. Human resource departments should find ways to fairly compensate employees and offer benefits such as pay raise programs, education reimbursement for college, and financial literacy classes.

The study revealed the need to address economic stress and its implications. According to Voydanoff (1990), economic stresses are aspects of economic life that are potential stressors for employees and their families. It includes both objective factors such as the inability to meet

current financial needs and subjective factors such as financial concerns and worries (Probst, 2005). In addition, economic stresses have grave implications for families of affected employees.

Research shows that a majority of Americans have inadequate knowledge about concepts related to personal finance and basic economics (Toussaint-Comeau & Rhine, 2001). A financial literacy program would focus on such topics as budgeting, personal finance, and keeping records and be delivered to LADCs through information seminars, information pamphlets, or webinars.

Informational seminars are held in an environment that is culturally and linguistically comfortable (Toussaint-Comeau & Rhine, 2001). Presenters who are culturally or ethnically similar to the audience will be better able to connect with the participants. In addition, since attending a seminar could be an intimidating experience, it is important to have a private financial counselor as a resource (Jacob, Hudson, & Bush, 2000).

Distributing pamphlets is another way to disseminate financial literacy information. However, pamphlets are most effective when given as part of a seminar in order for readers to have an opportunity to ask clarifying questions (Jacob et al., 2000). Moreover, written information materials should be easy to follow and be impartial to particular products, services, or institutions.

Webinars have grown in popularity (Toussaint-Comeau & Rhine, 2001). They are an efficient and cost-effective way for organizations to make information about personal finances available to counselors. However, due to dissonance with computers, information offered through webinars may not suit some individuals.

Caring for Others

Participants described stress created from caring for primary and extended family members. This included caring for birth or origin family members, such as parents and siblings, along with family created by birth and marriage, including spouses, children, and other relatives. Stress created by these circumstances was actual or anticipated and proved overwhelming and, at times, left counselors feeling alone and powerlessness.

The study revealed the health consequences of caring for others. Caring for family members presents a range of emotions. Often, guilt, anger and resentment resurface as unresolved issues. Accordingly, stress stemming from family role environment includes mental and physical well-being outcomes. Research has shown family-work conflicts are related to worse physical health (Bellavia & Frone, 2005).

I recommend family support that includes flexible work schedules, child care referrals, and leaves of absence. These programs reduce employee work-family conflict and enhance employee job attitudes and behaviors (Thomas & Ganster, 1995). Family support programs are a means for maintaining morale and attracting and retaining a dedicated workforce (Thomas & Ganster, 1995).

Aging

Aging as a cause of stress was accompanied by a variety of physical changes, reduced capacity for performing work, and preoccupation. Large bodies of work concerning the aging process have documented a variety of physical, cognitive, and emotional changes that accompany aging (Barnes-Farrell, 2005). Participants suggested these changes have the potential to disrupt fulfilling demands of work.

Besides the physical changes, a dichotomy between older and younger counselors created a division between counselors and proved to be a significant cause stress for older counselors.

The study revealed the need to understand the functionality of older workers and its stressful impacts on work and work environment (Barnes-Farrell, 2005). For example, ergonomic interventions aimed at redesigning work conditions, work tasks, and work tools show great promise for maintaining functioning and performance (Barnes-Farrell, 2005). For another example, older counselors completing required documentation could benefit from adaptive technology because of declining visual capabilities. Other opportunities for redesign regarding sensory, psychomotor, and cognitive changes with human-computer interface are critical for older worker well-being (Barnes-Farrell, 2005).

The study also revealed the need to understand conditions that create stress for aging counselors. It has been argued that older workers are more experienced at using cognitive strategies to regulate their emotions (Hansson, Robson, & Limas, 2001). In addition, Osipow and Doty (1985) suggested older workers learn to take advantage of coping resources and are therefore able to manage considerable amounts of stress. Despite these acknowledgements, organizations should be familiar with conditions under which older counselors encounter difficulties in maintaining performance levels.

I recommend professional development emphasizing the development of new skills, and increased participation, involvement, and psychological support for older counselors within the organization. In addition, professional development would elicit idea sharing between older and younger counselors. Older workers prefer experiential learning to conceptual learning approaches and enjoy using different strategies during the learning process (Gist & Rosen, 1988). Special attention to older counselors yields rewards since they often hold responsible positions and may be at increased risk for experiencing stress.

Balancing Work and Family Demands

Counselors described stress in managing family relationships and work responsibilities. Work problems and demanding caseloads interfered with family life. One demand placed on counselors involved the use of time; time spent in one role is time that cannot be spent in another (Judge & Colquitt, 2004). Counselors struggled to balance priorities between work and home.

The study revealed the need to promote organizational justice by being responsive to work-family conflict. Grandey (2001) argued justice literature pertains to understanding how family-friendly policies work. He maintains organizations with unfair policies and practices contribute to the interference of work with family life. Thus, organizations should consider employee views and experiences regarding work-family conflict.

I recommend distributing employee surveys to provide an accurate picture of employee needs, thus creating procedures representative of all group concerns (Grandey, 2001). In addition, leaders should adopt procedures responsive shared concerns. Grandey (2001) noted an accurate needs analysis with organizational-wide participation serves a vital component of responsiveness to work-family issues.

Next, I provide a summary of central findings, implications, and recommendations for causes of “occupational” (Hurrell et al., 1998) or professional stress associated with performing work as a LADC.

Professional Stress

Licensed alcohol and drug counselors described five sources of occupational stress, including the stress associated with (1) documentation requirements and a lack of time to complete paperwork, (2) experiencing difficulty with clients, (3) managing relationships with co-workers, (4) experiencing an organizational culture including adapting to change and

management structure, and (5) lack of diversity and racism. Counselors experienced occupational stress in different ways and used a variety of coping strategies to manage stress (see Table 2 below for a complete list).

Causes of Stress	Professional Coping Strategies
Documentation Requirements and Paperwork	<ul style="list-style-type: none"> • Staying Organized • Taking Short Breaks from Work
Experiencing Difficulty with Clients	<ul style="list-style-type: none"> • Support from Supervisors and Colleagues • Professional Therapy • Cognitive Behavioral Therapy • Meditation Techniques
Managing Relationships with Co-Workers	<ul style="list-style-type: none"> • Humor at Work • Teamwork
Organizational Culture: Adapting to Change, Management Structure and Excessive Bureaucracy	<ul style="list-style-type: none"> • Getting Support from Supervisors • Experiencing Autonomy in Professional Role • Effective Communication
Racism at Work	<ul style="list-style-type: none"> • Maintaining Cultural Identity • Setting Boundaries

Table 2. Causes and coping strategies for occupational hazards.

Documentation Requirements and Paperwork

Considerable time and effort must be expended to meet documentation requirements associated with case management. The allotted time for these requirements presented challenges to counselors. Documentation standards compete with the face-to-face time available to meet with clients. Managing case files and providing the documentation served as a source of professional stress.

The study revealed the need to consider how stress from documentation requirements affected the delivery of quality services. Federal and state documentation regulations ensure safety and standard of care for patients, a necessary component for counselors and organizations.

However, high case loads should be lessened, preserving quality patient care. Furthermore, learning effective case management skills supports employee growth and stress management.

I recommend Case Management Coaching (CMC; my term). Changes in service delivery system, licensure rules, and practice settings challenge the profession and practice of rehabilitation counseling (Shaw, Leahy, Chan, & Catalano, 2006). These specific changes, in combination with anticipated societal and professional trends, have affected rehabilitation counseling (Hershenson & McKenna, 1998) and the counseling role in general (Herr, 1999).

CMC would assist counselors by pairing them up with coaches (co-workers) and helping them gain expertise in developing written reports regarding client progress, treatment plans, developing rapport/referral network with other rehabilitation professionals, reporting to referral sources, and financial decisions. Coaching, through one-to-one learning, advising, and nurturing enhances personal and professional growth. Improved case management skills bring clarity of expectations, support to employees, and improved performance (Robbins & Judge, 2007).

Last, I recommend counselor professional development on managing time and resources. Participants made it clear they did not have enough time to complete assigned tasks. Large caseloads and demanding circumstances require effective time management skills. Staff training and development in time management may help to promote and maintain efficient and professional practices. Hawkins and Klas (1997) found the lack of training and development causes time management and staff morale to suffer.

Experiencing Difficulty with Clients

Experiencing difficulty with clients caused stress due the increased time and demands associated with clients in crisis. Concerns regarding (1) chronic relapse, (2) mental health issues beyond those associated with treatment and recovery for alcohol and drug addiction, and (3)

noncompliant behavioral issues with regard to participation in treatment and recovery became a challenge for counselors.

The study revealed drug addiction as a complex disorder, involving virtually every aspect of an individual's functioning, including co-occurring addictive and mood disorders: major depression, dysthymia, bipolar, and anxiety disorders (Brady, Myrick, & Sonne, 2003). This interface of mood disorders and substance use disorders acts as an important factor in improving treatment in the substance abuse field and has received a great deal of attention (Brady, Myrick, & Sonne, 2003).

I recommend a focus on clinical supervision. Two focuses of this supervision involve job performance and emotional support, creating a "safe space" to discuss emotionally challenging issues (Knudsen, Ducharme, & Roman, 2008). The process of clinical supervision encourages counselors to engage in self reflection. Research offers empirical support for the relationship between clinical supervision and decreased emotional exhaustion (Knudsen et al., 2008). It may be that supervisory relationship works to enrich the counselors' ongoing experience on the job, thus moderating sensitivities to perceived stressors (Knudsen et al., 2008).

Managing Relationships with Co-Workers

Counselors described how relationships with co-workers become strained due to workload. Excessive workplace demands proved detrimental to building relationships with colleagues due to the limited time available to get to know each other. Participants' workloads impacted relationships with others in the work environment, thus weakening organizational commitment. Organizational commitment refers to the extent to which an employee identifies with an organization and feels committed to its goals (Sikorska-Simmons, 2005). A lack of organizational commitment has been identified as a strong predictor of staff turnover (Mathieu &

Zajac, 1990). Moreover, a strong positive relationship between job satisfaction and organizational commitment has been reported in numerous studies (Mathieu & Zajac, 1990).

I recommend self-managing teams. Likert (1961) argued an organizational chart should depict not a hierarchy of individual jobs but a set of interconnected teams. Each team would be highly effective in its own right and linked to other teams via individuals who served as “linking pins” (Bolman & Deal, 2008, p. 154). The central idea in the autonomous team approach involves giving groups responsibility with autonomy and resources (Bolman & Deal, 2008). Teams meet regularly to determine work assignments and scheduling. Supervision typically rests with an appointed or emergent team leader (Bolman & Deal, 2008).

I recommend autonomy-supportive environments to support feelings of being in control among LADCs. Counselor described the importance of having authority and flexibility to perform daily tasks at a quality level, whether accomplishing this as individuals or working with others in teams.

Organizational Culture

The last cause for professional stress involves organizational culture, which specifically includes (1) adapting to change, including communication about change, fears associated with job loss, and conflicts in professional values, (2) management structure and excessive bureaucracy, which links clients not having access to resources, and (3) a lack of diversity in the work environment and racism.

Counselors described stress associated with constant changes in case management. Change undermines existing structural arrangements, creating ambiguity, confusion, and distrust (Bolman & Deal, 2008). Counselors no longer knew what was expected of them. Clarity, predictability, and rationality gave way to confusion, loss of control, and a sense that “politics trumps policy” (Bolman & Deal, 2008, p. 383). To minimize difficulties, organizations must

anticipate structural issues and work to redesign the existing architecture of roles and relationships (Bolman & Deal, 2008).

Another way to support change involves the provision of a mental health framework.

Warr (1999) identified the following features of mental health framework:

1. *Opportunities for personal control*: employee discretion, decision latitude, autonomy, absence of close supervision, self-determination, participation in decision making, freedom of choice
2. *Opportunity for skill use*: skill utilization, utilization of valued abilities, required skills
3. *Variety*: variation in job content and location, non repetitive work, skill variety, task variety
4. *Environmental clarity*: (a) information about the consequences of behavior, task feedback; (b) information about the future, absence of job future ambiguity, absence of job insecurity; (c) information about required behavior, low role ambiguity
5. *Supportive supervision*: leader consideration, boss support, supportive management, effective leadership
6. *Opportunities for interpersonal contact*: (a) quantity of interaction, contact with others, social density, adequate privacy; (b) quality of interaction, good relationships with others, good communications, social support, absence of interpersonal conflict, harassment, or bullying
7. *Valued social position*: (a) personal evaluations of task significance, valued role incumbency, contribution made to others, perceived meaningfulness of job; (b) wider evaluations of a job's status in society, social rank, occupational prestige (p. 396)

Implementing such environmental characteristics produces subjective well-being (Warr, 2005). Subjective well-being describes a person's well-being in terms of displeasure to pleasure and anxiety to comfort (Warr, 2005).

Next, participants maintained that a lack of diversity affected them. Clients and counselors of color interacted within a predominately White managerial environment. Counselors of Color described this as racism and identified it as a cause of stress. Participants desired an increase in diversity in managers. Organizations must recruit, support, and retain counselors and supervisors of Color, reflective of the client base.

To enhance culturally responsive services, staff members from marginalized or socially oppressed groups need to feel valued by individuals and organization. Value may be

demonstrated through processes allowing all members of the organization to compete on an even playing field, addressing factors within the organizational culture privileging some groups over others. An organization overlooking the social and historical effects of race privilege and racism risk perpetuating inequity through practices emphasizing the achievements and strengths of White staff members without recognizing the cultural context supporting their success (Blitz & Kohl, 2012). To address organizational racism, formation and development of anti-racist affinity groups is recommended.

Racial affinity groups. White staff members of a social work organization understand institutionalized racism (Blitz & Kohl, 2012). Individuals of the same racial group meet on a regular basis to discuss the dynamics of institutional racism, oppression, and privilege within their organization. Two or more groups (organized by common race identification) form and meet separately to identify and advance their organization's racial equity goals. Race-based caucusing may be an effective method for social service agencies to highlight race as they address cultural responsiveness (Blitz & Kohl, 2012). Caucusing can function to promote anti-racist practice, advance organizational change, and support the personal and professional growth of the group members. It fosters accountability and validates perceptions of institutional racism within the organization, further supporting the organization's members.

Despite these potential benefits, there is little evidence regarding the regular use of race-based caucusing by agencies (Blitz & Kohl, 2012). This may involve concerns about competing resources, difficulty envisioning concrete benefits, and lack of clarity on how to begin and manage the process over time. Anti-racist work needs special attention because institutional racism downplays the role of White culture and privilege, advancing the supposed ideal of colorblind fairness, and discouraging talk about White racial identity. These practices tend to

reinforce hidden privilege and maintain, rather than eliminate, inequity (Ancis & Szymanski, 2001; D'Andrea, 2005; Perry & Shotwell, 2009; Spanierman, Poteat, Beer, & Armstrong, 2006).

A race-based perspective moves an organization toward multicultural inclusiveness by stressing how racism and racial identity development shape the structure and performance of organizations (Carter, 2000). Examining how institutional racism manifests may be particularly complex because each individual may define and experience racism uniquely. Some members of the organization may focus on the history of slavery, genocide, and colonization, while others may refer only to individual acts of prejudice or bigotry. An organization moving toward the race-based perspective may therefore need to develop internal systems to support the staff members' education and develop a common language and way of understanding structural racism and other forms of systemic inequities (Blitz & Kohl, 2012).

Blitz and Kohl (2012) identified the following principles for effective implementation of racial affinity group:

- Clarify systems of accountability between the White anti-racism caucus, people of color, the institution's executive management group, consumers of community members, and other constituents.
- Work in harmony with, and contribute to, other organizational initiatives designed to address institutional and cultural bias, such as making the workplace LGBTQ friendly, increasing access for people with disabilities, and supporting religious inclusiveness.
- The executive managers should operate with transparency, and discussion should remain open between all individuals and sub-groups involved in the antiracism endeavor.
- White people involved in the caucusing process must be available for evaluative dialogue with people of Color and others.
- Establish real avenues for critical feedback to reach the senior levels of management.
- Develop a shared mission or values statement between the white anti-racist caucus and people of Color caucus that clarifies the intent and goals of all the racial affinity caucuses.
- Clearly state the expectation that all White people within the organization will take an active role in confronting institutional racism as a function of their job, and offer the caucus as a means of support, education, and collaboration.
- Create forums, separate from caucuses, where employees who are uncertain that issues of race and racism are appropriate for the professional setting can discuss their concerns.

- When choosing members for caucuses, consider selecting participants from all levels of the agency's hierarchy.
- Develop and maintain regular dialogue about race and racism with key people within the organization and with outside consultants to stimulate continued personal and professional growth and enhance creative problem solving.
- Regularly disseminate relevant literature on institutional racism, white racial identity and culture, White privilege, and anti-racist practices to all members of the organization.
- Look for ways to weave an analysis of power and race into other discussions of marginalization and bias, and develop partnerships that enhance the organization's evolution toward genuine fairness, equity, and inclusion. (p. 496)

By implementing racial affinity groups, a healthy racial dialogue takes place within the agency; all staff members and organization leaders may become more adept at working within a multicultural antiracist paradigm and enhance cultural responsiveness.

Stress: A Dynamic Process

Many presume workers' personal characteristics cause job stress (Sanders, 2001). However, some argue employees do not become stressed because of character flaws or mental health vulnerability; rather, employees experience stress within the context of their work. Conversely, occupational psychologists assert job stress results from organization design, and therefore put forth interventions such as stress management training programs (Arthur, 2004). However, these programs have a commercial market in which quality varies, without a theoretical and evidence-based foundation, and cover only minimum prevention activities (Kompier & Kristensen, 2001).

An integrated approach aims to reduce workplace stress by working with organizations and also providing treatment for individuals experiencing stress should be adopted. This approach works across the organization with individual approaches to design more holistic responses (Arthur, 2004). Acknowledging social, economic, political, and organizational factors affecting individuals provides a comprehensive framework and method to workplace stress (Arthur, 2004). Participants described both personal and organizational stressors. This

approach, therefore, speaks to addressing counselor stress in a more complete way through educational efforts, human resource programs, and leadership.

Only limited attention has been devoted (Bedeian & Armenakis, 1981; Miles, 1964) to assessing empirically the causal relationships among sets of organizational, task, role, and individual variables posited in theoretical models of stress (Beehr & Newman, 1978; Caplan et al., 1975; Cooper & Marshall, 1976; Kahn et al., 1964; McGrath, 1976). One such variable involves the examination of how organizational leaders affect counselors' morale and performance related to stress. For successful implementation of preceding organizational recommendations, an effective leadership structure must be in place. The large and growing literature dealing with leadership has not led to an obvious increase in either the quantity or quality of leaders (Russell, 1999). Furthermore, leadership and burnout have mainly been examined as separate elements, and not enough attention has been paid to the relationship between these phenomena (Kanste et al., 2007). Better administrative support has been shown to be related to less burnout (Garland, 2004) and more satisfaction (Evan & Hohenshil, 1997) among substance abuse counselors.

Support structures and improved communication about everyday dilemmas seem to be needed to prevent stress (Skagert, Delive, Eklof, Pousette, & Ahlborg, 2008). Attributes of support and communication relate to need for compassion by leaders. Boyatzis, Smith, and Blaize (2006) defined compassion as having three components: (1) empathy or understanding the feelings of others, (2) caring for the other person, and (3) willingness to act in response to the person's feelings.

Compassion encompasses a transformation model. Northouse (2007) described transformational leadership as an exchange occurring between leaders and their followers,

raising the level of motivation and morality in both the leader and the follower. This leader attends to the needs and motives of followers and tries to help followers reach their fullest potential (Northouse, 2007). Leadership development programs should focus on introducing and supporting a more compassionate leadership to help counselors and clients focused on the reduction of stress and a healthy and balanced lifestyle.

Summary

Job stress and burnout associated with workers in the helping professions occurs often as a result of the organizational structure (Beehr & Newman, 1978). Central findings for causes of personal and professional stress suggest implications and recommendations for modifying organizational structures. The new structure supports effective communication, addresses individual needs, and incorporates corresponding leadership styles. Next, I present recommendations for further research and conclude with a personal note.

Recommendations for Additional Research

I conducted a phenomenological study of stress and burnout as experienced by licensed alcohol and drug counselors (LADC) to help aspiring and current practitioners learn the “hazards” of the profession and identify ways to recognize and manage stress. I found significant sources of stress in participants’ lives, including their struggle to manage difficult personal circumstances, and also considerable professional stress associated with the nature and conditions of work.

The purpose of this study was to explore these experiences of LADCs to help prepare new counselors for inevitable challenges and also to provide support to those with years of practice. I hoped to help all to understand their experience (and its hazards) and to identify the resources needed to combat the degree and effects of stress and burnout. Because 90% of

participants were between 40 and 62 years of age, further research might include younger LADCs: understanding their specific experiences of stress and burnout. Because younger counselors have different interests, aspirations, and needs, their causes and experiences may contrast those presented in the study. In addition to younger counselors, further research may focus on LADC supervisors. Leaders may manage employees and organizational regulations, learning how leaders may find a balance between compassion and the need for work production may prove stressful.

Despite these limitations, the hope is that this study provides a better understanding of stress and burnout for new as well as seasoned counselors. It is clear many factors play a part in the experiences of stress and burnout by LADCs. Further efforts should be made to examine these links, developing individual and organizational stress management tools to support LADCs.

Conclusion

My findings emphasized how the need for competence and an inability to control demanding roles and expectations caused stress among LADCs. Workloads, family-work conflict, and racism affected counselors' confidence. Bandura (1989) claimed people could be persuaded to believe they have the capabilities to succeed.

Positive values and role models within the organization may help counselors become more proficient and gain new skills and competencies. These models transmit knowledge and teach effective skills and strategies for managing environmental demands (Bandura, 1986). I fear organizations may think of this ideology as utopian. However, organizations serve as competence builders, not only raising people's beliefs in their capabilities but also modifying structures to ensure success and avoid placing people in situations leading to failure. Sharing the

spotlight with personal self care, new counselors, seasoned counselors, and leaders must appreciate the importance of healthy organizations in combating the degree and effects of stress and burnout on people.

References

- Ancis, J. R., & Szymanski, D. M. (2001). Awareness of White privilege among White counseling trainees. *The Counseling Psychologist, 29*, 548-569.
- Arnold, J., Cooper, C. & Robertson, T. (1995). *Work psychology* (2nd ed.). London, England: Pitman.
- Aronson, J., Quinn, D., & Spencer, S. J. (1998). Stereotype threat and the academic performance of minorities and women. In J. Swin & C. Stangor (Eds.), *Prejudice: The target's perspective*. San Diego, CA: Academic Press.
- Arthur, A. R. (2004). Work-related stress, the blind men and the elephant. *British Journal of Guidance & Counseling, 32*(2), 159-167.
- Aryee, S., & Stone, R. J. (1996). Work experiences, work adjustment, and psychological well-being of expatriate employees in Hong Kong. *The International Journal of Human Resource Management, 7*, 150-164.
- Ashmos, D. P. & Duchon, D. (2000). Spirituality at work: A conceptualization and measure. *Journal of Management Inquiry, 9*(2), 134-145.
- Athanasiades, C., Winthrop, A. & Gough, B. (2008). Factors affecting self-referral to counseling services in the workplace: A qualitative study. *British Journal of Guidance & Counseling, 36*(3), 257-276.
- Baard, P., Deci, E. L., & Ryan, R. M. (2004). Intrinsic need satisfaction: A motivational basis of performance and well-being in two work settings. *Journal of Applied Social Psychology, 34*, 2045-2068.

- Bacharach, S. B., Bamberger, P., & Conley, S. (1990). Work processes, role conflict, and role overload: The case of nurses and engineers in the public sector. *Work and Occupations, 17*, 199-228.
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Bandura, A. (1989). Human agency in social cognitive theory. *American Psychologist, 44*(9), 1175-1184.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. San Francisco, CA: W.H. Freeman & Company.
- Barling, J., Kelloway, E. K. & Frone, M. R. (2005). *Handbook of work stress*. Thousand Oaks, CA: Sage.
- Barnes-Farrell, J. L. (2005). Older Workers. In J. Barling, E. K. Kelloway, & M. Frone (Eds.), *Handbook of Work Stress*, (pp. 431-454). Thousand Oaks, CA: Sage Press
- Bartlett, D. (1998). *Stress perspectives and processes*. Buckingham, England: Open University Press.
- Bartnof, H. S. (1988). Healthcare professional education and AIDS. *Death Studies, 12*, 547-562.
- Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin, 117*, 497-529.
- Bedeian, A. G., & Armenakis, A. A. (1981). A path-analytic study of the consequences of role conflict and ambiguity. *Academy of Management Journal, 24*, 417-424.
- Beehr, T. A. (1976). Perceived situational moderators of the relation between subjective role ambiguity and role strain. *Journal of Applied Psychology, 61*, 35-40.

- Beehr, T. A. (1985). Organizational stress and employee effectiveness: A job characteristics approach. In T. A. Beehr, & R. S. Bahagat (Eds.), *Human stress and cognition in organizations* (pp. 57-81). New York, NY: Wiley & Sons.
- Beehr, T. A. (1995). *Psychological stress in the workplace*. New York, NY: Routledge.
- Beehr, T. A., & Glazer, S. (2005). *Organizational role stress: Handbook of work stress*. Thousand Oaks, CA: Sage.
- Beehr, T. A., & McGrath, J. E. (1992). *Social support, occupational stress*. New York, NY: Wiley.
- Beehr, T. A., & Newman, J. E. (1978). Job stress, employee health, and organizational effectiveness: A facet analysis model, and literature review. *Personnel Psychology*, *31*(4), 665-699. doi: 10.1111/j.1744-6570.1978.tb02118.x
- Beehr, T. A., & Schuler, R. S. (1982). *Stress in organizations*. Boston, MA: Allyn & Bacon.
- Bell, C. C. (1996). Treatment issues for African-Americans Men. *Psychiatric Annals*, *26*(1), 33-36.
- Bellavia, G., & Frone, M. (2005). Work-family conflict. In J. Barling, E. K. Kelloway, & M. Frone (Eds.), *Handbook of Work Stress*, (pp. 113 – 147). Sage Publication: Thousand Oaks, CA.
- Bennett, L., Kelaher, M., & Ross, M. (1994). Quality of life in health care professionals: Burnout and its associated factors in HIV/AIDS related care. *Psychology and Health*, *9*, 273-283.
- Blitz, L. V., & Kohl Jr. B. G. (2012). Addressing racism in the organization: The role of white racial affinity groups in creating change. *Administration in Social Work*, *36*(5), 479-498.
- Bloomberg, L. D., & Volpe, M. (2008). *Completing your qualitative dissertation: A roadmap from beginning to end*. Thousand Oaks, CA: Sage.

- Bolman, L. G., & Deal, T. E. (2008). *Reframing organizations: Artistry, choice, and leadership* (4th ed.). San Francisco, CA: Jossey-Bass.
- Boyatzis, R. E., Smith, M. L., & Blaize, N. (2006). Developing sustainable leaders through coaching and compassion. *Academic Management Learning Education*, 5(1), 8-24. doi: 10.5465/AMLE.2006.20388381
- Brady, K. T., Myrick, H., & Sonne, S. (2003). Co-occurring addictive and affective disorders. In A. W. Graham, T. K. Schultz, M. F. Mayo-Smith, R. K. Ries, & B. B. Wilford (Eds.), *Principles of addiction medicine* (3rd ed.) (pp. 1277-1286). Chevy Chase, MD: American Society of Addiction Medicine, Inc.
- Brief, A. P. (1998). *Attitudes in and around organizations*. Thousand Oaks, CA: Sage.
- Brown, D. R., & Gary, L. E. (1987). Stressful life events, social support networks, and the physical and mental health of urban black adults. *Journal of Human Stress*, 13(4), 165-174.
- Caplan, R. D., Cobb, S., French, J. R. P., Jr., Van Harrison, R., & Pinneau, S. R., Jr. (1975). *Job demands and worker health: Main effects and occupational differences*. Washington, DC: U.S. Department of Health, Education and Welfare.
- Carter, R. T. (2000). *Addressing cultural issues in organizations: Beyond the corporate contest*. Thousand Oaks, CA: Sage Publications.
- Cartwright, S. & Cooper, C. (2005). Individually targeted intervention. In J. Barling, E. K. Kelloway, & M. R. Frone (Eds.), *Handbook of work stress* (pp. 607-622). Thousand Oaks, CA: Sage Publications.
- Cassidy, T. (1999). *Stress, cognition and health*. London, England: Routledge.
- Charmaz, K. (2006). *Constructing grounded theory*. London, England: Sage Publications.

- Cooper, C. L., Cooper, R. D., & Eaker, L. H. (1988). *Living with stress*. London, England: Penguin.
- Cooper, C. L., & Dewe, P. J. (2004). *Stress: A brief history*. Oxford, England: Blackwell.
- Cooper, C. L., Dewe, P. J., & O'Driscoll, M. P. (2001). *Organizational stress: A review and critique of theory, research, and applications*. Thousand Oaks, CA: Sage.
- Cooper, C. L., & Marshall, J. (1976). Occupational sources of stress: A review of the literature relating to coronary heart disease and mental ill health. *Journal of Occupational Psychology, 49*, 11-28.
- Cooper, C. L. & Sadri, G. (1995). Quality of life in health care professionals: Burnout and its associated factors in HIV/AIDS related care. In R. Crandall & P. L. Perrewe (Eds.), *Occupational stress: A handbook* (pp. 273-282). Washington, DC: Taylor & Francis.
- Cordery, J. (1997). Reinventing work design theory and practice. *Australian Psychological Society, 32*, 185-190.
- Cordes, C. L., & Dougherty, T. W. (1993). A review and integration of research on job burnout. *Academy Of Management Review, 18*, 621-656.
- Cranswick, K. (1997). Burnout: A study of levels of burnout and factors responsible for burnout in rehabilitation. *Journal of Rehabilitation Administration, 21*, 119-134.
- Croizet, J. C. & Claire, T. (1998). Extending the concept of stereotype threat to social class: The intellectual underperformance of students from low socioeconomic backgrounds. *Personality and Social Psychology Bulletin, 24*, 588-594.

- Cushman, L. F., Evans, P., & Namerow, P. B. (1995). Occupational stress among AIDS social services providers. *Social Work in Health Care, 21*(3), 115-131.
doi.org/10.1300/J010v21n03_08
- Dale, K., & Fox, M. L. (2008). Leadership style and organization commitment: Mediating effect of role stress. *Journal of Managerial Issues, 20*(1), 109-130.
- D'Andrea, M. (2005). Continuing the cultural liberation and transformation of counseling psychologist. *The Counseling Psychologist, 33*, 524-537.
- Deci, E. L. (1975). *Intrinsic motivation*. New York, NY: Plenum Press.
- Deci, E. L. (1995). *Why we do what we do: Understanding self-motivation*. New York, NY: Penguin Books.
- Deci, E. L., & Ryan, R. M. (2000). The “what” and “why” of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry, 11*, 227-268.
- Denzin, N. K. (1989/2001). *Interpretive interactionism*. Newbury Park, CA: Sage.
- Denzin, N. K., & Lincoln, Y. S. (2000). *Handbook of qualitative research* (2nd ed.). Thousand Oaks, CA: Sage.
- Dworkin, G. (1988). *The theory and practice of autonomy*. New York, NY: Cambridge University Press.
- Eakin, J. M., & Taylor, K. M. (1990). The psychosocial impact of AIDS on health workers. *AIDS, 4*(1), S227-S262.
- Eden, D. (1990). Acute and chronic job stress, strain, and vacation relief. *Organizational Behavioral and Human Decision Processes, 45*, 175-193.
- Elliot, A. J., & Dweck, C. S. (2005). *Handbook of competence and motivation*. New York, NY: The Guilford Press.

- Endler, N. S., & Parker, J. D. A. (1999). *Coping inventory for stressful situations (CISS): Manual* (Rev. ed.). Toronto, Canada: Multi-Health Systems.
- Ensel, W. M. & Lin, L. (2004). Physical fitness and the stress process. *Journal of Community Psychology, 32*(1) 81-101.
- Filak, V., & Sheldon, K. M. (2003). Student psychological need-satisfaction and college teacher course evaluations. *Educational Psychology, 23*, 235–247.
- French, J. R. P., Jr., & Caplan, R. D. (1973). Organizational stress and individual strain. In A. J. Marrow (Ed.), *The failure of success*. New York, NY: AMACOM.
- Frone, M. R. (2003). Work-family balance. In J. C. Quick & L. E. Tetrick (Eds.), *Handbook of occupational health psychology* (pp. 143 -162). Washington, DC: American Psychological Association.
- Gagne, M., & Deci, E. L. (2005). Self-determination theory and work motivation. *Journal of Organizational Behavior, 26*(4), 331-362.
- Garland, B. (2004). The impact of administrative support on prison treatment staff burnout: An exploratory study. *The Prison Journal, 84*, 452-471.
- Gist, M., & Rosen, A. (1988). The influence of training method and trainee age on the acquisition of computer skills. *Personal Psychology, 41*, 255-265.
- Good, L. K., Thomas J. P., Jr., & Young, C. E. (1996). Assessing hierarchical differences in job-related attitudes and turnover among retail managers. *Journal of the Academy of Marketing Science, 24*, 148-156.
- Grandey, A. A. (2001). Family friendly policies: Organizational justice perceptions of need-based allocations. In R. Cropanzano (Ed.), *Justice in the workplace: From theory to practice* (pp. 145-173). Hillsdale, NJ: Erlbaum.

- Guba, E.G., & Lincoln, Y. S. (1998). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The landscape of qualitative research* (pp. 195-220). London, England: Sage.
- Handy, C. (1993). *Understanding organizations* (4th ed.). New York, NY: Penguin Books.
- Handy, J. A. (1988). Theoretical and methodological problems within occupational stress and burnout research. *Human Relation*, *41*, 351-369.
- Hansson, R., Robson, S., & Limas, M. (2001). Stress and coping among older workers. *Journal of Prevention, Assessment and Rehabilitation*, *17*(3), 247-256.
- Harlow, H. F., Harlow, M. K., & Meyer, D. M. (1950). Learning motivated by a manipulation drive tests without food reward. *Journal of Experimental Psychology*, *40*(2), 228-234.
doi: 10.1037/h0056906
- Hawkins, F., & Klas, L. (1997). Time management as a stressor for helping professionals: Implications for employment. *Journal of Employment Counseling*, *34*(1), 2-6.
- Herr, E. L. (1999). *Counseling in a dynamic society: Contexts and practices and practices for the 21st century* (2nd ed.). Alexandria, VA: American Counseling Association.
- Hershenson, D. B., & McKenna, M.A. (1998). Trends affecting rehabilitation counselor education. *Rehabilitation Education*, *12*(4), 277-288.
- Hochschild, A. R. (1983). *The managed heart: Commercialization of human feeling*. Berkley, CA: University of California Press.
- Hurrell, J. J., Jr. (2005). Organizational stress intervention. In J. Barling, E. K. Kelloway, & M. R. Frone (Eds.), *Handbook of work stress* (pp. 623-645). Thousand Oaks, CA: Sage Publications.

- Hurrell, J. J., Jr., Nelson, D. L., & Simmons, B. L. (1998). Measuring job stressors and strains: Where we have been, where we are, and where we need to go. *Journal of Occupational Health Psychology, 3*, 368–389.
- Husserl, E. (1970). *The crisis of European sciences and transcendental phenomenology*. Evanston, IN: North University Press.
- Huxley, P., Evans, S., Gately, C., Webber, M., Mears, A., Pajak, S., & Katona, C. (2005). Stress and pressures in mental health social work: The worker speaks. *British Journal of Social Work, 35*, 1063-1079. doi:10.1093/bjsw/bch218
- Jacob, K., Hudson, S., & Bush, M. (2000). *Tools for survival: An analysis of financial literacy programs for lower-income families*. Chicago, IL: Woodstock Institute.
- Jex, S. M., & Beehr, T. A. (1991). Emerging theoretical and methodological issues in the study of work-related stress. *Research in Personnel and Human Resources Management, 9*, 311-365.
- Jex, S. M. & Crossley, C. D. (2005). Organizational consequences. In J. Barling, E. K. Kelloway, & M. R. Frone (Eds.), *Handbook of work stress* (pp. 575–600). Thousand Oaks, CA: Sage.
- Judge, T. A., & Colquitt, J. A. (2004). Organizational justice and stress: The mediating role of work-family conflict. *Journal of Applied Psychology, 89*(3), 395-404.
- Kahn, R. (1980). Conflict, ambiguity, and overload: Three elements in job stress. In D. Katz, R. Kahn, & J. Adams (Eds.), *The study of organizations* (pp. 418-428). San Francisco, CA: Jossey-Bass.

- Kahn, R. L., & French, J. R. F., Jr. (1962). A programmatic approach to studying the industrial environment and mental health. *Journal of Social Issues, 18*(3), 1-47.
doi:10.1111/j.1540-4560.1962.tb00415.x
- Kahn, R. L., Wolfe, D. M., Quinn, R. P., Snoek, J. D., & Rosenthal, R. A. (1964). *Organizational stress: Studies in role conflict and ambiguity*. New York, NY: Wiley.
- Kanfer, R. & Ackerman, P. L. (2005). Work competence: A person-oriented perspective. In A. J. Elliot & C. S. Dweck (Eds.), *Handbook of competence and motivation* (pp. 336-353). New York, NY: The Guilford Press.
- Karakas, F. (2009). Spirituality and performance in organizations: A literature review. *Journal of Business Ethics, 94*, 89-106. doi 10.1007/s10551-009-0251-5
- Karasek, R. A. (1979). Job demands, job decision latitude and mental strain: Implications for job redesign. *Administrative Science Quarterly, 24*, 285-308.
- Kanste, O., Kyngas, H., & Nikkila, J. (2007). The relationship between multidimensional leadership and burnout among nursing staff. *Journal of Nursing Management, 15*, 731-739.
- Kegan, R. & Lahey, L. L. (2009). *Immunity to change: How to overcome it and unlock potential in yourself and your organization*. Boston, MA: Harvard Business Press.
- Kirk-Brown, A., & Wallace, D. (2004). Predicting burnout and job satisfaction in workplace counselors: The influence of role stressors, job challenge, and organizational knowledge. *Journal of Employment Counseling, 41*, 29-37.

- Knudsen, H. K., Ducharme, L. J., & Roman, P. M. (2008). Clinical supervision, emotional exhaustion, and turnover intention: A study of substance abuse treatment counselors in the clinical trials network of the national institute on drug abuse. *Journal of Substance Abuse Treatment, 35*, 387-395.
- Kompier, M. A. J., & Kristensen, T. S. (2001). Organizational work stress interventions in a theoretical, methodological and practical context. In J. Dunham (Ed.), *Stress in the workplace: Past present and future* (pp. 165-190). London, England: Whurr.
- Kray, L. J., Thompson, L., & Galinsky, A (2001). Battle of the sexes: Gender stereotype confirmation and reactance in negotiations. *Journal of Personality and Social Psychology, 80*, 942 -958.
- La Guardia, J. G., Ryan, R. M., Couchman, C. E., & Deci, E. L. (2000). Within-person variation in security of attachment: A self-determination theory perspective on attachment, need fulfillment, and well-being. *Journal of Personality and Social Psychology, 79*, 367–384.
- Layne, C. M., Hohenshil, T. H., & Singh, K. (2004). The relationship of occupational stress, psychological strain, and coping resources to the turnover intentions of rehabilitation counselors. *Rehabilitation Counseling Bulletin, 48*(1), 19-30.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York, NY: Springer.
- Lee, T. W., Locke, E. A., & Phan, S. H. (1997). Explaining the assigned goal-incentive interaction: The role of self-efficacy and personal goals. *Journal of Management, 23*, 541-559.
- Leiter, M. P., & Maslach, C. (1988). The impact of interpersonal environment on burnout and organizational commitment. *Journal of Organizational Behavior, 9*(4), 297-308.
doi:10.1002/job.4030090402

- Leithwood, K., Menzies, T., Jantzi, D., & Leithwood, J. (1996). School restructuring, transformational leadership and the amelioration of teacher burnout. *Anxiety, Stress, and Coping, 9*, 199-215.
- Likert, R.L. (1961). *The human organization*. New York: McGraw-Hill.
- Lyons, J. B., & Schneider, T. R. (2009). The effects of leadership style on stress outcomes. *The Leadership Quarterly, 20*, 737-748. doi:10.1016/j.leaqua.2009.06.010
- Markow, F., & Klende, K. (2005). The effects of personal meaning and calling on organization commitment: An empirical investigation of spiritual leadership. *International Journal of Organizational Analysis, 13*(1), 8-27.
- Maslach, C. (1976). Burned-out. *Human Behavior, 5*(9), 16-22.
- Maslach, C. M., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Occupational Behavior, 2*, 99-113.
- Maslach, C., & Jackson, S. E. (1986). *Maslach burnout inventory: Manual* (2nd ed.). Palo Alto, CA: Counseling Psychologists Press.
- Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology, 52*, 397-422.
- Mathieu, J., & Zajac, D. (1990). A review of meta-analysis of the antecedents, correlates, and consequences of organizational commitment. *Psychological Bulletin, 108*, 171-194.
- Maxwell, J. A. (2005). *Qualitative research design: An interactive approach* (2nd ed.). Thousand Oaks, CA: Sage.
- McGrath, J. E. (1976). Stress and behavior in organizations. In M. Dunnette (Ed.), *Handbook of industrial organizational psychology* (pp. 1351-1395). Chicago, IL: Rand McNally.

- McKusick, L. (1988). The impact of AIDS on practitioner and client: Notes for the therapeutic relationship. *American Psychologist*, 43, 935-940.
- Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation*. San Francisco, CA: John Wiley & Sons.
- Miles, R. H. (1964). An empirical test of casual inference between role perception of conflict and ambiguity and various personal outcomes. *Journal of Applied Psychology*, 59, 330-334.
- Minnesota Board of Behavioral Health (2012). LADC application & forms. Retrieved from <http://www.bbht.state.mn.us/Licensing/LicensedAlcoholandDrugCounselor...>
- Mitchell, J. (1986). Living dangerously: Why some firefighters take risks on the job. *Firehouse*, 11(8), 50-51, 63
- Mitchell, J. & Bray, G. (1990). *Emergency services stress: Guidelines for preserving the health and careers of emergency services personal*. Englewood Cliffs, NJ: Prentice-Hall.
- Mobley, W. H. (1977). Intermediate linkages in the relationship between job satisfaction and employee turnover. *Journal of Applied Psychology*, 62, 237-240.
- Morris, J. A., & Feldman, D. C. (1997). Managing emotions in the workplace. *Journal of Managerial Issues*, 9, 257-274.
- Nardi, P. M. (2006). *Doing survey research: A guide to quantitative methods* (2nd ed.). Boston, MA: Pearson Education.
- Nolan, P. (1995). A measurement tool for assessing stress among mental health nurses. *Nursing Standard*, 9(46), 36-39.
- Northouse, P. G. (2007). *Leadership: Theory and practice* (4th ed.). Thousand Oaks, CA: Sage Publications, Inc.

- O'Halloran, T. M., & Linton, J. M. (2000). Stress on the job: Self-care resources for counselors. *Journal of Mental Health, 22*(4), 354-364.
- Oktay, J. S. (1992). Burnout in hospital social workers who work with AIDS patients. *Social Work, 37*, 432-439.
- Osipow, S., & Doty, R. (1985). Occupational stress, strain, and coping across the life span. *Journal of Vocational Behavior, 27*, 98-108.
- Parasuraman, S., & Alutto, J. A. (1984). Sources and outcomes of stress in organization settings: Toward the development of a structure model. *Academy of Management Journal, 27*, 330-350.
- Parkes, K. R., Mendham, C.A. & von Rabenau, C. (1994). Social support and the demand-discretion model of job stress: Tests of additive and interactive effects in two samples. *Journal of Vocational Behavior, 44*, 91-113.
- Paton, W., & Goddard, R. (2003). Psychological distress and burnout in Australian employment service workers: Two years on. *Journal of Employment Counseling, 40*, 15-17.
- Patton, M. Q. (1985). Quality in qualitative research: Methodological principles and recent developments. Invited address to Division J of the American Educational Research Association, Chicago, April 1985.
- Pearce, J. L. (1981). Bringing some clarity to the role ambiguity research. *Academy of Management Review, 6*, 665-674.
- Perry, P., & Shotwell, A. (2009). Relational understanding and white antiracist praxis. *Sociological Theory, 27*, 33-50.
- Perry, S. W., & Markowitz, J. (1986). Psychiatric interventions for AIDS-spectrum disorders. *Hospital and Community Psychiatry, 37*, 1001-1006.

- Peterson, M. F., Smith, P. B., Akande, A., Ayestaran, S., Bochner, S., & Callan, V. (1995). Role conflict, ambiguity, and overload: A 21-nation study. *Academy of Management Journal*, 38, 429-452.
- Pines, A., & Aronson, E. (1988). *Career burnout cause and cures*. New York, NY: Free Press.
- Price, J. L. (1977). *The study of turnover*. Ames, IA: The Iowa State University Press.
- Probst, T. M. (2005). Economic stressors. In J. Barling, E. K. Kelloway, & M. R. Frone (Eds.), *Handbook of work stress* (pp. 267-297). Thousand Oaks, CA: Sage Publications.
- Ragsdale, B. L. (2000). Surveillance of African American men and its possible effect on social, emotional, and psychological functioning. *Journal of African American Men*, 5(1), 33.
- Rees, D., & Smith, S. (1991). Work stress in occupational therapists assessed by the occupational stress indicator. *British Journal of Occupational Therapy*, 54, 289-294.
- Reis, H. T., Sheldon, K. M., Gable, S. L., Roscoe, J., & Ryan, R. M. (2000). Daily well-being: The role of autonomy, competence, and relatedness. *Personality and Social Psychology Bulletin*, 26, 419-435.
- Rizzo, J. R., House, R. J., & Lirtzman, S. L. (1970). Role conflict and ambiguity in complex organizations. *Administrative Science Quarterly*, 15(2), 150-163.
- Robbins, S. P. & Judge, T. A. (2007). *Organizational behavior* (12th ed.). Upper Saddle River, NJ: Pearson Prentice Hall.
- Roberson, L. & Kulik, C. T. (2007). Stereotype threat at work. *Academy of Management Perspectives*, 21(2), 24-40.
- Ross, M. W., & Seeger, V. (1988). Determinants of reported burnout in health professionals associated with the care of patients with AIDS. *AIDS*, 2, 395-387.
- Ruderman, M. N., Ohlott, P. J., Panzer, K., & King, S. N. (2002). Benefits of multiple roles for

- managerial women. *Academy of Management Journal*, 45, 369-386.
- Russell, R.F. (2001). The role of values in servant leadership. *Leadership and Organization Development Journal*, 22(2), 76-83.
- Salancik, G. R., & Pfeffer, J. (1977). An examination of need-satisfaction models of job attitudes. *Administrative Science Quarterly*, 22, 427-456.
- Sanders, M. A. (2001). Minimizing stress in the workplace: Whose responsibility is it? *Work: A Journal of Prevention, Assessment & Rehabilitation*, 17(3), 256-265.
- Savicki, V. & Cooley, E. J. (1982). Implications for burnout research and theory for counselor educators. *Personnel and Guidance Journal*, 60, 415-419.
- Schram, T. H. (2003). *Conceptualizing qualitative inquiry*. Upper Saddle River, NJ: Merrill Prentice Hall.
- Schunk, D. H. (1995). Self efficacy and education and instruction. In J. E. Maddux (Ed.), *Self-efficacy, adaptation, and adjustment: Theory, research, and application* (pp. 281-303). New York, NY: Plenum Press.
- Selmer, J. & Fenner, C. R. Jr. (2009). Job factors and work outcomes of public sector expatriates. *Human Resource Management Journal*, 19(1), 75-90.
- Shapiro, J. R. (2011). Different groups, different threats: A multi-threat approach to the experience of stereotype threats. *Personality and Social Psychology Bulletin*, 37, 464-480. doi: 10.1177/0146167211398140
- Shaw, L. R., Leahy, M. J., Chan, F., & Catalano, D. (2006). Contemporary issue facing rehabilitation counseling: A Delphi study of the perspective of leaders of the discipline. *Rehabilitation Education*, 20, 163-178.

- Shimazu, A., Kawakami, N., Irimajiri, H., Sakamoto, M., & Amano, S. (2005). Effects of web-based psychoeducation on self-efficacy, problem solving behavior, stress response, and job satisfaction among workers: A controlled clinical trial. *Journal of Occupational Health, 47*, 405-413.
- Shoptaw, S., Stein, J. A., & Raswon, R. A. (2000). Burnout in substance abuse counselors: Impact of environment, attitudes, and clients with HIV. *Journal of Substance Abuse Treatment, 19*, 117-126.
- Sikorska-Simmons, E. (2005). Predictors of organizational commitment among staff in assisted living. *The Gerontologist, 45*(2), 196-205.
- Singh, J., Goolsby, J. R., & Rhoads, G. K. (1994). Behavioral and psychological consequences of boundary spanning: Burnout for customer service representative. *Journal of Marketing Research, 31*, 558-569.
- Skagert, K., Delive, L., Eklof, M., Pousette, A., & Ahlborg, G. (2008). Leaders' strategies for dealing with own and their subordinates' stress in public human service organizations. *Applied Ergonomics, 39*(6), 803-811.
- Sofer, C. (1970). *Men in mid-career*. London, England: Cambridge University Press.
- Spanierman, L. B., Poteat, V. P., Beer, A. M. & Armstrong, P. I. (2006). Psychological costs of racism to whites: Exploring patterns through cluster analysis. *Journal of Counseling Psychology, 53*, 434-441.
- Spitzer, W., & Neely, K. (1992). Critical incidents stress among emergency service personnel: The role of hospital-based social work in development of a statewide intervention system. *Social Work in Health Care, 18*, 33-52.

- Steele, C. M. (1997). A threat in the air: How stereotypes shape intellectual identity and performance. *American Psychologist*, *52*, 613-629.
- Steele, C. M., & Aronson, J. (1995). Stereotype threat and the intellectual test performance of African Americans. *Journal of Personality and Social Psychology*, *69*, 797-811.
- Taylor, B., & Barling, J. (2004). Identifying sources and effects of career fatigue and burnout for mental health nurses: A qualitative approach. *International Journal of Mental Health Nursing*, *13*, 117-125.
- Thomas, L., & Ganster, D. C. (1995). Impact of family-supportive work variables on work-family conflict and strain: A control perspective. *Journal of Applied Psychology*, *80*, 6-15.
- Toussaint-Comeau, M., & Rhine, S. L. W. (2000). Delivery of financial literacy programs. *Policy Studies, Consumers Issues Research Series*, FRB Chicago, December (2000-7).
- Van der Klink, J. J. L., Blonk, R. W. B, Schene, A. H., & Van Dijk, F. J. H. (2001). The benefits of interventions for work-related stress. *American Journal of Public Health*, *91*(20), 270-276.
- Van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. New York, NY: State University of New York.
- Vansteenkiste, M., & Sheldon K. M. (2006). There is nothing so practical as a good theory: Integrating self-determination theory and motivational interviewing theory. *British Journal of Clinical Psychology*, *45*, 63-82.
- Van Sell, M., Brief, A. P. & Schuler, R. S. (1981). Role conflict and role ambiguity: Integration of the literature and directions for future research. *Human Relations*, *34*(1), 43-71.

- Voydanoff, P. (1990). Economic distress and family relations: A review of the eighties. *Journal of Marriage and the Family*, 52, 1099-1114.
- Wachholtz, A. B., Pearce, M. J., & Koenig, H. (2007). Exploring the relationship between spirituality, coping, and pain. *Journal of Behavioral Medicine*, 30, 311-318.
doi:10.1077/s10865-007-9114-7
- Wall, T. D., & Jackson, P. R. (1995). New manufacturing initiatives and shop floor job design. In A. Howard (Ed.), *The changing nature of work* (pp. 139-174). San Francisco, CA: Jossey-Bass.
- Warr, P. B. (1999). Well-being and the workplace. In D. Kahneman, E. Diener, & N. Schwarz (Eds.), *Well-being: The foundations of hedonic psychology* (pp. 392-412). New York, NY: Russell Sage Foundation.
- Warr, P. (2005). Work, well-being, and mental health. In J. Barling, E. K. Kelloway, & M. R. Frone (Eds.), *Handbook of work stress* (pp. 547-573). Thousand Oaks, CA: Sage Publications.
- White, R. W. (1959). Motivation reconsidered: The concept of competence. *Psychological Review*, 66, 297-333.
- Wilkerson, K. (2009). An examination of burnout among school counselors guided by stress-strain coping theory. *Journal of Counseling & Development*, 87, 428-437.
- Wilkerson, K., & Bellini, J. (2006). Interpersonal and organizational factors associated with burnout among school counselors. *Journal of Counseling & Development*, 84, 440-450.

APPENDICES

Appendix A

Institutional Review Board



PARTICIPANT INFORMATION

Project Name	A Phenomenological Study of Stress and Burnout Experienced by Licensed Alcohol and Drug Counselors (LADC)		
Researcher Name	Derrick Crim	IRB Tracking Number	338658-1
Participant Information			
Please completely answer each question in clear, easy to read language. Reminder, it is extremely important that all information obtained from your participants be kept as confidential as possible.			
Target Population			
You described and selected your target population in your application. Provide your rationale for purposefully selecting your target population(s).			
I interviewed Licensed Alcohol and Drug Counselors (LADC) to gather information regarding their experiences of stress and burnout.			
If you are purposefully excluding women or minorities in your study, explain why.			
No exclusion			
If you are conducting research on school children during class time, please answer the following two questions:			
Describe in detail the activity planned for children not participating in your research.			
NA			
Who will supervise non-participants? Include this information in the consent form.			
NA			
Anticipated Participants			
Explain if you anticipate in your study a sample of gender, race or ethnicity that is not proportionate to the general population.			
I had a diverse group of participants.			
Recruitment of Participants			
If subjects are recruited or research is conducted through an agency or institution other than UST, submit written documentation of approval and/or cooperation. This document should use the agency or institution's letterhead and contain enough information to demonstrate the agency or institution understands of their role in your research. Please be advised that you will need a letter of permission from any organization (printed on letterhead) where you will be recruiting. Please answer the following:			
Identify the locations where participants will be recruited (name, city and state).			
I used personal contacts within my professional network and have no specific location for recruiting.			

Revised: 7/6/2011

Page 1 of 3

Who will make the initial recruitment contact (full name)?				
Derrick Crim				
If the principle investigator is not the recruiter, describe how contact will be made with those who will be doing the recruitment. Describe what will be said to potential recruiters.				
Describe how participants will be recruited. Include a script or other recruitment materials.				
Dear Licensed Alcohol Drug Counselor (LADC):				
<p>I am writing to invite you to participate in an important research study that explores stress and burnout experienced by LADC's. This study is being led by Derrick Crim, Doctoral Student at the University of St. Thomas, School of Education.</p> <p>Your participation is voluntary and involves sitting for a one-hour, audio-recorded interview with me. Your recorded interview will be transcribed by me.</p> <p>The purpose of this research is to identify the definitions, causes, and outcomes of stress and burnout for LADCs. My study seeks to prepare new counselors for inevitable challenges and also to provide support to those LADC's with years of practice, helping all to understand their experiences (and its hazards) and to identify the resources to combat the degree and effects of stress and burnout.</p> <p>If you are interested, I will establish a date and time for the interview and immediately provide you a copy of the consent form and interview protocol for review prior to the interview. Additionally, I will respond to your questions at any time and review the voluntary nature of the study, protections, and provisions made for your security. After these provisions are reviewed, I will ask you to read and sign a consent form.</p> <p>Please note that all information you share will be held in strict confidence. This study has been approved by the University of St. Thomas Institutional Review Board by IRB Number (338658-1). If you have any additional questions about this research, please contact Derrick Crim at crim4472@stthomas.edu, phone (612) 723-7481.</p> <p>Thank you for considering participation in this study.</p> <p>Sincerely,</p> <p>Derrick Crim</p>				
Specify what measures you will take to eliminate potential coercion. <i>Be specific</i>				
I emphasized the voluntary nature of the study and limited participants to adults I do not supervise or evaluate in any way.				
Will you have access to existing records in order to recruit?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES , indicate who gave approval to use the records. Approval must be given by an individual who has the authority to release the records. Attach a signed letter of approval from that individual, preferably on letterhead from their organization.				

List the name of the person who has given approval to release the records.				
Will the participants receive incentives before and/or rewards after the study?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES , describe these incentives and/or rewards. Include this information in your consent form.				

Appendix B

Institutional Review Board



CONFIDENTIALITY OF DATA

Project Name	A Phenomenological Study of Stress and Burnout Experienced by Licensed Alcohol and Drug Counselors (LADC)		
Researcher Name	Derrick Crim	IRB Tracking Number	338658-1
Confidentiality of Data			
Please completely answer each question in clear, easy to read language. As with the lay summary, the information in this section should be used in your consent form. It is extremely important that all information obtained from your participants be kept as confidential as possible.			
Data formats			
In what format(s) will the data be created? <i>Check all that apply</i>			
<input checked="" type="checkbox"/>	Consent Forms	<input checked="" type="checkbox"/>	Audio Recordings
<input type="checkbox"/>	Video Recordings	<input type="checkbox"/>	Photographs
<input type="checkbox"/>	Surveys	<input checked="" type="checkbox"/>	Transcripts
<input checked="" type="checkbox"/>	Written Notes	<input type="checkbox"/>	Other
Data storage			
Where will each form of data you create and records be kept? Specify the setting where the data will be kept (e.g. home, work, school, etc.), and indicate how the data will be made secure (e.g. kept in a locked file in a locked room, secured password computer. etc.).			
Data will be kept in a locked file at home and on a computer with a secure password.			
Data Retention			
How long will the data and records be kept? Specify the exact date when the data and records will be destroyed. If the data and records are to be kept indefinitely, specify how they will be de-identified.			
Data destroyed after 18 months of IRB approval date.			
Data Access			
Who will have access to the data and records? Will data identifying the subjects be available to anyone other than the principal investigator (e.g. school officials, research advisors, etc.)? List these people in the Consent Form as well.			
No one had access to the data. The transcriber signed a confidentiality agreement.			
Data transcription			
Will information from the data be transcribed?		Yes	<input type="checkbox"/>
		No	<input checked="" type="checkbox"/>
If YES, please explain who will transcribe any information from this media and where it will be stored. If the researcher is not the person transcribing the media, attach a Statement of Confidentiality from the transcriber to your project.			
Will the data be recorded in any permanent record, such as a medical chart or student file?		Yes	<input type="checkbox"/>
		No	<input checked="" type="checkbox"/>
If YES, please explain			

Revised: 7/06/2011

Page 1 of 2

Appendix C

INFORMED CONSENT PROCESS

Project Name	A Phenomenological Study of Stress and Burnout Experienced by Licensed Alcohol and Drug Counselors (LADC)		
Researcher Name	Derrick Crim	IRB Tracking Number	338658-1
Informed Consent			
<ul style="list-style-type: none"> ▪ Simply giving a consent form to a subject does <u>not</u> constitute informed consent. Consent itself is a process of communication. ▪ Be sure all required consent forms are attached to your project. ▪ In addition to consent forms, assent forms are required if your subjects are children ages 10 and older. ▪ All forms are located in the document library. 			
Describe Study			
In a script, state what you will say to the prospective participant describing your study.			
<p>Thank you for your time and consideration in agreeing to participate in this study. Our interview today will take about one hour and will be tape recorded. As outlined in the invitation letter, I would like to talk to you about your experience(s) with stress and burnout as a Licensed Alcohol and Drug Counselor (LADC).</p> <p>Recent reviews of the stress literature (Beehr & Newman, 1978; Beehr & Schuler, 1982; Van Sell, Brief, & Schuler, 1981) indicate that few studies have examined the linkages among the causes and consequences of stress in organizational settings. In addition, when one's occupation involve face to face emotionally demanding and/or dangerous activities, stress may result (Cordes & Dougherty, 1993; Pines & Aronson, 1988. Moreover, the research has paid limited attention to assessing empirically the causal relationships among these sets of organizational, task, role, and individual variables posited in theoretical models of stress (Beehr & Newman, 1978; Caplan, Cobb, French, Harrison, & Pinneau, 1975; Cooper & Marshall, 1976; Kahn, Wolfe, Quinn, Snoek, & Rosenthal, 1964; McGrath, 1976).</p> <p>Individuals working in the rehabilitation field serve as advocates and sources of support for persons who may not be able to negotiate for themselves. Within the helping profession, rehabilitation counselors have a well-documented history of high job turnover (Barrett et al.; Crimando et al.; Razza, as cited in Cushman, 1995), high burnout (Graske, as cited in Cushman, 1995), and low job satisfaction (Barret et al.; Riggat et al., as cited in Cushman, 1995). In addition, Cranswick's (as cited in Cushman, 1995) research indicated that the work experiences of rehabilitation workers are unique and not necessarily the same as those of other human service workers.</p> <p>The goal of this study was to examine these experinces in reference to stress and burnout. This research seeks to prepare new counselors for inevitable challenges and also to provide support to those LADC's with years of practice, helping all to understand their experiences (and</p>			

its hazards) and to identify the resources to combat the degree and effects of stress and burnout.

Participant Questions

What questions will be asked to assess the participant's understanding of his/her participation in your research? Identify 3-5 open-ended questions (not "yes/no" questions) that address procedures, risks (if any), confidentiality and voluntariness.

1. Do you understand the goals of this study? Can you describe them to me?
2. Why are you eligible to participate in this study?
3. How long does your participation last in this study?
4. Please describe how the information you provide for this study will be kept confidential.

Obtaining Consent

At what point in the research process will consent be obtained? Be specific.

The consent was obtained after a discussion of the projects goals and there is full understanding of participants rights and protections.

Will the investigator(s) personally secure informed consent for all subjects?

Yes



No



If **NO**, identify below the individuals who will obtain consent (include job title/credentials):

Appendix D

RISKS AND BENEFITS

Project Name	A Phenomenological Study of Stress and Burnout Experienced by Licensed Alcohol and Drug Counselors (LADC)		
Researcher Name	Derrick Crim	IRB Tracking Number	338658-1
Risks and Benefits Please complete each section in clear, easy-to-read language that can be understood by a person unfamiliar with your research and your field.			
Minimize risk Describe the precautions used to minimize risks. This information must be listed here and on the consent form.			
I provided a way to ensure confidentiality, guaranteeing participants not be identified in the study by name or by a description of characteristics and circumstances leading to the discovery of participant identity. The data is kept in a locked file and password protected computer, ensuring no one will have access to the documents. I used codes and pseudonyms to protect participants identity.			
Use of Deception If this research involves the use of deception as part of the experimental method, the method MUST include a "debriefing procedure" which will be followed upon completion of the study or subject's withdrawal from the study. Specify the method here.			
Benefits to participation List any anticipated <u>direct</u> benefits for subjects that participate in this research project. This does not include statements like "add to the existing knowledge" or "assisting your school/agency/company, etc." If there are no benefits, state "None". List this information here and in the consent form.			
You will make a contribution to the field of rehabilitation and receive a copy of the study.			

Appendix E

Institutional Review Board



LAY SUMMARY

Project Name	A Phenomenological Study of Stress and Burnout Experienced by Licensed Alcohol and Drug Counselors (LADC)		
Researcher Name	Derrick Crim	IRB Tracking Number	338658-1
Lay Summary			
Please complete each section in clear, easy-to-read language that can be understood by a person unfamiliar with your research and your field. Written correctly, sections of this summary can be used in your consent form.			
Background			
Provide <u>ONE</u> paragraph to explain the importance of the research and how it fits with previous research in the field.			
<p>My study explores the stress and burnout experienced by Licensed Alcohol and Drug Counselors (LADC). I learned how stress and burnout is defined, caused, and managed by these helping professionals. The purpose of this research is to prepare new counselors for inevitable challenges and also to provide support to those LADC's with years of practice, helping all to understand their experiences (and its hazards) and to identify the resources to combat the degree and effects of stress and burnout. Recent reviews of the stress literature (Beehr & Newman, 1978; Beehr & Schuler, 1982; Van Sell, Brief, & Schuler, 1981) indicate that few studies have examined the linkages among the causes and consequences of stress in organizational settings. In addition, when one's occupation involve face to face emotionally demanding and/or dangerous activities, stress may result (Cordes & Dougherty, 1993; Pines & Aronson, 1988. Moreover, the research has paid limited attention to assessing empirically the causal relationships among these sets of organizational, task, role, and individual variables posited in theoretical models of stress (Beehr & Newman, 1978; Caplan, Cobb, French, Harrison, & Pinneau, 1975; Cooper & Marshall, 1976; Kahn, Wolfe, Quinn, Snoek, & Rosenthal, 1964; McGrath, 1976).</p>			
Research Methods and Questions			
Specify the overall research question(s), hypothesis, methods you will use to address the research question(s).			
Be sure to attach copies of ALL materials to be used in the study to your project (such as surveys, interview questions, dependent measures, and so forth).			
<p>Warm-up Questions: Tell me about your personal history and experience with regard to becoming and being a LADC. Please briefly sketch the details of your career, how did you get involved? Describe the nature of your practice. How did you come to do this kind of work? Please explain or define stress. Stress is generally defined as an adverse reaction people have to excessive pressure or other types of demands (Cooper & Dewe, 2004). Please explain how this definition might compare with your own definition.</p>			
<p>Personal History Questions: How do you typically manage stress in your life? What circumstances typically create stress for you?</p>			

Revised: 7/6/2011

Page 1 of 3

What strategies have you adopted to manage or mitigate your stress? How has personal stress affected you?

Occupational Questions:

How do the occupational demands of work related to working with clients and/or employees affect your experience of stress and burnout? What circumstances typically create stress for you?

What strategies have you adopted to manage or mitigate your occupational stress? How has occupational stress affected you?

Organizational Questions:

How do the circumstances of employment and participation in an organization affect your experience of stress? What organizational circumstances typically create stress for you? What strategies have you generally adopted to manage or mitigate stress from your organization? How has organizational stress affected you? What do you do to manage organizational stress?

Critical Incidents (Denzin & Lincoln, 2000)

Describe a particular situation(s) or event(s) representative of your experiences of occupational stress. Briefly sketch the circumstances and context involving stress. What happened to you and how does this story help explain your response to stress?

These questions were followed with probes to clarify answers and prompt reflection on the experience. In addition, there were follow-up questions for a more detailed data analysis.

Method:

Participant Recruitment:

I interviewed 15 participants, identified as Licensed Alcohol and Drug Counselors (LADC). Participants were required to have at least one year of counseling experience and could be in a supervisor position. The selection of participants incorporated a range of experience.

I recruited volunteer candidates by accessing contacts my professional network. I have worked in the field of rehabilitation for 26 years. This has afforded me a professional network of LADCs with various lengths of experience in diverse settings.

After gaining permission to conduct my study from the University of St. Thomas Institutional Review Board, I identified participants and secured their voluntary participation in my study initially through a brief phone call or email request. I provided a brief description of the purpose and goals of the study and a copy of the consent form.

If candidates appear interested, I established a date and time for the interview and provided a copy of the consent form and interview protocol for review prior to the interview. I reviewed the voluntary nature of the study, protections, and provisions made for security of the data prior to obtaining consent and conducting the interview. I recorded the interviews and took measures to protect the privacy of participants. I kept the data in my home office in a locked file cabinet and will destroy the data 18 months following the IRB approval date. No one will have access to the data and I will use codes on interview transcripts to protect the identity of the participants.

My master's degree in counseling as well as my years of experience has prepared me to conduct interviews successfully. As a researcher, I used these skills to gain trust by reviewing the process, employing effective communication strategies and encouraged participants to describe and reflect on the meaning and experience of stress as experienced by participants.

Following each interview, I promptly wrote a research memo, which included my observational comments, initial perceptions, and reflections. As I conducted interviews, I identified initial codes, categories, and themes. I used this information to aid in my data analysis: "Each interview, set of field notes, and document needs identifying notations so that you can access them as needed in both the analysis and the write-up of your findings" (Merriam, 2009, p. 173).

Expectations of Participants

State precisely what you will have participants do.

Identify the location of data collection and the expected time commitment of participants.

I identified definitions, causes, and outcomes of stress and burnout experienced by LADCs. Participants fielded questions from the interviewer. Participants spent 1 hour with interviewer.

Analysis of Existing Data

If you are analyzing existing data, records or specimens, explain the source and type, as well as your means of access to them.

Appendix F

Institutional Review Board



Executive SUMMARY OF RESEARCH FINDINGS

Project Name	A Phenomenological Study of Stress and Burnout Experienced by Licensed Alcohol and Drug Counselors (LADC)		
Researcher Name	Derrick Crim	IRB Tracking Number	338658-1
Executive Summary of Research Findings			
Please complete each section in clear, easy-to-read language that can be understood by a person unfamiliar with your research and your field.			
Research Methods and Questions			
Specify the overall research question(s), hypothesis, and methods you used to address the research question(s). Be sure to attach copies of ALL materials you used in the study to your project (such as surveys, interview questions, etc.)			
<p>Warm-up Questions: Tell me about your personal history and experience with regard to becoming and being a LADC. Please briefly sketch the details of your career, how did you get involved? Describe the nature of your practice. How did you come to do this kind of work? Please explain or define stress. Stress is generally defined as an adverse reaction people have to excessive pressure or other types of demands (Cooper & Dewe, 2004). Please explain how this definition might compare with your own definition.</p> <p>Personal History Questions: How do you typically manage stress in your life? What circumstances typically create stress for you? What strategies have you adopted to manage or mitigate your stress? How has personal stress affected you?</p> <p>Occupational Questions: How do the occupational demands of work related to working with clients and/or employees affect your experience of stress and burnout? What circumstances typically create stress for you? What strategies have you adopted to manage or mitigate your occupational stress? How has occupational stress affected you?</p> <p>Organizational Questions: How do the circumstances of employment and participation in an organization affect your experience of stress? What organizational circumstances typically create stress for you? What strategies have you generally adopted to manage or mitigate stress from your organization? How has organizational stress affected you? What do you do to manage organizational stress?</p> <p>Critical Incidents (Denzin & Lincoln, 2000): Describe a particular situation(s) or event(s) representative of your experiences of occupational stress. Briefly sketch the circumstances and context involving stress. What happened to you and how does this story help explain your response to stress? These questions will be followed with probes to clarify answers and prompt reflection on the experience. In addition, if desired, there will be follow-up questions for a more detailed data analysis.</p>			

Method:**Participant Recruitment:**

I interviewed 15 participants, identified as Licensed Alcohol and Drug Counselors (LADC). Participants were required to have at least one year of counseling experience and could be in a supervisor position. The selection of participants incorporated a range of experience.

I recruited volunteer candidates by accessing contacts my professional network. I have worked in the field of rehabilitation for 26 years. This afforded me a professional network of LADCs with various lengths of experience in diverse settings.

After gaining permission to conduct my study from the University of St. Thomas Institutional Review Board, I identified participants and secured their voluntary participation in my study initially through a brief phone call or email request. I provided participants a brief description of the purpose and goals of the study and a copy of the consent form.

I established a date and time for the interview and provide a copy of the consent form and interview protocol for review prior to the interview. I reviewed the voluntary nature of the study, protections, and provisions made for security of the data prior to obtaining consent and conducting the interview. I recorded interviews and took measures to protect the privacy of participants. I kept data in my home office in a locked file cabinet and will destroy the data 18 months following the IRB approval date. No one had access to the data and I used codes on interview transcripts to protect the identity of the participants.

My master's degree in counseling as well as my years of experience prepared me to conduct interviews successfully. As a researcher, I used these skills to gain trust by reviewing the process, employing effective communication strategies to encourage participants to describe and reflect on the meaning and experience of stress and burnout.

Following each interview, I promptly wrote a research memo, which included my observational comments, initial perceptions, and reflections. As I conducted interviews, I identified initial codes, categories, and themes. I used this information to aid in my data analysis: "Each interview, set of field notes, and document needs identifying notations so that you can access them as needed in both the analysis and the write-up of your findings" (Merriam, 2009, p. 173).

Activities of Participants

State precisely the activities of the participants in the study, and identify the location of your data collection

I identified definitions, causes, and outcomes of stress and burnout experienced by LADCs. Participants answered questions from the interviewer. Participants spent 1 hour with interviewer. Data was kept in a locked file at home and on a computer with a secure password. No one had access to the data.

<p>Analysis of Existing Data If you analyzed existing data, records or specimens, explain the source and type, as well as the means you used to access to them.</p> <p>No existing data was analyzed for this study</p>
<p>Summary of Research Findings Provide <u>ONE</u> paragraph to summarize your findings, explaining the importance of the research and how it fits with previous research in the field.</p> <p>In summary, participants identified (1) money, (2) caring for family, (3) aging, and (4) family-work conflict for causes of personal stress. Participants identified (1) documentation requirements and a lack of time to complete paperwork, (2) experiencing difficulty with clients, (3) managing relationships with co-workers, and (4) experiencing an organizational culture including adapting to change, management structure, lack of diversity, and racism for causes of professional stress. Counselor experiences of stress included (1) negative emotions, (2) cognitive or thinking impairment and (3) poor health. Counselors coped with stress differently in terms of the number and variety of coping strategies employed including (1) staying organized, (2) taking short breaks, (3) clinical supervision, (4) professional therapy, (5) thinking positively, (6) relaxation and meditation techniques, (7) humor, (8) teamwork, (9) effective leadership, (10) maintaining cultural identity, (11) establishing boundaries, and (12) successful transition from work to home. Maladaptive coping included (1) binge eating and (2) withdrawal from family. In addition, counselors adopted several preventative strategies to reduce the actual or anticipated effects of stress on their daily lives and maintain a healthy lifestyle including (1) talk therapy, (2) meditation, (3) religious practices, (4) spirituality, (5) physical activity, and (6) taking vacations. Four theoretical frameworks were used to inform research findings: role, self determination, stereotype threat, and social cognitive theory. Recommendations to reduce stress and burnout included improving communication, addressing individual needs, and adopting supportive and inclusive leadership styles.</p>