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Hiring Individuals in Addiction Recovery: Characteristics, Levels of Concern and Willingness

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Background: Research suggests employment is a key factor in an individual's recovery and employer's views have historically limited opportunities for highly marginalized groups. Objectives: This study provides an analysis of views among employers regarding the hiring of individuals in addiction recovery. Methods: A convenience sample of 382 employers affiliated with the chambers of commerce was recruited to participate in this study. The authors used descriptive and inferential statistical methods to analyze data received through an online questionnaire. Results: The results suggest gender influences the views of employers to hire individuals in recovery. Women are more likely to hire individuals in recovery than men. Additionally, levels of concern among employers vary across industries displaying a likelihood of employers to hire individuals in recovery dependent on the extent of needs. Conclusion: The findings help illuminate the employability of this unique population and also develop a better understanding of the characteristics of prospective employers who are willing to hire individuals in addiction recovery.

Keywords: *employability, addiction, recovery, employer, views.*

Alcoholism, illicit drug use, drug abuse, and addiction have been of great concern in society over several decades, representing a serious and persistent public health problem in the US. In the 1980s, it was estimated that about two-thirds of the people entering the workplace had used illegal drugs (Tyson & Vaughn, 1987). In following decades, substance-related disorders (SRDs) continued to be well documented as an urgent public health matter (Murch, 2015; Substance Abuse and Mental Health Services Administration [SAMHSA], 2008; 2012). More recently, in a survey of drug use and health, SAMHSA (2017) reported approximately 20.1 million people aged 12 years or older had SRDs, meeting DSM-IV criteria for dependence or abuse of alcohol or illicit drugs in the past year. Yet only 10.6% of those who need-

ed treatment received it at a facility that specialized in substance use disorders. Furthermore, it is estimated that individuals with SRDs account for 8.6% of the workforce (National Safety Council [NSC], 2019a). As a result, SRDs are now recognized as a major health concern with various causes and implications affecting men, women, and teenagers of diverse racial and ethnic groups, with African Americans being affected disproportionately (Holzer, Rapheal, & Stoll, 2003). In recent years, mental health professionals have focused on helping clients obtain and maintain sobriety, while keeping their current employment, finding another job, or coping with unemployment. According to SAMHSA (2013b), employment is no longer considered the mere goal of rehabilitation when it comes to substance abuse; it now serves as a rehabilitation measure itself.

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Substance-Related Disorders and Rehabilitation

The DSM-5 defines SRDs as “a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite substance related issues”

(American Psychiatric Association, 2013, p. 481). While SRDs cannot be cured, there are evidence-based methods for rehabilitation, which should be readily available, holistic, individualized, and maintained long-term to prevent relapse (National Institute on Drug Abuse [NIDA], 2018). The National Academies of Science, Engineering, and Medicine (2016) refer to recovery as “an individually defined and nonlinear journey toward living a purposeful and satisfying life” (p. 16). According to NIDA (2018), components of effective treatment and recovery include an adequate period of time (at least three months); therapies, especially behaviorally-based, to address SRDs and any underlying psychological, social, vocational, medical, or legal issues; and continuous evaluation to monitor treatment, related outcomes, possible relapse, and any appropriate changes. Cost-benefit analyses of treatment for individuals with SRDs demonstrate greatly reduced healthcare, social, and societal costs, such as fewer drug-related accidents and greater workplace productivity (NIDA, 2018).

Employment has a large influence on a person’s quality of life and sense of worth. According to Blustein (2008), work provides a means by which individuals survive, derive power, connect socially with others, and attain self-determination and well-being. Integrating employment and recovery models for individuals with SRDs has proven to be beneficial, with employment significantly related to completing substance abuse treatment (Melvin, Koch, & Davis, 2012; SAMHSA, 2013b). Additionally, research showed that those who are unemployed have a higher chance of heavy alcohol use, illicit drug use, and substance abuse than individuals who work part-time or full-time (Compton, Gfroerer, Conway, & Finger, 2014; Larson, Eyerman, Foster, & Gfroerer, 2007).

Barriers to Employment

Despite the evidence that employment serves as a supportive measure, individuals with SRDs may have difficulty receiving treatment within the context of employment. Additionally, those who have received treatment and are in recovery experience several barriers to employment, notably discrimination, stigma, and employer-related concerns (Dixon, Kruse, & Van Horn, 2003; Lee et al., 2015; Sigurdsson, Ring, O’Reilly, & Silverman, 2012).

Discrimination and stigma. Misuse and abuse of substances is highly stigmatized, as the public has negative attitudes toward these issues, often assigns blame and responsibility to individuals with SRDs, and is less willing to be inclusive (Barry, McGinty, Pescosolido, & Goldman, 2014; National Academies of Science, Engineering, and Medicine, 2016). As a result, individuals with SRDs and/or those who are in recovery often experience discrimination in the workplace, especially in the hiring process. This is well documented for job applicants and employees from various backgrounds (i.e., gender, SES, education, race) (Barry et al., 2014; Graffam, Shinkfield, Lavelle, & Hardcastle, 2004; Hogue, Dauber, Dasaro, & Morgenstern, 2010; Join Together, 2003; SAMHSA, 2013a), and employers’ perspectives for other stigmatized groups, including those who were previously incarcerated for drug-related offenses (Graffam et al., 2004; Holzer, Raphael, & Stoll, 2003; Miller, 2019). For example, Graffam et al. (2004) found employers rated the employability of those with drug-related convictions significantly lower than other groups, such as people with chronic illnesses or disabilities.

When examining employers’ concerns and possible biases, it is important to understand how their backgrounds may impact their views of people in recovery. Yet, there is limited research in this area. Millington et al. (1994) contended that in the domain of likelihood to hire, employer’s educational level would impact their decisions in the hiring process. While there were no significant effects for highest level of education, Graffam and colleagues (2004) found employers who completed certificate programs had more positive perspectives on employability of individuals with criminal convictions than those who completed secondary education. Yet, they did not find any significant differences related to gender, nor did they investigate demographics related to race/ethnicity. Additionally, few studies have explored employers’ perspectives of hiring individuals with SRDs without overlapping criminal convictions.

Research related specifically to individuals with SRDs demonstrates the connection between types of experiences with this population and willingness to hire those in recovery. Employers with personal or direct experiences, especially those in recovery themselves, expressed greater willingness to hire individuals with SRDs (Becton, Chen & Paul, 2017; Lutman, Lynch, & Monk-Turner, 2015). These employers often believed in giving others a second chance and supporting the community. Yet, Becton and colleagues (2017) also found employers with limited or challenging experiences were less willing to hire individuals in recovery, often being influenced by societal and personal biases, such as what they had seen in the media. These studies are consistent with previous findings related to other stigmatized groups (Graffam et al., 2004; Holzer et al., 2003; National Academies of Science, Engineering, and Medicine, 2016; Schwochau & Blanck, 2000).

Employer-related concerns. In addition to discrimination and stigma, barriers to employment of people with SRDs stem from employer-related concerns, such as job performance (e.g., absenteeism and productivity) and providing supports (e.g., assistance programs and accommodations).

Job performance. According to the NSC (2019b), employees with SRDs, especially those who misuse pain medication, are absent from work almost 50% more days than their peers and have a higher turnover rate, which ultimately affects productivity and raises costs for employers. However, individuals who receive treatment and are in recovery for 12 months or more miss the least days of work and have lower turnover rates, even when compared to those without SRDs (NSC, 2019b). Despite data to support that individuals in recovery are productive and reliable workers, employers continue to hold negative views toward their job performance, credibility, and trustworthiness (Sigurdsson et al., 2012). Employers are reluctant to hire individuals in recovery due to potential costs or risks to businesses, especially when employers can consider applicants without a history of SRDs (Becton et al., 2017).

Supports and accommodations. Employee Assistance Programs (EAPs) and accommodations, such as providing short-term counseling and linking employees to local resources or support groups, can be a cost-effective way to support people with SRDs in the workplace (NIDA, 2018). Indeed, supportive work environ-

ments “have been shown not only to promote a continued drug-free lifestyle but also to improve job skills, punctuality, and other behaviors necessary for active employment” (p. 20). Furthermore, retaining and supporting employees with SRDs prevents the high costs associated with job turnover, especially related to recruitment and training (NSC, 2019b). Despite evidence of the effectiveness of treatment programs, expanded insurance coverage for SRDs through federal laws, and protections for patients’ privacy (NIDA, 2019), employees with SRDs may be hesitant to pursue these supports and disclose the need for treatment for fear of discrimination, losing opportunities for promotion, or being fired from their jobs (Join Together, 2003).

Little research exists related to employers’ perspectives of providing accommodations in the workplace for individuals with SRDs. However, employers with positive interactions with people in recovery acknowledged the need for supports and services, while also expressing the desire to provide these resources when necessary (Becton et al., 2017; Lutman et al., 2015). On the contrary, employers who reported challenging and limited or non-existent interactions, especially in their personal lives, indicated an “unwillingness to help due to relapse potential and probable absenteeism” (p. 9). In studies of providing accommodations for people with disabilities, another stigmatized group, employers were concerned with the cost of providing reasonable accommodations among pertinent (Acemoglu & Angrist, 2001; Unger, 2002)

Becton and colleagues (2017) suggested compassion for individuals in recovery could influence employers’ hiring practices and willingness to provide accommodations. To this end, it is important to understand whether characteristics of employers (e.g., demographic, industry type) might correlate with such openness toward those in recovery. Unger (2002) reported employers in larger businesses had favorable attitudes toward employees with disabilities than smaller businesses, and finance and business industries are more reluctant to hire stigmatized groups, including individuals in recovery. Moreover, Acemoglu and Angrist (2001) suggested there was a decline in the employment of people with disabilities in smaller companies, which could be attributed to the speculation of larger businesses being able to easily absorb associated costs of reasonable accommodations. Overall, Graffam et al. (2004) suggested employability of stigmatized groups cannot be understood as being simplistic, but as a complicated feat which requires preparation and community support.

Although employment has been cited as a key factor to improve quality of life among individuals with a history of substance abuse, challenges continue to limit employment opportunities among this group (Lee et al., 2015). The purpose of the present study was to examine the levels of concern among employers regarding the hiring of individuals in addiction recovery. Specifically, three research questions guided our study:

1. To what extent do employer levels of concern regarding individuals in addiction recovery differ based on gender, ethnicity, and educational level?
2. To what degree are there significant differences in employer levels of concern regarding individuals in addiction recovery among industry types?
3. To what degree is there a relationship between employ-

er’s level of concern to hire individuals in addiction recovery and their willingness to provide accommodations?

Method

Participants

The sample consisted of 382 employers and percentages are representative of the total sample instead of the number who responded to each question. Of these, 196 (51%) were males and 186 (49%) were females. The study included 239 (62.4%) Hispanic-Americans, 92 (24.0%) European-Americans, 31 (8.09%) African-Americans, 8 (2.09%) Asian-Americans, 5 (1.31%) Native-Americans, and three (0.08%) reported as multiracial. Additionally, there were four (1.31%) individuals who chose not to disclose their ethnicity. Mean age of the participants was 41.11 years ($SD = 11.54$), ranged from 19 to 71. All non-Hispanic participants were collapsed into one ethnicity category due to small numbers in each group. In terms of education, 136 (35.6%) participants had a bachelor’s degree, 84 (21.9%) participants had a master’s degree, 5 (1.31%) participants had a doctoral degree, 12 (3.13%) participants had completed high school education, 69 (18.1%) participants had some college/university credits, and 76 (19.9%) had an associate’s degree. For the present study, education was categorized into two groups: less than four years of college education ($n = 157$, 41%) and four years or more of college education ($n = 225$, 59%).

Instruments

There were two sets of dependent variables, employer levels of concern in hiring individuals in recovery, as measured by the Employer’s Attitudes Questionnaire (EAQ), and employer willingness to accommodate individuals in recovery, as measured by the Willingness to Accommodate Scale (WAS).

Employer’s Attitudes Questionnaire (EAQ). The EAQ is a 38-item instrument that measures employers’ attitudes toward hiring individuals with psychiatric disabilities (Diksa & Rogers, 1996). The EAQ examines four issues that might influence the hiring decision: (1) work personality, (2) work performance, (3) symptomatology, and (4) administrative concerns. Each item is rated on 5-point Likert-type responses ranging from 1 = *Not a concern* to 5 = *Great concern*, which was used to measure the dependent variable of “level of concern.” For the present study, the terminology of individuals with psychiatric disabilities in the original EAQ was modified to individuals in addiction recovery. The authors sought feedback from a group of rehabilitation counseling faculty members to ensure the content of the modified instrument was not skewed. Afterwards, a pilot study with a small group of employers to improve the scale’s readability was conducted. The Cronbach’s alpha coefficient computed for the present study was 0.97.

Willingness to Accommodate Scale (WAS). Because there are no existing suitable instrumentations that can specifically evaluate the levels of employers’ disposition to provide accommodations in the workplace to individuals in addiction recovery, the authors developed the WAS to address this need after conducting an extensive literature review. An expert panel comprising of rehabilitation counseling professors, who were familiar with substance depen-

gency issues and work accommodations for PWDs, was consulted to provide feedback on the initial WAS. The final version of the WAS is a 16-item instrument that measures the willingness of employers to provide accommodations using a 5-point Likert type scale ranging from 1 = *Very unlikely*, 2 = *Unlikely*, 3 = *Undecided*, 4 = *Likely*, to 5 = *Very likely*. Example statements include “*Divide large assignments into smaller tasks and steps.*” and “*Allow use of unpaid leave for inpatient medical treatment.*” The Cronbach’s alpha coefficient computed for the present study was 0.91.

Other descriptors were identified by the demographic questionnaire including personal characteristics (e.g., identification of personal experience with recovery), and business related characteristics (e.g., industry affiliation, approximate number of employees, trainings attended).

The categorical variable “industry types” was classified in the following groups, (a) Arts and Entertainment, (b) Business and Finance, (c) Information and Support, (d) Production and manufacturing, (e) Sales and Retail, (f) Service, and (g) Other. Once data was gathered, the authors recoded and grouped industry type variables into two categories, (a) Business/manufacturing (i.e., business and finance, information and support, and production and manufacturing, and (b) Service/sale (i.e., arts and entertainment, sales and retail, service, and other).

The online questionnaire sent to participants entitled Employer Viewpoints and Willingness Questionnaire (EPWQ) consisted of an informed consent followed by three sections: (a) demographics (e.g., personal characteristics, business characteristics), (b) experience with recovery and willingness to accommodate, and (c) the modified EAQ.

Procedure

Upon approval of the present study by the institutional review board, the research team contacted local chambers of commerce in two counties of South Texas to invite their affiliated members to participate in research. The two counties were chosen due to their close proximity to the research team. The chambers of commerce were forwarded an introductory email on the research team’s behalf. The email contained a recruitment document explaining the nature of the study with an invitation to complete the online questionnaire. Two reminder emails were sent two weeks apart until the questionnaire closed. Interested members were instructed to click on a web link that would direct them to the Qualtrics survey site. The amount of time needed to complete the questionnaire was estimated between 15 and 20 minutes. No incentives were given to the participants. Out of the 956 deliverable addresses, 436 participants began the survey and 382 participants completed the questionnaire which yielded in a response rate of 46%.

Data Analysis

We used descriptive and inferential statistical methods to analyze data received through the online questionnaire. The literature suggested there was a relationship between employer level of concerns, gender, ethnicity, and educational level. In Research Question 1, we were interested in determining if there was a relationship between employer gender, ethnicity, and educational level on employer’s level of concern and to check for existence of any

synergistic effects using factorial ANOVA. A three-way factorial ANOVA was selected to answer the first research question.

Research Question 2 was included to determine if there was a difference in employer levels of concern regarding individuals in recovery among different industry types. To test this hypothesis, a one-way ANOVA was used to determine differences between six industries and employer’s perspectives regarding individuals in recovery. The six industry groups were (1) arts and entertainment, (2) business, finance, and administration, (3) information and support, (4) production/manufacturing, (5) sales/retail, and (6) service. Additionally, after collapsing the six industry groups into two categories (service/sale and business/manufacturing), we used an independent samples case t-test to determine differences between two groups of industries and employer’s levels of concerns regarding individuals in recovery. There were no outliers in the data as assessed by inspection of a boxplot for values greater than 1.5 box lengths from the edge of the box. There was homogeneity of variances, as assessed by Levene’s test for equality of variances ($p = .368$). Lastly, in order to test Research Question 3, Pearson product-moment correlation coefficients were used to index the strength and direction of the relationships between the employer’s level of concern and the accommodations scale. An alpha level of .05 was used as a significance criterion for all statistical tests conducted.

Results

Research Question 1

A three-way factorial ANOVA (gender x ethnicity x education) was conducted to test this hypothesis. Gender [$F(1, 368) = .000, p = .989$] and education [$F(1, 368) = .219, p = .640$] did not display a statistical significance in reference to employer levels of. There was a main effect for race, $F(1, 368) = 4.17, p = .04$. There were no statistically significant two-way interactions. Table 1 shows the mean square, *F*-value, and significance for each interaction. The results do not support the alternative hypothesis by identifying the existence

Research Question 2

A one-way ANOVA was used to determine differences between six industries and employer’s level of concern regarding

Table 1					
<i>Main Effects and Interactions between Gender, Ethnicity, & Education</i>					
Between Subjects					
Source	<i>df</i>	Mean Square	<i>F</i>	<i>p</i>	Partial η^2
Intercept	1	4169.571	5153.277	.000	.933
Ethnicity	1	3.377	4.174	.042	.011
Within Subjects					
Source	<i>df</i>	Mean Square	<i>F</i>	<i>p</i>	Partial η^2
Gender	1	.000	.000	.989	.000
Gender*Ethnicity	1	2.360	2.917	.088	.008
Education	1	.177	.219	.640	.001
Education*Ethnicity	1	.437	.540	.463	.001
Gender*Education	1	.051	.063	.802	.000
Gender*Education*Ethnicity	1	.823	1.017	.314	.003
Error	368	.809			
<i>Note. R² = .027; Adjusted R² = .008</i>					

individuals in recovery. The findings show employer’s level of concern as similar between industries according to means and standard deviations ranging from arts and entertainment (3.5 ± .9), to business and finance (3.9 ± .8), to information and support (3.5 ± .7), to production and manufacturing (3.4 ± 1.0), to sales and retail (3.5 ± .9) to service groups, in that order. Results show data from variables of interest did not violate this assumption ($p > .05$), with a reported p value of .099.

There was a statistically significant difference between means ($p < .05$); therefore, the researchers rejected the null hypothesis and concluded that not all group means are equal in the population. Employer’s level of concern was significantly different between industries $F(5, 372) = 3.396, p = .005$. Tukey post-hoc analysis revealed that the differences between service, business and finance groups (0.50, 95% CI [0.13 to 0.87]) were statistically significant ($p = .002$), but no other group differences were statistically significant. Table 2 shows the results of the ANOVA.

Additionally, after collapsing the six industry groups into two categories (service/sale and business/manufacturing) the researchers found significant results. There was homogeneity of variances, as assessed by Levene’s test for equality of variances ($p = .368$). Participants included 157 (41.3%) from business and manufacturing industries, and 221 (58.7%) from sales and service industries. Employer concerns were higher among the business and manufacturing participants (3.68 ± 0.86) than the sales and service (3.44 ± 0.93). Table 3 presents the findings.

Median employer concern scores were statistically significant with differences between business (3.82) and service (3.55), $U = 14, 588.50, z = -2.637, p = .008$. The business industry employer concern score was .24 (95% CI, 0.06 to 0.43) higher than the service industry employer concern score. There was a statistically significant difference in mean level of concern score between business/manufacturing and service/sales, $t(376) = 2.567, p = .011$. There was a statistically significant difference between means ($p < .05$) and, therefore, the null hypothesis was rejected. In addition, an effect size of $d = .47$ was computed. Put simply, the magnitude of difference between the groups is considered to be in the medium range (Cohen, 1988; Sullivan & Feinn, 2012).

Research Question 3

An alpha level of .05 was used as a significant criterion for all statistical tests conducted. There was a small, negative correlation,

$r(380) = -.120, p < .05$ between the level of concern by employers and the willingness to hire.

Discussion

The purpose of the present study was to examine the levels of concern among employers regarding the hiring of individuals in addiction recovery. Employer attitudes have been associated with significant long-term negative effects for generations of hiring practices. The results of this study are consistent with the findings of previous research on employer characteristics, practices, and level of concerns toward many stigmatized groups (Acemoglu & Angrist, 2001; Unger, 2002).

Research Question 1

There were no significant relationships found between gender and educational status in relation to employer levels of concern, which is consistent with Graffam et al.’s (2004) findings. There was no interaction between gender, education, and ethnicity related to employer levels of concern; however, the findings indicate these variables are independent of one another. The literature supported the relationship between gender and likelihood to hire with women being more likely to hire individuals in recovery rather than men (Holzer et al., 2003). The results of this study suggest gender and education of the employer do not necessarily affect hiring practices. Contrary to Millington et al. (1994), education did not have an effect on employer levels of concern. The lack of significant differences across education levels could indicate there are other mitigating factors affecting employer levels of concerns which may not have been considered.

Additionally, the findings are contradictory to the work of Schwochau and Blanck (2000), who suggested demographic variables, specifically ethnicity, are predictive of employer’s attitudes to hire marginalized groups. It is interesting that individuals of Hispanic descent showed the least difference in mean scores related to employers’ level of concerns. These findings may be due to the geographical location of the sample. Drug prevalence and experience with recovery are more prevalent in South Texas when compared to the rest of Texas (Texas Health and Human Services, 2017).

Research Question 2

By examining the data according to industry, participants demonstrated significant differences in level of concern toward individuals in recovery. According to Petersilia (2005), a negative

Table 2
Significant Differences between Groups by Industry

Variable	(Group 1)	(Group 2)	(Group 3)	(Group 4)	(Group 5)	(Group 6)
	Arts and Entertainment	Business & Finance	Information and Support	Production & Manufacturing	Sales & Retail	Service
	<i>M(SD)</i>	<i>M(SD)</i>	<i>M(SD)</i>	<i>M(SD)</i>	<i>M(SD)</i>	<i>M(SD)</i>
Employers’ Level of Concern Score	3.50 (.89)	3.87 (.78)	3.53 (.71)	3.40 (1.02)	3.50 (.88)	3.38 (.97)

Note. Significant at the .01 level. Tukey post-hoc tests

Table 3
Significant Differences by Industry

Variable	Group 1		Group 2		<i>Sig (2-tailed)</i>
	<i>n</i>	<i>M(SD)</i>	<i>n</i>	<i>M(SD)</i>	
Employers’ Level of Concern Score	157	3.68 (.86)	221	3.44 (.93)	.011

Note. Significant at the .05 level

perception of unemployed people in recovery is one contributor to higher rates of recidivism among drug addicts and ex-prisoners. This particular concept cannot be addressed without a better understanding of what employer concerns of individuals in recovery truly involve (Larson et al., 2007). The research of shared perspectives across employment sectors in this study suggest employers hold different views across industries. The ideal job readiness skills that nearly all employers, in almost every industry seek, are personal qualities including reliability and honesty, daily punctuality, and carry positive attitudes toward work (French, Roebuck, & Alexandre, 2001). Many employers in the business and finance industry prefer to avoid problems associated with poor work performance or high absenteeism, including drug abuse and individuals with physical and/or mental disabilities (DeSimone, 2002; French et al., 2001).

Besides the aforementioned concepts, majority of careers in most industries require the fundamental use of a computer, and basic cognitive skills such as reading and writing. Many of these skills are not directly observable in job applicants; therefore, employers use the receipt of a high school diploma, work experience, and references to acquire such information which is oftentimes minimal among individuals in recovery. Background checks and drug tests are other common ways for employers to verify job applicants' skills and authenticate character (Petersilia, 2005). A less used means of checking aptitude is a skills test, but these are rarely used today. The problem is many employers make assumptions regarding an applicant's skills based on the interview, and often the quality of writing on the job application, without realizing these judgments are unpredictable. Another reason for the differences between sectors has to do with the nature of the service field being committed to helping others in comparison to finance being dedicated to making money (Larson et al., 2007). Although there were differences reported between industries in this study, the truth remains there are several similarities across industries and business sectors related to hiring individuals in recovery. The resemblance may stem from when an employer's major priority is to maintain a functioning work environment, not necessarily to hire individuals of stigmatized groups for moral or social desirability (Becton et al., 2017; Lutman et al., 2015). Despite the evidence that individuals in long-term recovery may be more productive than those without SRDs (NSC, 2019b), the results of this study indicate more work is needed to reduce and prevent discrimination and stigma against this population.

Research Question 3

The final research question led to the conclusion that the less concern employers have about hiring individuals in recovery, the more likely they are to provide reasonable accommodations. There are several explanations for this finding. First, the relationship between likelihood to accommodate and employer level of concerns may be accommodation specific. For example, timing (e.g., paid leave) may have more of an impact on employers' level of concerns than providing praise and reinforcement. Livermore et al. (2000) researched attitudes toward specific accommodations and the effects on individuals with disabilities. This is an area of research which has not been formerly explored in relation to individuals in recovery. Therefore, understanding the relationship between em-

ployer level of concerns to hire and provide accommodations for individuals in recovery is an area for further research.

Secondly, the research shows there are other factors besides employer levels of concern to hire not included in the scope of this study, which may influence employer dispositions to accommodate, such as economic incentives, compliance with the ADA, and the fear of lawsuits (Allbright, 2002; Lee, 2001). In addition, it may be that employers willing to provide accommodations depend on the severity of need expressed by the individual employee. The connection between an employer's willingness to provide accommodations and their level of concern on hiring individuals in recovery can be difficult to quantify due to the subjectivity. It is very possible that an employer's willingness to accommodate and his or her level of concern are tainted due to previous experiences.

Limitations

There are a few limitations associated with study. First, the generalizability of findings may not be applicable to employers in other parts of the nation. Participants were recruited in South Texas where residents are generally more aware of addiction issues and the negative impact of drug cartels because of their proximity to the U.S.-Mexico border. Mexico is the largest supplier of illicit drugs to the U.S. (Ajzenman, Galiani, & Seira, 2015; Rios, 2013). Second, an overwhelming majority of the participants were Hispanic business owners. It is plausible that non-Hispanic employers may have held different perceptions toward individuals in recovery. The decision to conduct routine drug testing among employees has been influenced, to some extent by employers' cultural interpretations of substance and alcohol use (French, Roebuck, & Alexandre, 2004; Room, 2005). Third, the online data collection method might inadvertently exclude business owners who were not members of the local chambers of commerce or did not have internet access to take part in the survey. Fourth, as with most conventional survey studies, the results of this research were derived from the self-reported views of the participants. It is also likely that some participants furnished socially desirable answers to project favorable impressions to the researchers. Lastly, the questionnaire was available only in English which might have discouraged business owners whose first language was Spanish from responding to the questions. Despite the presence of the abovementioned weaknesses, the present study offers a pioneering exploration of factors that might influence the willingness of employers to hire individuals in recovery.

Implications for Practice and Future Research

The results of this study are indicative of the challenges and barriers individuals in recovery face in their transition to the workforce. Embedded beliefs and company policies accepting consideration of individuals in recovery contribute to an unsuccessful transition into the community while creating hindrance even among the most well intended and dedicated individuals seeking a second chance. Future research could focus on which types of accommodations employers offer and have previously offered to individuals in recovery in order to provide clarification for the third Research Question.

There has been constant discussion on the empirical research and improvement of treatment for individuals in recovery, ironical-

ly treatment has been replaced with unemployment and homelessness. Rehabilitation counselors can work closely with other professionals to strengthen job readiness skills and abilities in order to combat this concern. By addressing employer's levels of concerns, this study provides a foundation for research to build upon. Graffam et al. (2004) determined employers have a high level of opposition about hiring various marginalized groups. The primary concern stems from trust. Research has proven that, during the recovery process, individuals face many barriers to finding gainful employment, among them employer discrimination, issues with poverty, lack of work experience, low self-esteem, and insecure living accommodations. Additional research on the role of stigma in hiring individuals with behavior driven health conditions and the impact of employment outcomes would be essential.

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