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Shannon Elizabeth Winters

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AN EXPLORATION INTO ADDICTIONS COUNSELLOR TURNOVER IN
MANITOBA: A NARRATIVE INQUIRY

(Spine Title: An Exploration into Addictions Counsellor Turnover)

(Thesis format: Monograph)

By

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Graduate Program in
Health & Rehabilitation Sciences – Health Professional Education

A thesis submitted in partial fulfillment
of the requirements for the degree of
Master of Science

The School of Graduate and Postdoctoral Studies
The University of Western Ontario
London, Ontario, Canada

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THE UNIVERSITY OF WESTERN ONTARIO
SCHOOL OF GRADUATE AND POSTDOCTORAL STUDIES

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Abstract

Addiction is a growing concern particularly in Manitoba where the rate is higher than the national average. Individuals are accessing addictions services at steadily increasing rates therefore Counsellors will be needed to deal with this increase. International literature reports high turnover among addictions counsellors, with detrimental effects on service delivery. This thesis aims to enhance an understanding of the ways in which contextual features influence how and when counsellors leave the field of addiction. A critical narrative approach was adopted that aligned with a constructivist paradigm. Two semi structured narrative interviews were conducted with four participants. Common themes that emerged were: education playing a major role in the difficulties experienced by the participants, the impact of centralized decision-making, lack of support from management and coworkers, systemic constraints making work in addictions challenging, as well as each participant being uncertain about entering, leaving and returning to the field of addictions. Findings indicate that turnover is non-linear and contextually situated.

Keywords: addictions, counsellor, turnover, Manitoba, critical narrative, Health Professional Education

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CHAPTER ONE: INTRODUCTION AND LITERATURE REVIEW

Addiction is a growing concern in Canada and specifically in Manitoba. The rate of substance abuse varies from province to province, with Manitoba ranking higher than the national average (Health Canada, 2008; Tjepkema, 2004; Veldhuizen, Urbanoski, & Cairney, 2007). Specifically, the results from the Canadian Alcohol and Drug Use Monitoring Survey conducted in 2008 by Health Canada indicated that Manitobans scored higher than the national average on two variables regarding problematic alcohol use: heavy infrequent and heavy frequent (Health Canada, 2008). Additionally, based on the annual report from the Addictions Foundation of Manitoba (2010) the number of individuals accessing addictions services is and has been steadily increasing over the last ten years. One agency stated that they saw a 50% increase in women accessing services in 2009 (CBC news article, June 9, 2010). Given the increase and higher than average levels of substance abuse in Manitoba, the need for addictions counsellors¹ has increased concurrently. Therefore learning more about why counsellors are leaving the field is critical.

An addiction is an unhealthy relationship that an individual has with a substance and/or activity (The Addictions Association of Manitoba, 2000). In this study, the term addictions counsellor refers to an individual working in the front lines of an agency offering services to individuals experiencing addiction. In my study all of the participants had been working with individuals suffering from drug and alcohol addiction. Various aspects of the position included conducting therapy sessions, intake, assessment, case conferencing, and educational programming.

¹ Throughout the thesis I will adopt the Canadian spelling for the word counsellor

The purpose of this thesis project was to enhance an understanding of the ways in which contextual features influenced how and when individuals left the field of addictions counselling. I was interested in how the participants made sense of and gave meaning to their experience. By critically reflecting on the participants' stories my intent was to uncover how the social, political, and historical contexts shaped the experience of those who had left their positions as addictions counsellors. Qualitative inquiry was the chosen mode of inquiry for exploring the issue of addictions counsellor turnover, as I was interested in what the experience was like from a contextually situated perspective. Contextually situating the research is essential in qualitative inquiry (Haldenby, Berman & Forchuk 2007) because what people do is often influenced by the context in which the problem exists. The research question guiding this study was: *How do addictions counsellors make sense of and give meaning to their experience of leaving the addictions field?* The formulation of the research question was intended to embrace different contextual features that had a meaningful impact on the participant's experience.

Narrative inquiry was the specific school of inquiry adopted for this study given that it can be used to explore issues in health care policy, program development, and evaluation as stated by Overcash (2003). Overcash went on to say that policies are often developed without hearing the voice of those that are directly impacted by their implementation. When viewing narratives, policy makers are presented with a more human dimension of why addictions counsellors leave the field. Narrative methods can help policy makers become aware of the impact and how change, or lack of change, regarding cut backs or program changes affects those directly involved (Overcash 2003). Various critical issues related to concepts in health professional education were identified

through this research project. They include, the lack of promotion for certification or license, the role that Reflective Practice can have, as well as the discrepancy between the espoused theory versus theory in use that exists in some agencies. A discussion about these issues will take place in the final chapter.

Unlike in much of the previous literature, I expected that, through revealing the stories of those who had left the field of addictions, more awareness would be illuminated around what systemic, as opposed to individual factors shaped the individual's decision to leave. This information will add to the literature regarding addictions counsellor turnover, specifically from a Canadian perspective. Through informing addictions professionals, educators, and policy makers about the particular challenges addictions counsellors face in their occupation, my objective is for addictions counsellor turnover to eventually be reduced.

My Story

The desire to conduct this research project was not an immediate revelation but rather came out of a combination of circumstances that took place over the last five years. In keeping with the narrative focus of this research project I felt that it was important for readers to hear my story. In my story I take the reader through my experience of how I came to be an addictions counsellor, what the experience was like for me, how I came to leave the field and how contextual features inspired me to conduct this research project. Through sharing my story I intend to give readers a window into how I make sense of the issue of addictions counsellor turnover. A more detailed description of my worldview will be described in chapter two.

My interest in addiction started when I was quite young after seeing my high school addictions counsellor give a presentation during an assembly. I remember thinking that she had a really cool job. Much later, when I graduated university with a general degree in psychology, I had been told many times that "people with arts degrees do not get real jobs", so I was eager to prove this wrong. I was 21 years old at the time and began applying for various counselling positions with addiction centers that I knew of in Manitoba. I was not called for any counselling positions but I was called for a residential care worker (RCW) position. An RCW is a support staff position so there was no counselling involved. Regardless, I decided to take the job and work my way up to a counselling role. I worked in that position for three months and then decided to return to university to upgrade my general degree to an honors degree in psychology. Because of the flexible schedule of the RCW position I maintained employment for the first three months while attending university. Once I completed my coursework I decided to apply for counselling positions once again, despite still finishing up work on my thesis.

This time I was called for an interview. I felt that it went really well. I told them that I was working on my thesis looking at substance use in older populations in Manitoba. They really seemed to like this and asked me many questions about what my findings were. It felt like the interview was more of a conversation than a question-and-answer period. A short while later the director of the agency called me to let me know that I have been chosen for the position, to which I responded, "really?" I still had the words "you don't get real jobs with arts degrees" hovering over my head, so I was really surprised that they offered me the job. A few days later I went in to fill out the administrative paperwork and while I was there I asked the director how long it would

take because I had to go back to the university for a thesis meeting. When he went to check with the secretary I happened to overhear the conversation. What he said next would shape the way I viewed myself for the next few years. He asked the secretary how long the paperwork would take because "Shannon needs to go back to the University to work on her Masters' thesis." I froze out of shock. I felt like such an imposter. I began racking my brain to think of any time where I may have alluded to doing a Masters' degree. My fear was that the only reason I got this job was because they thought I was doing my Masters'. I loved the idea of having a counselling job given that most of the people in my cohort were unable to obtain "real" positions. I decided not to clarify just yet however, thought to myself "now you can't let them see your incompetence." This was how I started off my career in addictions, feeling like an imposter. I did clarify a few weeks after starting the position and my supervisor's response was confusion. He said he did not know what I was referring to. My fear was all for nothing however, I still felt that I had to prove to them that I was capable of working in this environment.

The first position I held was in a residential treatment facility, where I was a primary male counsellor in a 60-day program. This treatment center accepted people straight from jail, many of whom have been charged with serious offenses such as rape, assault, and even murder. I was 22 at the time, blonde, naive to this rough world and desperately trying to hide my "incompetence." The truth was, I had never had any formal counselling training. All of my experience in addictions was from textbooks and personal experience with people in my life. Every step I took was guided by hiding my perceived inability.

This position was the most eye-opening experience I had ever had. I was lucky that I had an amazing director who was very patient with me. He taught me every aspect of the position in a way that was nonjudgmental and did not draw attention to my lack of counselling skills. Having said that, looking back there are quite a few situations that I experienced that make me shudder at present. I dealt with some very scary situations but chose not to make a big deal about them. Back then I was so worried about maintaining my image as a competent counsellor that I failed to acknowledge and deal with some of the dangerous instances. Because of the population I was dealing with and this looming notion of being nonjudgmental, I felt I could not voice my concerns around being threatened or verbally abused, out of concern that it would detract from the clients' situations.

I came into work one day to see my director waiting for me. He asked if I had a second to talk and I said yes. We went into my office and he proceeded to tell me that a client of mine, who was known to have AIDS, was talking to other clients about taking advantage of me sexually. I did not fully process the gravity of what he said because I was still concerned about hiding my inability to counsel. Various security precautions were put in place following that discussion. I could no longer be the only staff member in the building. I had an escort to and from my car every day, and my coworkers were instructed to watch out for me. As a personal precautionary measure, I dyed my hair dark and stopped wearing jewelry. I also put less effort into making myself look presentable. In fact, I felt safer the "uglier" I looked. Interestingly, at the time, I did not question why the client was allowed to stay in treatment.

Another experience that I vividly remember from my time at the agency was regarding discharging a client who came directly from jail. When I discharged someone who accessed in that way they were sent back to jail. Given that he was my client, it was my responsibility to tell him that he was going back to jail. When I told him, he was eerily calm. This was out of character for him because most of the time he escalated even if the issue was over somebody taking his seat in the group. My coworker stood outside of my door as a protective measure in case this client did escalate. The entire time we were having the discussion the client remained calm. I told him he had to pack his things, immediately after which, he stood up to leave without arguing. He opened the door and left my office, took about five steps, turned around and pulled out a butcher knife from his pocket. He looked at me and asked, "well, if I'm leaving, what you want me to do with this?" Again, my desire to appear competent overtook my emotions; I do not know why I did this but I reached out and took the knife. I remember walking back to the RCW office, putting down the knife and just bawling my eyes out. I was just in a 5 x 10 foot space with a parolee, telling him he was going back to jail. All the while he had the knife in his pocket. I did not make any sort of formal incident report about this occurrence and I still do not know why he chose to hand over the knife. Looking back, I cannot believe some of the things I chose not to discuss.

That position was a term that I was filling for someone who was on sick leave. I was offered an extension but declined stating that I wanted to finish up my thesis. I remember feeling this huge sense of relief when I left, like I had just survived some sort of disaster. I still really liked working in the field of addiction because I had had many positive experiences working with clients; however I was just too afraid to stay at that

particular position. I took a month off to finish up my undergrad degree and began applying for other positions in the addictions field. I was called from a different addictions agency with a job offer to work in women's services. I was elated to be offered this position because I had realized by that point that I no longer felt comfortable working with men. Moreover, counselling staff saw this agency as being at the top of the hierarchy of addictions treatment centers in Manitoba.

This time around I started the position feeling more competent in my ability. Again I had the privilege of working with a wonderful supervisor who gave me a lot of autonomy, allowed me to structure my schedule in a way that worked for me, and allowed me to develop parts of the program in a way that I believed in. I was doing intake for women's services, which included coordinating admission as well as conducting assessments and running a weekly educational group. I loved this position. I felt safe, I felt respected by most of my coworkers and I felt useful. I really enjoyed working with the women who were accessing services. I got into a groove and was able to conduct services efficiently and effectively. I felt like I was encouraged to succeed and excel in my position. Many of the skills that I brought to the position were utilized on a daily basis.

Regardless, I did experience various struggles in the beginning despite really liking the position. One of my struggles was around differing perspectives with a particular coworker. We could not see eye to eye. We had a very different understanding of how services should be offered and I felt like we would butt heads multiple times per day. I felt like my age was used against me because I was probably 20 years younger than everyone else in the department. I had a lot of support from other staff members but felt

that I was not able to express my opinions and have them heard by that particular coworker. Luckily, three months after I started, another position was created in our department. A third counsellor was hired, which I benefitted from hugely. This particular coworker was somebody that I formed a bond with instantly and we were able to work together in a manner that made the days bearable but moreover our cohesion benefited the clients because we were more consistent and united in groups. We often had clients tell us that they really found our groups useful. We were on the same page and we had the same view of how services should be offered. My struggle with the other coworker remained, but having a third person made it much easier to deal with.

Additionally, previous frustration began to resurface shortly after I started the position in women's services. In the first addictions position, my focus was not on these frustrations because I was too busy trying to keep myself safe. The frustration came from how referrals were made to the agency. I would say that 80 to 90% of the people I saw were mandated to see me. The literature and statistics show similar numbers, which I will discuss later in this chapter. What those numbers meant was that the majority of people accessing services were not necessarily accessing because they wanted to change their drug and alcohol use. They were accessing because of coercion from other people or agencies in Manitoba. The clients came with many external motivations, for example: satisfying a lawyer, judge, probation officer, employer, CFS worker etc. Very few clients who came were exclusively internally motivated to be there.

Working with clients from a mandated perspective was very difficult for me. Most of my energy was spent raising their awareness, and trying to get them to see their problem. It was exhausting. The clients themselves were only a small part of this

frustration. The bulk of my frustration came from the referring agencies. I felt that there was a lack of communication around how our services were offered and what I was capable of doing for the clients. Of particular interest and frustration was that my agency had a "voluntary" mandate meaning I approached working with the clients as if they were choosing to access our services. I could not understand why we were not better equipped to work with mandated clients given that they made up the majority of our client base. A voluntary approach was very different than what programming would look like for mandated clients. I took what the client said at face value and worked with them where they were at. If they came in and told me that they did not have a problem, I worked from that perspective.

The struggle came when we were finishing up the session and I would be asked to send the report to whichever agency had referred them. I could only write the reports to the referring agency based on what the client had said during the session. Many of these agencies had been working with people for years and had all kinds of information that I could not possibly expect to get in one hour. Regardless, since my agency was seen as the "expert" on addiction the expectations were high. Somehow I was expected to obtain all of this information, get the clients to see that they had a problem, have them sign up for a residential program (because community based was not seen as adequate treatment by the referral source) and commit to making a positive change... All in one hour.

I felt caught in a very difficult situation between doing what the referring agency requested and doing what the client requested. When I would send my report stating what the client had indicated to me, regardless of whether it was true or not, the referring agency would often contact me and inquire as to why there was no referral made to

residential treatment. It was obvious to that person that the client had a problem with addiction. Moreover, my agency did have an awareness-raising program but this was not a treatment program, therefore it was not an acceptable referral as far as the referring agency was concerned. From the clients' perspectives, if they enrolled in the awareness program it was of no benefit to obtaining their goal. They would say that it merely extended the time that it took to obtain whatever their motivator was.

To me this was a huge problem. I often felt like I was contributing to the clients learning to "work the system" in that they were compelled to tell a story that likely was not based in truth in order to obtain whatever it was that was motivating them. In my opinion, I was setting people up to fail before they even came through the door, all because of a lack of communication and understanding across agencies. Given the systemic limitations I could not create an environment where clients could feel free to express their struggles.

The other side to this was the fact that when dealing mostly with mandated clients it was really difficult to make an honest connection with people. There were many times when I was insulted for just doing my job. One comment that sticks out was from a client who told me "You have no idea what you're talking about, I have more experience in my baby F***** toe than you ever will" when I let her know that I felt there were some things she was not telling me. To some extent I could write off these types of comments as issues people had within themselves. In the beginning I could tell myself that it had nothing to do with me, but when it happened over and over again it was harder and harder to shake it off. Perhaps this was especially difficult for me given my perceived inability to counsel, due to my lack of education...or simply that I was human?

Due to my age and that I looked younger than I actually was; I found that I constantly needed to prove myself to the clients and to my coworkers. Clients that I was able to connect with later told me that they too had judged me when they first walked in, because of my age. They thought there was no way I could help them because what could I possibly know. One client said she was afraid to open up to me in the beginning because I looked too innocent. I formed a strong relationship with this client and hearing that was an enlightening experience for me in that it confirmed what I had been sensing with many of my clients for so long. This was an ongoing struggle because not everyone was open to discussing and working through his or her feelings toward me. I often felt like I was a target where clients could dump their insecurities, their feelings of inadequacy, and their anger towards themselves or deflections around why they were there. It was hard and I could not help but take it personally.

I was offered the chance to work in the women's residential program for a short time. The agency needed someone to fill in for a counsellor who was on sick leave. I knew that I did not like the idea of going back to residential treatment however, decided it might be a different experience given that I had more experience by that time. That turned out not to be the case and it was an incredibly difficult position to take on. I felt like even if I tried to establish boundaries they were knocked down by the clients and other staff members. I felt guilty taking a lunch break, shutting my door, or going out for a walk. Often I would return early from lunch only to find that a situation had occurred and that another staff member became involved because I was not there to deal with it. I got the sense that there was an expectation from the other staff members that I deal with all situations immediately. One example of this was when I was a few blocks down the street

on my lunch break saying goodbye to my mother who had come in to the city to visit me that day. One of my clients angrily approached me. She demanded that I return to work because she wanted to take her medication but that the RCW staff had said she missed the medication window. I let her know that I was busy at the moment but that I would return to work when I was finished. The client told me that I needed to return right then since it was a medical emergency. I asked that she give me some time to say goodbye. Her response was to take a few steps back, cross her arms and wait for me to hug my mom goodbye. I returned to the building (early) from my break only to find out that this client had slept in and that was why she missed the medication window. I had a discussion around respect with this client however this was not an isolated incident. I felt that this was an example of learned behavior on the part of the clients resulting from these behaviors having been frequently reinforced by the other staff members. Many staff would drop what they were doing, despite whether they were on break or on lunch to assist the clients even if it was not a critical emergency. I had no problem dealing with issues that could not be avoided but when it was issues like the one mentioned above, I felt disrespected by my coworkers and clients when the expectation was that I react immediately.

I was in a love-hate relationship with the addictions field. I really enjoyed working with people and connecting with them, seeing them make changes, but on the other hand I was sick of going home and crying. I actually did a depression inventory scale at work and the result was that I had a high likelihood of depression. I knew that I was not actually depressed, but the fact that I was feeling so down was enough for me to consider leaving.

I attempted to make some changes while still working in the field but quickly realized the lack of power that I had. I decided that I wanted to return to school and do a Masters' degree hoping to bring some solace to my life around some of the struggles that I had experienced. Shortly after beginning the program I decided that I wanted to do more than just obtain information. I was eager to initiate change around policy and the education of addictions counsellors.

My intent was, and still is, to use my thesis to draw attention to the struggles that my coworkers and I were experiencing because I felt that the issues were a difficult topic to table while continuing to work in the field. When I entered this helping profession I was dealing with people who were in such dire conditions that I felt guilty talking about my struggles. I also felt like if I did discuss my concerns, they would not be taken seriously or worse, that I would be judged for not being compassionate, or client centered. These are some of the attributes that I feel make a "good" counsellor and I did not want to be viewed in any other way. I knew this was a problem but I did not know how to go about presenting it. That is why I chose to return to university and why I chose this as my thesis topic. Through taking some time away from working in the front lines and gathering information around turnover (which will be further discussed in this chapter) I have learned that clients are directly impacted by many of these struggles that I mentioned experiencing. The need for this research became personally evident and my passion for this topic has grown since returning to academia. In the discussion chapter I will highlight what I have learned about my situation after having completed this project.

Despite the lack of research indicating that turnover is in fact a concern in Manitoba, my experience working as an addictions counsellor in that province led me to

believe that this problem existed. In my short time working as an addictions counsellor I noticed the common occurrence of many of my coworkers leaving their positions and then a month later someone new being hired to fill the vacant position. As similar to what will be mentioned in the literature review that follows, this was very stressful for my colleagues and me, as those remaining in the positions were responsible for filling in for the person who left. I left the addictions field primarily because of its work environment and institutional policies and practices, such as mandating clients to treatment.

Accordingly, I know firsthand what may influence a person to leave his or her position but was interested in hearing the story of other people in a similar position. The literature discussed later in this chapter supports the notion that turnover is a problem that is often under recognized.

Overview of the Thesis Layout

The purpose of this thesis is to take the reader through each stage of the research process. I began with a discussion of the significance of this study as well as the research purpose. I shared my story of how I came to personally be interested in the issue of addictions counsellor turnover. In what follows, I critically discuss the previous literature in detail. Major themes are discussed; as well discrepancies, contradictory findings and gaps are highlighted. I conclude the chapter by arguing the importance of a re-conceptualization of how addictions counsellor turnover ought to be explored.

In Chapter two I discuss the methodological approach to this project in great detail. My epistemological location is discussed, as well as the location of this research project. The research process and ethical considerations are then outlined. In Chapter

three the individual narratives as well as individual themes that emerged from the initial stage of analysis are presented. I also include my reflections of the process of collecting the told stories and constructing the written stories. In Chapter four the findings across narratives as well as the findings in relation to concepts of Health Professional Education are discussed. I conclude by highlighting the limitations of my study and future considerations for research looking at addictions counsellor turnover.

Literature Review

The pervasiveness of addictions counsellor turnover is not well documented in Canada. There is little literature to illustrate the frequency. Perhaps, as Carpenter and Suto (2008) and Hammell (2004) would suggest, the problem of turnover is taken-for-granted and seen as an inevitable or normal condition of the addictions field. The dearth of literature available on addictions counsellor turnover from other countries will be discussed in what follows.

A scoping review of the literature was conducted using the Scopus, Ebscohost and Psychinfo databases. Key words that were included in the search bar were: addictions, counselor (American spelling), counsellor (Canadian spelling), substance abuse, turnover, burnout, and work stress. Articles published after 2000 were included to get a recent view of the literature, and no restrictions were placed on geographic location. From the articles produced from the searches, I examined the abstracts and specifically pulled out articles directly pertaining to turnover among addictions counsellors. I also performed a lateral search where I reviewed the reference lists of the located articles to ensure that I was not missing information rich articles due to a searching error.

After reviewing abstracts from the obtained articles to determine if appropriate, the search yielded 17 articles that were published between 2000 and 2011. A spreadsheet was constructed to organize the articles into specific topic, year published, location, methodology, and findings. The majority of the research was conducted in the United States of America; two studies were done in Australia. No Canadian articles fit the criteria of directly relating to turnover among addictions counsellors. The majority of the literature was comprised of experimental studies, 14 were quantitative (four longitudinal and ten cross-sectional), one was of mixed method design (exact methods unclear) and none of the articles were strictly qualitative. One of the articles was a discussion paper looking at the treatment workforce in Australia. The final article included in this literature review was a previous review of the literature conducted in the United States.

Turnover is Not Clearly Defined in the Literature

It was difficult to isolate the definition of turnover from each of the articles used in the literature review. This term was referred to in various ways making it difficult to understand how each author conceptualized the issue of turnover. Most transparent, Gallon, Gabriel and Knudsen (2003) found that turnover resulted from three sources which were defined as staff being laid off due to insufficient funding, termination related to performance issues, or staff resigning for their own reasons. They found that the most common source of turnover was from staff resignation. Additionally, Aarons and Sawitzky (2006) define turnover as referring to counsellors who have left the organization entirely, not merely switching from one position to move to another within the same organization. Clear definitions were not obtained from the other articles included in the literature review.

In addition to a vague definition of turnover, previous literature has primarily looked at addictions counsellor turnover in a somewhat hypothetical manner. Authors have explored commitment to the field (Aarons & Sawitzky, 2006; Curtis & Eby, 2010) turnover intention (Duraisingam, Pidd, & Roche 2009; Knudsen, Ducharme, & Roman, 2008; Knudsen, Ducharme, & Roman, 2006; Rothrauff, Abraham, Bride, & Roman, 2011) staff retention (Knudsen, Johnson, & Roman, 2003) and mediating effects of turnover (Broome, Knight, Edwards, & Flynn, 2009; Garner, et al., 2007; Shoptaw, Stein, & Rawson, 2000).

Lack of Transparency about Methods Used to Assess Turnover

Various authors included in this literature review adopted and modified different scales to assess these hypothetical constructs of turnover. A scale developed by Meyer, Allan and Smith (1993) to assess nurses commitment to the field, was used in two studies to assess turnover intention, commitment and retention in the addictions field. In its complete form the scale consists of six items that explore to what extent nurses contemplate leaving the field. For the purpose of studies looking at addictions counsellors, the word “nurse” was replaced with “counsellor.” The response options go from 1-7, with one being “not at all” and seven being “definitely true.” The authors modified the scale in that they included less than the total six items (Rothrauff et al., 2011) or reduced the number of possible responses (Curtis & Eby, 2010).

The above mentioned authors clearly state how the scales were modified for their respective studies; however, this was not the case in other studies that modified existing scales. To assess for turnover intention, Knudsen et al. (2006) and Knudsen et al. (2003)

adapted the scale developed by Walsh, Ashford and Hill (1985) and Duraisingam et al. (2009) adapted the scale developed by O'Driscoll and Beehr (1994). Details about the adaptation and statistics of the reliability and validity of modifications made to the scales listed above were not clearly presented. This could be problematic given that modifications of this sort could diminish the accuracy of the scale.

Two authors retrospectively calculated turnover at the time of data collection by asking administrators for the number of counsellors who left the previous year (Aarons & Sawitzky, 2006; Gallon et al., 2003). McNulty, Oser, Johnson, Knudsen, and Roman (2007) prospectively accounted for turnover in that the authors contacted each researched site one year following initial data collection to inquire as to how many counsellors had left that year. None of the studies located in this literature review surveyed individuals who had actually left the field, making it difficult to gather an understanding of what the experience was like for that person.

Turnover Problematic Although Discrepancy Regarding Prevalence

High turnover is a dilemma common to various occupations such as nurses, teachers (Knudsen, et al., 2003), mental health and social workers (Libretto, Weil, Nemes, Linder & Johansson, 2004). Not unlike those mentioned, the addictions field sees a high turnover in front line workers as well (Aarons & Sawitzky, 2006; Duraisingam, et al., 2009; Gallon, et al., 2003; Knudsen, et al., 2008; Knudsen, et al., 2006; Knudsen, et al., 2003; Libretto et al., 2004). There is a discrepancy in the literature regarding the percentage of turnover that exists in the addictions field (Gallon et al., 2003; Knudsen et al., 2006; Knudsen et al., 2003). The range goes from 18 to 50 percent per year, with the

lower estimation still substantially higher than the average turnover rate of 11 percent in other health care occupations in the United States (Knudsen et al., 2003; Libretto et al., 2004).

What Contributes to Turnover

Importance of Support in the Workplace

Management

Management practices have a direct and indirect impact on turnover and turnover intention of addictions professionals. Agencies that had managers with more experience were found to have lower rates of turnover in a cross sectional study conducted by Gallons et al. (2003) looking at variations across directors and clinical staff in the Pacific Northwest of the United States. The authors theorized that this might have resulted from experienced staff paying more attention to the personal needs of their employees as opposed to inexperienced managers who focused more on fiscal outcomes. However, the authors do caution the over generalization of these findings given that the response rate was low (43%) and that predicting causality and directionality are difficult given the cross sectional design of the study.

Conversely, through exploring leadership, burnout, and job satisfaction in outpatient drug-free treatment programs, Broome et al. (2009), suggest that it may not be the inexperience of the manager but more so the shortage of preparation and resources that the managers receive that contribute to the lack of focus on employees' needs. The authors also found that when an organization consisted of multiple levels and offered various programs, staff encountered more challenges regarding the quality of leadership received.

Workplace justice was found to be a contributing factor to addictions counsellor turnover. Specifically, agencies with managers who attended to equal work distribution across employees (Broome et al., 2009; Knudsen et al., 2008; Knudsen et al., 2006; Rothrauff et al., 2011) regardless of the magnitude of the caseload (Broome et al., 2009) were found to have employees with higher work satisfaction and lower levels of turnover. Perceived workplace justice strongly related to turnover intention in that both equitable work distribution and fairness in decision-making were related to emotional exhaustion, which in turn, related to turnover (Broome et al., 2009; Ducharme et al., 2008). Organizations that were more centralized (meaning decision were made in a top down manner) were found to have higher turnover intention among counsellors in the 2006 cross sectional study conducted by Knudsen et al. looking at emotional exhaustion in relation to turnover intention. Conversely, the authors found that counsellors encountered less emotional exhaustion in agencies where decision-making happened in a less hierarchical way.

Managers who value increasing autonomy (Knudsen et al., 2003; Rothrauff et al., 2011) and recognized the challenging work that counsellors do, contributed to higher levels of satisfaction concerning workplace justice (Rothrauff et al., 2011). Job autonomy was found to have an indirect relation to turnover intention (Duraisingam et al., 2009; Knudsen et al., 2003) in that those with greater autonomy felt lower levels of work related stress, which in turn, decreased turnover rates. Increasing autonomy was found to be more difficult for managers than originally thought in the study by Knudsen et al. (2003) looking at how management practices impact the retention of counselling staff. The authors found that although managers may intend to increase employee autonomy, they may undermine this independence by imposing rules or threatening to use their authority.

On the contrary, in the longitudinal study looking at organizational factors relating to turnover, McNulty et al. (2007) found that participatory management, (where decision were made in a decentralized manner) was found by the authors to decrease turnover rates and increase commitment to the organization. Interestingly, the authors found management practices to be relatively amiable to change in their study.

Clinical Supervision

Despite only minimal exploration to date on the impact of clinical supervision on turnover among addictions counsellors, Knudsen et al. (2008) and Broome et al. (2009) theorized that it was likely to have an effect on turnover. Given that other occupations, such as nursing, have found clinical supervision to play a significant role in reducing emotional exhaustion, Knudsen et al. (2008) developed a cross sectional research project that explored this issue among addictions professionals. The authors found a strong negative correlation between clinical supervision and emotional exhaustion, which was in turn strongly linked to turnover intention. Additionally, going back to the discussion on autonomy and workplace justice mentioned above, these authors suggest that a counsellor's relationship with their clinical supervisor influenced his or her perception around decision making in the workplace. This relationship impacted counsellors' perceptions of whether tasks and rewards were being distributed fairly and if the decision-making process was fair. The authors suggest further research on the impact of clinical supervision because their findings give reason to believe that it plays a crucial role in turnover intention. Knudsen et al. (2008) are transparent in cautioning that directionality cannot be determined in correlation studies but assert that the results can still contribute to the overall knowledge of clinical supervision of addictions counsellors.

Workplace Support from Coworkers

Workplace support from coworkers was found to be a significantly related to turnover by Duraisingam et al. (2009) in their nationwide workforce study exploring work stress and job satisfaction on turnover intention among Australian drug and alcohol counsellors. The authors found an inverse relationship between workplace support and turnover intention in their study looking at service delivery in Australia. Employees that reported low levels of workplace support from coworkers and supervisors also reported low levels of job satisfaction and high levels of work stress. They emphasize that encouraging a supportive work environment is critical to reducing turnover.

Impact of Caseload on Turnover

There have been inconsistent findings regarding caseload magnitude in relation to turnover and turnover intention. In the cross sectional study by Broome et al. (2009) that compared the number of Criminal Justice System (CJS) referrals and turnover, the authors found that when counsellors had a higher number of CJS referrals it resulted in lower levels of burnout. The authors suggest that a possible explanation for this might be that there is less variability when working with a homogenous population, moreover, less uncertainty and more predictability meant less time required with each client. In a longitudinal study, Rothrauff et al. (2011) looked at caseload magnitude of various treatment agencies across the United States, from which they discovered that counsellors in for-profit agencies maintained higher numbers of clients on their caseload than do those in not-for-profit organizations. Caseload was found to have a significantly positive relationship to turnover, thought to be the result of time required with each client. Other authors have found similar relationships between high caseload and turnover (Gallons et al., 2003; Shoptaw et al., 2000). Both studies found that reducing counsellor caseload

would reduce the instances of turnover but moreover; they found high caseloads to be deterrents for people entering the field of addictions counselling. Interestingly, Garner, Knight, and Simpson (2007) found that caseload had no impact on burnout in their cross sectional study of state run correctional based treatment centers in the Southwest United States. All of the above studies obtained data through the use of highly structured surveys and questionnaires. Perhaps the reason for such inconsistencies is the result of the method in which the data was collected.

Personal Recovery Status and Commitment

In a study conducted by Curtis and Eby (2010) the authors found that those who are personally involved in recovery are more committed to the profession of addictions counselling. Recovery was measured with a dichotomous "yes" or "no" response to the question "are you personally in recovery." They compared that response to the two variables looking at organizational and professional commitment measured with six items answered on a five-point scale. What was interesting about this study was the bold assumption made by the authors that being in recovery implies involvement with self-help groups such as AA. Moreover, that commitment to the 12th step (helping those who are suffering) is the potential reason for the commitment. From that assumption they claim that the reason for the commitment is the underlying social identity that develops through self-help involvement. This could be seen as a reaching assumption given that people who have personal involvement with addictions may be drawn to the field but not necessarily involved with self-help groups. In contrast, in a longitudinal study McNulty et al. (2010) found that agencies with a higher proportion of counsellors in recovery experienced higher turnover rates among counsellors.

Demographic Characteristics and Turnover

Demographic characteristics were frequently collected in the studies previously conducted on addictions counsellor turnover and have produced interesting yet contradictory findings. Race, education, certification and experience were not found to have any impact of burnout rates of counsellors in a study conducted by Garner et al. (2007). However, the authors did find age and gender to be significantly related to burnout. Age was negatively related to burnout among addictions counsellors in that the older a counsellor is, the less burnout they experienced. They found age to be the strongest predictor of burnout across multiple phases of their study. Other authors found age to have a significantly negative relationship to turnover intention as well (Duraisingam et al., 2009; Rothrauff et al., 2011). In contrast to results typically found in other studies, Garner et al. (2007) found that males on average reported higher levels of burnout than did female counsellors. The authors of this study suggest that attending to and working with these findings would significantly reduce turnover. On the contrary, McNulty et al. (2007) found that treatment centers that are comprised of larger percentages of females, higher number of counsellors with graduate degrees and more counsellors personally in recovery saw higher rates of turnover.

Given the highly structured nature of the surveys used to test these hypotheses, the constructs were de-contextualized in an effort to retain objectivity. Moreover, for constructs like education, information was simply collected for the level of education attained. Specific information around what the respondent's background training involved, how they received this training, and what form of continuing education was available to them, could enhance the understanding of turnover.

Impact of Salary on Turnover

Counselors' perception of their compensation for their work was found to have a strong impact on turnover. Workers who perceived higher levels of dissatisfaction and unfairness with pay reported greater turnover intention in a study conducted by Duraisingam et al. (2009). Olmstead, Johnson, Roman, and Sindelar (2009) emphasize that program administrators may be able to improve recruitment and reduce turnover by making sure that salaries are the same as or slightly higher than what the market pays for workers with similar education and tenure. Rothrauff et al. (2011) found that counsellors working in the hospital system were paid more than those working in non-hospital based settings and subsequently, the hospital based setting saw a lower rate of turnover than non-hospital based settings. In keeping with the above-mentioned findings, Knudsen et al. (2003) also found that when counsellors perceived their organizations to be compensating them in a fair manner, they were less likely to leave their positions.

Impact of Interaction between Counsellor-Client

Surprisingly, counsellor-client interaction was not found to be significantly associated to turnover in a longitudinal study conducted by McNulty et al. (2007). They hypothesized that this interaction would have a strong impact on turnover as had been shown in previous studies. The authors hypothesized that turnover would be high given that employees are expected to engage with the clients on an emotional level but also perform technical tasks. Taken together, those two roles can be stress producing. Additionally, low client success rate was shown in previous studies to impact counsellors given that it was difficult for counsellors to see much long term success with the clients they serve. As McNulty et al. mention, other authors have found the addictions field to be possibly the most difficult of all human services because of the nature of addictions and

the low success rate. Previous studies have shown that over 60% of people accessing treatment drop out in the first 30 days and moreover, 40-60% of clients relapse back into addictions after treatment completion (Simpson, Joe, & Rowan-Szal, 1997; McLellan, Carise, & Klebler, 2003). In addition, McNulty et al. (2007) point out that other authors have found the high number of court mandated clients to be a burden on counsellors in that they often lack intrinsic motivation to stop using and are often unwilling to participate in the treatment process. For these reasons, McNulty, et al. expected to see a significant relationship between counsellor-client interaction and turnover, which was not the case. Perhaps it was due to a measurement issue or the highly structured configuration of the questionnaire, which again, can de-contextualize the data. It is possible that open-ended questions could help to uncover these perceptions from the participants through embracing the context in which this distress occurs.

The Impact of Turnover

The problem of turnover goes deeper than just being a dilemma regarding why addictions counsellors are leaving the addictions field. What is equally concerning is the cyclical effects that this turnover has on organizations and furthermore, the detrimental effects on to the clients accessing services. Unequivocally there is an increasing concern in the literature about the high cost associated with recruiting and training new employees to take the place of those who have left the field (Aarons & Sawitzky, 2006; Duraisingam et al., 2009; Gallon et al., 2003; Knudsen et al., 2008; Knudsen et al., 2006; Knudsen et al., 2003; Libretto et al., 2004). Replacing experienced addictions counsellors takes time and that time incurs high costs. The hiring process can take months out of the program manager or human resources manager's work life, which results in a reduction of time

spent doing other things crucial to the position. Managers may be distracted and unable to attend to the employees' needs, which in turn, may lead to additional turnover because employees feel unsupported by their managers (Aarons & Sawitzky, 2006).

Additionally, many authors from the existing literature found that the quality of care provided to the clients accessing addictions services is lower in agencies where high turnover is a problem (Aarons & Sawitzky, 2006; Gallon et al., 2003; Knudsen et al., 2008; Knudsen et al., 2006; Knudsen et al., 2003). Due to people leaving their positions the vacancy has to be covered and the remaining employees are often the one who have to step in, which may lead to the heavier caseloads and excessive paperwork mentioned above (Gallon et al., 2003). Again a cycle appears, being overworked leads to turnover and turnover leads to being overworked. Both of these cycles affect the quality of treatment delivered to the clients, which could impact their treatment outcomes. The above illustration of the concerns with addictions counsellor turnover extends beyond the employees who left. Turnover impacts everyone from the remaining counsellors, to the managers, to support staff and most importantly, to the clients accessing services.

Gaps in the Literature and Implications for Research

My study provides a unique perspective in that it appears to be the first of its kind to explore the experience of individuals who have actually left the field. Aside from Aarons and Sawitzky (2006), Mulvey, Hubbard, and Hayashi (2003) and Gallon et al. (2003), those who conducted research in this area investigated turnover intention or commitment of those still in the field. Mulvey et al. (2003) prospectively accounted for turnover by returning to the research sites one year following data collection to collect

turnover rates. Aarons and Sawitzky (2006) and Gallon et al., (2003) asked administrators at the time of interview how many staff had left the previous year. As well, the majority of authors delineated turnover in the existing literature as counsellors leaving the organization but not necessarily the field entirely. My study re-conceptualized turnover with the intent to hear a firsthand account of what shapes people's experience of having actually left the field.

As is noted above, although useful to varying degrees, 14 of the 17 articles in the existing literature involved studies using structured questionnaires to obtain the data used to explore addictions counsellor turnover. The nature of collecting data in that manner restricts the findings to a predetermined set of issues. There is no room for elaboration or inclusion of contextual features. Additionally, the study design was often unclear due to lack of transparency by the authors.

A conceptual and methodological shift was adopted in my study. This allowed for a distinctive understanding of turnover in that the counsellors studied had gone further than merely thinking about leaving. Moreover, through the use of narrative the participants were unboundedly given a space to tell their stories in a way that was meaningful to them. They could begin the story at any point and conclude at any point. As Connelly and Clandinin (1990, p. 2) assert, "The study of narrative, is the study of the ways humans experience the world." Therefore, Narrative is an appropriate shift for this area of study given that it provides a thicker, richer description of the participant's experience. In turn, this can give the readers a contextually rich understanding of the issue of addictions counsellor turnover.

Much of the published literature that was discussed in this chapter explored addictions counsellor turnover in ways that allowed individuals to see evidence that this problem occurs in other parts of the world. However, to date there is extraordinarily limited literature exploring addictions counsellor turnover in Canada. The bulk of the literature comes from the United States and some from Australia, which have many economic and social similarities to Canada. Conversely, there are marked differences that exist among these nations, particularly in regard to policy around substance use (Brand, Saisana, Rynn, Pennoni, & Lowenfels, 2007; Giesbrecht & Greenfield, 1999) such as laws restricting use based on age, sales and availability of substances. Differences also exist in prevalence rates of substance abuse from country to country where authors have found that rate of alcohol consumption was higher in Canada than in other countries (Simons-Morton, Pickett, Boyce, Ter Bogt, & Vollenberg, 2010).

Counselor qualification to enter the field and licensing requirements vary immensely from country to country and moreover between state-to-state and province-to-province. The range of qualifications can be anything from personal experience in recovery to a Masters' degree (Dye, Ducharme, Johnson, Knudsen, & Roman, 2009; Libretto, et al., 2004). In addition, states differ in credentialing requirements for a person to become a licensed addictions professional, from educational background to hours of supervised clinical training (Libretto et al., 2004). Taking that further, there is quite a remarkable difference in certification and licensing requirements between countries. Olmstead et al. (2005) found that there was actually an increase in the requirements around substance abuse counsellors obtaining a license or certification in the study that they conducted in the United States. They found that 26% of their participants were

licensed and 57% were certified. The authors expect that these numbers will increase substantially over time. Numbers of this sort could not be ascertained for the Manitoban context; however Ogborne, Braun and Schmidt (2001) found that only 12% of counsellors they surveyed in Ontario were certified. Additionally, the authors discuss the debate that exists around certification in Canada and the notion that Certification is typically not required to work in the addictions field in Canada. Given the paucity of Canadian literature despite the diversity between nations, and further, differences between provinces, this indicates a need for research exploring turnover specifically in the Manitoban context.

This concludes the introduction of the purpose of this thesis project. Through reviewing the major themes from the current literature the intent was to give the reader a better understanding of what has been found to lead to turnover and what impact turnover has on society. Gaps were highlighted in an effort to specifically underscore how and why this research was needed in Manitoba. This research project may have critical importance considering the growing number of individuals accessing addictions treatment in Manitoba. Retaining qualified counsellors will benefit all those involved in service delivery in Manitoba from the remaining counsellors, the management, and most importantly the clients served.

CHAPTER TWO: METHODOLOGY AND METHODS

The primary objective of this thesis was to enhance an understanding of the ways in which contextual features influence how and when counsellors leave the field of addictions. In this chapter, I provide a rationale for my methodological choice, both in terms of a qualitative approach and specifically narrative inquiry. Considering the importance of locating qualitative research (Richards & Morse, 2007), in the first section of this chapter I attend to the theoretical, methodological, and conceptual components of my approach to exploring turnover. I then outline the specific methods used to conduct the study, and conclude with discussions addressing ethics and quality considerations.

Why Qualitative Research

My previous experience had been in quantitative methods but considering my research question and what I wished to explore, qualitative seemed to be the best approach to use. I was less interested in exploring turnover in a broad, general sense, as I was in delving deeper into the experiences of people who had left the field. However, I soon realized upon designing and beginning to enact this study that conducting qualitative research was not an easy feat. I found myself seeking out the “correct” way of conducting the research instead of allowing the process to unfold in an iterative and inductive manner (Carpenter & Suto, 2008), as should be the case within many forms of qualitative research (Morse, 2003; Richards & Morse, 2007). Moreover, being new to this mode of inquiry, I became overwhelmed with the uncertainty of the research process. To my relief, Richards and Morse (2007) posit, that it is common for novice researchers to be left puzzled and paralyzed by the lack of clear-cut guidelines. As I pushed through these feelings and

allowed myself to be patient with how the research process unfolded, the appropriateness of the fit between my research question and mode of inquiry became even more apparent.

A common feature of qualitative research is the way the findings are displayed in literature. This contributed to my interest in exploring the use of qualitative methods. Often, verbatim quotes are included in journal publications and presentations to illustrate and substantiate the analysis by also providing a detailed descriptive picture of the participants' experiences (Holloway & Todres, 2003). Moreover, including participants' words in write-ups allows the reader to engage in a dialogue with the lived experience of the narrator. Consequently, preserving the participants' words and style of expression can lead to a deeper understanding of the meaning that the narrator attached to that particular experience. Presenting the findings in this way enables the reader to imagine a vivid picture of the world the participant is discussing.

In order to ensure coherent and congruent qualitative research, investigators must be transparent about their worldview and make certain that their paradigmatic perspective overlaps with the research purpose (Carpenter & Suto, 2008; Holloway & Todres, 2003). The researcher must be reflexive about exploring and unpacking the manner in which they conducted the research (Chase, 2005). For this thesis, researcher location will be viewed as a thread that weaves through each research component, holding together the entire process. In the following section I therefore delineate my theoretical and philosophical location as it relates to narrative inquiry.

School of Inquiry - Narrative

Narrative inquiry as outlined by Lieblich, Tuval-Mashiach and Zilber (1998, p. 2) “refers to any study that uses or analyzes narrative material.” A narrative can be obtained in many forms, for example it can be a told story obtained through a semi or unstructured interview or from written work such as diaries, personal letters or field notes. Narrative inquiry can be used for exploring a wide array of phenomena. Lieblich et al. (1998, p. 3) go on to state that “people are storytellers by nature” and that through story we are able to get a deeper understanding of the personal identity, lifestyle, culture and historical world of the narrator. Likewise, the use of narrative allows researchers to gather unique, rich, and expressive data because in addition to describing the phenomenon or event, narratives also create a platform for showcasing emotions, thoughts and interpretations that the narrator attaches to the event (Chase, 2005; Lieblich et al., 1998). Narrative researchers caution that a person embarking on such an inquiry should be relatively comfortable with grayness, messiness and ambiguity (Chase, 2005; Lieblich et al. 1998) given that stories are not told in a linear fashion.

Paradigmatic Location as it Related to Narrative Inquiry**Theoretical Location**

Embarking on a narrative inquiry that combines critical theory, with constructivist underpinnings (described below) was an interesting process. Various components of critical theory as outlined by Kincheloe and McLaren (2005) shaped the development of this study and were subsequently drawn on during each stage of the research process. Critical theory is difficult to define in one overarching statement that encompasses all of

its unique facets. Some authors have tried, however given the nuanced variations of what comprises critical theory they were often met with criticism for their efforts (Kincheloe & McLaren, 2005; Willis, 2007). Given this lack of consensus, how I am using a critical perspective will be articulated throughout this thesis in an effort to be transparent about the choices I made and what shaped my decisions as the study unfolded.

Certain components of critical research transcend the various definitions. Of particular focus for this research project was exploring how power relations, imbalances, and injustices shape the way people come to understand and give meaning to experiences in their lives, as well their life choices and opportunities (Kincheloe & McLaren, 2005; Willis, 2007). I was interested in uncovering social, historical, economic and political forces that influenced the participants' experiences of working in the field of addictions and how those factors shaped their decisions to leave. In the discussion section I will challenge the dominant forces that previously shaped society's understanding of addictions counsellor turnover, as they manifested through the narratives.

I align with the assumption that critical research should extend beyond simply collecting data and writing up the findings (Kincheloe & McLaren, 2005). My goal is to contribute to the literature on how counsellors come to leave the addictions field but moreover, to encourage societal change in regard to these views through dissemination of the findings in the local arenas. As Kronenberg, Algado and Pollard (2005, p.7) discuss, my intent was to "think globally and act locally". Being that I am interested in social change, my intent is to enhance society's understanding of turnover as being less of an individual problem, to a more systemic and structural concern that has implications on all levels of society (Kronenberg et al., 2005). Freire (1993) discussed the importance of

praxis in critical research, which involves a critical consciousness, resulting through engaging in “reflection and action” (p.87). Perhaps engagement in praxis is necessary to fully move from understanding turnover, to enacting social change. Issues that affect the individual, ultimately impact all of society. For that reason critical dialogue is needed regarding the impact of addictions counsellor turnover on the individuals but also on society. From there, critical reflection must take place followed by action leading toward social change.

It is a societal concern when counsellors leave the addictions field given that the quality of care delivered to clients is diminished (Aarons & Sawitzky, 2006; Gallon et al., 2003; Knudsen et al., 2008; Knudsen et al., 2006; Knudsen et al., 2003). There are various consequences that result from this diminished care; for example, rates of drug and alcohol abuse continues to rise, crime rates remain problematic, safety is compromised and tax dollars are seized (Harwood, Fountain & Livermore, 1998). The intent is to extend these findings to help addictions counsellors, and society, distinguish between true injustice and what was discounted as just the nature of the work they chose (Carpenter & Suto, 2008; Kincheloe & McLaren, 2005; Ponterotto, 2005; Willis, 2007).

As Chase (2005) highlights, the act of retelling one’s story is sometimes in and of itself enough to empower individuals to seek the change they desire. I cannot measure this given the parameters of this study however the intent is to enact social change at all levels. Moreover, when the audience hears the narrator’s story, it may propel them to tell their story in a different manner, thus creating this change and challenging the status quo (Chase, 2005; Ponterotto, 2005). The emotional and personalized nature of narrative may result in drawing attention toward information that those in power resist hearing,

considering that it is often difficult to ignore the narrator's message (Chase, 2005). For that reason, narrative is an appropriate choice for a research project critically exploring addictions counsellor turnover in Manitoba.

Philosophical Location

Epistemology is the philosophical view of how knowledge is derived or how one can come to know something and ontology is concerned with the nature of reality (or being or existence) regarding what can be real and what cannot (Willis, 2007). As a narrative researcher informed by critical theory (discussed above) and a constructivist paradigm, I align with critical relativist ontology (Kincheloe & McLaren, 1994) and a subjectivist epistemology (Carpenter & Suto, 2008). Ontologically, I view realities as multiple and constructed within a social and historical context. I do not believe it to be possible to find one truth about addictions counsellor turnover, therefore I was interested in the multiplicity of experiences. Epistemologically, I see the told story as one interpretation of a significant aspect of one's life, that in another place, in front of a different audience or at a different time would be told differently based on that context. Furthermore, I embrace that subjectivity, in that I believe it adds to the richness of the exploration. Moreover, I view the written story as emerging through a transactional interaction between the participants and myself (Ponterotto, 2005). Through telling stories, people organize events and objects in a way that is meaningful to them. For that reason, context is a critical component in conducting a narrative inquiry given that each story is socially situated and shaped by the context in which it was experienced and told (Chase, 2005; & Lieblich et al., 1998).

Methodological Considerations

Dynamics of Insider/Outsider Research

As articulated in the introductory chapter, I had been an addictions counsellor in the province in which this study was carried out, and disheartened, left the addictions field to return to graduate school. Accordingly, one of the most salient characteristics of this study was my insider perspective. As Richards and Morse (2007) discuss, this can be a risky endeavor for a novice researcher to take on if not reflexive about his or her position. As an insider, a researcher must constantly evaluate what he or she brings to the research space, to ensure that the lens through which they view the participants' stories does not cloud but rather increases acuity of the problem. This can be done successfully if the researcher is reflexive, and as a result can increase the relevance of the study by providing insight into the phenomenon. At the same time, such reflexivity is challenging and requires dedication on the part of the researcher (Finlay & Ballinger, 2006; Richards & Morse, 2007).

Overall, I believe that my insider perspective was a benefit to this study. It allowed me to obtain richer information from my participants, for example, here is a quote from one participant that helps to emphasize this point – “it was nice that we are able to elaborate more once, kind of you know, we had found out that we actually both had worked there.” Moreover, when creating the background section of the thesis, the breadth of knowledge gained during my time in the addictions field may have given me an advantage regarding how to state and present the problem of addictions counsellor turnover. Taking it even further, when conducting the analysis on my participants' stories,

I made use of my experience, through being reflexive. For example, because of my experience and familiarity with service delivery in the context being studied, I was better able to create information eliciting questions for the follow up interviews based on topics raised but not deeply discussed. My goal was to use this insider perspective to help draw attention to certain aspects that might otherwise have been left unexplored.

Despite the benefits listed, there can be many disadvantages to being an insider if the researcher is not reflexive about his or her position. As Kincheloe and McLaren (2005) emphasize, the relationship the researcher has to the participants must always be made clear during each stage of the research process: recruitment, data collection, analysis and writing up the findings. Reflexivity in this regard is imperative. Any attempt to incorporate personal experiences into the research project must be purposeful (Richards & Morse, 2007, p. 210) and not merely “navel gazing” (Humphreys, 2005, p. 851). Furthermore, a concern with being an insider is that the researcher can create an “illusion of sameness” where meaning is assumed by the researcher, when in reality, meaning from the participant’s perspective can often differ (Pitman, 2002, p. 285). Given this concern, I relied on my advisory committee for guidance to ensure that how I was conducting the research was justified and appropriate.

Engaging Reflexively Throughout the Research Process

Reflexivity as defined by Finlay (2002) involves thoughtful, conscious self-awareness. Finlay also stresses that in order to conduct trustworthy and rigorous research that can stand up to criticism, the researcher must be transparent around how his or her subjectivities influenced the research project. Finlay (2002, p. 531) goes on to state that

through the use of reflexivity, “subjectivity can be transformed from a problem to an opportunity.” In regard to this particular study, reflexivity occurred at various times throughout the entire research process. As a recurring theme in this thesis, I will highlight how, when and why I engaged in reflexivity. There is a time and a place for reflexivity at all stages of the research process, whether in the early stages when one is defining the research question and purpose or at the end while writing up the findings. The researcher should explore why they are interested in researching from that particular chosen perspective, and when determining whether the research question fits coherently within that perspective.

In keeping with the critical approach taken in this research project, Finlay (2002) emphasizes, to manage power imbalances the researcher must be reflexive about interactions between the research participants and researcher. Examples of how this was attempted and for what purpose can be found in the chapter three where I present the stories. There were a few instances where power differences were highlighted, for example, when talking with the participants about changes to the written story some felt that because it was my research project, they did not feel comfortable requesting changes. I worked reflexively with my committee around how to best navigate the circumstance so as not to create a power disparity with the participants. Reflexivity was recurrent in all stages of this research project and will continue to be highlighted throughout the body of this thesis.

This summarizes the methodological location for conducting this project. The theoretical and philosophical location, school of inquiry, and methodological considerations will continue to be highlighted throughout the body of this thesis. In an

effort to create a coherent and consistent research project, my values, beliefs and subjectivities were not viewed as problems to the research process, but more so, through the use of reflexivity, as gates to opportunity as suggested by Chase (2005). In what follows, I unpack the methods embraced in this study and elucidate how each aspect unfolded.

Methods

The purpose of this section is to highlight the steps that were taken to construct this thesis project. I begin with a discussion on recruitment and then move on to describing the participants included in this study. From there I talk about the data collection process and locations. After which I discuss how I analyzed the told stories and ultimately constructed the written narratives. I then go on to discuss the second stage of the analysis process whereby I analyzed for themes across narratives. I conclude with a discussion of the quality criteria adopted for this study and ethical considerations that occurred.

Recruitment

Purposeful Sampling with Gatekeeper

Obtaining suitable participants is critical for conducting rigorous qualitative research. Researchers, as Richards and Morse (2007) discussed, should deliberately recruit participants who can provide insightful information about the phenomenon under study. Quantitative methods such as random sampling are not employed given that researchers are looking to get information from those who know and are willing to share information about their personal experiences in regard to the topic being studied.

For this study, purposeful sampling was used with the help of a gatekeeper. I was looking to recruit a diverse pool of participants. The gatekeeper was a previous coworker of mine who had contact with various addictions agencies in Manitoba. She deliberately sought out people that fit with the inclusion criteria of the study or those who had contact with people who fit the criteria. The gatekeeper passed along information to two groups of people, the first group consisted of people that did not fit the criteria but who were currently working in the field of addictions and might know of possible participants. She requested that they pass along the information to individuals who might fit the inclusion criteria. The second group of people consisted of those who fit the inclusion criteria themselves. Individuals in the second group were invited to contact me directly if they were interested in being a part of this study. This was done on purpose given that I wanted to include people who had an interest in the topic, not those who agreed because they felt coerced by my contacting them.

Inclusion and Exclusion Criteria

Inclusion criteria for this study were males or females who had previously worked as addictions counsellors in Manitoba. I was interested in recruiting people who had left within the last 3 years, to ensure that they were still able to recall in sufficient detail their experience in the field. Finally, those recruited were to have held employment for longer than 3 months to ensure that they had spent considerable time in the field to be able to contribute a greater depth of understanding to the topic of addictions counsellor turnover. Exclusionary criteria for this project were that people who could not communicate in English were not included. As well, people who had left a position in one addictions

center to move to a different position, which is still located within the addictions field, were excluded.

Recruiting Participants

Recruitment occurred with relatively no tribulations, although there were a few moments where I was unsure as to whether or not I would get enough participants. I also had a timing constraint in that I was living in Ontario and conducting interviews in Manitoba. Ideally, I wanted to conduct the initial interviews with the first two participants at the end of August. My plan was then to return to Winnipeg in October and conduct the initial interviews with the last two participants.

Shortly after receiving ethics approval from the University of Western Ontario (August fourth, 2010), four people (still currently working in the field of addictions) contacted me directly; their intent was to give me names of those that they thought would be good candidates for the study. I gave each of them the information about my study and requested that they relay this information to those interested. I waited three weeks to hear back from anyone, which due to the time constraints was quite worrisome given that I would be returning to London the last week of August. In that time, I called other addictions treatment centers in Winnipeg and I left voicemails and messages with the reception regarding the basics of my study. I asked that they pass on my information to those they knew of who fit the criteria and might be interested in participating. I received no phone calls from any of those agencies. Fortunately three individuals contacted me in the third week of August. They had received the information from individuals in the initial group of people who contacted me (those listed above who were still working in

the field themselves). After a brief discussion I determined that they fit the inclusion criteria. I set up appointments to interview two of them prior to returning to London. Both interviews were completed by September 1, 2010. I set up an appointment with the third participant for October when I would be returning to Manitoba.

In an attempt to further recruit, my gatekeeper relayed information again to various potential participants. This resulted in my fourth participant. Once again, when this participant contacted me I asked questions regarding the inclusion criteria and determined that this person would be a good fit for the study. The initial interview with the fourth participant was scheduled for October 2010.

Justification of Sample Size

As Denzin and Lincoln (2005) emphasize, it is common to have low numbers of participants when conducting qualitative research. For this reason I intentionally chose a range of 3-5 participants. This range was determined in consideration of the amount of time that must be devoted to each participant, especially when conducting in-depth interviews as was the case in this study. Given that I was interested in understanding my participants' perspectives and how they made sense of their experience, Carpenter and Suto (2008) suggest that obtaining this depth of information can be a time consuming undertaking. Allowing for the emergent nature of narrative as suggested by Chase (2005) the range was included so that I could have some flexibility for recruitment. I wanted this flexibility to be able to further recruit if the participants' stories ended up being quite similar, with little variation in contextual features. If I found that I was unable to obtain

five participants, as long as my data was rich and the pool of participants was diverse, I could stop at three or four.

Summary of Participants

For the purposes of attempting to ensure anonymity, in this section I describe the characteristics of the 4 participants as a group, rather than describing each individual participant (Wengraf, 2001). This descriptive information was collected at the beginning of the initial interview. All of my participants had at least a bachelor degree. In addition, all obtained university level training over and above their bachelor degree, including post baccalaureate training in education, social work training, and Masters' level training in counselling and social work. All participants held a professional license from a recognized governing body, which included being licensed as a nurse, social worker, educator and psychometrition. None of the participants were licensed or certified as addictions counsellors.

All of the participants identified as having had only minimal addictions specific training prior to obtaining employment, but all identified receiving adequate addictions training once they entered the field. Despite this, all felt they could have had more training in addictions related areas. Their ages ranged from 31 to 58. All were married and all had partners who were working. Two had children; two had not yet had children. Three of the participants were female and one participant was male. Three participants had held professional positions prior to obtaining employment as an addictions counsellor; one obtained the position right after finishing a second university degree. Three of the participants were born and raised in Manitoba; two participants had left for

short periods of time. One was from out of province. Two participants currently work in the mental health field, but not in addictions specific positions. Three participants would consider taking another position in the addictions field; one believes that although they are no longer working directly in the addictions field, their current position requires that they continue to work with people experiencing addictions issues.

Data Collection Process

Data collection with each participant included an initial interview, conducted in person, and a follow-up interview, conducted by telephone or in person. In between the two interviews, the transcript of the first interview was shared with the participants to allow for information to be corrected or altered. Upon completion of the second interview the stories were constructed and subsequently sent to the participants for viewing. The purpose of sending the narrative was to again allow for information to be changed, removed or added. Some participants requested minor changes and some did not wish to have any changes made.

I personally conducted all initial and follow-up interviews. The intent in doing this was to ensure that the data collected were “of excellent quality and that the interpretive process—such as field notes—and the possible effect of the researcher on the setting was sufficiently recorded” (Richards & Morse, 2007, p. 118). All interviews were audio recorded. During the face-to-face interviews the recorder was placed on the table in full view, and consent to record the interview was obtained from each participant. During the telephone interviews an attachment that connects the telephone to the recording device

was used, consent was again obtained from each participant prior to beginning the interviews.

Locations

All in person locations were chosen by the participants, in an effort to ensure their comfort (Wengraf, 2001). The interviews with the first two participants were conducted in each participant's home. The initial interview with the first participant was conducted when the participants children were home, which led to some interruptions and delays in conducting the interview. However, the participant was consistently able to recall where she had left off prior to the interruption. The interview with the second participant was conducted with no interruptions. The interviews with the third and fourth participant were both conducted on the same day and interestingly, both requested to meet at the same public coffee shop. Wengraf (2001) warns against conducting interviews in public locations but given that it was the participants' suggestions I chose to respect their preferences.

Interviews

The first wave of initial interviews was conducted in the last week of August. The second wave of initial interviews was conducted in the second week of October. Three of the follow up interviews were conducted via telephone and took place within the third week of October until December 1st. One follow up interview was conducted in person in London Ontario due to the participant being in town on business. Immediately following all interviews, field notes regarding methodological, theoretical and personal observations were documented as suggested by Wengraf (2001).

The initial interview was unstructured in format; there were two broad "Grand Tour" questions (Richards & Morse, 2007, p. 114). A grand tour question, as Richards and Morse (2007) describe, is intended to focus the participants on the topic, after which the researcher primarily assumes a listening role, asking the occasional probing question to clarify information raised by the participant but generally there are few interruptions. Since narrative inquiry works with an emergent design, a strict interview guide was not used. Careful consideration as well as advisory committee feedback was given to the structure of the grand tour questions to ensure that they were narrative inducing (Wengraf, 2001). It was easy to think of open-ended questions however, narrative pointed questions; those eliciting a narrative response were much more difficult. The first grand tour question that was asked was: *tell me about your experience of being an addictions counsellor and what that experience was like for you?* The second grand tour question was: *Tell me about your experience of leaving the addictions field and what that experience was like for you?* The participants were invited to begin and end at any point that was meaningful to them. Probing questions around education and past experience were asked to enable me to place the story in context. Additional probing questions emerged from the way in which the participants constructed their individual stories and if there was a break in dialogue, these questions were asked.

Follow-up Interviews

The follow up interviews with the four participants were unique as each interview was based on the story told in the initial interview. A few consistent questions were asked in each follow-up interview regarding projecting into the future to get an understanding of where they saw themselves working in the next 5 to 10 years. This was added in an effort

to elicit a story around their interpretation of the likelihood of returning to the addictions field.

Memoing

Memoing was done immediately following each interview session as suggested by Wengraf (2001). This timely recording of thoughts is critical for documenting ideas while they are still fresh in one's mind. Memoing was a continuous process and seen as a priority while transcribing and analyzing. As Wengraf (2001, p. 2001) suggests, when a thought came to mind, to stop what I was doing and write it down because "the tape will always wait", but a thought might pass quickly. In an effort to ensure that memoing was a convenient process, one notebook was used to record three categories of memos: theoretical, methodological and personal reflections. Nevertheless, in order to organize the different categories of memos the pages were color-coded and labeled. I also color-coded memos for each participant so that information could easily be located. Memos relating to theoretical coding were those that involved instances of power or taken for granted notions that were raised by the participants. Methodological memos related to instances where I aligned or modified my methods and finally, personal reflections were used to flag where I had a reaction, positive or negative regarding the data that I had collected. I made note of any issues or concerns and later addressed them with my advisory committee.

Data Analysis

Narrative data analysis, as suggested by Lieblich, et al. (1998) should be conducted in a systematic and rigorous manor. Since narrative research is emergent and

iterative it was difficult to outline exactly how the process would unfold. Based on various authors' suggestions for analyzing narrative data with a critical lens, a flexible analysis plan was laid out prior to beginning this project. As time went on, this plan shifted and changed in accordance with the emergent nature of narrative research.

The analysis protocol outlined by Lieblich et al. (1998) and Wengraf (2001) greatly influenced how analysis was planned and conducted. Although the process might appear linear through the description I give below, I feel it is important to note that the process was much more iterative than how it is depicted. The steps listed are a much cleaner overview of how the process actually unfolded. I often went back over previous steps, moving forward in a spiral manner before completing the analysis process.

When beginning to construct a story, Chase (2005) suggests that the researcher listen to the voice within the narrative prior to analyzing for themes across the narratives. For that reason analysis happened in two stages, with the first stage consisting of two steps. The first step of stage one consisted of transcription, construction of vignettes, creation of a temporal line, and construction of the individual stories, which included reading the transcripts to identify a "Global Impression(s)" of the story (Lieblich, et al., 1998, p. 63). The second step involved the analysis of the individual written stories. Major themes were extracted by viewing the stories through two lenses: a critical lens, looking for instances where the participants' experiences were influenced by power dynamics; and secondly, a narrative lens, looking for how the participants gave meaning to their experience (Lieblich, et al., 1998). The second stage of analysis involved comparing the themes that emerged across the four narratives, in particular, attending to instances for educational opportunity.

First Stage

Transcribing

All initial interviews, follow-up interviews, memos and reflections were documented and transcribed verbatim by myself in an attempt to immerse myself in the research (Wengraf, 2001). The first two initial interviews were transcribed by hand while simultaneously listening to the recording with a computer program that allowed me to slow down the speed of the playback. This process took roughly 12 hours per interview. Recordings were listened to multiple times each to ensure accurate transcription. For the second wave of the initial interviews, as well as all four follow-up interviews MacSpeech© dictation software was used. This greatly sped up the transcription process. Again, I listened to each recording multiple times to ensure immersion in the data. See Appendix C for transcript notation guide.

Constructing the Vignettes

I chose to construct vignettes of each participant's story after the initial interview and prior to conducting the follow-up interviews. Doing this served two purposes. First, it allowed me to begin the initial analysis of the stories, and identify if there were any gaps that needed to be addressed in the follow-up. Second, the intention was to send the vignette to the participant prior to conducting the follow-up interview so they could review what had been discussed previously. The vignette was anticipated to act as a springboard to start off the follow up interviews. There were a few glitches in the transfer and construction of the vignettes and one of the follow-up interviews was conducted without the participant having read their vignettes. Luckily, that particular participant was

able to recollect what had been discussed in the previous interview without the prompting of the vignette.

Creating a Temporal Line and Ordering the Transcripts Chronologically

Following completion of each participant's initial and follow-up interview I constructed a temporal line to begin the process of constructing each story. As Wengraf (2001) points out, participants may not tell their story in chronological order, which means that the researcher will have to piece the story together based on the various interview transcripts. The organizing process was done with Microsoft Excel software, Microsoft Word software and with the aid of various charts that were drawn by hand. Dates and events narrated by the participants were listed in temporal and spatial order in an Excel sheet for quick reference and categorizing of information. The next step in constructing the stories was combining the transcript from the initial and follow-up interviews. To begin, I listened and read through each participant's transcript one more time. I then cut up the transcripts and reordered them based on the temporal line previously constructed. A single word document was created that contained the combined transcripts.

Six additional word documents were created, each labeled with different transitional events based on the temporal line. The labels included: prior- education/work, early – initially taking addictions job, mid – during time as addictions counsellor, late – close to the end of their time working as addictions counsellor and lead up to leaving, departure – how leaving occurred, what the experience was like, After – work or

experiences since leaving. I then reviewed and organized the transcript by cutting and pasting pieces of the transcript that fit into each separate word document.

Creating the Stories

In the next step of the first stage of analysis I began work on analyzing each section. I opened a new blank word document, which I labeled "Total Story." In each separate word document I reworked the pieces of the transcript with my understanding of how the section should flow. I worked with the participant's words as well as my own interpretation of the text. I intricately connected and pieced together ideas and points that they had raised. It was interesting to see the story unfold. Once the section had been constructed I copied it to the Total Story document. I continued this process until each total story was constructed.

Listening to Audio Recording and Capturing the "Global Impression"

After the stories were constructed I listened to the recordings one more time to ensure that emotion and details were adequately captured. Once the recording was done I went back to the stories. Each one was individually read multiple times to allow for the text to "speak" to me as Lieblich et al. (1998, p. 62) suggest. This meant trusting in my ability to see the meaning emerge from the written stories while viewing them with the various lenses mentioned previously. At times this was a difficult concept for me to be certain of, I found myself attempting to force meaning from the text. With the help of some of my peers I learned to be patient and know that the "global impression" would emerge, as long as I was not straining to find one (Lieblich et al., 1998, p. 63). One

global impression emerged for the first participant, and two global impressions emerged for the other three participants.

I remember that capturing these global impressions was an epiphanal moment for me. Months prior to this point I started this project feeling alone and frustrated about my experience as an addictions counsellor. My interest in exploring addictions counsellor turnover was strong but due to the lack of existing research, I did not know where to begin delving into this topic. There was little literature out there to even suggest that this was a concerning topic. Through the suggestion of my committee I began exploring narrative inquiry. Having never heard of it before, I was a bit apprehensive about taking on such an unfamiliar school of inquiry. Nevertheless, in doing some preliminary reading, as mentioned above, I was drawn to various aspects of it. Shifting back to this point in the research process, witnessing how this project was coming together with the construction of the written stories, I was inspired. Through creating and exhibiting these stories I was inundated by the utility of narrative research. The participants' stories depicted many of the struggles that I had experienced but also, many that I had not thought of. Seeing the stories come to fruition and listening to the recording once again was a sort of surreal experience. My participants and I had developed stories that would shed light on issues that, from my perspective, had previously been viewed as just the nature of the line of work we chose. I relished in this moment for as long as I could. This was truly a transformative moment for me.

Exploring for Individual Themes

Once I had found the global impression of the story I began exploring the stories for specific themes in keeping with the holistic-content approach suggested by Lieblich et al. (1998). These themes could be issues that were referred to repeatedly by the participant or events, thoughts, feeling, and occurrences that the participant offers various details about throughout the story. As I read through the stories, I noted where each theme first occurred and where the theme ended to get a better understanding of the meaning and to make sure that the themes made sense in regard to the global impression. In an effort to further explore the phenomena discussed by the participants I engaged in discussions with my committee. Nevertheless as Lieblich et al. (1998) warns, this was not done in an effort to obtain inter rater reliability but more so, to deeply explore and hear other peoples' interpretations of the written stories.

Applying a Critical Lens

As mentioned in the methodology section, all data collected were viewed with a critical lens. With the help of my committee I explored the interview recordings and interview transcripts to create the written stories with the intent of better understanding how power dynamics shaped the context of my participants' experiences. Critical theorists view the data with the objective of illuminating how "social and political systems distort reality and create in individuals a false consciousness that keeps them from seeing the real structure of society" (Willis, 2007, p. 87). Immediately upon initiating data collection I began analyzing the data with this lens. The critical lens was applied to each phase of the analysis. For example, the lens was applied early on, when

determining probing questions for the follow-up and later when pulling out themes where the participants displayed distress. The critical lens was applied to attempt to highlight how a power dynamic was impacting his or her experience.

Second Stage

Comparing Across Narratives

The second and final phase of analysis consisted of analyzing for themes across participants narratives. Themes that were common across more than one individual's story were highlighted. In addition, I was looking to explore the meaning that individuals attach to their experience and moreover I was looking to explore that which was taken for granted. Specifically the narratives were analyzed with a critical lens in a deliberate manner to draw out instances where policies around program development, evaluation, and education could be informed through the participants' stories.

Quality Criteria

Audit Trail

An audit trail can best be described as “ various ways to refer to evidence that the researcher has kept track of research events and decisions in a way that can be checked by an independent auditor” (Richards & Morse, 2007, p. 199). In an effort to maintain an organized trail of how each section of the research process unfolded, audio recordings, transcripts, vignettes, stories and each draft of the thesis were saved in a systematic manner. In accordance with the ethics protocol, each document was protected with a password and stored on an external hard drive, my personal laptop as well as a desktop

computer in my supervisor's lab at the university. Memos and reflections were stored in a notebook as mentioned above, which was stored behind two locks.

Offering Participants the Opportunity to give Feedback on Data Collected

Throughout the entire research process the participants were asked to provide feedback regarding the data collected (Carlson, 2010). Following the transcription of each interview the participants were asked to review the documents and advise if any information was to be altered or removed. Additionally, following construction of the vignettes each participant was invited to offer feedback on the content of the document. Finally, once the stories were complete, each participant reviewed his or her story and was given the opportunity to make changes (Creswell, 2007). As mentioned above, all participants were pleased with their stories and only one participant requested minor changes.

Ethical Considerations

In this section I will discuss the considerations I made to ensure that this study was conducted in an ethical manner. Ethics approval was obtained from the University of Western Ontario on August 4th, 2010. I engaged in ongoing process consent during all stages of data collection as well as attempted as much as possible to ensure anonymity. Confidentiality was maintained through rigorous means of storing and disseminating data. These measures will be discussed further in this section.

On-going Process Consent

Informed consent was obtained multiple times during the research process. As Richards and Morse (2007) discuss, participants have the right to be fully informed about

the research project, the right to confidentiality, the right to ask questions, the right to refuse to participate, and the right to withdraw from the study at any time without consequence. Prior to conducting each interview the participants were reminded that they were being recorded and offered the chance to decline to participate. Moreover, they were given the opportunity to remove, change, add or withdraw any information they contributed to the study up until the write up had occurred.

Confidentiality

All data collected were stored on a password-protected computer in a password-protected file. Any hard copies of data were stored behind two locks. When files were transferred via e-mail a protocol was set up to ensure that third party interception was greatly reduced. Specific times were set with the participants and each file was sent with a unique password that only that participant and myself were aware of.

Anonymity

Wherever possible, identifying information was removed or altered in the participants' stories to address anonymity. I attempted to create a balance between framing the context and protecting the participants. Demographic characteristics were presented as "group data" (Richards & Morse, 2007 p. 212) to reduce the likelihood that individual participants might be identified. Finally, names of institutions were left out and sanitized as much as possible (Richards & Morse, 2007).

Coherence and Rigor

As Holloway and Todres (2003) emphasized, coherence and rigor are critical components to any research project. Although qualitative research is emergent and in turn requires flexibility from the researcher, a balance must be attained. The research should fall somewhere between following rules that strictly outline how the research process should unfold and having no structure whatsoever. An initial key step to address rigor and coherence is to clearly state the philosophical, theoretical and methodological location of a study. Moreover, as Holloway and Todres (2003, p. 347) discussed, a researcher should be:

Concerned with the nature of questions they are suited to answer, the kind of data collection consistent with this, and also the kinds of analysis and presentation of results that fit with this approach; such “goodness of fit” or logical staged linking can be referred to as ‘consistency’... and if such consistency ‘occurs then the whole thing ‘hangs together’ as coherent; that the kind of knowledge generated in the results or presentation section does what it said it would do under the aims of the project.

In keeping with this description my intent with this chapter was to present the information in a way that illustrates a coherent and rigorous study. My goal was to explicitly state my philosophical, methodological and theoretical location in a clear and concise manner in an effort to be transparent around my interpretations in the following sections.

This concludes the methodology and methods chapter. I began with a discussion around my theoretical and paradigmatic location in respect to the chosen school of inquiry: narrative. I then move to discussing the methodological considerations of being an insider as well as the recurrent use of reflexivity. Following, I move into a discussion of the methods adopted in this study. I concluded with explicating the quality criteria as well as highlighting the ethical consideration of the study. In the following chapter I present the individual narratives as well as the individual themes that emerged through the initial stage of analysis.

CHAPTER THREE: PRESENTATION OF THE FINDINGS AND INDIVIDUAL THEMES

In this chapter I present each of the individual narratives I constructed during the first stage of the analysis. I also include my thoughts and feelings during the interview process. I begin with a discussion of the global impression of each narrative followed by a discussion of the individual themes for each story. I then continue with the presentation of the individual narrative. In chapter four I highlight my interpretation of the across narrative themes and discuss these interpretations in relation to the previous literature and potential future directions for the findings.

My intent is to showcase the diversity and richness of the participants' experiences within and across each of the stories. It is important to note that each story was told in a particular context at a particular time. In that regard, each story is a situated representation, which may have been told in a different way in another context. Importantly, each of the participants contacted me directly if they were interested in the study. This was purposive, given that I wanted to increase the likelihood of recruiting those who were interested and not those who felt coerced into participating. Each participant put a lot of thought and effort into the way they wanted their story to be presented and through conversations prior and following construction it was evident to me that each participant had a vested interest in this project.

Throughout each of the individual narratives as well as in the interpretation section of this thesis I will use italics to indicate when the text is a direct quote from the participant. This is done so the reader can differentiate between the researcher's voice and the participant's voice as well as highlight that the narratives were a co-construction of

my interpretation of the participants told story. Quotes were included to keep the narrative as close to the participants' told story as possible, with my interpretations interwoven throughout.

Discussion of Key Terms and Acronyms

Prior to the discussion of the individual narratives I provide some key definitions and descriptions of terms used in the narratives in order to enhance clarity. The participants discuss the different programs in which they worked, some being residential and some being community based. An overview of what comprised each type of program will be outlined based on information collected from the participants, my personal knowledge of service delivery in Manitoba, as well as from agency websites.

Residential programs in Manitoba range from 21 to 60 days. Treatment in residential programs is meant to be intensive given that, as Anna mentions, clients typically *had gone a few steps further in terms of their use*. The clients live in the treatment facility for the entire duration of the program. Often they share their bedroom with other clients and eat meals together. They receive most of their programming in the facility; at times they may go out to the community for groups, meetings or to hear speakers. Typically they are given free time during the day when they can run errands but for the most part they remain in the facility. The team of employees varies but can be made up of counsellors, residential care workers (RCW), nurses, doctors, psychologists, and managers with some teams including elders. The facilities are staffed 24 hours a day. In general the facilities are fully staffed during the day, with RCW's, counsellors,

managers and doctors. In the evening and overnight an RCW is on staff, in some agencies counsellors, doctors and managers were on call.

Community based programs are those which fall outside of residential. This includes any program where the client attends but does not reside. Not all programs mentioned by the four participants were treatment programs; some were psycho-educational and others were for people seeking support for a family member or friend's addictions. Anna and Rena speak about their time in the school based program, which is a community based program located within a school. Counsellors in the school-based program spoke about providing all types of services: support, education and treatment. Pema speaks about two community-based programs. One was an intensive treatment program that people attended daily or multiple times per week. The other was a once per week psycho educational group. Finally, the participants and myself frequently mention the Intake department. Intake is the first point of contact that clients make, often they are assessed and treatment options are discussed.

Additionally, the participants talk about various approaches to treatment, particularly the disease model, 12-step model, biopsychosocial model, and harm reduction model. The disease model (McCrary & Epstein, 1999) focuses on viewing addiction as an illness; something that people are predisposed to, and are potentially incapable of drinking/using drugs even in moderation. Traditionally, treatment has been heavily dominated by the medical model approach, often with the incorporation of the 12-step model (Ogborne et al., 2001). The 12-step model is based on the 12 steps outlined originally by Alcoholics Anonymous (AA) (McCrary & Epstein, 1999) and then later adopted by sister groups like Cocaine Anonymous (CA) and Narcotics Anonymous (NA).

Under a 12-step model it is assumed that a person is powerless over drugs and alcohol and they must turn their lives over to a higher power.

The biopsychosocial model (Lende & Smith, 2002) takes a more holistic approach where it is assumed that addiction is a complex interaction of various factors: biological, psychological and social. The harm reduction model (Witkiewitz & Marlatt, 2006) assumes that the goal of a person suffering from addiction should be to reduce harm (or consequences) associated with use of alcohol and drugs. Abstinence (refraining from all use of drugs and alcohol) is not necessarily the goal of clients working from a harm reduction model.

Lastly, in each of the narratives I include various quotes containing acronyms and terms for tools used in addictions treatment. This was done in an effort to maintain the authenticity of each spoken story. To reduce confusion, SASSI, CODI, Levels of Involvement and Stages of Change will be defined in this section.

The *Substance Abuse Subtle Screening Inventory* (SASSI) is a registered and copyrighted assessment tool developed in 1988. It is used in many countries to assess the likelihood that someone is suffering with a substance abuse issue and has been found to have adequate reliability and validity (Sadeghi, Najafi, Rostami, & Ghorbani, 2010). The Co-occurring Disorders Initiative (CODI- or “No Wrong Door” policy that Rena refers to) was an initiative set forward through a partnership between the Manitoba Government, the Addictions Foundation of Manitoba and the Winnipeg Regional Health Authority to better train professionals to work with people suffering from addictions and mental health concerns. For more information on CODI see www.afm.mb.ca/codi.html.

The Stages of Change (Norcross, Krebs & Prochaska, 2011) and Levels of Involvement (www.afm.mb.ca) are classifying tools used to locate where someone is on the continuum of readiness to change and regarding their involvement with alcohol and drugs respectively.

Anna

Meeting Anna

Anna first contacted me via e-mail and seemed quite interested and eager to participate in my project. We arranged to conduct the first interview session in her home because it would be easier for her rather than having to arrange child care or bring her children to a location outside of her home. We conducted the interview at the dining room table.

I remember being incredibly nervous about conducting my first narrative interview. Anna decided to put on a video for her youngest child to watch while we did the interview so that there would be minimal distractions. There were a couple of times where we stopped the interview if the children wanted something to drink or needed Anna's help with something. Anna was very good at remembering the place in her story where she had left off when her child stopped her for something. I on the other hand was unable to jump back in to the interview as easily. I found myself getting distracted by the children at times. However as I listened to Anna's story and heard about her experience in the addictions field, the context in which we conducted the interview showed me the extent to which she valued her family's needs.

The Global Impression and main themes of Anna's story

The reader will notice that throughout Anna's story she frequently speaks about family. Family is very important to Anna, both personally and professionally. At various point in her story she spoke about making sacrifices for the betterment of her family's situation. For example, she moved multiple times just after getting married given that her husband's job required him to move around a lot. These moves would require her to resign from her current position and often be unemployed for a period of time following the move. In addition she also spoke about valuing family in the work place and making sacrifices. For example, she chose to stay for meals because she valued that time with the clients despite being unsure about the remuneration for that task. Working in the residential program was quite demanding and Anna found that particularly difficult to balance with her family situation. Once she moved to the part time school based position she found it to be a much better fit for her and her family. Due to a change in circumstances in her town at the time, the position was no longer going to be offered at a part time capacity. Anna was given the choice of either working full time, or nothing. Given her family's situation at the time, she sadly chose nothing. Below the reader will see a bulleted list of the individual themes that emerged from Anna's story. These themes will be elaborated on throughout her story, which follows the listing of the themes.

Anna's Individual Themes

- Balancing family and work
 - Having to be more flexible given that husband's job was not
 - Feeling guilty about spending more time with family or work

- Returning to work in evenings if work was undone
- Struggling with residential program work as family grows
 - Multidisciplinary team of coworkers
 - Could not just close office door or wait until tomorrow
- Finding a better work-family fit in community based program
 - Flexible schedule
 - Different population of clients – less demands
- Facing limitations in work flexibility
 - Change was not discussed with her, she was told working part time was not going to happen
 - No consideration despite having been a loyal employee for many years

Anna's Story

Previous education and Work Experience Focused on Family Issues

Each of the various degrees Anna obtained as well as the different positions she has held all involved working with families in one way or another. Anna graduated at the age of 22 with her bachelor of arts, which *was just a general degree*, and was already working as a stay-in-school counsellor at that time. The position was funded through a grant that she and a friend had which allowed them to run the program out of the YMCA. Anna returned to school and completed a Bachelor of Social Work (BSW) degree. Shortly after completion of her BSW she took a position with Child and Family Services in a community outside of Winnipeg. She worked there as a social worker for two years, until

she was 24. At that time she got married, quit her position with Child and Family Services and moved to Alberta.

Each of the various moves Anna made in the next few years were essentially for her partner's work. Typically, Anna would be unemployed for a few months following each move. For the first few months in Alberta that was the case but then she *did some contract work for the Family Center* in the town where they were living. Her duties included *family preservation and reunification work* with kids who were in foster care or group homes. She was hired to help the families and kids by *bridging* them back into their homes and counselling them around issues they *were just really struggling with, at home*. She also worked with parents who were *not wanting their children to be in foster care or group care*. Soon after that she was hired on with a Head Start program which was similar to that of a nursery school program. For a number of months she held both positions. The Head Start program was similar to that of a nursery school program but was completely funded, with no cost to the families. Essentially, the Head Start program *targeted families that were in need or children that had speech and language issues*.

Anna and her husband moved back to Winnipeg when she was 25, again due to her husband's work. Although the moves were not that difficult for them as they did not have to sell any property, it was difficult when they had to say good-bye to friends. Anna was again unemployed for a short time until she was hired on as a full time case manager in a community based treatment foster care program. The center was a residential program for girls but it also had a school for boys and girls from the community. Anna worked with the kids that were coming from the community who were still living at home, and those that may have been living in a foster home and attending school there.

This was a high need school where the students she worked with had to be referred to, typically for behavioral kinds of issues in their home school. Anna would meet with the families and the children in their homes and do case planning for them. One of her main duties was to connect them with resources, for example: get the parents training that they needed to help them deal with whatever the young person was bringing into their homes.

At the same time that Anna was doing the case management position she moved yet again. Concurrently, she also began working on her Masters' part time. She temporarily took on a supervisor position at work for a number of months *while they were trying to find somebody else*. She had said that she would do it on an interim basis but did not want to take it on permanently, *knowing that her and her husband were already living outside of the city. Her plan was not to stay on with that agency for the long term.*

Anna was commuting daily to Winnipeg and was interested in finding a job closer to home. A friend that she completed her bachelor of social work with let her know that an addictions agency was planning to open up a youth residential program in the town that she was currently living in. That *certainly was intriguing to her as an opportunity to then not have to commute. That was kind of how she ended up applying to work in the youth program at the addictions agency*. At the same time there was a position that came up at that agency in the adult program so she *was encouraged to apply by different people*. She applied and *was offered the position* but declined it *on the basis that it wasn't where she wanted to go with her career. She much preferred working with youth, which was where she had most of her career experience*. Anna's focus for her Masters' was family therapy and for that reason she *was attracted to the residential program, for youth*. She *had declined (the adult) position on the basis of hoping to get an opportunity to at*

least interview for the adolescent, residential program. Anna was offered the position of the youth residential counsellor when the facility opened.

Early Beginnings in Addiction

Receiving a Big Dose of Training and Utilizing her Skills to Developing the Program

Anna was as one of the original counsellors hired there, before the youth treatment center even opened. They hired 4 counsellors as part of the initial startup phase where they were hired to develop the program. She actually finished her Masters' of Social Work as she was starting her job at the addictions agency. That is where she started her work experience of working as an addictions counsellor. It was a new thing basically for the organization and for her to work with youth in the addiction field. She had never worked in that field before. Anna had had clients involved with the agency but was never personally involved and had never taken any kind of courses before in that field. So it was interesting, exciting and it was good, certainly in the beginning.

Because they were part of the initial startup of the program, the team of four counsellors got a big dose of training right there and then so they were all on the same page. They all knew about the Stages of Change and the basic philosophies that the agency worked with. They did not walk into the job without having that under their belt. Anna was grateful for the training and also the opportunity to go and visit other programs under the agency. She was able to tour the other departments so she could get a good scope of what the organization was about and she appreciated that she had access to training if she wanted it.

Anna's Masters' training lent itself really well to working in the youth residential program. She was able to develop the family program to the point that counsellors could work with families in conjunction with the youth that came to the residential program. That kind of became her *thing* because she was *always the one raising*, "well, what about the family?" when meetings would happen about youth.

Struggling Early on With the Difficult Nature of Residential Treatment

Regardless, she *also* found it *somewhat stressful* given that a youth residential program had never been done before so there was a huge incredible learning curve all around, for everybody not just the youth. It was a full time job and it was also a fairly demanding job, given that it was a residential program. Despite having been offered ample training opportunities Anna found that there was a lack of information delivered around the *whole mental health issue*. In the first group of youth that entered the program, many had undiagnosed mental health issues, *a little more than the staff had been trained to be able to handle* or perhaps *the resources just weren't there* or staff didn't know how to access the resources. Of the first group of young people to arrive, many ended up leaving within a short period of time. In an effort to resolve the issues the management decided to close down the program for approximately a month for staff to regroup and to figure out what it is that they needed to do. This time was used to figure out what was working and what wasn't working. She found that initially there was just a lot of learning around what mental health concerns these kids would bring with them into the program. After the brief shutdown Anna became a lot more clear about the information that she needed around what services she could provide and the program became much more structured than what it was originally.

Struggling with Communication among a Multi-disciplinary Team of Coworkers

Anna highlights that *one of the big issues with working with a multi-disciplinary team is the communication between the disciplines and what each discipline could provide*. She remembers there being some confusion around *what role the support staff had and what role for example the counsellors or nurses would have*. In the beginning it was unclear *who does what*. She also recalls that communication within the different disciplines was lacking as well. For example communication *between support staff, so that there was consistency between what they were saying to youth and the privileges youth were given*. Anna found that once the program grew out of its infancy *it became a lot more structured*, which made the delivery of services much *more transparent to the young people*. Communication improved but the changes did not take place entirely within the one-month that the program shut down. *It happened over the time after that and there was a lot more thought given into some the structure of the program*.

Anna found that the differences in staff members' education and training background *brought richness* yet also struggles to the program. Her coworkers *had very different kinds of way of approaching things* in that there was a *huge difference in perspective*. Since there was a difference in authority among the levels of staff, the youth would sometimes use this to their advantage. Anna remembers the youth saying things to the support staff like: *"you know, my counsellor said I can do this therefore I'm going to do that"* which would put the support staff in a difficult position because they *weren't*

sure about what they were going to do with that. However, as the program developed a little more, and they got a little bit more experience as a group under their belt, Anna recounts that some of those issues got addressed. Anna equates that to the infancy of the program but in reflecting on her previous positions, having worked in different settings or in different places with different team members, working with different people from different disciplines brings about different challenges.

Changes Following Maternity leave – Balancing Demands and Feeling Guilty

Anna's first son was born when she was 30 years old and working in the residential program, after which she went off on an eight month Maternity leave until the spring of the following year. Shortly after she returned to work at the residential program she remembers making it *very clear to her supervisor that come 4:30 she would have to go pick her son up from day care.* She was grateful that her supervisor was *very much on board* given that her husband was self-employed, *he couldn't leave his job to pick up their son or else he did not get paid.* Anna had to be the one to be *more flexible in that regard* but recalls that *there was certainly some guilt* around not being able to *give quite as much* at work as she had in the past. Once she had her *little guy, he needed to come first.*

Despite her son being her main focus, Anna *always felt guilty* leaving if there were things left *unresolved* with the youth. *The nature of residential programs* meant that a new day brings new issues. Anything *could be a significant event, which could trigger things for the kids.* For that reason, Anna felt compelled to go back to work in the evening

if she left things undone. The other staff members needed to have updates and notes to know what was happening.

On the other hand, Anna felt guilty being away from her son in the evenings. If she got called out in the daytime *that was the nature of the job* so she does not remember feeling guilty during the day, but it was more if she had to come back in the evening. If she got called out, *not that she got called out a lot, but she did get called out occasionally* her plans with her family would be ruined. She was torn because she *was giving more at work than she was at home*.

Anna was also required to have meals with the youth as a *part of the whole residential experience*. She would take turns with the fellow counsellors so that *whatever was happening in the evening they would be a part of*. They were not required to stay for lunch with the youth however if they ate with them then their lunch was provided. On the other hand they were required to eat supper. Staying for supper at work meant not eating with her family at home. This was a struggle for her; again she was left to try to balance both worlds. Anna was unsure about her compensation for staying for meals. However because she felt that *sharing of a meal* was a great way to get to know the kids, *in a very different kind of atmosphere* and moreover that important *relationship stuff happens*, she valued staying for meals and for that reason she chose to *sit down at meal times with the youth*.

Changing Departments to Find a Better Work Life Fit for her and her**Family**

When Anna was 32 she went on her second maternity leave with her daughter and stayed off for a full year. Shortly after returning from the second maternity leave a part time position came available in the school-based addictions counselling program that had *no on call duty assigned to it*. It was a community-based program under the same agency. This position *was a very feasible option* for Anna and her family given their growing family. The likelihood of additional commitments was lower therefore most days she *could leave at 4:30 or 5pm*. To Anna, residential *seemed to be a bit more involved* than the school based position because *clients live there and they are always needing something, they always seemed to find her, or staff found her and they kind of want her to be doing things or whatever*. In the fall of 2003 Anna made the transition to the community program.

Perhaps it was *where she was at in her life* that influenced her decision to leave the residential position. After having her children Anna's personal life changed as well. She used to do things for herself before, but *that was the first thing that went so that she could have more time at home with her kids*. Instead of going out with girlfriends for coffee at suppertime Anna would have supper with her family. She would stay home with her kids on Friday night or until they were in bed and maybe go out after. She valued her time with her family. Trying to balance work and family life was an on-going struggle in the residential program.

In this school-based program counsellors could *make their own hours*. That meant that if Anna chose to work through lunch, because sometimes some students would prefer to meet over lunch time rather than class time, she would make allowances for that. Sometimes she *left early or sometimes not, depending on whatever would happen* that day. Anna would see students all day long and then typically would keep her note writing to the end of the day. She would write all her notes and then *be gone by four*. Some days she would run a parent group, and that was in the evening. In the school based program time was very flexible. The additional hours that Anna worked could be used to take off a Friday when there would be no school.

Difference Noticed Between Residential and Community Based Programs

Anna noticed various differences between community based and residential positions, particularly emphasizing flexibility and her control over time use being enhanced. She noted that it was certainly a lot *simpler to take time off* in the community-based program versus the residential program because *if there was no school the kids wouldn't be there*. Unless she *had tons of paperwork to do then it was better to use her overtime* for that day. Also, the type of youth accessing school-based services was different than those who access the residential program. Some kids were living in foster homes but *certainly not all of them*. The kids were at a different level of use in the school, some of the kids were *not so entrenched in their use*. Some kids were using more than marijuana and alcohol but in residential, they typically had gone a few steps further in terms of *the impact of their use*. Anna found that they were very different jobs. She knew that the school-based job was going to be a different job than the residential position

when she switched over and that it was going to involve, *to some degree a different population.*

Anna recounts that every job has its stressors when dealing with those who *are needy or who have issues* and so she did not see the addictions field *as any different than some of those other fields* that she had worked in as a social worker. However, she does think that it was the nature of being in a residential program that made it stressful because as a staff member *she couldn't just close the office door and walk away.* Not in the same kind of way as a community-based worker, even though a community based job is *not always easy, you can put your work aside and go home and enjoy your family without worrying about what was happening for your clients.* For Anna it was also the residential nature and knowing that staff could just call her at home, and they did, *if she was on call or not.*

Another difference was the on call part. When she was on call she could get *called at whatever time, at night or in the morning.* There was one time that she was *really sick and had come down with the flu really bad.* She was on call and could not find anybody else to replace her so she had to go in. The demands of having a young family and then the demands of the work were at times difficult for Anna in that she did not want to be called out at 9 o'clock at night when she was putting her kids to bed. She wanted to enjoy that part with them and to not be interrupted. That was their *special time.*

Experiencing Changing Family and Job Situation

Anna had her third child when she was 35 and went on maternity leave for a whole year. She came back to the job in the school based program in spring. It was

stressful because she was coming back after she had been off for a whole year. It was always hard to go back for her. Even though it was exciting, it was also stressful because she had a little baby at home and had *made a life for her and her family* during her time off on maternity leave. Having a whole year off was very different than having just part of a year off because she built a new life outside of work for herself and then come the end of that year she had to *switch gears and that was a hard*. Anna was *very much pro-the whole year off*, but she just felt it was a very different experience coming back after a year rather than eight months.

When she returned from her maternity leave the *addictions counsellor from the other high school in town quit or was leaving*. As it was midway into the school year *they did not want to hire someone completely new*. Anna's supervisor asked her if she would cover both schools and at the time she was not *totally keen* about it but also thought it would be a good way of finding out if she *could handle more time at work*, meaning less time at home. She *just wanted to work part-time at that point*. She had made the transition from full-time to part-time and *had enjoyed that* when she initially switched from residential to the school-based job. She wanted that extra time at home for herself and her family. Anna negotiated around not working full time and it was decided that she could work a .7 and share that time between the two high schools.

The other thing that was happening in the community at the time was that the two high schools were amalgamating. All the students from the one high school moved to the high school where she worked and it was became one big campus. When she came back she knew that the agency would be looking at one person to cover the amalgamated high school the following year. When Anna and her supervisor were negotiating her return and

what it would look like, the supervisor *made it very clear* that because of the circumstances of the school situation, being that they were going to amalgamate; the agency did not want that position job shared anymore. They wanted a full-time person come September. They were fine in the meantime for her to cover the position at a .7.

Facing a Lack of Employer Flexibility

The supervisor had said to Anna that by the end of June she needed to make a decision as to whether she wanted the full-time position or not. By the time June came up Anna had decided that *this full time stuff just wasn't going to work for her* given her family situation and *where they were at* in their lives. She resigned on that basis, basically she did not want to work full time and they did not have anything else in the field that was within her hometown. It was either full time or nothing and so she chose nothing. She had *been there done that* with commuting and with the kids being little *she just couldn't tack on two extra hours minimum* to her workday. That just didn't seem feasible for them, so that is why she left.

For Anna, the experience was pretty uneventful on one hand, in that she felt it *didn't look a whole lot different than just ending a school year*. In June in the high school there was always a lot of wrapping up of clients anyway. At the end of the school year some kids are graduating, and so she would be evaluating all the clients in her caseload as to whether she would carry them to September anyway. So it probably *didn't look much different than a typical year, cleaning out her office*.

On the other hand it was really hard for her personally, not just leaving the agency but she had made a lot of good friends. She was leaving all the personal things that people

get out of a job, *above and beyond the paycheck*. Anna was sad when talking to coworkers about leaving. She *didn't know it would be that sad* actually. She remembers really struggling around leaving her coworkers because they were very supportive and she had gotten lot of encouragement. Her supervisor said whenever she is ready to come back *just give them a shout*. So that was hard for her to let go of.

Reflections after Leaving the Field

It was also hard to let go of the idea that she would not be working anymore. She *didn't know what the future would hold* for her and what her life would look like. She did not know when she would return to her career or what her career would look like in the future.

Had the residential program been able to offer her part time before she moved over to the school based program she may *have considered staying longer there*, rather than moving to community based. Would she *still be there today*? She does not know. It was not that she *was unsatisfied with the residential program at all*. It was that she did *not want to be working five days a week*. From the agency's perspective, that *was not what was going to work for them*. As well, had the school been able to offer her *part-time* she *would probably still be there, because following the school calendar just lends itself so well with having kids*. The school-based program was already set up in such a way that she was typically off for *the summer, Christmas and spring break*.

Anna *wasn't really ready to let go of her job*. Her *last day of work, or last day where she was with all her team, was a very sad day because it wasn't something that she had really wanted*. Anna and her team of coworkers had become very close over the time

that she worked in community based. *Although she wanted to be at home she also wanted the work part, the work team. That was very much part of her life too above and beyond the income.*

Considerations about Returning to the Field of Addictions

She would *still want part-time work if she were to go back to work... unless things changed dramatically she would want to be going back only part-time, not full-time.* Her thinking is that she would wait until her youngest child is in school, before she *would even start looking for work again.* She *does want to go back* but at this point she has *no clue if she would be going back to social work or whether she would be going back to the addictions agency.*

For Anna, it was a certain ideal and a certain way of seeing herself that made looking back difficult. When Anna was working she would ask her clients all the time, *where do you see yourself in five years or in three years?* She would have them *project in the future, where they want to be, and if that's where they want to go then this is what they need to be doing to get there, stay in school! Stay in school,* she would say to her clients. Leaving was *not really what she wanted to do.* She had worked *hard to get where she was.* Anna was not going in the direction that she had planned for herself. She saw herself *as always working* while she had children but then here she was, *not doing that.* She did not know that it would be that difficult. She did not know that she would *feel so torn between home life, being available for her kids and work. So the part-time thing just worked so well.*

Anna also struggled with not knowing what her future would hold. Anna has not worked outside of the home since she left the addictions position. The idea of obtaining childcare after she *had let that go* was daunting. There were limited options in her town for employment and childcare so organizing all of those aspects of returning to work would be a *struggle*. She knew that she would not *jump into another job* unless it was part time, something in her field and something that she *really wanted to do*. *Above all her family's needs had to come first, that had not changed.*

Changes to the Written Story

After Anna viewed the constructed story of her experience her response was “*Wow*.” Overall she was pleased with the story but she did have some concerns about past employers receiving a copy of the thesis. I let her know that I would not be sending a copy directly to any agency in Manitoba but that I could not guarantee that it be impossible to obtain a copy of my work in the future. In that regard I wanted to be sure she was comfortable with her story as it was written. She had some concern over her anonymity so measures were taken to further sanitize her story to make her identity less identifiable. In the end there were certain pieces of the story that were removed in order to sanitize her identity as much as possible without detracting from the contextual features. For example, locations of moves as well as specific dates were made more general and information that was seen to be too revealing was removed altogether.

Rena**Meeting Rena**

Rena and I had agreed to meet at her home. There was calming music playing in the background and various pieces of artwork that looked to be from Asian countries. The colors of the room were very warm and soothing. I immediately felt comfortable. She was wearing a comfy looking robe and sweat pants and invited me to the living room where we sat on very comfortable couches. The environment was very relaxing. I felt that the interview went smoothly; it was as if Rena had already put a lot of thought into what she wanted to talk about because her story flowed very well. I was able to sit and listen without needing to do much probing. At times Rena became very emotional while recounting her experience. She was very passionate about her past. She mentioned many times how much she cared about the clients that she worked with over the years. On multiple occasions she became tearful when talking about the connections that she made with her clients. Her voice would quiver as she struggled with retelling the details of her experience. Despite this, she let me know that she enjoyed being part of the study.

Rena was married with no children. She did not talk much about her family other than to say that when she left the field her and her husband took some time off to travel before she looked for employment again. He was supportive of her during her tumultuous times.

The Global Impression and Main Themes of Rena's Story

Throughout Rena's story the reader will notice that she often speaks about caring deeply for her clients. When they would struggle, she would struggle. She wholeheartedly

wanted to be able to help everyone. This often left her frustrated with the system as well as with herself for not being able to offer more. Rena took on some of her clients' emotions and developed what she describes as compassion fatigue. Through her story the reader will see the progression of the downward turn she experiences prior to leaving. Despite really valuing the autonomy she was granted by the agency where she worked, she also found her position to be isolating. She felt that her agency could have supported her more, specifically, her managers and clinical supervisors. Rena really enjoyed the addictions position however, knew that continuing to work full time would not be a healthy decision for her. Given that they were unwilling to grant her permission to work part time, she regrettably had to resign. The following is a bulleted list of the individual themes that were extracted from Rena's story.

Rena's Individual Themes

- Conflicting information on addiction made service delivery confusing
 - Not a hard science, information was subjective and open to interpretation
 - Conflicting information on which approach was best
 - Difficult for Rena to align with any one approach as good argument could be made for either side
- Feeling like she needed to overload schedule and was not told she could take time in between clients
 - Had never considered a waitlist
 - Five periods to her meant at least five clients per day
- Feeling a lack of confidence, incompetence and inexperience

- Education and training did not prepare her to deal with everything that came through the door in addictions
 - Towards the end did not see the point in even calling people in to meet with her
- Clinical supervision available but barriers prevented her from accessing
 - Clinical supervisor was not on site
 - Meetings were not scheduled or regularly built in, she was told to call if she needed help but wanted to appear competent so was reluctant
 - The same person doing clinical supervision was also doing her evaluation
- The addictions position impacted her mental Health and support was not offered by the agency
 - Began noticing signs of compassion fatigue and burnout
 - Had trouble sleeping and would worry about clients when at home in the evening
 - Asked for training on compassion fatigue but was denied by management
- Internalizing situations that were out of her control
 - Often blamed herself when outcomes did not go in the way she would have wanted

Rena's Story

Starting Work in Addictions to Meet other Preferences

Rena had been working for two years since graduating from her undergraduate in Education when she decided to go back to school full time at the age of 23. Because she was interested in being a school guidance counsellor she decided to do her post baccalaureate certificate in education, counselling and guidance. In the springtime, just as Rena was finishing up her diploma, a school based addictions position became available in her hometown. Even though it was not a school guidance counselling position it was counselling and she was *interested in it because of the location.*

The addictions position was her *first counselling position.* It was *stressful at first* but she *really enjoyed it because she enjoyed working one-on-one more so than working with large groups of young people.* She *felt like* the addictions position was *a natural fit for her in many ways* because she was *still young, in her early-mid twenties* and she *connected really well with that clientele.* She *found them really interesting and enjoyed talking with them.* For Rena that was *one of the best parts of the job.* The other part of the job that she loved was *working with her team.* The team consisted of other counsellors from her agency who also worked alone in other locations. Meeting as a team to debrief was something she really valued. This happened once a month but Rena felt it could have been more frequent.

Structuring her Work Day

Rena *worked in one of three schools on any given day, and divided her time among them.* There were *five periods in a day* and so she *tried to see five clients per day.*

When some people in Rena's line of work would have no shows they would take that time and do paperwork or have a little gap in their day, but since Rena had access to her clients by pulling them out of class, if one student was not in school then she would just call in another one from her list of students to meet with.

Enjoying the Work Initially

Initially, there were many things that Rena liked about her new position in the addictions field. She *liked being able to make an appointment for tomorrow* instead of feeling compelled to meet with a student immediately as they approached her. Rena *liked to have control over her hours*. She *enjoyed the autonomy and the ability to create her own schedule*. In her previous line of work she was *expected to put in a lot of extra time and do a lot of extracurricular activities*. She was grateful that those things were not a part of her new position. She *could work 830-430 and then leave at the end of the day*. Despite working *a lot of overtime* she *could bank it* and use it toward *holidays* when she *wanted to*, without *being limited to the school calendar*. Rena really appreciated this new *autonomy*. Additionally, the *professional development* courses Rena received in the addictions position *were very good, whatever her employer offered she took and thought they were all great*.

Feeling Educationally Not Prepared

As Rena continued working in the addictions position she felt more and more strongly that her *education was quite lacking*. Rena obtained an undergraduate degree that was unrelated to addictions counselling *and additionally obtained a one year counselling certificate focusing mainly on counselling in a school setting*. Her education was

valuable and it helped a lot but maybe having a Masters' in counselling would have equipped her a little bit more because of the length of time that they spend in practice and with the supervision they receive. In thinking that perhaps it was just a personal lack of confidence Rena took advantage of all the training she could get. She felt that the more tools she had in her toolbox the more confidence she felt in her skills and the less likely she would be to worry that she was not doing a good job. The additional training made her feel more confident in the role but it took a long time.

Feeling Confused about Which Approach was Best

Although Rena spoke positively about the professional development training she received, she also noticed that some of the educational material was taught over and over again. *For example, she learned the Levels of Involvement and Stages of Change inside and out. After a while, when she would hear another presentation about it she wanted to bang her head against the wall because she could give that presentation. Interestingly, at the same time, her and her coworkers would still get into debates about the levels of involvement and Stages of Change because it would not always be clear cut where a client's location was under each model. For example, even though they may be using a very harmful substance they are not experiencing the actual harm of their use. In that case, some would argue that they are not at harmful involvement but others would highlight that the risk was so high.*

Rena found that *in the addictions field so much of it is not a hard science, for example, with the disease model and biopsychosocial model people have different philosophies of what causes addictions and how people recover. The body of knowledge*

that addictions professionals work in is not always factual. It is often subject to interpretation, with the different theories always evolving and changing. She found that some of the information was conflicting and it was hard for her to sort out in her head and to come up with what she believed about addiction. It was not that people necessarily gave her conflicting information but there were lots of conflicting opinions out there. In that regard, it was hard for her to be confident about any one stance because someone could make a fairly strong argument either way.

In the meantime Rena had a caseload of clients that she cared for and she wanted to offer them the best possible service. Two examples that she spoke of were that some of the information on marijuana was conflicting. Additionally, whether to encourage the client to set an abstinence goal or to work within a harm reduction model was confusing to her. She was encouraged to use harm reduction if the client was at pre-contemplative or contemplative because an abstinence goal was probably not going to be successful but Rena questions whether she saw much success with harm reduction with teenagers. Over time some of the clients that she worked with for many years did go into heavier, more frequent use, developing dependence. In cases like that she felt that harm reduction did not work well and wondered if maybe a more motivational approach to encourage them to quit completely, kind of like "Intervention" that you see on "A&E"® maybe would have been more effective.

Caring Deeply for the Clients and Blaming Self

Initially Rena thought that she could help everybody. If they just came and talked about their issues they could sort it out. Over time she came to realize that some of these problems had existed over a long period of time they did not occur overnight so they were

not going to go away overnight. However, Rena wished she could have done more because she really came to care about those clients. It was difficult to see them making poor choices. Watching their situations deteriorate as they became more involved in drug, alcohol use and other risky behaviors was frustrating. Even though, mentally Rena knew she could not fix everything, in her heart sometimes she really still wished that she could.

Struggling with the Way the Program was Structured

Difficulties Working with the Multiple Needs of the Clients Accessing her Services and Wanting to be Able to Offer Them More

Co-occurring disorders were really more the rule than the exception. The clients that Rena worked with had more issues in their life than just the substance use. Some of them had fetal alcohol spectrum disorder and a fairly high percentage of them had some depression and anxiety issues as well. Rena is not certain but speculates that some of her clients had some other mental health disorders that they were maybe not being treated for. There were quite a few clients who were harming themselves by cutting as a way to cope and she did not always know how to handle that. Often times it was not cutting to die but more cutting to cope. However, Rena found it particularly difficult when some of the clients who were self-harming also had suicidal ideation. It was those clients that Rena would worry about. She was supposed to get them to contract with her and many times they would say they would not hurt themselves but she could not necessarily trust that they were going to follow through on that when they were using heavily and impulsive. Rena worried that their emotions would take over and it was sometimes hard to just leave work for the night or the weekend and not worry about what was going to happen to them.

Rena found that the agencies did *not always work well together*. Rena *had to make some calls to child protection services because of some things that were going on in the clients' homes*. It was frustrating during times when she was *not able to get help for the youth if they were over 16*. Child protection would *not do very much for a 16 year old*. It took the youth a *lot of courage to come to Rena and disclose things*. Rena felt the youth were *looking to her to help get them out of a bad situation*. All Rena knew to do was to call child protection services who *basically said they would not do anything*. Rena could see the *disappointment in the client's face and knew she was disappointed in the system but Rena was part of that system*. She felt like she had *let her down*.

Another instance where communication across agencies frustrated Rena was when she had a Mental Health worker tell her client that *"I can't help you with your depression until you stop smoking pot, so go do that first and then we can work together."* This was difficult to hear but Rena is optimistic *that comments like that do not happen anymore*. With the introduction of the No Wrong Door Philosophy providers are *more comfortable taking the whole person with whatever they bring and dealing with that*.

The department that Rena worked in was *a heavy area*. She was *always working with young people who are really struggling with drug and alcohol overuse or abuse*. The youth *often suffered from other emotional problems or family problems*. Many of the clients that she worked with *came from dysfunctional families; there were lots of family problems*. A lot of her clients were *in foster care, and many had backgrounds of abuse*. That would drag her down after a while because she wanted to help but was *often limited in how much she could actually do*. Working in the addictions field *uses a different type of energy than when you can work with kids who are better copers, doing well and are*

well adjusted. Rena would often worry about their safety and wish that she could do more, but was unsure whether any system can. What Rena really felt the kids needed was an authentic caring person in their life, like a parent with a real relationship not just someone that they met with once every week or two in an artificial office setting. She does not know if at that point in her career she had enough experience and knowledge for working with all of that.

Rena would often hear traumatic stories from her clients. She felt emotionally connected to these youth and frustrated when she saw them suffering with family issues or progressing deeper into their addiction. One of her students *disclosed* being *sexually abused* by a family member *when he was* a young teen. The abuse coincided back *around the time* when she was *teaching him*. Rena felt a connection to this kid because *he was just a really cool kid and she really liked him*. She was sad that the abuse had happened to him.

Another student who she had also taught came very faithfully, probably for almost two years. Rena thinks that he really wanted to change and kick his addiction. He was definitely dependent on marijuana but he was also starting to drink heavily. Toward the end of their relationship he was drinking all the time and getting suspended from school for being drunk. At the end of their time together Rena believes he just kind of gave up and maybe felt like, all of the time they spent together did not get him that much further ahead.

Other youth accessed Rena's services initially because of concerns they had with their family members, but then became harmfully involved with substances themselves.

Such was the case with another client Rena *worked with regularly*. When she first started working with this youth, she was very bright and she had high ambitions. She definitely wanted to graduate from high school. Over the time that Rena knew the youth, her family member was an alcoholic and she was living in a very unstable living environment. The youth started smoking weed more regularly and she ended up dropping out of school. In the time that Rena knew her she seemed to be moving further away from fulfilling her dreams.

Rena emotionally recalled that when her clients would tell her these things she cared for them and would process it with them to the best of her ability in a school scenario. However, the reality was that the bell was going to ring in a few minutes and the clients were going to head off to their next class. Rena would see her next client and not necessarily think that she should give herself some time to digest the event first. Often Rena regrettably wishes that she would have done some things differently.

Feeling Compelled to Overload her Schedule and Nobody Telling Her This Was Unnecessary

Rena would often overload her days and looking back, it was way too much. Since there were five periods in a day, she took that to mean she had to see five clients per day. She would meet with each client for the whole 60 minutes, sometimes longer. Then there would be break and the next class would start so she would have her next appointment right away. She did not have much time for writing notes or consulting with a clinical supervisor, all things that are important to staying healthy and balanced. Rena felt quite busy most of the time likely because addictions counselling is very all encompassing.

She never knew that it was okay to block off time in her day to do paperwork, she always thought since she had five periods in the school day that she should see at least four if not five clients a day. Sometimes she would see a few more than that and just try to fit her paperwork in between. During the time in addictions it never occurred to her that she could have a wait list. At the end of the day she was just totally mentally exhausted. It was hard for her to imagine that she did not have to work so hard, or that she could pace herself. At the time, Rena never recognized that the paperwork and phone calls are all part of the job too. A one-hour counselling session taxes a person so she needs some time as a buffer between sessions so that she can have energy to give to her next client. Going bang, bang, bang and seeing as many clients in a row does not serve the clients well because the counsellor is fatigued and not able to be completely present with the client in front of them.

She originally thought that was just part and parcel of the job. From what she knows about people working in different counselling roles is that it is okay to take some time and not see clients. Since leaving the addictions position she has spoken with coworkers in other agencies about boundaries that they are able to maintain and the support they receive. For example, people talk about having one suicidal client and then having the need to debrief. She recalls days when she would have multiple suicidal clients and did not debrief it with anybody. There were many aspects of the job where Rena received little support and was left to figure things out on her own.

Rena found the position very isolating. She did have the benefit of a clinical supervisor and was told that she could always call if there were problems but she really wanted to be competent and good at her job so she was reluctant to call and ask for assistance. She feared it might make her look ineffective or incompetent so it was not

something that she would access very often. Rena would always try to figure it out on her own or deal with it on her own.

Noticing Signs of Stress, Depression and Compassion Fatigue

As time went on Rena started to have different stress symptoms, like trouble sleeping, dreams about her clients, some of depression, deep fatigue, she did not want to do anything, and it took all of her energy to just get through her day. She remembers feeling really run down and burnt out. She noticed that she was withdrawing from friends, family and activities. She just felt like she was hit by a truck and all she could do was lay in bed. She could not do anything she was just so tired. Additionally, Rena thinks she started to take on some of her clients' emotions. She would get angry and not know why. For these reasons she feels that she was probably not very easy to live with. She did lots of questioning of herself, had insecurities about how she was doing in her job and eventually felt like she had nothing to contribute. At this time, she was not doing well and started to really question her ability to help anybody. She had lost all confidence in her ability to do anything. She could not see what the point was of even meeting with people so she started to not even call clients in for appointments. Rena felt like they could talk but in the end they are still going to go back to their shitty life, feeling horrible and she was not going to feel good about what she was able to offer.

Feeling like a Humongous Failure

One evening, Rena went to the walk in clinic and talked to a doctor about how she was feeling and he thought it was probably related to work so he took her off work for a little while. This made Rena feel like a humongous failure. She took three weeks off which fell over Christmas so she really did not miss that many days. Still, Rena felt horrible about taking time off so she convinced herself that she was better. She went back and that

was okay for a while because she went back half time and loved that. She just felt so much more balanced; she had more time to look after herself, felt stronger and just more equipped.

Facing Supervisors Who Were Not Supportive

When she took a few weeks off on stress leave or medical leave it bothered her that her supervisor suggested that maybe things were going on at home that were impacting her ability to do her job. This really upset Rena because she felt that a lot of it was the job. It was not her relationship or her marriage or anything in her personal life that was causing her to struggle. It was her and the combination of that particular job. She was upset that it was never really validated and after she returned neither her regular supervisor nor her clinical supervisor checked in with her. She thinks that even just a phone call to see how she was doing would have been helpful. The lack of concern made her feel kind of ashamed, like she had failed to hold it all together and had to take time off. Maybe a little bit more support and recognition of the stressors of the job or just the validation would have been worth a lot.

Rena does think it was quite isolating, and thinks it is really important to have a lot of support and clinical supervision considering the weight of responsibility in that job. It would be better if there were more regular check-in times where the counsellor has to debrief. More so than just a supervisor saying, "call if you need to talk about somebody or if you need help on a matter." It is important to get some clinical support to reinforce that they are on the right track or suggestions for things they might try. She would have liked her clinical supervisor to check in with how she was doing with handling her caseload. When her supervisors did check on her, she personally found it really helpful.

Not all programs even have a clinical supervision but Rena believes that it should be mandatory.

Rena thinks that is just so essential and it should be regular and built in. Somehow the supervisor part should be de-emphasized so people feel more comfortable talking about what they are actually struggling with, instead of talking with the same person doing their evaluation in a few months.

Having Request for Part Time Work Denied

Knowing that this change to part-time made such a difference in her ability to enjoy her job she requested to work half time permanently. This request was not allowed. Knowing herself, Rena did not want to be on stress leave because of how that would affect how she saw herself. For that reason she requested a leave of absence. She had a doctor's note supporting the leave so that was granted. She took 10 months off which worked out to a whole school year, returning back at the end of August.

Just days after returning back from being off for almost a whole year, Rena attended her department's annual professional development training. That morning there was a panel discussion of people talking about their experience of having had addictions. When some of the people were telling their stories Rena got really emotional again. She just started crying and had to leave the room. She just could not keep it together, she was getting kind of a panicky feeling inside and that was how she knew that she was not ready to go back to that job.

Coincidentally, around that time she had been offered another job as a guidance counsellor that she had applied for months and months ago. Based on her experience in the panel discussion that morning she seriously considered taking that other job. Before

making her decision she *had asked again about working half time* but was once again told *that it was not going to be a possibility.*

She was not really surprised because she had just been told that they were moving away from having lots of people in part time roles, as it is more expensive due to benefits and administration cost. Regardless, Rena thought that if they looked at the bigger picture, if it helps them retain good staff, it might be a good investment. Rena felt very loyal to the employer for a number of years and was hurt that her request was not considered more. She made it clear that she was not requesting it just for her own convenience; it would have really helped her mental health and her ability to do the job well.

Rena would have liked to have had the opportunity to see what it was like if she would have been able to work half time. She thinks it would have made a real difference. It would have been an easier balance because there were so many things that she really liked about the job. After being off for the better part of a year she knew she could not do the addictions job full time so she resigned. She felt the guidance counsellor position might just be healthier for her so she accepted that position. It was sad for her to leave the job, especially to leave her team. The best aspect of the job was the support she got from the others on her team. Rena feels strongly that there can never be enough of that type of support in a stressful job like addictions counselling.

Reflections Since Leaving the Field

Rena went to a workshop on compassion fatigue after she was out of the addictions position, working as a guidance counsellor. When the presenter was talking about all of the symptoms of compassion fatigue she remembers that she felt like she was in tears the whole time. She was relating so strongly to how she felt near the mid to end

point of her addictions counselling position. It upset her when she recalled, as a team asking for training along the line of compassion fatigue in her old addictions position. They did not receive the training and although she cannot remember exactly what the reason was, it had to do with having already used too much PD time or that they needed to spend more time at their schools. It was frustrating because her and her coworkers were saying there was this need for this type of training, that this was something they were experiencing only to have had it turned down on the supervisor level. To Rena it felt like a lack of respect, support and was invalidating of the stress that they were experiencing.

Rena believes that the reality is, almost everyone experiences compassion fatigue to some degree, at some point in their career. It would be helpful if they could recognize "oh that's what it is" and not feel that they are not keeping up and are just getting burnt out. Just recognizing it would make someone feel so much better. It is a hard job that addictions counsellors do and it takes its toll on people personally. A person can be the best counsellor in the world but in most cases they go into it because they care and of course it is going to affect them on a personal level. If it did not, then they are probably a little too detached. It is important to recognize how to create a healthy balance of being human and still being able to connect with people but more importantly, also being able to disconnect to keep themselves separate to stay healthy too.

Since leaving the addictions field Rena has worked in a few positions. Currently she is working as a guidance counsellor and appreciates working with a whole range of young people now. Her clientele includes the really good wholesome kids who earned straight A's in addition to the ones who are more at risk. She appreciates the variety and

thinks that she feels healthier compared to always working with the most at risk group of clientele.

Rena thinks that if she were to go back, she would probably see fewer clients in a day and take a little bit of time to check in with herself after a session, see how she was feeling, and know that those things are all okay. It doesn't mean that she is slacking off. How she structured her day would be different and if she noticed that she was totally wiped out when she got home, day after day and did not have energy to do anything else then maybe a day off was in order.

Despite talking mostly about the negative aspects of the position, there were many parts of the job that she appreciated. The addictions position really helped her develop her skills and taught her so much about the clinical piece. The addictions position just felt more professional and the counselling aspect was more respected than with other counselling positions that she has held. She kind of misses actually having more student contact as well as the autonomy she had while working as an addictions counsellor. The addictions agency was organized and structured and in that sense she knew what was required in each session with the youth. Everything kind of followed a certain order. As a counsellor she could always use her discretion to do what was best for the client, but it was structured. Looking back she really appreciates that about the addictions agency, it was very professional.

Rena would consider working in the addictions field again in the future if a job came up. Being older and more experienced now Rena believes she would do better in one of those roles because she knows herself better and she has much better boundaries. She would be able to keep a better balance and not get totally sucked up into the job. Also, she is much better at doing yoga and practicing mindfulness meditation. She makes

an effort *to get fresh air and walk and she is able to put those needs in a high priority in her life.*

After leaving the addictions position Rena and her husband traveled the world for a few months. During that time she became interested in yoga and when she returned to Canada she began teaching classes. *In Rena's ideal world she would not have a full-time job, she might continue to work in a counselling job but not more than half time so she could still have lots of time and energy to teach yoga. So often, even now as a mental health worker/ guidance counsellor Rena thinks that the kids, teenagers, and parents could really use some yoga. She feels that Yoga would probably help them more than what the system is offering them.*

Rena likes the more immediate gratification of teaching people yoga. She compares it to the length of time it takes in addictions to notice changes; sometimes she just had to *hope that it happens* after the client finished seeing her. In yoga, *people walk into her class saying "oh, they're tired and stressed out" and then they leave an hour or an hour and a half later and she can just see the change in their face. They tell her they feel so much better. It is just very rewarding.*

She thinks *perhaps some of the stress and burnout that she went through in working in addictions led her down that path.* She feels that she is able to work really well with people who are stressed because she can really empathize with them. She has been there, and she has studied herself. She has learned a lot about how she can heal herself and keep herself healthy. She likes being able to offer that to people.

Many of the things Rena discusses about her *experience in addictions are just so specific so she does not really know how it would generalize to others because so much of it was unique to the position.* Perhaps, *if she would have been an addictions counsellor in*

a different setting it could have been a vastly different experience. Most of the things she talked about were the negative experiences but feels that should not be the theme of her experience because for a long time she really liked her position.

Rena still has regret over leaving. Sometimes she wonders if she made the right decision because she left a very good, secure, well-paying job with benefits and good holidays. In some ways it was really a great job. It was working with young people, counselling which she liked, she had lots of autonomy, and an awesome team that she worked with who continue to be her good friends.

In a sense, she had to start all over when she went to a different job. She does think that if she had been able to do that job halftime it would have been the perfect job. Maybe that is not true, maybe she still would have, gotten really sick of addictions and all the problems. Maybe it still would have made her feel burnt out and discouraged but, she would have liked the opportunity to try.

Changes to the Written Story

When Rena read her written story she stated that she was *impressed with how detailed it is and how many of her own words and phrases were included*. She also had the same concern as Anna around her identity being revealed. In conversation, Rena mentioned that she was worried about some information in her story but that since it was my research project, she felt she should not ask for it to be changed. I let her know that she absolutely had the right to request changes. Similar to the measures taken with Anna many of the details were sanitized further to help ensure that her identity would not be revealed while maintaining the contextual richness of her story. Rena said that she enjoyed being part of the study and took an interest in the process. She asked many

questions about what I hoped to do with the findings and wanted to know how things turned out once the study was finished.

Pema

Meeting Pema

Pema was the only participant that I knew before beginning this study. We had worked together in the past. When she contacted me about being in the study I thought she might be agreeing to participate just to help me get enough participants. She fit all the inclusion criteria and would bring a different perspective to the study than the other participants had thus far so I was pleased to have her participate. Pema was someone that I had always admired while working with her because she was very kind yet firm in her beliefs of how services should be offered. She had a very calming voice and appeared to show a genuine interest in helping people.

Pema suggested that we meet at a coffee shop. I arrived early and got a seat away from the music, which was quite loud when I first walked in. I asked the cashier if she would be able to turn it down a little and she said it was no problem. The other issue with the location was that there was a group of women sitting near my table who appeared to be conducting a meeting. I overheard some of their conversation and deduced from it that they worked at the same agency as Pema.

Pema walked in shortly after and as always was smiling and happily greeted me. She has always had a warm presence about her. The women in the meeting were finishing up and left shortly after Pema arrived. Given that it was a public place I made sure that Pema felt comfortable with the location before we started talking. The meeting began with us catching up since it had been quite a while since we had seen each other. Pema mentioned that she had been thinking over the last few days about what she wanted to say

in her story. I was a bit nervous because I did not know how this would go. I knew that we had a personal connection so there might be some things that she would leave out or would choose not to talk about because of that. Through the sharing of her story I got the sense that her participation was more than merely helping me out, she had a personal connection to advancing people's understanding of why counsellors leave the field.

The Global Impression and Main Themes of Pema's Story

Throughout Pema's story the reader will see the struggle she had finding her place among coworkers who were trained in a very different manner than she was. Her struggle began immediately and grew over time. She was working in an environment that was primarily run by experientially trained people. This meant that her coworkers had come up through recovery themselves while Pema was trained academically. Pema mentions that she often felt ostracized or excluded from her "club" of coworkers. This was apparent to her through comments and questions she would get about her personal involvement in addiction. Interestingly, Pema did have personal experience with addiction but not in the same way as her coworkers. Pema's mother was addicted to alcohol and prescription medication. For most of Pema's life she dealt with the issues she had with her mother. Throughout her story the reader will notice that these issues continue to surface in various ways. Initially Pema did not want to have any connection to the addictions counselling field because of her struggle with her mother. However as time went on Pema began to shift her focus and see that in a way, working in the field was helping her to sort through the feelings she had regarding her mother. As the story progresses, Pema begins to notice new struggles. She encounters various adverse instances with the management of her agency. The combination of this and the struggles with coworkers gradually shape her

decision to leave. Below the reader will see a bulleted list of the main themes of Pema's story. Following, those themes will be expanded on in this chapter.

Pema's Individual Themes

- Not fitting in
 - Pema was academically trained and most of her coworkers were experientially trained
 - Not feeling accepted by staff and ostracized for not being part of "the club"
- Dealing with history of having a mother with co-occurring disorder
 - Mother's issues with substances and mental illness were on-going struggle for Pema
 - Reluctant to take addictions job because of concern of dealing with people like mother
- Lacking support from the agency
 - Managers did not have the training required to offer her guidance
 - No clinical supervision in any department she worked in. Paid out of pocket to get supervised outside of the agency
- Feeling powerless to change the system
 - Noticed various gaps when it came to service delivery yet felt powerless to change the system most of the time
- Not being utilized to full potential
 - Pema was highly trained but could not have voice heard over those in the agency who were experientially trained

Pema's Story

Pema began her story talking about how she became interested in addictions and her story unfolded from there. Pema's initial educational training was in nursing, and she worked as a *Registered Nurse for the better part of five years*. In that time she worked in *ICU and emergency so learned how to multitask, go on empty and do crisis management before returning to school to do her undergraduate degree*. So all of that was good training. Pema then completed a *four-year double honours degree in psychology and political science* where she was required to complete a thesis.

Interestingly, Pema's undergraduate thesis was on *psychopathological characteristics of substance abusers in a suicide attempting population*. At the time, the intention of exploring this area was not due to an interest in addictions per se, but more around trying to understand her mother's issues with substance abuse and mental illness. Her issues with her mother were a theme that would continue to be present in the various stages in her life. Pema later *did a Masters' in counselling psychology*. She had entered *postsecondary education with the hope of learning to extend herself in ways that she had not necessarily been doing*.

Twelve years ago, after completing her undergraduate and Masters' degree Pema worked in private practice. She was mostly seeing first Nations folks and doing *psychometrics testing for intellectual and personality testing for a psychologist with the child protection agency in communities in northern Manitoba*. It seemed to be that she was not able to capture the essence of the first Nations experience on the reserve related to drinking, substance abuse, and violence. She found that *all those things seemed to be really, highly connected and interwoven*. At that time she did not have as deep of an

understanding of the Aboriginal culture as she developed later on and thinks that she was kind of overwhelmed by the experience. Pema feels that she had a vicarious traumatic response to the events that were going on in the community in which she was immersed. The community was traumatized and she was not able to sift through all that was going on for them and for herself. Despite immersing herself in readings she felt flooded by the emotions and was fumbling around as if she was caught in quicksand.

Applying for a Position in Addictions

Pema was just sort of mulling about her traumatic response when the job came up through the addictions treatment center in Winnipeg. Her husband encouraged her to apply for the position. Additionally at that time most of Pema's work required her to travel as all of her clients from her private practice were up in First Nations communities. She had a young family in Winnipeg that she wanted to spend more time with. So for those reasons, she considered the job posting.

Pema did not purposely choose to take an interest in addictions. As mentioned above, the interest was more her trying to work out her own family of origin stuff because her mom has co-occurring illness, bipolar, borderline personality disorder with addictions issues, so the whole gamut. Pema believes that a lot of people choose their profession based on their own experience, not on a conscious level but on an unconscious one. Perhaps for her, nursing was an attempt to kind of figure that out, as well as doing her psychology degrees. These were all attempts to figure out her mother's issues.

She did not want to be an addictions counsellor, no way, it was her husband who found the ad in the paper and said she should apply for it. She applied and reluctantly

decided to go for the interview but did not even want to be in the room. During the interview the panel had asked Pema if she would be interested in being the supervisor in a community outside of Winnipeg, which she declined but felt that meant she likely sealed the deal on the actual job she was interviewing for. The agency phoned her two hours later and offered her the job.

Pema needed to supplement her income because her private practice was inconsistent. Her partner's job had no benefits and was contractual as well so their income waxed and waned. She took the job based on timing, and her desire to work closer to home without having to travel. These factors played a big role in her deciding to take on a job that made her want to gag.

Initially Enjoying the Work in the Intake Department but Quickly Getting Bored

In the first year Pema was working full-time at addictions and also in her private practice. She spent the first year or so in the addictions job immersed in men's intake and that was interesting because it was fairly fast-paced, busy and just what she was looking for. She did not even go near the women's side at all at that time. There was a big learning curve for her for about a year, still trying to figure out the treatment end of it because she was not doing any treatment per se.

Pema felt that she was not trained as an addiction specialist like some people could be, although she found that her educational training was of use. Some degrees are designed specifically for addictions work, but most of her addiction training was actually done through the government addictions agency in her community, once she began

working in the field. She really enjoyed the professional development courses she took; *they were actually well presented. Pema was trained as a psychometrician in her Masters' program and had done a lot of intellectual and personality assessments. Many of the addictions courses were a piece of cake for Pema. Her Masters' training helped her in the addictions position when trying to determine what was going on for a person and their family system, for example, with family of origin issues.*

Shortly after she started in intake she took an interest in going over to the residential program. She was interested in seeing what the group stuff was all about since she had not run groups before at all. After about a year in intake Pema was getting bored and needed another challenge so it was suggested by her manager that she go up and start facilitating the men's treatment groups in the residential program.

Struggling With Coworkers Immediately After Moving Into the Residential Program

One of the strongest themes from Pema story was that she really struggled with being accepted and appreciated by her coworkers. Almost immediately after moving over to the residential program she noticed differences between how she practiced relative to her coworkers. *Being that Pema was academically and theoretically trained, going into an agency in the city that was predominantly run by experientially trained folks, meaning those who had come up through recovery themselves, made the experience quite unique. There seemed to be a kind of a division between those who were trained academically versus those who had come through recovery. It seemed that it was a real challenge for Pema's coworkers to accept other people's views and to have them embrace other ways of looking at recovery. Pema felt that to them it was a very uni-dimensional way of discussing recovery. It was AA 12-steps and a sponsor; there were no other options. It*

was very black-and-white and Pema was trained in a very gray way, in a very narrative way, and the other counsellors' approach seemed to be very demeaning, dismissive and patriarchal. Pema really had to wrestle with all of those things from the get go.

However on the good side, there were lots of opportunities for Pema at that time because the addictions agency was shifting from their previous way of conducting business, to the stages of change and levels of involvement approach. When she started, they had just been rolling out training for the SASSI. At the same time there was an interest and a rollout of the CODI initiative by addictions agencies in Manitoba. There was a lot of talk about co-occurring disorders, the influence of mental health issues, and how they impact recovery. The agency had also been doing more in terms of outcome measures and trying to bring it more in line with what the government was looking for, in terms of how to measure success and how a person was doing. Pema got excited thinking there was a place for her, and she can make some inroads. That was really helpful for her. In a way Pema sort of attached to that because she thought, "now we have a science, we have empiricism, we can kind of make more of this instead of just going to a 12 step meeting where you study your addiction, give up your life to God, and carry on." That was attractive to her. She absorbed all that she could, and went to every training opportunity that was available.

Not all of Pema's coworkers were as eager to adopt the newly proposed shift as she was. Her coworkers had little *flexibility* when it came to *looking at other options* for recovery plans. The addictions agency was shifting their mandate from a medical model approach to a more biopsychosocial model of addiction but *it was her sense that they were very narrow in following through with the implementation of the new model of addiction. The consultants would give the workshops to the frontline staff but then it was*

not relayed through when working with the clients. Most of the clinicians who were brought up in the abstinence-based, disease, and medical model were still touting their beliefs in the group so to Pema it just did not make good sense for best practice. People were not given a chance to recover in a way that was meaningful for them. It was sort of a recipe that they had to follow dictated by the staff.

Pema had real trouble with the whole throwing people out of treatment if they had used. Before they embraced the idea of harm reduction she really struggled with how to engage a person if they share with you that they had used. Yes there were consequences but there had to be another way around it so that they could help clients to learn from it without shaming them. Having a harm reduction option was great but it was very difficult for some addictions counsellors to actually accept. For Pema, that was more challenging than the most challenging client

Pema continued to feel some differences between how she practiced compared to her coworkers. Pema had a very seasoned co-facilitator who was an ardent AA person. He had gone through recovery himself so she was able to see his perspective, sort of. It was more like, good cop/bad cop in the groups because Pema had a much softer, narrative approach and she found her coworker to be much more vile and mean, but he got away with it. There was something about it, the men listened to him. Pema was very intrigued by how he was able to weed out those who were still drinking or using. She was just in awe of this guy because he just seemed to know, but he had lived it, so he knew who was bullshitting him. The clients also appreciated the softer side of Pema, so they made a good team. Regardless, she really had issues around her coworker's approach, but it was not that much different than the other men who were working there

either. It was very unprofessional and she does not think it helped to create a sense of cohesion or professional diplomacy in the group room.

At times this relationship dynamic made her feel unsafe emotionally and physically, which was unsettling. Pema's coworker was very ego based and not client centered, it was his way or the highway. There seemed to be no rhyme or reason to why people were kicked out of treatment. If he disliked a person, they were gone from treatment, and he did not think the client was worthy of his time. It just seemed really bizarre to Pema. However, that was not unique to just that one coworker, it seemed to be across the board. There was no process involved in discharging clients.

Pema worked as a team with her coworker but she uses the term team very loosely. There was one other woman in the department aside from Pema and often the two would just sit back and disassociate from the whole situation sometimes. Upon reflection Pema actually learned that her coworker had learned a lot from the way she handled situations. She did not confront people or challenge them in a way that would be debasing. She did not seem to respond to that black and white kind of approach, she was not very comfortable with it but she kind of got used to it.

As was historically common, a lot of Pema's experience was based on learning the ropes from someone who had been through Alcoholics Anonymous (AA) and who had experienced sobriety. Overall the experience was really eye-opening for her; however given that the AA model strongly influenced the way services were offered at the agency, she still felt that there was a lot lacking in terms of delivery of service and empowering clients to take responsibility for what was going on. She wanted to be able to give them options because it seemed that if they did not go to five or seven AA meetings a day that

their recovery was not acceptable. There was no wiggle room and nothing left up to the person, which did not fit for her in terms of her training in University. She did a Masters' in counselling psychology, and there was a lot that had to do with postmodern narrative therapy and retelling your story, and all that kind of stuff. It was not at all accepted or worked with, or understood by her coworkers. She really felt like a fish out of water. She did not get a chance to really work in the way that she wanted to. It did feel sort of as if there was something missing.

Feeling Ostracized and On the Margins

A lot of times her sense was that her coworkers did not agree with her approach was more of an intuitional thing. However, it was also based on the kind of questioning she would get from her colleagues as to whether she was involved in a 12 step program and who her sponsor was. Pema got a sense that there was judgment from them and that she did not belong to the club.

Any folks that were experience led in their training presented like they knew how everybody should recover because they had had that experience and any other way was not valid. The language that they were using was not really clear to her because it was not a language she was familiar with when she first started. For example her coworkers would often joke about the "13th step." She knew that there were only 12 steps so finally just asked somebody and they explained it to her. Those kinds of jokes that they would have amongst themselves, even though they were not really much of a joke, made her feel like a bit of a subculture or culture existed that she did not feel that she was invited to belong to. She felt ostracized because she did not fit the criteria. They would say that Pema did not know what she was talking about because she was academically trained so

she cannot really understand since she had not walked the walk that they had walked.

They would also assert that because self-help saved them that it was the only approach to take. They were very black and white.

Regrettably, Pema never really did figure out how to connect with those folks that were quite rigid in their approach and she found it quite difficult to work as a team with people like that. It was very challenging. She found that more challenging than those who are struggling with their own addictions.

Struggling With Coworkers Understanding of Co-facilitation

Pema had a few co-facilitators in the course of six or seven years that she was working and the first co-facilitator did not have anything over a grade 12 education, no graduate school training in therapy other than what he learned by the training at the addictions agency. That really did not do justice to the approaches that she had learned in her training in university and private practice, which was narrative therapy. She felt like she did not really get the collaborative team approach. They ran the group with the good cop/bad cop thing but there was not a lot of co-facilitation. One would do the group one morning and the next person would do to group the next morning, so there was no primary and secondary therapist.

Pema had another experience where she had a co-facilitator but he was so uncomfortable with having another facilitator around that he chose to do individual facilitation on different days even though they were part of the same group. They did not co-facilitate nor did they have proper clinical supervision. None of the transference or counter transference issues were addressed so it was just really unhealthy.

One of the other facilitators that Pema worked with towards the end actually had an arts degree and had had some experience with co-therapies. They were able to kind of speak the same language and work with each other. They were able to both facilitate therapy together in the same room, at the same time. This worked well for Pema

Appreciating her Coworkers Despite Frustrations

Pema thought there were lots of flaws in the system across the board, but particularly when it came to safety. Since there were only two women working they were in the minority and that did feel a little unsettling the whole time. She did not feel like there was strength in numbers with women there. For that reason, there were times when Pema valued her male coworker's approach. Essentially the group was comprised of 95% men who were pretty rough and tough looking. Most of them were from the street, on social assistance, and most were in gangs, so she was intimidated. Often times it just did not feel particularly safe with the way the clients were presenting themselves. If she had not had the male co-facilitator who came across as tough, she probably would have felt even more intimidated. Additionally, she did some aftercare work as well, which left her with even more of a sinking feeling because she facilitated that group by herself in the evening. She had upwards of 15 to 20 people in a room by herself and that was suffocating in and of itself. Many of the people in the group were not part of her own group after they left so she did not know a lot of them.

Pema felt that the services available to women in Manitoba was really lacking. There were no women specific programs, at that time so some of the women came into the co-ed program. One of the things that was really difficult to handle for her as a facilitator was that many of these women had a trauma history and here they were in

groups of men. Many of them probably triggered them in lots of ways. If Pema did not trigger them, the men were triggering them. There was a lot of focus on "you have to come clean, you have to talk about your abuse" in the groups, which just did not sit well with her, but she had no power and had no way of changing the system.

Being Unsatisfied With Supervision

The first few years Pema was in the residential program the supervisor was not on site much, he was very absent and then he got fired. Her next supervisor was not academically trained and one of his criticisms of her files was that she wrote too much, that she was too thorough and that he did not like reading it all. This shocked her and was a bit challenging. This supervisor was an old railroad guy and he was just very vulgar. He would frequently say "fucking this and fucking that." When the men at her agency got together in a team meeting it was like they were in an AA meeting. They had just come from a smoke or they were going for a smoke break and they were all saying "fucking this." The program supervisor really did not have the training to be able to provide that type of support and nor did she feel safe enough to engage with him for that support.

She wanted to get more involved in the CODI initiative doing some of the training, so she asked her supervisor if that were an option. She was told that she could not because they could not take her away from what she was doing. She did not get an opportunity to do some of the things that she wanted to do. Pema had been in that type of an environment for the better part of eight years and she had had enough, totally had enough.

Being Transferred to Women's Services

After eight years of working with men, Pema was asked by the executive director to go to women's services and design a best practices women's program because they were in dire need of something over there. Pema did not want to go at that time because she was kind of immersed in her comfort zone in the residential program. Additionally the thought of working with women just made her gag and she thought she could not do it. Pema loathed the idea of being selected to do the women's program because she did not want to deal with a roomful of people like her mother. She could deal with men and men's issues, but her mom went through the addictions agency's residential treatment, which she did not know until she went to work there. She wanted to avoid it like the plague.

On some level it found her. Regardless of her not wanting to work with women her executive director told her that it was not an option and that she was the best one for the job. They had done all kinds of internal scoping out and found that Pema was the best candidate. She felt that she had to suck it up and go and do it. A big part of her decision was knowing that she needed to take the position if she wanted to keep her job. So that was a challenge but it turned out to be a very good one for her. Pema was able to reconcile the issues with her mother quite quickly because she was forced to kind of think outside of the box. She was able to use her experience with her mother to connect with the women who had multiple issues, who were resistant to treatment, and who did not want to be there.

Sadly, shortly after accepting the position at women's services, Pema's son passed away suddenly. Pema went on a bereavement leave for about four or five months and it

turned out that it was a godsend that she went back to women's because if she had to go back and work with young men, she thought that would have just put her over the edge since it would have reminded her of her son that was killed. It was a real blessing for her because she went back to work too early. She kind of threw herself back into researching best practices for women to take her mind off her loss.

Having her Skills Utilized Yet Not Supported by the Agency

Typically, when people are designing a new program it takes about a year to develop but Pema's employer gave her only three months to do all the research, write a proposal and then do all the modules. Initially, she did not realize she was going to do 12 modules and then facilitate it by April. She was not well supported. She was given time but that was about it. She found the experience really interesting in that she learned a whole bunch by doing the research and then through facilitating the program for a year.

However, it was exhausting and it should not have been that way. It should not have been that one person was facilitating an entire room on their own. In the beginning, Pema was the only one facilitating the group and it was hard for her to be in two places at once, manage crises as well as keep the other folks engaged. For instance someone would present under the influence and she had eight women that are waiting to start a group she would have to handle both situations. If the client had been up using all night she needed to figure out how to invite them back into the group with some dignity but also recommend that they go home and look after themselves. Sometimes she would have to call Child and Family Services because clients had left their children for a couple of hours so she would have to invite them to call them themselves while she was present. Or someone was actively suicidal so she could not leave them until mobile crisis or the

police came. Or if someone shows up and they had been beaten to a pulp, they came to her because she was the only safe person they knew. All of those situations took her physically out of the room with the other people. Pema was left dealing with all that and trying to juggle everything else that was going on. She got burnt out. She found that she had no energy left to breathe.

There was very little support from some of the residential treatment counsellors who would now need to share their space with her program. The other counsellors were very averse to harm reduction (which was the approach of the program Pema was developing), as well; they were averse to having to share space for lunches. In that regard, there were a lot of passive aggressive kinds of responses to having a program there. That was challenging and Pema was not expecting all of that which made the job a little bit difficult. After a year of being promised more and more that she would get a co-facilitator, which never happened, Pema looked for another job. She thought they cannot keep doing this; it is just going to suck the life out of her.

Taking a Break from Addictions

She took a secondment and went to do government policy for about a year. She worked in the FASD (Fetal Alcohol Spectrum Disorder) area which related to women's issues, alcoholism and drug dependence. She did lots of networking and gained an understanding of what goes on in treatment for FASD, particularly in First Nations communities. The secondment was also helpful in connecting her with other community agencies that she would not have necessarily been exposed to if she had not left for a year to see what other agencies were like. She got to see what the government supports and

who they fund by going to meetings with them and seeing what other opportunities were out there for women. She was able to bring this knowledge back to her position at the addictions agency. Once the secondment was over she came back knowing that she was not going to stay.

Returning to Addictions with a New Perspective on Service Delivery

Pema consistently felt unsupported by her agency with her plans to improve the program. In the beginning it did not stop her from trying to get the community involved. She asked the director of the agency at the time to consider including other community folks in the program to see if they could get day care through a church, or provide a physical space. The space did not necessarily have to be on-site but in close proximity so the women could have a place to leave their children while they were in programming. Pema wanted to do something at a grassroots level and get some involvement across agencies. The idea was to have women be exposed to all kinds of services in the community. She wanted to have the services come to the women, rather than the women having to go out and try and find their way through when they have not eaten in three days, their kids are in care, they have been beaten up by their boyfriends, they have a Sexually Transmitted Disease and they did not have the wherewithal to get the services.

In addition, she thought it would be helpful to get community agencies talking to one another, to find out what other services were available to the women. She thought it would be helpful to get a face to a name, to a program, all of that. It enhances the community and it enhances programming. Pema just got the sense that it was not really on the agency's radar. That it was not on their top 10 things to do, and she felt as if they

were saying "well if you think that's a good idea then you just go ahead and do that" being rather patronizing. Not really saying "yeah fabulous idea let's try it." She did not receive a lot of overt support for that but it certainly did not stop her from trying and she was able to get some things in place anyway.

Pema enjoyed developing the women's program and was able to make many advancements pertaining to services for women in Manitoba. She arranged to have a *yoga center provide pro bono introduction to yoga for the women in the day program once per cycle. Additionally, she was aware that other agencies actually had it in their mandate to provide education in the community and since they could not really turn her down she decided to incorporate as many services into the program schedule as she could. Pema was able to arrange for women's health clinic representatives and a nutritionist to partake in the program cycle as well as other agencies like sex education resources. All of those people were very willing and wanting to engage and provide services because it was an interest of theirs as well; however it was Pema who took the initiative to organize those kinds of things.*

Continuing To Feel Let Down by Her Agency

There was no clinical supervision at women's services either which Pema really had trouble with. She arranged to have supervision for herself done outside of the agency but no one else that she knew of did. She had to pay for it on her own, so, that to her was a real weakness in the agency. Her program supervisor at women's had a Masters' degree and there were some other people over at women's who had Masters' degrees so at least they were more on the same page. They were able to converse in a language that

she *was comfortable* with. However, no one was able to offer her clinical supervision. Pema actually *became the clinical supervisor at women's for a while, temporarily, and her employer kept saying that they were going to have someone else hired but it was the same story that she had heard before so, she decided to get supervised outside of the agency.*

Contributing Factors Shaping Her Decision to Leave

With the ongoing struggles while developing the women's program and then implementing, Pema desired to work in a different capacity. She really *wanted to do the prevention education piece for women but there was someone in that job who had been there for 20 years and was not going to leave any time soon. The person was very archaic and antiquated, not really progressive and nobody in women's treatment knew her. It just did not make any sense to Pema. She felt they needed someone who was more out there and was more engaged. Finally, Pema thought, by the time the other staff retires, she was going to be getting ready to retire so she better check out now.*

Prior to leaving, Pema *still entertained the idea of staying at the addictions agency. Being that she had been there for a decade and had five weeks holidays, she felt she could not leave because anywhere else that she went she was not going to get that many holidays. She also really enjoyed developing the women's program. Regardless, she realized that she needed a more permanent change. She wanted to be a generalist more than a specialist. It felt like her worldview was very narrow in terms of addiction because of how specialized her line of work was. She wanted to be able to explore different issues and different modalities of treatment. She just needed to get out of it. To*

her, it just felt like she was immersed in addiction, and that she just had been doing it for a long time. She needed a change of pace and needed the change of direction so she began looking for something else after that.

Reflecting on the Utility of Experience Gained While Working in Addictions

For Pema, *the thing* about addiction is that people never leave it. All of the assessment skills that she brought with her and the facilitation skills, she continues to use every day in terms of discussing or determining a person's motivation and level of involvement. When determining what kinds of options were available to her patients she uses all of her transferrable knowledge. It is not something that she can just divorce herself from. It is all part of the skill set that she brings to the job and it is invaluable really.

Pema again works in front line, but she works with family physicians that refer patients to her for general therapy. The job is similar in some ways to her position in addictions, with some differences. She does not run groups and does not do intake specifically for an addictions assessment but that is something that she does ask people about in their first encounter with her. For instance if they are not sleeping well or they are experiencing depression or anxiety she will just introduce it by saying "lots of folks who struggle with anxiety and depression and can't sleep, self-medicate, is that something you have done in the past in regard to alcohol or drugs?" So that often leads them in to, "yeah, actually, I'm just coming from a three-day coke binge". So although it's not an addictions field per se, all of that training lends itself to how she conducts business day-to-day.

She is the first person that they will see typically and she would say that 60% of

them are struggling with an alcohol or drug problem or have come from an affected family system where a lot of what they are struggling with is unresolved family of origin stuff.

Reflecting on Her Experience

In an ideal world, Pema would like to retire and become a yoga instructor. She would not mind going back to school and taking some courses more for interests than anything. She enjoys her current job and is cognizant about not laying blame at anyone's feet around her experience in the addictions agency because it was bigger and broader than her management team. It was more systemic than that, more global. Her managers had to take direction from the board and the board takes direction from the regional health authority and Manitoba health. There was very limited power to be able to effect change however, for Pema just creating the women's day program was huge for her given the limited amount of power that she had as a front-line worker.

Changes to the Written story

Pema made no requests for changes to her written story. She mentioned that *it was fun to read* and that she enjoyed being part of the study.

Jake

Meeting Jake

Jake had requested to meet at a coffee shop. I realized after I had arrived that planning to meet a stranger in a coffee shop could prove to be difficult as I did not have any idea of what he looked like nor did I have a telephone number that I could reach him with. All I had was his e-mail address, so I sent him a message from my telephone hoping that he would read it in time and the session would not be wasted. Luckily he received the

message and we were able to conduct the interview. When he arrived we made small talk for minute or so and then got right into the interview.

I noticed early on during the interview that most of what he was talking about was very general things about his personal experience. I did not feel that I was getting any specific information but I did not know what that was about. I continued on with the interview hoping that there might be more to it once I listened to the recording. Interestingly, I sensed that he took an interest in my project because he had many questions for me around what I was hoping to see come out of the study.

It was not until we finished the interview that he asked me how I knew the gatekeeper. He said she was a good friend of his from back when they went to school and then later worked together. I told him that I had worked with her as well which surprised him because he did not know up until that point that I had also worked in the field. We got talking about my interest in this thesis topic. When he found out that I had worked in the field and moreover had worked at his agency his reaction was quite marked in that he appeared excited. This whole time I was under the impression that he knew I had worked in the field because I figured the gatekeeper would have told him. When he found out he said, "oh I wish I would have known that you worked in the field, there are so many other things I would have talked about!"

We then went on to have a very rich discussion around his experience and mine however unfortunately at this time the tape was not recording. I asked him after if he would be interested in having any of what we discussed put on the record during the next interview. He said of course, so immediately after he left the coffee shop I made notes

around what we had talked about so I would remember what to probe for in the follow-up interview.

The follow-up interview with this participant was conducted in person as opposed to over the phone, which was the case with the other participants. He happened to be in London on business and it worked out that we were able to meet again face to face. During the second interview he shared a much more detailed account of his experience. Many of the issues that he brought up in the initial interview he was later able to elaborate on to offer a much stronger contextual understanding of what his experience was like.

The Global Impression and Main Themes of Jake's story

Jake began his story by talking about his struggles while working in the field. He did not speak much about his personal life. He was married but this did not come up in how he made sense of his experience in the field. Despite that, many times throughout the interview he assured me that he really enjoyed his time working in the field. He holds many fond memories and misses his coworkers and clients. Regardless, the strongest theme in his story was that he experienced countless struggles with underfunding and understaffing while working in the field. The residential facility had no support staff, which meant Jake, and his coworkers were left to handle jobs that they were not hired for. Many of the day-to-day tasks were far below the training he received in University. As a staff, Jake and his colleagues had to bond together given that they had no other choice. They were understaffed and had no director. With the underfunding also came safety concerns. On multiple occasions Jake was put in dangerous situations that could have been avoided had there been more staff. In Jake's opinion it should not have been this

way, there should have been more staff but this was likely due to administration being literally and figuratively removed from where he and his coworkers practiced.

Administration was located in a separate building and spent very little time in the treatment facility. The nature of residential treatment brought Jake down after a while because he would hear traumatic stories over and over. He also came up against some morally trying situations where he would have to make some heavily weighted decisions. There were many ups and downs throughout his time in addictions. Overall he has fond memories but would be surprised if he ended up back working in that line of work.

Jake's Individual Themes

- Dealing with unsafe work conditions and understaffing
 - Breaking up fights
 - Having strangers wander the halls and no one to supervise
 - Heavy weight of responsibility regarding sending people back to jail
 - Having to carry around large sums of money in a rough neighbourhood
 - Had to bond together as a staff
 - Required to do jobs that he was not hired to do
- Struggling with the administration of the agency
 - Admin made the decisions but did not have a clear understanding of what the department was like
- Struggling with the unique requirements of residential treatment

- Having to investigate accusations or reports that would have serious implications on all parties involved
- Issues with shared living space
- Really liking the position and not wanting to leave

Jake's Story

Developing an Interest in Addictions Prior to Taking Position

Jake never really thought that addictions was where he would end up but it just naturally led there after he finished his bachelor of arts. He began exploring his interest in addictions while he was gaining some volunteer experience at an inner city drop in center. Although the center was not specifically for addictions, there were a lot of addictions around obviously.

Feeling Like He Could Have Had More Addictions Specific Training in University

Jake later returned to school to do a bachelor degree in social work. He found his training useful but when he reflects back on his experience, he feels *that it was really hard to specialize in a social work program. There were so many facets to it, from early childhood development to addictions, to working with the elderly, such a gamut. There were a few specific addictions courses that he took which obviously were beneficial later on when he got into that world, but he sometimes thinks that with social work they were trying to prepare people with this whole range of knowledge. However, a person could almost spend four years just studying one area, like addiction. He sometimes thinks that 70% of what he studied did not really apply to his work. Although grasping the concept*

of empathy was important, obviously a person needs more than just empathy to walk into the field and be able to deal with the different situations. He would say that some of those early courses on being able to understand somebody else's situation and what they have gone through was a pretty vital building block for the rest of his career.

Both of his practicums for his degree were specifically working with people in addictions. One was in an addictions treatment center and the other was in a community center where he saw a lot of people with addictions issues come through. Despite feeling like he already had a fair amount of experience in addictions by the time he finished his degree he would say that most of what he learned about addictions he would have learned well after he was done school.

Entering the Residential Program

Shortly after graduating, a friend that he had met years and years earlier who he got along great with in college, got in touch with him about the position that came open at the addictions treatment center. She knew that he was interested in addictions and working in that area so she e-mailed him and asked that he apply. He does not know how the interview went but thinks she kind of influenced them and told them that he would be a good counsellor. He ended up getting the job and to Jake it seemed like a natural fit because he knew he wanted to work in that area after completing his practicums. The agency was a very large organization that offered a wide array of services to the public; addictions treatment was just one service the agency offered. The organization occupied two buildings, which were side by side. Administration and some other departments were housed in one building and the addictions treatment center was housed in the other.

He ended up really actually enjoying the job quite a lot. It was a good challenge and a pretty complex subject area, so he found that kind of exciting be a part of. There was so much there with addiction and it was a pretty meaty subject. The job was in such an intense environment so once he got thrown into the job he learned how to do it pretty quickly.

Dealing with Understaffing

When Jake started his job they were horribly understaffed so he wore a bunch of different hats. Jake started off doing intake and eventually led into doing more hands-on in the field, counselling and teaching. There were three counsellors and himself and that was down from having at least one support worker, three staff, one director and an intake worker. They were running the program with four staff down from seven; it was nearly at 50% of the staff that used to be there before he got hired. Before he got there they just had the counselling staff doing the intake, so it was even more stressful for the staff. He was hired to do intake so that was his primary job. The intake interview sessions happened Monday morning and then there was just a whole lot of follow-up, talking to other agencies, networking and making sure that the place was full.

A further result of being understaffed meant that there was a lot of just hanging out in the main office space and letting people into the building. When he first started, it sounds like a minor thing but they did not have a buzzer to let people into the buildings, so he would have to run down two flights of stairs to let somebody into the building. There was a whole lot of day-to-day, run-of-the-mill kind of tasks, like handing out meds and doing all the phone answering that he and his coworkers had to do. Later on Jake

helped out by *teaching a couple classes a week at least and then had a caseload of anywhere from 1 to 5 clients. An average day would be a couple of counselling sessions, teach a class, and do some follow up with other agencies to keep the place full.*

Positive Aspects of the Job

Caring For the Clients and Becoming Emotionally Involved

In intake he would interview probably 15 people a week who were trying to come into the program and just hearing their stories of what they were dealing with and what led them to their addiction made it pretty easy to get emotionally involved. He was hearing stories that were exceptionally tragic so it was not very hard for him to be sympathetic. Some of the people he was dealing with seemed to be stuck at a certain age so even though he was dealing with a 35-year-old, in some situations they would be acting like a 14-year-old. Trying to have that break through to get them to maybe start seeing the world in a different way, to recognize that they were stuck and that they kept going back in the same patterns was tricky, but Jake kind of enjoyed it. He could see that addictive pattern in a lot of people whether they were substance involved or not. People kind of get themselves stuck in the same loop over and over. He could relate to that in areas of his own life as well. From his perspective it was fascinating to see that and try to work with that. When he would have those breakthroughs with people it was always really rewarding. He enjoyed being able to help them realize why it was that they kept coming back to the same thing over and over.

Pride in Delivering Classes That Had an Impact on the Clients

It was hard for him to come up with a *defining moment of counselling* but there were certainly a few times after some of the classes he taught when he felt like he had made an impact on the clients. He had his set curriculum and the idea was that if the clients were there for the full 60 day or 90 day program that they would end up getting each class one time per cycle. He got pretty comfortable with the material and there were a few classes where he left feeling like it went perfect. There were 25 people, they were all engaged, they were all getting it and it was a good challenge for them. That was kind of a natural high considering it was common to walk into a class of 30 people who were going through the stuff they were going through and feel like he just fell flat on his face, like nobody connected and nobody got it. Sometimes he felt like just keeping people awake was a challenge, let alone actually having an impact. Those were probably his most rewarding moments, when he felt like he really nailed it. Then of course the next time that class came up he might have been overconfident and thought he knew what he was doing, went in and it would just not work at all. But, regardless, he enjoyed those moments.

Difficulties Associated With Working in Addictions***Despite Enjoying the Position Many of the Demands Had an Impact on Him Emotionally***

Jake feels like he was not in the addictions field long enough to get jaded but that the client's stories always had an impact on him, even when he started hearing the same stories over and over, obviously every time he still felt for the person. Every once in a

while though, a story would come along that would just floor him and those nights he never really got a lot of sleep. He just kept playing it over and over in his head.

A particular story that sticks out for him was where one girl that went through the program talked to him about how she was sold as a prostitute by her father to pay off his gambling addiction when she was less than ten years old. That particular story was certainly one that kind of took it to a whole new level for Jake. It was pretty unbelievable. It was a very tough thing to hear, and to realize that stuff like that happens.

Interestingly, he often thought about how easy it was for people to feel sorry for the nine-year-old girl that goes through that experience. However, when they are talking about the 30-year-old person that was breaking and entering and committing crimes, people were less sympathetic towards that. It was easy to forget that that was the same nine-year-old girl that went through that traumatic experience and ended up where she did because of it.

That was one of the challenges for Jake that was frustrating and also good about working in that field because he felt like he could be an advocate for people going through those experiences. He could try to help them understand how they ended up in that place. Jake always said to people, "you know, you're not here because you like to party, you are here because you likely went through something that led you here and this is how you're trying to deal with it. In the past it might've worked for a while but it stopped working and now you are here looking for a different way to cope".

Feeling Well Supported by Coworkers but Not Administration

The counselling staff was great and they gave each other a lot of support despite there being many frustrations that came with dealing with the admin in the agency, considering they were very understaffed. The agency was making all kinds of budget cuts. During the evenings there would be people there to basically act as the supervisor on the floor because the counsellors were gone, but other than that the counsellors had to kind of be that person. They did not have a support worker during the day so Jake and his coworkers had to bond as a staff and really work together. For most of the time Jake was working they actually did not have a director so they had to figure out most of the issues on their own. They did not have any other option. They were doing jobs that they were not really hired to do. They had to help each other out.

The treatment center was just one component of the overall agency and because they often fell well outside of what the other departments there looked like, at times it felt like the staff from the rest of the building did not realize that maybe some of the demands were a little more unique and a little bit different than the rest of the agency. Not feeling like they were properly understood or supported and just the frustrations with feeling like they were overworked was an ongoing frustration. Feeling like the other people in the building did not quite get what they were up to, Jake got the sense that other people were suspicious about his job and thought that it was easier than it actually was.

Safety Concerns Resulting From Being Understaffed

Jake would be trying to do an intake interview but since they did not have a support worker sitting in the office looking at the monitor to see if people were waiting

outside, it was his job to run downstairs and let people in. He would bring them all in to the waiting room and then take them out to interview one-on-one leaving the group of 15 new people, that none of the counsellors knew, in a room by themselves. Who knows what they were doing, they could be wandering around, going in rooms, stealing stuff, fighting, whatever they wanted and Jake was there on his own, stuck there letting people in, segregating these people. Every once in a while he would come back from an interview and there would be someone wandering around the halls. Without a support worker who managed the door Jake had to worry about being in two places at once. That was a huge issue of safety because they did not know that person, or what they could have done, so it was just not safe and not the way that it should have been.

The other thing was that the whole time he was doing the intake interview sometimes his mind was not even necessarily on the interview. He was trying to pay attention to a sound that he was hearing or looking out for somebody wandering around. Shockingly, that was the five or ten minutes that he had to assess whether this person was suitable for the program and he was not even able to focus on doing the interview because he was worried about the safety of the other residents.

Lack of Administrative Support and Understanding

When dealing with people who were extremely addicted to heavy substances and were just coming off of them, they can be pretty volatile, violent and not horribly rational. The agency did not have enough staff to supervise. They were trying to do it all on their own, while also counselling, teaching classes and doing everything else that they had to do. By any addictions program standards, the way the agency operated was very

unprofessional because the staff were just doing way too much, way more than they needed to be doing. It was definitely pretty taxing and created some very unsafe working conditions.

Feeling Unequipped to Deal with Dangerous Situations

There was one situation where Jake was caught in the middle of a fight. Two guys, who were actually roommates, were having a bit of a dispute in the support worker office and it got very, very heated. At the time Jake was new to the profession and felt he did not really have very good tactics and education to know exactly what to do when talking to someone who was in a rage state. He recalls that he was trying to calm the guys down while trying to save himself. That was definitely a terrifying situation for him. Luckily another coworker came in between the two clients and they were able to put a stop to the fight.

At times Jake would have to carry large amounts of cash on him, which was another safety issue. He would have cash because a client would have to pay for a deposit for their key, or a few of their clients would self-pay for the program. The way the buildings were set up, Jake would have to walk outside and around the back into the admin side. He never really felt comfortable walking around in that area with \$3000 in his pocket. The area was really rough and every second person that walked by could have an addiction and want that money. He never did care too much for that part of the job. Had the agency hired extra staff it could have really helped out but as it was there was no such thing as asking somebody to escort him over to the other facility because there just was no extra staff.

He does not *know what administration's defense would have been if something had actually happened. It was the environment that they created and they knew the staff's concerns but did not adjust for them. Luckily nothing ever did happen but it certainly could have. It was just ridiculous, there needed to be a least two people doing his job, if not three. Situations like these were pretty common and he did what he had to but it was definitely very frustrating.*

Struggle with Clients Deceiving Him

Jake was getting better at trying to interpret what clients were saying towards the end of his career but it did take a while. His whole life prior to working in addictions had consisted of *talking to people and having some reasonable expectation that they were telling him the truth. He wanted to believe people. He then found himself in an environment where all of a sudden, people were just trying to pull the wool over his eyes, trying to get away with something or were trying to manipulate a situation for their own good. That definitely made things difficult but that was just part of an addictions counsellor job, trying to figure that stuff out. He got better at reading a situation for what it was and trying to get to the bottom of things. Still it was hard to look at somebody, being a 20-year-old, and tell them that he thought they were lying or that he did not think they were telling him the truth. It was a pretty intimidating world. He was nearly 25 or whatever and had all of these people who have been in this hard and crazy world for the last 30 years or whatever and they were looking at him like "this kid does not know what he's talking about."* He developed a pretty thick skin and learned how to stand up for himself and be firm and strong.

Feeling Weighed Down by Responsibility

There was a situation where they thought that somebody had maybe crossed a sexual boundary with another client and they had to make a decision because the client was somebody that came straight from custody into the program, so if anything went wrong they were to call his parole officer and he likely would have been breached and sent back to jail. It was a heavy responsibility for them. The situation Jake was involved in seemed like it would warrant calling this client's parole officer. At the same time Jake really did not want to have to do that especially if he was innocent, and obviously nobody was ever telling him the truth but there were always politics on either side. It could have been just as much that the girl did not like the client, but Jake did not want to discredit her if she was telling the truth. Jake was trying to work his normal day and at the same time try to deal with the situation. He tried to confirm with other staff but ended up feeling like he was being influenced differently by different staff as well. Some were saying that they did not like that guy, he needed to leave, and another staff was saying well let's not rush to conclusions. He was being pulled in all different directions and did not know what to do but also he had this trip to Hawaii for Christmas holidays in his head, which he was excited for. That day he ran around for eight hours and then went home and just collapsed because he was so worn out after all that stress.

Jake was required to make heavy decisions on a regular basis and that *never quite* sat well with him. When he realized the responsibility that he had in that role he took his job pretty seriously because he was dealing with people's lives. His decision could affect their lives in such an extraordinary way. Every day at his job he had to make spur of the moment decisions that could have a pretty big impact on somebody else's life and on his

own. He would often go home thinking that he couldn't believe that somehow it was up to him that day whether or not a client went back to jail. They may have had two years left on a sentence technically so it was a big deal to send them back to jail for two years on an accusation that may or may not have been true. He just kept thinking that it was so bizarre that he actually would have had a say on whether or not that it happened. On the flipside of that he could not help thinking about what would happen if he made that phone call, the client went back to jail and then he ran into that guy in a back alley somewhere. It would be understandable that he would hate Jake. So that definitely influenced his decision to call or not because it was a pretty weighty issue.

Being Placed in Between Administration and Staff

Jake's main job was keeping the beds full. Still, he got the impression sometimes that the administration did not realize that they were actually trying to run a program and not just trying to fill the beds. There was more there than just keeping every bed full and having full programming. Jake actually wanted to try to reach out to make a difference in the clients' lives. There were definitely struggles more so in that kind of a facility because a large part of that building was a shelter for people who just want to stay there, but what Jake's department was doing was offering a service while people were staying there. He does feel that there was a bit of a disconnect in terms of what admin thought his job was, compared to what he knew his job was.

He was often left with an uncomfortable feeling when he was trying to fill all the beds because on the one hand he had pressure from above saying that they did not care who was accessing he just needed the beds full. That meant he had to accept people into

the program that he knew were going to be an issue for staff. He had pressure from both sides and it was hard to know who he was supposed to listen to because on the one hand, the person that was signing his paycheck was telling him to fill the beds. On the flip side, he had to work with the people that were frustrated at him for bringing in people that they were not capable of working with. There were definitely times where he would talk to the staff and just say "look there are people coming in today that were not necessarily my first choice but I'm sorry, we'll just have to make do with the situation, this is why I had to do it..." Obviously the longer he worked there the more comfortable he became with the staff and the easier it was to have discussion with them but, when he was dealing with staff who had been there for a few years and he was brand new, it was a little more awkward.

As time went on they all realized the situation for what it was and they knew that there were financial pressures all around and they just had to do what they had to do. The other part of it too, was when they had too many residents in the program it was harder for the staff to be effective, especially if the client was in primary care. When the counsellors have 27 clients on their own primary care caseload and they all need one-on-one counselling, all need group counselling and they all go to classes; the workload was so high. This was especially problematic considering the counsellors were not approved for any overtime. It just ended up being a lot of extra free work that they ended up having to do because it took that much longer. Jake may never know if other people he worked with sensed that pressure and he does not think it was totally unique to just him but it felt uncomfortable because he was actually dealing with people and not product so he felt a huge sense of responsibility.

Appreciating the Continuing Education Available

Towards the end of being at the addictions agency his team did a bunch of courses at the government run addictions agency in Winnipeg. They were mostly short one, two or three-day courses. Jake felt that some of them were good. There were definitely some that were specific to addiction, so that was good. However, he kind of knew at that point already that he was not sticking around so he did not sign up for a lot of the courses that he would have otherwise.

Moving Forward and Making the Difficult Decision to Leave

By the end he was doing as much one-on-one counselling as intake. He felt like he was just starting to get his feet wet with the counselling side of things when he left. He thinks he had a good grasp of addictions and feels like he is good with that population. He worked well with them and was just starting to kind of develop strength to be able to really contribute. Jake certainly did not leave because he did not want to be there anymore. He actually only left because he played music and had some pretty good opportunities with it which included a lot of traveling. Work and his music career were just going to conflict in a way that he could not make work. His exit story is not very exciting other than he just could not ask for a month off and then be back for two months then ask for another month to accommodate his tour. It was definitely a super difficult decision to have to make and he tried to think of it from every angle but could not find a way to stay and still be able to go on tour. It was hard.

The difficult thing about leaving was that they had just hired one of the counsellors as the new director and they had offered Jake a full-time counselling position.

The timing was a little bit awkward because he could have just moved into that role, which would have been an exciting thing for him. He thought he was finally having a breakthrough where he was getting to a new level of being able to work with clients. In a way it was kind of too bad that he left when he did because the thing he was there to do was finally opening up but it was just time that he had to move on.

He was actually really sad to have to move on and remembers when he told the class that he was leaving. It was pretty emotional because it had been a thankless position the whole time he was there until he told people that he was leaving. All of a sudden they told him how they felt about him and he had no idea. He did not think anybody cared, so that only made it harder when he realized he actually was appreciated. Some of those people he saw two or three or four times during the year and a half that he was there because they would keep reapplying. In the intake position especially, he sort of became the face of the program. They really came to relate to him, and knew that to get into the program they had to go through him, so he definitely formed a bond with people. Even now when he sees people on the street there is just that connection there with them. They are always excited to tell him how they are doing.

Following His Passion of Music

Music takes a lot of Jake's time and he wishes he could say that he is just playing music for a living but his music goes in spurts. Right when he first left the addictions position he had just put out an album so then he was touring quite a bit and the last couple years it has not been as much but he is just getting ready to put out a new album so then he will be out a whole lot again. He still stays very busy with music and that is kind of his whole life.

Everything is based around being free so that he can leave when he needs to leave and then come back and work when he is able to. He works for his father-in-law doing construction and has his own construction work as well. It is easiest to have a job where he can have that flexibility. That is kind of where he is at right now. He feels weird after having used his head for work for so long, to go back to using his hands and body. Jake never imagined going back to working in construction once he started working as a social worker, but then here he is. The reality is he probably could have had a job back in a field somewhere over the last couple years because he was home quite a bit.

Reflections

Jake cannot think of anything he would like to see different because he really did kind of love the position that was there already. He liked that he wore all the different hats. He does not think he could just sit in an office and council for eight hours a day but he also could not sit at a desk and just talk on the phone all day either, so it was nice. It was a bit of everything and it worked for him. He got to stay active all day and was always doing something different so he definitely liked that part. He cannot imagine doing that job and being transient the way that he would kind of like to be. It is kind of hard to know how it would look if he were still in that position but that was kind of his ideal job in a way.

Since leaving Jake has realized that he really likes being self-employed and doing his own thing and can make his own schedule. However, he also loved everything about the addictions job other than somebody saying he needed to show up at nine and he could not leave until five o'clock. They gave him two weeks off every year but other than that

they expected him *there, eight hours every day*. He did not *like working in those confines so that part of it was tricky but obviously he knew that there was no other way that he could do it so he does not know how it would ever work*.

Conflicted About Going Back

He would love to see himself in a position where he would be self-employed and would have time to contribute to that world somehow. He does feel like he is good with that population so would like to find some way to still stay involved. He always felt a sense of connection to the experiences he had working in addictions and working with that community of people. He probably would not be interested in a full-time position but would like to volunteer, or be on a board where he could feel like he was influencing something.

It was definitely a tough thing to leave and Jake does not know if he will go back into that field. He tried to remember when he left if he thought he would go back in or not, and he does not know what he was thinking at that time. He knew that he needed a bit of time off and just could not do it anymore but he does not know if he was thinking that he would ever go back. He feels now like he would sort of be surprised if he did go back although, he does not really know why. Some days he thinks about going back but there are other days where he is just really happy that he is not there. If he did end up back he might be happy but at the same time he would be surprised about going through all the steps required to end up back there.

Feeling like Getting Back Into that Line of Work Would Take Immense Time and Effort

There is a whole world built around it with its own vernacular, its own subculture and every year that he is not involved, that world and the language changes little bit. Policy and practice evolves, and there would be a whole lot of learning needed to just walk back into that role. He fears that he would probably come across as offensive and not do his job because everything has changed in the last two years. There is a whole fear of going back to a job in a profession that he has not thought about for almost 3 years now. He feels that he probably would not interview well because it is not fresh in his mind and he has not been in that world for so long. He would be scared answering interview questions and feels like it would take some practice time and homework and a bunch of refreshing to feel comfortable in that space again.

Jake does not want to make it sound like returning to the field would be a last resort. If he was in a position where he needed the stability of more 9-to-5 then, it is a place that he can picture himself going back to. He feels great now between music and some of the stuff he does. He has a life that he is happy with. If things outside his life do not necessarily work out, speaking honestly he actually has a lot of fond memories of that addictions world. He was in such extreme situations with his coworkers and clients that he really did form a pretty tight bond. He is not leaving with any bitterness. He obviously had some frustrations with how things worked and he thinks some things could be better or worse but overall, they were a great group of the people. They really cared about each other. He had an overall pretty good experience and does not really harbour any bitterness at all. He really actually loved what he did. He thinks when he left he probably would have thought he would definitely end up back there. Times have changed and he

does not feel that way right now but is certainly glad for the experience that he had. His life has changed so much in the last three years and he does not really feel like the same person that he was back then, not for any better or worse.

Changes to the Written Story

Jake approved of the written story without requesting any changes. He said that he enjoyed reminiscing about his days working in the field. Jake also requested to hear back about what comes out of this project.

Conclusion

This concludes the chapter of the presentation of the individual stories. The purpose of presenting the individual stories along with the various individual themes was done to highlight the uniqueness of each participant's experience. The stories are vastly diverse in many ways yet there are commonalities across all. In what follows in chapter four, I will discuss the common themes that emerged through the second stage of analysis of the individual stories. Through utilizing a narrative structure for the interviews, a rich, meaningful description of each participant's recount of his or her experience was captured. It is critical to point out however that this would not have been possible without the enormous offering by the participants. They invited the readers into their world to hear the story of how they made sense of their experience of leaving the addictions field.

CHAPTER FOUR: INTEGRATIVE THEMES, DISCUSSION AND FUTURE CONSIDERATIONS

In this chapter I introduce the interpretation of the across narrative findings based on the individual stories. As previously discussed in chapter 3, the stories were initially analyzed independently in a holistic format outlined by Leiblich et al. (1998) to determine themes within the individual narratives. In the second stage of analysis a critical lens was again applied, this time to explore for instances where issues of power could be seen across the narratives. The narratives were viewed through a lens that illuminated areas where further education in the field of addictions counselling is potentially warranted. It was clear from the individual narratives that the process of leaving the addictions field is multi layered and did not occur in a linear fashion. What resulted through this second stage of analysis were six common themes, which will be discussed in this chapter.

In what follows, I discuss these findings in relation to the previous literature on addictions counsellor turnover. Subsequently, through analysis of the findings various aspects aligned with concepts from a health professional education perspective. I engage in a discussion of these findings related to three concepts in Health Professional Education:

- Certification leading toward a professionalized workforce
- Espoused Theory versus Theory in Use
- The Role of Reflective Practice

The implications derived from my study are discussed. Areas for future research regarding managerial support and programming considerations, as well as addictions counselling practices will be highlighted. Upon reflection, various new insights in relation

to “My Story” have surfaced as a result of conducting this thesis project and they will be explored later in this chapter. I will end with a discussion about final considerations, which include the limitations of the study, both conceptual and methodological.

Common Themes Across Stories

Prior Education Did Not Prepare the Participants for Work Specifically in the Addictions Field, but On-going Professional Development was Helpful

All of the participants mentioned finding their university training to be lacking when it came to specifically preparing them for working in the addictions field. This finding fit with and expanded on the previous literature (Roche, 2009; Shoptaw et al., 2000). The previous literature suggests that education is an individual factor contributing to turnover; however the results from my study indicate that it may be a more systemic issue. Of particular importance, Mulvey et al. (2003, p. 55) conducted a cross sectional analysis of the treatment workforce in the United States and found that counsellors were “well educated.” They found that the majority of counsellors held at least a bachelor degree and that many held graduate level education. What they do not discuss is how well prepared the counsellors felt in practicing in the field. In my study, according to the criteria outlined by Mulvey et al. (2003) all of the participants would be considered “well educated” however, none felt that the education prepared them to work in the addictions field. The current participants’ backgrounds included nursing, education, social work, and Masters’ of counselling. Despite the wide range of backgrounds, all of the participants found that they were not adequately prepared to deal with everything that *comes through the door* in an addictions agency. *Anna had never taken any courses in that area.* *Rena found that her education was...valuable yet quite lacking* when it came to addictions specific work. *Pema noted that she was not trained as an addiction specialist like some*

people could be. Finally, Jake felt that *a person could almost spend four years just studying* one area like *addiction*. To varying degrees the participant's training prepared them with different transferable skills such as crisis management, fundamental counselling skills and empathy. However they all mentioned having not received training for working specifically in the addictions field.

All of the participants found the addiction specific in-house and outsourced training to be helpful. Given that upon entering the field, each felt that their education was lacking, they readily participated in any courses offered. Anna *appreciated that she had access to training if she wanted it*. The *professional development* courses Rena received in the addictions position *were very good*. She felt she had *a personal lack of confidence* so for that reason, took advantage of *all the training she could get*. Whatever her employer *offered she took and thought they were all great*. Pema felt that the addictions specific courses offered by her agency *were actually fairly well presented and helpful*. The participants mention finding the courses useful and that they would have signed up for more had time permitted. Jake for example *kind of knew at that point already that he was not sticking around so he did not sign up for a lot of the courses that he would have otherwise*. Additionally, all felt there was always something more to learn in an environment like addictions, as Rena mentions, where the different models are *always evolving and changing*.

Essentially, despite being highly educated, addictions counsellors are not being adequately trained to work in the specific field like addictions. Although the participants all talk about the benefit they gained from the on-going professional development, all discuss feeling unequipped to deal with the addictions specific side of counselling. Across Canada numerous addictions specific certification courses are offered however there are

barriers to accessing this form of extended education. More will be discussed regarding these barriers later in the chapter.

Impact of Centralized Decision Making on Counseling Staff

The agency management, administration, board of directors and the provincial government frequently made decisions on issues that directly impacted the counselling staff. The management rarely considered the requests that the participants made. Moreover, counsellors were not consulted or given options around many of the decisions made by those in a position of power. Most of the time, the people who were making the decisions were far removed from the actual department where the change would be noticed. The participants all felt at times that the decisions made by the management or those further removed from the agency, were not a reflection of what would be the most beneficial to the counselling staff. These decisions greatly impacted the front line workers as well as the clients. For Anna and Rena, the decisions made by the agency management directly shaped the decision to leave each of their positions. For Pema and Jake it was less of a direct shaping by the agency management as it was an on-going struggle to have their concerns heard. These findings are similar to those found in the article by Knudsen, et al. (2006) around workplace justice, such as fairness in decision making and work distribution. The following sub themes that were extracted regarding decision making will be discussed to highlight the wide array of struggles that each of the participants faced regarding centralized decision making.

Requests to Work Part Time Were Denied by Agencies

Just prior to Anna returning to work after her maternity leave she was notified by the management that her position would no longer be renewed at a part time capacity. She was given the option of taking on a full-time counselling position covering twice the area

and number of students, but it was made clear to her that her previous position no longer existed. The supervisor *made it very clear* that because of the circumstances of the school situation, the agency did *not want that position job shared anymore*. Given that full time was not going to work for Anna she felt forced to resign as there were no other options for employment in her community.

Rena had a similar experience when she returned from medical leave. She had requested to work permanently at a part time capacity, but was also denied. Both Anna and Rena noticed a huge difference in their quality of life after moving to a part time capacity. For Anna she was able to spend more time with her family and could make connections for them in the community. For Rena it was her mental health that benefited the most through working part time. She *felt stronger and more equipped* to deal with the work related stress and emotional exhaustion. She was more able to be present while working with her clients. Rena had made the request on two separate occasions. The first request was just prior to going off on the yearlong leave of absence. The second request was four days after returning from the leave of absence. Both requests were denied. For that reason, Rena left her position to take on a different position in an unrelated area.

Rena still struggles with seeing the value in this decision made by the agency. She *was not really surprised* that the requests had been denied *because she had just been told that they were moving away from having lots of people in part time roles as it is more expensive due to benefits and administration cost*. Regardless, Rena *thought that if they looked at the bigger picture, if it helps them retain good staff, it might be a good investment*. Similar to Anna's experience, since Rena *knew she could not do the addictions job full time she resigned*.

***Decision to Pull Counsellors from One Position and Move Them to Another
Regardless of Counsellor Preference***

After eight years of working with men, the director of Pema's agency decided that she was the best person to develop and facilitate a women's program, as mentioned in her narrative. Pema was not asked if this was something she would be interested in, she was *told* that it was *not an option*. Pema *loathed the idea of being selected to do the women's program because* she did not want to *deal with a roomful of people like her mother*. She felt that she had to *suck it up and go and do it*. A big part of her decision to accept was *knowing that she needed to take the position if she wanted to keep her job*. Similarly, Jake was also required to *wear many hats*. Initially he liked this but over time felt like he was *being pulled in multiple directions*. The concerning part was that the agency did not consider the counsellors' perspectives.

Request for Training Opportunity Denied By Agency

Both Rena and Pema made requests to receive training or be able to participate in the development of training programs in areas that they individually felt were much needed given their line of work. Rena wanted training on compassion fatigue for her and her team given that many of them had expressed possibly suffering from this condition. For Pema, she wanted to become more involved with the CODI training because to her it was an important area that needed more attention. Both of these requests were denied. The reason offered for the denial of the requests had to do with the counsellors not being able to leave their post. Specifically for Rena's team, *it had to do with having already used too much PD time or that they needed to spend more time at their schools*. Pema *asked her supervisor if becoming involved with the CODI training was an option but she*

was told that she could not because they could not take her away from what she was doing.

Both Rena and Pema were frustrated that their requests were denied. Rena felt it *was a lack of respect and support as well as was invalidating of the stress that her and her coworkers were experiencing. They were saying there was a need for this type of training, because this was something they were experiencing, only to have had it turned down on the supervisor level.*

After being denied her request Pema questioned whether or not she should remain loyal to an agency that does not take her requests for improving her work life seriously. She became fed up. *She did not get an opportunity to do some of the things that she wanted to do. Pema had been in that type of an environment for the better part of eight years and she had had enough, totally had enough.*

Underfunding Led to Understaffing and Meant the Counsellors Were Pulled in Many Different Directions

Pema and Jake (as mentioned above) were both frustrated with the understaffing in their departments. Both had voiced concerns to their management and administration. It was likely the result of underfunding, which had an impact on their wellbeing. Pema and Jake were both left to handle multiple crises on their own. Pema was left to develop and facilitate the women's day program on her own and Jake was required to do many daily tasks that were beneath his level of training.

Despite multiple requests by Pema, for a long time the management did not approve a co-facilitator for the women's program. She was forced to manage everything that presented itself, often meaning she needed to be in two places at once. As mentioned in her narrative, sometimes she would have suicidal clients in group or have someone

disclose something she needed to report, or someone would show up because they needed her support. *All of those situations took her physically out of the room with the other people. Pema was left dealing with all that and trying to juggle everything else that was going on.* Jake had a similar experience in that he also felt pulled in many directions due to understaffing. Due to the underfunding Jake was required to do *a lot of day-to-day, run-of-the-mill kind of tasks, like handing out meds and doing all the phone answering.* Jake and his coworkers were doing jobs *they weren't hired to do* because without support staff, someone had to keep the office running. Most critically, the understaffing led to some immeasurable safety concerns. They were running the program with *four staff down from seven.* Jake would be trying to do an intake interview but since they did not have a support worker sitting in the office looking at the monitor to see if people were waiting outside... *they did not have a buzzer to let people into the buildings... so it was his job to run down... two flights of stairs... and let people in.*

As mentioned in Jake's narrative, the lack of support staff created a major safety concern for him, the other staff as well as the clients. Jake and his coworkers were working in a facility that was operating below any addictions treatment center standards. *They did not have enough staff to supervise. They were trying to do it all on their own while also counselling, teaching classes and doing everything else that they had to do.* The staff was just doing way too much, way more than they needed to be doing. To Jake this was a huge safety concern, they were each forced to take on more than they could handle all because of *budget cuts*, which led to understaffing, and this was *not the way that it should have been.*

Jake was left to attend to multiple things at once with no way of knowing what was going on in all areas of the facility. Intakes were done on one specific day each week

and the people who accessed were unknown to the counsellors at that time. Jake would bring them to the waiting room and *then take them out to interview one-on-one*. This meant *leaving the group of 15 new people, that none of the counsellors knew, in a room by themselves*. Jake would be trying to conduct the intake interview all the while wondering what the strangers were doing. *They could be wandering around, going in rooms, stealing stuff, fighting, whatever they wanted*. Jake was *there on his own* to deal with all of that. Every *once in a while* he would *come back from an interview and there would be someone wandering around* the halls. Safety concerns of this nature were common in Jake's work environment.

Direct and Indirect Pressure to Maintain High Caseloads

As found with previous research, caseload was found to significantly contribute to turnover (Shoptaw, et al., 2000). However, the methods used to study this concept in previous research led to a very general understanding of the meaning of workload to the respondents studied. Specific details regarding caseload were provided from my study. Three of the participants talked about maintaining high caseloads of clients, over and above what they felt comfortable with. For Rena, she was never told that it was okay to take time in between sessions to regroup or that paperwork, answering phones and debriefing were *part of the job too*. She was surprised to learn about waitlists while working at other positions since leaving the addictions field. She thought that since there were five periods in one day that meant she needed to see five clients. Pema *was just totally mentally exhausted* after facilitating an entire program by herself, despite requesting help multiple times.

Jake's situation was a bit different in that he was deliberately told by the administration that he had to fill the beds. Jake had *pressure from above saying that they*

did *not care who* was accessing he *just needed the beds full*. As well, he had pressure from his coworkers who were upset with him for *bringing in people that they were not capable of working with* because they *needed help beyond what staff could supply*. On the one hand he was told one thing by the person *that was signing his paycheck* and on the other; he had to work with the *people that were frustrated at him for bringing in people that they were not able to work with*. A marked power differential can be seen in this example. Furthermore, the problem was even more multi layered. It was also a moral dilemma for Jake because he *actually wanted to try to reach out to make a difference in the clients' lives*. To him, having an overfilled facility meant that the care given to each client was diminished. He *does feel that there was a bit of a disconnect in terms of what administration thought his job was, compared to what he knew his job was*. By overfilling the facility it was *harder for the staff to be effective* with offering care. *The workload is so high* especially considering the counsellors were *not approved for any overtime*. *It just ended up being a lot of extra free work that they ended up having to do because it took that much longer*.

Realizing That the Control Was Often Out of the Management's Hands

Although Pema had various struggles with the management, she does not wish to totally blame the agency for her experience. *It was bigger and broader than her management team. It was more systemic, more global than that*. She was aware that many of the decisions were made in a top down fashion: starting with the provincial government, moving to the board of directors and then to the agency management. Many of those involved in the decision making process were the furthest removed from the frontlines. For that reason Pema took pride in the changes she was able to enact through

the development of the women's day program. It *was huge* for her *given the limited amount of power that she had as a front-line worker*.

Similar to previous research conducted by McNulty et al. (2007), decisions were made in a top down manner at the agencies used in their study. This method of decision-making was significantly negatively related to organizational commitment. In my study, top down decision-making was frustrating for the participants in that they did not have any control over the decisions that were made. In addition, they did not feel that their voices were being heard when they spoke out against the ruling body. Often the person or board making the decisions was far removed from the department where the front line workers were situated. The result was that counsellors were required to implement changes even if the change was not feasible for the department. The decision made by those in higher up positions led to dangerous work situations or put the counsellors in difficult positions. Ultimately, decisions made in this manner had a strong impact on the counsellors. The combination of gradual disappointments over time for some, or one major decision for others, led the counsellors to leave the addictions field completely.

Impact of Lack of Support from Various Levels of the Organizational Structure: Program Managers, Clinical Supervisors, Directors and Administrators

Support from the organizational structure played a major role in shaping each individual's experience in the addictions field. Throughout each individual story the reader can see how, at times, the participant was unsupported or even taken advantage of by those governing his or her agency. Rena and Pema noticed a definite flaw when it came to clinical supervision. Although, in some instances clinical supervision was available to them, it was not necessarily accessible or useful.

Rena, Pema and Jake did not feel supported by the management at their agencies. Some of the issues experienced related to the individual practices of the managers while others were more systemic. There was little emotional support offered when counsellors were exhausted from the nature of their work. As well, there was little program support, which was the case with Jake, in that there was no director for the entire time he was working in the field.

When Rena returned from her leave she was met with skepticism from her program supervisor. *It bothered her that her supervisor suggested that maybe things were going on at home that were impacting her ability to do her job.* Neither her program nor her clinical supervisor checked in with her. She was upset that her experience *was never really validated.* This *lack of concern* led her to internalize the situation; it made her *feel kind of ashamed, like she had failed to hold it all together and had to take time off.* Rena felt that maybe a little more recognition of the problem for what it was would have been helpful, instead of assuming it was something outside of work that was contributing to her emotional exhaustion.

Pema's first supervisor was *very absent* and ended up getting fired. She differed quite substantially from her second supervisor in terms of understanding and approach to addictions counselling. He criticized her files because *she wrote too much, was too thorough and that he did not like reading it all.* When her supervisor was on site his feedback was challenging for her to accept. He was *not academically trained* and *really did not have the training to be able to provide the type of support that Pema needed, nor did she feel safe enough to engage with him for that support.*

The director of the agency requested that Pema develop and facilitate a community-based women's program. The logistics of this request were discussed

previously in this section but the issue regarding support from the management will be discussed here. Pema was given time to develop the program however, this time was very limited. *Typically, when people are designing a new program it takes about a year to develop. Pema's employer gave her only three months to do all the research, write a proposal and then do all the modules. Pema was not well supported in her task of developing the program. Developing and facilitating the program took its toll on Pema and she got burnt out. It was exhausting and it should not have been that way. She was fed up with promises the management had made to her that never fulfilled. After a year of being promised more and more that she would get a co-facilitator, Pema looked for another job. She thought, they can't keep doing this; it is just going to suck the life out of her.*

When Pema was developing the women's program she had requested to involve other agencies in the community. This was done for the purpose of getting the clients more connected with other services out there. She was met with apathy and little support from the management to help her in this meaningful endeavor. *She just got the sense that it was not really on the agency's radar. Despite not receiving any overt support it certainly did not stop her from trying and she was able to get some things in place anyway.*

As mentioned above, Jake was in a different situation altogether. He did not have any form of supervision. He was managed by administration, which was located in a completely different building. *For most of the time Jake was working they actually did not have a director so they had to figure out most of the issues on their own, they did not have any other option.* This is similar to the findings by Broome et al. (2009) whereby

counsellors who felt they were not supported by their management or administration reported higher levels of burnout, which contributed to turnover.

Clinical Supervision Was Not Always Available and When Available Was Not Always Accessible or Useful

Anna and Jake did not mention clinical supervision being important to them; although it was available to Anna it was not an option for Jake. Rena and Pema both strongly felt that clinical supervision was a critical component to support, development, and retention of counsellors in the addictions field. There was a clinical supervisor on staff in Rena's department, however there were various barriers to accessing the support. The location of the clinical supervisor was a barrier. Rena worked outside of the major center where her clinical supervisor's office was located and the support was not easily accessible. In addition, Rena mentions that having to request this support was also a barrier. She would have preferred to have set times or scheduled meetings as opposed to having to call and ask for support. She wanted to appear *competent and good at her job* therefore was *reluctant to call and ask for assistance*. In addition, the same person who did her evaluation was clinically supervising her so that was also a barrier to her seeking this support.

For Pema, there was no clinical supervision available at all, which to her was a considerable weakness of the agency. Pema paid out of pocket to have someone outside of the agency offer her clinical supervision. Throughout her time in women's services she made multiple requests to have a clinical supervisor put in place although this never unfolded. Pema actually *became the clinical supervisor at women's for a while, temporarily, and her employer kept saying that they were going to have someone else hired but it was the same story that she had heard before.*

The Importance of a Cohesive and Supportive Team of Coworkers

Having a cohesive team, as well as feeling appreciated and supported by coworkers was a repeated theme throughout all of the participants' stories. Teams were referred to differently among the participants. Some were referring to a team being staff from multidisciplinary backgrounds. Some were referring to a group of counsellors in the department who held similar counselling positions. In a different way, some referred to their team as being counsellors in other geographical locations within the province whom they would meet once a month to debrief their caseloads and receive support. While others used the word team to refer to those that they worked with on a daily basis. Regardless of whether or not the participants had positive or negative experiences with their coworkers, all of the participants stressed that having a cohesive team of coworkers was critical in the addictions field. As Rena mentioned in her narrative, *there can never be enough of that type of support in a stressful job like addictions counselling.*

Many teams in addictions treatment centers are composed of people from various disciplines such as counsellors, doctors, nurses, psychologists, and support staff (Keller & Dermatis, 1999). The multidisciplinary assembly can bring about many struggles with communication as well as allowing each individual to find his or her place on the team. Anna enjoyed working with a team of people from different education and training backgrounds because it *brought richness* to the program. Conversely, with this richness also came struggles given that her coworkers *had very different kinds of ways of approaching things*. There was *a huge difference in perspective*. It was a struggle initially to determine *who does what*.

For Pema the struggle was more around interdisciplinary issues regarding teamwork. Although each person may be classified as a counsellor they often came from

very different backgrounds. Pema really struggled with having the other staff members recognize and appreciate her approach to addictions treatment. Many of her coworkers were *experientially trained* and would often point out the fact that she *was academically trained* so how *could she possibly know anything about addiction*. They made her feel ostracized, like she was not *part of the club*. She mentioned in her narrative that this behavior did not create *a sense of cohesion or professional diplomacy in the group room*.

Upon leaving, Anna, Rena and Jake spoke about the sadness they felt having to leave their teams. This was a very important part of their life, not just in their job. *Although Anna wanted to be at home she also wanted the work team part. That was very much part of her life too above and beyond the paycheck. It was sad for Rena to leave the job; the best aspect of it was the support she got from the others on her team. For Jake, the counselling staff was great considering they were very understaffed and the agency was making all kinds of budget cuts. Jake and his coworkers had to bond as a staff and really work together; they had no choice given that they did not have a director. All of the participants still maintain contact with their coworkers despite having left the field.*

The Work in Addictions is Challenging

Heavy Responsibilities without Power to Fulfill Them

In my study, all of the participants' positions entailed a large burden of responsibility. This aspect was not shown in previous research, potentially given the different theoretical paradigms in which the authors were working from. In my study, Jake spoke about the burden of the outcome of his decisions regarding sending clients back to jail. He had a hard time fathoming that he was responsible for these kinds of decisions. He had to consider various factors prior to making his decision and he *did not take this responsibility lightly*. First he would have to consider the impact this would have

on the client, especially bearing in mind that he may not be hearing the truth from any of those involved. Second he had to consider his safety given this *weighty issue* and the impact it could have on him personally if the client held a grudge.

As mentioned in Pema's narrative, she would at times have women come to her for help because she was the only safe person they knew, for that reason, she wanted to be able to help them. For Anna she found she was sacrificing time at home with her family because she was compelled to return to work in the evenings should she have left something undone. For Rena, she felt the burden of responsibility came from deeply caring for her clients. When they opened up to her and took risks by telling her very personal things, she wanted to be able to help them. Despite her desire to help, she often felt powerless to make changes.

Counsellors Often Deal With People who are Struggling with More Than Just Addiction

For all of the participants, working in the addictions field itself was difficult, regardless of the issues with management or underfunding. The clients accessing often present with more than just addictions issues. Many have emotional issues or disorders, housing issues, abuse, and family problems for example. As frontline workers, counsellors are frequently the first person that clients open up to. Hearing their stories can take its toll on a person. The department that Rena worked in was *a heavy area*; she was *always working with young people who were really struggling with drug and alcohol overuse or abuse*. This would *drag her down after a while*. Working in the addictions field *uses a different type of energy than when you can work with kids who are better copers, doing well and are well adjusted*.

The participants mentioned going home and worrying about their clients in the evening. Particularly when they knew that a client was suicidal or if they had heard an upsetting story that day. For Rena, *it was sometimes hard to just leave work for the night or the weekend and not worry about what was going to happen to her clients.* Jake would have trouble sleeping if he heard a disturbing story that day. The client's stories *always had an impact on Jake, but every once in a while, a story would come along that would just floor him. Those nights he never really got a lot of sleep. He just kept playing it over and over in his head.* As the reader will see in the next section, Anna much preferred working in community based because she was able to go home in the evening and not worry about her clients, not in the same way she did when working in residential.

Residential Program Places Unique Demands on Counsellors

Another unique aspect of my study was the discussion that took place about the distinctive struggles counsellors experience while working in residential programs. Anna and Jake's stories include their experience working in a residential addictions facility. Both Anna and Jake found the nature of residential to be particularly demanding. Anna was in a unique position in telling her story given that she worked in both a community based and a residential addictions program. She noticed various differences across the two positions. In fact, she deliberately took the community based position because she knew it was going to be less involved than the residential program. To Anna, residential *seemed to be a bit more involved than the school based position because clients live there and they are always needing something. She couldn't just close the office door and walk away.* In the residential program it was difficult to just *put work aside and go home and enjoy time with family without worrying about what was happening for the clients.*

For Anna the residential nature was also difficult in knowing that staff could just call her at home, and they did, *if she was on call or not*. Boundaries were less rigid when working in residential. Being on call was a difficult part that was specific to Anna's time working in residential. Balancing the demands of being on call and caring for her family were a struggle. She wanted to have uninterrupted time at home with her family in the evenings.

Additionally, given that residential programs are a 24-hour operation they do not shut down for the evening. Anna felt guilty if she did not get her paperwork done each day due to the impact that would have on the rest of the team. Anna felt it was important that information be passed on to evening staff after each shift therefore if she did not get a chance to complete it during normal work hours, she would stay late or return to work in the evening.

The clients were at a different level of use in residential programs. Rena mentioned that the use of drugs and alcohol among kids accessing her services in the community-based program was more problematic compared to *well-adjusted* populations. For Anna, she noticed an even more marked difference between the levels of use among those accessing the community-based program compared to those in the residential program. In residential, they typically had gone a few steps further in terms of *the impact of their use*.

For Jake, the demands of working in the residential program were often the result of *underfunding*. However, of the demands that he mentions were related specifically to the characteristics of residential treatment. Due to people living in the facility, it brings unique challenges to the staff that might not be seen in Community based programs. Certain issues that arise need to be dealt with immediately by staff, the counsellors cannot

tell the people to go home and come back when they have settled down. Fights and crossing sexual boundaries were two issues Jake discussed in his story. With regard to fighting, at the time Jake was *new to the profession* and felt he did not *really have very good tactics and education to know exactly what to do when talking to someone in a rage state*. Fighting among clients was *terrifying* for Jake because he was expected to break them up.

The other situation that arises fairly regularly in residential treatment, especially in co-ed facilities, is clients crossing the facility and recovery imposed sexual boundary. Clients are not permitted to form relationships with one another while in treatment. If they are caught they will be immediately asked to leave (Braun-Harvey, 2009). When situations like these arise in residential, counsellors must explore them. This puts counsellors in an awkward position in that they need to try and determine whether the boundary was actually crossed or whether it was just rumors started by the other clients. For Jake, navigating between truth and rumor was a challenge.

Lastly in regard to unique aspects of working in residential programming, typically criminal justice clients are mandated to residential programming rather than community based as many view it as a more intense form of treatment (Burdon, Dang, Prendergast, Messina, & Farabee, 2007). Additionally, some treatment centers will fulfill the residency requirement of parolees by providing them with an address. For that reason, the likelihood of having to call a probation or parole officer to report a breach is higher for those working in residential treatment. As mentioned above, phone calls of this magnitude were a common part of Jake's job and he had a hard time fathoming the weight of the responsibility. In general, although community based counsellors may be

required to make these types of phone calls, the need occurs at a higher frequency among residential counsellors.

Dangerous Conditions in Working in the Addictions Field

Interestingly, the danger of the work of addictions counsellors was not discussed in previous literature. The participants in my study experienced various dangerous, and potentially dangerous situations. A number of these issues were previously mentioned in this chapter such as: becoming involved in fights, having to call probation/parole officers and working with some clients who had rough pasts. Other instances will be discussed in this section. Some participants more than others spoke about the concern they had with their safety. Jake found that the way the agency was structured: building location, staffing issues, and nature of the work, all impacted his safety. For Pema, she was intimidated in a room full of men who often had some pretty tough stories of jail, fighting and criminal activity. She was grateful to have a male co-facilitator in the room with her. For Pema, there was no strength in numbers for the women. She often felt unsettled in groups primarily comprised of men.

Jake also mentions the danger that arose from the combination of the general duties of his job and the underfunding. This combination led to some pretty risky situations. The way the building was set up and understaffing created a potentially dangerous situation for Jake. He would often have to carry upwards of three thousand dollars *outside and around the back* into the administrations side of the building. He *never felt comfortable* doing this given that the *area was really rough and every second person that walked by could have an addiction and want that money*. Since there was no extra staff he could not ask anyone to escort him while he walked with the money.

In Jake's story he talks about administration being aware of the concerns he and his staff had, yet nothing was done to increase counsellors' sense of safety. He does not *know what* administration's *defense would have been if something had actually happened*. Jake felt lucky that nothing ever did happen, yet, *it was just ridiculous*. *Dangerous situations were pretty common and he did what he had to but it was definitely very frustrating*.

For Pema, as mentioned above, it was the safety concerns that came with working with populations of people who had been, and perhaps still were using various substances. *They were pretty rough and tough looking. Most of them were from the street, on social assistance, and most were in gangs, so she was intimidated*. Particularly being a woman in a primarily male group was challenging. Some of the people in the group could be pretty intimidating. Pema *relied on her coworker to show her the ropes*. *Often times it just did not feel particularly safe with the way the clients were presenting themselves*.

Uncertainty about Entering, Leaving and Returning to the Addictions Field

A unique component of this study, relative to previous research is that the participants all experienced uncertainty around decisions they made regarding entering, leaving and returning to the field of addictions. The entire process was far from linear for each participant. Interesting findings emerged regarding each of these stages. None of the participants reported being particularly confident about their decision at any stage. All participants, with the exception of Jake, had no interest in working in the addictions field prior to obtaining employment. In fact, the reason the three other participants applied for their respective positions was due to its location. All were looking for employment close to their homes and all were women. Two of the participants were commuting and due to their family situation were looking for work that would allow them to not have to commute. None of the women had any prior experience working in the addictions field.

Anna was intrigued because the position involved working with youth and was in the town where she had moved for her husband's job. Rena was drawn to her position because it was working in the schools and Pema was not at all interested in working in the addictions position. Pema was actually reluctant to apply because of her issues with her mother, who suffers with addiction. Despite this reluctance, her existing work was unpredictable and her husband's job was contractual, so she needed something more permanent and stable.

As an exception to the lack of interest initially found by the participants mentioned above, Jake was very interested in working in the addictions field. He had done both of his practicums in locations that commonly served those with addictions issues. He eagerly applied and awaited hearing whether he got the job or not. These findings contradict those found by Curtis and Eby (2010) who claim that people enter the field already committed given the preparation they received through their training or from personal experience.

Interestingly, across all stories each participant was conflicted over leaving. Anna and Rena's decision to leave was made as the result of various disappointments over time but more so from being denied one specific request by the agency; the ability to work part-time. Pema left as the result of gradual disappointments compounding over time and becoming fed up. Finally, Jake left resulting from the combination of gradual disappointments over time but more so over the desire to pursue another career.

None of the participants made an unwavering decision to leave the field. They all talked about feeling conflicted. The decision was something they deliberated over for a long period of time, often leaving them filled with guilt and experiencing various mental health concerns. Upon collecting the stories, none of the participants stated that they were

happy with their decision, many expressed regret and worried that they made the wrong decision.

Various contextual issues came in to play in shaping their decision to leave. Had the residential program been able to offer Anna part time before she moved over to the school based program she may *have considered staying longer there*. As well, had the school been able to offer her *part-time* she *would probably still be there, because following the school calendar just lends itself so well with having kids*. Rena has regret over leaving *a very good, secure, well-paying job with benefits and good holidays*. Prior to leaving, *when Pema still entertained the idea of staying at the addictions agency*, given that she had accumulated *five weeks holidays*, she felt she *could not leave because anywhere else that she went she was not going to get that many holidays*. For Jake, work and his music career *were just going to conflict in a way that he could not make happen* although he tried to *think of it from every angle he could not find a way to stay and still be able to go on tour*. Despite each participant trying to make the position in addictions work with their lives at the time, unfortunately for the field of addictions, four caring and compassionate counsellors were unable to find a way.

Coming back to the field is another interesting finding from this study. Pema's new job utilizes many of the skills she developed while working in addictions and given the prevalence of addiction in Manitoba, many of the patients she currently works with suffer with an addiction. In that sense, although she is not working directly in the addictions field, in a way she feels like she never left. The other participants were again conflicted around whether or not they would ever return to the field. All were open to it as long as certain aspects were in place. Some people had more stringent criteria than others and some were more conflicted than others on whether they would return.

Anna struggled with not knowing what her future would hold. She has not worked outside of the home since she left the addictions position. The idea of obtaining childcare after she *had let that go* was daunting. She knew that she would not *jump into another job* unless it was part time, something in her field and something that she *really wanted to do*. *Above all her family's needs had to come first, that had not changed.*

Rena would consider, working in the addictions field again in the future if a job came up. Being older and more experience now Rena believes she would do better, in one of those roles because she knows herself better, she has much better boundaries and she would be able to keep a better balance and not get totally sucked up into the job. In an ideal world she would not have a full-time job. She might continue to work in a counselling job but probably not more than half time so she could still have lots of time and energy to teach yoga.

Jake was possibly the most conflicted about returning. He found that making the decision to leave was very difficult; it took a lot of thought and mental energy to come to that decision. Upon reflection he thinks that he likely felt he would definitely return to the field shortly after he had left but at the time of the interview he felt *like he would sort of be surprised if he did go back*. Some days he *thinks about going back but there are other days where he is just really happy that he is not there.*

What is evident from the themes discussed above is that each individual grappled with the decision to leave. Various contextual features contributed to shaping their decisions throughout their time in the field. Many of the contributing factors were out of the participant's control. Interestingly, each person was *on the fence* about leaving as well as returning to the field. They all report having many fond memories of their time in the field and are not closed off to the option of returning at some point. These findings show

that the notion of addictions counsellor turnover is a complex and multi-layered manifestation of various contributing factors.

Discussion of the Findings in Relation to Previous Literature on Turnover

Much of the previous research vaguely defined “turnover,” which led to uncertainty around operational and theoretical components of the studies. In my study, a discussion around researcher location as well as conceptualization of “turnover” occurred with the intent of increasing transparency of the research. In addition to a vague definition of turnover, previous literature has primarily looked at addictions counsellor turnover in a somewhat hypothetical manner. Uniquely, my study was constructed around hearing the stories of those who had left the field of addictions. This conceptual shift allowed for a unique understanding of turnover. Counsellors who had left the field were the focus of the study as opposed to those still in the field. In conducting the study in this manner, an understanding of what shapes peoples decision to leave the addictions field was enhanced.

In order to test constructs relating to turnover, much of the previous literature adopted quantitative methods to explore turnover. Although highly useful for demonstrating a breadth of information indicating the significance and predictability of turnover, for my study I chose to adopt a qualitative methodology. The intent was to increase the depth of understanding around addictions counsellor turnover. In previous literature, scales and structured questionnaires were used to explore this construct. These methods gathered useful data however, ultimately could have constrained or skewed the findings given the specificity and limits set by the scales or questionnaires.

In my study, there was no single incident or factor that shaped the participants decision to leave the field. It was a combination of diverse aspects situated within various

contexts. For this reason narrative inquiry was an excellent approach to exploring this area. Adopting a narrative approach allowed the participants to unboundedly tell the story of their experience of leaving the addictions field. The participants were free to tell their story in a manner that was meaningful to them. They could start at any point and conclude at any point. There were no predetermined questions aside from the grand tour questions mentioned in the methodology section. In that sense the participants were able to speak fully and freely about how they came to understand their experience. In turn, this form of inquiry allowed for a unique perspective of turnover to be uncovered.

My study confirmed some of the findings from previous research. Similar to the findings by Duraisingam et al. (2009) my study also found workplace support to be a major theme across all narratives. Additionally, the participants in my study talked about the impact of managing high caseloads, which was previously found by many authors looking at turnover (Gallons et al., 2003; Rothrauff et al., 2011; Shoptaw et al., 2000). Furthermore, it was clear from the individual narratives in my study that the quality of care delivered to the clients was diminished resulting from the systemic constraints that existed in the environments in which the counsellors worked. Authors from previous studies indicated this problem (Aarons & Sawitzky, 2006; Gallon et al, 2003; Knudsen et al, 2008; Knudsen et al. 2006; Knudsen et al, 2003) and my study expands on the issue by providing a rich description of how this problem unfolded in the individual contexts.

Rena discussed not feeling like calling her clients in because of all the emotional distress she was experiencing. More concerning, her agency was not recognizing or supporting her, they even denied her request for training to learn to deal with this compassion fatigue. Jake spoke of many times when he was pulled in multiple directions or made to do jobs that he was not hired for, all because the agency did not have support staff to help

him. Pema similarly talked about needing to be in two places at once because her request for a co-facilitator in the women's program was denied. She was left trying to juggle everything required of her. Instances like these mentioned are only some of the situations where client care was sacrificed because of systemic issues. Many more were evident in the findings.

A difficult component of working in the addictions field, noted in this study, was the lack of client success witnessed by the counsellors. As Rena mentions, she *likes the more immediate gratification of teaching people yoga*. Compared to the length of time it takes in addictions to notice changes, sometimes she just had to *hope that it happened* after the client finished seeing her. Moreover, Jake mentions seeing the same people access over and over again. To the authors' surprise, McNulty et al. (2007) did not find a relationship between counselor-client interaction and turnover in their study, unlike had been found in various studies prior to that. The findings in this study provide a rich description of how distressing it can be for counsellors to work in an environment where little to no success is ever witnessed.

Age was frequently assessed in previous literature to determine its interaction with turnover. Often age was found to be negatively associated with turnover (Duraisingam et al., 2009; Rothrauff et al., 2011). In this study Jake and Rena both refer to their young age as shaping their experience. Jake mentions his age in two instances. First, he talks about his age in relation to how difficult it was disciplining the clients, or dealing with deception. Secondly, he talked about his age making it difficult to stand up to coworkers, given they were older and had been there longer than him. Rena mentions the opposite; she found that her young age helped to form a connection with the youth that she was working with. In addition, my experience was heavily shaped by my age. As mentioned

in my story, I was 20 years younger than most of the people at my agency and felt that for that reason I was always needing to prove myself.

The participants in my study did not discuss a number of the issues raised in previous literature regarding contributors to turnover. Salary was frequently mentioned in previous research as contributing to turnover (Gallons et al., 2003; Knudsen et al, 2003; Olmstead et al., 2005) however, the participants in my study did not mention feeling that low salary shaped their decision to leave. In fact, the participants were reluctant to leave given that they felt their positions were well paying, stable, and that they had accumulated many weeks of holidays. Additionally, the participants in my study did not raise the issue of cultural differences among the clients that they served. This was found in previous research, and the authors suggested increasing diversity of the counsellors to parallel that of the population they serve (Mulvey et al., 2003). None of the participants reported this issue having any impact on their decision to leave the field. Finally, none of the participants identified as being personally in recovery so this topic could not be further addressed in my study.

Discussion of the Findings in Relation to Health Professional Education Concepts

Certification Opportunities in Canada

Credentialing and the professionalization of the addictions field have been debated for a long time (Ogborne et al., 2001). Ogborne et al. state that despite some questioning about the utility of being professionalized, there are many benefits that come with professionalization. Being fully professionalized could lead to increased funding and higher quality of services provided. Some of the negative aspects of not being fully professionalized are that the addictions field gets placed beneath other professions that are similar but fully professionalized. As well, there is a lack of access to research funds and

having their own voice in training, certification and licensing. There are various common rationales drawn upon to support licensing in health related fields. From information gained from the College of Nurses of Manitoba, Manitoba Society of Occupational Therapists, and The College of Physical therapists of Manitoba for example, the associations for each respective field have outlined the role and competencies required for professionals practicing in the field. Holding registration or license indicates that the practitioner has acquired the necessary skills allowing them entry to practice, assures a certain quality of care offered by the provider, and promotes continuing competence. These types of colleges offer assurance to the public but also to the individuals holding the license, in that it can be seen as a way to measure competence in their respective fields. Although addictions counselling is not yet professionalized in Canada, there are various programs that offer certification for addictions counsellors. The Canadian Addiction Counsellors Certification Federation (CACCF) is an internationally recognized organization that offers “the most effective and credible certification to addictions specific counsellors in Canada” (See www.caccf.ca for more information). Similarly, the CACCF literature highlights four reasons for why certification with their federation is particularly important:

- 1) Assures the public that addictions counsellors are competent
- 2) Gives professional recognition to qualified addictions counsellors through a process that examines demonstrated work competency
- 3) Assures on-going opportunities for addictions counsellors to further their professional development and education in the field
- 4) Enables alcohol and drug counsellors to become eligible for reimbursement for the professional health care services

Despite the existence of the CACCF as well as other certification organizations in Manitoba there is little emphasis placed on obtaining certification or license. License and certification is more strongly advocated for in the United States where the majority (72%) of counsellors held one or the other (Mulvey et al., 2003). The CACCF may not be free from criticism, however will be used in this section to illustrate the point that although this option is available to counsellors in Canada, a gap exists around making counsellors aware. More research is needed around the utility of adopting a province or nation-wide certification or licence for addictions counsellors.

Lack of education and preparation to work in the addictions field, as well as feeling incompetent were issues stressed by the participants in my study. These issues shaped their experience of working in the addictions field and contributed to their decision to leave. Becoming certified could help alleviate some of the struggles that counsellors experience while working in the field, yet certification is not advocated for in workplaces. None of the participants, or myself were certified as addictions professionals. Moreover, during my time working in various addictions treatment centers I was never made aware that the CACCF existed. I had heard of another certification program that was offered in Manitoba, the Applied Counseling Certification Program (ACCP) but was not eligible to have the tuition covered given that I was a contract employee. The tuition and course hours required at that time was equivalent to two years of university. Although this might vary from agency to agency, permanent employees at my previous agency were able to have the tuition covered but they were not paid for the time required to complete the training. Considering that I had already been hired on full time I could not see the value in taking the courses. I could see no incentive to obtaining certification, and many barriers were apparent. I could not justify spending thousands of dollars and many

hours in training for a certificate that was not nationally recognized nor covered by my agency.

As I mentioned previously, I was never made aware of the CACCF certification by any of the agencies that I worked for. It was only after starting this project that I discovered it. Interestingly they also offer certification for clinical supervision that is recognized internationally. Lack of quality clinical supervision was another common theme that emerged from this research. This certification offers counsellors, with specific qualifications, the opportunity to engage in training leading to certification as a clinical supervisor. This training could increase competency as well as offer a nationally recognized certification as a clinical supervisor specializing in addictions. Across all narratives the individuals stated that they did not feel prepared to work in the addictions field. Although I cannot say with certainty that the CACCF would satisfy all that the participants struggled with, these findings indicate that further research is clearly warranted in this area.

Espoused Theory versus Theory in Use

The “Espoused theory” is what agencies report as their approach to practice, while the “Theory in Use” is that which can be seen by observing those in practice (Argyris, 1976, p. 30). Evident in Pema’s story, there was a marked difference between the espoused theory of service delivery in her agency and the one in use, particularly in regard to the model of care used in the front lines. These two models were not one and the same, and as Argyris points out, this is commonly seen in service delivery environments and can cause distress to those attempting to work in that environment. In 2000 there was a documented shift in the manner in which addictions services were delivered in Manitoba. The province moved away from the historically dominant disease theory, 12

step approach to addiction service delivery. The purpose was to adopt a more holistic and inclusive biopsychosocial model as proposed by the World Health Organization many years prior (Degenhardt et al, 2008). The Addictions Foundation of Manitoba (AFM) is a front-runner in addictions services in Manitoba and many of the other agencies utilize their services for professional development. The AFM produced a document outlining their espoused theory of substance abuse service delivery. It is important to note that other agencies in Manitoba have taken on this approach as well but AFM was the most public with their orientation. Here is a quote outlining what this shift looked like. For the complete document see <http://www.afm.mb.ca/AboutAFM/policies.htm>.

Above all, the biopsychosocial model acknowledges and accommodates diversity and respects individual differences. Any model of service that follows from it would need to ensure that it is consistent with those principles. By saying that this model is inclusive the AFM wishes to recognize that it is also able to selectively accommodate and respect a broad range of other theories of addiction (eg., disease; social learning; or sociocultural) and program approaches (eg., 12 step; cognitive-behavioural; therapeutic community). In this regard, a biopsychosocial model can be seen as a model of "Best Practices". It compels the BPS practitioner to seek out and recommend the best possible fit between identified client needs and interests and the most promising available program or service.

Despite the implementation of the biopsychosocial model, the historically dominant disease theory still heavily influences the various programs available through agencies in Manitoba. As Pema mentioned, the holistic approach was taught to all the

counsellors but not necessarily executed in the frontlines. Historically, as mentioned in White (2000) many addictions counsellors got their start due to their own personal experience with addiction. The disease theory often incorporates the 12-step approach (AA, NA, CA etc). The more holistic approach to addictions treatment can include these other theories and approaches but is not necessarily bound by them. As well, Pema mentioned that counsellors who were brought up under the historically dominant model seemed somewhat reluctant to let go of that approach despite evidence to suggest that a more holistic approach is superior. Exploring further the discrepancy between the espoused theory vs. theory in use of treatment centers could help gather a greater understanding of some of the distress that counsellors experienced. Perhaps it is necessary to challenge the historically dominant model for delivery of treatment in relation to the espoused theory vs. theory in use, of addictions treatment centers.

Reflective Practice

Reflective practice as discussed by Kinsella (2009) has been widely adopted by many health care professions, such as nursing and other social care professions. These professions have integrated reflective practice into preparatory training as well as continuing education. Ballon and Skinner (2008) explored the use of reflective practice among psychiatry students during their addictions rotation. The authors found that the students highly valued the learning that occurred through engaging in reflective practice. In particular, reflective practice facilitated in the development of professional attitudes that can help the clinicians engage with people suffering from addiction. The authors suggest the use of reflective practice be implemented more extensively to build reflexive awareness as a core professional competency for the demanding contexts of clinical practice. Reflective practice could be explored further in the case of addictions

counselling, given that service delivery is rarely based on "hard science" as mentioned by Rena. Much of where counsellors practice is in the "swampy lowlands" as opposed to the "high hard ground" that Schon (1983, p. 42) discusses. The high hard ground is where technical knowledge is sufficient to solve whatever problem or predicament surfaces. The swampy lowlands are where there is no straightforward solution; previously held technical knowledge is not appropriate or adequate. Schon proposed that by engaging in reflective practice, the greatest opportunities for learning were possible in the swampy lowland. The participants mentioned feeling confused and pulled in multiple directions when they would experience a situation where the answer was not forthright. They experienced distress and uncertainty if the technical solution did not suffice. Interestingly, whether or not it was explicitly stated, many of the participants engaged in reflection. For example, Rena, Pema and Jake all mention critically exploring the way they were delivering services, and whether this fit with their beliefs around best practices. Based on the findings from this study, we now have reasons to believe that reflective practice has a strong place in the addictions field.

Taking reflective practice further, Schon's notion of the "professional-client relationship" fits with the findings of this study. A shift in perspective, such that Schon suggests, might help the counsellors better navigate the swampy lowlands of their practice. The criteria for this novel² relationship as outlined by Schon, although not originally developed for use in the addictions field, will be discussed in this section as it relates to addictions counselling. He cautions that the formation of this relationship is not easy and at times requires an immense shift of both the client and counsellor's perspective

² To the best of my knowledge, it is actually not a novel concept but it can be considered novel to the field of addictions counselling

of service delivery. Moreover, the system in which the counsellors practice must be willing and able to allow for this type of practice to take place. This might be difficult for counsellors to adopt if they are working in an environment heavily influenced by the traditional way of offering services.

When Pema discussed her struggles related to a coworker who dictated a more traditional approach to addictions treatment, she mentioned the clients not being able to engage in a form of recovery that was meaningful to them. Rena discussed feeling uncertain when trying to determine what was best for the client in terms of service delivery. The agency advocated for a harm-reduction model yet she felt that perhaps a more abstinence-based approach would have been better. This led her to feel distressed given that she was grappling with a divide on service delivery between herself and the agency. Jake discussed that he was unable to engage with the clients in a way that was meaningful to him as well. He felt that management was treating his services as a business rather than dealing with people's lives.

Schon indicates that the struggles just mentioned are common among companies where general managers sacrifice product quality or safety for a larger profit. This is specifically common in the human service field where the agency procedures may prevent counsellors from attending to the clients they are supposed to serve. In an effort to move toward a more accountable relationship Schon argues for the transformation of the "professional-client contract" (1983, p. 292) whereby the professional functions as a reflective practitioner. He suggests that the professional engage in a reflective conversation with the clients in order to understand the meaning the clients attach to whatever it is they are experiencing.

If this shift in perspective is to take place the practitioner must, in a sense, let go of

his or her pride and authority. The practitioner must be willing to hear what the client is saying and see the client as the knower. After all, the counsellor may be the expert on addictions treatment, but the client is and always will be the expert on his or her life. As Schon states, both the client and practitioner can only partially communicate their understanding. They must work together in a reciprocal manner to gather a greater understanding of the meaning the client attaches to his or her experience. Therefore a dialogue must take place where the counsellor and client arrive at a solution that includes the best treatment plan available but moreover, one that is feasible and meaningful for the client's life.

This relationship requires a form of competence that most counsellors practicing from the traditional model are not accustomed to. Counsellors must reconstruct the way they once viewed the phenomena, and be willing to become aware of their limits of expertise through a reflective conversation with the client. The expectation that the client have "blind faith" in the practitioner must be set aside (Schon, 1983, p.296). Although the practitioner should be technically skilled; the practitioner's competence shall emerge through the interaction between the client and practitioner. When engaging in a reflective conversation the counsellor should not dictate the steps the client needs to take in their own recovery. Clients should feel they have a place to challenge notions that they do not agree with or see fitting in their plan and moreover, the counsellor should be open to having his or her advice challenged by the client. They must be aware that their technical expertise is embedded in context.

Reflective practice, if adopted by addictions professionals, can be a way to explore the meaning that the clients attach to using and abusing substances. As mentioned by Pema, treatment and recovery should not be viewed as a *recipe the clients must follow*

in order to be successful. If the addictions field moved toward adopting this shift in perspective, whereby counsellors engage in reflective conversations with the clients, it could create an opportunity to learn from the clients what they need or want in their recovery plan. Rena, Pema and Jake all struggled with offering services in a way that they could be proud of but furthermore that the clients found beneficial. Perhaps this shift could reduce the distress experienced by both sides through the adoption of a reflective practice.

Individual commitment would be required to implement this change, but perhaps more importantly, agencies and the systems in which they exist, would need to be willing to allow their counselling staff the space to engage in this shift in perspective. As was the case in my experience, given that we had a voluntary mandate, yet most of our clientele were mandated, this type of relationship could have been helpful. Although, given the parameters of limited time, as well as expectations from referring agencies, many agency and systems level changes would be needed to allow counsellors to adopt this perspective. Regardless, more research in this area could be helpful in measuring the outcomes of the creation of a space where counsellors can work in meaningful ways with their clients.

Implications

This study enhanced an understanding of the way in which contextual features, such as education, organizational structure, and support, shaped participants experience of leaving the addictions field. Through this greater understanding many more questions arose, indicating that future research in this area is warranted. I will discuss four broad and multifaceted questions that have surfaced through conducting my study and will make recommendations of future research areas.

The first question that arose was: if counsellors are strongly stating that they feel unprepared to work in the addictions field, yet agencies are not making them aware of or advocating for certification as addictions counsellors, where is the gap in knowledge transfer located? A recommendation for future research is that this area be explored further to determine what contextual features influence this lack of knowledge transfer. Addictions agencies should at the very least make counsellors aware of the different certifying federations that exist in Canada. This is particularly important considering each of the participants in this study did not necessarily intend to enter the addictions field prior to obtaining employment. What this indicates is that this information should be conveyed at the agency level given that there is no university level addictions training offered in Manitoba, where the individuals could be made privy to this information. Additionally, future research could explore the benefit and increased commitment stemming from term/temporary or contractual employees being offered the opportunity to receive funding for this form of certification. Moreover, perhaps the debate needs to continue and more research be conducted on whether or not the addictions field should become professionalized.

Secondly: In considering the above-mentioned tension between the espoused theory vs. theory in use, it begs the question, how and why does the espoused theory differ from the theory in use and how do dominant historical forces continue to shape service delivery. Despite agencies implementing the shift at the policy and rhetorical level, what are the barriers to frontline counsellors offering services in the manner suggested? Moreover, how can these barriers to implementation be reduced? Perhaps by exploring the shift in client counsellor relationship suggested by Schon in regard to

reflective practice, the discrepancy between the espoused theory and the theory in use might be reduced. Future research is certainly warranted in this area.

Thirdly: Support from coworkers, was a prominent theme in each narrative. Given that this was such a strong theme, future research could explore further what creates a supportive environment in the addictions field. This study revealed that there are various components necessary to create a space where support and learning can occur such as, being accepted by coworkers and having skills and approach to treatment recognized. Through interactions with peers, counsellors may be able to challenge the dominant belief around service delivery from those in higher up positions. In doing so, perhaps a space could be fostered where each member of the team feels they are valued and have a place to engage in service delivery in a manner that is meaningful to them.

The fourth area for future research is to explore the demands of the addictions field. Many of the demands were evident in each of the participant's narratives. The physical danger, emotional trauma, as well as difficulty creating and maintaining boundaries (with caseloads, time use, and personal space) contributed to the difficulties counsellors faced. As mentioned above, there were many differences noted between residential services and other programs. The level of use, as well as consequences resulting from use, experienced by clients accessing residential treatment was typically higher than those accessing other programs. Support and program structure should be evaluated to ensure that counsellors in that capacity are able to sustain working in that environment. As well, an interesting feature of this study was that three of the participants engaged in lateral movement prior to fully exiting the field of addictions. Lateral movement is where an individual moves from one position to another with no increase in

remuneration or status. Understanding how and why this happens may further contribute to understanding turnover among addictions counsellors.

Despite, little being known about the intricacies of these demands, numerous questions have risen from this research project where future research could focus. What is the acceptable and manageable ratio for clients to counsellor? How many sessions should a counsellor conduct each day? What could be done to reduce the danger involved in working in the addictions field? What are the contributing factors to the increase in distress experienced by residential counsellors? How can the distress experienced by residential specific counsellors be reduced? How and why do individuals engage in lateral movement and does this play a role in shaping individual's eventual exit from the field? Although mentioned in my study, further exploration of age and its impact on shaping people's experience in the addictions field is warranted. Finally, given that personal involvement in recovery was not a topic raised by the participants in my study, further research could help gather a greater understanding of the interaction it has on turnover. My research project has begun to delve into the demands counsellors face but more research is necessary to uncover the specific factors that contribute to these demands.

Limitations and Final Methodological and Ethical Considerations

The data obtained through this narrative inquiry were immensely rich. For that reason, the data could be analyzed in various ways with multiple lenses to illuminate several interesting ideas. However, due to the specificity of this study it is important to note where the borders are located. This study focused on exploring the meaning individuals attach to their experience of leaving addictions specific fields and how contextual features shaped the individuals decision to leave. Moreover, the findings of this study were situated through the use of two lenses applied while viewing the data. I

specifically focused on analyzing for instances where power issues shaped the participants' decision to leave the field. Additionally, with the application of the lens influenced by concepts in health professional education, I was interested in uncovering instances where further education and training opportunities could have potentially reduced the distress experienced by the individuals. For this reason the research is specifically situated. Future research may look at other avenues for exploring addictions counsellor turnover, as it is evident that this concept is multilayered and complex.

Future research could explore further the issue of gender given that it was a repeated issue within most of the participants' narratives. Unfortunately it was only minimally discussed in this thesis, and in the previous literature. A future study might focus on issues of safety relating to both male and female counsellors. For example, a study could explore the dynamic between female counsellors feeling un-safe in their work environments and the reliance on male counsellors to maintain safe work environments. Additionally, the role that motherhood or domestic responsibilities play in shaping individual's experience of working in the addictions field could be researched further.

Future research in this area may adopt a different recruitment method. Although a strength of this study, all participants voluntarily came to tell their stories after being recruited by the gatekeeper. All of the participants were two or fewer degrees from the gatekeeper. In my study I attempted to recruit through the other agencies in Manitoba that the gatekeeper did not have connections with, but was unsuccessful. Future research may look at obtaining a more diverse range of participants. As well, granting that my insider perspective was beneficial to this study, it likely bounded the findings. Perhaps, a study conducted by an outsider would obtain information that could further enhance our understanding of addictions counsellor turnover in a way that this study did not.

Additionally, it might be worth studying the client perspective of service delivery in an organization where turnover is high. The participants all mentioned feeling as though the quality of care was diminished as shaped by their imminent departure.

The locations of the last two initial interviews as well as last follow up interview were in public locations. If I were to schedule an interview again in the future, I would not consider conducting it in a public location. Being that I was a novice researcher and my main concern was ensuring the participants' comfort I did not want to argue with his or her choice in location. Despite that, there were two downfalls to conducting the interview in public locations. The noise as well as distractions of waiters, other patrons and foot traffic in general made it difficult to stay on task. Moreover, there was a lot of background noise picked up on the audio recorder, which made distinguishing the speech difficult during transcription. For these reasons, I concede to the recommendation of Wengraf (2001) that interviews be conducted in private, quiet locations.

Using the dictation software for transcription notably reduced the time required to complete the task. However there was a bit of a learning curve during the first few times using it. The problem with the dictation software was that unlike when transcribing by typing, where spelling errors are evident, the dictation software will always include an actual word, depending on what the software picked up. This makes it very difficult when going back over the transcripts, as errors are not immediately obvious. Over time I developed a system where I would confirm what the software documented as I was working to ensure that later I would not be confused over the text.

Although the vignettes did, to some extent, aid in determining the follow-up questions as well as initial analysis, I would say that they were quite time consuming to

construct. Additionally, the participants were given ample opportunity to reflect on the textual data collected, given that I was sending the transcripts, vignettes and written narratives to the participants. I do not feel that the vignettes necessarily added nor detracted from the overall research project therefore I would reconsider the inclusion of vignettes in future studies.

Ethical Dilemma

Anonymity was something that I was constantly sensitive about. I felt grateful that my participants were willing to share so much of their experience with me and wanted to honor them by presenting their stories in a considerate manner. I grappled with balancing this with the need to remove or alter elements of their stories to address anonymity. On multiple occasions this was a struggle. As Richards and Morse (2007) state, ensuring anonymity requires more than simply using a pseudonym; it is about creating a balance between framing the context and protecting the participants. I realized how difficult this was going to be when I first attempted to write up their stories. There were so many pieces of the text that highlighted many important aspects relevant to my project, and in order to shape the context to have the story make sense it often required illustrating personal information. I really struggled between balancing anonymity and wanting to critically bring to light issues of addictions counsellor turnover. I met with my committee numerous times around this concern. Various attempts were made to present my findings in the rich manner that they were given to me, while simultaneously maintaining anonymity. For example, demographic characteristics were presented as “group data” (Richards & Morse, 2007 p. 212) to reduce the likelihood that individual participants might be identified. Finally, names of institutions were left out and sanitized as much as

possible (Richards & Morse, 2007). The overall aim was to present the stories and discuss the findings in a way that my participants and I would be proud of but also keep the participants' identities protected.

Despite uncovering contextually rich data, this study is not without limitations. Perhaps adopting more than one gatekeeper or hearing the stories of those still in the field, counsellors and managers, could provide further insight into turnover. It is clear from previous research as well as my study that researchers are only beginning to scratch the surface of what contributes to addictions counsellor turnover, specifically in Manitoba.

Reflecting on My Story after Completion of the Project

A unique aspect of this study was that I was also a member of the group being studied. As mentioned in My Story in chapter one and just previously in this chapter, I too left the field of addictions. It was an interesting experience conducting this research on Manitoba while living in Ontario. Being removed from the context in which the study was conducted allowed for me to view turnover from a different perspective and contributed a different layer to the research. Through discussing this notion with those removed from the Manitoba context the unique as well as similar characteristics of the province were strengthened. The research process was a very cathartic experience for me in that I was able to critically reflect on the participants' experiences while comparing it to my own. This allowed me to gather a greater understanding of my own experience. Like the participants, I blamed myself for the situations that I experienced. I felt it was my lack of formal counselling training that led to my distress. However, after hearing the participants' stories and critically exploring them, I was able to understand that our

situations were more systemic than what I had originally thought. It exceeded the individual's control. There were various barriers in our way that precluded us from practicing in a way that was meaningful. For example, underfunding, inadequate supervision, and unsafe work environments all shaped our experiences of working in the field, yet were systemic issues that we had no control over, or power to change.

Moreover, I think the most prominent part of this project for me was realizing that I was not alone in my experience. Although each individual story was unique, we shared many of the same struggles. Interestingly, in isolation we each felt that our stories would likely not pertain to anyone else in the field. However, from the common themes that emerged, it is evident that this was not the case.

I feel honored to have been able to conduct this study for two reasons. First, I left the field to return to university to explore this uncharted area. This study gave me the understanding that I began searching for five years ago when I first entered the field. The issues shaping people's decision to leave the field did not exist only in my imagination but rather, that the issue of turnover is real and has a lasting impact on the other counsellors who have left. Secondly, I am honored that my participants walked with me through this process and shared so much of their, often painful, experience. Although it might have been difficult for them to put their trust in me, the benefit that I gained from hearing their stories propelled me to finish this project. I could look to their stories for motivation when I felt overwhelmed by the thesis process.

Considering that I am coming from a critical perspective, as mentioned above, this thesis may be complete, but my work in this area is not. As Freire (1993, p. 87) noted, words without action are just unauthentic words, "for denunciation is impossible without commitment to transform, and there is no transformation without action". This praxis is,

and will continue to be applied to the words resulting from this thesis. I have a personal desire to extend this research. It was an incredible learning experience for me, academically but also emotionally. I am grateful that through this study exploring how addictions counsellors make sense of and give meaning to their experience of leaving the addictions field, I (and hopefully *we*) now have an enhanced understanding of the ways in which contextual features influence how and when individuals leave the addictions field. I look forward to disseminating the findings.

Final Considerations

This thesis took the reader through the process from conception to completion of the study exploring addictions counsellor turnover in Manitoba. I began by discussing the limited existing literature in the area of turnover within addiction, which has offered some insight into the problem, though many gaps still existed. These gaps were identified in an effort to highlight which ones my study aimed to narrow. Particularly, I was interested in looking at turnover from a more systemic perspective as opposed to the individual factors. Much of the existing literature looked at turnover from a hypothetical perspective, meaning they explored turnover intention and workplace commitment. This study explored the experience of individuals who had actually left the field, which gave a much different vantage point than what currently exists. The method used to explore turnover in my study was unique in that all other studies included in the literature review used quantitative methods whereby the researchers constructed structured questionnaires that led to quantifiable responses.

As discussed in the methodology chapter, the difference between previously used methods and the critical narrative methodology adopted in this study was that narrative allowed for a deeper contextual illustration of the person's experience. There were no

boundaries placed on how they could speak about their experience. They could tell their story in a way that was meaningful to them. It was their own representation of the experience, not a response to a predetermined set of questions that they answered on a scale or in a dichotomous manner. For that reason, I was able to construct each story as my interpretation of the told story through which the reader can engage in a dialogue and include his or her own interpretation of the story. Various lenses were applied while analyzing the data. A critical lens was used to explore for instances where power shaped the individual's experience. I was interested in how historical, political, and social aspects shaped his or her decision to leave the field. Secondly I viewed the stories with a lens looking to highlight instances where learning occurred, or where potential instances exist for learning in the future.

Each of the participants' told stories were constructed into written stories through analysis utilizing the various lenses mentioned above. The stories were presented in the third chapter of this thesis. I chose to include the stories because it fit with my understanding of the impact that narrative research can have. I was greatly moved by what the participants shared and felt it would not do justice to their contribution if the stories were not included. In the third chapter, I also introduced the individual themes that emerged from each story.

In the fourth and final chapter I discussed the six common themes that emerged from the second stage of analysis whereby each of the stories were viewed to allow commonalities to be extracted. I then discuss these themes in relation to the previous literature to show how this study contributed novel insight into understanding addictions counsellor turnover. I continued with a discussion of three conceptual aspects of Health Professional Education that fit with this study: Certification opportunities that exist in

Canada, the Espoused Theory vs. Theory in Use discussed by Argyris (1976) and finally, the role of reflective practice, with a specific focus on exploring the Professional-Client relationship suggested by Schon (1983).

I discussed the implications for practice and future research that arose from this study. I then went on to suggest that more research be done specifically exploring the demands of addictions treatment such as safety concerns, time use, counsellor to client ratios etc. In this final chapter the goodness of fit between narrative and the research topic as well as the limitation of this study were discussed. I end with a brief reflection of my personal experience through the research process in relation to “my story” that was presented in Chapter one.

This concludes the thesis exploring addictions counsellor turnover in Manitoba. Various original contributions to the study of turnover were highlighted and previous findings from the literature were elaborated on. Topics relating to Health Professional Education were discussed as they aligned with the findings. Moreover, the dangerous and emotionally taxing environment that counsellors work in was an original finding of this study. To reiterate, McNulty et al. (2009) mention that addictions counselling is quite possibly the most difficult of all human services because of its challenging environment and low client success rate. Findings therefore indicate that turnover is non-linear and contextually situated. It is clear that more research is still needed in these areas because the issues have only begun to be explored. Moreover, although this thesis is complete, I feel compelled to begin disseminating the findings so that others can benefit, as I did, through hearing the participants’ stories of what contributes to addictions counsellor turnover in Manitoba.

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APPENDIX A: ETHICS APPROVAL**Office of Research Ethics**

The University of Western Ontario
 Room 4180 Support Services Building, London, ON, Canada N6A 5C1
 Telephone: (519) 861-3036 Fax: (519) 850-2466 Email: ethics@uwo.ca
 Website: www.uwo.ca/research/ethics

Use of Human Subjects - Ethics Approval Notice**Principal Investigator:** Dr. L. Magalhaes**Review Number:** 17265E**Review Level:** Expedited**Review Date:** July 16, 2010**Approved Local # of Participants:** 0**Protocol Title:** An exploration into addictions counselor turnaround in Manitoba: A Narrative study**Department and Institution:** Faculty of Health Sciences, University of Western Ontario**Sponsor:****Ethics Approval Date:** August 04, 2010**Expiry Date:** December 31, 2010**Documents Reviewed and Approved:** UWO Protocol, telephone script, Letter of Information and Consent**Documents Received for Information:**

This is to notify you that The University of Western Ontario Research Ethics Board for Health Sciences Research Involving Human Subjects (HSREB) which is organized and operates according to the Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans and the Health Canada/ICH Good Clinical Practice Practices: Consolidated Guidelines; and the applicable laws, regulations of Ontario has reviewed and granted approval to the above referenced study on the approval date noted above. The membership of this REB also complies with the membership requirements for REB's as defined in Division 5 of the Food and Drug Regulations.

The ethics approval for this study shall remain valid until the expiry date noted above assuming timely and acceptable responses to HSREB's periodic requests for surveillance and monitoring information. If you require an updated approval notice prior to that time you must request it using the UWO Updated Approval Request Form.

During the course of the research, no deviations from, or changes to, the protocol or consent form may be initiated without prior written approval from the HSREB except when necessary to eliminate immediate hazards to the subject or when the change(s) involve only logistical or administrative aspects of the study (e.g. change of monitor, telephone number). Expedited review of minor change(s) in ongoing studies will be considered. Subjects must receive a copy of the signed information/consent documentation.

Investigators must promptly also report to the HSREB:

- a) changes increasing the risk to the participant(s) and/or affecting significantly the conduct of the study;
- b) all adverse and unexpected experiences or events that are both serious and unexpected;
- c) new information that may adversely affect the safety of the subjects or the conduct of the study.

If these changes/adverse events require a change to the information/consent documentation, and/or recruitment advertisement, the newly revised information/consent documentation, and/or advertisement, must be submitted to this office for approval.

Members of the HSREB who are named as investigators in research studies, or declare a conflict of interest, do not participate in discussion related to, nor vote on, such studies when they are presented to the HSREB.

Chair of HSREB: Dr. Joseph Gilbe
 FDA Ref. #: IRB 000009

Ethics Officer to Contact for Further Information			
<input type="checkbox"/> Janice Sutherland (jsutherland@uwo.ca)	<input type="checkbox"/> Elizabeth Wambolt (ewambolt@uwo.ca)	<input type="checkbox"/> Grace Kelly (grace.kelly@uwo.ca)	<input checked="" type="checkbox"/> Denise Grafton (dgrafton@uwo.ca)

This is an official document. Please retain the original in your files.

cc: ORE I

APPENDIX B: LETTER OF INFORMATION**AN EXPLORATION INTO ADDICTIONS
COUNSELOR TURNOVER IN MANITOBA: A
NARRATIVE STUDY****Principal Investigator:**

Dr. Lilian Magalhães, PhD

Shannon Winters, MSc. Candidate 2011 (Student
Researcher)Faculty of Health Sciences, University of Western Ontario
[REDACTED]**LETTER OF INFORMATION - Interviews**

I, Shannon Winters, am a Master's student in the Department of Health and Rehabilitation Sciences at the University of Western Ontario. I am being supervised by Dr. Lilian Magalhães. We invite you to take part in this study that will identify what shapes counsellors' experience of becoming and leaving the addictions field. This letter contains information to help you decide whether or not to participate in this study. It is important for you to understand why this study is being conducted and what it will involve. Please take the time to read over this material and feel free to ask questions if anything is unclear.

What is the purpose of this study?

The purpose of this study is to enhance the understanding of ways in which contextual features influence how and when individuals leave the addictions field. To address this purpose, I wish to collect your story regarding how you became an addictions counsellor and what the experience of leaving the field of addiction was like for you. I am interested in how you make sense of, and give meaning to your experience, and how political, historical and social factors were experienced in the process of leaving.

Why have you been contacted?

You have been contacted because of your recent experience of leaving the addictions field.

What is involved if you choose to participate?

This research study will be conducted at your convenience. Participation involves two interviews. The initial interview will take place at a setting of your preference and will last about 2 hours. During the first interview you will be asked to tell the story of how you came to be an addictions counsellor and how you left the addictions field. A second interview will be conducted via telephone or Skype whichever is easiest for you. During the second interview you will be asked clarifying questions around issues you discussed in the previous interview as well as you will have time to discuss anything else you may feel is relevant to your story of being in and leaving the addictions field. Interviews will begin in August 2010 and the collection of data should be finished in December 2010. You will be e-mailed a copy of the transcripts from each of your interviews and be given the opportunity to remove/change/withdraw any information you are uncomfortable with. You and I will set up a specific time to transfer/receive the transcripts to

ensure that any third party bodies do not intercept the e-mail. You will be able to withdraw your data up until the write up has begun.

Audio recording of interviews is required in order to ensure accuracy of the data. If you do not wish to be audio taped, you should not participate in the study. You will be given an opportunity to read over the transcripts of your interviews and the option to change or remove anything you feel uncomfortable with.

What happens to the information gathered in the study?

Data collected in the interviews will be analyzed and eventually published in Shannon Winters' Masters thesis and in a scientific paper. Your name will not be used in publications and no information that discloses your identity will be released or published. Interview recordings will be transcribed verbatim, and saved on a password-protected computer. To protect your identity, the researcher will replace your name with a unique code in transcripts and questionnaires, and a pseudonym will be used in all publications. All hard copies of the data will be locked in a cabinet in a secure office at the University of Western Ontario, where only the investigators will have access. Any data taken offsite for analysis by the investigator will be de-identified, and saved on password-protected computers. The computer will be transported by myself, the student researcher, Shannon Winters, and will be enclosed in a locked briefcase to ensure your identity protection. The identifier list linking the data to the individual participants will be stored separate from the data. The Identifier list will be e-mailed to Dr. Lilian Magalhães under secure measures and are to be held on her computer for the duration of the study. All data will be destroyed five years after the study is completed. Representatives of The University of Western Ontario Health Sciences Research Ethics Board may contact you or require access to your study-related records to monitor the conduct of the research.

What are the risks and discomforts to you if you participate?

Participants may feel uncomfortable, uncertain, or emotional when discussing their addictions counselling experiences and decision to leave the field. The student researcher will endeavor to minimize this by clear explanations of the purpose and process of the research, along with conveying information regarding confidentiality for the participants. It is possible that there are particular events within your story that you will not feel comfortable discussing and you should feel free to identify these. You may also stop the interviews at any time. Skype is said to be a secure way of conducting research as encryption software is used when transferring data. However, if you have any concerns with Skype the second interview can be conducted via telephone.

What are the benefits to you if you participate?

There are no known personal benefits to participating in this study. However, by participating you will be helping to shed light on a concerning issue in the addictions field. By understanding why counsellors leave the field, the information can inform efforts to prevent good counsellors from leaving the profession in the future.

Voluntary Participation

Participation in this research study is voluntary. You may refuse to participate or refuse to answer any questions and withdraw from the interviews at any time.

Other Pertinent Information

Please find the consent form attached to this letter.

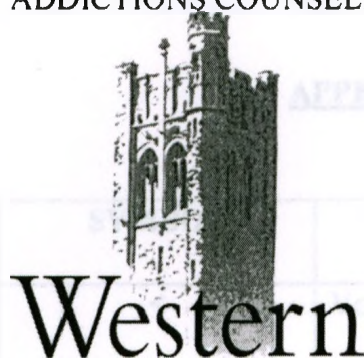
If you have any questions or concerns regarding this study, please contact the Principal Investigator, Dr. Lilian Magalhães at [REDACTED]. If you have any questions about your rights as a research participant or the conduct of the study you may contact The Office of Research Ethics at (519) 661-3036 or by email at ethics@uwo.ca.

This letter is for you to keep. If you agree to participate, you will be required to complete a consent form.

Shannon Winters, MSc (Cand.)

Health & Rehabilitation Sciences | Health Professional Education

[REDACTED]



**AN EXPLORATION INTO ADDICTIONS
COUNSELOR TURNOVER IN MANITOBA: A
NARRATIVE STUDY**

Principal Investigator:

Dr. Lilian Magalhães, PhD
Shannon Winters, MSc. Candidate 2011 (Student
Researcher)

Faculty of Health Sciences, University of Western Ontario

CONSENT FORM - Interviews

I have read the Letter of Information and have had the nature of the study explained to me. All questions have been answered to my satisfaction.

Name of participant (Print)

Signature of participant

Date

Name of person obtaining consent (Print)

Signature of person obtaining consent

Date

APPENDIX C: TRANSCRIPT NOTATION

SYMBOL	MEANING
<	Voice gets louder
>	Voice gets quieter/ tappers off
<u>Word</u>	Word was emphasized by speaker
(laugh)	Speaker laughs
(pause)	Speaker pauses
(long pause)	Speaker pauses for longer than three seconds
(thought)	Speaker appears to be thinking about response
(cry)	Speaker begins to cry
//	Disruption in tape