EXPLORING RESILIENCY TO BURNOUT: A PHENOMENOLOGICAL STUDY OF ADDICTION COUNSELORS RESILIENT TO BURNOUT

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Department of Counselor Education and Family Studies Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy

School of Behavioral Sciences

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Abstract

This transcendental phenomenological study aimed to describe the lived experiences of addiction counselors who appeared resilient to burnout (BO) and compassion fatigue (CF). The research question to frame this study was: What are the lived experiences of addiction counselors who appear resilient to severe levels of burnout and compassion fatigue, leading to longevity in the addiction counseling field? This included resiliency factors to resolve BO and CF, coping skills to resolve symptoms of BO and CF, and internal and external factors that contributed to BO and CF. Several theories were used to conduct this study, including Social Cognitive Theory, Social Exchange Theory, Organizational Theory, Existential Theory, and Resilience Theory (Edú-Valsania et al., 2022; Hunsaker et al., 2015; Li et al., 2014; Masten, 2014; Meng et al., 2019; Pines & Keinan, 2005; Southwick et al., 2014). Data was collected from nine participants using semi-structured interviews. Data was then analyzed using Moustakas' modified van Kaam seven steps method (1994a). The implications of these results can be applied to addiction counselors, their supporters, employers, and those who work with them.

Keywords: Resiliency, Burnout, Compassion, Fatigue, Addiction, Counselor, Trauma.

Acknowledgments

This journey of higher academia has spanned years, but I also think it originated in early childhood, with my first image of seeing a psychologist on television and deciding I wanted to be a "head doctor." I knew I wanted to better understand people and help them at an early age. I did not know then what that would entail, such as the training, the internships, the hours, and reading thousands upon thousands of articles. Still, I am incredibly thankful for not having quit and remaining steadfast. Much like the participants in this study, I would not be where I am today if not for the love and support of others and the belief that others had in me. I owe it to them and would like to acknowledge and thank them below.

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List of Abbreviations

- Burnout (BO)

- Compassion Fatigue (CF)

- Compassion Satisfaction (CS)

- Empathic Distress Fatigue (EDF)

- Existential Theory (ET)

- Organizational Theory (OT)

- Post-Traumatic Growth (PTG)

- Post-Traumatic Stress Disorder (PTSD)

- Resilience Theory (RT)

- Secondary Traumatic Stress (STS)

- Shared Trauma and Professional Post-Traumatic Growth Inventory (STPPG)

- Social Cognitive Theory (SCT)

- Social Exchange Theory (SET)

- Vicarious Resilience (VR)

- Vicarious Trauma (VT)

Chapter One: Introduction

Overview

Burnout (BO) and compassion fatigue (CF) are prevalent and evident issues affecting counselors, specifically addiction counselors, and heavily impacting trends related to job retention and turnover (Knight et al., 2012a; Knight et al., 2012b; McNulty et al., 2007; Singh et al., 2020; Vilardaga et al., 2011). Other trends related to the negative impact of burnout for addiction counselors include, organizational issues such as decreased occupational support and a greater risk of BO and CF from working with clients who have more significant symptom-related issues and require more intensive treatment needs (Johnson et al., 2016; Saunders et al., 2015; Knight et al., 2012; Oser et al., 2013; Vilardaga et al., 2011). These issues could lead to further negative consequences such as, incompetence, impairment, and low self-efficacy, preventing problem resolution (Gutierrez et al., 2019; Knight et al., 2012).

Researching this population was vital because it not only helps addiction counselors to understand their experiences but aids other counseling professionals in similar environments. Largely, the research does not distinguish the specific experiences of addiction counselors as it pertains to resiliency factors in response to BO and CF, nor does it address the individuals in the addiction counseling field who, despite facing job-related stresses like everyone else, stay in the profession and thrive. There could be myriad protective factors, or coping skills, focused on mindfulness and self-compassion, which may explain their ability to stay in and thrive in this profession. However, while certain theories explain CF and BO in varying contexts, few, if any, relate specifically to addiction counselors (Fruhbauerova & Comtois, 2019; Gutierrez et al., 2019; Olmstead et al., 2012).

The leading researcher witnessed this phenomenon while working in addiction counseling and took the opportunity to employ a phenomenological approach to identify and expand on the research question: **What are the lived experiences of addiction counselors who appear resilient to burnout and compassion fatigue?**

We know since the COVID-19 pandemic, there has been an influx in the recurrence of substance use disorder symptoms and addiction counseling services needed (Sultana et al., 2020; Vallecillo et al., 2021; Wang et al., 2021; Werner et al., 2020, Zaami, et al., 2020). There is currently little to no research on the lived experiences of addiction counselors who appear resilient to BO and CF (McCormack et al., 2018). There is extensive research on resiliency factors and the environment of people affected by trauma, such as trauma survivors and different types of counseling such as, career counseling and sports psychology (Happer et al., 2017; Ungar, 2013; Bimrose & Hearne, 2012; Fletcher & Sarkar, 2013). However, there are no specific details on resiliency factors among addiction counselors (Ungar, 2013).

The purpose of this study was to advocate and spread awareness of these counselors' experiences. The experiences that came to light could help others understand this phenomenon and facilitate new ideas and theories to enhance the profession. Additional insights could be made towards the resiliency factors of addiction counselors who face BO and CF. Encouraging managers or directors of substance abuse and rehabilitation centers to learn how to help addiction counselors stay and thrive in the profession would save them money in the long term by reducing the turnover rate and prevent needing to hire new counselors (Knight et al., 2012). From an ethical perspective, taking care of these addiction counselors and ensuring they thrive would further benefit the client through parallel methods and fulfill the ethical obligations of self-care and preventing self-impairment (ACA, 2014; Knopf, 2021). Additionally, from a more

individualistic perspective, there is a sense of personal responsibility for addiction counselors to

develop these resiliency factors. Addiction counselors have a personal responsibility to have the

knowledge to practice competently, respect human dignity and freedom of the clients, use the

professional's role responsibly, promote public confidence in the profession, and lastly, place the

welfare of the client as the highest priority (ACA 2014; Welfel, 2015).

Background

Burnout, defined as the state of emotional, mental, and physical exhaustion brought on by

prolonged or repeated stress, is not new to the world of work (Molnar et al., 2017). What is

unique about this problem, though, is as jobs and occupations changed, so too has burnout.

Initially, burnout was found in various jobs worldwide. However, in the early 1970s, there was

more attention on burnout experienced by helping professionals, later known as "Compassion

Fatigue" (Ray et al., 2013). Helping professions, or helping professionals, are jobs or positions

offering health and education services to individuals and the community and assisting others in

finding solutions to life situations (Bryan, 2015). These roles often encompass psychology,

psychiatry, counseling, education, physical therapy, medicine, social work, and nursing. Over

time, this definition changed again and, due to the workings of several burnout specialists, clear

distinctive criteria separated the differences between burnout, compassion fatigue, secondary

traumatic stress, and vicarious trauma. The research gradually shifted to be more centered on

counselors and mental health clinicians who experienced burnout while working with trauma

clients (Epstein et al., 2020; Figley, 1995; Lee et al., 2018; Malkina-Pykh et al., 2017). As

research started to identify new theories, concepts, and variables related to burnout and

compassion fatigue, more explicit understandings were developed.

These theories included Social Cognitive Theory, Social Exchange Theory,

Organizational Theory, Existential Theory, and Resilience Theory. Furthermore, they identified variables such as self-efficacy, self-confidence, cost-benefit analysis, work, organizational stressors, perceptions, the meaning of life, adversity, and resilience (Edú-Valsania et al., 2022; Li et al., 2014; Meng et al., 2019; Pines, 2004; Southwick et al., 2014). As the subjects of compassion fatigue and burnout relate to the human experience, the concepts and underpinnings of the research are ever-changing; for example, there have been movements to change the term "compassion fatigue" to include the word "empathy" as burnout pertains more to the exhaustion of empathy as opposed to compassion (Dowling, 2018; Papazoglou et al 2019; Rauvola et al., 2019, Sinclair et al., 2017). This exemplifies the ever-growing need to condense and further define the concepts being experienced. Of all helping professionals, addiction counselors are at higher risk of burnout and compassion fatigue. It is difficult to ascertain how much more at risk these professionals are to BO and CF, though, due to the lack of research on their profession as compared to social workers and psychologists (Fruhbauerova & Comtois, 2019; Herrera, 2021; Knopf, 2021; Oser et al., 2013; Pagano et al., 2021). There has been research in recent years focused on how to address burnout and compassion fatigue among counselors, such as encouraging mindfulness practices, self-compassion, and improving emotional intelligence; however, most studies do not include addiction counselors, and those that do focus primarily on burnout among addiction counselors and not covariates such as CF or Secondary Traumatic Stress (STS) (Gutierrez et al., 2019; Lee et al., 2015; Neff et al., 2020; Papazoglou et al.,2019; Sodeke-Gregson et al.,2013).

Taking a phenomenological approach to this research can help counselors, organizations, and governing bodies better understand burnout and related concepts among addiction counselors. These new findings can, in turn guide future policies, curricula, and training

currently lacking the voices or experiences of addiction counselors to help future counselors.

Existing research focused on limited interventions to treat counselors who already suffer from BO and CF, but few studies look at counselors who appear resilient to work-related stress over a long period (Perkins & Oser, 2014; Testa & Sangganjanavanich, 2016). This study is likely among the first to focus solely on addiction counselors in a phenomenological approach. The phenomenological approach allowed this study to gather data as it is seen in natural settings as opposed to artificial. It helped the research adjust to new issues and ideas as they emerged and allowed the study to look at change processes over time (Adams & Manen, 2008; Gallagher & Sørensen, 2006; Ratcliffe, 2012). This research can potentially benefit addiction counselors, their clients, agencies, and employers through retention and lower turnover rates due to CF and BO and help the counseling profession by providing insight into the experience of addiction counselors not previously studied.

Situation to Self

My motivation for this study stems from my own experiences. As an addiction counselor, I have seen colleagues of mine burn out or leave the profession. Witnessing this solidified how detrimental the turnover rates and low retention rates are in reality. In contrast, I also see individuals with years of experience continue to remain in the profession. This led to my curiosity, and I wondered how these individuals can rebuff or dissuade the effects of burnout and compassion fatigue. I asked myself why they appear resilient compared to those who burnout. Focusing on potential supportive factors for resiliency, I wanted to conduct a phenomenological study to contribute to the field of Addiction Counseling and help others who work specifically in that field. My experience has been addiction counselors are often overlooked compared to other counselors. I wanted to further understand what the clinicians do or what their experiences are

that helped them avoid or diminish the effects of burnout. I can now apply this to my counseling

skills as I experienced burnout in the early stages of my career. I wanted to help other future

counselors and counselors in training better avoid burnout and compassion fatigue while building

on compassion satisfaction, which would benefit the profession through retention and self-care

competency.

Problem Statement

Burnout negatively impacts addiction counselors and their clients (Oser et al., 2013;

Vilardaga et al., 2011). Past studies found high levels of frustration associated with job-related

conditions contribute to addiction counselor burnout (Perkins & Oser, 2014). This frustration by

addiction counselors may lead to organizational issues and decreased occupational support,

which are known to be protective factors for burnout (Knight et al., 2012). Add this to how

addiction counselors are more likely to work with clients who have more significant symptom-

related issues and require more intensive treatment needs, and these factors exacerbate burnout

among addiction counselors (Johnson et al., 2016; Saunders et al., 2015). Unfortunately, this

results in many negative consequences, such as emotional numbing, devaluating clients,

incompetence, impairment, and low self-efficacy (Gutierrez et al., 2019; Knight et al., 2012).

Similarly, these become ethical problems as counselors who subscribe to the code of ethics

by the American Counseling Association (ACA, 2014) or the standards of the Council for

Accreditation of Counseling and Related Educational Programs (CACREP, 2015) are implored

to take preventative measures toward impairment not only for their sake but for their clients'

safety. Impairment is linked to burnout and compassion fatigue and can lead to poor quality of

care (Young & Lambie, 2007; Salyers, 2016). Some addiction counselors may not have the same

training devoted to ethics and self-care due to their differences in education, and depending on

their state, some addiction counselors only need a bachelor's degree (Russett & Williams, 2015)

rather than a Master's degree which encompasses a practicum or internship with supervision and

teaching related to self-care (Bamonti et al., 2014; Posluns, & Gall, 2020).

Concerning burnout, compassion fatigue, and contributing variables, we know certain

interventions, if used in time, can decrease burnout severity. These include emotional awareness,

mindfulness practices, personality traits, and possibly emotional intelligence (Gutierrez et al.,

2019; Oser et al., 2013; Testa & Sangganjanavanich, 2016; Vilardaga et al., 2011). Burnout and

compassion fatigue are significant problems, but a compounding problem is the limited research

on these topics among addiction counselors. What we do not know, and what the literature lacks,

is the answer to the question of why certain addiction counselors do not suffer from work-related

stressors on a long-term basis. Identifying and interviewing addiction counselors is closest to

conducting a longitudinal study and relies on the addiction counselors remaining in practice

longer than most who burn out within the first several years (Perkins & Oser, 2014).

Compared to their psychotherapist counterparts, licensed mental health counselors and social

workers, addiction counselors have been neglected in the research (McCormack et al., 2018).

Few studies have been conducted in the past two decades, which warranted a new study

addressing this. A phenomenological approach using conducive interviews was able to fill this

gap and also identify how experienced addiction counselors can stay in the profession despite

being the most at-risk counselors c of burnout and compassion fatigue (Vorkapic & Mustapic,

2012).

Purpose Statement

As there is a disappointing amount of material about the lived experiences of long-term

addiction counselors despite their work-related challenges, this research explores the increased

burnout and compassion fatigue as these factors present an emotional toll (Oser et al., 2013).

Therefore, the purpose of this study has been to better understand the lived experiences of

addiction counselors who are surprisingly surviving and thriving undeterred by compassion

fatigue and burnout despite having a higher burnout rate than any other human services

professional in the United States (Vorkapic & Mustapic, 2012). This study's purpose was

primarily to identify commonalities by taking a phenomenological approach to align with the

goals of having addiction counselors explain experiences from their point of view through

analysis from semi-structured interviews and bring new insights to the forefront.

Additionally, the goals of this study included providing a platform for addiction

counselors to share their experiences and tell their stories in a way that felt organic and

supplementary to the minimal research through interviews and observations that already exists

(Gutierrez et al., 2019). Providing a platform was needed because this field has received little

attention in the past. However, risk factors still exist because the qualitative and

phenomenological approaches relied heavily on participants self-reporting. Before being

interviewed, participants were screened by the leading researcher to ensure the participants were

an accurate representation of the phenomena, addiction counselors with lived experiences

allowing them to be resilient to burnout. This study did not, though, exclude participants who

may have been experiencing mild burnout and compassion fatigue, so long as it was not

debilitating. These kinds of participants could have enhanced the study by providing a platform

for posttraumatic growth, which could be part of the addiction counselor's experience who is

resilient to burnout and compassion fatigue. Instead, this study wanted to capture the most

accurate portrayal of this phenomenon and provide the participants a chance to come as they

were, including those who appeared to have, or identified as having, compassion fatigue or

burnout, as participating could encompass their lived experiences. Taking this into account, this

study provided resources for all participants to access should they require professional help for

symptomatology consistent with burnout and compassion fatigue. Doing this provided the

participants a sense of balance and safety, enhancing the truthfulness, which will be expanded on

later.

Potential problems could have arisen as addiction counselors were asked to report their

private experiences, yet most phenomenologists argue the methodology is not compromised due

to introspection (Ratcliffe, 2012). This study planned to use introspective techniques to obtain

direct access to mechanisms. Examples included having the participants be instructed to report

raw experiences, with all their assumptions and interpretations about those experiences

(Gallagher & Sørensen, 2006). This allowed the information to be conveyed to the interviewer,

who then received it with empathy, as the participant interviewer was also the main researcher

(Ratcliffe, 2012). This allowed the researcher to embrace their role as part of the research. With

this in mind, the quality of the study was then enhanced by the researcher's sincere insights.

With the interviewer being an active member in the study, the participants may have been more

at ease speaking with a fellow addiction counselor.

Coincidentally, there was the risk of the participant feeling shame or guilt talking to

another addiction counselor and admitting to burnout. However, the researcher planned to use

empathy to validate their experiences and assist them through those feelings. If the participant

was suffering burnout and compassion fatigue the researcher would provide necessary resources

to assist them towards wellness. Collaborating and working with these participants still carried

the risk of biases by the researcher; however through reflection and being aware of the situation,

readers can take into account potential biases. The main researcher engaged in bracketing,

including refraining from judgment and staying away from the everyday, commonplace way of seeing things (Moustakas, 1994a). Doing this assisted the researcher in separating their own experiences from what was being studied (Gallagher & Sørensen, 2006; Ratcliffe, 2012).

Significance of the Study

Understanding this phenomenon was important for future addiction counselors as it could expand on resilience, support factors, or other variables not yet fully understood that could support retention and decrease turnover rates. This study provided a qualitative phenomenological framework to further document and explore the experiences of addiction counselors who appear resilient to CF and BO. Few studies have looked at addiction counselors in particular, with most focusing solely on their training (Olmstead et al., 2012; Rieckmann et al., 2011). However, some have focused on job frustrations they face and possible internal and external factors in the professional burnout of addiction counselors in Croatia (Perkins & Oser, 2014; Vorkapić & Mustapić, 2012). While this is a good starting point, there is little applicability as it focuses only on addiction counselors in Croatia. The main researcher interviewed counselors across the United States, utilizing email and Microsoft Teams to make contact and coordinate interviews with an online format for easier accessibility. Other studies have looked at emotional intelligence in relation to addiction counselor burnout; however it did not include compassion fatigue, which was unfortunate as some addiction counselors experience both and it ignores those experiences (Gutierrez et al., 2019). There have been few contributions in the area of addiction counselors over the last twenty years, and this study contributed to filling in those gaps (Gutierrez et al., 2019; Olmstead et al., 2012; Vorkapić & Mustapić, 2012)

Giving addiction counselors a voice may have made it easier for them to self-advocate and help them be more understood by other colleagues or employers when having conversations about their experiences with BO and CF. This study can be used to better help addiction counselors as a whole. There have been calls for professional advocacy, as well as advocacy among counseling leaders, and this was still one of the first studies to advocate and research addiction counselors specific to resiliency factors and promoting resiliency to BO and CF (Chang, 2012; Farrell & Barrio Minton, 2019). Through implementing phenomenological methods, this study was able to address this need and complement the experiences being reported by the participants. We know with effective and competent social justice training, counselors can be effective facilitators of change for their working environments (Manis, 2012; Ratts & Greenleaf, 2018). The same only needs to be applied to addiction counselors.

Research Question

To stay true to the nature of the phenomenological interview, this study had largely semi-structured and open-ended interviews guided by only a few questions. Gathering the data from the participants helped answer the research question, "What are the lived experiences of addiction counselors who appear resilient to severe levels of burnout and compassion fatigue, therefore leading to longevity in the addiction counseling field?" To be resilient to burnout, they had to experience burnout in one form or another, and this study focused on those who have. The interview questions helped narrow the research question as the study moved into the data collection and analysis process. The following questions and prompts included:

1. "Think of a time when you experienced Compassion Fatigue and Burnout and describe the experience in as much detail as possible."

2. "What resiliency factors do you believe contributed towards resolving the BO, CF and you remaining in the addiction counseling field?"

3. "What coping skills or interventions did you use to help you resolve these symptoms of BO and CF?"

4. "What internal factors do you believe contributed to burnout or compassion fatigue?"

5. "What external factors do you believe contributed to burnout or compassion fatigue?"

Even though the phenomenological interview allowed for probing and follow-up questions, the interviewer minimized the use of these to ensure the interviews were comparable, but still allowed the interviewees the space to express themselves and feel heard, understood, and respected through the process. Follow-up questions for clarification included the following:

- "You mentioned _____ tell me what that was like for you."

- "You mentioned _____, please describe that in more detail for me."

According to Adams and Van Manen, 2008, phenomenological interviews focus on the, "direct description of a particular situation or event as it is lived through without offering causal explanations or interpretive generalizations" (p. 618). One of the goals was to get lengthy descriptions from the participants. This study planned to focus on the two inter-related forms of the interview process – the 'phenomenological interview' explores and gathers descriptions of lived experience, and the 'hermeneutic interview' focuses on examining the 'interpretive meaning aspects of lived experience material' (2008, p. 618). Using these questions and sub-questions, the material from the interviews would start building itself as the interviews were conducted and saturation was achieved.

Conversely, these questions would have had little value unless they were directed at experienced individuals who could talk about their lived experiences throughout the interview process. To better enhance this study and ensure experiences were representative, the researcher coordinated with the National Association for Alcoholism and Drug Abuse Counselors (NAADAC), also known as NAADAC, the Association for Addiction Professionals, as its primary recruitment method. By coordinating with NAADAC, the researcher requested a list and recruited participants with the Master Addiction Counselor (MAC) certification. A minimum of five years in the profession was necessary to present an example of resilience to CF and BO, as a little more than half make it to that five-year mark (Knight et al., 2012b). By utilizing NAADAC, the Association for Addiction Professionals, requirements and standardizations for the MAC certification allowed the researcher to assume participants will have had at least five years of experience in the field. To obtain a MAC certification, counselors must have had a Master's degree or higher in Substance Use Disorders/Addiction and/or related counseling subjects (social work, mental health counseling, marriage and family, psychology, medical doctor) from a regionally accredited institution of higher learning, current credential or license as a Substance Use Disorders/Addiction counselor or Professional Counselor (social worker, mental health, marriage & family therapist, psychologist, medical doctor, LAP-C) issued by a state or credentialing authority, three years full-time or 6,000 hours of supervised experience as a Substance Use Disorders/Addiction counselor, at least 500 contact hours of education and training in Substance Use Disorders/Addiction as well as a passing score on a national exam (NAADAC, 2013). Interviewing participants who earned the MAC certification ensured participants were actually addiction counselors and they were qualified representatives of their profession.

Definitions

1. *Compassion* - According to *The Centre for Compassion and Altruism Research and Education,* compassion is "a process that unfolds in response to suffering. It begins with the recognition of suffering, which gives rise to thoughts and feelings of empathy and concern. This, in turn, motivates action to relieve that suffering." These emotional responses lead to decreased compassion towards others because of an individual's occupation (Sinclair et al., 2017, p.783).

2. *Burnout* –"a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment"(Maslach, 1982, p. 3).

3. *Secondary Traumatic Stress* – negative impacts parallel to symptomology of Post-Traumatic Stress Disorder from an indirect exposure to trauma by interacting with those who are traumatized (Hernandez-Wolfe, 2018; Figley, 1999; Lee et al., 2018).

4. *Vicarious Trauma* - the negative effects of working with traumatized individuals, families, and systems. VT has been considered "a transformation in the therapist's (or other trauma worker's) inner experience, resulting in empathetic engagement with the client's trauma material" (Pearlman et al., 1995, p. 31).

5. *Resilience* - a dynamic concept linked to emotional regulation through multiple psychological mechanisms such as habituation, changes in attitudes and thoughts, self-reflection, future planning and changes in self-efficacy. These changes lead to an increased ability to cope with and adapt to stressful situations (Nuttman-Shwartz 2014).

6. *Vicarious Resilience* (VR) - the growth that helping professionals experience through witnessing the experiences and triumphs of victims under adverse circumstances (Hernandez-Wolfe, 2018).

7. *Compassion Fatigue* - stress resulting from exposure to a traumatized individual. Compassion Fatigue (CF) has been described as the convergence of secondary traumatic stress (STS) and cumulative burnout (BO), a state of physical and mental exhaustion caused by a depleted ability to cope with one's everyday environment (Cocker & Joss, 2016).

8. *Compassion Satisfaction* (CS) - pleasure derived from doing one's work well as a professional caregiver (Stoewen, 2019).

9. *Post-Traumatic Growth* - The positive psychological change experienced from a struggle with highly challenging life circumstances (Tedeschi & Calhoun, 2004).

10. *Empathic Distress Fatigue* – Proposed vernacular to be used to more accurately define what used to be known as *compassion fatigue,* as it has to do more so with depletion of empathy, not compassion (Dowling, 2018).

Summary

We do not have a comprehensive or detailed understanding of the addiction counselor's experience regarding BO and CF, as previous studies have either failed to include them or did not expand enough on their experience in the substance abuse and mental health field (Gutierrez et al., 2019; Perkins & Oser, 2014; Vorkapić & Mustapić, 2012). The perspectives of addiction counselors have been omitted, intentionally or otherwise, and doing a qualitative, phenomenological study was an attempt to rectify this. This study allowed addiction counselors to use their voices and tell their stories. Counselors are meant to advocate for their clients, but it

is also important they advocate for themselves (Chang, 2012; Farrell & Barrio Minton, 2019).

Governing bodies, whether associations, administrations, or faculty members, would benefit

from including the perspectives of addiction counselors in their decision-making process,

especially when looking for ways to support addiction counselors in the face of BO and CF.

Information procured from the lived experiences of addiction counselors can now help identify

supportive factors for resiliency and be integrated into an existing curriculum of self-care and

wellness for helping professionals. The voices of addiction counselors have been largely unheard

or ignored, and this study contributed to rectifying this trend.

This study aimed to provide new insights into the experiences and perspectives of

addiction counselors who, despite being at high risk for burnout and compassion fatigue,

remained in the field and appeared unperturbed by the negative work-related stress. This study

provided concepts and themes to better clarify and aid identifying further differences between

addiction counselors when compared to the other fields of counseling, as differences in pay,

training, and working with clients who present with higher levels of trauma can be demanding

and difficult (Baldwin-White, 2016; Oser et al., 2013; Robino, 2019; Vorkapic & Mustapic,

2012). While this study was primarily qualitative and chose to engage in a phenomenological

approach, this study can later be replicated and enhanced with quantitative measures, perhaps

leading to a future mixed-methods research study. There is great potential in what new studies

could achieve as new support or resilience factors could come to light. By including the voices of

a category of counselors often overlooked, there was a likelihood for new ideas and theories to

be applied specifically but this can also enhance counselors in other fields who face burnout and

compassion fatigue as well. This study largely hoped to highlight these matters and serve as a

guide for future studies to build on. Through its conception and implementation, this study strove

to be the foundation for research in the phenomenon of addiction counselors who appear resilient

to severe levels of burnout and compassion fatigue, leading to longevity in the addiction

counseling field.

Chapter Two: Literature Review

Overview

Burnout continues to impact all occupations, as more and more people find it difficult to continue working their jobs when they are met with arduous efforts and little to no relief (Edú-Valsania et al., 2022). Burnout has been defined as "a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment" (Maslach, 1982, p. 3). It has been attributed to consistent cynicism, psychological distress, feelings of dissatisfaction, physiological problems, impaired interpersonal functioning, and emotional numbing (Molnar et al., 2017). Burnout is not dependent upon countertransference or a worker's reactions to trauma from the client but is instead associated with things such as workload, caseload size, and institutional stress (Molnar et al., 2017; Stamm, 1997). Burnout is also a worldwide phenomenon seen across professions worldwide (Adrianssens et al., 2015; Kim et al., 2018; Hewitt et al., 2020; Maslach et al., 2017). While burnout is prevalent across different professions, there is another job-related stressor specific to the helping profession, currently understood as compassion fatigue.

Contrary to burnout (BO), Compassion Fatigue (CF) encompasses occupational stressors unique to those in the healthcare field (Ray et al., 2013). Compassion itself is a complex term derived from the Latin root *com-,* which means "together with;" and *pati,* "to bear or suffer" (Fernando et al., 2016; Singer et al., 2014). According to *The Centre for Compassion and Altruism Research and Education,* compassion is "a process that unfolds in response to suffering. It begins with the recognition of suffering, which gives rise to thoughts and feelings of empathy and concern. This, in turn, motivates action to relieve that suffering" (p. 783). These emotional responses lead to decreased compassion towards others because of factors relevant to the occupation (Sinclair et al., 2017). This primarily affects healthcare workers such as physicians,

dentists, midwives, radiographers, pharmacists, optometrists, veterinarians, and counselors (Alrutz et al., 2020; Sinclair et al., 2017; Lanza et al., 2018; Zeidner et al., 2013). It has been considered to be the 'cost of caring' and is a typical response to repeated exposure to others' trauma, and can affect an individual's emotional well-being (Figley,1995; Kapoulitsas & Corcoran, 2015; Portnoy, 2011). When considering healthcare workers, mental health professionals, like psychologists and counselors, have prolonged exposure to people's traumas by spending hours addressing problems with trauma-focused treatment (Lee et al., 2018).

The professions most at risk of both CF and BO are counselors and therapists (Martínez-López et al., 2021). Over the last two decades, compassion fatigue has received considerable attention as an important stress response specific to those in the counseling profession due to the unique differences between burnout and compassion fatigue (Boyle, 2011; Turgoose & Maddox, 2017; Sinclair et al., 2017). Likewise, compassion fatigue has become a focal point for the education of new counselors in training (CIT) (Merriman, 2015). The American Counseling Association, through its code of ethics, encourages implementing practices to dissuade counselor impairment as well as monitoring effectiveness (2014, C.2.g**;** 2014, C.2.d). Burnout and compassion fatigue have been recognized as falling under the category of professional impairment (Kaplan et al., 2017). Similarly, the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2015) has set standards within their Professional Orientation and Ethical Practice, highlighting and recognizing the dangers of BO and CF, and views self-care as integral for a counselor's ethical development.

While the mental health profession has taken steps to address these dangers, they continue to occur and impact counselors and those receiving counseling services. For example, one study found addiction counselors (a) perceived insufficient legal frameworks to support

addiction work, (b) they reported a lack of recognition and support from other professionals, (c) they stated strenuous administrative requirements detracted from clinical work, and (d) they recognized there were invalidating and hostile attitudes from society toward their clients struggling with substance abuse (Reyre et al. 2017). These issues build and further add to the work-related stress that addiction counselors face.

When clinicians suffer from compassion fatigue, they can experience mood swings, irritability, depression, poor concentration, and poor judgment, which could affect their clients and how they are treated (Sorenson et al., 2016). Symptoms also include, avoiding their clients, decreased ability to feel empathy, and lack of meaning in their work, which can affect client care and relationships with coworkers and clients (Lombardo & Eyre, 2010). These clients are already vulnerable as they present with higher levels of trauma, making the risk of causing harm, even if unintentional, that much greater (Baldwin-White, 2016).

Despite organizational and systemic efforts, BO and CF still risk causing undesirable outcomes. For example, they can lead to boundary and ethical violations, negative client outcomes, a lack of attunement to the client's needs, and a premature exit from the profession for counselors (Bentley, 2022; Figley,2002; Harrison et al., 2014). Understandably, burnout is associated with diminished job performance, increased absenteeism, and higher rates of turnover (Anagnostopoulos & Niakas, 2010; Beitel et al., 2018). These losses, losing addiction counselors, are detrimental for addiction counselors as the field already has a higher-than-average turnover rate (Kaplan, 2003). These clinicians suffering burnout can also experience emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment leading to questions about remaining in the field (Yang & Hayes, 2020). Taking these factors into consideration, the odds appear stacked against addiction counselors. This makes it much

more difficult to treat people in desperate need of care and treatment (Knight et al., 2012a;

McNulty et al., 2007). Often, clients with Substance Use Disorders (SUDs) are at a higher risk of

negative outcomes compared to clients without (Gutierrez et al., 2019). Negative outcomes such

as recurrence of substance use disorder symptoms and attempting suicide, as well as the lack of

recognition include insufficient legal support, invalidating and hostile attitudes from others

towards the clients; strenuous administrative requirements, such as court experiences, increased

paperwork, and having limited resources spread too thin (Fruhbauerova & Comtois, 2019; Reyre

et al. 2017). The complexity of the abovementioned factors often require more intensive efforts,

time, and energy that largely fall back on the addiction counselor and treatment-related clinicians

(Baldwin-White, 2016).

Unfortunately, these losses of addiction counselors are an expected outcome as clients

with SUDs experience higher risks, and so too do their clinicians. Addiction counselors face

challenges other counselors do not, such as the stigmas associated with addiction as a disease,

and therefore, have a lower earning potential despite the higher health risks and mortality rates of

the clients (Oser et al., 2013). Vorkapic and Mustapic wrote the substance abuse profession has a

higher burnout rate compared to any of the other human service professions in the US (2012).

Addiction counselors are at a higher risk of experiencing burnout due to serving client groups

that require more care (Baldwin-White, 2016). Addiction counselors often face higher job

dissatisfaction, minimal workplace support, and decreased self-efficacy (Knight et al., 2012 a;

(Knight et al., 2012 b); Gündüz, 2012). Burnout has been known to affect a psychotherapist's

general well-being and the extent to which clients engage in and benefit from psychotherapy.

The stakes are even higher in the substance abuse field, as a reoccurrence of symptoms can mean

an overdose for some and death for others (Yang & Hayes, 2020).

Primarily, worksite factors are a consistent predictor of burnout, such as job control, salary, social support, workload, and tenure among addiction counselors (Vilardaga et al., 2011). Regrettably, there is little control over the current work-site factors related to the influx of clients seeking substance abuse treatment to cope with the pandemic and its aftereffects (Martínez-López et al., 2021; Vilardaga et al., 2011). This poses a risk for the profession as counselors experiencing burnout may harbor negative feelings and resentments toward their clients, creating a toxic work environment, as well as being more prone to providing a lower quality of care, going against the ethical standards of counseling (Gündüz, 2012; Salyers, 2016; ACA, 2014; de Jong & Reatig, 1998; Knopf, 2021). Furthermore, burnout may lead to addiction counselor exhaustion and could result in them leaving the profession (Garner et al., 2012; Maslach et al., 2012). Across 25 outpatient substance abuse treatment programs, 206 counselors had a variety of experiences and varying degrees, with 64% having a Bachelor's, 36% with a Master's, and 58% with over five years of experience in drug abuse counseling (Knight et al., 2012b). Program tenure and turnover reduction varied, with 32% being in their current job for less than one year and a comparable percentage (29%) reporting five or more years at that worksite (Knight et al., 2012b). Per the data, a little more than half of the counselors were past the five-year mark, and approximately one-third had been there less than a year (Knight et al., 2012b). The National Association of Alcohol and Drug Abuse Counselors has announced the shortage of substance abuse treatment counselors has reached crisis levels in the mid-2000s (NAADAC, 2007; Perkins & Sprang, 2013). If this continues, there is a risk of more addiction counselors leaving the field than entering. This would cause a deficit of caring professionals who are depended on by those suffering from substance abuse disorders.

The Substance Abuse Mental Health Service Administration (SAMHSA), a national

committee, has put great effort into developing specific competencies for addiction counselors.

Agencies and supervisors have a vital role in taking care of their counselors. SAMHSA also

developed a manual for supervisors of addiction counselors to help instill these competencies in

their counselors (2013). The competencies identified by SAMHSA (2015) are comprised of two

buckets:

(1) **Transdisciplinary Foundations**

(a) understanding addiction,

(b) treatment knowledge,

(c) application to practice,

(d) professional readiness.

(2) **Practice Dimensions**

(a) clinical evaluation,

(b) treatment planning,

(c) referral,

(d) service coordination,

(e) counseling,

(f) client, family, community education,

(g) documentation, and

(h) professional and ethical responsibilities.

These competencies are specific to the addiction field and act as a guide for supervisors

(SAMHSA, 2013). However, the effort to support is ultimately moot if the addiction counselors

do not remain in the profession. Ultimately, this responsibility relies on the counselors to remain

accountable and receptive to the support provided.

As previously mentioned, addiction counselors are more likely to work with clients with greater symptom severity and treatment needs, which may exacerbate BO and CF—for example, having a higher prevalence of co-occurring disorders, such as depression (Ahola & Hakanen, 2014). In one study, higher burnout, cynicism, and decreased professional efficacy were related to a higher cumulative burden of chronic stress independent of age, sex, education, occupation, and psychological distress (Hintsa et al., 2016). In this case, depression explained 60 percent of the association. Even higher than this is the prevalence of posttraumatic stress disorder symptoms among addiction treatment patients (Johnson et al., 2016; Saunders et al., 2015).

Studies have shown addiction counselors are highly likely to be secondarily exposed to traumatic events from working with traumatized clients, often experiencing symptoms of secondary traumatic stress (Bride et al., 2009). These factors of trauma change from BO and CF and put addiction counselors at risk of Vicarious Trauma (VT) and Secondary Traumatic Stress (STS). While the main phenomena are BO and CF, studies show VT and STS are connected and part of the addiction counselor experiences (Hernandez-Wolfe, 2018). VT accounts for the negative effects of working with traumatized individuals, families, and systems. VT is considered, "a transformation in the therapist's (or other trauma worker's) inner experience, resulting in empathetic engagement with the client's trauma material" (Pearlman et al., 1995, p31). VT demonstrates the presence of cumulative stress, which gradually develops over time due to witnessing someone's suffering. Similarly, indirect exposure to trauma by providing services to those who are traumatized can lead to the negative impacts of Secondary Traumatic Stress (STS) (Bride, 2004, 2007; Figley, 1999; Lee et al., 2018). Both STS and CF often cause symptoms parallel to those of Post-Traumatic Stress Disorder (Hernandez-Wolfe, 2018). While participating addiction counselors may not have known these terms, through telling their

experiences, they discussed similar concepts due to the high likelihood of being exposed to STS and VT. The main researcher was faced with connecting similar themes coming from the interview data.

With trauma comes the opportunity for another factor that is arguably its opposite: resiliency. Resilience is considered a behavioral response or a trait (Happer et al., 2017). Additionally, resilience is a multifaceted adaptational process where underlying protective processes or factors aid individuals in maintaining their resilience (Cecchet &Thoburn, 2014). Largely, resilience has emerged as the reason why certain individuals can and do adapt under great stress compared to others (Masten, 2001). These individuals likely use protective factors to create positive outcomes under high-risk conditions (Hartley, 2012). Using both internal and external protective factors can reduce the impact of stress (Masten, 2001; Ungar, 2013). Factors might include active coping, emotional stability, peer support, and adult mentorship (Aspinwall & Taylor, 1992). Individuals experiencing trauma and mental illness thrive by having protective factors and qualities such as an easy temperament, good self-esteem, planning skills, and a supportive environment, both inside and outside the family (Fletcher & Sarkar, 2013). Regardless, resiliency carries two main aspects of adversity and positive adaptation. Somehow addiction counselors used these concepts to remain resilient against trauma and work-related stressors, such as BO and CF.

Even though there are strong correlations of burnout among inpatient addiction counselors, there is still little known about the possible experiences of BO and CF among addiction counselors (Lim et al., 2010; Beitel et al., 2018). Additionally, little was known about those who may be resilient to CF and BO, as comprehensive longitudinal studies were and still are lacking. Studies have looked at contextual factors, however, one of the most illuminating

factors has been time and experience in the field (Happer et al., 2017; Ungar, 2012; Bimrose &

Hearne, 2012). Research has found counselors with more experience suffer less burnout due to

developing effective coping mechanisms over time (Farber 2000; Farmer et al. 2002; Garland

2004). Looking at the impact of experience in the field, some studies found the total number of

years working in the field to be inversely related to burnout among counselors, and one study by

Craig and Sprang found younger therapists report higher levels of burnout than more

experienced therapists who had been providing trauma treatment longer (Boscarino et al., 2004;

2010). Additionally, another study found a significant inverse relationship between the length of

time as a counselor and burnout ($r = -.219$, $p < .001$), with more years and experience working in

the field to be associated with less reported burnout (Thomson & Thompson, 2014). Looking

back at addiction counselors, 58% make it to being in the field for five years or more. In contrast,

a third of the addiction counseling field is at their worksite for less than one year, highlighting

the high turnover rates and the rarity of addiction counselors to remain in the field past five years

(Knight et al., 2012b). Because of the length of time and experience associated with possible

resiliency to compassion fatigue and burnout, this study chose to look specifically at addiction

counselors with more than five years of experience in the field, as they likely possess resiliency

factors or coping skills not previously explored while still specific to them and their profession.

This research can contribute to preventing and treating burnout syndromes among mental

health professionals working in substance abuse and addiction-related settings, as previous work

has been devoted to other mental health workers instead (Pines & Aronson, 1988; Pines &

Maslach, 1988). This is why an exploratory, qualitative study was needed to better understand

how certain experienced addiction counselors have not succumbed to these impeccable odds. If

understood in the addiction counseling field, it may also extend to helping promote resiliency in

other counseling specializations or related healthcare fields for counselor wellness and job

retention.

Theoretical Framework

These concepts of BO and CF can stand on their own; however, they are also supported

by several theories. These theories encompass the workings of various contributors to the

phenomena of BO and CF, as these concepts are complex and multifaceted. Due to the works of

leading BO theorists in the 1970s, the term 'burnout' was introduced by Herbert Freudenberger,

in 1974, despite technically being previously researched in 1971, as US air traffic controllers

were reporting "vocational 'burn out,' a form of exhaustion, which included a decline of quantity

and quality in work production" (Calabrese, 1971; Samra, 2018). Interest then shifted to trauma

from the contributions of Charles Figley, as individuals working with trauma were starting to

report and experience similar symptomology (Figley 1995). Figley spoke of Secondary

Victimization as a consequence of caring for others in emotional pain. He wrote, "Although I

now refer to it as Compassion Fatigue, I first called it a form of burnout, a kind of Secondary

Victimization" (Figley 1995, p.2). This would later be known as Secondary Traumatic Stress

(STS). In 1993, Stamm and Figley discussed using the term Compassion Fatigue instead of STS

to standardize nomenclature. In 1998, Figley revised his definition to read, "Compassion Fatigue

is defined as a state of exhaustion and dysfunction – biologically, psychologically, and socially –

as a result of prolonged exposure to Compassion Stress and all it evokes. It is a form of burnout"

(p.23). There has since been a multitude of burnout definitions with different prevalence and

outcomes; however, they are still heavily connected with physician burnout and the ethical

dangers it brings (Epstein et al., 2020; Grow et al., 2019; Han et al., 2019; Hewitt et al., 2020;

Simionato et al., 2019). As these terms and understanding of CF and BO have changed over the years, so too has the theoretical framework.

To further define the various types of BO and CF, several theories have either come into existence to explain and better understand them or came to explain other phenomena but complement explanations of BO and CF. Five of the main theories relevant to this study included Social Cognitive Theory, Social Exchange Theory, Organizational Theory, Existential Theory, and Resilience Theory. All of these theories had their own unique strengths and challenges as they each viewed CF and BO through a different model. However, these models were still used and found to be relatable to the varying challenges addiction counselors face. The work environments, administration, training, accreditations, and especially the clients are continuously changing (Lundgren et al., 2013; Miller, 2020).

Multiple Theories

Beginning with Social Cognitive Theory (SCT) - SCT focuses on the variables of the individual, including self-efficacy, self-confidence, and self-concept in the development and evolution of burnout and compassion fatigue (Edú-Valsania et al., 2022, Cherniss 2017; Yang, 2021). In this concept, the syndrome of occupational stress is triggered when the worker doubts their effectiveness in achieving their professional goals, and this could also lead to emotional frustration or empathic depletion depending on the circumstances (Alexander & Ward, 2018; Manzano-García & Ayala-Calvo, 2013). Addiction counselors may have been attributing the success of their clients to their efficacy and may have personalized the client's relapse or difficulties they face after treatment, putting addiction counselors at a higher risk of BO and CF. SCT accounts for environmental factors as well as behaviors learned by observing others (Bandura, 2004, 1978, 1989). Certain circumstances that contribute to the expectations of

inefficacy have to do with one's negative past experiences of failure, lack of references or

models who have gone through similar scenarios, deficits in external reinforcements from the

workplace, lack of feedback or negative criticisms, interpersonal stress, and difficulties at work

(Epstein et al., 2020; Grow et al., 2019; Hans et al., 2019; Simionato et al., 2019; Maslach &

Jackson, 1981; Moore et al., 2020).

Studies have shown stress appraisal is positively associated with compassion fatigue,

compassion satisfaction, and burnout (Alexander & Ward, 2018). Self-efficacy has been

positively related to compassion satisfaction and negatively related to compassion fatigue and

burnout (Alexander & Ward, 2018; Benight & Bandura, 2004). As addiction counselors already

have a lower perception of their social and organizational support, these factors make it more

difficult for them to self-advocate and practice self-efficacy (Oser et al., 2013; Robino, 2019;

Vorkapic & Mustapic, 2012). Compassion Satisfaction, through the SCT framework, can be

taught, identified, and further developed through psychoeducation and efforts by the

administration. While SCT covers many bases of BO and CF, there are still other theoretical

frameworks that cover different but still important factors.

Social Exchange Theory (SET), which looks at the social behavior in the interaction of

two parties that implement a cost-benefit analysis to determine risks and benefits, considers

burnout differently (Emerson, 1987; Homans, 1958; 1974). It posits burnout occurs when a

worker perceives a lack of equity between their efforts, contributions made, and the result of

their labor (Meng et al., 2019). The lack of reciprocity can occur at all organizational levels and

diminishes professionals' emotional resources, leading to emotional and chronic exhaustion. In

the context of this theory, burnout is caused by the interpersonal demands of dealing with

emotionally consuming clients (Civitci, 2015). Avoiding these emotionally draining people or

situations can lead to depersonalization or cynicism to cope with stress, leading to low personal

fulfillment (Edú-Valsania et al., 2022). Relate this more to the helping profession and you have

compassion fatigue. In the same theory, compassion fatigue is considered a consequence of

social exchanges that vary by power and status expectations. In this theory, compassion fatigue is

understood as a social facet, a social emotion, and an interactional outcome of social exchanges

within organizations (Vaccaro et al.,2021).

      In the area of Organizational Theory (OT), burnout is a consequence of organizational

and work stressors accompanied by inadequate individual coping strategies from the worker

(March 1991; Edú-Valsania et al., 2022). Within OT, burnout starts from the existence of

organizational stressors or risk factors, such as work overload or role ambiguity, where

individuals show less organizational commitment as a coping strategy and self-preservation,

similar to cynicism and depersonalization (Peters, 2018). Again, low personal fulfillment at work

and emotional exhaustion lead to BO (Hunsaker et al., 2015; Li et al., 2014). Depersonalization

appears to be the beginning of burnout, followed by low self-fulfillment and lastly, emotional

exhaustion (Edú-Valsania et al., 2022; Peters, 2018). When considering the work setting of the

helping profession, organizational factors also lead to and increase the risk of compassion fatigue

(West, 2015).

      Like SCT, Existential Theory (ET) relates its environmental factors (Kierkegaard, 1946).

Rössler and colleagues, expanding on how burnout relates to environmental factors, argue the

impact of environmental variables, such as working conditions, were being overestimated and

individual variables underestimated (2015). From this perspective, burnout primarily comes from

an individual's desire for their profession to provide meaning to their life (Pines, 2004). If this

expectation is unmet, they may become vulnerable to perceptions of failure, helplessness, and

hopelessness (Pines, 2004). With these unmet expectations and lack of support from their environment, addiction counselors continue to be at risk of becoming helpless and unable to prevent BO and CF. With this theory in mind, studies have shown work stressors predicted job-related strain more so than burnout, as both work importance and job satisfaction were more closely related to job-related strain (Pines & Keinan, 2005). This tells us people can handle BO, perhaps even CF, and cope effectively as long as they feel they are making a difference and contributing meaningfully in life. From Logotherapy's founder Viktor Frankl and his book *Man's Search for Meaning*, "Once you know your why, you can endure any how"; this shows how if people can find their purpose, they can overcome any challenge life throws them (1985, p. IX). In a way, ET is a stepping stone for the following theory because, as people continue to persevere with the challenges of BO and CF and find their 'why', there is space for growth and resilience. This next conjecture focuses on resilience as its primary base.

Resilience Theory (RT) asserts it is not the nature of adversity that is most important, but instead our response and how we choose to deal with adversity (Kulig et al., 2009; Masten et al., 2003; Garmezy, 1993). According to RT, resilience helps us recover when facing adversity, frustration, misfortune, and the challenges of everyday life (Southwick et al., 2014; Garmezy, 1973; Garmezy & Rodnick, 1959). Anna Masten takes RT a step further (2014; Southwick et al., 2014). In addition to helping us survive and cope, resilience gives us the potential to thrive in these challenges by providing us, "the capacity of a system to adapt successfully to significant challenges that threaten its function, viability, or development" (Masten, 2018, p. 1). While it can be advantageous, it is a complex structure that is still not entirely agreed upon and may range depending on one's culture, and one's capacity for resilience may fluctuate over one's lifespan (Southwick et al., 2014; Ungar, 2013; Van Breda, 2018).

Less emphasized is the concept of organizational resilience and its underpinning

mechanisms of relational, cognitive, and structural nature (Vogus and Sutcliffe, 2007). This

could support some definitions of resilience that posit resilience is not solely an individual

construct as much as it is a quality of the environment and its ability to facilitate growth (Ungar,

2013). In addition to resilience, there is also vicarious resilience; the growth helping

professionals experience through witnessing the experiences and triumphs of victims under

adverse circumstances (Hernandez-Wolfe, 2018). This highlights there are other varying aspects

of resilience.

These theories are relevant for addiction counselors because they constantly adapt to new

situations. With vicarious resilience, there is a silver lining that can benefit addiction counselors.

Addiction counselors knowing about vicarious resilience can likely enhance its effects and shows

that there are potential positives even in difficult situations. While it is a complex subject,

resilience is a building block for developing other possible strengths and coping skills.

Conducting this qualitative study on addiction counselors provided insight into what protective

factors contribute to, enhance, or maintain their resilience (Bimrose & Hearne, 2012; Fletcher &

Sarkar, 2013; Happer et al., 2017; Ungar, 2013).

New additions to the field of CF and BO

The successor to resilience is posttraumatic growth (PG). Initially, resilience was defined

as the ability to maintain stability and healthy living despite having experienced an extremely

traumatic event. Resilience is known to be common and different from other psychopathology

(Bonanno, 2004). While resilience focuses on maintenance, post-traumatic growth suggests more

impactful changes. Studies have shown most trauma survivors do not develop PTSD, with many

of them reporting growth instead. The term Post-Traumatic Growth was coined by Tedeschi and

Calhoun in 2004. They defined it as the positive psychological change experienced from a struggle with highly challenging life circumstances (2004). This sense of growth can play a role in the commitment addiction counselors demonstrate by remaining in the field and warranted future research.

Relating this to counseling, self-compassion and self-care are considered possible interventions to increase the resilience of those heavily affected by trauma-related work, such as first responders (Lanza et al., 2018). Self-care and self-compassion yield higher results when accompanied by mindfulness-based practices (Delaney, 2018; Neff et al., 2020; Raab, 2014). During the COVID-19 pandemic, a study was conducted on professional counselors and their stress and resilience. There was a strong association between posttraumatic stress and perceived stress on the counselor's overall professional quality of life (Litam et al., 2021). Perceived stress and resilience were both strong predictors of BO and posttraumatic stress was a strong predictor of STS (Litam et al., 2021). There are possible benefits of overcoming challenges (Levy-Gigi et al., 2016).

Tosone et al. conducted a study to assess the shared traumatic and professional posttraumatic growth inventory (2011, 2016). The results suggested reciprocation of shared traumas from mental health responders' personal disaster-related experiences can impact their practice. Their interactions with trauma responders can also influence their responses to the trauma-related event. The Shared Trauma and Professional Post-traumatic Growth Inventory (STPPG) instrument suggests personal trauma can impact one's professional practice, and the client's traumatic narratives can influence one's trauma responses. This is imperative for CITs and social work interns to understand so they can be better prepared for shared trauma and professional PG (Can & Watson, 2019). More importantly, addiction counselors are likely the

most at risk as they face higher rates of exposure to trauma and trauma-related symptomology

and likely benefit the most through targeted psychoeducation (Bride et al., 2009).

Past studies found most addiction counselors are not prepared for practice with

traumatized populations through formal academic training, although many obtained some type of

trauma training through continuing education activities (Bride et al., 2009). Equally important,

addiction counselors are highly likely to be secondarily exposed to traumatic events through their

work with traumatized populations, and many experience at least some symptoms of secondary

traumatic stress (Bride et al., 2009). This experience of secondary traumatic stress is believed to

contribute to turnover and may reduce the quality and effectiveness of services (Bride et al.,

2011). While describing the areas of trauma that add to BO and CF, there are still issues due to

its subjective nature and how it is open to interpretation in various ways.

Burnout and Compassion Fatigue presently

Empirically, evidence for the distinctiveness of BO has been inconsistent (Bianchi et al.,

2015). CF and resilience theory needed unity and integration (Rauvola et al., 2019; Southwick et

al.,2014; Van Breda, 2018). This study provided an opportunity to look for commonalities. There

had not been a qualitative analysis of compassion fatigue and resilience among addiction

counselors specifically. Past studies focused more on social workers or counselors as a whole

(Kapoulitsas & Corcoran, 2015). This ignored the challenges and distinct levels of CF, BO, STS,

and VT, among other variables, specific to addiction counselors. Currently, researchers are

considering compassion is not the issue concerning CF, implying the terminology is inaccurate.

Instead, researchers have implored the community to refer to it as "empathic distress fatigue"

(Dowling, 2018). Other vernacular includes 'Empathy Based Stress, 'Empathy Fatigue',

'Compassion Distress', 'Empathic Stress Fatigue', and 'Compassion Stress Injury' (Papazoglou

et al. 2019; Rauvola et al., 2019, Russell & Brickell, 2015; Sinclair et al., 2017; Stebnicki, 2000).

The specific terminologies and words used to describe these concepts are relevant as the theories

themselves have changed in response to the changing terminology. Compassion fatigue can be

further understood by the professional quality of life scale. Stamm, 2016, developed the

Professional Quality of Life Measure (ProQOL), which has become the most used measure of

the negative and positive aspects of helping others who experience trauma and suffering. Just as

compassion fatigue is seen as the negative aspect, compassion satisfaction (CS) is seen as the

positive aspect, and perhaps the complete contrast of CF, as it encompasses the pleasure derived

from being able to do one's work well as a professional caregiver (Stoewen, 2019). This can also

reinforce one's calling to the profession and play a role in how addiction counselors remain in

the profession, which coincides with the themes related to the research.

Despite our efforts, there were still many layers of well-being among addiction

counselors requiring clarification on the stressors plaguing the profession. BO exists in all

professions, leading to overworking and insufficient time for recovery. Compassion fatigue can

affect anyone in the role of healer, helper, or rescuer. STS and VT are present when

professionals work with trauma-related individuals, which can be impacted by the levels of

trauma experienced worldwide (Ornell et al., 2020; Zaami et al., 2020). As these variables are

interrelated and connected, they impact clinicians, the workforce they contribute to, and the

people they serve. If counselors are not able to meet the ever-growing needs of their clients, it

could very well lead to irreparable consequences. Addiction counselors have been more at risk

and arguably more vital for rehabilitating individuals suffering from addiction (Goldsamt et al.,

2021; Rieckmann, et al., 2011; Xiao et al., 2014). A phenomenological approach provided the

platform needed to identify commonalities among the experiences of addiction counselors who

have not been focused on in research despite the ever-growing need for them and the demands of

their workloads.

Related Literature

Understanding this topic is an ongoing process and is still developing as the profession

continues to pay more attention to it. A qualitative and phenomenological approach added more

substance to CF and BO and how they relate to the experiences of addiction counselors. So far,

some of the largest predictors of CF included meaning in life, self-efficacy, empathy, and

mindfulness (Zhang et al., 2021). While the study by Zhang et al. brings light to predicting CF,

the sample consisted of psychological hotline counselors, not addiction counselors who have

similar albeit different methods of work. Narrative reviews show addiction and substance use

counselors have been left out of the realm of compassion fatigue research among health

professionals despite being such key components. There have been studies on compassion

fatigue among psychologists, psychiatric nurses in forensic units, trauma therapists, mental

health counselors, and telephone counselors, but addiction counselors have been neglected

(Turgoose & Maddox, 2017).

Additionally, studies fail to explore the lived experiences of addiction counselors in

regard to burnout and compassion fatigue or take into account how some counselors are in

recovery, and this may impact their resiliency. For example, Elman and Dowd suggested

counselors in recovery were less likely to burn out because of the social support they receive

from their recovery process, including the personal accomplishment they obtain from their

continued recovery (1997). Conversely, a study by McNulty and colleagues, 2007, indicates

counselors in recovery are thought to invest higher levels of emotional labor in their work due to

having a stronger identification with their clients, leading to greater involvement with clients in

denial, who may be unmotivated or have the potential for relapse, which places the counselor at a

higher risk for burnout. This was later supported by another study indicating how addiction

counselors who have family members with addiction problems or are in recovery themselves

may be more susceptible to compassion fatigue (Perkins & Sprang, 2012). While this presents

issues, it is not much considering the decades elapsed between the studies and today. The sparse

research, at times, contradicts itself, and the few existing qualitative studies are almost

inapplicable due to being too small of a sample, inconsistent parameters of participants, or non-

applicable to other cultures (Raudhoh, & Krisnawati, 2018). Overall, little research explores the

qualitative understanding of the addiction counselor's experience with CF and BO, and this

provided an excellent opportunity for this study to explore (Gutierrez et al., 2019; Hernandez-

Wolfe, 2018; Rieckmann et al., 2011; Sinclair et al., 2017; Singh et al., 2020).

There has been more recent research into mindfulness practices or self-compassion as a

preventative or intervention-related measure for CF and BO (Delaney, 2018; Gregory, 2015;

Martin-Cuellar et al., 2021; Neff et al., 2020; Raab, 2014; Silver et al. 2018). For example, self-

oriented empathy has been positively associated with CF (Zhang et al., 2021). Dispositional

mindfulness and a counselor's self-efficacy independently mediate associations for self-oriented

empathy and CF. This supports the etiological and multifactor model of CF, which can differ and

appear similar among addiction counselors. This increase in mindfulness practices might be

assisting counselors in identifying traits of BO, STS, VT, and CF (Lee et al., 2015; Malkina-

Pykh et al., 2017; Sodeke-Gregson et al., 2013; Tominaga et al., 2020). This awareness may also

lead to early detection and possible early prevention (Hernandez-Wolfe, 2018; Molnar et al.,

2017). Mindfulness builds on the individual's awareness of self and brings the individual to the

forefront of their emotions, leading to increases in emotional intelligence.

Similarly, emotional intelligence may help combat CF. In a study of compassion fatigue among health professionals, both self-report traits of emotional intelligence and ability-based emotion management were inversely associated with CF (Zeidner et al., 2013). Adaptive coping was also inversely related to CF, and there were differences between mental and medical professionals in emotional intelligence, negative affect, and coping strategies. Problem-focused coping appeared to be a mediator between emotional intelligence and CF (Zeidner et al., 2013). In addition to emotional intelligence, compassion fatigue, and negative personality traits have been explored, and it was found CF significantly predicted CS in police officers exposed to traumatic incidents while in the line of duty, and their years in law enforcement did not predict CS (Papazoglou et al., 2017).

Within that same sample, CF and burnout were negatively correlated with compassion satisfaction (Papazoglou et al., 2017). Most participants also reported low levels of psychopathology (Papazoglou et al., 2017). There can be similar results among addiction counselors, and perhaps more so among those who have remained in the field of counseling as addiction counselors (Gutierrez et al., 2019). However, the law enforcement sample may be misleading, as police officers are often psychologically tested as part of their profession, and currently, there are no mandatory assessments for addiction counselors. This further highlights why a qualitative study with addiction counselors who have remained in the profession was so pertinent. By sharing their experiences, factors were revealed towards resiliency, CS, and other factors unique to the category of addiction counselors. It begged the question of how CS affects addiction counselors, such as reward, fulfillment, and satisfaction, and what that relationship is for addiction counselors.

CS has often been considered the antithesis of CF, and recent studies allude to self-efficacy (SE) as being a possible predictor of CS (Yang et al., 2021). Among school counselors, there is a positive relationship with perceptions of self-efficacy in their skills, multidirectional roles, and CS. But there is a negative relationship between BO and CF, which is surprising as often BO develops, then followed by CF. Regression analysis showed counseling skills and perceptions of self-efficacy, along with multidirectional roles and skills, predicted CS and CF, with fatigue not being a significant predictor (Bozgeyikli, 2012). This differs from what we know about CF. Unfortunately, this focused on the workloads of school counselors, who often have different caseloads compared to mental health counselors and social workers. Measuring the effectiveness of these protective factors against CF and BO, building on self-efficacy, and developing techniques or interventions could be fruitful for future studies as there just currently is not enough research on the topic for addiction counselors.

There is sparse literature on organizational support and social support (Kim et al., 2018; Maslach & Jackson, 2012; Pagano et al., 2021). These factors did come up as commonalities as the study progressed. For instance, among community therapists, a multilevel model revealed a therapist's weekly work hours, caseload, and number of evidence-based practices delivered were associated with increased emotional exhaustion (Kim et al., 2018). Contrary to this, higher levels of self-efficacy were associated with lower emotional exhaustion. Likewise, concerning the first responder coping, avoidant coping was found to be positive and contributed to post-traumatic growth. Ultimately, both social support and physical fitness were found to be associated with increased well-being (Arble & Arnetz, 2017). There was similar organizational support among addiction counselors depending on the work settings from their careers throughout the interviews. There has not been substantial research on addiction counselors in recent years prior

to this study. Previous studies showed organizational commitment led to less turnover; however, this may have changed as the profession has, warranting more current research (Mcnulty et al., 2007; Gutierrez et al., 2019).

Summary

Burnout and Compassion Fatigue heavily impact the profession of counseling, specifically addiction counselors, who are more at risk due to the intense demands not just of their work and caseload but their need to care and empathize (Bentley, 2022; Beitel et al., 2018; Martinez-Lopez et al., 2021). Over the decades, what we know about work-related stress, such as burnout, and its many variations has changed and been updated as we learn more (Portnoy, 2011; Ray et al., 2013; Sinclair et al., 2017). We now realize such an intricate and complex subject is difficult to understand (Bianchi et al., 2015). There has been research on burnout, secondary traumatic stress, vicarious trauma, and compassion fatigue, all with their unique qualities, similarities, and differences (Hernandez-Wolfe, 2018; Molnar et al., 2017; Russell & Brickell, 2015; Turgoose & Maddox, 2017). As empathy and trauma are the main themes of these structures, it is understandable the counseling profession would be involved. There has been some progress toward interventions of mindfulness, self-efficacy, and self-care or self-compassion to combat BO and CF; however, these concepts did not target addiction counselors, and the effectiveness of these interventions on them was lacking in the literature.

The most at-risk counselors have been addiction counselors, as they are more likely to suffer from burnout and compassion fatigue (Gutierrez et al., 2019). Global events have likely had an impact; however, the lack of attention regarding the lack of resources and low-pay addiction counselors receive compared to their community-based counterparts has been long-standing (Robino, 2019; Oser et al., 2013; Vorkapic & Mustapic, 2012). Vicarious Trauma and

secondary traumatic stress are also not to be taken lightly, as these work-related and occupational stresses can mimic or be just as debilitating as PTSD symptomology (Rauvola et al., 2019; Saakvitne, 2002; Stamm, 2016; Walker et al., 2016). Additionally, addiction counselors are more likely to work with clients who complete suicide (Fruhbauerova & Comtois, 2019). The emotional toll this adds is not something easily quantifiable and requires the utmost care in addressing (Boscarino & Adams, 2004; Bride, 2004).

These issues, not being addressed, continue to become ever more concerning. Just as it is a health issue for addiction counselors, it also becomes an ethical issue as it concerns impairment. Addiction counselors have the ethical responsibility to do no harm to the client and prevent impairment of oneself, taking the necessary actions when impairment is identified and to gatekeep the profession (ACA, 2014; Kaplan et al., 2017). This is an area that has been neglected and lacked rich and thick qualitative information about the experiences of addiction counselors who, despite BO and CF, may change settings yet stay in the addiction counseling field. Delving into this area was sure to help us identify common factors that enhanced CS and other supportive factors and attributes, such as emotional intelligence, personality traits, physical exercises, and coping skills (Litam et al., 2021). Compared to the other professions of social work and mental health counseling, addiction counselors unequally have had little to no qualitative research or data on their experiences (Bianchi et al., 2015; Kapoulitsas & Corcoran, 2015; Rauvola et al., 2019; Van Breda, 2018). Addiction counselors predominantly only required a bachelor's to join the profession or start an addiction-based counseling program and likely have a low seat at the table because of this (Olmstead et al., 2012; Simons et al., 2017). Addiction counselors who deal with a more vulnerable populations compared to other counselors have been overlooked enough (Saunders et al., 2015).

There are possible theories that can explain the phenomena addiction counselors are experiencing. SCT, SET, OT, ET, and RT all have their own understandings and mechanisms of CF and BO, and these theories were used as appropriate lenses to better understand and provide a 'big picture perspective' and an eclectic understanding. The similarities were identified for mutual understanding, along with the differences. As CF and BO are subjective constructs, so too are the theories created to comprehend them within the right context. SCT helped address the strengths of individual addiction counselors (Yang, 2021). SET assisted in looking at the social behaviors and perceptions related to the cost-benefit relationship, helping identify motivations as well as perceptions of power and status (Meng et al., 2019). OT provided the context of organizational stressors that may impact CF and BO, as well as identifying what challenges or reduced risk factors were associated with them (Hunsaker et al., 2015; West, 2015). RT demonstrated the possible positive qualities of adversity, post-traumatic growth, and ultimate resilience factors that can lead to it, such as emotional intelligence, self-efficacy, mindfulness, and CS (Masten, 2018; Southwick et al., 2014).

The subject matter has had many BO specialists and contributors spanning from the early 70s such as Charles Figley, Beth Stamm, and Christina Maslach; however, the many voices make it difficult to focus on solidarity. This study provided a platform to synthesize the current terms and determined codes and themes that were representative of the addiction counselors' experiences and life tellings. It gave them a chance to use their voices and provide their perspectives. Additionally, there has been scarce attention in the area of addiction counseling. This was one of the few studies to provide a voice for addiction counselors, allowing them to share their experiences and be their own advocates. The emphasis of this study was for them to tell their experiences and for the researcher to identify common themes as they related to

potential theories and hypotheses. This can also lead to replication for future addiction

counselors so they, too may stay in the profession, leading to higher retention and hopefully

lesser turnover rates (Vilardaga et al., 2011).

Chapter Three: Methods

Overview

This chapter delivers a detailed description of the study's methodology as well as the reasoning. There was currently a gap in the literature concerning compassion fatigue and burnout among addiction counselors, specifically, addiction counselors who appear resilient to burnout and compassion fatigue (Gutierrez et al., 2019; Hernandez-Wolfe, 2018; Rieckmann et al., 2011). This was concerning as addiction counselors are more at risk of suffering from Burnout (BO) and Compassion Fatigue (CF) due to the high demands of their jobs, including large workloads, low pay, working in a high-trauma environment, and having fewer resources for self-care (Bentley, 2022; Beitel et al., 2018; Gutierrez et al., 2019; Martinez-Lopez et al., 2021). Using a study centered on qualitative research provided unlimited opportunities as qualitative research looked for an in-depth understandings of the social phenomena within natural settings (Englander, 2018). Relying on direct experiences was done to make the research richer and more holistic, as well as help others interpret various viewpoints and potentially develop new theories (Englander, 2018).

Within the qualitative research method, there were options for how to provide a platform and further expand on the lived experiences of addiction counselors. This study took a phenomenological approach to look at change processes over time, help understand people's experiences as they pertained to the research question, and help adjust to new issues that may emerge (Easterby-Smith et al., 2008). The procedures, research design, and analysis adhered to a phenomenological approach, with a focus on the lived experiences, inquiry, research participants, and the way the research question was addressed (Neubauer et al., 2019; Smith et

al., 2012; Willig, 2002).

To begin, IRB approval was obtained to ensure the ethical treatment of all human participants. This study planned to follow all IRB procedures. This chapter will discuss the participant selection process and how the research question of addiction counselors who 'appear' resilient to the long-term effects of burnout and compassion fatigue will be addressed. Furthermore, a descriptive personal biography discussing the researcher's own experience will be provided to inform the reader how this phenomenon is relevant to the researcher, and the experiences they have that may be beneficial to the study (Moustakas, 1994a). This will also allow the reader to be aware of possible biases and engage in bracketing (Moustakas, 1994a). This chapter will also discuss how the researcher planned to be aware of the setting of the interview and collect the data through interviews and transcripts to allow opportunities for feedback and corrections from participants via member checking. Member checking is a technique for exploring the credibility of results where results are returned to participants to check for accuracy and resonance with their experiences (Mcleod, 2011). After this, the researcher then analyzed the data with colleagues, creating audit trails to affirm trustworthiness and conduct conceptual encounters to go over the data.

Design

This study was conducted by utilizing a qualitative approach with a phenomenological design. The purpose of the study was to examine the lived experiences of addiction counselors in the face of burnout and compassion fatigue. A qualitative approach for this study was chosen because it allowed for the capture of lived experiences and for the stories of these participants to be told in a way that honored them and accurately represented the phenomena. The phenomenon is how some addiction counselors, despite being widely at risk for developing compassion

fatigue and burnout, are still present and remain working with no interest in leaving the field and appear resilient to BO and CF (Rothrauff, 2011).

A phenomenological design, and more specifically transcendental phenomenology, was used. Phenomenology aimed to produce an encompassing description of the phenomena of everyday experience, thus providing and demonstrating an understanding of the essential structures of the 'thing itself', which is the phenomenon (Mcleod, 2011). One of the largest contributors to this method is Edmund Husserl. It was Husserl who first used the phrase "natural attitude" to describe the network of assumptions people use to make sense of the everyday world (Mcleod, 2011). Phenomenology attempts to push this boundary and go beyond the natural attitude by adopting a transcendental attitude, achieved by "bracketing off" such assumptions (Mcleod, 2011). In a way, this allowed the researcher to see the essence, the essential nature of things.

Much like transcendental phenomenology, this study assumed the subjects and the objects contributing to the phenomena were connected meaningfully (Husserl, 2012). This study planned to explore and provide new data on the interconnectedness of all the factors related to the lived experiences of addiction counselors and the stressors they face. This study intended to look at the transcendental essence, looking at the intentional means of finding the essential qualities that make up the phenomena of some addiction counselors appearing resilient to burnout and compassion fatigue. By taking a descriptive approach, this study planned to define clear roles between researcher and participants by emphasizing the descriptions, bracketing the phenomena, and documenting the invariant psychological meanings. As the transcendental approach was being used, it was also descriptive and methodological in its approach (Moustakas, 1994a). The plan was to collect the data, bracket and describe the ambiguities, provide a whole-

part analysis, and finally arrive at results that communicate the invariant meanings through the

findings.

More specifically, this method entailed a thorough data collection process, including the

phenomenological interviews. This study gained new insights into the experiences and

perceptions of these addiction counselors who appeared resilient to burnout and compassion

fatigue and remained in the profession. This provided an opportunity for addiction counselors to

contribute to the research of burnout and compassion fatigue as this was the phenomenon most

present and relevant to the field of counseling and addiction counseling.

Research Question

The following research question was used in this study and served as the foundation for

identifying the lived experiences of participating addiction counselors:

"What are the lived experiences of addiction counselors who appear resilient to severe

levels of burnout and compassion fatigue, therefore leading to longevity in the addiction

counseling field?"

Setting

Firstly, IRB approval was obtained to ensure the ethical practices of this study and the

safety of the participants. Creating a partnership with NAADAC, the Association for Addiction

Professionals, was key, as this study relied on their MAC credential to supply a list of

participants recognized at the national level as being addiction counselors. The researcher

requested a list of members and then recruited participants from that pool. After completing their

requested application process, they sent out this researcher's recruitment email to their list of

members.

Having counselors from different states helped display the commonalities between the

experiences of addiction counselors, as the email list comprised participants all throughout the

country. Collaborating with NAADAC was the ideal method and the method this researcher

chose. Interviews were conducted online due to portability, logistics, and easier access to

conducting interviews on a platform that records and transcribes, such as Microsoft Teams.

Participants

Participants in this study were addiction counselors who had been working in the field

and had five or more years of experience, having likely experienced burnout and/or compassion

fatigue in the past (Knight et al., 2012b: Perkins & Oser, 2014; Vorkapić & Mustapić, 2012).

This study was designed to look specifically at addiction counselors who appear resilient to

severe levels of burnout and compassion fatigue, which has led to remaining in the addiction

counseling field. As part of the inclusion and exclusion process, this study decided to look at

addiction counselors who had earned the nationally recognized MAC certification and met the

prior listed criteria for participation. The participants were from various states, but ensuring

participants had their MAC certification ensured they had been in the field enough time to have

experienced some level of burnout and/or compassion fatigue. The MAC required prior

licensure; differing states varied, but all required a certain number of years of training and

supervision to obtain said licensure.

This study employed a form of non-probability sampling where the researcher relied on

their judgment when choosing members of the population to participate in the surveys (Given,

2008; Husserl, 2012). This Non-Probability Sampling/Purposeful/Criterion Sampling is often

used with transcendental phenomenology, which was consistent with this study. Demographic

information, such as their age, ethnicity, and gender, was collected through the demographic

questionnaire. Past studies have looked at the differences between urban and rural addiction

counselors, so this study decided to look at the demographic information to ascertain what regions the participants represented (Oser et al., 2013). As different states have different requirements for substance abuse and addiction counselors, this study also sought to collect information related to the counselor's training, education, years in the field, certifications, and or licenses held as part of the interview process. The MAC requirement served as the base commonality, along with their general experience being an addiction counselor. This twofold screening process helped the study focus on this specific population of counselors. A previous study sought to identify the demographic and professional characteristics of college counselors; this study took inspiration to use a similar demographic questionnaire geared towards addiction counselors instead of college counselors (Newhart et al., 2021).

Personal Biography

As there was a gap in the literature, I planned to log, document, and study the experiences of addiction counselors as they explained their feelings of burnout and compassion fatigue. I did feel with my experience as a licensed mental health counselor (LMHC) and as a master's level certified addictions professional (MCAP), I could better understand the experiences of the participants. While this does create an opportunity for my biases to seep through, I planned to follow steps, such as bracketing, to address and manage them and did this. I have been working in the mental health field for the past seven years, and five of them have been focused on substance abuse and addiction counseling. I think my professional background helped the participants feel at ease, as opposed to talking to someone not familiar with the profession. I have also witnessed my colleagues succumb to compassion fatigue and burnout, causing some to leave the profession, take a sabbatical, or take a less demanding position within the field. I also have witnessed and met colleagues who have managed to stay in the profession for decades, and I

wondered what exactly it was about them or their lifestyle enabling them to keep going.

After the first year of COVID-19, the mental health agency I worked at transitioned to telehealth, and I was scheduled to see eight people during the eight-hour day. My average was six sessions and two cancelations a day. The cancelations would give me time to do documentation or take a personal break. Suffice it to say, after several months, I suffered from burnout myself. I was able to continue to be compassionate; however, if I stayed at that agency and attempted to advocate for more PTO as a preventative measure for burnout, I would have become impaired both ethically and morally. I could not allow myself to put my clients at risk of receiving a lesser quality of care. I was also not willing to put my family through this, so I left that agency and found another facility with more individualized services but smaller caseloads. This qualitative study provided a platform to explore if other counselors have also taken this approach to prevent burnout and/or compassion fatigue. Conducting this study helped me and my co-researcher identify commonalities and strengths that can and have helped addiction counselors resist the negative effects of work-related stress.

While my experiences and background may be similar to some participants, I still needed to keep a mental account of my position as a researcher and my role, and I did this through having and keeping field notes. I understood my past experiences, assumptions, beliefs, and values likely influenced the research process; however, I was able to minimize this influence by collaborating with colleagues, member checking, and other methods of keeping my biases in check. It entailed critical self-reflection, recording my thoughts, journaling, and continually collaborating with my research partner and supervisors. Throughout this process, I had to remain attentive to my family of origin, political, social, and ideological origins, and of my perceptions and my voice as I wrote, transcribed, and coded the data. My ethnicity, race, age, gender, sex,

and other demographics may have also influenced my perspectives and biases. I am a white, heterosexual, cisgender male addiction counselor and my experiences were likely different in some capacity from others.

The participants were an accurate portrayal of diversity in the profession. According to Census Bureau data, 73.3% of counselors in the United States are female, and 61.9 % are white (non-Hispanic), followed by 19.4% being Black (non-Hispanic) (Counselors, 2017). The average male counselor is 42.9 years of age, and the average female age is 41.3. I was not yet 30 at the time of the study, and my physical age and appearance likely influenced how the participants perceived me in my role as the researcher. Based on my young appearance, participants may have perceived me as naive or inexperienced despite my seven years in the field, my license, and certifications. I made an intentional effort to be mindful of my voice as I wrote, the voices of the participants, and the voices and perspectives of those who saw, reviewed, used and/or added to the research findings. I made sure to be mindfully aware of state boards and governing bodies such as the American Society of Addiction Medicine (ASAM), American Counseling Association (ACA), Council for the Accreditation of Counseling and Related Educational Programs (CACREP), Substance Abuse and Mental Health Services Administration (SAMHSA), and the American Psychology Association (APA) as they all have different personalities but commonalities in their devotion to counseling which includes addiction counseling.

Procedures

All procedures had to follow the Institutional Review Board (IRB) approval. After receiving approval from the IRB, the next step included contacting NAADAC, the Association for Addiction Professionals, and completing their application process, their Ph.D. Candidate Survey Services, which would allow the main researcher to send out a recruitment email to their

list of members, including members who held the Master Addiction Counselor (MAC) certification awarded by the National Certification Commission for Addiction Professionals (NCC AP). MAC holders are certified and automatically hold a current credential or license as a Substance Use Disorders/Addiction counselor or Professional Counselor, as well as a Master's degree or higher in Substance Use Disorders/Addiction and/or related counseling subjects. Additionally, to obtain a MAC certification, one must have supervised experience as a Substance Use Disorders/Addiction counselor, and hours devoted to specific education and training in Substance Use Disorders/Addiction, as well as received a passing score on a national exam (NAADAC, 2013).

Receiving the list of MAC certified addiction counselors from NAADAC, the Association for Addiction Professionals, allowed the main researcher to contact a large number of addiction counselors at one time. Those who chose to participate in the study completed the appropriate consent forms shared by the research team. In most qualitative studies, sample size can vary, and the focus is more so on the rich and descriptive experiences of the phenomena instead of the quantity or size of the sample (Moustakas, 1994a, 1994b). From there, the researcher coordinated and conducted online interviews. To qualify, the members had to complete a screening questionnaire, to which only nine participants qualified.

The participant emails provided informed consent, as well as a short research summary about the study and how they were expected to participate. The interviews were conducted online using Microsoft Teams, giving the researcher the ability to record the interviews. These files were backed up for safekeeping. After the data was procured, the researcher then analyzed the data, staying true to the transcendental phenomenology method (Given, 2008; Husserl, 2012; Moustakas, 1994a). Included in the email, there was a $10 gift card incentive for participants

who completed the member-checking process as a thank you for their time and contributions. This study had a main researcher and a co-researcher who was a professor and was used throughout the study to ensure credibility and trustworthiness of the study was maintained. Triangulation, member checking, following up with colleagues, having an audit trail, and going over the data through analysis ensured the phenomena was being interpreted and recorded accurately. These procedures entailed the main researcher working alongside another researcher as a protective factor for accountability, who was referred to as the co-researcher.

The Researcher's Role

With transcendental phenomenology being a philosophical approach to qualitative research methodology seeking to understand the human experience, there is a large emphasis on the part of the researcher being a human instrument (Moustakas, 1994a). This researcher sought to fully disclose and be straightforward with the participants about all potential biases or assumptions that may be brought into the study. It was important for these potential biases to be made known as they could influence how the researcher perceives the data and conducts the analysis. As part of this process, there is a personal biography discussing the main researcher's experiences with the phenomena to identify any potential biases or experiences that could influence the data. The recruitment letter discussed the researcher's goals and reasons for conducting the study so they would be informed.

Largely, the main role of the phenomenologist researcher was to focus on the experience the subject considers to be transcendent rather than on the transcendent itself (Blum, 2012). Similarly, phenomenology and its raison d'être are to explore the lived experience of the phenomenon (Padgett, 2008). This researcher, who was the main researcher, was operating through their own lens, looking for commonalities to better understand the experience, and

lessen the impact, and reduce the chance of putting an experiential thumbprint on it. By using Moustakas' (1994a) approach to transcendental phenomenology, this study planned and was able to do just that. This involved interviewing participants, transcribing and reading the data, reducing the data to its meaning units, re-reading those reductions by engaging in thematic clustering, comparing the data while working alongside the co-researcher to ensure commonalities, writing descriptions, and continuing to engage in the data by writing reflections, summaries, and memos so this study was able to describe the essence of the lived experience (Moustakas, 1994a).

Data Collection

For data collection, this study relied on in-depth, semi-structured interviews provided by participants (Husserl, 2012). Additionally, notes were taken of conversations and participant observations during the interview and their reflections afterward and comprised in the field notes (Moustakas, 1994b). There was feedback from member checking, which was collected in the final stages of the study (Giorgi, 2012). Through member checking, participants had an opportunity to correct any conclusions made to ensure they felt their stories were being accurately recorded, allowing them to be understood, heard, and respected. This study chose to stick to transcendental phenomenology as opposed to hermeneutic phenomenology, as this focuses more on the interview experiences as opposed to focusing on written texts from the participants. Participants were asked broad and general questions along the lines of, "What have you experienced in terms of the phenomenon? What contexts or situations have influenced or affected your experiences of the phenomenon?" (Moustakas, 1994b).

Interviews

Phenomenological interviews are intended to be informal and interactive, like a

conversation (Moustakas, 1994a). The interviews were semi-structured with open-ended

questions to encourage participants to provide rich descriptions of their lived experiences. Before

conducting the interviews, the purpose of the study was provided to participants via email and

clarified by the researcher. The procedures of the study were explained, as well as the process for

confidentiality and anonymity. The researcher informed participants they could ask for

clarification and take breaks as needed. Interviews were done via Microsoft Teams, which was

likely more convenient for the participants, as there were technical difficulties, and this

prevented issues related to logistics and traveling. The interviews were recorded and transcribed

after the fact. The main researcher stayed in contact with the participants and asked them to

participate in member-checking to receive their gift cards. The interview questions are below.

Standardized Open-Ended Semi-Structured Interview Questions

1. Please introduce yourself to me, as if we just met one another, such as your
   qualifications and your work setting.

2. What inspired you to join this field?

3. Please describe your experience as an addiction counselor, from development to now.

4. What are some challenges you have faced as an addiction counselor?

5. Think of a time when you experienced compassion fatigue and burnout and describe
   that in as much detail as possible.

6. What changes did you make to remain in the field without being overcome by BO
   and CF?

7. What external factors have contributed to your resiliency?

8. What internal factors have contributed to your resiliency?

9. We've covered a lot of ground in our conversation, and I so appreciate the time

you've given to this. One final question… What else do you think would be important

for me to know about your experience as an addiction counselor, as well as burnout

and compassion fatigue?

The initial question was to help participants feel comfortable to begin sharing

information. The second question asked why they joined this field and provided rich information

about the participant's background, such as their education, socioeconomic status, their drive,

motivations, and passions. In the field of addiction counseling, there is a large overlap of

counselors who are in recovery themselves, and with the participants explaining what brought

them into this field, some shared whether they were in recovery themselves (Nielson, 2016). The

third question addressed the research question and gave participants the chance to discuss their

experiences as well as identify what may have led to their professional development as an

addiction counselor (Chang, 2012). Them discussing their development clarified how they might

have experienced or developed resilience (Masten, 2014; 2018). The fourth question, by asking

about challenges, raised the possibility of the participant explaining risk factors they felt had led

to or exacerbated the possibility of compassion fatigue (Lee et al., 2015).

The fifth question focused on the experiences of the participants, and in this area, the

participants were able to share about a specific time when they experienced compassion fatigue

or burnout. Asking this question helped determine risk factors for work-related stress (Litam et

al., 2021; Malkina-Pykh, 2017). The sixth question allowed for a rich description of their

experiences centered on the research question. Here, the interviewer was simply asking them to

identify changes they made to adapt and overcome these work-related stressors. These answers

related to self-efficacy, self-advocacy, resiliency, and other protective factors (Bozgeyikli, 2012; Li et al., 2014; Yang et al., 2021; Zhang et al., 2021a).

Questions seven and eight focused on external and or internal factors, respectively. The intrinsic question focused more on what is inside the individual, such as their hopes, dreams, and experiences, as well as internal factors related to self-efficacy, such as confidence and faith, that might promote resiliency. The extrinsic question had to do more about what is outside of themselves, such as organizational support, work culture, financial gain, praise, and approval. The question responses varied depending on the interpretation of the participant, as it is subjective in nature (Rønnow-Rasmussen, 2015). These questions were intentionally short and simple to minimize bias and give them the opportunity to identify for themselves what factors had helped them with CF, BO, and work-related stress (Ray et al., 2013; Sinclair et al., 2017). Additionally, questions seven and eight provided insight into supports needed from their work, families, and communities to mitigate the damaging consequences of burnout (Knight et al., 2012a; McNulty et al., 2007; Meng et al., 2019; Woodward et al., 2008). The final question gave the participants the chance to share anything they thought the interviewer might have missed that would have been relevant to the interview.

Document Analysis

All documents, such as records of meetings between researchers and participants were stored and analyzed. All emails between the main researcher and participants were also analyzed for any dispositions or traits that might explain their experiences with compassion fatigue and burnout as an addiction counselor. There was an opportunity for additional documents, as after the initial interview was conducted, participants were asked to provide any documents they felt would enhance the study and provide a glimpse into who they are and why they may have

answered the way they did. Sharing additional personal documents was voluntary and at the discretion of the participants. Aside from the member checking, no participants provided additional documentation other than proof of their MAC credentials. Any provided documents would have been analyzed in the same manner. Using these documents and incorporating them into the analysis is encouraged by Moustakas and the phenomenological approach this study used (1994a).

Observations

The researcher had an observation protocol involving keeping a research journal, such as the field notes, and had an entry for each interview logged within a 24-hour period. It included the cognitive representation, observations right before, during, and after the interview, as well as any biases or insights concerning the interviews (Thomas & Magilvy, 2011). All observations were planned. The notes were made both in structured format as well as in a free-flow stream of consciousness related to the researcher and thoughts that came about from the interview process. This researcher wrote about the thoughts and emotions that came about throughout the interview process so the researcher and co-researcher could track the fluid mental state of the participants and their experiences.

Data Analysis

Phenomenological interviews are often informal and interactive, in an organic way, but still provide a comprehensive understanding of the phenomenon (Moustakas, 1994a). It was difficult to condense the raw data and identify patterns, as the study had nine participants. To prevent being inundated, the researcher followed Moustakas' modified van Kaam seven steps method to analyze the transcribed interview data (1994a). This method was structured and easy

to follow. Moustakas (1994a) modified a previous method originally developed by van Kaam. The step-by-step process was systematic, with each step analyzing the transcribed interviews.

The first step involved listing and preliminary grouping (Moustakas, 1994, p.120-121). It included listing every expression relevant to the experience through a process of 'horizontalization'. In this, the participants could list how they felt or did not feel while experiencing burnout and compassion fatigue. This was followed by step two, reduction and elimination, which focuses on identifying the Invariant Constituents, identifying if there is a moment of experience necessary for analysis, followed by extracting and labeling. The third step required clustering and thematizing the invariant constituents. This involved clustering the invariant constituents identified in step two into thematic labels. These were the core themes of the experience and used to glean answers to what it was like to work in a field with high burnout and compassion fatigue and how it may or may not affect the participants (Moustakas, 1994a).

The fourth step was the final identification of the invariant constituents, the core themes, and the accompanying themes against the reports of the research participants. If these were not explicit or compatible with the participant's record, then they would not have been considered relevant to the co-researchers' experience and would have been deleted from the analysis. In the fifth step, following Moustakas's method, the researcher used the relevant and validated invariant constituents and themes to construct an Individual Textural Description of the experiences for the co-researcher, including verbatim examples from the transcribed interviews. In step six, the co-researcher then received their Individual Textural-Structural Description of the experiences based on the Individual Textural Description and the Imaginative Variation. In step seven, the final step, the researcher constructed a Textural-Structural Description of meanings for

each participant to capture the essence of the experience and incorporate this into the invariant

constituents and the core themes of the experience.

From all of this, the researcher was able develop a composite description of the meanings

and essence of the experience representative of the group (Moustakas, 1994a). Moustakas'

contributions to qualitative research have been fundamental for these kinds of studies, and he

continues to be held in high regard (Blau et al., 2013; Cloonan, 1998). Selecting this method

asserts the conclusions made in this study are representative and accurate.

Figure. 1
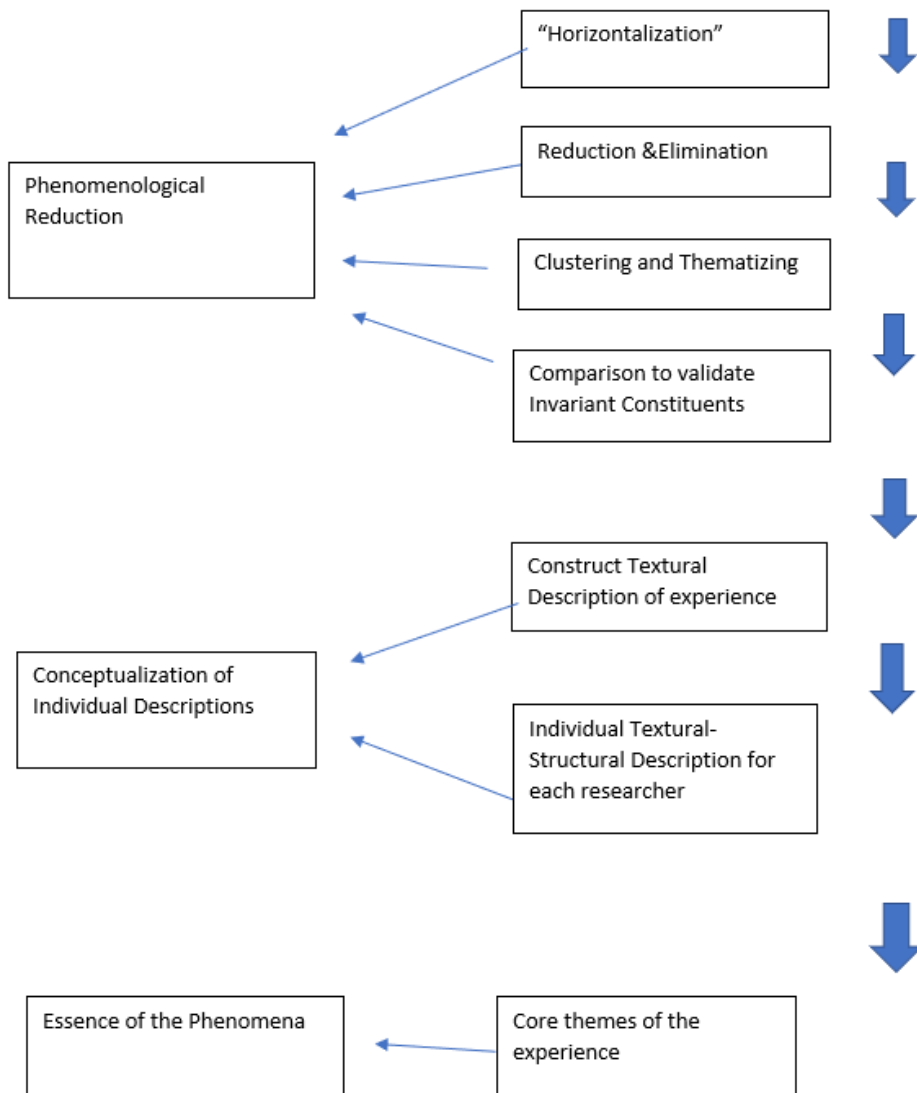
Trustworthiness

Every study will have its weaknesses; in this case, the trustworthiness did require forethought, as it is a qualitative study. By following Moustakas' manual *Transcendental phenomenology: Conceptual framework,* the researcher was able to strengthen and enhance the credibility, transferability, dependability, and confirmability of the study. Having a secondary researcher, the co-researcher, and using triangulation helped ensure the study remained trustworthy and demonstrated the data as being categorized correctly and as an accurate reflection of participants' experiences (Moustakas, 1994a). The participants spoke with the main researcher who set boundaries as the researcher while also ensuring they felt comfortable in the semi-structured format. This approach was vital to prevent the participants from giving answers they thought the interviewer wanted to hear rather than genuine, honest answers. This study was based on the principle that being open and genuine will help both parties better connect throughout the interview process. Additionally, policies and procedures, such as anonymity and using pseudonyms, were implemented to help the participants speak freely without fear that shared negative experiences about a previous workplace would impact them negatively later.

Credibility

This study implemented and used prolonged engagement with the participants, with methodological triangulation of the data, by using interviews, recordings, and observations that involve both researchers. The main researcher handled the interviews, while the researcher's professor, who was the co-researcher, assisted with triangulation, meetings, and conducting audit trails. The interviews were recorded and stored to be reviewed throughout the study. Having long-term involvement via email was ideal so participants could remain an active part of the

study, even after their interviews in order to complete the member checking. Providing feedback gave the study more opportunities to understand their experiences. The main researcher shared the verbatim transcripts of the interviews with the co-researcher, the main researcher's professor. It was also helpful to engage in conceptual encounters, where the researchers were able to engage in reflections and facilitative questions based on their ideas of the phenomena (McLeod, 2011). These conceptual encounters were recorded and logged in the field notes. The researchers were open to using negative analysis to examine cases that contradict the main findings to enhance credibility; however, no cases seemed to contradict the main themes and findings (McLeod, 2011; Moustakas, 1994a). Likewise, member-checking is an excellent way to ensure the participants feel understood about their experiences, and doing this provided an opportunity to keep the participants involved throughout the process. This was done after the initial interview. All differences noted through the member-checking were documented.

Dependability and Confirmability

Dependability and confirmability were protected by using an audit trail. This meant transparently describing the research steps from the beginning of the project through the development and reporting of the findings (Korstjens & Moser, 2018). The records of the research path were kept throughout the length of the study. Having someone audit and confirm the main researcher was following the procedures properly, as well as using the manuals in transcendental phenomenology properly, further enhanced the study's trustworthiness and ensured the research was being conducted correctly (Moustakas, 1994a). This required coordinating, collaboration, and time management as the main researcher met with the co-researcher for conceptual encounters. These meetings focused on intersubjectivity and using this study to enhance identity, strengthening the dependability (Moustakas, 1994a, 1994b). The audit

trail ensured everyone was kept in the loop on the progress of the study by providing research

members constant access to the documents and analysis-related methods. Routine meetings and

consistent communication between one another helped with confirmability, so both researchers

involved were able to look at what had been done and come to similar conclusions.

Transferability

The goal of this study was to benefit addiction counselors, provide a platform to voice

their experiences, and contribute to the gap in the literature by being easily transferable. In

qualitative studies, transferability refers to the description of the participants and setting of the

study so the reader can transfer information to other settings (Creswell, 2013). Transferability

can be achieved through recording rich, thick, and descriptive data. This method of recording

rich descriptions was included in this study to ensure it can be used for future studies expanding

on addiction counselors, burnout, and compassion fatigue. It can also be used to provide a

platform for other unseen or forgotten counselors in the profession. Using manuals provided by

Moustakas and the work of Husserl can likely allow the transferability to be easier for future

studies so long as the methodology, bracketing, and phenomena are understood and easy to

replicate through systematic steps. Relying on fellow researchers, professors, and mentors acted

as a safeguard to ensure the procedures for transcendental phenomenology were being followed

correctly.

Ethical Considerations

Before any collection of data, IRB approval was essential. Ethical considerations were

not taken lightly as the researcher was interacting with real people to understand their stories and

the phenomena. Consent forms were signed and stored before scheduling interviews. All

participants were over the age of 18. Pseudonyms were employed to protect the identities of all

participants and ensure confidentiality. Names of any community health agencies or substance

abuse and rehab treatment centers were changed or removed to maintain the quotes from the

participants. All interview questions were specific to the scope of the study and remained

professional based on the review of the transcripts.

Information concerning the participants, both from the interviews and collected

demographic data, was stored online in a password-protected drive. Other protected information

included field notes and audio recordings, videos from Microsoft Teams, conceptual encounters,

as well as scheduled observations. The main researcher had access to these materials while also

providing access to the co-researcher to conduct audit trails. Once the study is concluded and the

dissertation is successfully defended and published, the access to the co-researcher will be

rescinded so that they do not retain the data. After a span of three years, the researcher will

destroy and permanently delete any records, digital and physical. All participants were informed

of the voluntary nature of the study through the recruitment letter and the consent forms.

Additional considerations included taking safety measures. As this study was looking at

addiction counselors resilient to BO and CF, there was a chance applicants may present with

symptomatology of professional impairment such as BO and CF. As a safe and preventative

measure, the applicants were thanked for their time and provided resources and referrals to help

them should they have need of them. Resources included phone numbers and linkage to the

National Suicide Prevention LifeLine, the National Crisis TextLine, as well as the Addiction

Helpline in case participants needed them. Similarly, participants may have been concerned

about their identity or about potential backlash from previous employers. For this reason, all

participant and agency information was kept confidential, and specifics changed to protect their

identity and their current standing at their workplaces.

Summary

This study was a transcendental phenomenological study regarding the lived experiences of addiction counselors who appeared resilient to compassion fatigue and burnout. Implementation started with the main recruitment method, a list of MAC certified addiction counselors for NAADAC, the Association for Addiction Professionals. This then transitioned to coordinating and implementing interviews, followed by using multiple means of data collection throughout the semi-structured interviews, observations, and meetings. The role of the researcher was to focus on the experiences addiction counselors consider to be transcendent and explore the lived experience of the phenomenon of addiction counselors who, despite being the most at risk of compassion fatigue and burnout, remained in the field and are resilient (Blum, 2012; Fruhbauerova & Comtois, 2019; Gutierrez et al., 2019; Olmstead et al., 2012; Padgett, 2008). The researcher transcribed recorded interviews and reduced the information to meaning units, and engaged in thematic clustering (Moustakas, 1994a, 1994b). The researcher's notes were provided to the co-researcher to look for commonalities (Moustakas, 1994a, 1994b). This happened concurrently with member checking during and after interviews to clarify the participant's experiences and create audit trails throughout the study for dependability and confirmability (Moustakas, 1994a, 1994b). This chapter discussed the study's design and rationale, as well as the participants, procedures, the research question, role of the researcher, data collection and analysis techniques, and the researcher's personal biography to limit biases.

Semi-structured interviews and Moustakas' (1994a) modified van Kaam seven steps method were chosen because they are held in high regard, but they also follow qualitative research methods and are applicable to transcendental phenomenology, which was needed to fully explore the lived experiences of these counselors (1994). Ethical considerations were also

discussed in this chapter, as these are real humans who were being observed and interviewed. The participants deserved to be heard, understood, and respected. Anonymity, pseudonyms, confidentiality, and information about the purpose of the study, as well as its procedures, were all provided to the participants, and proper consent was obtained. Measures to safeguard the data were taken. The data was locked under a password-protected Onedrive and access was limited to the main researcher and the co-researcher only.

This study had the fortunate opportunity to bring attention to addiction counselors and their experiences of burnout and compassion fatigue, as they have been neglected compared to their fellow psychotherapists, such as social workers and psychologists (McCormack et al., 2018; Oser et al., 2013; Robino, 2019; Vorkapic & Mustapic, 2012). This was an opportunity to put their voices at the forefront of research, and the researchers knew it needed to be done safely and respectfully by following well-respected qualitative methods (Blau et al., 2013; Cloonan, 1998; Moustakas, 1994a, 1994b).

Chapter Four: Findings

Overview

This study was focused on identifying commonalities by taking a transcendental

phenomenological approach to understand the phenomenon of addiction counselors who, despite

being the most at risk for compassion fatigue and burnout, remained in the field and are resilient

(Bride et al., 2009; Fruhbauerova & Comtois, 2019; Gutierrez et al., 2019; Olmstead et al., 2012;

Padgett, 2008). Data was collected through semi-structured interviews and analyzed using

Moustakas' (1994a) modified van Kaam seven step method, leading to new insights into the

lived experiences of addiction counselors. The interviews provided participants a safe space to

share their experiences so this phenomenon could be understood and added to the existing but

limited related research (Gutierrez et al., 2019). Giving the participants a safe space where they

felt free to share their observations of the phenomena was necessary because this area of research

receives little to no attention. There were minimal risk factors for this qualitative and

phenomenological approach as it relied heavily on the self-reporting of participants.

In this chapter, the collection of data used for this study is provided and described,

including the results of the semi-structured interviews with the participants. Other included data

are the researcher's field notes, questionnaires, surveys, and transcript data. This study used

Moustakas' modified van Kaam seven step method (1994a) to analyze all interview data. Data

analysis and themes were used to find the essential elements of the phenomena (Moustakas,

1994a). Chapter Four is organized in the following manner: (a) an overview of this chapter, (b) a

description of the participants, (c) results of the data, and (d) a summary of the research. The

participant's semi-structured interview contained nine questions that answered the research

question, "What are the lived experiences of addiction counselors resilient to severe levels of burnout and compassion fatigue, leading to longevity in the addiction counseling field?".

Participants

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

Notes were taken during the recorded interviews to better capture potential insights that may be relevant to identifying commonalities with other interviews and to help capture the essence of the experience. These notes were first handwritten, then typed as part of the researcher's field notes. All interviews were conducted via Microsoft Teams and transcribed to ensure credibility. Identities of participants were protected by providing them with pseudonyms. Inquirers use aliases or pseudonyms for individuals and places to protect identities while also honoring their personhood (Creswell & Creswell, 2017). Names of geographical locations, universities, worksites, and agencies were also either changed or redacted to ensure protection and provide participants the freedom to express their experiences without fear of consequences. A description of each participant is provided below.

Elizabeth

Elizabeth identified herself as a therapist who does addiction counseling, currently working in a mental health facility where she has worked for over eight years. Elizabeth stated she has been treating addiction "in and out in different capacities" for the last 20 years. Elizabeth holds the MAC through National Certification Commission for Addiction Professionals (NCC AP). Elizabeth is 55+ years old and reported she is a non-Hispanic, white female. She is married, has a Master's degree, and considers herself as working full time with a yearly income between $50,001-$100,000k.

Sherry

Sherry is a licensed clinical social worker and a licensed addictions counselor, currently practicing in her home state but has worked in other nearby states. When Sherry initially went to school for her Master's degree, it was called a social service administration degree and later qualified her to be licensed in clinical social work. Sherry has worked almost exclusively in community-based behavioral health services and stated this means most of her clients receive Medicaid. Sherry started by working with children and families and later graduated to working with adults and has been in the field since 1986. Sherry holds the MAC through National Certification Commission for Addiction Professionals (NCC AP). Despite being of retirement age, Sherry cannot imagine retiring, stating she loves the work she does. Sherry is 55+ years old and reported she is a non-Hispanic, white female. She is widowed, has a Master's degree, works full time, and her yearly income is between $50,001-$100,000k.

Ruby

Ruby reported being in the behavioral health field since 1997. Graduating initially with a degree in psychology, she worked with individuals within the justice system and later worked in

healthcare concerning discharge planning. Ruby then transitioned into behavioral health, working with adolescents up to transitional age youth and, more recently, with adults who have dual diagnoses. Ruby stated her caseload consists of Substance Use Disorders (SUDs) and Severe Mental Illnesses (SMIs). Ruby holds the MAC through National Certification Commission for Addiction Professionals (NCC AP). Ruby is 45-54 years old and reported she is a non-Hispanic, white female. She is married, has a Master's degree, works full time, and her yearly income is between $50,001-$100,000k.

Pearl

Pearl specializes in co-occurring disorders. Pearl is a licensed clinical alcohol and drug counselor in her home state, as well as a master addictions counselor, a nationally certified counselor, and an internationally certified gambling counselor, level II, certified through the Gambling International Board. Pearl is also a board-approved clinical consultant, a certified clinical supervisor, and a certified gambling addictions trainer. Pearl holds the MAC through National Certification Commission for Addiction Professionals (NCC AP). Pearl is 55+ years old and reported she is a non-Hispanic, white female. Pearl is married, has a Ph.D., works full time while also being recently retired, and her yearly income is between $50,001-$100,000k.

Nancy

Nancy has a Ph.D. in psychology and is a nationally certified counselor. Nancy is also a licensed clinical mental health counselor, a board-certified clinical mental health counselor, as well as a supervisor for licensed clinical addiction specialists. Additionally, Nancy is a substance abuse professional and a master addictions counselor. Nancy currently works both in a private practice and in a hospital setting and has experience doing DWI assessments as a Substance Abuse Professional (SAP). Nancy holds the MAC through National Certification Commission

for Addiction Professionals (NCC AP). Nancy reports enjoying the work she does within her small community. While the resources for her clients are limited, she can meet those needs through her private practice. Nancy selected not to disclose her age and reported she is a non-Hispanic, black female. She is married, has a Ph.D., works full time while also being self-employed, and her yearly income is between $100,001-$250,000k.

Rose

Rose currently works in local government with her county health department while also working full-time at a private practice. Rose reported enjoying being able to work in two different worlds, working for the county with students in the public school system while also working in private practice seeing an array of diverse clients. Rose is a licensed clinical professional counselor who is certified in the second level of the Certified Reciprocal Alcohol and Drug Counselor (CRADC) and holds the MAC through National Certification Commission for Addiction Professionals (NCC AP). Rose has worked in this field for over 10 years. Rose is 35-44 years old and reported that she is a Hispanic-white female. She is married, has a master's degree, works full-time in two separate jobs, and her yearly income is between $100,001-$250,000k.

Mark

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

with these individuals, and his passion is working with youth who are struggling with addictions.

Mark is 55+ years old and reported he is a non-Hispanic, black male. He is single, has a Master's

degree, works full time, is pursuing his Ph.D., and his yearly income is between $50,001-

$100,000k.

Hermoine

Hermoine has a Master's in education and clinical counseling and a Master's in social

work. Hermoine is licensed in their home state. Hermoine has been a Certified Alcohol Drug

Counselor since 2008 and has worked in the field for over 15 years. Hermoine also holds the

MAC through National Certification Commission for Addiction Professionals (NCC AP).

Hermoine works in a qualified health center and for an online Employee Assistance Program

(EAP). Hermoine reports working with the indigenous populations is incredibly rewarding and is

their passion. Hermoine is 55+ years old and reported they are a Hispanic bi-racial person.

Hermoine preferred not to disclose their gender. Hermoine is divorced, has a Master's degree,

works part-time, is pursuing a Ph.D., and stated their yearly income is between $25,001-

$50,000k.

Barbara

Barbara has been in the field of mental health and substance abuse since 1976 in a variety

of settings, spanning 45 years. Barbara started off working with community mental health and

then moved into hospital outpatient services. Barbara then worked in employee assistance for 18

years. After retiring, Barbara opened a private practice in a dense urban area. This endeavor was

impacted by the pandemic, so Barbara went back to her hometown and began a private practice

there. Barbara holds the MAC through National Certification Commission for Addiction

Professionals (NCC AP). Barbara is a licensed clinical social worker, licensed marriage and

family therapist, and a substance abuse professional, as well as a Certified Employee Assistance Professional and a Certified Labor Assistance Professional. Barbara is 55+ years old and reported she is a non-Hispanic, white female. She is divorced, has a Master's degree, is self-employed, and her yearly income is between $25,001-$50,000k.

Demographic Data

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

Theme Development

This researcher used Moustakas' (1994a) modified van Kaam seven steps method for

data analysis to formulate and develop themes consistent with the experiences of the participants.

All interviews were recorded and transcribed by the researcher using Microsoft Teams. Step one

was listing and creating preliminary groups based on what the participants said and their

experiences, highlighting them electronically (Moustakas, 1994a, p.120-121). This included

listing every expression relevant to the experience through 'horizontalization'. Step two included

reduction and elimination, which focused on identifying the Invariant Constituents, followed by

extracting and labeling. This was part of the coding to help the main researcher identify

commonalities. Step three was clustering and thematizing the invariant constituents by going

over the transcripts and the codes in a Microsoft Word document. The clustering and thematizing

included a combination of in-vivo coding and descriptive coding, which was line-by-line coding

for theme analysis. In-vivo coding is a form of qualitative data analysis emphasizing the spoken

words of the participants, and descriptive coding involved the researcher reading through the

transcripts and coding passages according to common topics, resulting in codes being formed on

a noun that summarized the topic of that data (Mcleod, 2011).

The researcher used bracketing to help avoid misrepresenting the participants' reported

experiences (Mcleod, 2011; Moustakas, 1994a). The researcher did this by reviewing the

Situation to Self, remembering the researcher's own experiences and how these likely differ from

the participants. The researcher would reflect on and consider their own gender, sexual

orientation, socioeconomic status, ethnicity, and race, how these all compared to the participants,

as well as his own place in the hierarchy of the research. This was difficult as the researcher did

relate to the one male participant, as the main researcher is male, and implemented bracketing to be reminded of their own experiences and how they differed from the male participant.

After this, the researcher engaged in the fourth step, which was the final identification of the invariant constituents, which comprised the core themes and the accompanying themes. The researcher then moved to step five, using the relevant and validated invariant constituents and themes to construct Individual Textural Descriptions. The main researcher was able to keep the co-researcher, the supervising professor, informed and up to date on these steps by using safe methods of data storing on a password protected drive, approved by the IRB, that allows individuals to store and protect files while sharing them with others.

By following step six, the co-researcher received the Textural-Structural Description of the experiences based on the Individual Textural Description and the Imaginative Variation, all within the master transcript comprised of the codes. The main researcher then constructed a Textural-Structural Description of meanings for each participant, which was the seventh and final step of the Moustakas' modified van Kaam seven steps method. The codes were compiled into a Word document for representation, and the researcher noted the commonalities of the codes and the deep meanings behind them, logging this in the field notes. The main researcher would then meet with the co-researcher for conceptual encounters where the researchers were able to engage in reflections and facilitative questions based on the ideas of the phenomena (McLeod, 2011). This assisted the theme development of the phenomena and helped the main researcher organize the data representing the lived experiences of the participants. The most common codes informed the theme development. The main researcher created a table with the most common codes and assigned themes to each code to better organize and understand the phenomena. Each theme is discussed and elaborated upon below.

Themes

Through data analysis, the researchers discovered three themes and thirteen sub-themes. The themes identified in the findings were (1) **Self-Preservation**: (a) workload reduction, (b) utilizing boundaries, (c) self-advocating, (2) **Support:** (d) organizational support, (e) lack of support, (f) family support, (g) spiritual support, (h) colleague support & supervision, and (3) **Purpose:** (i) fulfillment & passion, (j) lack of purpose, (k) seeking knowledge, (l) helping others, and (m) being person-centered. Each theme is represented through a diagram, and later, all themes were connected and portrayed through a final representative diagram of the reported experience from the semi-structured interviews. While the experiences likely varied for each participant, there were still underlying thematic similarities and factors connecting the participants through their experiences. The themes may or may not have been experienced as linear or progressive, as some participants experienced moment-by-moment movement within and between each of the themes.

Theme 1: Self-Preservation

While self-preservation usually means and relates to a person's behavior to avoid injury and increase their chances of survival (Farlex, 2016), *self-preservation* carried a different meaning in the context of this study. Each of the participants discussed employing self-preservation in one form or another when discussing changes they made to remain in the field or to avoid succumbing to burnout and or compassion fatigue. Focusing on self-preservation allowed the participants to engage in self-care and wellness to increase their ability to prevent and/or reduce burnout and compassion fatigue, leading to further retention in the field of addiction counseling. Self-preservation allowed the participants to see themselves as worthy of self-care and helped them to take steps to ensure they continued working. This may have

included collaborating and working with employers or setting boundaries with colleagues and clients. This theme was complex and contained three sub-themes: reducing workload, utilizing boundaries, and self-advocacy.

Subtheme: Reducing workload

This sub-theme, *reducing workload*, showed the participants taking intentional steps towards their well-being, such as decreasing job-related responsibilities or prioritizing energies towards other tasks. Participants were either asked about the challenges they faced as an addiction counselor or about the changes they made to remain in the field. Most participants mentioned reducing their workload in some capacity as a form of coping and self-preservation, as the focus was to maintain their wellness and prevent becoming overwhelmed. Participants exemplified this when they answered how "Friday is my day to play" and their efforts to "protect my Fridays" (Pearl). Reducing workload for the participants meant either having a day for themselves where they would not engage in as much work, limiting their work, or they would engage in a different type of work, such as supervision or administrative work that was less demanding. For others, reducing workload meant knowing "when enough is enough," and it was a process as they learned "how much I can take," indicating a need for self-awareness developed over time (Barbara). This sub-theme supports the act of self-preservation and is an action to relieve potential burdens of work-related stress.

Subtheme: Utilizing boundaries

This subtheme of *utilizing boundaries* was common and expressed by each of the participants in one form or another. The participants discussed the importance of separating themselves from their clients and the emotional weight that often comes with being an addiction

counselor and helping people process their emotions to heal. The participants also shared steps they take to either enact these boundaries or how they maintain them, which often included communication with others, whether colleagues, employers, or clients, and is elaborated on further in the following subtheme. The participants mentioned how important boundaries are for them, as they are integral to self-preservation and help them clarify their intent of self-care and wellness.

One participant mentioned the mindful act of recognizing the importance of their client's stories and honoring the ethical boundaries that separate client and counselor, such as reducing transference, stating how they help clients understand their own experience and that this involves telling oneself, "but then we have to let it go with them" (Sherry). Another participant shared how developing boundaries was something they learned, and it led to the conclusion of how "work is work and I'm not going to let it interfere with my personal life." (Barbara). Utilizing boundaries acts as a line where the participants can delineate what they are willing and not willing to do, what would be hazardous for them, and what would be preventative when considering work-related stress, burnout, and compassion fatigue. For example, participants would say, "I'm not doing that," and specify to their work that what is being requested "[is] impossible to get done in eight hours", (Elizabeth), allowing for a conversation to cover more realistic expectations.

Subtheme: Self-advocating

In this subtheme, which expands on the theme of self-preservation while relating to utilizing boundaries, is *self-advocacy.* Self-advocacy is a form of setting boundaries and came up in the experiences of the participants as a form of self-preservation. When the participants spoke to self-advocacy, as the codes identified the sub-theme, participants discussed having and using

this ability to speak up for themselves. A participant shared how she contacted her boss and

stated, "I just cannot go in. I cannot function right now," (Rose), and it was received positively,

allowing her to stay home and rest. Highlighting the resiliency aspect of this study, as the

participant was resilient and able to bounce back. To further expand on this, commonalities were

noticed as the participants mentioned moments where they felt compelled to communicate

clearly and help others understand how best to support them, whether colleagues, supervisors,

clients, or even family members. A participant shared, "I've never been afraid to ask for help"

(Ruby), while another had the courage to tell their supervisor, "I don't feel supported" (Mark).

Self-advocacy has the potential to benefit all areas of life, and in this context, it appeared to help

the participants protect themselves against burnout and compassion fatigue.

Figure 2.
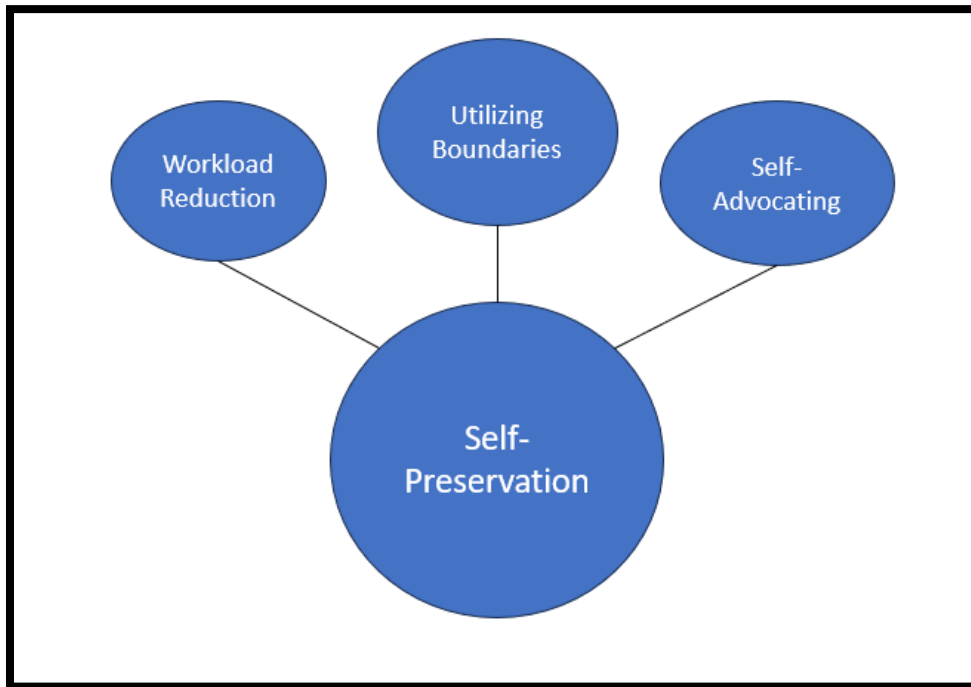
Theme 2: Support

Support was the second theme identified among the data, and the evaluation of the

phenomena took longer to conceptualize because support, in various capacities, was found in

every participant's transcript. Each participant identified and discussed support as some sort of

protective factor, whether internal or external. Some participants identified spiritual support and

family support as internal factors, while organizational and collegial support were identified as

external factors. Support, as a re-occurring theme, made appearances in different questions.

When asked about what inspired them to join the field, challenges they faced, and a time they

experienced compassion fatigue or burnout, participants noted support as playing a key role in

their success and well-being. Most of the participants attributed the support they received

throughout their careers as playing a role in their development as an addiction counselor, their

resiliency, and their ability to remain in the profession. Additionally, participants also identified

lack of support as one of their biggest obstacles when asked to discuss the challenges they faced

as an addiction counselor. This theme was complex and contained five sub-themes:

organizational support, lack of support, family support, spiritual support, and colleague support

and supervision.

Sub-theme: Organizational support

The organizational theory states that to meet socioemotional needs and assess the benefits

of increased work effort, employees form a general understanding and perception of how the

organization values their contributions and cares about their well-being (Starbuck, 2013).

According to Organizational Theory (OT), burnout is a consequence of organizational and work

stressors accompanied by inadequate individual coping strategies from the worker, where low

personal fulfillment at work and emotional exhaustion lead to BO (Hunsaker et al., 2015; Li et

al., 2014; Peters, 2018).

This sub-theme of *organizational support* appeared to support one of the theories

previously mentioned. Participants, when asked about their experiences as an addiction

counselor, noted organizational support as something that either prepared them for their job or, in

some cases, made their jobs harder due to the lack of organizational support. When asked about

the challenges they faced and their own experiences of CF and BO, the participants' perceptions

of organizational support would sometimes help them by providing them with resources or

flexibility to better manage themselves and their well-being. In some cases, participants

attributed organizational support as an external factor contributing to their resiliency. Participants

also attributed organizational support as aiding them in the changes they made and how they felt

supported and encouraged to be creative in their work setting. One participant noted how, "my

work setting is so incredibly supportive" (Hermoine), while another stated they felt supported

and cared for when a supervisor asked what they needed, "he was checking in on us" (Rose).

Sincere efforts were noted by participants when agencies or administrators offered support,

where one participant shared how it made them feel, "happy this agency has done a big

turnaround" (Sherry).

Sub-theme: Lack of support

For this sub-theme, *lack of support,* participants noted and reflected on the lack of

support that they experienced in their careers as addiction counselors and addiction

professionals. The participants mentioned a lack of support from administration, organizations,

work environments, colleagues, and difficulties managing this lack of support. One participant

stated, "not knowing when you're going to get the help to give you some reprieve, that's also

difficult too" (Pearl). This sub-theme relates to the main theme of support, but it differs in the significance the participants reported of how a lack of support is part of their lived experiences as an addiction counselor. They discussed their frustrations and how disheartening it has been for them to experience this lack of support and mentioned how commonplace it has been for them. One participant shared how isolating this was for them, "they don't really understand what we do" (Rose). The participants normalized and equated lack of support with the profession as if this obstacle is a necessary hurdle for them to build resilience, with most participants having been in the field for close to 20 years. While this sub-theme carries with it a negative outlook, it could potentially explain the resiliency these participants have developed, how they have learned from each experience, and potentially aided them in developing Post-Traumatic Growth and resiliency, as it empowered them to be more self-reliant and efficacious for their wellbeing.

Sub-theme: Family support

When discussing their lived experiences, participants mentioned feeling supported by family, and this, in turn, brings value to the sub-theme of *family support*. Family does not mean only biological family, but pertains to whatever the participants considered to be part of their family units. This included stepchildren, in-law parents, adopted family members, or family created by the participant; there was a recurring emphasis on how family support contributed to the well-being of the participants and their ability to thrive and meet their needs. A participant noted how his family was supportive and what that meant to him, "they were proud, they were excited for me" (Mark). Some participants emphasized the importance of family support as being a motivator for them, something that encouraged them to continue, inspired them to join the field, or encouraged them to remain in the field. In one case, a participant mentioned how family helped her get through a difficult time in her career when she experienced burnout, "it's been a

very good diversion, but I seek that diversion." (Barbara). Participants were asked about both external and internal factors that may have contributed to their resiliency, and family support certainly had a place in the dialogue when the participants shared their experiences.

Sub-theme: Spiritual Support

Expanding on the theme of *Support*, a sub-theme relating to *spiritual support* presented itself. The participants, throughout the semi-structured interviews, were asked about both internal and external factors they felt contributed to their resiliency. There was an underlying theme of spiritual support as part of their lived experiences as addiction counselors who appear resilient to BO and CF. When analyzing the codes and the transcripts, spiritual support arose as the participants had an intimate and positive relationship with a higher power. Spiritual support can be a complex and interactive process, and participants mentioned and discussed how spiritual support mattered to them in the form of religious affiliations and spiritual practices and how this, in turn, supported them throughout their experiences of BO and CF. Both the spiritual support and spiritual care the participants mentioned appeared to contribute to their perceptions of support and their perceptions of wellness and well-being. One participant noted how, "higher power has been my most significant, impactful internal and support system," and how they were, "grateful for that relationship" (Mark). Spiritual support was also presented as a form of motivation to them as a helping professional and as an addiction counselor during their formative years. A participant shared, "God picked me," and how for her that was, "my internal motivation" (Pearl).

Sub-theme: Colleague Support & Supervision

For the final subtheme of *Support*, a common sub-theme kept appearing throughout the transcripts and codes and pertained to *colleague support and supervision.* The reasoning behind

including both colleague support and supervision was that while a more experienced clinician provides supervision, it can also be provided by a fellow colleague, and group supervision can also include multiple colleagues in a supervisory setting. Participants reported how colleague support and supervision acted as a safety net for them; it provided them an opportunity to feel supported by others but also the opportunity to support their fellow colleagues and reciprocate that for one another. Some participants mentioned having colleague support spanning years throughout their career as an addiction counselor, "I've worked with [her] for 10 years who, me and her, well, we're in this together" (Rose). Participants identified colleague support and supervision as a supportive factor towards their experiences as addiction counselors and attributed this as a factor towards their resiliency, stating, "colleagues are there for me," (Rose), how for them it was very "helpful, instrumental, and supportive" (Mark), throughout their professional development.

Figure 3.
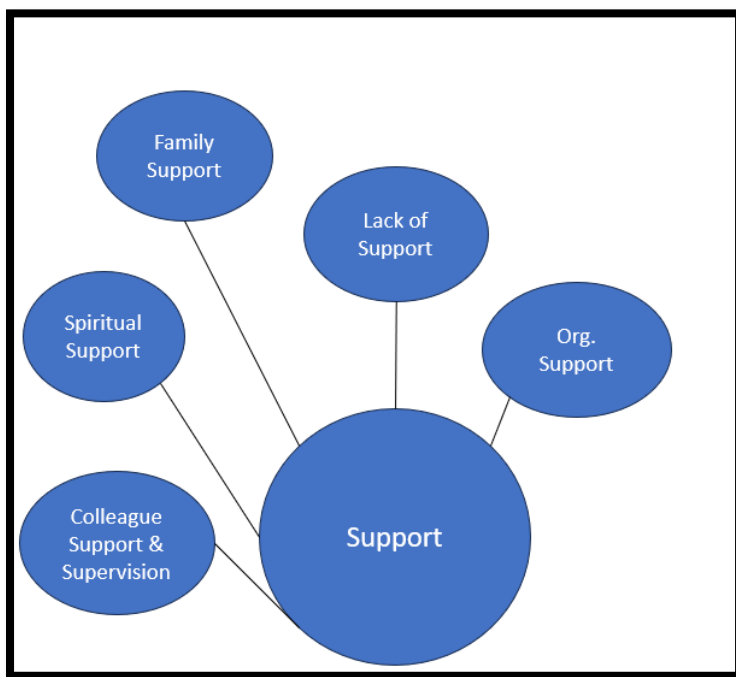
Theme 3: Purpose

Purpose was the third and final main theme of the data. This theme was also comprised of subthemes and was complex in its subjective nature, as it focused more so on the attributes of the participants and links to their intrinsic motivation. Purpose seemed to transcend solely having a goal for work or studying and related to fulfillment and passion, seeking knowledge, helping others, being person-centered, as well as having moments where a lack of purpose was part of the experience. Participants mentioned having a sense their actions were meaningful and contributed to and benefited things and people they cared about. This sense of purpose, based on the data, appeared to help the participants in turning challenges into opportunities to learn and grow.

Sub-theme: Fulfillment & Passion

In this sub-theme of purpose, *fulfillment and passion,* the participants discussed and described a feeling of happiness because they felt they were doing what they were meant to do. Participants described it as a rewarding joy to work towards their passions; it was self-sustaining and capable of motivating and inspiring them throughout their careers and journeys as addiction counselors. A participant stated, "I still enjoy my work after almost 45 years" (Barbara). This sub-theme related to a sense of purpose, but it also appeared to expand on it and specify the sense of purpose. These participants were obtaining fulfillment and meeting their goals of a work-related passion. One participant described it as, "thrilling and… devastating, and it's passionate and it's exhausting", however, "I absolutely love it" (Sherry).

Sub-theme: Lack of Purpose

Much like the previous theme of *Support* has a sub-theme of 'lack of support', so too does the theme of *Purpose*. This sub-theme, *lack of purpose*, appeared to present itself as part of

the lived experiences of these addiction counselors. These participants, through the invariant constituents and the codes that make up this sub-theme, described periods in their careers where they felt directionless, engaged in monotonous activities, and apathetic. It seemed to describe being frustrated at the systemic barriers of their job, but it also carried a deeper meaning as it pertained to their sense of a lack of purpose as a participant stated that it, "weighs on you not only ethically, but emotionally" (Ruby). Another participant shared how the lack of purpose for them had to do with the realization that there is a, "broken system where we have broken people who don't want to take care of other broken people" (Hermione). This feeling of hopelessness appeared to present itself as the participants described their work-related stress and lived experiences. Similarly to the lack of support potentially providing an environment for challenges to face and increasing resiliency, this theme of lacking purpose could have provided an environment for the participants to find purpose where it was previously lacking. This theme of duality appears necessary for growth based on the data and what the participants shared about their lives.

Sub-theme: Seeking Knowledge

Seeking knowledge, in many forms, was prevalent among the data and related to the main themes of *Purpose,* as it carried a deep meaning to the participants and their intrinsic motivation. Participants described moments of learning, studying, and self-improving for the sake of their well-being, stating, "I study and I learn" and how for her, it was a "coping mechanism" (Nancy). However, others note it as a method to improve their ability to help others and become a better addiction counselor, which relates to their purpose. "That's my drive to constantly seek something" and "this is why I continue to keep going" (Rose). Participants mentioned the benefits of having a sense of accountability and how it helped them improve and decrease the

doubt or negative feelings they had about their purpose because they continued working towards

learning more. This was highlighted when one participant said, "I have a really strong

intellectual curiosity" (Hermione).

Sub-theme: Helping Others

This sub-theme relates to the theme of *Passion*, while also relating to concepts of

inspiration that come from serving and caring for others. When looking at the underlying themes

repeated throughout the transcripts and the semi-structured interviews, this sub-theme of *helping

others* presented itself. Participants discussed and described moments of having an intention or

desire to improve the welfare of other individuals without an expectation of material rewards in

return. A participant shared how, "I started seeing myself in a clear role of helping individuals

who were suffering from addictions" (Mark). For them, the act of service appeared to be

rewarding enough and reinforces previous thoughts of the importance of a sense of purpose for

the addiction counselors who appear resilient to burnout and compassion fatigue. Participants

described moments of helping others that served as inspiration for them and provided them with

feelings of hope. For example, "I continue because I know that people really can do it and get off

drugs and alcohol and live a better life" (Elizabeth). This sub-theme of helping others is not

limited to clients but also helping peers, colleagues, supervisors, and others who interact with the

participant. One participant shared, "I can make things better for other clinicians, for our next

generation of clinicians" (Hermoine), how for them, helping others also meant helping future

clinicians and peers. Not only does this theme seem to be related to intrinsic motivation, but it

also appears to be self-sustaining for the participants, like some of the other previously

mentioned themes.

Sub-theme: Being Person-Centered

The last sub-theme of the main theme, *Passion*, focused on *being person-centered*. Throughout the analysis, codes, and invariant constituents that made up the meaning of the participants' experiences, there was an emphasis on *being person-centered*, which meant focusing care on the needs of an individual. A participant shared how this meant being able to, "see the person behind the substance" (Nancy). In the context of what the participants were describing, this entails ensuring people's preferences, needs, and values guide clinical decisions, as well as providing care that is respectful of individual rights and needs. Another participant demonstrated this when she stated, "The client is the expert, 'I am here. Let me help you with whatever you feel that you need'" (Rose). The participants mentioned moments when being person-centered mattered to them, how it was important to them, and how it related to their intrinsic motivation and purpose, "let's build up and not tear down" (Pearl). This sub-theme, while the last, did appear to be prevalent and meaningful to the participants.

Figure 4.
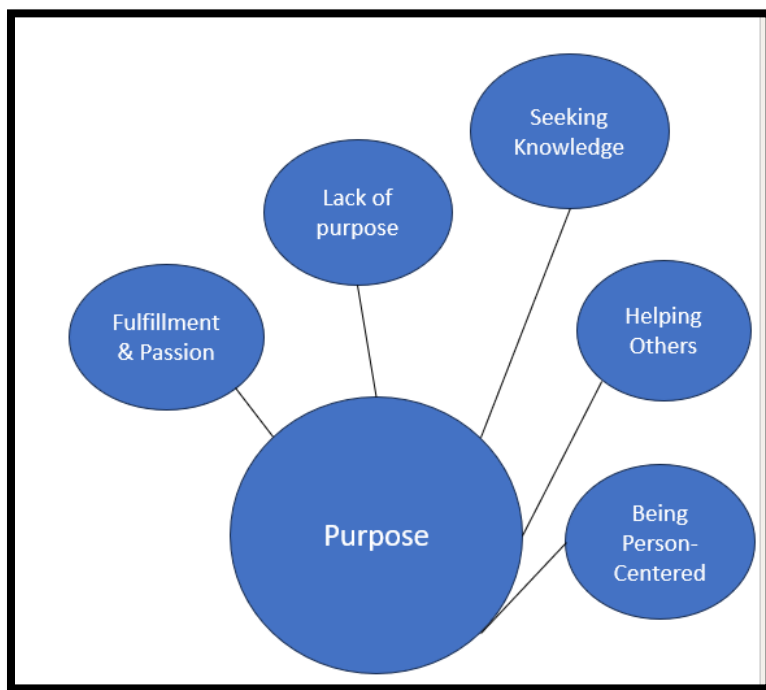
Final Diagram

Encompassing all the themes together, the final diagram below was constructed to

present the data in an easy-to-understand format. The three main themes of *Self-Preservation*,

Support, and *Purpose* are presented with one another and with their many subthemes,

culminating to create the lived experiences of addiction counselors who appear resilient to BO

and CF. While the experiences varied for each participant, there are still underlying thematic

similarities and factors that connected the participants through their experiences. A spider

diagram was chosen as opposed to a Ven diagram, as the themes may enforce and reinforce one

another; however, they did not appear to overlap when considering the shared experiences and

commonalities, instead each theme appeared to branch out in its own respective way while still

being a part of the lived experiences of addiction counselors who appear resilient to CF and BO.

Figure 5.
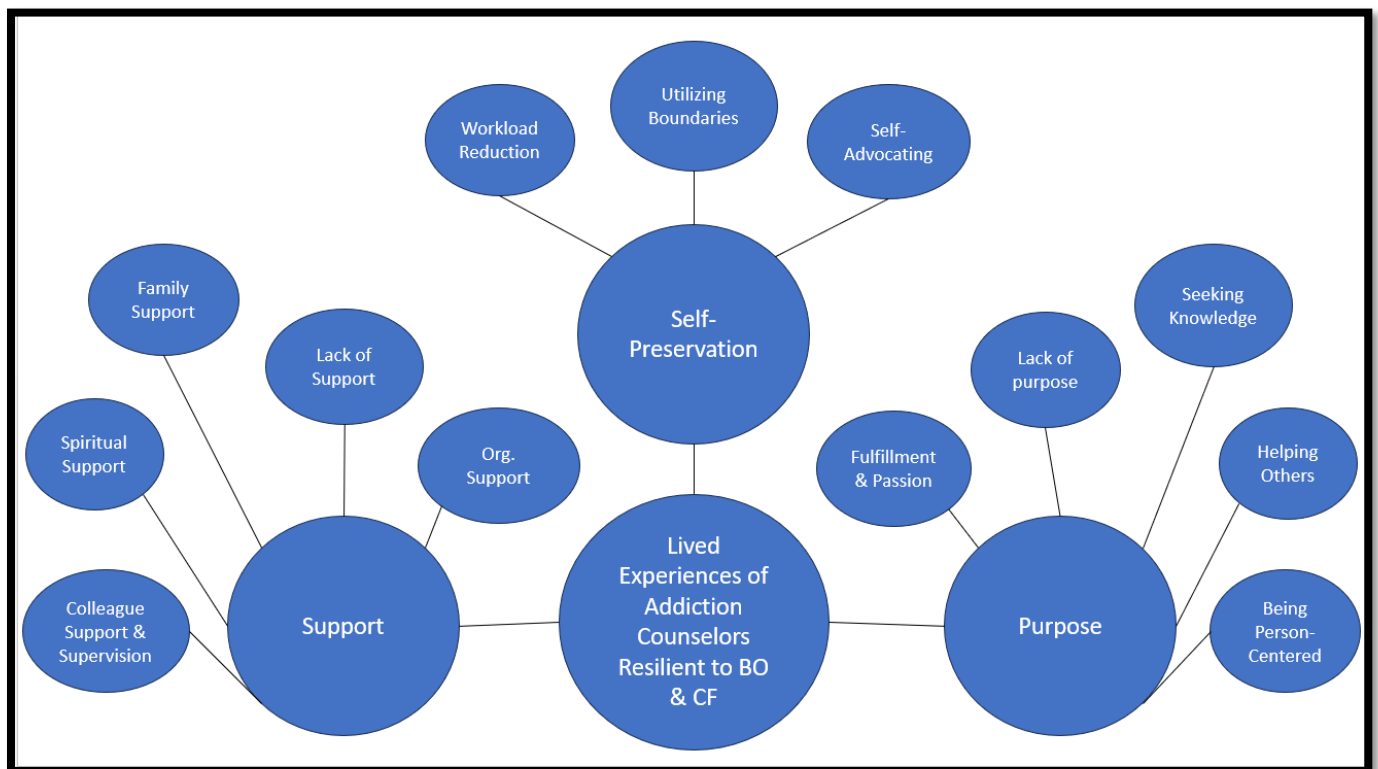
Member Checking

The main researcher contacted the participants and followed up with them, asking them to conduct the member-checking meeting they were informed of in the recruitment email. Of the nine participants, all nine agreed to meet via Microsoft Teams initially. However, only seven participants had the availability to meet, and two participants reported they would email their responses due to their limited and time-constraining schedule. The seven participants who were available for the member-checking meeting expressed appreciation and were thankful for the opportunity to participate in the study.

The participant listed as Hermoine stated that they felt the results of the study and the data were representative of their experiences, especially themes related to *Self-Preservation*. Hermoine did request that there be further emphasis on how the theme of *Support* may not be available to all addiction counselors and that, for some, it may be a "privilege to have just family support". Participant listed as Sherry stated she felt that the data was "on point," and was an accurate representation of her lived experiences as an addiction counselor, and she resonated with the themes of *Purpose* and *Seeking Knowledge* the most. Participant listed as Ruby agreed with the themes; however, she did want to make it known she did not feel she had ever experienced a *lack of purpose*. While this may not have been a commonality for her, it was still present and consistent for the other participants based on the member-checking results and transcripts. Ruby requested future research emphasize how systems are designed to maintain clients' sickness and treating rather than "curing" the clients and patients and how organizations are often profit-driven versus having genuine altruistic values, per her report. Participants Pearl, Mark, and Nancy were thankful for the experience and expressed they felt the results and findings were an accurate representation of their experiences. Both Pearl and Mark expressed

resonance with the theme of *Support*. Participant Rose felt that all the themes in their entirety

"resonated" with her experiences. The two other participants who elected to email their

responses did not follow through despite this researcher's attempts to follow up and contact

them.

The feedback from the member checking process concluded and supported the efforts

taken by this qualitative and phenomenological study. This study sought to identify and further

explore the lived experiences of addiction counselors resilient to severe levels of burnout and

compassion fatigue, leading to longevity in the addiction counseling field. Overall, the

participants and their feedback confirmed the results, and the data captured the essence of their

experiences. The diagrams and results demonstrated the underlying thematic similarities and

factors that connected the participants through their experiences. The one difference that was

present in the feedback was noted and documented.

Summary

In this chapter, the data from this study was provided to reflect the experiences of the

addiction counselor participants who appear resilient to burnout and compassion fatigue. The

participants were 18 years of age or older, worked as an addiction counselor with five or more

years of experience in the field, and possessed the Master Addiction Counselor (MAC)

certification awarded by the National Certification Commission for Addiction Professionals

(NCC AP). To supplement and corroborate the information from the participants, semi-

structured interviews were conducted, and a demographic survey, as well as a screening

questionnaire, were used to gain further information and understanding of the participants.

The results of the data were organized by the research question, and using Moustakas

(1994a) modified van Kaam seven steps method, the participants' data were analyzed to form

themes based on the research question they answered. For the research question of this study, the following themes were formed and found to be applicable: *Self-Preservation, Support, Purpose*, and all of their sub-themes. This included resiliency factors, coping skills, as well as internal and external factors the participants felt contributed to BO and CF. All of this encompasses the lived experiences of addiction counselors who appear to be resilient to BO and CF. The research question, its answer, and findings through the themes were layered, multifaceted, and representative of the lived experiences of the participants and the essence of the phenomena.

In all, the data portrayed a descriptive picture of the experiences of addiction counselors who appear resilient to burnout and compassion fatigue, which may lead to longevity in the addiction counseling field. This was confirmed and supported by the member-checking process. They are resilient people who understand the importance of self-preservation, can think long-term, and see the big picture. They know if they do not take care of themselves, they will not be able to work towards their passions and what they consider to be their purpose. They recognize the importance of support, whether it is receiving support or being a part of a network giving support to others. They have a sense of purpose and intrinsic motivation that encompasses a deeper meaning that appears to be self-sustaining for them and likely aids their resiliency. These counselors have a clear understanding of how difficult compassion fatigue and burnout can be, how debilitating it can be, and how they have grown from it.

Chapter Five: Conclusion

Overview

The purpose of this study was to provide insight into the lived experiences of addiction counselors who appear resilient to compassion fatigue and burnout by remaining in the field, allowing researchers the opportunity to gain a deeper understanding of potential resiliency factors. By gaining insights into the perceptions and lived experiences of addiction counselors who are MAC holders, demonstrating their experience and qualifications as addiction counselors, as well as remaining in the field past the typical five years, counselor educators may have a better understanding of how to better train and implement best practices for supporting future counselors in training (CIT), including developing new ways to support current addiction counselors, preventing them from succumbing to burnout and compassion fatigue, leading to further retention and growth in the field of addiction counseling. Addiction counselors have traditionally been placed in difficult and trauma exposed work environments and with less support than their fellow counselors (Baldwin-White, 2016; Oser et al., 2013; Robino, 2019; Vorkapic & Mustapic, 2012; Turgoose & Maddox, 2017). Unless steps are taken to bridge this gap of inequity between counselors, it is likely to worsen. Chapter Five begins with an overview of the chapter, a summary of the findings, a discussion of the findings and the implications considering the relevant literature and theories, an implications section encompassing the methodological and practical approach, an outline of the study delimitations and limitations, and finally recommendations for future research.

Summary of Findings

A phenomenological transcendental approach was taken to better understand the

perceptions of experiences of addiction counselors who appear resilient to severe levels of

burnout and compassion fatigue, leading to longevity in the addiction counseling field. The data

of this study was collected from nine semi-structured interviews with addiction counselors with

five or more years of experience in the field and who possess the Master Addiction Counselor

(MAC) certification awarded by the National Certification Commission for Addiction

Professionals (NCC AP). The interview participants also filled out consent forms, demographic

surveys, and screening questionnaires to verify their qualifications.

The findings from this study reveal the commonalities between participants and provided

insights into their experiences and what may have aided their resiliency against burnout and

compassion fatigue. From analyzing the data, three main themes were identified: *Self-

Preservation*, *Support*, *Purpose*, and 13 related sub-themes. The collective responses of the

participants' experiences provided a vivid and descriptive picture of their qualities and attributes,

how the participants have a sense of mindful awareness to cope and use support, boundaries, and

reduce their workload to maintain their wellness and well-being. Additionally, they also have a

sense of purpose, relating to intrinsic motivation and likely attributed to their resiliency as they

remain in the field spanning decades. However, it is paramount to note that caution should be

taken with drawing too many conclusions from this study, as a more specific coding method and

descriptive analysis should be used to answer any other research questions not specified by the

parameters of this study.

Research Question: What are the lived experiences of addiction counselors who appear

resilient to severe levels of burnout and compassion fatigue, therefore leading to longevity

in the addiction counseling field?

The research question was constructed in true qualitative and phenomenological design to

better understand the lived experiences of the participants. Their experiences entailed three main

themes based on the transcripts from the semi-structured interviews and the data. Data from the

participants' semi-structured interviews, as well as the screening questionnaire and demographic

survey, were used to answer the research question. This answer included information pertaining

to resiliency factors, coping skills, and other factors the participants felt contributed to BO and

CF, as all of this encompasses the lived experiences of addiction counselors who appear to be

resilient to BO and CF. During the analysis of the data, three main themes emerged from the

codes and invariant constituents: *Self-Preservation*, *Support*, and *Purpose* and their respective

sub-themes.

The theme of *Self-Preservation* presented itself when participants discussed changes they

made to remain in the field and avoid succumbing to burnout and compassion fatigue. This self-

preservation entailed elements of self-efficacy, mindful awareness, resiliency, and self-advocacy,

with self-advocacy comprising one of the sub-themes, all of which indicated protective factors.

By engaging in these protective factors, the participants displayed a sense of forethought and

mindfulness, indicating they are engaging in these protective factors as a means of conservation

and protection, mindfully safeguarding their emotional and physical capacities. The sub-themes

related to self-preservation included *work load reduction*, *self-advocacy*, and *utilizing boundaries*

to prevent further burnout or compassion fatigue. *Utilizing boundaries* as a protective factor

included initiating and maintaining said boundaries. Additionally, the participants indicated a

sense of self as being important and considered themselves important enough to engage in these

sub-themes as a protective factor, likely leading to longevity in the field. This supports prior

research, as positive qualities of adversity, such as post-traumatic growth and resilience factors

leading to emotional intelligence, self-efficacy, mindfulness, and compassion satisfaction

(Masten, 2018; Southwick et al., 2014). Likewise, prior research shows higher levels of self-

efficacy have been associated with lower emotional exhaustion, and these participants attributed

self-preservation, which encompasses self-efficacy, as a protective factor (Kim et al., 2018). The

mindful awareness and the active decision-making process shows the participants intentionally

engaging in methods of self-preservation, such as boundaries, self-advocacy, self-efficacy, and

mindfulness (Zhang et al., 2021).

      The secondary theme, support, further answered and provided clarity as to what the

experiences of these participants are comprised of. This theme was the most diverse regarding

the codes, as different participants discussed a variety of different supports. However, the

concept of receiving and being part of a supportive network was a common experience among

the participants. Support, in its many forms, was a common answer for what aided these

participants in joining the field, becoming addiction counselors, and remaining in the field. The

theme of Support contained five sub-themes: *organizational support, lack of support, family*

support, spiritual support, and *colleague support and supervision*. The support they received

likely encouraged them to remain in the field of addiction counseling, leading to further

retention, as opposed to those who received less support.

      The participants reported organizational risk factors, such as work overload or not being

supported. According to past research, depersonalization precipitates burnout, followed by low

self-fulfillment, and then lastly emotional exhaustion (Edú-Valsania et al., 2022; Peters, 2018).

Organizational factors can also lead to and increase the risk of compassion fatigue and the shared experiences of these participants reinforce this as the experiences of support indicated a lack of depersonalization and cynicism per the report of the participants (West, 2015). The participant's self-report of support, in its many forms, served as a protective factor against burnout and compassion fatigue.

Lastly, the third identified theme was having or working towards a sense of purpose. This last theme carried a deeper meaning, transcending self-preservation and indicated working towards a higher purpose and gaining a sense of self-fulfillment is related to intrinsic values and self-worth. This theme demonstrated that the participants and their lived experiences involved having a higher and deeper meaning to their life's work. This theme was comprised of sub-themes expanding on the shared experiences of the participants. It consisted of *fulfillment and passion*, *seeking knowledge, helping others, being person-centered*, as well as having moments where they experienced a *lack of purpose*. This theme demonstrated support and self-preservation are likely not enough, and intrinsic motivation is necessary in battling burnout and compassion fatigue.

Discussion

Addiction counselors have historically been the most at-risk counselors to suffer from BO and CF (Gutierrez et al., 2019). Addiction counselors often have high-demand jobs, including large workloads, low pay, working in a high-trauma environment, and having fewer resources for self-care (Bentley, 2022; Beitel et al., 2018; Gutierrez et al., 2019; Martinez-Lopez et al., 2021). There has been little attention paid to the lack of resources and low-pay addiction counselors receive compared to their community-based counterparts, and, unfortunately, this has been long-standing (Robino, 2019; Oser et al., 2013; Vorkapic & Mustapic, 2012). Additionally, few

counselors remain in the field longer than five years, with only 29% reporting five or more years

and 32% reporting being in their current job for less than one year (Knight et al., 2012b). This

data highlights the importance of understanding what helps these addiction counselors remain in

the field and what might help better prepare future addiction counselors to stay in the field long-

term.

Chapter two discussed the theories guiding this study, including Social Cognitive Theory,

Social Exchange Theory, Organizational Theory, Existential Theory, and Resilience Theory

(Edú-Valsania et al., 2022; Hunsaker et al., 2015; Li et al., 2014; Masten, 2014; Meng et al.,

2019; Pines & Keinan, 2005; Southwick et al., 2014). The invariant constituents, as well as the

themes and sub-themes supported the different theories in varying ways based on the report of

the participants. These themes also supported and provided further clarification to the research,

as previous studies have focused on CF and BO but failed to include addiction counselors

(Gutierrez et al., 2019; Perkins & Oser, 2014; Vorkapić & Mustapić, 2012; Turgoose & Maddox,

2017; Zhang et al., 2021). This study focused on providing a voice for addiction counselors to

discuss their experiences, providing an opportunity to contribute to the literature.

The research question asked about the lived experiences of addiction counselors resilient

to severe levels of burnout and compassion fatigue, leading to longevity in the addiction

counseling field. From the semi-structured interviews, the reported experiences of the

participants were compiled into the following themes and correlated sub-themes: (1) *Self-*

Preservation: (a) workload reduction, (b) utilizing boundaries, (C) self-advocating, (2) *Support*:

(d) organizational support, (e) lack of support, (f) family support, (g) spiritual support, (h)

colleague support & supervision, (3) *Purpose*: (i) fulfillment & passion, (j) lack of purpose, (k)

seeking knowledge, (l) helping others, and (m) being person-centered.

The first theme, *Self-Preservation*, contained elements of self-efficacy, mindful awareness, resiliency, and self-advocacy, which coincides with protective factors we know about from previous research (Bozgeyikli, 2012; Li et al., 2014; Yang et al., 2021; Zhang et al., 2021a). This theme was supported by two theories: Resilience Theory (RT) and Social Cognitive Theory (SCT). As this theme of Self-Preservation emphasizes choice and self-efficacy, so too does RT. RT emphasizes our choice and our responses are more important than the actual adversity we face, with resilience helping individuals recover from adversity, frustration, misfortune, and the challenges of everyday life (Southwick et al., 2014). Anna Masten expands on RT (2014; Southwick et al., 2014). While helping individuals survive and cope, resilience allows us to thrive in the face of challenges by giving us, "the capacity of a system to adapt successfully to significant challenges that threaten its function, viability, or development" (Masten, 2018, p. 1). The participants demonstrated this when they discussed moments of having to reduce their workload, utilize boundaries, and engage in moments of self-advocacy. It highlights the active choices made and how the participants express their ability to implement self-efficacy and resilience.

The second theory, SCT, supports the initial theme in its focus on self-efficacy and the strength of the individual. SCT posits learning occurs within social contexts with a reciprocal and dynamic interaction between the individual, their environment, and behaviors (Bandura, 2004). In relation to the themes identified from the participants' responses, SCT focuses on the variables of the individual, including self-efficacy, self-confidence, and self-concept in the development and evolution of burnout and compassion fatigue (Edú-Valsania et al., 2022; Cherniss 2017; Yang, 2021). It also accounts for environmental factors as well as behaviors learned by observing others (Bandura, 2004, 1978, 1989). While previously discussed in the

literature review, it was brought up that CS, within the framework of SCT, could be taught to

better help and equip addiction counselors with skills of self-efficacy. However, it is more likely

the coping skills of self-efficacy were learned instead. While participants mentioned naturally

being able to speak up for oneself at an early age, participants also mentioned being able to

reduce their workload and set and maintain boundaries they learned either from their own

experiences and training or from having other colleagues and supervisors model these skills for

them.

The secondary theme, *Support*, reinforced theories and research relating to organizational

support, social support, and social exchange, despite it being limited (Kim et al., 2018; Maslach

& Jackson, 2012; Pagano et al., 2021). This theme was comprised of five sub-

themes: *organizational support, lack of support, family support, spiritual support*, and *colleague*

support & supervision. Ultimately, these themes shared a sense of social support, as family,

colleagues, and members of a religious or spiritual group can be categorized as social support.

Prior research affirms support is associated with increased well-being (Arble & Arnetz, 2017,

2018). Organizational Theory focuses on the understanding and perception of how the

organization values contributions from their employees and how they care about their well-being

(March 1991; Starbuck, 2013; Edú-Valsania et al., 2022). The participants' stories and

experiences added to this when they shared how they felt when administrators or directors

actively asked about their well-being or followed up when a difficult situation occurred at work.

One participant also reported their agency supported their employees by offering free therapy,

which, to the participant, mattered greatly as a preventative measure for BO and CF. When the

participants felt their organization genuinely cared for them, this was regarded by the participants

as a supportive factor. Previous studies showed organizational commitment led to less turnover,

and in this regard, the participants appeared to regard their organization, when supportive of them, as positive and affirming of their commitment (Mcnulty et al., 2007; Gutierrez et al., 2019). When the participants were reporting higher levels of support, there were fewer reports of work stressors and organizational consequences. The *lack of support* served as a highlight for the participants, as they discussed when they discovered or felt the organization did not value them or their wellbeing; this contributed to decisions of leaving and finding a more supportive organization, supporting and contributing to what we know of Organizational Theory.

Coincidentally, SET is related to this theme, as SET and related literature look at the social behavior in the interaction of two parties that implement a cost-benefit analysis to determine risks and benefits. According to SET, BO occurs when a worker perceives a lack of equity between their efforts, contributions made, and the result of their labor (Meng et al., 2019). This was supported by the sub-theme *lack of support*, as the participants shared this lack of reciprocity, and not feeling worthy or regarded as important due to not having support. The lack of reciprocity can occur at all levels of an organization and diminishes the emotional resources of professionals, leading to emotional and chronic exhaustion. The participants recounted moments of not being provided adequate training, not enough resources, and not being treated well enough. The social exchange was not even, as the participants continued to work despite not receiving support. Within this theory, compassion fatigue is considered a consequence of social exchanges that vary by power and status expectations. Compassion fatigue is understood as a social facet, a social emotion, and an interactional outcome of social exchanges within organizations, and the sub-theme highlighted this (Vaccaro et al.,2021).

Lastly, the third theme, purpose, is related to the literature concerning Existential Theory and the deeper meaning it discusses. According to ET, burnout largely comes from an

individual's desire for their profession to provide meaning to their life, which the participants

report, and this is reflected by the theme of *Purpose* and its sub-themes: *Fulfillment & Passion,*

Lack of Purpose, Seeking Knowledge, Helping Others, and *Being Person-Centered* (Pines,

2004). They discuss reward and fulfillment from their jobs and being able to help others, proving

how they saw their role as an addiction counselor as meaningful, contributing to ideals and

beliefs they cared about. Conversely, when this expectation is unmet, individuals may become

vulnerable to perceptions of failure, helplessness, and hopelessness, which is seen in the sub-

theme of *lack of purpose* (Pines, 2004). The participants described feelings of hopelessness and

helplessness when faced with systemic issues or a continuous lack of not being able to help

others. The participants did not succumb to these feelings, though, as evident by their staying and

remaining in the field. This, too, supports ET, as ET mentions people who withstand BO can do

so when they feel they are making a difference and contributing meaningfully to their life (Pines

& Keinan, 2005). This adds to the literature and theories due to prior research lacking the input

of addiction counselors and the experiences that aid them in resisting and building resistance to

BO and CF (Happer et al., 2017; Ungar, 2012; Bimrose & Hearne, 2012; Perkins & Oser, 2014;

Testa & Sangganjanavanich, 2016).

Implications

        In this study, the researcher has sought to respond to the research question related to the

lived experiences of addiction counselors resilient to severe levels of burnout and compassion

fatigue, leading to longevity in the addiction counseling field, as well as resiliency factors to

resolve BO and CF, coping skills to resolve symptoms of BO and CF, as well as internal and

external factors that contributed to BO and CF. This section offers implications for counselor

educators, employers, supervisors, and addiction counselors themselves so all members better

support and equip addiction counselors with the tools and training necessary to mitigate and resist the effects of BO and CF plaguing the profession.

Implications for Addiction Counselors

With addiction counselors being the most at-risk counselors to suffer from BO and CF (Gutierrez et al., 2019), it is becoming more understandable why there are fewer addiction counselors and high turnover rates (Knight et al., 2012b). According to the National Association of Alcohol and Drug Abuse Counselors, the shortage of substance abuse treatment counselors reached crisis levels in the mid-2000s (2007; Perkins & Sprang, 2013). If this continues, there is a risk of more addiction counselors leaving the field than entering, thus leading to a deficit of caring professionals who are needed by those suffering from substance abuse disorders. If addiction counselors do not take steps, such as making active decisions for their well-being, there is a high likelihood of succumbing to burnout and compassion fatigue (McNulty et al., 2007; Singh et al., 2020; Vilardaga et al., 2011). Addiction counselors already face high demands such as, large workloads, low pay, working in a high-trauma environment, and having fewer resources for self-care (Bentley, 2022; Beitel et al., 2018; Gutierrez et al., 2019; Martinez-Lopez et al., 2021). Despite these challenges, this makes the reasoning behind developing resiliency factors that much more important.

For example, if a counselor in training (CIT) wanted to learn and develop skills centered on the theme of *Self-Preservation*, and its encompassing sub-themes, this would entail building assertive communication skills, learning about professional and healthy boundaries, as well as working towards work-life balance (Butt & Zahid, 2015; Rapp et al., 2021). Participants also reportedly resonated with the theme of *Support*, and it would be beneficial for CITs to research and develop skills that center on recognizing and growing support networks. This might include

researching ways to build a professional supervisor support through something such as group

supervision to enhance colleague support and facilitate psychological safety (Liu et al, 2016).

Additionally, developing skills that center on recognizing traits to cultivate feelings

of *Purpose* and its sub-themes can include recognizing the positives of helping others, and the

benefits of being person-centered while also recognizing the signs of having a lack of purpose.

Similarly, this would include recognizing accomplishments as a positive reinforcer, noting client

and own successes (Phillips et al., 2023) as well as practicing meditation, going outside,

gratitude, and recognizing what you can control (Copeland, 2021). As sub-themes *lack of*

support and *lack of purpose* were part of the lived experiences of these participants, it would also

behoove future CITs to look into ways to increase awareness of and improve their ability to

recognize the signs of BO and CF such as employing the Professional Quality of Life Scale

(PQOL) 5th edition (Stamm, 2016), as well as other assessment tools that look at CF and STS to

monitor their own resiliency and mental hygiene (Gutierrez et al., 2019; Lee et al., 2015).

      This study's opportunity to provide a voice to addiction counselors who appear resilient

to BO and CF provided insights and new themes current addiction counselors can replicate in

their own lives and likely improve their chances of developing resiliency towards BO and CF.

This study identified three themes and thirteen sub-themes, all of which can help addiction

counselors towards their development of CF and BO resiliency, as well as improving their

wellness and well-being. Doing this will help them develop goals that can aid them in the future

towards preventing BO and CF, such as developing an effective support network, developing

self-efficacy and self-confidence through *Self-Preservation*, and ultimately developing a sense

of *Purpose*, which is likely to lead to an intrinsically rewarding experience.

Implications for Counselor Educators

Burnout (BO) and compassion fatigue (CF) are serious issues affecting counselors, more specifically addiction counselors, and heavily impact trends relating to job retention and turnover rates (Knight et al., 2012a; Knight et al., 2012b; McNulty et al., 2007; Singh et al., 2020; Vilardaga et al., 2011). Additionally, BO and CF are strongly connected with physician burnout and the ethical dangers these bring (Epstein et al., 2020; Grow et al., 2019; Han et al., 2019; Hewitt et al., 2020; Simionato et al., 2019). These issues can be prevented with adequate training and preparation for the field, and the responsibility starts with counselor educators. Counselors have the ethical responsibility to do no harm to the client and prevent impairment of oneself, taking the necessary actions when impairment is identified and gatekeeping the profession (ACA, 2014; Kaplan et al., 2017). While this may include self-care, counselor educators have the National Board for Certified Counselors Code of Ethics (2012), as well as the 2016 CACREP Standards (2015), which emphasize the counselor educators' responsibility to prepare the counselor in training for the profession as much as possible, as well as taking steps to safeguard and protect the field. This includes preparing soon-to-be addiction counselors for the common work-related stressors.

The study identified three main themes with thirteen sub-themes specific to addiction counselors who appear resilient to BO and CF, leading to longevity in the field. The themes of *Self-Preservation, Support,* and *Purpose* could provide counselors with training and newfound insights, as well as skills to develop and use that would better help them mitigate and prevent BO and CF. Classes that are CACREP accredited could focus on the ethical responsibilities of self-care and resiliency factors as a preventative measure for BO and CF. Within the context of classes, counselor educators could also conduct interactive or experiential learning assignments or role-play scenarios where the students can practice utilizing self-advocacy and engage in

dialogue where they employ boundaries to prevent being overworked or devalued. Another

option may involve having an addiction counselor speak in class about their experiences

concerning the themes of the study, whether agreeing or disagreeing, and having an active

discussion on the addiction counselor's resiliency development. Other experiential activities

include active grading, peer tutoring, and active learning groups that could all focus on resiliency

factors, and the experiences of being an addiction counselor to prepare the counselors in training

and start their resiliency development early (McKeachie & Svinicki, 2013; West et al., 2013).

Active learning comprises actively engaging students with course material through discussions,

problem-solving, case studies, role plays, and other methods (McKeachie & Svinicki, 2013;

West et al., 2013). New ways to make impactful learning emphasizing self-efficacy and

resiliency towards BO and CF, as well as developing support networks and finding a purpose,

are paramount considering how the addiction counseling field already has a higher-than-average

turnover rate, and effective teaching methods could prevent this and better prepare future

addiction counselors thus reducing turnover rates (Kaplan, 2003; Vilardaga et al., 2011).

Implications for Employers

Addiction counselors often face low salaries, high staff turnover, limited opportunities for

career development, and agency upheaval (Ogborne et al., 1998). They are also working with

clients who have higher rates of comorbidity and trauma and require more time and attention

(Baldwin-White, 2016; Vorkapic & Mustapic, 2012). This study could aid employers of

addiction counselors due to how it provides an opportunity to understand the experiences of

addiction counselors who appear resilient to BO and CF. BO and CF carry the risks of secondary

traumatic stress, which is believed to contribute to turnover and may reduce the quality and

effectiveness of services (Bride et al., 2011). Likewise, burnout is associated with diminished job

performance, increased absenteeism, and higher rates of turnover (Anagnostopoulos & Niakas, 2010; Beitel et al., 2018). Because of this, there is both an ethical motivation to provide effective services as well as a financial motivation to save costs on training new clinicians. It would benefit employers to understand the themes of *Self-Preservaton, Support,* and *Purpose* and take steps to invest in their employees to build and foster these resiliency factors. Taking steps to invest in addiction counselors to stay and thrive in the profession would help employers save money in the long term by reducing the turnover rate and not needing to hire and replace clinicians (Knight et al., 2012a).

The participants mentioned feeling supported by their employers, and this was an external motivator and aided them in resisting BO and CF. Employers, such as mental health agencies, treatment centers, and other work environments employing addiction counselors, can take steps to promote a culture of safety where the addiction counselor feels they can self-advocate, reduce workload as necessary, and maintain boundaries, as well as feel safe enough to discuss when there is a lack of support so solutions can be explored. The participants identified these factors as being important and meaningful to them. Additionally, promoting a work environment that supports the addiction counselors' search for meaning and purpose, could also aid the addiction counselor in staying, preventing BO and CF, and increasing retention rates. Employers could have collaborative discussions or regular meetings focusing on feedback from the addiction counselors so the addiction counselors can voice their concerns about lack of support or lack of purpose and take steps together to remedy these issues. Doing this would likely help the addiction counselors feel valued and understood, as participants reported organizational support as being important to them, and this was a common experience. Conversations focused on the themes of this study would be beneficial, as well as how to use

resiliency factors and coping skills in their work environment to increase the positive themes and lead to lower turnover rates and higher retention rates (Litam et al., 2021; Vilardaga et al., 2011)

Implications for Supervisors & Mentors

Supervisors have an ethical responsibility to aid their staff by modeling and mentoring to prepare them for the profession as much as possible, and this includes addiction counselors. Addiction counselors, depending on their state, have a process of obtaining hours of supervision for credentialing purposes, and this is supported by various governing bodies. CACREP encourages adequate mentoring as part of their component of professional identity, teaching pedagogy, and supervision (CACREP, 2015). Chi Sigma Iota, an organization that focuses on empowering and equipping counselors to the best of their ability, has voiced how they support mentorship in its many capacities, as they state that, "exemplary leaders demonstrate effective mentorship" (CSI, 1999). Likewise, the American Counseling Association regards mentorship and supervision as a necessity for advancing the future of counseling (Kaplan & Gladding, 2011).

This focus on the importance of mentorship and supervision can include psychoeducation and active discussions focusing on the themes and sub-themes of this study. For example, having active and meaningful conversations on self-preservation, support, and purpose could better equip and support the new and learning addiction counselors. This also presents an opportunity for the mentor or supervisor to practice self-disclosure and share their own experiences with BO and CF, as well as sharing a moment where they experienced a lack of support or lack of purpose. Doing this could validate their staff's experience while also providing education and showing them that CF and BO are normal components of work-related stress, are common in the field of addiction counseling, and can be prevented or mitigated through building effective

resiliency factors. This could lead to active role-play to help the mentee develop self-efficacy through self-advocacy, reducing their workload, and implementing and maintaining boundaries. Within the context of supervision, this could also include deep and meaningful conversations that focus on fulfillment and passion, as well as the other sub-themes related to *Purpose*, as this could help the counselor develop factors that could aid them to remain in the field. Coincidentally, it would also be beneficial to discuss *Support*, as supervision and mentorship are included under the sub-theme of *colleague support & supervision*. This would ensure the mentee is fostering a support network to mitigate BO and CF, as well as normalizing lack of support and providing an environment of safety to have solution-focused conversations. This environment of safety could be conducive for group supervision facilitation to enhance colleague support.

Delimitations and Limitations

The researcher made purposeful decisions to limit and define the boundaries of the study. Participants had to be 18 years of age or older, work as an addiction counselor with five or more years of experience in the field, and possess the Master Addiction Counselor (MAC) certification awarded by the National Certification Commission for Addiction Professionals (NCC AP). Doing this ensured participants were qualified addiction counselors. The requirement for at least five or more years of experience was to show the participants had remained in the field, increasing the likelihood of having experienced BO and CF and prior studies indicated few counselors remain in the field beyond five years, with 29% reporting five or more years and 32% reporting being in their current job for less than one year (Knight et al., 2012b).

There were several limitations. This study focused solely on addiction counselors within the United States. There are addiction counselors throughout the world, and unfortunately, this study was not able to cross national borders, excluding those outside of the United States from

the conversation about addiction counselors who appear resilient to BO and CF. Despite focusing on addiction counselors in the United States, none of the participants resided in the Southwest region, leading to a lack of representation of addiction counselors from that area. Additionally, while this study focused on credentials to ensure the accuracy of legitimate addiction counselors being interviewed, this left out addiction counselors who do not have the MAC certification and who are arguably experienced in CF and BO resiliency but do not have a license or nationally recognized credential. According to Moustakas, sample size can vary in qualitative research, and the focus is more so on the rich and descriptive experiences of the phenomena as opposed to the quantity or size of the sample (Moustakas, 1994a, 1994b). From all of the interested parties that wanted to participate in the study as well as those that qualified, nine participants were available for the semi-structured interviews. From the recruitment email sent through collaboration with NAADAC, 39 people were interested in the study, 24 did not qualify, and six individuals did not complete the process to confirm if they were eligible, leaving nine participants overall qualified for the study. Efforts were made to reach out and follow up with interested parties; however, nine participants made up the final sample size.

A final limitation of this study was the main researcher's own experiences of being an addiction counselor as well as experiencing BO throughout their career. This researcher's personal biases may have influenced this study. Steps were taken to mitigate this, such as using field notes to keep track of biases, engaging in regular meetings with the co-researcher to reduce the risk of bias, as well as constructing questions from the semi-structured interview to focus solely on the participant's lived experiences and not the lived experiences of the researcher.

Recommendations for Future Research

This study was centered on the lived experiences of addiction counselors who appear resilient to BO and CF. However, further studies are recommended to achieve a clearer and more comprehensive picture of the phenomena. One step to expand on this would be for a future study to expand on the number of participants, as well as the geographical area. A future study would benefit from a more diverse sample that remains true to the many types of addiction counselors. It would also be beneficial to look at addiction counselors beyond national borders. This study was based on nine participants throughout the United States who held the MAC, signifying their qualifications as an addiction counselor. Future studies would benefit from crossing national boundaries as well as collecting the experiences of different addiction counselors; it is still important to include the voices of all addiction counselors so they too can be heard and represented.

The participant sample was predominantly white females. The demographic breakdown was 22% of the participants reported being black, 22% reported being of Hispanic heritage, and 11% stated they prefer not to report their gender. A secondary recommendation for future studies would be to focus on expanding the sample size so it is more inclusive of the individuals who make up the addiction counseling field. Attributing diversity is important as ethnic minorities make up and contribute to the addiction counseling field and deserve accurate representation and validation (Counselors, 2017). Future studies may wish to focus more so on the experience of ethnically diverse addiction counselors as they, statistically speaking, have not had as much of a voice as their white female counterparts who dominate the field of counseling (Counselors, 2017).

A third recommendation would be to include the voices of addiction counselors who lack a credential or lack licensure, as it may be beneficial to include their experiences as they may be able to share and identify experiences that have helped them stave off the effects of burnout and compassion fatigue. Future studies would benefit from including them and licensed addiction counselors to identify possible differences and similarities within their experiences. Using licensure and credentials only, depending on the state, country, or province, may perpetuate classism within the field of addiction counseling, as not all addiction counselors can afford or qualify for licensure depending on education and circumstance. Addiction counselors who are inclined may still qualify or identify as addiction counselors by trade and can contribute to the rich experience that makes up being an addiction counselor.

Lastly, a final recommendation for future research would be for a future study to focus on both qualitative and quantitative data and to take a mixed methods approach. While this study did encompass some quantitative information, such as the demographics questionnaire, it was collected to better understand the lived experiences of the participants. It did not qualify as a mixed methods approach. Doing a mixed methods study would allow the researchers to look at the phenomenon of addiction counselors being resilient to burnout and compassion fatigue in a way that benefits both disciplines and provides a wider and more comprehensive understanding of the phenomena. Taking an approach that blends the strengths of both forms of research would increase the chances of fully understanding the phenomena.

Summary

This study sought to gain a better understanding of the lived experiences of addiction counselors who appear to be resilient to BO and CF, leading to longevity in the field. The findings of this study were based on the reported experience of MAC credential holders.

Although data was taken from a relatively small group of nine participants, the consistencies in
how they described their experiences of being addiction counselors and how they were able to
overcome or prevent BO and CF led to identified commonalities and themes. This led to key
findings in several areas.

Embedded throughout the data and the reported experiences of the participants, self-
efficacy for the sake of self-preservation was evident. Participants, from the theme of *Self-
Preservation*, would take intentional steps to protect themselves and maintain their resiliency by
reducing their workload, self-advocating, and utilizing boundaries. Failing to do this, per the
reports of the participants, would be damaging for them and lead to work-related stressors,
exhaustion, and burnout. Future counselors in training would benefit greatly from implementing
and incorporating these skills into their repertoire and skillset. These feelings related to self-
efficacy likely fostered and improved self-confidence and their ability as addiction counselors to
protect themselves and improve themselves.

Another emphasis from the research and findings was the importance of support in its
many forms. Organizational support, colleague support and supervision, spiritual support, and
family support were all imperative to helping these addiction counselors develop and build their
resiliency to BO and CF. While a lack of support appeared to be part of the addiction counselor
experience, the addiction counselors seemed to learn from their experiences, and this helped
them prevent future support deficiencies. Instead of feeling disconnected, these addiction
counselors were able to feel connected, seen, and validated through these support systems, and
this benefited them throughout their careers.

Lastly, intrinsic values and motivation were evident among the commonalities in the data.
A sense of *Purpose* as it related to the theme was important to the participants and prevalent

among those who appeared resilient to BO and CF. Being an addiction counselor was fulfilling and intrinsically rewarding in itself. This feeling was attributed to being able to help them get through tough times. Similar to *Support*, there was the sub-theme *lack of purpose*, and this too may have aided participants as they did not succumb to it but instead learned from these experiences and developed ways to counteract this. Remaining studious and having a desire to keep learning, as well as being person-centered and helping others, were common experiences among the participants. This emphasis on intrinsic motivation, as well as having a deeper meaning to life's pursuits, likely contributed to their resiliency as participants discussed how it helped them during the difficult moments of their careers.

The implications for counselor educators focused on helping educate future counselors in training, as well as current addiction counselors in the field, so they may use these commonalities from the study's findings to develop resiliency factors unique and specific to them. Doing so may not only better prepare future counselors and future addiction counselors for the field, but having workshops, training, and supervision focused on these themes could help already established addiction counselors enhance their resiliency factors and potentially better mitigate BO and CF. These implications also included employers in the dialogue, as employers have an incentive, as well as an obligation, to protect their staff, their clients, and patients. BO and CF continue to plague the addiction counseling field; however, taking steps to support and retain staff could reduce this. Steps included fostering a safe environment where addiction counselors can self-advocate and employ boundaries. Other steps include supporting the addiction counselors through organizational support and helping the addiction counselors feel valued, seen, connected, and supported.

Other implications involve supervisors and the addiction counselors themselves. Supervisors can have collaborative and engaging conversations with their staff and mentees to prepare them for the field and equip them with the tools necessary to grow their resilience. Tools pertaining to the themes mentioned in this study focusing on developing resilience. Having these collaborative and supportive conversations, encouraging a culture of safety, will have a trickle-down effect as building more resilient addiction counselors who can advocate for themselves and employ supports offered by others will increase retention, reduce turnover rates, grow the profession, and allow there to be more addiction counselors to meet the growing needs of the clients. All this will reduce the likelihood of addiction counselors being overworked and understaffed. As these addiction counselors are competent adults, the responsibility falls on them to practice self-efficacy so addiction counselors have the opportunity to help themselves. This includes taking the three themes to heart and incorporating these coping skills and resiliency factors into their lives. Taking these resiliency factors to heart will help addiction counselors improve self-efficacy, as well as building support and identifying work organizational environments and supervisors that are supportive of them. Doing this will likely aid addiction counselors to remain in the field, and they, too will be able to repeat the process of supporting future addiction counselors through colleague support and supervision by having the opportunity to become supervisors. Addiction counselors will have opportunities to use their voices and educate others on the importance of these three themes, their 13 sub-themes, and why resiliency against BO and CF is so important.

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Appendix A

Recruitment Letter

Dear Counselor,

As a graduate student in the School of Behavioral Sciences at Liberty University, I am conducting

research as part of the requirements for a doctoral degree. The purpose of my research is to expand upon

the lived experiences of addiction counselors who appear resilient to burnout and compassion fatigue, and

I am writing to invite eligible participants to join my study.

Participants must be 18 years of age or older, work as an addiction counselor with 5 or more years of

experience in the field, possess the Master Addiction Counselor (MAC) certification that is awarded by

the National Certification Commission for Addiction Professionals (NCC AP). Participants, if willing,

will be asked to **complete and send back a demographic survey** that the participant can complete on

their own time, which can take 5 minutes. After this, participants will take part in an interview that will

last 60 minutes and will include semi-structured interview questions. There will be a follow-up meeting in

the form of member checking that will take no more than 10 minutes. For member checking, results will

be returned to participants to check for accuracy and resonance with their experiences. It should take

approximately 75 minutes total to complete the procedures mentioned. Names and other identifying

information will be requested as part of this study, but the information will remain confidential.

To participate, please **complete this screening survey** and return it by scanning and emailing it to

████████████████ Contact me at that same email to schedule an interview.

Please click here to **complete the consent document**. The consent document contains additional information about my research. If you choose to participate, you will need to sign the consent document and send it to me before the interview can be scheduled.

Participants will receive a $10 Visa gift card after the member checking is finished.

Sincerely,

Brian Paulson

PhD Candidate, LMHC, MCAP

Appendix B

CONSENT FORM

EXPLORING RESILIENCY TO BURNOUT: A PHENOMENOLOGICAL STUDY OF

ADDICTION COUNSELORS RESILIENT TO BURNOUT

Brian Paulson Liberty University Department of Education

Consent

Title of the Project: A Phenomenological Study of Addiction Counselors Resilient to Burnout **Principal Investigator:** Brian Paulson, Doctoral Candidate, Counselor Education & Family Studies, Liberty University.

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be over the age of 18, and be an addiction counselor with five years of experience in the field as well as have the Master Addiction Counselor (MAC) certification that is awarded by the National Certification Commission for Addiction Professionals (NCC AP). Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of this study is to better understand the lived experiences of addiction counselors who are surprisingly surviving and thriving undeterred by compassion fatigue and burnout, despite having a higher burnout rate than any other human services professionals in the United States. This study will seek to have a better understanding of addiction counselors and what contributes to their resiliency towards compassion fatigue and burnout.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:

1. Complete a 5-minute demographic questionnaire.
2. Participate in an interview that will last approximately 60 minutes. You will be asked questions dealing with your experience as an addiction counselor, views of burnout and compassion fatigue as well as your thoughts on possible resiliency factors relevant to you. This interview will be recorded through Microsoft Teams and be recorded in the form of video.
3. Participate in a follow up meeting where you will have the opportunity to add your input to the findings of the study. This too will be recorded via Microsoft Teams and take 10 minutes.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include providing information that may help improve the educational support of addiction counselors and developing their resiliency in the profession.

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

I am a mandatory reporter. During this study, if I receive information about child abuse, child neglect, elder abuse, or intent to harm self or others, I will be required to report it to the appropriate authorities.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses in the interview will be kept confidential by replacing names with pseudonyms.
- Interviews will be conducted on a secure online platform; Microsoft Teams.
- Data will be stored on a password-locked computer. After three years, all electronic records will be deleted, and any hardcopy records will be shredded.
- Recordings will be stored on a password locked computer for three years. The researcher and faculty chair will have access to these recordings.

How will you be compensated for being part of the study?

Participants will be compensated for participating in this study. At the conclusion of the member checking participants will receive a $10 Visa gift card.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study Brian Paulson. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact him at ███████████████ ████████████████
You may also contact the researcher's faculty sponsor, Dr. Stacey Lilley, at ████████████████

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to video-record me as part of my participation in this study.

_____

Printed Subject Name

_____

Signature & Date

IRB Code Numbers: IRB-FY22-23-590

IRB Expiration Date: February 3, 2024

Appendix C

Demographic Survey

Select your age range from the options below

○ 18–24○ 25–34○ 35–44○ 45–54○ 55+○ Prefer not to say

Which gender do you identify yourself with?

Top of Form

○ Male○ Female○ Other (you can specify below)○ Prefer not to say

_____

_____

How would you describe yourself?

Are you of Hispanic, Latino, or of Spanish origin?

 Yes | No

What would best describe you?

☐ Caucasian   ☐ African-American   ☐ Native American   ☐ Asian   ☐ Native Hawaiian or Pacific Islander

☐ Prefer not to answer   ☐ Other

Where are you currently located?

What is your marital status?

Top of Form

○ Single (never married) ○ Married ○ In a domestic partnership ○ Divorced ○ Widowed ○

Prefer not to say ○ Other

What is the highest degree or level of school you have completed??

Top of Form

○ Less than High School ○ High School Degree/GED ○ Some college but no degree ○ Associate

○ Bachelor ○ Masters ○ Ph.D. or higher ○ Prefer not to say ○ Other

Bottom of Form

What is your current employment status?

○ Employed full-time ○ Employed part-time ○ Unemployed ○ Self-employed ○ Retired ○ Unable to

work ○ Student ○ Other (you can specify below) ○ Prefer not to say

What is your average household income?

○ **Under $25,000** ○ **$25,000 – $50,000** ○ **$50,001 – $100,000** ○ **$100,001 – $250,000** ○

$250,001 – $500,000 ○ **$500,001+** ○ **Prefer not to say**

Appendix D

Questions for semi-structured interviews

Standardized Open-Ended Semi-Structured Interview Questions

1. Please introduce yourself to me, as if we just met one another, such as your qualifications and your work setting.

2. What inspired you to join this field?

3. Please describe your experience as an addiction counselor, from development to now.

4. What are some challenges you have faced as an addiction counselor?

5. Think of a time when you experienced compassion fatigue and burnout and describe that in as much detail as possible.

6. What changes did you make to remain in the field without being overcome by BO and CF?

7. What external factors have contributed to your resiliency?

8. What internal factors have contributed to your resiliency?

9. We've covered a lot of ground in our conversation, and I so appreciate the time you've given to this. One final question… What else do you think would be important for me to know about your experience as an addiction counselor, as well as burnout and compassion fatigue?

Appendix E

Email About Resources

Hello and good afternoon,

I would like to thank you for your earlier participation in the qualitative interview!

As somebody working in the field of substance use, you may be aware of local resources to support your emotional wellbeing. The interview process was not designed to distress participants, but should you need additional support after taking the surveys and participating in the interview, below are a few resources that may be helpful.

National Suicide Prevention LifeLine: 1-800-273-8255
National Crisis TextLine: https://www.crisistextline.org
Addiction Helpline: 1-800-662-4357

Sincerely,

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Appendix F

Email About Member Checking

Hello and good afternoon,

I am excited to announce the completion of the data analysis based on the study you participated in earlier this summer titled **A Phenomenological Study of Addiction Counselors Resilient to Burnout**. Sometime this week I would like to meet up with you and conduct the member-checking process, where we can discuss how you feel about the results from the data analysis. After the follow-up meeting, you will be provided your $10 gift card as a thank you for your time and contributions.

Please see the attached document that provides the results from the qualitative data analysis. What time works for you? Tuesdays and Fridays are ideal, however, Mondays, Wednesdays, and Thursdays from 12-1 EST are secondary options.

Please let me know and thank you for your time.

Sincerely,

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Appendix G

Member Checking Document

Member Checking
A Phenomenological Study of Addiction Counselors Resilient to Burnout

Thank you very much for your time and participation in our research. The purpose of this study was to explore the lived experiences of addiction counselors who appear resilient to Burnout and Compassion Fatigue, therefore leading to longevity in the addiction counseling field. Through data analysis, we discovered three themes and thirteen sub-themes. Specifically, the themes in the findings were identified as (1) **Self-Preservation:** (a) workload reduction, (b) utilizing boundaries, (C) self-advocating**, (2) Support:** (d) organizational support, (e) lack of support, (f) family support, (g) spiritual support, (h) colleague support & supervision, (3) **Purpose**: (i) fulfillment & passion, (j) lack of purpose, (k) seeking knowledge, (l) helping others, (m) being person-centered. The themes were then all connected through a representative diagram of the reported experience from the semi-structured interviews. While the experiences may have varied for each participant, there are still underlying thematic similarities and factors that connected the participants through their experiences. The themes may or may not have been experienced as linear or progressive as some participants experienced moment-by-moment movement within and between each of the themes. Please let us know if these themes and descriptions accurately captured your experiences. We would like to know if there is anything central to your experience that is missing and if there is anything that does not resonate with you. If this captures the essence of your experience, we would like to know that too.

As part of the member checking process, this study includes a follow-up meeting in the form of member checking that will take 10-15 minutes. For member checking, the results will be returned to participants in the form of this document to check for accuracy and resonance with their experiences. Please read below in order to discuss what you felt was true and representative of your experience. After the follow up meeting, you will be provided your $10 gift card as a thank you for your time and contributions.

Please respond to this email and let us know what time works for you. Tuesdays and Fridays are ideal, however Mondays, Wednesdays and Thursdays 12-1 EST are a secondary option.

Theme: Self-Preservation

While self-preservation usually means and relates to a person's behavior to avoid injury and increase their chances of survival, *self-preservation* carries a different definition in the context of this study. Each of the participants discussed utilizing self-preservation in one form or another when discussing changes they made to remain in the field or to avoid succumbing to burnout and or compassion fatigue. Focusing on self-preservation allowed the participants to engage in self-care, and wellness, and utilize tools to increase their ability to prevent and or reduce burnout and compassion fatigue, leading to further retention in the field of addiction counseling. Self-

preservation allowed the participants to see themselves as worthy of self-preservation and aid them in taking steps to ensure they continue working, whether it included collaborating and working with employers or setting boundaries with colleagues and clients. This theme was complex and contained three sub-themes: reducing workload, boundaries, and self-advocacy.

Subtheme: Reducing workload

This sub-theme, *reducing workload*, entails the participants taking intentional steps towards their wellbeing. Participants were either asked about the challenges they faced as an addiction counselor, or they would be asked about the changes they made to remain in the field and most of the participants mentioned reducing their workload in some capacity as a form of coping and self-preservation, as the focus was to maintain their wellness and prevent being or feeling overwhelmed. Reducing workload for the participants meant either having a day for themselves where they would not engage in as much work, limiting their work, or they would engage in a different type of work such as supervision or administrative work that would not be so demanding. By doing this, they would still be limiting their workload as it is less and different from what they were previously doing. This sub-theme supports the act of self-preservation and is an action where they are relieving potential burdens of work-related stress.

Subtheme: Utilizing boundaries

This subtheme of *utilizing boundaries* was common and expressed by each of the participants in one form or another. The participants discussed the importance of separating themselves from their clients and the emotional weight that often comes with the territory of being an addiction counselor and helping people process their emotions to heal. The participants also shared steps they take to either enact these boundaries or how they maintain them, which often include communication with others, whether colleagues, employers, or clients, and is elaborated on further in the following subtheme. The participants mention how important boundaries are for them, as they assist them with self-preservation and help them clarify their intent of self-care and wellness. Utilizing boundaries acts as a line where the participants can clarify what they are willing and not willing to do, what would be hazardous for them, and what would be preventative and likely optimal when considering work-related stress, burnout, and compassion fatigue.

Subtheme: Self-advocating

In this subtheme, which expands on the theme of self-preservation and while relating to utilizing boundaries, when considering *self-advocacy* as a form of setting boundaries, self-advocating came up in the experiences of the participants as a form of self-preservation. When the participants related to self-advocacy, as the codes identified the sub-theme, participants discussed having and utilizing this ability to speak up for themselves. To further expand on this, commonalities were noticed as the participants mentioned moments where they felt compelled to communicate clearly and help others understand how best to support them, whether colleagues, supervisors, clients, or even family members. Self-advocacy has the potential to benefit all areas of life and in this context, it appeared to be utilized to better help and assist the participants in protecting themselves and mitigating burnout and compassion fatigue.

Theme: Support

Support was the secondary theme to be identified among the data, and this process took longer to conceptualize as support, in various capacities, was found in every transcript from the participants. Each participant identified and discussed support as some sort of protective factor, whether internal or external, as some participants identified spiritual support and family support as internal factors while organizational and colleague support were identified as external factors. Support, as a re-occurring theme, would make appearances in different questions. When asked about what inspired them to join the field, challenges they faced, and a time they experienced compassion fatigue or burnout, participants would note support as being a factor and playing a key role in their success and well-being. The majority of the participants attributed the support they received throughout various times of their careers as playing a role in their development as an addiction counselor, their resiliency, and their ability to remain in the profession. Additionally, participants also identified lack of support as one of their biggest obstacles when asked to discuss the challenges they faced as an addiction counselor. This theme was complex and contained five sub-themes: organizational support, lack of support, family support, spiritual support, and colleague support & supervision.

Sub-theme: Organizational support

The organizational theory states that to meet socioemotional needs and to assess the benefits of increased work effort, employees form a general understanding and perception of how the organization values their contributions and cares about their well-being. According to Organizational Theory (OT), burnout is a consequence of organizational and work stressors accompanied by inadequate individual coping strategies from the worker, where low personal fulfillment at work and emotional exhaustion lead to BO (Hunsaker et al., 2015; Li et al., 2014; Peters, 2018). This sub-theme of *organizational support* appeared to support one of the theories previously mentioned. Participants, when asked about their experiences as an addiction counselor, organizational support would surface as something that either prepared them for their job or in some cases, abandoned them or were ill prepared themselves, leading to challenges. The participants, when asked about the challenges they faced, or their own experiences of CF and BO, their perceptions of organizational support would sometimes help them, provide them resources or flexibility to better manage themselves and their wellbeing. In some cases, participants attributed organizational support as an external factor that contributes to their resiliency. Participants also attributed organizational support as aiding them in the changes they made, and how they felt supported and encouraged to be creative in their work setting.

Sub-theme: Lack of support

For this sub-theme, *lack of support,* participants noted and reflected on the lack of support that they experienced in their careers as addiction counselors and addiction professionals. The participants mentioned a lack of support from administration, organizations, work environments, sometimes colleagues not listening to them, and difficulties managing this lack of support. This sub-theme related to the main theme of support, but it differs in the significance that the participants are reporting how a lack of support is part of their lived experiences as an addiction counselor. They discussed their frustrations and how disheartening it has been for them to witness this lack of support and mention how commonplace it has been for them. As if this obstacle is a necessary hurdle for them to build resilience. The participants normalized and equated lack of support as part of the profession, with most participants having been in the field for close to 20 years. While this sub-theme carries with it a negative outlook, it could potentially explain the resiliency these participants have developed, how they have learned from each

experience, and potentially aided them in developing Post-Traumatic Growth and resiliency, as it empowered them to be more self-reliant and efficacious for their wellbeing.

Sub-theme: Family support

When discussing their lived experiences, participants mentioned feeling supported by family, and this in turn brings value to the sub-theme of *family support*. Family does not entirely related to biological family, but pertains to whatever the participants consider to be part of their family units, whether this includes step children, in-law parents, adopted family members, or family that was developed by the participant, there was a recurring emphasis on how family support contributed to the wellbeing of the participants and their ability to thrive and meet their needs. Some participants emphasized the importance of family support as being a motivator for them, something that encouraged them to continue, inspired them to join the field, or encouraged them to remain in the field. In one case, a participant mentioned how family helped him get through a difficult time in his career where they experienced burnout. Participants were asked about both external and internal factors that may have contributed to their resiliency and family support certainly had a place in the dialogue when the participants shared their experiences.

Sub-theme: Spiritual Support

Expanding on the theme of *Support*, a sub-theme relating to *spiritual support* presented itself. The participants, throughout the semi-structured interview process, were asked about both internal and external factors that they felt contributed to their resiliency, as this is part of their lived experiences as addiction counselors who appear resilient to BO and CF, there was an underlying theme of spiritual support. When analyzing the data about the codes and the transcripts, spiritual support arose as the participants had an intimate and positive relationship with a higher power greater than themselves. Spiritual support can be a complex and interactive process, and participants mentioned and discussed how spiritual support mattered to them in the form of religious affiliations, and spiritual practices, and how this in turn supported them throughout their experiences of BO and CF. Both the spiritual support and spiritual care the participants mentioned appeared to contribute to their perceptions of support and their perceptions of wellness and well-being. Spiritual support was also presented as a form of motivation that served them as a helping professional and as an addiction counselor during their formative years.

Sub-theme: colleague support and supervision

For the final subtheme of *Support*, a common sub-theme kept appearing throughout the transcripts and codes and pertained to *colleague support and supervision.* This sub-theme was titled to include both colleague support and supervision together. The reasoning behind this was that while supervision is provided by a more experienced clinician, it is still being provided by a fellow colleague, and group supervision can also include multiple colleagues in a supervision setting. Participants reported on how colleague support and supervision acted as a safety net for them, it provided them an opportunity to feel supported by others but also the opportunity to support their fellow colleagues and reciprocate that for one another. Some participants mentioned having colleague support spanning years throughout their career as an addiction counselor. Participants identified colleague support and supervision as a supportive factor towards their experiences as addiction counselors and attributed this as a factor towards their resiliency.

Theme: Purpose

Purpose was the third and final main theme of the data. This theme was also comprised of subthemes and was complex in its subjective nature as it focused more so on the attributes of the

participants and related to concepts that have a close link to intrinsic motivation. It seemed to transcend solely having a goal for work or studying, and related to fulfillment and passion, seeking knowledge, helping others, being person-centered, as well as having moments where a lack of purpose was part of the experience. Participants mentioned having a sense that their actions were meaningful and contributed to and benefited things and people that they cared about. This sense of purpose, based on the data, appeared to help the participants in channeling challenges to become opportunities to learn and grow.

Sub-theme: Fulfillment & Passion

In this sub-theme of purpose, the participants discussed and described a feeling of happiness due to doing what they felt was intended for them in their lives. Participants described it as a rewarding joy to be able to work towards their passions, that it was self-sustaining and capable of motivating and inspiring them throughout their careers and journeys as addiction counselors. This sub-theme related to a sense of purpose but it also appeared to expand on it and specify the sense of purpose, that these participants were obtaining fulfillment and meeting their goals of a work-related passion.

Sub-theme: Lack of Purpose

Much like the previous theme of Support has a sub-theme of 'lack of support', so too does the theme of Purpose. This sub-theme, lack of purpose, appeared to present itself as part of the lived experiences of these addiction counselors. These participants, through the invariant constituents and the codes that make up this sub-theme, described periods in their careers where they felt directionless, engaged in monotonous activities, and apathetic. It seemed to describe being frustrated at the systemic barriers of their job but it also carried a deeper meaning as it pertained to their sense of purpose and having a deficit in this area. This feeling of hopelessness appeared to present itself as the participants described their work-related and lived experiences. Similarly, to the lack of support potentially providing an environment for challenges to face and increasing resiliency, this theme of lacking purpose could have provided an environment for the participants to find purpose where it was previously lacking. This theme of duality appears necessary for growth based on the data and what the participants are telling about their lives.

Sub-theme: Seeking Knowledge

Seeking knowledge, in its many forms, was prevalent among the data and related to one of the main themes of Passion as it carried a deep meaning to the participants and their intrinsic motivation. Participants described moments of learning, studying, and self-improving for the sake of their well-being but also to improve their ability to help others and improve their ability as an addiction counselor, which relates to their purpose. They mentioned the benefits of having that sense of accountability, and how it can help them improve and decrease whatever doubt or negative feelings they may have about their purpose because they are steadily working towards learning more and being a learner.

Sub-theme: Helping Others

This sub-theme relates to the theme of *Passion*, while also relating to concepts of inspiration on hope that comes from serving and caring for others. When looking at the underlying themes that repeated throughout the transcripts and the semi-structured this sub-theme of *helping others* presented itself. Participants discussed and described moments of having an intention or desire to improve the welfare of other individuals without there being an expectation of material rewards in return. For them, the act of service appeared to be rewarding enough and this reinforces previous thoughts of purpose for the addiction counselors who appear resilient to

burnout and compassion fatigue. Participants describe moments of helping others that serve as inspiration for them and provide them with feelings of hope. This sub-theme of helping others is not limited to helping clients, as is part of the addiction counseling profession, but also helping peers, colleagues, supervisors, and others that interact with the participant. Not only does this theme seem to be related to intrinsic motivation but it also appears to be self-sustaining for the participants like some of the other themes previously mentioned.

Sub-theme: Being Person-Centered

The last sub-theme of the main theme, *Passion*, focused on being person-centered. Throughout the analysis process, codes and invariant constituents that make up the meaning of the participant's experiences indicated an emphasis on *being person-centered*, which meant focusing care on the needs of an individual. In the context of what the participants were describing, this entails ensuring that people's preferences, needs, and values guide clinical decisions, as well as providing care that is respectful of individual rights and needs. The participants mentioned moments when being person-centered mattered to them, how it was important to them, and how related to their intrinsic motivation and purpose. This sub-theme, while the last, did appear to be prevalent and meaningful to the participants.

Appendix H

Email About Member Checking

Hello and good afternoon,
I am excited to announce the completion of the data analysis based on the study you participated in earlier this summer titled **A Phenomenological Study of Addiction Counselors Resilient to Burnout**. Sometime this week I would like to meet up with you and conduct the member-checking process, where we can discuss how you feel about the results from the data analysis. After the follow-up meeting, you will be provided your $10 gift card as a thank you for your time and contributions.

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