

Stigma and Recovery Management Among Addiction Counsellors with Lived and Living Experience of Addiction: A Grounded Theory

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Outline

Introduction

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Methodology

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Implications for interventions, training, and policy

Conclusion

Introduction

- Historical reliance of treatment services on addiction counselors with recovery experience [ACR] (Aiken et al., 1984; Chapman et al., 2020; Doukas & Cullen, 2011)
- Professionalization and focus on treatment effectiveness of ACRs (CSSA, n.d.; Doukas & Cullen, 2011; Laudet, 2003)
- Changing landscape of addiction interventions and increasingly heterogenous group of addiction professionals (Bartram, 2021; Bucur et al., 2020)

Research on the Topic

- **Personal addiction and recovery**
 - Clinical and program-related decision-making (Jack[...]Novotna et al., 2011; McGovern et al., 2004; Novotna et al., 2015; Novotna, et al., 2013; Novotna et al., under review; White, 2015)
- **Challenges** (Doukas & Cullen, 2010; Ham et al., 2013)
 - Overidentifying with clients/boundaries
 - Preventing personal relapse
- **Perceived advantages** (Chapman et al., 2020; Oberleitner et al., 2021)
 - Rapport with clients
 - Inside knowledge/advocacy/ shared decision making
 - Clients' perceptions of ACR

Professional Attributes of ACR

- Differences in professional attributes
 - Lower educational status than their counterparts
 - Attitudes towards EBP (Novotna et al., 2015; 2013, under review)
- Harm reduction approach
 - Recovery as a continuum: an overall well-being (El-Guebaly, 2012)
 - Medication-assisted recovery (Suboxone, Methadone)
(Dickson-Gomez et al., 2022; Fry et al., 2023)

Study Overview

Novotna, et al. (under review)



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Method

- **Qualitative method:** Grounded Theory (Charmaz, 2006)
- **Purposeful Sampling:** ACR based on community, treatment modality at work, and recovery type.
- **Participant Criteria:** in any type of recovery for at least one year
- **Interviews and Analysis:** In-depth interviews (over the phone) were conducted, transcribed, and analyzed to find themes and patterns in the data.

Sample

- **Participants:**
 - 22 interviews with 13 men and 9 women, aged 30-60 years. They had been in recovery from alcohol or drugs for 5-30 years and in their current job for 2-26 years.
- **Demographics:**
 - 14 participants were active in AA.
 - Information collected included age, recovery type, treatment received, gender identity, and professional training.
- **Study Scope:**
 - Only publicly funded service providers were included in the study.

A person is sitting on a red couch, holding a coffee cup with both hands. They are wearing a white t-shirt and a light-colored, textured skirt. In the foreground, a laptop is open on a surface. The background shows a wooden chair and some greenery. The word "Findings" is overlaid in white text with a white underline.

Findings

Findings

- **Recovery experience**

- Personal and professional growth
- Seeking recovery supports versus the need for confidentiality (small communities)

- **Stigma and a lack of supervision**

- Makes recovery harder
- “Self-care” was key to handling stress
- Lack of awareness of structural causes of stress and burnout

Findings cont'd

- **Stages of professional maturation:**
 - Empathy, client-focused
 - Disclosure becomes more judicious
 - Reported being informed by evidence-based practices.



Implications for Theory and Practice

Implications

- Some common pathways to professional identity development
- Hierarchy of recovery experience (abstinence, medication-assisted)
- Reflexivity, supervision to address overconfidence, common mistakes of novice ACR

Limitations & Delimitations

- Recovery remains understood as “personal transformation”
 - Social identity transformation (Best et al., 2015)
- More research towards well-being, solution-focused recovery experience
- Specific geopolitical context of the study – enriching the previous research

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