

## **People in Recovery from Substance Use Disorders: What Motivates Them to Enter Addiction Treatment Agencies as Counselors?**

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### **ABSTRACT**

This qualitative study aimed to understand the motivations of people recovering from substance use disorders (SUDs) to work in addiction treatment agencies as counselors. A purposive and snowball sampling technique was used to recruit 18 recovering counselors from Long Island, New York. Most of the participants self-identified as Caucasian, and a third identified as African American. All interviews were audio-recorded and transcribed verbatim. The results indicate that want to give back, perceived self-efficacy to work with SUD clients, and previous experiences with addiction treatment services motivated people in recovery from SUD to become counselors. The respondents also reported the role of intrinsic rewards, such as witnessing clients' progress over time and the opportunity to sustain their recovery, which influenced their decision to continue working in the addiction treatment field. Understanding work motivations has significant implications for assessing the staffing needs and professional development of SUD treatment programs, including recruitment, retention, and the overall size and capacity of the addiction treatment workforce.

*Keywords:* Addiction, counselors, motivations, qualitative, recovery, substance use disorders, SUD

### **INTRODUCTION**

This qualitative study aimed to understand the motivations of people recovering from substance use disorders (SUDs) to work in addiction treatment agencies as counselors. Addiction to alcohol and drugs has long been recognized as a chronic disease and is the leading cause of morbidity and mortality in the United States (Prom-Wormley et al.,

#### **ARTICLE INFO**

*Article history:*

Received: 10 May 2021

Accepted: 10 September 2021

Published: 03 December 2021

DOI: <https://doi.org/10.47836/pjssh.29.4.12>

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ISSN: 0128-7702

e-ISSN: 2231-8534

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2017; Ruhm, 2018). Fatal drug overdose rates increased from 6.1 % deaths in 1997 to 21.7% in 2017—an increase of 250% (Ruhm, 2018). From 1999 to 2016, a total of 351,630 U.S. residents died from opioid-related causes (Kiang et al., 2019), and 33,091 opioid overdose cases were reported in 2015 (Madras, 2017). Furthermore, Monnat et al. (2019) reported high drug mortality rates and higher rates of opioid prescription in counties with economic disadvantages. In 2018, the Substance Abuse and Mental Health Services Administration (SAMSHA) revealed that 23.02 million adults aged 18 or older had a SUD. Among them, 14.06 million (75.2%) struggled with alcohol use, 6.81 million (36.4%) struggled with illicit drugs, and 2.15 million (11.5%) struggled with both illicit drugs and alcohol. Despite the growing crisis of SUDs, a systematic review of 415 scientific studies of recovery outcomes by Kelly et al. (2019) indicated the number of individuals who reported having resolved a SUD ranged from 5.3% to 15.3%.

The SUD treatment workforce plays a significant role in facilitating effective prevention and treatment. This workforce of practitioners includes counselors, medical professionals, and social workers who provide treatment to SUD clients (Bouchery & Dey, 2018). The National Survey of Substance Abuse Treatment Services reported that 197,559 counselors were employed in SUD treatment agencies (SAMSHA, 2018). Historically, counselors with SUD history who have maintained recovery have dominated the addiction

treatment field (Nurse, 2020). Although precise data are lacking, researchers have estimated that approximately 40%–70% of people in recovery from SUD work in addiction treatment agencies as counselors (Fialk, 2018; Simons et al., 2017). Despite these high percentages, few qualitative studies have explored counselor's motivations, specifically those in recovery from SUD who decided to work in addiction treatment.

Even with the significant percentage of counselors in recovery from SUDs working in the addiction treatment field, studies related to people's motivation in recovery from SUD working in the field are still limited (Fialk, 2018; Shannon, 2017). Instead, existing studies on motivation and career determinants have mostly focused on counselors without a history of SUD entering the counseling profession (Cheung, 2016; Corey & Corey, 2020; Hill et al., 2013; Kaslow, 2005; Mahrer, 2005; McCullough, 2000; Norcross & Farber, 2005; Orlinsky & Rønnestad, 2005; Poon et al., 2020). Findings from these studies have identified several motivations of individuals to enter the service field as counselors, including the desire to help others overcome stressful situations (McCullough, 2000), the influence from supportive mentors (Mahrer, 2005; Norcross & Farber, 2005), personal characteristics that fit the helping profession (Kaslow, 2005; McCullough, 2000; Orlinsky & Rønnestad, 2005), personal experiences with therapy (Linnington, 2016), and anticipated career satisfaction from the profession such as enhanced

feelings of self-value and improvements in psychosocial adjustment (Mahrer, 2005). According to Norcross and Farber (2005), a common first impetus behind many helping professionals entering the field is wanting to help others—a conscious, socially desirable, and professionally acceptable career determinant.

Other recent studies by Cheung (2016), Corey and Corey (2020), Danes (2016), and Poon et al. (2020) reported the intention to help others as a common motivation for becoming a counselor. For example, Corey and Corey (2020) listed eight types of motivation for becoming a counselor, including making an impact and caring for others. Likewise, Poon et al. (2020) reported social contribution as motivation for choosing a counselor as a profession. Further, Cheung (2016) found four significant motivations for becoming a counselor: wanting to help others, having previous experiences with counseling, achieving life stability, and having expertise in the counseling field. Similarly, Hill et al. (2013) reported wanting to help others, perceived counseling skills, and competency as motivations for becoming a counselor.

Another motivation is related to the role of chance encounters that shape people's lives, for example, an inadvertent meeting with someone who later becomes a valued mentor or role model, or a moment that could propel or shape one's direction in life, including career choice (Brown, 2017; Chien, 2020; Foss-Kelly & Protivnak, 2017). Brown (2017) and Foss-Kelly and Protivnak (2017) reported that a supportive relationship with a mentor helps create

positive experiences among graduate students pursuing careers in the counseling field. Rønnestad and Skovholt (2003) examined the role of mentors who could portray curiosity, encourage learning, and postulate intellectual conversation. Expectations regarding the rewards of becoming a therapist, including intellectual stimulation and self-growth, have been reported by many as their greatest influences for entering the counseling field (Bilgin, 2015; McMillan et al., 2016; Renard & Snelgar, 2016). Bilgin (2015) also reported that the work values of sense of achievement and independence motivate students to pursue careers in counseling. Financial rewards also may serve as encouragement for those who want to pursue counseling as their career (McMillan et al., 2016). Farber et al. (2005) concluded that a helping profession that allows people to feel agentic and communal, have an enhanced sense of identity and intimacy, and work in the service of themselves and others serves as powerful motivation to work in this field. Other researchers (Farber et al., 2005; Stevanovic & Rupert, 2004) have revealed that individuals' motivation to become therapists is related to anticipated career satisfaction, especially when they can help others in trouble and develop a meaningful relationship with clients.

However, studies pertaining to people in recovery from SUD who enter the addiction treatment field as counselors are limited and outdated. Ottenberg (1977) found that those in recovery from SUD decided to enter the addiction treatment field because of their familiarity with and

understanding of addiction issues, including the challenges of avoiding relapse and the complexities of sustaining recovery. A more recent study by Doukas and Cullen (2010) identified that key factors such as the desire to help other SUD clients overcome their drug dependency and give back to the community—served as motivators for people in recovery to become counselors in the addiction treatment field. In addition, Shannon (2017) reported wanting to help SUD users overcome their dependency and wanting to give back to the community as motivations for recovering practitioners to work in addiction counseling and strengthen their recovery. Nielson (2016) reported that counselors' recovery strengthened when they could give back by helping others. Previous experiences with substance abuse and knowledge related to the devastating impact of addiction led counselors in recovery to become passionate about and dedicated to helping others (Doukas, 2015). In addition, personal characteristics like empathy, positive attitude, and compassion were identified as reasons for those in recovery to work in the addiction treatment field (Nurse, 2020).

The present work is among the first qualitative studies to explore the motivations of individuals in recovery from a SUD to work as counselors in the substance use treatment field. In addition, this qualitative research study aims to explore the experiences of recovering counselors, specifically those working in the addiction treatment field, using a narrative inquiry method.

## LITERATURE REVIEW

### Recovery from SUD

According to the Diagnostic and Statistical Manual of Mental Disorders-5, SUD encompasses the excessive use of 10 different drugs, including alcohol, cannabis, opioids, sedatives, hypnotics, and anxiolytics (American Psychiatric Association, 2013). SUD is characterized by the presence of a cluster of cognitive, behavioral, and physiological symptoms, including taking substances in larger amounts or over a longer period than was originally intended and continuing to use substances despite them causing recurrent interpersonal problems and craving or having an intense urge to use drugs (American Psychiatric Association, 2013). Several studies have investigated the factors contributing to SUD recoveries (DuPont et al., 2015; Goodman et al., 2020), such as readiness and motivation to stop using drugs, social support, and social capital (Best et al., 2016). Moreover, factors such as an active engagement in the community and support from spouse or family members will lead to a better quality of life and the ability to maintain recovery (Gueta et al., 2020; Raynor et al., 2017). In addition, the use of a social network such as peer support or self-help group (Bathish et al., 2017; Best et al., 2016, 2018; Bliuc et al., 2017) is crucial to sustaining SUD recovery. Research has also indicated different types of therapies available to help individuals in SUD recovery, such as dialectical behavior therapy (Linehan & Wilks, 2015) and methadone maintenance treatment (Calcaterra et al., 2019; Fei et al.,

2016). In addition to studies on contributing factors and therapies, there are empirical studies on the use of specific models, such as the Acculturation Model that was developed based on the ecological framework, the Addicted-Self Model, the Social Model, the Medical Model, Disease Model (Volkow et al., 2016), and the Transtheoretical Model (Dugdale et al., 2016), which helps guide SUD counselors to understand the influence of environment and culture on SUD recovery.

### **Recovering SUD Counselors**

The employment of individuals recovering from SUD as counselors originated among 12-step-program members who had become sober and wanted to help others (Nielson, 2016; White, 2006). The 12-step model that emphasized sharing SUD recovery stories with other group members was introduced by William “Bill” Griffith Wilson in 1935 (White, 2006). Studies related to using the 12-step program found that participation created a sense of belonging, increased feelings of self-value, and reinforced strategies to sustain recovery (Dermatis & Galanter, 2016). Furthermore, 12-step group members perceived helping others as personally empowering, rewarding, and therapeutic (von Greiff & Skogens, 2021). In addition, interpersonal rewards for supporting and helping other people recover from SUD increased recovery lengths of (Beraldo et al., 2019; Chick, 2015) and led to significant improvements in psychosocial adjustment and social competence (DeLucia et al., 2015).

In addition, recovering SUD counselors face multiple challenges during their work with substance-abuse clients, including burnout, high risks of relapse, and unethical dual relationships due to several factors, including occupational stress, SUD histories, and psychiatric distress (Greene et al., 2019). Additionally, a lack of support and overcommitted to work have increased the chances of relapse for counselors in SUD recovery (Doukas & Cullen, 2010; Tracy & Wallace, 2016). Finally, the development of unethical dual relationships between recovering counselors and SUD clients due to participation in the same 12-step meetings outside the agencies was highlighted as a significant past research challenge (Reamer, 2020).

Another related area that past research examined was recovering counselors’ seeking and receiving social support to cope with challenges in the workplace. Participation in self-help groups (Doukas & Cullen, 2010), recovery-focused clinical supervisions (Bathish et al., 2017; Deane et al., 2019), and in-house training on self-care and organizational structures (Wile & Jenkins, 2013) were found to be essential for recovering counselors to cope with job-related stress. However, studies found that many recovering counselors were reluctant to attend support groups and were less likely to use recovery-focused supervision because they perceived that their participation might interfere with their credibility as counselors (Robinson, 2018; Warren et al., 2011).

## Theoretical Framework

This study used self-determination theory (Deci & Ryan, 2008) to understand people's motivations in recovery from SUD to become counselors. Based on this theory, people who have fulfilled the basic needs of competence, relatedness, and autonomy will feel inspired to pursue their life goals and work on personal development and generativity (Gaine et al., 2021). The decision to pursue life goals is based on the two types of motivations. Intrinsic motivation refers to an individual's behavior or acts influenced by their internal drive, satisfaction, or sense of fulfillment, whereas extrinsic motivation is an act or behavior driven by external rewards, including fame (Bunce, 2019). In addition, Vroom (1964) introduced expectancy theory to explain motivations and rewards regarding why people choose their occupations, the quality of their work performance, and the satisfaction or rewards they expect and derive from their work. Vroom (1964) posited that people have expectations about the outcomes or rewards of their work behaviors, and they will be motivated to choose work behaviors that will help them achieve their desired outcomes.

Self-determination and expectancy theories focus on examining human motivation to pursue desired life goals. Self-determination theory maintains that people are motivated to lead a meaningful life once they have achieved a sense of fulfillment, a sense of relatedness with others, and self-autonomy. Self-determination theory, in particular, is relevant to this qualitative study because it explains the human

capacity to experience active growth once they overcome roadblocks—in this study, addiction. Expectancy theory also focuses on motivation. However, this theory adds that in trying to establish a better life situation, people choose specific behaviors based on their expectations about what will lead to meaningful outcomes and valuable rewards to improve their lives. In this study, people in recovery from SUD are motivated to become counselors because they expect that this career will allow them to help others while sustaining their recovery at the same time.

## Background and Demographics of Participants

**Sampling and Sample.** Both purposive and snowball sampling techniques were used to recruit participants. These sampling strategies were used to recruit participants from a non-profit organization in Long Island, New York. As illustrated in Table 1, the sample in the current study comprised of 18 counselors recovering from SUD, the majority of whom had a Master of Arts (MA;  $n = 2$ ) or Master of Social Work (MSW;  $n = 10$ ) as their highest academic qualification and had earned professional licensing—Licensed Master Social Worker (LMSW) or Licensed Clinical Social Worker (LCSW)—to provide counseling services to clients. In addition, six of the 18 participants reported completing high school ( $n = 3$ ), Bachelor of Arts ( $n = 1$ ), and Bachelor of Social Work ( $n = 2$ ) and had achieved the status of Credentialed Alcoholism and Substance Abuse Counselor (CASAC), certifying

Table 1  
*Participant demographics*

Demographic trait	Number (N = 18)
Gender	
Female	6
Male	12
Ethnicity	
Caucasian	10
African American	6
Hispanic	1
Native American	1
Highest level of education	
High school	3
Bachelor of Arts (BA)	1
Bachelor of Social Work (BSW)	2
Master of Arts (MA)	2
Master of Social Work (MSW)	10
Professional licensure / credential	
LMSW	6
LCSW	6
CASAC	6
Type of SUD agencies	
Outpatient treatment	9
Inpatient treatment	7
Peer-run clinic	2
Currently attending 12-step program	
Yes	13
No	5

them to work as counselors in the addiction treatment field. Of the 18 respondents, ten were Caucasian, six were African American, one was Hispanic, and one was Native American. Twelve were male, and six were female. Their ages ranged from 35 to 66, with a mean age of 53.6. The time spent in SUD recovery ranged from five to 38 years, with a mean of 22 years and five months, but most participants (n = 16) reported being in SUD recovery for over ten years. Twelve participants worked in the addiction treatment field for more than ten years, with tenures ranging from one to 36 years.

## METHODOLOGY

### Study Design

A qualitative research design provides participants with the opportunity to share their stories and use their voices and allows participants to construct their stories through their interpretation (Creswell, 2007). This study employs the research methodology of narrative inquiry to explore the motivations of people in recovery from SUD to become counselors. Because narrative inquiry views social phenomena in a broader context by focusing on the subjective meanings of participants' reality and contexts in their naturalistic settings (Clandinin & Caine, 2013), it allows study participants to construct their stories about their motivations to become SUD counselors in addiction treatment agencies through their interpretation.

### Eligibility Criteria

The sample in this study comprised counselors who had a history of SUD prior to working as counselors in addiction treatment services. The specific eligibility criteria were as follows:

1. Must be 18 years old or above and be able to understand and speak fluent English
2. Must have had a history of SUD before entering the addiction treatment field
3. Must have been in recovery from SUD for at least two years
4. Must have been working full-time for at least one year as a counselor in an addiction treatment agency

The following individuals were excluded from the sample:

1. A counselor who had relapsed in the month preceding the interview
2. Those in recovery from nicotine and/or caffeine as their primary drug of choice

### **Recruitment Procedures**

The purposive and snowball sampling techniques were used to recruit participants for this study for the following reasons, respectively. First, a purposive sampling strategy was used to recruit participants from a not-for-profit agency in Long Island, New York. This organization is well known for its active collaboration with other government agencies, treatment providers, and the public to support people in SUD recovery. Prior to recruitment, the researcher contacted the organization's executive director via email to explain the study, its goals, and objectives. The executive director, who was one of the participants in the sample, provided written formal permission for the researcher to attend the organization's monthly meetings and explain the goal and specific objectives of the study to the non-profit staff members. Interested individuals then contacted the researcher directly via email or phone to screen the potential participants to ensure they met the eligibility criteria. Those who met the criteria were asked to interview at their preferred time, date, and location. Second, the snowball sampling technique was used, wherein the researcher asked respondents who completed the interview to

refer other individuals outside the non-profit agency who fit the inclusion criteria may be interested in participating in the study.

### **Data Collection and Management**

The researcher collected data through one in-depth, semi-structured, face-to-face interview with each participant. Prior to the interview, each respondent was asked to complete a short sociodemographic questionnaire. On average, the interviews lasted 72 minutes, the longest being 88 minutes. The researcher used a semi-structured interview protocol comprising open-ended questions to explore the motivations of recovering counselors to work in the field.

### **Rigor and Triangulation of Data Sources**

The peer review process was employed to assess whether the findings were consistent with the data and comported with the data to verify the credibility of the findings. The researcher presented the themes and subthemes to colleagues working as counselors in the field of substance use treatment and discussed them. All counselors confirmed that the findings were consistent with their knowledge of the field and the population. Member checking was also used to assess the validity of the findings and to provide an opportunity for participants to further elaborate upon their interview (Patsiopoulou & Buchanan, 2011). All 18 participants were contacted, and the researcher explained the member checking

process. Of the 18 interviewees, six agreed to review the summary of subthemes and themes, and all six confirmed their accuracy. Transferability refers to the applicability of findings to other contexts (Nowell & Albrecht, 2019) and confirmability or the neutrality of the data, where the findings of a study are shaped by the respondents and not by researchers' bias or interest. Transferability and confirmability of findings were maintained via triangulation of data. As suggested by Lietz et al. (2006), data were triangulated via 18 audio-recorded semi-structured interviews, as well as the researcher's reflective journal. Audio recording and the use of semi-structured interview techniques enabled the researcher to capture laughter, sighs, and sarcasm—aural aspects that could not be captured in a transcription alone. Use of a reflective journal also allowed the researcher to make observation notes and record interviewees' concerns that were expressed outside the context of the interview. A reflective journal, which records researcher's biases, values, and perspectives, can also be used to gauge the confirmability of a study (Yao & Vital, 2018).

### **Data Analysis**

The researcher audio-recorded all interviews with the participants' written permission, transcribed them verbatim, and then analyzed the content based on the thematic analysis (TA) method. Braun and Clarke (2014) provided six phases of TA; familiarizing yourself with the data; generating initial codes; searching for themes; reviewing

potential themes; defining and naming themes; and producing the report that allows qualitative researchers to identify the participants' answers relevant to answering a particular research question (Braun & Clarke, 2014). First, the researcher read the interview transcripts to understand the data and start to think about the meanings or values that emerged from the participants' conversations. The researcher then listened and re-listened to the recorded interviews to analyze and determine the participants' meanings when answering the interview questions. In the next phase, the researchers categorized the transcribed information into codes or patterns based on the research questions. Finally, the researcher combined the identified themes to create in-depth stories about the motivations of people in recovery from SUD to work as counselors in addiction treatment agencies.

### **RESULTS**

After recovering from addiction to substance use, the decision to embark upon a career as an addiction counselor was significant for all study participants. Their reasons for this decision ranged from a desire to give something back to a feeling that they possessed the skills to work with substance-using populations and their own experiences with addiction staff members. The respondents also reported the role of intrinsic rewards, such as witnessing clients' progress over time and the opportunity to sustain their recovery, which influenced their decision to continue working in the addiction treatment field.

### Desire to Give Back

The majority of respondents in this study participated in a 12-step program, a mutual aid group, where members support one another to achieve and maintain recovery from SUD. These participants described experiencing a strong desire to “give back” to others seeking treatment for addiction as their primary motivation for entering the field of addiction treatment. For most study participants, the sentiment of “giving back” to those seeking recovery stemmed from the 12-step program, which emphasizes spirituality and sharing personal recovery stories to help others find their path to recovery. As a result, they felt obligated to support those in similar need, as described in the following quotation:

*“I never [would have] got to where I am now by myself. It’s because somebody else from the 12-step came along and let me know that there is life after recovery. So, they tell me you can’t keep recovery unless you give it away. And now, I have an opportunity to work in [an] environment, which allows me to share my story, to give them some hope. They were doing something good for me, and now it’s my obligation to give back to others.”* (15 years in recovery, 14 years of working in [the] addiction treatment field).

A desire to give back to help those seeking SUD recovery was also influenced by the 12-step programs’ philosophy of

“reaching out and helping others.” As a result, participants viewed giving back as an obligation to fulfill.

A third of the study participants stressed that their determination to give back emerged from their sense of gratitude toward their recovery. They expressed manifesting their appreciation for God’s work in their life by becoming counselors in the addiction treatment field to help others still struggling with addiction:

*“So, I know why I’m here, and I am clear about that. What motivates me to work in this field is that God gave me an ability to help people. And that is how I am connecting [with] and paying back God.”* (26 years in recovery, six years of working in [the] addiction treatment field).

### Having the Knowledge and Skills to Become a SUD Counselor

Several respondents were pushed to think critically about the gaps in access to treatment for substance-using populations, which was the chief motivator to pursue careers as addiction counselors. One participant explained his decision:

*“Growing up, I was involved in gangs, and I never had guidance because my father died when I was 16 years old. I never had somebody telling me, “No, you can’t do that.” I had to learn on my own. So, I felt that I needed to be part of the solution, not part of the problem. And part of the solution is to become a counselor*

*and help other individuals deal with their addiction.” (29 years in recovery, 20 years of working in [the] addiction treatment field).*

Having gone through rigorous treatment and faced challenges to recovery and the threat of relapse, most participants strongly believed in their abilities to guide others struggling with SUD. Furthermore, they believed in their competence, skills, and insights to work as counselors helping SUD clients in the addiction treatment field. Participants’ narrations also revealed that they perceived their journeys and their abilities to understand the tough battles of recovery substantively, empathize, and exhibit compassion as essential for working with SUD clients.

### **Experiences with Addiction Staff Members**

Positive experiences with previous addiction practitioners while receiving SUD treatment also emerged as an important motivator that had inspired five study participants to enter the addiction treatment field as counselors. For these participants, their direct-care practitioners had served as role models and vital enablers of their recovery process. As the result, they ultimately became a significant motivator to pursue a similar career, as evidenced below:

*“One of the counselors there, I’ve really admired what she’s done for me, and I thought it was awesome. She got me into a halfway house, and I ended up receiving a lot of*

*support that I [had] never had for a long period. I learned so much from her, and I give her all the credit. I feel that kind of lit the fire for me to be here because I just learned so much from her.” (12 years in recovery, two years of working in [the] addiction treatment field).*

However, one participant described a negative encounter with a SUD counselor he perceived as “authoritative” in treatment. He felt the staff member negatively impacted his sense of hope that recovery was achievable. This negative experience served as a motivating factor for the participant to become a competent and empathic SUD treatment counselor, as depicted in the following quotation:

*“The motivating factor for me was the way that I was treated by the counselor during treatment. The counselor yelled and screamed at me and reminded me of past life events. And it created a poor rapport between the counselor and me. So, I made a promise to myself that I wouldn’t treat people the way that I was treated.” (4 years of recovery, two years of working in addiction [the] treatment field).*

### **Gaining Intrinsic Rewards as a SUD Counselor**

All participants spoke about the intrinsic rewards of working as a counselor in the addiction treatment field. In addition, all participants described reaping emotional

rewards and the happiness of witnessing their clients' progress over time, which deepened their motivation to continue working in addiction treatment agencies. The following quotation serves as an example of these feelings:

*"I got to see the process and the progress of somebody who came in here. They were homeless and using [drugs]. And now, they c[a] me back, and they were all clean. So, you get to see all the work you do here and the people you help get better; you know? I mean, how could that not be a motivation?"* (24 years of recovery, 22 years of working in [the] addiction treatment field).

Importantly, many participants reported that working in the SUD treatment field to assist clients with addiction issues provided them with another significant reward: sustaining their recovery. Working continuously with SUD clients, advising them, and helping them in their recovery process reinforced many of the participants' recoveries:

*"I think the career anchors me in some ways because I feel like I have an obligation. This is not like another field where you could just go out and get high, and then the next day comes to work and pretend like everything is okay. That's [being] a hypocrite. I have accountability and responsibility for people. You have to practice*

*what you preach, so to speak."* (13 years in recovery, 12 years of working in [the] addiction treatment field).

Finally, many respondents stated that a significant perceived benefit was their contribution to creating better and healthier communities. Therefore, it was vital in keeping them motivated to continue their work as counselors in the substance abuse treatment field, as one respondent stated emphatically:

*"It's the clients who come to the door that need[s] help: the next inmate who's being released from jail and has nowhere to go, the person who says he's committing a crime because his medication isn't working right. That gives me [the] motivation to get up every day and do the work to the best of my ability. And the work would never be done until we have no need for places like this anymore."* (15 years in recovery, 14 years of working in [the] addiction treatment field).

The findings revealed that people in SUD recovery are motivated to work in the addiction treatment field because of the feeling of wanting to give back, perceived self-efficacy, and prior experiences with SUD counselors that have inspired them to pursue a career in the same field. In addition, intrinsic rewards such as witnessing their clients' progress over time while providing treatment services to SUD clients influenced their decision to stay in the field.

## DISCUSSION

The findings revealed varied motivations for individuals in recovery from SUD to work as counselors in addiction treatment. A deeply ingrained desire to give back by helping others who struggle with addiction emerged as a significant motivator for many respondents in this study. Recovering SUD counselors reported that giving back was associated with altruism and self-healing from previous struggles with addiction, encouraging them to help others who are suffering. This finding aligns with the findings of other studies on the career determinants of entering the helping profession (Norcross & Farber, 2005; Orlinsky & Rønnestad, 2005). These studies reported wanting to give back as a desirable and socially and professionally conscious motivation to enter the helping profession. The study was limited to therapists without substance abuse history; however, these therapists highlighted that the profession allowed them to embrace the altruistic motive of helping others, which was a powerful motivator to enter a mental health profession (Foss-Kelly & Protivnak, 2017; Robinson, 2018). The present study added a new perspective by looking at counselors recovering from SUD.

The findings also highlighted the intent of those in recovery to address gaps in treatment for the SUD population as motivations to work as counselors in the addiction treatment field. These gaps comprised some people's inability to receive appropriate care due to difficulties in accessing quality SUD treatment services

integrated medical care, and continued support after discharge (Gueta et al., 2020). The experiences of being marginalized and disempowered former drug users inspired the participants to empower others, consistent with a study by Farber et al. (2005).

Confidence in one's ability to guide others who struggle with addiction issues was found to be another impetus for pursuing a career in the substance abuse treatment field. In addition, participants indicated that completing rigorous addiction treatment and overcoming barriers to recovery renewed their sense of self-efficacy and confidence in their work with SUD clients. This finding echoed those of many studies (DeLucia et al., 2015; DuPont et al., 2015; Linington, 2016) that reported that people who had undergone addiction treatment and achieved long-term recovery from a SUD had high self-esteem and exhibited compassion and empathy for those who still struggled with addiction.

Finally, the therapeutic relationship respondents developed with their addiction treatment counselors served as a key motivator to follow the same career path. The present study found that previous addiction counselors served as role models and provided a sense of encouragement that recovery was possible and validation that those in recovery had the skills and potential to improve their quality of life. It was consistent with the findings of other studies on the influence of mentors or role models in the helping profession (Kern, 2014; Zosky, 2013).

Another noteworthy finding related to the motivation to pursue a career in this profession was having had negative experiences with previous SUD counselors. It aligns with prior studies that reported that, at times, unhelpful aspects influence treatment outcomes, including unskilled addiction counselors who exhibit a lack of empathy, adhere strictly to only one type of treatment, have limited knowledge regarding current drug treatments, and lack professional boundaries while treating their SUD clients (Pietkiewicz & Skowrońska-Włoch, 2017). Respondents in the current study who had prior negative experiences were determined to provide better experiences and outcomes for their clients.

## CONCLUSION

### Implications for Practice

In the context of low retention rates for SUD counselors (Hatch-Maillette et al., 2019), a better understanding of the motivations of individuals for entering the addiction treatment field as counselors will improve recruitment and retention rates among SUD counselors. In this study, most participants described the want to give back and perceived self-efficacy at helping others as motivations to become counselors. This study identifies ways to recruit future SUD counselors by explaining current counselors' motivations and rationales for choosing this profession. This field must retain counselors already in the field. Identifying the rewards of SUD counselors might also encourage others to join the field regardless of their recovery status.

### Implications for Policy

This study examines an important element for developing the SUD workforce: motivations for becoming a counselor. In the United States, workforce development is a key factor in providing quality SUD treatment services to SUD clients and their families (SAMSHA, 2018). Hiring qualified and skillful SUD counselors to address the severe impact of addiction nationwide must be a priority, especially when fatal overdose numbers in the United States surpassed those of motor-vehicle crashes (Tiesman et al., 2019). The present study found that perceived competency (i.e., knowledge and skills related to SUD) motivates people to become SUD counselors. Continuous communication between policymakers, stakeholders, counselors, and SUD researchers is needed to address the standardization of SUD counselors' credentials, licensing, and training, all of which have an influence on the development of SUD counselors' competency.

### Theoretical Implications

The self-determination theory posited that people are active beings and can grow by exploring their sense of self (Deci & Ryan, 2008). In the present study, self-determination theory was supported by respondents' decisions to work as counselors due to pursuing meaningful lives to give back and help others and to utilize their skills in and knowledge of working with the SUD population based on their prior experiences. Furthermore, the expectancy

theory was supported by respondents' decision to work as counselors. They expected that the profession would allow them to help others and use their skills in and knowledge in working with the SUD population based on prior experiences.

### Recommendations for Future Research

This qualitative research presents several possibilities for future explorations in both qualitative and quantitative studies. Future quantitative research can measure and explore associations between work motivation and other variables like treatment outcomes, rewards, and retention. Future research should also examine the motivations of recovering individuals who are not counselors, like nurses, physicians, and support staff, working in addiction treatment. This study found nuanced motivators, such as insights related to addiction and recovery based on previous experiences, whether positive or negative. These might offer clues about countertransference, ways to address and overcome vicarious trauma, and empathy among recovering individuals working in this field. In addition, cross-sectional and longitudinal quantitative research might be useful for measuring the features of recovering counselors' narratives, like the impact of motivation at different points in their careers. For example, suppose they are motivated to help others. In that case, it is important to investigate whether time, experience, or other potential factors such as rewards or challenges altered their motivation to continue working as addiction

practitioners. Future macro-level studies can be conducted on staff recruitment and retention, staff schedules, and service hours to address heavy workloads. The importance of social support and self-care to avoid relapse must also be examined.

### ACKNOWLEDGEMENT

Thank you to Professor Subadra Panchanadeswaran, Drs. Berger, Kyriakakis, and Mallow, and the anonymous referees for suggestions on this manuscript.

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