

The Spirituality of Connectedness as a Response to the Stress Reactions in Substance Abuse Counselors

When People Lack Connectedness They Feel Isolated and Discouraged

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Today's modern society, aside from all of the futuristic promises, appears to be more stressful and complex than ever before. We are continually inundated with data, be they from text messages, social networking, RSS feeds, phone calls, etc. The "promise" that technology would enable us more free time to spend with family and friends does not appear to be a reality. Instead, the time we do spend with family and friends involves checking our smart phones as we are continually and everywhere in touch with the office.

In the addiction field where healthcare reform is changing our business practices while the latest research is changing our clinical practices, increases in stress and burnout are being felt by clinicians and administrators alike (Shea, C., 2012). There are no easy answers or solutions to stress, but one approach I encourage is to focus on the spiritual aspect of the clinician and situation. Stress reduction through an appreciation of the spiritual is an effective approach since the spiritual "can enhance inner strength and enable individuals to find meaning in stressful situations, provide people with an optimistic perspective and positive purpose in life, and subsequently reduce anxiety." (Langman, Louise; Chung, Man Cheung, 2012)

A recent study, funded by a NIDA grant, "the first to examine the link between staff stress and client engagement within the field of substance abuse treatment" (Landrum, B.; Knight, D. K.; and Flynn, P. M., 2012) indicates that "Burnout is higher in high-stress organizations and workload and staff influence moderate the stress-burnout relationship." (Landrum, B. et al, 2012) My years of experience in the addiction field confirm this research. Shocking, though, is their next conclusion: "Specifically, stress and burnout appear to be more strongly linked when caseloads are lower and opportunities for staff to influence program practices are few." (Ibid.) Caseload size is, therefore, a factor in stress and burnout reactions, yet it is the lower caseloads which seem to bring about more frequent instances of burnout versus clinicians carrying higher caseloads. The "relationship between stress and burnout suggests that when caseloads are large, stress may act as a motivator and buffer against burnout. ... (I)ncreased stress does not necessarily lead to feelings of being overwhelmed and ex-

hausted; instead, it may provide motivation to work harder as the stress is perceived as a "challenge" rather than an obstacle." (Ibid.)

Stress is a complex set of emotional and physical reactions to the world around us, either enabling us to confront our challenges, or paralyzing us into inaction (referring to the "fight or flight" reactions which are hard-wired in the recesses of brain). This NIDA-funded study finds that when clinicians are under stress, the perceived "challenge" motivates them to succeed. We need a balance of stress in our lives; a balanced level of stress motivates while too much stress paralyzes. Where do we find the balance? When does stress reach the level of burnout and paralysis?

Comparing burnout in the addiction field to other professions, the authors of the article "Causes, Consequences, and Prevention of Burnout Among Substance Abuse Treatment Counselors: A Rural Versus Urban Comparison" posit the theory that the "emotional connection is what differentiates burnout from occupational stress ... burnout is tied to work that is demanding and involves emotional investment." (Oser, C. B., Biebel, E. P., Pullen, E., & Harp, K. L., 2013) Substance abuse counselors tend to become emotionally involved with their clients since "their clients many times deny their problems, lack the motivation to change ... have significant health problems ... and many times have co-occurring mental health disorders." (Oser, C. B., et al, 2013) An intense investment of clinician time and resources is needed in order to guide such a client to a return of a healthy lifestyle.

It is precisely in this emotional connection wherein we need to infuse the spiritual into the addiction field. If we are to make the case that it is in the "emotional investment" wherein clinicians find their stress, than we need to discover a means whereby we can reduce this stress to a manageable level. As the clinician meets the client on the emotional level, it is therefore on the emotional level where we need to meet the clinician. "While it may not be impossible to measure spirituality in an empirical sense, it may be possible to clarify what role spirituality plays in aiding sustained recovery and prevention ... We will suggest *connectedness* as an integral component in defining spirituality ... as gaining knowledge through connectedness to others." (Tonigan, J. Scott, 2007) In treatment sessions clinicians are trained to re-connect clients to healthy people in healthy relationships. Therefore, in the same vein, clinicians need a sense of connectedness to themselves, their peers and the organization for which they work.

"... (P)eople with addiction tend to be concerned with spirituality, forgiveness, and guilt, each relating to the human conscience as the

person struggles with who they are, who they ought to be and the meaning of life. These are the existential aspects of living with addiction.” (Langman, Louise, et al, 2012) Abraham Maslow (1908–1970), famed for his 1943 work entitled *A Theory of Human Motivation*, speaks of a “hierarchy of needs” which when followed lead a person to the pinnacle of self-actualization, namely a deep and personal existential view of themselves in relation to the world. A sense of one’s connectedness to self and others. “Maslow himself recognized a motivational force higher than self-actualization, an inner drive to place the needs of others above a person’s own needs. Some have called it self-transcendence. Others have called it personal integration. Still others have called it holiness.” (Ferder, 1986) The clinician’s drive to place the needs of others above their own leads to an emotional connectedness with their clients, but at the same time brings about a high degree of stress if the clinician does not see positive results from their efforts. And in a field with a high rate of recidivism, many counselors tend to become discouraged.

“Similar to stress, burnout is also a complex phenomenon, and past research has divided it into several components, including emotional exhaustion, depersonalization, and lower sense of personal accomplishment.” (Landrum B., et al, 2012) When a clinician no longer feels a connectedness to their mission, to their clients, they can feel isolated. This isolation is but one of the factors which can tip the balance of stress away from the benefits of a motivating stress, to those of a detrimental and paralyzing stress.

Since we live in a stressful society, stress in and of itself is not the issue. Stress is inevitable, and, in manageable portions, can be a motivating factor challenging a person to perform at their greatest potential. Recent research indicates that when a person feels an emotional connectedness to others, stress reactions remain at healthy and workable levels. Yet, when people lack this level of connectedness they feel isolated and discouraged. This is true for both our clientele as well as our clinicians. Therefore, as mentioned above, an enhanced spiritual sense is encouraged since the spiritual “can enhance inner strength and enable individuals to find meaning in stressful situations, provide people with an optimistic perspective and positive purpose in life, and subsequently reduce anxiety.” (Langman, L., et al, 2012)

As previously mentioned, burnout consists of three major components: emotional exhaustion, depersonalization, and a lower

sense of personal accomplishment. Utilizing these components as our guide, how can we infuse a sense of the spiritual into each component so as to reduce the stress reaction to healthy levels. For the purposes of this article, I chose to use Tonigan’s definition of spiritual: “gaining knowledge through connectedness to others.” (2007)

EMOTIONAL EXHAUSTION: Working long hours or having large caseloads can lead to a clinician feeling tired, but to be emotionally exhausted affects one’s emotional connectedness to others. To feel emotionally exhausted one no longer has the emotional capacity to cope, in a healthy manner, with the stressors of life. To counter this on the spiritual level, an agency needs to allow their staff time for self-care. According to Oser, C. B. “Self-care includes meditation, taking a vacation, taking the time to debrief with a coworker, or just engaging in other tasks besides therapy.” (2013). In my career as an administrator and clinical supervisor, I encouraged all my clinicians to have active hobbies which had no relation to their daily duties or career. Encourage your staff and peers to engage in hobbies which interest them, encouraging them to discuss, as appropriate, their hobbies in the workplace with their coworkers. These interactions with coworkers offer a sense of connectedness and camaraderie which will offset the stressors of the work day whereby reducing the chances for emotional exhaustion.

DEPERSONALIZATION: The degree to which a clinician feels connected to the overall structure of the agency for which they work has a direct effect on the degree to which they feel valued by that same agency. “(T)he degree to which members of the organization perceive themselves as having influence can moderate the relationship between stress and staff burnout. When influence is higher within a program, stress is not related to burnout. However, when influence is low, higher stress is associated with higher burnout. Thus, influence serves as a buffer against burnout. Programs where staff report more knowledge sharing, influence in the decisions made by the program, and are being viewed as a leader by their peers have lower organizational burnout even when stress was high.” (Landrum B., et al, 2012) To counter depersonalization on the spiritual level it is important for an agency to include clinicians and other staff in the planning and decision making of the agency. If you haven’t yet tried this approach you may be surprised; I was.

Questions to consider while reading this article

- ? Stress reduction through an appreciation of the spiritual is an effective approach to what?
- ? What is Tonigan’s definition of spiritual?
- ? A recent study funded by a grant by the National Institute on Drug Abuse (NIDA) concluded that which factors links stress and burnout?
- ? True or false, the NIDA funded study found that when clinicians are under stress, the perceived “challenge” motivates them to succeed.
- ? What differentiates burnout from occupational stress?
- ? What is one of the factors that can tip the balance of stress away from the benefits of a motivating stress to those of a detrimental and paralyzing stress?
- ? What factor leads the clinician’s drive to place the needs of others above their own?
- ? Which programs have lower organizational burnout even when stress was high?
- ? What does the author say about stress?
- ? The author recommends that agencies, administrators and clinical supervisors foster a sense of personal accomplishment in clinicians and staff by doing what?

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PERSONAL ACCOMPLISHMENT: I am not aware of many people who enter and stay in the field of addiction counseling who do not wish to achieve their goals and personal best within the profession. A sense of personal accomplishment needs to be encouraged by agencies, administrators and clinical supervisors. Encourage the clinicians and staff to obtain, beyond the local requirement, certifications in advanced study or clinical skills. Encourage them to author articles, white papers, or give lectures and seminars. Encouraging one’s personal accomplish-

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Patterson, continued from page 20 within their responsibility. Under this agreement, the agency would refer clients to the health department for testing, monitoring, possible treatment and follow up, thus allowing the treatment agency to comply with mandatory reporting of communicable diseases. The QSO/BA must specify services to be provided by the public health department. Again, redisclosure of information by the health department identifying persons as substance abuse treatment clients is prohibited without the client's consent.

When the communicable disease creates a medical emergency then it becomes necessary to report to medical personnel. Keep in mind that it must be an immediate threat to the client's personal health. An example would be a person with untreated TB. If the client is already under medical care for the condition, this does not constitute a medical emergency.

And, last but not least, if a court order is obtained by a program that authorizes reporting, the court can only issue an order when it is for good cause and is executed according to 42CFR Part 2.

Reference:

Confidentiality and Communication: A Guide to the Federal Drug & Alcohol Confidentiality Law and HIPPA: Legal Action Center, N.Y., N.Y. 2012



Frances Patterson, PhD, MAC, SAP, QCS, is board certified as a professional counselor with the American Psychotherapy Association (APA) and is a NAADAC, the Association for Addiction Professionals certified Masters Addictions Counselor and Qualified Substance Abuse Professional. She is certified by the State of Tennessee as a Clinical Supervisor for A&D licensure and serves as an oral examiner for people seeking licensure. Dr. Patterson has worked as a counselor and program administrator in treatment programs in Virginia and Tennessee over the past 24 years and is

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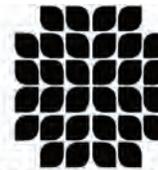
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ments allows them to feel a connectedness to advancing the field, vicariously connecting on an emotional level with a wide range of clients through those clinicians who may learn from their work.

Conclusion

“Despite the many challenges that substance abuse counselors ... voiced and the impact that burnout can have on client outcomes, ... {counselors} recognized that burnout is not an inevitable outcome

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of their work. ... (T)he counselors identified a positive working atmosphere can also help them to cope with these strains, thereby protecting them from burnout.” (Oser, C. B., 2013)



Christopher Shea is a nationally and state certified addiction counselor in Maryland. Shea has worked for almost 20 years in the addiction field as a counselor, case manager, clinical director and administrator. Shea presents seminars and conferences across the country and is published in medical and peer-reviewed journals. Shea is currently the Director of Campus Ministry at St. Mary's Ryken high school as well as an adjunct professor at Towson University. He is also the founder and author of Life's Journey blog at www.lifesjourneyblog.com.

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