Counselor Relapse: Helping Our Wounded Warriors

By Mark Sanders, LCSW, CADC

People in recovery have offered their support to those who seek recovery since the Washingtonians of the 19th century (White, 2014). The progress made by counselors in recovery provides evidence that recovery is possible. These counselors are often dubbed wounded warriors due to their selfless efforts in laying the foundation for recovery in the SUD treatment industry.

When individuals from professions widely accepted as society's great protectors, such as police officers, veterans, doctors, firefighters, and pilots, seek SUD treatment, treatment providers serve this group with dignity during their recovery journey as they prepare their return to the field. However, this is often not the case when SUD counselors seek that same treatment. Often, counselors in recovery lose their job whenever they relapse. As a result of this disparate treatment, addiction professionals in recovery work with a fear of relapsing when they offer recovery services to others. However, a counselor in recovery who relapses is a wounded warrior who deserves the same quality services as the other great protectors in society. It is time we honestly examine if counselors in recovery are granted the same level of understanding and compassion.

Those receiving treatment as a current helping professional are sometimes referred by an Employee Assistance Program (EAP). One of the first goals in SUD treatment is to ease the guilt and shame commonly associated with this disease. Here, psychoeducation groups introduce the concept of addiction as a disease. Curriculum also clarifies that addiction is not a moral dilemma and teaches the diagnostic criteria for a SUD. However, it is clear that "addiction as a disease" is not universally accepted as true. If an employee's tumor returns, and they need cancer treatment, their job is protected. For most addiction professionals in recovery, they often lose their job if their addiction reoccurs.

James Kemper, Jr., founder of Kemper Insurance Company and one of the leaders in the new Employee Assistance Program (EAP) movement, was a recovering alcoholic. He stated that, "The most expensive way to handle alcoholics is to fire or ignore them. The most profitable and effective way is to help them recover" (Janega, 2002). The same holds true for SUD counselors with SUD.

Are there existing aspects of the SUD treatment profession that influence a counselor in recovery to relapse? Are there known cautions that these counselors may use to provide quality care and maintain the support to others concurrently? Such questions ought to be considered in the profession. According to (White & Cloud, 2008), several toxic factors within a work environment may increase the risk of relapse, burnout, stress, and fatigue.

Studies show that an organization plays an essential role in employee safety and general motivation. An organization's safeguards may include celebrating an individual's achievements, teambuilding retreats to improve morale while helping others, creating a healthy working environment and establishing protocols to reduce organizational stress (Griffin, &

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Neal, 2000). Support can also be provided by consistent and structured clinical supervision. Clinical supervisors can take the task of evaluating individuals they supervise and assess their level of happiness while at work, their workload, and their self-care practices, which will ease burnout and fatigue while providing support. Assessing these factors regularly builds a supervisory alliance that protects the overall therapeutic environment and allows the supervisor to monitor risks of reoccurrence.

Policies must be carefully reviewed by administrators, employee assistance professionals, and human resource directors to ensure they align with the Drug-Free Workplace Act and the Americans with Disabilities Act (SAMHSA, 2019). Both laws are clear that you cannot terminate an employee on the grounds of having a substance use disorder (Richard, M., Emener, W., Hutchinson, W. 2009). Work-related discipline is permitted on the grounds of poor work performance and having an illicit drug or alcoholic substance in their system while at work (SAMHSA, 2019). The Americans with Disabilities Act protects employees from being terminated on the grounds of seeking or receiving SUD treatment (ADA, 2008). These policies are written, but not always adhered to. Continued review, compliance assessment, implementation, training, and regulation is needed to ensure termination procedures are not influenced by the sigma of addiction.

For every counselor in recovery, there are best practices to maintain personal recovery while providing similar treatment services to others. The experience for counselors in recovery can either be described as wearing two conflicting hats or two complimentary hats, depending on personal perspective. One should put personal recovery first and separate this from paid work, managing personal care strategies to prevent work burnout and fatigue (Repper & Perkins, 2009). Many entered recovery rehearsing the first step: "we admitted we were powerless over (fill in the drug here)," and this step transfers into the profession when providing treatment to those in reoccurrence. A counselor in recovery has very little power over his or her client's recovery or reoccurrence. Continued self-assessment in critical recovery areas is essential, such as building a support network, maintaining pro-recovery rituals, working towards greater balance, and seeking regular counseling for supportive accountability. Being a counselor while in recovery is possible, but there are successful and unsuccessful approaches to achieve this.

In conclusion, when relapse occurs, the addiction profession generally receives the client with a non-judgmental attitude and with a lot of compassion. Professionals understand and acknowledge that relapse is part of the recovery process; it is a learning process and a normal part of recovery from any disease. Some who relapse feel uncomfortable and unwilling to return to the field for fear of being judged. Quality care cannot discriminate, and thus anyone returning to work after receiving treatment for a SUD-related reoccurrence must receive the same compassion and a non-judgmental attitude from their colleagues as those welcomed back after receiving cancer treatment.

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