How Do They Do It?

Learning from Peer-Nominated Highly Effective Addiction Counsellors

by

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Abstract

While research has demonstrated no differences in effectiveness between the different types of addictions treatments, differences have been found for effectiveness between counsellors. Research has shown that some counsellors who treat addictions, consistently achieve better results than others, a finding that is echoed in general psychotherapy research. At this time, little is known about what specifically contributes to some addiction counsellors being more effective than others. This qualitative study, through the use of Interpretive Phenomenological Analysis (IPA), seeks to gain a deeper understanding of highly effective addiction counsellors' contributions to positive therapeutic experiences with their clients. Addiction counsellors identified by peer-nomination as being highly effective were interviewed and the data was analyzed based on principles of IPA. The results suggest that highly effective addiction counsellors' contributions to positive therapeutic outcomes with their clients can be summarized by the themes *Meeting the Client Where They Are At,* and *Working on Myself.* Implications for clinical practice and training, as well as suggestions for future research are also addressed.

Preface

This thesis is an original work by Jennifer Kees. The research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board, Project Name “Characteristics of Highly Effective Addictions Counsellors”, No. 00046183, March 11, 2014.

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Learning from Peer-Nominated Highly Effective Addiction Counsellors

The problem of addiction is widespread in Canada. Recent surveys indicate 21.6% of Canadians over the age of 15 met the criteria for a substance use disorder during their lifetime (Pearson, Janz, & Ali, 2013). The costs of this disease are considerable for both the individual with the addiction, their families, and society as a whole (Beasley, Beirness, & Porath-Waller, 2011; Langlois & Garner, 2013; Rehm, et al., 2006). Langlois and Garner (2013) provide one example of the impact addiction has on individuals and families in finding that individuals who had addicted parents in their childhood consistently display higher rates of psychological distress throughout their lifetime than those individuals who did not experience parental addiction. Other research has also demonstrated a correlation between being exposed to familial substance use as a child and health risk behaviours and diseases as an adult (Felitti et al., 1998). Beyond familial and health-related impacts of addiction, the societal costs related to substance abuse are substantial, with Rehm and colleagues (2006) estimating the overall cost of substance abuse in Canada (including costs related to health care, law enforcement and lost productivity) in 2002 at about $39.8 billion.

Given the considerable negative impact addiction has on societies and individuals, it is understandable that much effort has been devoted to greater understanding and improvement of its treatment (Mee-Lee, McLellan, & Miller, 2010). While much of these efforts have focused on identifying the most effective treatment approaches, findings show that treatment is effective, but there is no one treatment that consistently proves to be more effective than the rest (Berglund et al., 2003; Imel, Wampold, Miller, & Fleming, 2008; Mojtabai & Graff Zivin, 2003; Mee-Lee et al., 2010; Project MATCH, 1997). Therefore, attention has turned to the effects of individual

therapists, which has been shown to account for more variation in treatment outcomes, in both addictions treatment (Brose, McEwan, & West, 2012; Najavits & Weiss, 1994; Project MATCH, 1998) and in general psychotherapy (Kim, Wampold, & Bolt, 2006; Wampold & Brown, 2005). However, there is still little known about the specific characteristics that contribute to a therapist's effectiveness (Miller, Hubble, Duncan, & Wampold, 2010), and even less known about the characteristics of effective therapists that work with specific issues, like addiction (Najavits & Weiss, 1994). The purpose of this study, therefore, is to use qualitative methodology to gain an understanding of how highly effective addiction counsellors practice.

Treatment for Addictions

Research on addiction treatment, much like in general psychotherapy research (Lambert, 2013), has been focused on trying to answer the question of "what" treatment works best (Mee-Lee et al., 2010). The severity of the impact of addiction, combined with increasing cost pressures that require mental health professionals to provide efficient, cost-effective treatments necessitates the identification of treatments that consistently work well (Mojtabai & Graff Zivin, 2003). These are also known as Evidence-Based Practices, or EBPs (Glasner-Edwards & Rawson, 2010). There have been many attempts at trying to isolate treatments that are most effective for addiction (Mee-Lee et al., 2010).

Arguably, one of the most important attempts at identifying the best treatment for addiction was conducted by the Project MATCH Research Group (1997). This large-scale study attempted to match treatments to client variables such as addiction severity, psychiatric morbidity, etcetera, to identify the most effective treatments, with the recognition that not every client is the same. They expected to find that clients would see better outcomes based on the best matches between treatments and client characteristics. Cognitive behavioural therapy,

motivational enhancement therapy, and twelve-step facilitation treatments were studied. Surprisingly, while the clients improved overall on measures of treatment outcomes (percent of days abstinent and number of drinks per day), there were no differential effects observed for the different treatments. Essentially, treatment was better than no treatment, but the type of treatment received did not seem to matter even for different client characteristics.

Results similar to those from the Project MATCH (1997) study have been found since then (e.g. Imel et al., 2008; Mee-Lee et. al., 2010; Mojtabai & Graff Zivin, 2003; UKATT Research Team, 2005), confirming that the specific treatment type received does not impact the treatment outcome. These results in the addiction field should not be surprising given that it has been widely documented in general psychotherapy that specific psychotherapies are virtually alike in effectiveness (Lambert, 2013; Wampold, 2001; Wampold, Mondin, Moody, Stich, Benson, & Ahn, 1997). Given the very similar nature of the service provided in addiction counselling and general psychotherapy, it is only logical to draw similarities between the two areas of knowledge.

Despite these findings, there continues to be debate about whether identifying specific treatments for specific problems (i.e. EBP) is the best route to take (Glasner-Edwards & Rawson, 2010). Meta-analytic reviews of studies attempting to prove one treatment superior to another have occasionally shown small effects for cognitive and behavioural methods in both addiction treatment and general psychotherapy (Lambert, 2013; Pearson, Prendergast, Podus, Vazan, Greenwell, & Hamilton, 2012). However, common factors (e.g., the therapeutic alliance) have been consistently demonstrated to be more important to achieving positive outcomes in therapy than the specific treatment utilized (Horvath & Symonds, 1991; Maione & Chenail, 1999). As stated by Miller and colleagues (2010), “any assertion for the superiority of special treatments

for specific disorders should be regarded, at best, as misplaced enthusiasm, far removed from the best interests of consumers" (p. 422).

Therapist Effects

Part of the difficulty encountered in attempting to identify effects for specific therapies could be explained by the failure to account for individual differences. Patient factors, therapist factors, and patient-therapist relationship factors are also likely to contribute to the outcome (Luborsky, McLellan, Woody, O'Brien & Auerbach, 1985). Studies that address therapist effects highlight this logic. Simply put, some therapists (including those that treat addiction) consistently achieve better outcomes than others (e.g. Baldwin & Imel, 2013; Brose et al., 2012; Lambert, 2013; Najavits & Weiss, 1994; Project MATCH, 1998). In fact, when treatment type and therapist effects are compared, therapist effects account for 8% of variance in outcomes, while treatment type accounts for none of the variance (Kim et al., 2006). This finding has been supported by other studies, which have demonstrated therapist effects accounting for between 5% and 9% of variance in outcomes (Crits-Christoph & Mintz, 1991; Wampold & Brown, 2005).

These effects are noteworthy in that they provide an avenue to better understand the aspects of therapeutic intervention that account for the helpfulness of therapy. When the Project MATCH Research Group Study (1997) was reanalyzed, researchers found effects for the specific therapists in relation to client satisfaction and treatment outcomes (Project MATCH, 1998). So, whereas treatment type could not explain the difference in outcomes, the specific therapist did account for some differences. The review conducted by Najavits and Weiss (1994) found that therapists in the field of addiction demonstrate varied rates of effectiveness, and can be the strongest predictor of client's early dropout from treatment programs. Brose and colleagues

(2012) also found that individual practitioners delivering a stop-smoking service differed significantly in their effectiveness, accounting for 7.6% of the variance in outcomes.

Recognizing that the therapist has an important impact on the outcome in addiction treatment is important in that it allows research to focus on factors that can make a difference in improving addiction treatment. However, information is still lacking on the specific characteristics of therapists that account for their differential effectiveness (Brose et al., 2012; Miller et al., 2010; Najavits & Weiss, 1994).

Specific Therapist Variables

Where once the big question in psychotherapy and addiction research asked "what" the most effective therapy was, the question has now become "who" the most effective therapists are, and what makes them so. Najavits and Weiss (1994) offer some possibilities of the specific variables that are associated with effective therapists in addiction treatment. Overall, they suggest that interpersonal functioning within therapy sessions is most related to therapist effectiveness. They also comment that characteristics that are found to be related to therapist effectiveness in general psychotherapy research are likely to generalize to the specific context of addiction counselling as well.

Research attempting to isolate variables related to therapist effectiveness have identified that demographic variables (e.g. age, gender, education, years of experience) tend to be unrelated to therapist effectiveness, both in addiction-specific and general psychotherapy research (Littauer, Sexton, & Wynn, 2005; Project MATCH, 1998; Wampold & Brown, 2005; Wilbourne & Miller, 2002). This tends to go against the common-sense expectation that the longer someone has been doing something, the better they become. However, as explained by Jennings, Goh, Skovholt, Hanson, and Banerjee-Stevens (2003) experience alone does not improve therapist

effectiveness. Research suggests that therapists who are able to form a strong therapeutic alliance with their clients achieve better outcomes than those who do not, and this is a function of the therapist's rather than the patient's contribution to the alliance (Baldwin, Wampold, & Imel, 2007; Ilgen, McKellar, Moos, & Finney, 2006). Similarly, there has been some suggestion that the counsellor's ability to convey therapeutic empathy may be related to their potential to be effective (Wilbourne & Miller, 2002). However, the specifics of how this is achieved have not been clearly articulated (Ilgen et al., 2006). Therefore, it seems that the characteristics that have been suggested to be related to therapist effectiveness are in line with Najavits and Weiss's (1994) proposition that interpersonal functioning is most important. We can gain some additional clues as to what may be important for therapist effectiveness by turning to the general psychotherapy literature.

Littauer and colleagues (2005) interviewed clients after two sessions with a therapist to get feedback from them about the qualities they appreciated. Clients stated that they wanted to feel that their therapist was prepared for their session. They also noted that they preferred their therapists to be calm, warm, and responsive. They wanted to be listened to and understood, and to have a balance between the therapist listening attentively and providing relevant questions and comments. These qualities speak directly to the therapist's interpersonal skill. Similarly, Albert (1997) interviewed psychiatrists deemed to be experts at psychotherapy and found four qualities to be important to effectiveness: flexibility, the ability to create a safe place, the ability to create a therapeutic alliance, and sensitivity to dynamic issues in the relationship. Wicas and Mahan (1966) also noted sensitivity to expectations of others and being patient and non-aggressive in interpersonal relationship as qualities in counsellors rated as being effective by their supervisors and peers.

These various qualities related to therapist effectiveness were also found by Jennings and Skovholt (1999) in their study of therapists nominated as "master therapists." They identified three domains of characteristics shared by master therapists: cognitive, emotional, and relational. The cognitive domain addresses the therapists' tolerance for complexity and ambiguity in their work, learnings from accumulated experiences and a thirst for knowledge. The emotional domain relates to therapists' self-awareness, openness to feedback and awareness of their personal emotional well-being and how this relates to their effectiveness in therapy. Finally, the relational domain addresses the interpersonal factors the therapists' possessed including strong relationship skills and a belief in the therapeutic alliance.

As helpful as Jennings and Skovholt's (1999) identification of variables related to therapist effectiveness has been, there is still little research on this topic. As Miller and colleagues (2010) note, we have plenty yet to learn from therapists who are very good at what they do. Furthermore, as Mee-Lee and colleagues (2010) state, the therapist as significant factor influencing the outcome of treatment has been established in substance abuse treatment (e.g. Project MATCH, 1998), but research on factors contributing to change in this area is even scarcer than that conducted in general psychotherapy research. While it is expected that general findings would transfer seamlessly to the specific population of addicted individuals, the fact that this is a special population cannot be overlooked.

Present Study

The present study builds on the previous research on therapist effects with the intention of extending this knowledge to explore therapist effectiveness in the specific area of addiction treatment. Since previous research has demonstrated that stable factors, such as demographics, do not relate to therapist effectiveness (e.g. Littauer et al., 2005; Project MATCH, 1998), it

follows that a more in-depth exploration of therapist characteristics would be helpful. As such, qualitative research methodology, specifically Interpretive Phenomenological Analysis (IPA), will be used in this study to gain a deeper and richer understanding of highly effective addiction counsellors. It is expected that by closely studying the experiences of highly effective addiction counsellors, more can be learned about these counsellors' understandings of what they contribute to their positive therapeutic outcomes with their clients. It is expected that results from this study will inform future research directions and add to the therapist effects literature. The findings from this study are also expected to help inform training procedures for new and experienced counsellors, which should in turn lead to improvements in the treatment of addictions.

Method

The present study uses Interpretive Phenomenological Analysis (IPA), a version of phenomenology, to explore highly effective addiction counsellors' positive therapeutic experiences. The study identified addiction counsellors who are well-regarded by their peers for being highly effective at treating addictions. Data was gathered from these nominated therapists through the use of semi-structured interviews and then analyzed using procedures consistent with IPA as described by Smith, Flowers, and Larkin (2009) to arrive at common themes that best described the counsellors' understandings of how they practice.

Interpretive Phenomenological Analysis

Interpretive Phenomenological Analysis (IPA) is a version of phenomenology that seeks to explore how people make sense of and understand their world and their experiences (Smith & Osborn, 2008). IPA is based on the theoretical foundations of phenomenology, hermeneutics, and ideography (Smith et al., 2009). The phenomenological theoretical basis is based largely on the writings of Edmund Husserl. Phenomenology asks us to take a step back and deeply examine

our experiences and, more specifically, our perceptual experience of a particular phenomenon (Smith et al., 2009). IPA is also based on the theory of hermeneutics in that there is an acknowledgement of the interpretive nature of understanding experiences, which is unavoidable due to each person existing in their own unique context and having this context color their experience. In IPA research there is also the occurrence of a double hermeneutic in which the researcher is interpreting the participant's interpretation of a phenomenon (Smith et al., 2009). Finally, IPA research is ideographic in that it is more concerned with fully understanding a particular case rather than with making general claims about human behaviour (Smith et al., 2009). This theoretical foundation informs IPA's aim of gaining a detailed understanding of human experience by getting as close as possible to an individual's perspective of some phenomenon and allowing this perspective to be expressed in it's own terms (Smith & Osborn, 2008; Smith et al., 2009).

The aims of IPA are congruent with the intentions of the current study. This study aims to gain a deeper understanding of the essential components to the experience of being a highly effective addiction counsellor. How do highly effective addiction counsellors understand this experience? What are the thoughts and feelings that are a part of this experience? What does their process of therapeutic decision-making look like? Ultimately, it is expected that by gaining a better understanding of how highly effective counsellors experience this phenomenon, we will begin to have a better sense of how some counsellors are more effective than others.

Participants

In line with the ideographic theoretical foundation of IPA, participants were selected through purposeful sampling to gain a sample from which relevant and rich data could be collected (Creswell, 2012; Smith et al., 2009). A snowball sampling method was used in which

addiction counsellors were asked to nominate peers whom they consider to be highly effective at providing counselling services to people with addictions. Peer-nomination techniques have been used previously in therapeutic effectiveness studies (e.g., Hillerbrand & Claiborn, 1990; Jennings & Skovholt, 1999) and therapists are able to discriminate between other therapists who are and who are not likely to be effective (Luborsky et al. 1985).

Addiction counsellors were asked to nominate colleagues that they consider to be highly effective at treating addictions based on two criteria (adapted from Jennings & Skovholt, 1999): 1) Whether they considered the person to be highly effective and 2) that they would think of this person if they were referring a close friend or family member for addiction treatment. The individuals who were nominated were then asked to nominate colleagues who they considered to be highly effective based on the same criteria, and so on. Typically, this process would continue until a point of saturation was reached, in that the same names continuously came up. However, with this study there were a number of challenges encountered in the process of obtaining nominations. Therefore, the peer nomination process was ended when all reasonable avenues for obtaining nominations had been exhausted and a handful of counsellors had been nominated more than once. This process resulted in 48 counsellors being nominated. Of these counsellors, 35 received one nomination, 10 received two nominations, 2 received three nominations, and 1 received 4 nominations.

Of the counsellors that were nominated more than once, 4 were selected to participate in the interview. This number of participants was chosen to provide an adequate balance between breadth and depth of interviews (Creswell, 2007). One of the counsellors interviewed had received 4 nominations, one received 3 nominations, and two had received 2 nominations each. All of the counsellors interviewed worked within organizations that provided addictions

treatment, including youth inpatient, youth outpatient, adult inpatient, adult outpatient, and private practice settings. Two had primarily managerial roles, though they still had opportunities to engage in counselling. Two of the counsellors worked primarily with youth clients, while two worked primarily with adults. The counsellors ranged in age from 32 to 39 years old (M=36, SD= 2.55). One counsellor had achieved a post-secondary diploma, one had a Bachelor's degree, and two had completed Master's degrees. Three of the counsellors had academic backgrounds in psychology, and one had an academic background in social work. The counsellors had between 7 and 17 years of experience working in addiction-related fields (M= 12.25, SD = 4.76). Three were females and 1 was male.

Procedure

Potential participants were contacted and invited to participate in the study. Informed consent was discussed at the outset and forms to explain the purpose and anticipated outcomes of the study were reviewed with each of the participants after which they were asked to sign a consent form (see Appendix A). Interviews took place either at the participant's work site, the university, or a coffee shop, based on what was preferable for the participants.

In accordance with Smith and colleagues' (2009) suggestion that the experiences studied in IPA be allowed to be expressed in their own terms, semi-structured interviewing is considered to be the most suitable method for collecting data (Smith & Osborn, 2008). This approach allows for some flexibility in data collection and for the researcher and participant to explore interesting areas as they come up, while maintaining a focus on the research topic being studied (Smith & Osborn, 2008). As such, the participants were interviewed using semi-structured interviews. The interviews were conducted loosely following a protocol of interview questions, while also allowing the participants to respond as they see fit. The questions were designed to closely

explore the counsellor's understanding of how they contribute to positive therapeutic outcomes that they achieve in their counselling experiences with their clients. The interviews were audio-recorded using a program called Audacity. The audio recordings were later used for transcription purposes. The interviews ranged in length between 1 hour and 13 minutes to 1 hour and 47 minutes. The interview protocol is reproduced in Appendix B.

Smith and colleagues (2009) note that, "a good interview is essential to IPA analysis" (p. 58). With this in mind, careful consideration was taken of the nuances that make up a good interview for IPA. In order to ensure richness of data, care was taken to keep questions as open-ended and non-leading as possible. The researcher also worked to maintain an active and non-judgmental listening stance, allowing the participant to speak freely about their experience. Probing questions were used throughout the interview to engage with the participant and encourage deeper exploration of the participant's experience. The interview was structured to allow for flexibility in the order of questions, which allowed for a more natural unfolding of the participant's experience.

Epoché and Researcher's Assumptions

Often considered to be a key, defining feature of phenomenology is the concept of epoché (Creswell, 2013). Epoché relates to the researcher's attempts to bracket their personal views and experiences as much as possible in order to be able to approach the experience under examination fresh and free from prior influence (Creswell, 2013). A good IPA interview allows the participant to express their experience without needing to fit into predefined categories (Smith et al., 2009). IPA research also acknowledges that because of the double hermeneutic nature of the IPA approach, the researcher's personal experiences will unavoidably come into the study, through the researcher's interpretations of the participant's experiences (Smith et al,

2009). As such, it is imperative for the researcher to acknowledge relevant personal experiences and work to set these aside in order to allow participants to freely explore their own experience without the researchers' assumptions or judgments.

Through constant reflection throughout the research process, I not only realized the importance of taking an active approach to bracketing, but I discovered a number of biases that were not previously part of my awareness. Prior to returning to school to pursue my Master's in Counselling Psychology, I had worked for three years as an addiction counsellor. It is this previous experience that fuelled my interest in examining the experiences of highly effective addiction counsellors. It was my hope that through the completion of my Master's degree and the undertaking of this study I would be able to learn how to become better at counselling individuals with addictions. However, it was also my previous experience as an addiction counsellor that contributed to the majority of the biases and assumptions I discovered. My training had primarily been abstinence-based and I found these biases being regularly challenged throughout the process of conducting this research.

Through writing memos and discussions with my supervisor and colleagues, I was able to become more aware of the biases I held and was able to set these aside. I aimed to take on a stance of not knowing and reminded myself of my desire to learn and grow from this experience. This allowed me to approach the research and the participants open-mindedly, even when the interviews went in directions I had not expected. In these cases, I worked to follow the participants' lead and modified questions and probes accordingly throughout the interviews. In analyzing the data, it again became important to engage in memo writing and consulting with my supervisor and colleagues to ensure that my biases and assumptions were not having a significant impact on my interpretation of the participant's understandings of their experiences.

At the same time, I was aware that my own experiences were a useful part of my ability to understand and interpret the participant's understandings of their experiences within the counselling. My desire to learn more about how I could become better at counselling individuals with addictions was also inspired by my own experiences of feeling frustrated and inadequate at times. Therefore, these experiences were the essential motivating factor to my attempts to truly understand and learn from the participant's varied experiences.

Data Analysis

The data were analyzed following procedures consistent with IPA research as outlined by Smith and colleagues (2009) and Smith and Osborn (2008). These steps provide enough structure to be easily followed by the novice researcher and are also acknowledged to be broadly stated enough to welcome flexibility that is necessary when engaging in the interpretive process required to fully comprehend the complex nature of meanings derived from experiences (Smith & Osborn, 2008; Smith et al., 2009).

Before being able to formally analyze the data, the interviews needed to be transcribed. Each interview was transcribed verbatim from the audio-recordings obtained using the program Audacity. All transcripts were stored in password-protected files, within an encrypted section of a password-protected computer. All identifying information was removed from the transcripts as they were created. Transcripts included documentation of the date and time of the interview as well as a pseudonym identifying the participant.

In keeping with the ideographic nature of IPA, each transcript was first analyzed independently before looking for commonalities among them (Smith et al., 2009). The first step in the data analysis process was to read and re-read each transcript to gain familiarity with the data. Following the recommendation of Smith and Osborn (2008) this initial step was combined

with the second step of the data analysis, by beginning to do some initial commenting on the transcript. This initial commenting at this point stayed close to the participant's account while aiming to be exploratory and comprehensive (Smith et al., 2009). The intent was to begin illuminating the specific ways the counsellors understood their contributions to positive therapeutic experiences with their clients with addictions. This initial commenting was concentrated on picking out any "interesting or significant" (p. 67) parts of the transcript (Smith & Osborn, 2008). Comments made at this point were sometimes paraphrases or summaries of what the participant said, or associations and early interpretations (Smith & Osborn, 2008).

Smith and colleagues (2009) suggest that initial commenting could be broken down into three categories, each with a different focus: Descriptive comments focus on content of the participant's speech, linguistic comments focus on the specific language chosen, and conceptual comments begin interpreting the participant's comments in an attempt to gain a better sense of their overarching understanding of the topic (pp. 83-88). Conceptual commenting aims to remain closely connected to the participant's dialogue, while going beyond the explicit meanings through a process of reflecting on and questioning the broader possible implications of the participant's words. To some extent this process involves the researcher reflecting and drawing on some of their own experiences and knowledge to more fully understand the possible meaning of the events and experiences for the participants. Smith and colleagues (2009) state that these specific categories of initial comments are not a required step for analysis in IPA methodology. However, they are analytic tools that may be useful in analysis, particularly due to the greater structure they provide for the novice researcher. Therefore, these categories were used extensively in the initial commenting phase to aid in the data analysis for this study.

Initial commenting on the transcript typically results in a large volume of data to be considered in the analysis. In this study this was very much the case. Therefore, the third step of analysis strives to maintain the complexity of the initial commenting, while reducing quantity of data through the development of emergent themes (Smith & Osborn, 2008; Smith et al., 2009). This stage involved finding emergent themes that strike a delicate balance between being firmly grounded in the data and becoming slightly more abstract, such that the meaning beyond the literal textual description begins to emerge (Smith & Osborn, 2008). Interpretation is a necessary part of the process, both as a key aspect of IPA's philosophical basis, as well as being a practical necessity in the process of reducing data to capture the important aspects of the participant's experience. Interpretation requires the researcher to draw on their own experiences to derive an understanding of the participant's experiences, making the analysis the true achievement of the double hermeneutic and a collaboration between the researcher and the participant (Smith et al., 2009). The end goal of this stage of data analysis is to have developed emergent themes that, "feel like they have captured and reflect an understanding" of the participant's experience (Smith et al., 2009, p. 92).

The fourth step was to start looking for connections between the themes (Smith & Osborn, 2008). In this step, the intent was to start making sense of the themes that have emerged from the data. This was done by organizing the themes by those that seem to naturally group together and those that seem to exist more independently (Smith & Osborn, 2008, Smith et al., 2009). Smith and colleagues (2009) suggest doing this by paying attention to the themes that naturally cluster together, to themes that seem to be quite different from one another, to themes that occur with some frequency, to themes that speak to the context of an experience, and to the functions themes may serve within the transcript. They emphasize that these suggestions are

merely to be used as potential strategies to help the researcher identify connections between important emergent themes, and are not required or necessarily comprehensive ways of going about this step in the data analysis. As this clustering of themes occurs, it is important to maintain the iterative nature of the data analysis. Proper analysis necessitates a going-back-and-forth process between the original transcripts and the now more abstract superordinate themes to ensure the true essence of the participants words is being captured by the analysis (Smith & Osborn, 2008). Some themes were also discarded or incorporated into another theme, due to them no longer seeming to be a significant aspect of the data (Smith & Osborn, 2008).

Once the emergent themes were organized and clustered together into superordinate themes they were given meaningful and representative names. Excerpts of the transcripts that relate to the superordinate themes were also collected to serve as examples of the themes. In accordance with Smith and Osborn's (2008) recommendation, a table was used to organize these superordinate themes with the themes that are included within them and accompanying transcript excerpts that fall under each superordinate theme (Smith & Osborn, 2008). Notes were kept to record how this process is completed and decisions that were made in analyzing the data for each transcript (Smith et al., 2009).

The fifth step in the data analysis was to repeat this process with each of the other transcripts. Each transcript was treated individually in accordance with IPA's idiographic commitment (Smith et al., 2009). This meant striving to be as uninfluenced as possible by the ideas from the analysis of each of the subsequent transcripts, while analyzing one particular transcript. The small sample size helped to make this difficult task more realistic due to the smaller amount of information that needed to be bracketed from previous transcript analyses (Smith & Osborn, 2008; Smith et al., 2009).

The sixth step in data analysis was to begin to look for patterns across the themes that characterize each participant's experiences (Smith et al., 2009). As Smith and Osborn (2008) note, in analyzing multiple transcripts the intent should be to find both the similarities and differences between the participants in order to gain a complete understanding of the participants' understandings of a phenomenon. At this point, the goal was also to begin reducing the results to a smaller number of themes that describe the data set as a whole. This sometimes required reconfiguring of themes or finding names that better represent a new interpretation of the theme as informed by the information gathered through the analysis of other transcripts (Smith et al., 2009). Again, we return to the iterative nature of this analysis and it was important in this step to return again to the original transcripts to ensure the final themes in fact supported the original data (Smith & Osborn, 2008).

The final stage involved writing up the findings of the data analysis (Smith & Osborn, 2008). This write up uses the final superordinate themes generated to articulate the understandings the addiction counsellors made of their contributions to their positive therapeutic experiences with their clients. The final write-up includes a comprehensive explanation of the themes complete with excerpts from the transcripts of the participant's own words to illustrate the themes that were found (Smith & Osborn, 2008).

Enhancing trustworthiness. As Merriam (2009) notes, the approaches to establishing trustworthiness in qualitative research differ from those used in quantitative research. Qualitative research strives to provide enough detail to the reader that conclusions seem logical (Merriam, 2009). Borrowing terms from quantitative research, Merriam (2009) discusses ways to enhance internal validity, reliability and external validity in qualitative research.

The goal of internal validity in qualitative research is described as gaining an accurate understanding of the participant's perspective (Merriam, 2009). This is achieved in a few different ways. Firstly, the use of careful in-depth interviewing in this study as described above allowed for a careful exploration of the participant's experience and understanding of this experience from that participant's perspective. Adding to this, once the interviews were transcribed, the verbatim transcripts were provided to the participants, giving them an opportunity to ensure that their perspective was accurately captured in the interview, and to add any additional information they felt was relevant. Merriam (2009) notes the importance of adequate engagement with the data collection, which is achieved through the researcher paying careful attention to active listening and the use of probes by the researcher. Also noted by Merriam (2009), as well as discussed above, the researcher must acknowledge the importance of recognizing personal biases and experiences that could interfere with gaining a complete and accurate description of the participant's perspective of an experience. This interference was minimized by identifying and recognizing these biases. Finally, Merriam (2009) discusses the use of multiple perspectives to help ensure an accurate interpretation of participants' perceptions. This was achieved through discussions with the researcher's supervisor and colleagues throughout the data analysis process, which provided additional perspectives on the data. This process helped to ensure that the true essence of the participant's account was most accurately grasped.

Merriam (2009) notes that the concept of reliability for qualitative research can be understood as consistency and dependability of the data collected. This was partially achieved through adherence to procedures ensuring internal validity as described above. To further achieve the consistency and dependability of data required to establish trustworthiness, an "audit

trail" (p. 222) was kept. This audit trail consisted of all memos and drafts that helped to establish how the findings were reached.

Finally, Merriam (2009) addresses the concept of external validity or transferability. Again, this is a term more commonly used with quantitative research and, as such, often poses a challenge for quantitative researchers. Given that qualitative research prioritizes in-depth, descriptive accounts of a few cases over generalizability, transferability becomes more difficult to establish. Merriam (2009) suggests that the best way to achieve transferability in a qualitative context is to provide descriptions detailed enough that the reader can determine whether the research is transferable to their particular context or not. This requires thick, detailed descriptions. This study aimed to achieve this through the use of detailed descriptions throughout the write-up of the study was well as providing detailed excerpts from the transcripts of interviews with the participants.

Ethical Considerations

This study was given approval by the institutional ethics committee, the Research Ethics Office at the University of Alberta. Approval was granted prior to contact with participants began.

This research is considered to be very low risk for three reasons: 1) participation in the study simply requires the participant to talk about their thoughts and experiences, while emphasizing that they have been selected based on being very good at what they do, 2) the interview does not include any topics or questions considered to be particularly sensitive, and 3) participants are mental health professionals who would presumably have a good understanding of basic confidentiality and consent procedures and would likely have coping skills to deal with

stressful situations. Regardless, precautions were taken to ensure the study meets the highest ethical standards.

First, potential participants were informed that their participation in the study was entirely voluntary. The purpose of the study was explained to them and they were informed that they could choose not to answer any question posed to them. Potential participants were also provided with a written copy of the consent statement, which included procedures to withdraw consent if they chose. As Smith and colleagues (2009) note, the process of informed consent needs to continue throughout the interview process. If at any time the participants appeared to be uncomfortable or indicated in any way that they might want to stop the interview, consent would have been reviewed and the interview would have been discontinued at the participant's request. None of the participants expressed any desire to discontinue their participation in the interview process. Participants were also advised that once the data analysis process begins, it becomes very difficult to retract a participant's data, and impossible once a complete report is written and/or published (Smith et al., 2009). As such, participants were given a window of time after the completion of their interview to withdraw their consent if they choose and a reminder email was sent to them near the end of this window. None of the participants expressed a desire to withdraw from the study.

To give participants further control over the information they provide, a copy of the transcript from their interview was sent to them once it was completed. The participants had an opportunity to ask for any part to be removed from the transcript if they no longer want that information included. Participants were also informed that some verbatim portions of their interview might be included in the final report (Smith et al., 2009).

To ensure confidentiality, all identifying information was removed from the transcripts and participants were identified using a pseudonym. All audio-recordings were destroyed when they were no longer required. Transcripts were kept in password-protected documents, within an encrypted folder, on a password-protected computer and were only be accessible by the researcher and the research supervisor.

Results

A review of the research on the treatment of addictions revealed that the counsellor has a greater effect on treatment outcomes than the type of treatment provided. However, research has yet to clearly illuminate the specific factors that contribute to a counsellor's effectiveness in treating addictions. The purpose of this study was to explore how peer-nominated effective addiction counsellors understand their contributions to positive counselling outcomes. Four addiction counsellors nominated by their peers as being very good at what they do were interviewed. IPA methodology was employed to analyze the interviews. To maintain anonymity, the counsellors are referred to here by the pseudonyms Rachel, Karen, Lisa, and Sean.

Upon analysis of the data derived from the interviews, two superordinate themes emerged that capture the data set as a whole: *Meeting the Client Where They Are At* and *Working on Myself*. Meeting the Client Where They Are At is comprised of five subthemes: *Establishing Rapport and Trust, Collaborating on Goals, Regularly Assessing Client Motivation, Promoting Client Autonomy*, and *Maintaining Flexibility*. Working on Myself is comprised of four subthemes: *Striving to Improve, Tending to Personal Well-Being, Being Genuine and Transparent*, and *Keeping Myself in Check*.

Meeting The Client Where They Are At

The counsellors identified their clients as having complex, varied, and unique histories and therefore felt was is important to address the concerns that are most important to a particular client at the particular time that they are seeking help. This required the counsellors to treat each client as an individual to figure out the client's needs and how to meet those needs in a way that will be useful to the client. Lisa captured this main theme when she stated:

> I think sometimes, we can get caught up in - quote-unquote, what "works" [quoting hand gestures] – and then fitting everybody into the cookie-cutter plans. I make sure I try and stay away from that, because everybody is an individual and, so it really depends on what's going on.

Therefore, "meeting the clients where they are at" was identified as a central part of their role. This superordinate theme is comprised of five subthemes: *Establishing Rapport and Trust, Collaborating on Goals, Regularly Assessing Motivation, Promoting Client Autonomy*, and *Maintaining Flexibility*.

Establishing rapport and trust. The counsellors spoke extensively about the importance of rapport and trust in the counselling relationship. As Rachel stated, "trust - that's really big. In addiction counselling, probably like 98% of people that I've worked with, have massive trust issues." This theme seemed to be particularly salient for counsellors working in environments where mandated clients were more common.

The counsellors discussed how they aim to build rapport and trust to try to understand where their clients are coming from and be able to meet them where they are at. Rachel expressed her view that, "the relationship is probably the most important thing" in the counselling. Sean was more specific stating, "Building rapport, I think is the biggest thing.

Without that rapport, I don't think there's any opportunity to make any kind of positive change... if they don't trust me, they're probably not going to share anything serious with me."

The counsellors also discussed the importance of building trust and rapport to increase the likelihood that their clients would return for more counselling. Lisa explained how she would aim to create a safe space to help encourage clients to return to counselling.

> I think making sure that they have an environment that feels safe and secure, where they can engage. If I provide that, I find that really helps the process in regards to making that connection and making sure that they come back.

As well as encouraging clients to return to counselling, Sean addressed how building a foundation of rapport may help clients who are not yet wanting to make change feel more able to seek help in the future.

> If the outcome is that we were able to build a little bit of a relationship with them, even though they're not necessarily taking change seriously, I would measure that as a positive outcome. So that maybe in the future when they do start considering change, they might go, "Hey, you know what, that guy wasn't so bad, I actually played some basketball with him and he's a pretty easy-going guy, maybe I should talk to him again."

The counsellors noted that the importance of rapport and development of trust in the relationship may even outweigh the importance of therapeutic interventions. Rachel spoke of how counsellors can become so focused on counselling interventions and following training, that the relationship becomes lost.

> We become so fixated on our own agendas, our professionalism of boundaries, being objective, getting the work done, and making sure that we're effective [and] kind of checking off this checklist that sometimes we feel is prescribed to in our training, that we lose sight of the person in front of us, and potential and value of that relationship. So personally, I try to engage with people, to get to know them and to understand them.

The other counsellors also talked extensively about trying to understand their clients' life experiences and emotions. Lisa explained how developing this understanding can help the client to feel like someone else could truly understand what was happening for them.

> I'm able to bear witness to what's going on for them and provide them with support, and they feel like they were heard. I always use the analogy, not just heard, but they were felt. They had that experience in the room where somebody actually felt what was going on for them. I don't mean sympathy and I don't mean empathy, it's just they were felt and they were heard.

As an example of this, she conveyed her understanding of how difficult it can be for some clients to come to the sessions.

> I'll have women that will literally be up, for three days before they come to see me. Because, they're preparing themselves to come and see me. They just can't settle, and the hyper vigilance is so bad because coming downtown, or taking the bus – I think people don't realize, like how hard that is for a lot of our clients.

For these counsellors having an understanding of their client's experiences allows them to lessen their client's worries in order to build trust and rapport.

When the counsellors discussed their understandings of their clients' experiences, they did so in a non-judgmental way. In fact, the counsellors expressed a considerable amount of compassion for their clients and the experiences they had been through. Karen commented on the importance of the counsellor remaining non-judgmental.

> Being non-judgmental is really important, because they come with so much shame already. They're so judged and they do it themselves [too], that having [a place] where they are still accepted and feel comfortable exploring those things, opens up that space to be able to do a lot of the work that they need to do without fear of rejection.

Rachel shared how she incorporates this non-judgmental and compassionate view into her understanding of her clients' experiences.

> I always try to honour that that's their life, their experiences, and who am I to say whether or not they should be doing what they're doing. I don't know, you know. Of course, we know logically that drugs are bad for you and that they can harm you in many different ways, but who am I to judge a 16-year old kid that was sexually molested for nine years of their life, who has no person in their life who's really given a crap about them their whole life, who's had to live on the streets, who's had dit, dit, dit, dit, [gesturing a list of experiences] – and guess what? They use marijuana everyday because that's a coping strategy that's helped them stay alive.

Thus, the counsellors' compassionate understanding their client's life experiences allows them to get on the same page as their client, developing the trust and rapport in the therapeutic relationship.

Like Rachel, most of the counsellors discussed the client's substance use as a coping mechanism, which had the effect of depathologizing the addiction, destigmatizing the client, and allowing for rapport to develop. Sean explained how sharing this depathologized view of a client's addiction with his clients can be helpful.

> Letting them know that these horrible things have happened to them, but that's abnormal. The way they're coping - whether that's using drugs, or cutting, or whatever, that's a fairly normal response for someone who might not have the coping abilities at that point. So that they don't feel so strange and they don't feel so different than everybody else.

This recognition of client's traumatic experiences also played an important role in the development of trust and rapport for the counsellors interviewed. They spoke about the importance of being trauma-informed when trying to build rapport and trust with clients. For Lisa this meant taking the time to create a safe environment.

> It's really important to be trauma-informed. Providing a safe, secure, respectful environment for the women I work with - that takes a long time. You have to build that foundation of making sure that they feel safe, secure, and they have choice.

She provided an example of how she goes about ensuring her clients feel safe by allowing them to have as much control as possible over their surroundings.

> With the trauma piece sometimes people need to sit right beside the door, or sometimes they need to sit over here. We have those conversations, and then we set it up so they can arrange where that feels most comfortable for them to access some programming.

Sean also talked about creating safety and trust in the relationship by respecting the client's limits on what they were comfortable discussing. He stated that he does "a lot of reflective-type work to let them gear the information that they were sharing." He also discussed regularly monitoring the client's comfort level to gauge whether they were feeling safe. He explained that "sometimes we just get that instinctual feeling of maybe this is unsafe, or this person's uncomfortable, whatever that is. I've learned to just kind of go with it and be okay with that."

Another aspect of creating safe and trusting relationships that the counsellors discussed was the importance of maintaining firm boundaries. They noted that creating safety within the counselling relationship required a mutual understanding of the limits to the relationship. Lisa explained how this is especially important with clients who have experienced trauma and had their boundaries violated. She noted that these clients may not have healthy boundaries and may test the counsellor to see where the boundaries of the relationship lie. Therefore, the onus is on the counsellor to set and maintain firm boundaries so that the client can trust that they will be safe within the relationship. Lisa explained the difficulties that can occur when the boundaries of therapeutic relationship are blurred.

> I always have clients say "I know I push my boundaries, and I know I don't have good boundaries, but man, do I wish that that person wouldn't have done that." They always come back and say that. "Now I worry they're going to be mad at me now," – or it's like, "They're, my friend." It's not a professional relationship anymore.

Addictions treatment is provided in a range of different settings, with each of these settings presenting different challenges and benefits for building rapport and trust with clients. Lisa noted that some counsellors within her organization have their client's files closed and reassigned after a period of inactivity. However, within her program she had the flexibility to have a policy that a client could always come back to see her without fear of being reassigned. She stated, "They know that, no matter what, my door will always be open." This means that her clients could consistently have the same counsellor for many years, rather than having to build rapport with a new counsellor each time they decided to seek help for their addiction.

Sean worked in a number of different settings over his career, and commented on the impact the site had on the ease of developing trust and rapport with clients. He commented:

> Being in hospital or in the residential facility that feels like a dorm, it's a lot more challenging to get the client to more of that comfortable level where they'll share openly. If you have more of a homey feeling or just a relaxed atmosphere, they're definitely more inclined be open, be honest.

As Sean noted, certain situations could present the counsellor with more challenges to developing rapport than others. Rachel shared how she was able to overcome the challenges presented in a court-mandated confined treatment program she had worked in to develop rapport and trust with her youth clients.

> Once they come in, you allow an opportunity for them to get through the initial emotion. So, "I'm angry," "I'm feeling oppressed," "My rights have been taken away," "I feel like I have no power in this situation." Once you validate that, once you honour that, that that's what they're experiencing, and then provide them with as much power as you can in that situation, usually then they can kind of start to [say], "Okay, I can start to look past that now. And, now I can maybe start to talk about why I'm here."

Sean talked about the ways he was able to use the setting he worked in to his advantage to help build rapport with clients. One program he worked within had access to workout and

recreational facilities. He discussed how he would use these non-traditional settings to build rapport with clients who had a difficult time opening up.

> Being able to read on a client and sense when things aren't right. Depending on the setting, you might be able to change that. Going from, "Hey, this doesn't feel right, it's kind of stuffy in here, let's go shoot some hoops." And go shoot the basketball and continue what you're doing. That change of environment, it's incredible what it can do just in terms of people being open and honest and willing to work towards change.

The counsellors discussed how the level of rapport and trust developed is an important factor in determining how they approach more difficult issues with their clients. Sean and Lisa noted that if they had a solid foundation of trust and rapport established with the client, they would be more likely to be direct about their concerns. Otherwise, they might drop the issue and return to focusing on building rapport, or perhaps try to express their concern in a more indirect fashion. As Sean explained:

> I might have a kid I've met for the first time and I can see it's not really going anywhere, or maybe they're trying to bring up side conversations or whatever. So, I'm not going to push the issue. But if it's someone that I've built a bit of a rapport with, I might be able to challenge them a bit on that. Be like, "Hey, I've kind of seen this pattern where, whenever we bring this topic up, you start talking about all this ridiculous stuff. Is there anything underlying that? Are you trying to avoid this?" If I have the relationship with them, I find it's easier to challenge them a bit on it, and refocus. Whereas, if it's someone I don't know, I probably wouldn't push it.

Collaborating on goals. Establishing goals is important in any counselling relationship and it takes on particular significance in addictions counselling. Each of the counsellors interviewed discussed the importance of truly working collaboratively with their clients and creating space for clients to set their own goals, which remained at the center of the treatment. This focus on having client-defined goals is paramount to meeting the client where they are at.

Karen encapsulated this view of establishing client-directed goals when she stated:

> It's not about what I want for them, it's about what they want for them. They're the ones with the vested interest in succeeding in the program, or becoming substance free. So it's really about them, what their needs are, and where they're at.

Even when working at a treatment center with an abstinence-based approach to addictions treatment, Karen did not require her clients to be working towards abstinence. She communicated to them the expectation that they remain abstinent for the length of the program, but she encouraged them to develop goals that they felt were best for themselves. She explained, "with being client-centered, it's really around where they want to go and what they see is best for their lives. For some people an abstinence-based lifestyle is not wanted, or realistic."

Lisa discussed how she followed a harm reduction approach, which allows for a much broader range of goals to emerge, and in turn creates more space for client-directed goals.

> I really do believe in the harm reduction philosophy. I really, really do believe in that. I'll ask, "So what are your goals? What areas would you like to have support? Whether it's getting connected to stuff, or it's just somebody that you feel like you can have that opportunity to talk to." And then that's what we do.

By including both questions about goals and about support, Lisa allows clients to give her direction on the outcome they want to achieve and on ways she can be helpful that are not tied to a specific outcome. She noted that this helps her ensure that the client is receiving what they need from the counselling relationship.

While some clients may have a clear idea of the goals they want to accomplish, in other cases the process of setting client-directed goals itself becomes collaborative. This can be particularly true when clients are not voluntarily entering treatment with the goal of getting help for their addiction. As Rachel explained, in these cases she collaborates with the client to try to

help them establish some kind of goal for their time in treatment, which does not necessarily have to be related to the client's substance use.

> So the youth is maybe saying, "I don't think I really have a problem," or, "I don't really want to make changes to my drug use." So then instead of trying to fight that point, we'll say, "Okay, well what would be beneficial to work on here for you? How can we make this time useful for you?" So some kids will say, maybe a focus on education, or working on getting healthy because, they've maybe been using a lot, or they've been living on the streets, they haven't been exercising, or they've been eating really poorly and so then they want to focus on that.

The key point for her is that goals need to come from the client and should have meaning for them.

Karen shared her observation that developing client-centered goals that may or may not be related to substance abuse can have the effect of reducing some of the defensiveness of clients in treatment based on external pressures.

> "What can we do to support you, and help you achieve your goal, which is to get through a program and remain out of jail." And for all of those that I've had interactions with, they're able to find something and actually do really well with the program 'cuz it appears like it reduces some of the resistance, where I'm not saying "Well you have to change."

While a focus on client-directed goals was clearly important, the counsellors noted that their role was not a passive one. As Rachel articulated, addictions professionals are sought because of the special expertise and skill they possess. She noted that this is where the collaboration aspect of goal setting becomes so important. The counsellors spoke about keeping the client's goals at the forefront, while also drawing upon their own expertise to help the client consider ways that they might increase their chances of meeting their goal, or even surpass their original goal to further enrich their lives. Rachel illustrated this concept well, stating:

> If I have a client that I'm working with [who] has a goal to stop using cocaine, but has no intention to stop using marijuana. Then, you have to look at it from a bigger picture. We want to address the using marijuana situation because there's a potential [that] if I continue using drugs in one area, or one drug in my life, but not another drug, it doesn't mean that I'm really going to make many changes. We want to get to the underlying [issues]. So, where are we at with our goals that the client has presented, and then how do I, as the counsellor, bring these other things to light that I think are important to address, to support those goals. Because, from the client's perspective, they might not see it. But there's where your training - and that's why they're coming to see you is [laughs] to help, develop insight in their life in other ways as well.

Lisa explained how she collaborates with clients by helping them to break their goals down into realistic and achievable pieces. She noted that sometimes clients want to tackle all their different issues at the same time. When this happens she tries to sensitively break down their goals and prioritize them.

> Clients will be [like], "I want to do" like 15 different things, and sometimes we have to [say], "Okay, let's tackle these things [gestures with hands], we will do this [gestures away from her], but let's do this first."

The counsellors discussed how they sometimes collaborate on goals by helping clients develop insight into their addictive patterns, which allows clients to make informed decisions about their goals. By increasing their awareness of their behaviours, clients can consciously decide to change their goals, or to alter their behaviour to be more in line with their goals. Lisa provided an example of times she might talk to a client to develop insight into their behaviours when she sees old patterns resurfacing.

> A lot of my clients have prescription drug addictions. They start going back the doctor that used to prescribe the prescriptions with no questions about what they're prescribing. "I went and saw my old doctor and I'm having a lot of anxiety," or, "I'm not sleeping at

> night, so I really need these medications," and "I start calling, John Doe again." And, you can see old patterns and paths. And so, you can bring it up to them.

As Lisa's example illustrates, a client may vary in their commitment to their goals over time. Therefore, the counsellors noted the importance of regularly assessing goals and progress on goals. Karen talked about how she re-assesses goals with her clients on a weekly basis.

> The goals, we kind of evaluate them every week, in a sense. We may not look at the goal, but we'll talk about what the progress has been. What were the barriers? What were the successes? And getting them to identify what got in the way. You know, "I wasn't able to cut down, because I was too anxious. So, I engaged [in the addiction] at this time." So, finding where the gaps are along the way.

As well as collaborating on goals with the client within the relationship, the counsellors mentioned the importance of working collaboratively with other client support resources. Lisa explained how she views herself as one member of a team that works together to support the client. She shared the analogy that she uses with her clients to explain her role:

> They're the captain of their ship, and I'm one of the crewmen – because they'll have lots of support people in their life - and we're just here to support you, but at the end of the day, you're still the captain. And, we're here to support that.

Often when clients are connected to various resources (e.g., courts, children's services) they have different treatment plans and goals constructed by each agency. Lisa discussed how she works collaboratively with the rest of a client's team to combine theses goals into one treatment plan, with one set of goals for the client to work towards.

> I make sure I work as a team with the people that they work with. It's really not uncommon to have [a] minimum [of] five workers. And then they have five different treatment plans. So I make sure, that we have one plan and we take pieces of that plan. And that we build that capacity within each other. I have a very strong partnership with a lot of different people in the community and different agencies.

The counsellors each commented that their work rarely ends up being focused solely on the addiction. As Karen stated, "You're never just working with, an addiction. There's always something else that's going along with it. So, whether it's identity issues, trauma issues, mental health concerns, socioeconomic status impacts and things along those lines." Therefore, the focus of addiction counselling for these counsellors is broad and holistic. As Lisa stated, "my practice is so holistic, that substance is just a piece of that pie." Consequently, part of collaborating on goals includes the counsellor thinking beyond the substances to see what other areas of their life need to be addressed.

Karen explained how she attends to this directly at the beginning of counselling by obtaining a complete client history to give her some information about what might be contributing to the addictive behaviours.

> I do a pretty thorough history as well. Sort of what some of the contributing factors would be. So if there's any mental health issues, what are those? If there's been any trauma in the past, if that has impacted the use, right? What their sleeping patterns are, what their eating patterns are, caffeine intake. For [one client] that ended up being a big piece. He was drinking fifteen cans of Pepsi a day, so his anxiety was being exasperated.

Rachel talked about continuing to attend to the broader context of the addiction throughout the treatment process as well. She noted that there are a variety of emotions and experiences that can impact a person's addictive behaviours. She tries to anticipate these issues that may arise and cause the client to struggle with attaining their goals.

> Focusing on, "Okay things are going well, if we're talking about your recovery, then we need to be looking at, how we support maintenance?" So, reviewing how things are going in their life. Just really making sure that I'm being active about keeping up with where they're at now, versus where they were a week ago, or even a month ago, because with addiction things change so frequently. With life stressors and things it can bring up, emotions and, then cravings can happen and that can build, and build, and build until the

> person might have a lapse or something. I try to just be mindful of those different areas that they might need ongoing support with.

The counsellors also discussed the importance of focusing on smaller, more attainable goals rather than setting one big goal, such as complete abstinence. As Sean stated, "I've learned over time, sometimes the little things are the most helpful."

Lisa discussed the pressure the clients she sees are sometimes under from external agencies. She explained how she tries to help them focus on the small steps they are making towards their larger goals.

> Sometimes they get so overwhelmed by, "I have to complete this program, and I have to complete this," and they see success based on completion of a program. So, I say it's like a thousand step program versus a 12-step program, because all those small steps matter.

In an attempt to stop clients from becoming discouraged by what they still need to change, Rachel explained how she helps clients to focus on how far they have come in the time they have been seeking help.

> "If you think about how you felt the first time you came in the office until now?" - Sometimes using a scaling question, or getting them to reflect on what they've noticed is different from when they first started seeing me. Clients really like that because it also gives them something more tangible or concrete to reflect that, "Hey, this is working for me," or, "I've been doing good work. I've been making the changes I want and I feel positive about that."

In order to be able to collaborate with their clients on goals, the counsellors also embraced a broad definition of success. Lisa shared her hope for what her clients will ultimately achieve through their treatment for their addictions.

> I know this sounds really simple, but at the end of the day, that they feel happy. And they have some peace. Do you know what I mean? Like, that contentment. It's hard, because again everybody's plan is different.

Karen offered a bit more specificity, while still remaining quite broad. Ultimately, she considered positive improvements in any area of the client's life to be success.

> I don't push one way or the other for abstinence or harm-reduction. It's really around what the client wants in their life and how that looks. So, if there's report that things are going well and their major life areas are starting to improve. Their relationships and communication with others, that's always an indicator that things are going well. Another piece would be measurement around addictions - if they've decreased their use, if they've decreased the amount of high-risk situations that they're in. Any improvement forward is good if they've learned something. If they've taken something that to me is a success.

Regularly assessing client motivation. The counsellors spoke of the assessment of motivation in such a way that it seemed to be an ingrained part of the addiction counselling process.

Most of the counsellors used Prochaska, Norcross & DiClemente's (2007) five stages of change — pre-contemplation, contemplation, preparation, action and maintenance — to describe where their clients were at. This language was such a common part of the counselling language that the counsellors rarely stopped to clarify their meaning. When asked about theories that informed their approach, some of the counsellors did not even mention the Stages of Change model, despite using language derived from that model.

Karen, however, spoke explicitly and often about using the Stages of Change model to inform how she worked with her clients. She noted that it was a significant piece of information for her. She stated, "I do look at the stages of change as a big piece that informs which direction - especially which tools and techniques I'll use." She provided an example demonstrating how she incorporated the Stages of Change model in her work with an ambivalent client.

> He was standing on an ambivalence phase, so I went right back to pre-contemplation-contemplation around identifying what the positives were, the negatives of change, and

> that kind of thing, and really got him to re-evaluate that. So that really does inform me, which way I'm going to go and where they're at and based again on where their cycle is.

Assessments of motivation and Stages of Change terminology was often used by the counsellors to quickly capture a sense of where the client was at in terms of their desire to start making changes in their lives. Lisa, for example, described her typical clientele as being people with, "pretty serious addictions. I don't typically see people who are pre-contemplative. When they get to me, it's like, 'I really know I have a problem.'" The counsellors also used the Stages of Change model to communicate the progress clients made with their addictions. Sean talked about, "having points, almost seeing the youth start to question, like going from what we call, pre-contemplative to contemplative, where they were like, 'Wow, I never really thought about it like that.'"

The counsellors seemed to use these assessments of motivation to provide them with important information in regard to where the client was at. They noted differences they observed in that the way a client engaged in treatment depending on whether their motivation was internal, and based on a personal desire to change, or external, coming from a desire to remove negative externally-imposed consequences.

Rachel, for example, commented on her experiences with youth who were facing rather stern external motivators in the form of being confined to treatment by a court order. She explained how the youth in this program would sometimes try to appear receptive to taking steps towards addressing their substance abuse problems in order to get out of the program, though they may not have any intention of actually making changes.

> We oftentimes will get youth who have been in the confinement program. While they're in there, they'll say pretty much anything to get out of there, right? [laughs] Who can blame them? We've had youth who will say, "Yeah, okay I'll go to treatment, yeah, yeah." Then they get out, and there's no follow through on any of the plan around going

> and seeing an outpatient counsellor, doing some of the tasks that they had agreed to do. But then the hammer comes down from Mom or Dad. Or maybe there's a probation officer [or] there's legal charges pending, and if the youth does the treatment, they'll get a reduced sentence. Or maybe they won't have to go to jail, or maybe they'll just do some community hours.

In contrast to externally motivated clients, Karen shared an example of a couple she assessed as being strongly internally motivated by their desire to get pregnant, and had accessed counselling voluntarily in a private practice setting. She discussed her work with this couple as an example of a very successful counselling experience.

> I mean both of them were quite motivated. So that's always helpful. They were in for their own personal reasons rather than say being mandated by, Child and Family Services, or those types of things. It was all very internalized motivation.

The counsellors' characterized motivation as complex, fluid, and not easily sorted into categories. They noted that clients may be internally and externally motivated at the same time. Sean described a term, "volun-told," from his workplace to describe individuals who admitted themselves involuntarily into a voluntary program. Unlike the mandated, confinement program, this program was for youth who wanted help addressing their substance abuse issues. However, as Sean explained, youth would sometimes agree to participate in response to external pressure from authority figures in their life.

> Even though it's a voluntary program, they were - well the term we would use, is 'volun-told.' A parent or a social worker kind of saying, "You do this level of treatment or you're going to be without somewhere to live." [or] something like that. Even though it's voluntary from our side of things, from the youth's perspective, not so much. So, working with someone where the youth didn't want to be there - in that denial-type stage, "I don't have a problem. This is everyone else's problem. I'm fine."

The counsellors primarily described client motivation as a dynamic and fluid factor that often shifts and changes. Lisa expressed concern around motivation being viewed as static. She suggested that if counsellors failed to consider motivation as fluid and changing, they may fail to be helpful to clients who start out in a pre-contemplation stage, unwilling to make change. As Lisa explained, "my worry with pre-contemplation - I think people get really stuck there, and then they start doing that more negative thinking about the client."

Based on a fluid and dynamic understanding of motivation, the counsellors considered assessment essential not just at the start of the treatment, but continuously throughout. They also noted the importance of being responsive to signs that the client was moving back to an earlier stage of motivation or readiness for change. Rachel, for one, explained, "It's never just thinking about things very linearly. You have to be able to be fluid and recognize that at any given point things may revert back to a certain place that you were two months ago." Rachel explained that she is "always kind of re-evaluating where they're at on that spectrum of change."

The counsellors also pointed out that a client's motivation may be at different places for different issues. Karen shared an example in which the client's motivation was fluid and changed over time and with different goals. She explained that the individual had had a methamphetamine addiction in the past and had sought help from her when he became motivated to become abstinent from the marijuana. She explained that he had reduced his use substantially, but then began to struggle with his motivation to go from reduced use to abstinence.

> Recognizing where they're at in their current pattern [is important], because it shifts. With one gentleman who was using eight joints a night, is now to one or two a week. Well, we've switched from one pattern to another pattern. We went through all of the phases [with one pattern, and] we're actually in a new cycle. With the two joints a week he's back to the contemplation stage, in that cycle. We've backed up the type of interventions that we're doing, so we're not so action-focused. It's more about discussing

> the ambivalence around the change and where he would like to see it go, and rebuilding that motivation for that next piece of the cycle.

The counsellors understand change as a process, rather than a discrete event, which included changes in motivation, and movement forward and backward. Lisa commented on how this process of change evolves as she continues to support her clients.

> For a lot of them, from the age of zero, to when they start coming here - it took them that long to have that addiction. So it's not going to be overnight that we're going to change those patterns. It takes a long time. It's always about peeling that onion, and so we peel some layers, and then there's more that we didn't realize was there. So that's how I look at it more than anything."

The counsellors also discussed using their assessment of the client's motivation to guide the interventions they use. As Karen explained, clients are seeking different things from counselling depending on their motivation to make a certain change.

> My approach might be different in the sense that someone who's more actively motivated for change is really looking for, "Okay so what's the direction [do] we go?" [Whereas] with someone who is still say, in the contemplation stage, or pre-contemplation stage, [or] if they're mandated clients - sort of working on reducing that power differential. Doing less "Here are the options of quitting."

Karen also discussed using her assessments of client motivation to guide how she presents information. She shared an example of how she reframes the scope of the inpatient program with clients who seem to have low levels of internal motivation.

> I reframe the program a bit – So, we don't just talk about addictions and recovery, we teach life skills as well and so there are pieces that anyone can learn from. [There are] a variety of topics and areas that we cover. [We] help them focus on one of those. Can they pick something that they will be interested in that they want to work on while they're here.

On the other end of the spectrum, Rachel talked about working with clients who have high levels of insight and motivation and how the approach taken is different again. When clients are motivated, she discussed focusing on supporting them and providing them with tools to make changes.

> I've had a couple of clients where I can't take credit, because I think they've come all ready. They're ready to do the work, they're motivated, they've already developed a lot of insight about the situation and they just need some support, or some guidance, or some tools to help take that next step, or make those changes or maintain those changes.

Rachel discussed going beyond passive assessments of the client motivation to also try and help clients shift their motivation to help them make changes that might be beneficial to them. She explained that she tries to "support people to consider the potential that exists for them." Thus, the counsellors do not force a particular change, but seek to help them consider what they could be capable of bringing in to their life. Rachel discussed relying on techniques from Motivational Interviewing (Miller, 1983; Rollnick & Miller, 1995) to help clients shift their motivation and move further along in the Stages of Change. She also talked about trying to help clients shift their motivation from external to internal to help clients feel that they have more control in their lives.

> You try to build on that [client's initial goal] and try to help maybe make some connections between that and other aspects of their life so that they can develop some insight and awareness and then hopefully, gradually shift that external motivation to be more internally-driven.

Promoting client autonomy. The ability of clients to have the freedom to choose what they want to do with their lives was discussed frequently by the counsellors. They aim to provide clients with as much ability for choice as they are able. This starts right at the beginning of counselling with allowing clients to choose whether or not they want to participate. Sean talked

about clarifying with his clients at the beginning that meeting with him was voluntary. By doing this, he would try to promote client autonomy.

> Especially [in] outpatient, one of the first things I say is, "This is completely voluntary. You don't have to meet with me. Someone has suggested that maybe it would be a good idea for you to chat with me, but don't feel like you have to." Giving that autonomy to the clients it can go really far.

As Lisa stated, clients often have many people advising them on how they should live their lives. The counsellor, therefore, has the opportunity to give them a different experience where they get to decide for themselves.

> The person has the right to choose whatever they choose in their life. At the end of the day it's not for me to tell them what they have to do. They've had enough people telling them what they have to do. So, regardless, I'll support them.

Many programs are time-limited, but Lisa was able to offer her clients utmost autonomy by allowing them to decide the extent of time that they could access services from her. As she explained, "our case loads never have a cap. And, a person's never done unless they choose to be done." She also explained that her clients were free to discontinue services for a period of time and then return to see her again if they chose. Essentially, clients had the ability to seek help when they chose, and to stop receiving help when they decided they no longer required or wanted it, which gives the client choice and reduces barriers.

Lisa also discussed her belief that no one, including mandated clients, is required to meet with her. She stated:

> I do believe this; no one has to see me. We do have mandated clients here. But even then the clients that may be mandated to come back or, mandated to see me, they still have choice. Even if they're mandated, they always have choice.

Clients always have the ability to choose whether or not to participate in treatment, though this does not negate the difficult consequences that may come from their choice.

Lisa also spoke how she promotes client autonomy and the ability to have choice within sessions. She explained that not all of her clients have the ability to do regular one-hour appointments, so she allows them to choose the time think they can do.

> I have clients that can't do an hour appointment. They can only do a half hour, but it's a mutual understanding. Sometimes there's time when they come in and you can see that they're agitated sitting. They're really short, and they get here and they're like, "Okay, I need to get out!" I just work with it and allow that to happen. It's like whatever it is that they came in for, usually solution-focused stuff, just kinds of checking in, what's going on. Then when they're done, they're done and we finish.

The counsellors noted the particular importance of promoting a client's autonomy when a client is mandated to treatment. They explained how being mandated to treatment removes power from the client, causing them to feel that they have little control over their lives. Karen discussed how she works with her mandated clients to maximize the amount of power they felt they had in the situation in order to enable them to engage in the program as much as possible. She explained how increasing their ability to choose helped to reduce some of the resistance clients may have felt towards treatment, which in turn allowed them to learn about their addictions.

> I'm not saying "Well, you have to change and you have to quit all of your substances of choice and you'll never get to use again." We don't - or I don't - force that perspective, and so it gives them some choice in the matter. If they feel like they have some choice - oftentimes I've had clients at the end of their three weeks talk about the shift that they had. "Well, I came here and I didn't want to work on it and I focused on a couple things," and then, it opened up how they were going to engage in the program, rather than fighting it each step of the way.

Karen also noted out the lack of autonomy that comes from the addiction itself. She explained how clients often reach a point with their addition when they feel they no longer have control over their use and the addiction is controlling their lives.

> In a situation with addictions by itself, without having an external force - the courts or whatever pushing you into it - there's a lot of powerlessness that comes with it [the addiction]. A lot of people will talk about being out of control, not having the ability to quit, where the substance is running everything for them. They're doing everything to get it, thinking about it, doing it, finding other ways to get it again, and staying within the cycle. A lot of people talk about losing control and losing power and not having options and choices. So, my intent is to give that back to them in a way.

Along these lines, Rachel explained how she will sometimes use psychoeducation around substance use to empower clients to be able to make informed decisions about any changes they might want to make in their life. She shared how she frames this for her clients:

> "I was wondering if you would be okay with me, giving you some information about this drug? For example, what it's made of, what it does to your body, what it does to your brain. So that you can have that information and you can make the most informed decision. Because it's your life and your body and you are the only person that has control over that."

Her emphasis on reminding the client that they are in control of their life and body points to an important part that the counsellors addressed in regard to promoting client autonomy: reminding the clients that they are in charge of their own lives. Rachel noted that she will remind clients that, "This is your life, not mine," in encouraging them to consider the impacts their substance use has had and whether they want to change anything about that.

Sean shared his belief that focusing on client autonomy has been a key aspect to his effectiveness with his clients. Like Rachel, he talked about having discussions with his clients

around decision-making in order to help them feel they have more control over the situation. Perhaps most importantly, he talked about decisions having consequences.

> I think that it's [client autonomy] a big piece and maybe that has helped me be more effective in what I do. Letting the person know that they have rights and that they can make their own decisions. Even though maybe they're not grown-ups, they're individuals who can make decisions. And decisions have consequences. Even though sometimes we make decisions very quickly, helping them understand that even those simple decisions, they have an outcome too. The power, the autonomy, I think it goes a long way, because a lot of the youth we work with are coming from places where they don't feel they're heard. They don't feel they have any control. So to feel that and to feel that they can make better decisions, can be really helpful.

The way that Sean talked about presenting his clients with opportunities for increased autonomy and choice about their situation allows him to hold clients accountable for the decisions that they make, without shaming them for making poor decisions. As he explains, it's "letting them know that they're very normal and that they're responding to some really challenging things and maybe making some unhealthy choices, but that's part of being a human being."

Sean also talked extensively about using a "low pressure approach" with his clients to convey respect for their ability to make their own choices, rather than telling them to do a certain thing. He described this low pressure approach to helping his clients change:

> Using lots of reflection, and guiding them towards the change, but not forcing it. So many of the youth - I guess, there's a level of stubbornness in all human beings - but if they really feel pushed they're going to dig their heels in. That's not the stance that I want to take. It's helping them try to see it, rather that me just saying, "Well look, that doesn't make sense. Why are you doing that?"

Ultimately, as Karen noted, "If you don't truly want to make a change, you won't make a change," and Sean's approach promotes the client's autonomy by leaving the decisions for change up to them.

The counsellors also acknowledged the challenge that is created by being in the role of an authority figure when it comes to promoting autonomy. Sean talked about trying to reduce the power differential to limit the extent to which a client may feel pressured to comply with the treatment process. He explained how he establishes this with clients so that they are free to tell him when they do not want to talk about or address something:

> I tell people, especially when I first meet with them, I make sure that they know that just because I'm a counsellor, they don't have to answer the questions that I ask them. They'll just say, "You know what, I don't want to talk about that." That makes things really easy.

Rachel noted the importance of reducing the power differential between herself and her clients being of particular importance in the confinement settings in which she worked in order to provide them with a sense of autonomy and to build a trusting therapeutic relationship. She explained:

> Because it's confinement, the context of that setting is particularly disempowering. So being really careful about how to even the playing field a little bit [slight laugh]. How to empower this person so that they feel safe, or they feel like they can trust me. In some settings the power differential is significant.

Sean advocated for establishing a sense of equality in counselling to promote the client's autonomy within the relationship, stating that he tries to view it as "two human beings having a conversation." He noted that he had "learned over the years. Not having that, so much, 'I'm the counsellor and you're the client, and this is how things are going to work.' But, just letting them know that I'm a person too." He noted that taking this stance came down to having respect for client autonomy, which may the "biggest thing" for him in his counselling approach.

> Probably the biggest thing for me has just been really treating people more on a level playing field, and giving them a bit of that autonomy, building those relationships, letting them get to know who I am a bit too so it's not such a hierarchy. I think those are all really helpful things.

Maintaining flexibility. From the counsellor's comments it is clear that clients present with a variety of backgrounds, at various stages of motivation, and with a wide variety of goals for treatment. In order to meet clients where they are at, the counsellors discussed needing to be flexible to be able to draw from a variety of approaches and to demonstrate some creativity in meeting client's needs.

One example of this creativity and flexibility came from Lisa, who excitedly discussed a new program she was developing to address a gap she saw in the services available to her clients. She observed that most programs relating to family violence provided treatment to males as perpetrators of violence and to women as victims of violence. However, she noticed that the violence within a lot of her client's relationships would go both ways. Therefore, she began developing a bilateral family violence program that would allow both males and females to receive the same treatment, while also addressing the addiction component often inherent in these situations.

> We're not treating what's really going on. So, I'm looking at developing an addiction, bilateral family violence program. It's a parallel program. It's not couples together, but it will be on the same day at different times, so that they're getting the treatment at the same time with the same information. So they're using the same language, the same tools.

Lisa identified the flexibility in her work as being an essential aspect, not only in helping her client's meet their needs, but also being able to maintain a sense of satisfaction in her work. She explained, "I know some people like that routine [laugh], but for me personally, I need to

have the ability to be innovative and creative and reduce barriers." In this case, being flexible in her approach meant developing an entirely new service that was not previously offered.

Some of the other counsellors talked about how they aim to be flexible within each individual counselling relationship. Karen noted that in her practice she keeps an open mindset to allow her to work with and learn from her clients to create an approach that would be most effective for them.

> There isn't a hard and fast rule that we need to stick to, or the counselling's not going well. So, having the flexibility to shift. And learning pieces from each client that I work with, and then what combination of tools worked for them.

Karen also stated that she shares this flexible perspective with her clients to encourage them to tell her when the treatment approach is not working for them, so they can then try a different approach.

> What works for that person, as compared to, what worked for this person. [And that] might not work for another client. So, having a multitude of things that we can fall back on. And really giving permission and space to acknowledge that, and try things out, and to dismiss things if it didn't work.

For Rachel, she noted the benefit of having theoretical approaches to guide her work and allow her to have flexibility and resources that help her to modify her approach, while still providing her with a guide to creatively address her client's addictions.

> It's not always that straight forward. That's where the theory becomes so important, because you can't just rely on the method to get you to a conclusion of, "Okay, we're going to do this, and this, and this, and then you're going to have this different approach to your addiction issue."

The counsellors discussed the layer of complexity that is added to the counselling relationship when clients are presenting to treatment primarily motivated by external factors.

Therefore, flexibility and creativity in the approach becomes particularly important to allow the counsellors to have the greatest variety in their responses to their clients. As Rachel stated:

> So it requires, it demands a lot of flexibility on the part of the addiction counsellor to be able to respond in a dynamic way to the different needs of the individual when they're presenting with external motivation...It can be really complex and you just have to keep an open mind and be very creative about how you're going to approach the situation. So, it's hard work, its really hard work.

She further explained that the counsellor has to work to find a way to gain the client's trust and try to find ways to help them start thinking differently about their situation.

Karen also shared her observation that the setting impacts her ability to be flexible in her approach. She stated, "I think absolutely the context changes how, I'm even able to do addictions work with each client." In comparing her work in private practice to her work in a structured inpatient treatment program, she commented that she has considerably more room to be flexible in her private practice. Despite these practical constraints, she discussed how she creatively works to bring as much flexibility as possible to her work with clients in the inpatient treatment program.

> In private practice, the context is far more flexible and we can spend more time evaluating goals and adjusting each session, [and] each tool and technique. I also have more time, so that makes a big difference. Whereas in my full-time job, it's a three-week program. There's very little time to explore options. So, in that phase I really frame it around, well this is treatment, not recovery and what the differences between the two pieces are. So, here is an abstinence-based [program] to get some tools and techniques and skills, and open up some doors. Then connect[ing] to community resources for ongoing support to do more in-depth work [and] to explore some of the other ways to approach addictions.

Each of the counsellors talked about the importance of having a wide variety of tools and techniques to draw from in order to be flexible in their approach to meeting their clients where

they are at. As Rachel explained, “One thing that’s really interesting about addiction counselling is that the more tools you have in your toolbox, the more responsive you can be just to how complex the issues are.”

Lisa further elaborated on this when she shared her observation that different clients respond to different techniques. Therefore, she tries to draw from a variety of techniques to use with her clients.

> I think it’s really important to make sure that you’re very eclectic. Some like homework, and tangible things, and some like talk therapy. Some want just coping and strategies and skill-building and so you need to do mindfulness, or different kinds of grounding. So it really depends.

Karen shared her experience that some techniques can be quite helpful across all clients, regardless of the type of addiction they are struggling with, whereas other approaches do not seem to be as translatable across different addictions.

> So, this worked really well for [one] client, this might be translatable to [another] client. Even if they’re different substances. One tool and technique that I’ve used in every addiction I have is the three D’s, which is Delay, Distract and then Decide. So that works for cravings across all the substances that I’ve worked with and process addictions. Some things tend to work across all of them and then some things are different.

When the counsellors were asked to identify which theoretical orientations they drew from in their addictions work, each identified two to three main theories they drew from as well as a few that influenced them. They spoke of drawing from cognitive-behavioural therapy, solution-focused, strength-based, feminist theory, motivational interviewing, clinical hypnosis, narrative therapy, and attachment theory, among others.

Rachel, for example, discussed feminist theory always being “sort of at the forefront,” for her. She noted that she would “always tell people a little bit about [her] counselling perspective,

ask them if they have any questions about that and what it means, and would they like any literature about [it]?" The feminist perspective that she used as a foundation came up often during the interview and she explained that over time she had, "developed sort of a repertoire of theoretical perspectives that fit with feminism." CBT, social learning theory and motivational interviewing were some examples she gave.

Lisa and Karen each identified using strength-based approaches in their work. Karen noted that solution-focused and strengths-based approaches are a big part of the work she does with addictions, because of the large amount of shame and guilt her clients feel.

> Solution-focused and strength-based is a big part of what informs how I do addiction work. Because, for a lot of people in active addiction, shame and guilt and beating the crap out of oneself, is a common place practice because they're the one with the addiction so of course, they're the problem.

Sean and Rachel specifically discussed finding Motivational Interviewing to be particularly helpful in their work. Karen discussed the benefits of using psychoeducational information with her clients. She noted that she sometimes finds it useful to provide her clients with information about the drugs they had been using and the effects of these drugs on their bodies. For example, she described how she teaches clients about the impact of opiates on withdrawal:

> [Explaining] how that pain response, how that rebound headache, or rebound pain can keep that cycle going. So, I take an opiate because I have a headache, or a take a T3 because I'm having pain. I'm having pain, because I'm having withdrawal. A lot of people don't know that those two pieces tie together and how that looks. So psychoeducation, it plays an important role.

All of the counsellors commented on the importance of having a variety of theoretical orientations at their disposal in order to be best able to meet their clients where they were at. As Lisa stated:

> I know some people like narrative therapy, some people are really focused on MI [motivational interviewing], or whatever philosophy that they have or theoretical intervention that they use. But I think it's really important that you have a variety because there [are] so many different people that come through our doors. And they all don't fit that – there's one client that could do really well with narrative therapy and there's one that, that is the worst approach that you could have.

Sean expressed trying to keep an open mind to many different theoretical orientations. He noted that the complexity of addiction makes it useful to be able to have some variety in the theoretical orientation used to conceptualize the addiction.

> It's tough to say specifics. Definitely, that bio-psycho-social-spiritual type of model. Really incorporating lots of different theories and understandings. My belief is that addiction is not just one thing, but there's layers and layers to things. So, really being open and mindful to all of the different theories that might be out there.

He also noted the importance of being competent in a variety of theoretical orientations. As he stated, "I think we do need to be competent in different areas because one model or one theory is not going to work for everybody."

Sean also noted his acknowledgement of the variety of different competencies and specialties that he and his colleagues are able to provide as a team. He stated his recognition that his approaches may work well with some clients, while a colleague's approach may work better for other clients.

> I'm very confident in my ability to facilitate groups, but an example is, I like to talk and really get a discussion going with the group and I might do a lot of writing up on a whiteboard and try and create a visual. It's been awesome and great for some clients, but

> others hate the way that I do things. And I have colleagues who are far more experiential and they'll have more hands-on activities and different ways. So we might be relaying the exact same information but they might go about it totally different than me and it might be something that I would never even think of. Seeing that and not being afraid to try it out, or to go outside of my comfort zone.

Working on Myself

As well as working hard to meet the clients where they were at in their process of changing, the counsellors discussed the importance of continuously working to bring the best version of themselves to their work. This second superordinate theme captures the counsellors' discussions around how they continually tried to improve throughout their career. This theme is comprised of four subthemes: *Striving to Improve, Tending to Personal Well-Being, Being Genuine and Transparent,* and *Keeping Themselves in Check*.

Striving to improve. When the counsellors were told that they had been nominated by their peers as being very good at counselling people with addictions, they were typically both flattered and a bit astonished. These counsellors as a group presented themselves as having a solid knowledge base in counselling people with addictions, who also still had much to learn.

Tellingly, most of counsellors requested a copy of the results of this research study. They indicated that they were curious to learn about what other effective counsellors in the field were doing, so that they might have a chance to improve their skills. As Karen stated:

> I'd love to see a copy of it when it's done. I'd love to see your findings for that. I'd like to see what other people who have been identified as really good clinicians when dealing with addictions - what the similar and different characteristics are so I can improve my skills too. That would be really beneficial.

Rachel commented that she wants to not only be effective in her counselling, but also wants to understand what it is that she does that makes her effective so that she can build on it in the future.

> I want to really build on those things that I did rather than rush through it and just say, "Oh, it's just who I am." I think you have to be really present and aware of what it is you're doing and being intentional about it because it does affect people significantly.

The counsellors also talked about the importance of having regular, objective appraisals of their skills. They did this by seeking and welcoming feedback from their clients and colleagues. Lisa explained that she asks for formal feedback from her clients, using written and verbal means. She also used multiple varied and specific questions to pick up on various aspects of the counselling relationship to obtain the most helpful feedback.

> I think sometimes as counsellors we can misconstrue [whether] it's working or not. So I think it's important to ask. And I do, I ask them all the time. "Do you feel like you got what you needed? Is there anything else you need to work on?" I always ask. And in group, every week, every session, we do that as well. I make sure that they fill out a form that's [about] whether it's worked for them? If they're still getting their needs met? What are we missing? What do you want to add? Those kinds of things.

However, Lisa also noted that she does not always have to ask her clients. She often found that her clients were quite willing to provide feedback without her asking for it.

> The clients are [some] of the best teachers. They really are. If something's not working, particularly with the women I see, they're going to tell you [laughs]. They're pretty genuine in letting you know what's working and what's not. So, I always take that on board and make sure that I'm on the right path.

Rather than assuming that her clients were doing well with the approach she was using, Rachel talked about having conversations with them about how they were feeling about the counselling.

> I have a policy of doing frequent feedback from clients. Usually at the end of most sessions, I will ask the client, "How [do] you think today went? Is there anything that I did that you felt was particularly helpful or unhelpful? Would you like to see anything change for next time?" That's one way for me to kind of gauge how the client is doing.

Lisa talked about the importance of also attending to non-verbal feedback from clients. She noted the changes she sees in how clients present themselves over time that indicate to her that the counselling has been helpful in some way. It can be particularly important to attend to these non-verbal changes because clients sometimes feel uncomfortable with providing verbal or written feedback to their counsellors.

> I'll have some clients that will [initially] hide in the waiting room and they'll cover themselves, and they'll put their heads down and you see their body language, and they hide. And [later on] when they come in, they're like, saying "Hi" to admin, and they come in, and they feel more comfortable, and relaxed, and more engaged.

Lisa also commented on how changes in the client's physical health can be an indicator that counselling may be helping the client. The damaging effects that addiction can have on an individual's physical health can make this one of the most compelling and indisputable forms of feedback.

> Sometimes, actually you can even see it physically where they've come in and literally they're yellow, and they're puffy, and they've had infection, and their health is not good. And then you see them and they look healthier. I even say to clients, "Wow, you can see the oomph in your step." Like there's this buoyance to them.

Sean discussed seeking feedback from his colleagues as well as his clients to help him improve. Sean noted that he found it helpful to be able to go to his colleagues and say, "'What do you guys think about the way I handled this because I didn't feel [like] it went very well,' and getting some feedback from those around me." As Sean noted, seeking feedback and striving to improve meant acknowledging his successes, and also acknowledging the times he was not able

to be helpful. Sean addressed the difficulty inherent in doing this when he stated the importance of, "really using the people around me and reflecting on experiences and sharing what was helpful, but also not being afraid to share what wasn't helpful [and] being able to kind of critique myself." His use of the phrase, "not being afraid" points to the anxiety the counsellor must overcome in order to get this feedback in order to be open to improving.

Sean also demonstrated the ability to objectively assess of his strengths and weaknesses and work with this to be to collaborate with his colleagues and broaden his skills.

> One of my areas of weakness has been around art. Not necessarily art therapy, but just being artistic. It's never been a strong suit for me. But seeing how helpful that can be for some people and trying to incorporate that [by] not being shy or afraid to say to a colleague, "Hey, you're amazing at what you do. Can you share some of that with me? Because I really lack in that area."

Sean also talked a considerable amount about the importance of being able to consult with and learn from his colleagues. Rachel also echoed this perspective in her discussion about working with particularly challenging cases. She noted the importance of being able to consult with colleagues to bring together expertise, learn from one another, and have the best chance of being helpful to a particular client. As she explained, in these challenging situations there is, "A lot of talking about it [with colleagues]. So what theory? Who can we talk to, [or] bring in to consult with?" Being able to improve their effectiveness by tapping into the skill sets of their colleagues is important for these counsellors.

The counsellors also noted the importance of learning from past experiences in counselling. Karen explained how she would draw from prior successful experiences to come up with interventions for the clients she was counselling in the present. She stated, "When there's successes, sometimes I'll pull that out with someone else too." She elaborated on this stating, "I take the combination of the things that we did in session and then the types of tools and

techniques that we used and I apply those with other people as possibilities for them to help [them] succeed." By building on her previously experiences, Karen demonstrates her desire to continue to develop her skill to more effectively help her clients

The counsellors also discussed learning from past experiences that were not successful. Sean noted the importance of reflecting back on unsuccessful counselling experiences in order to identify ways he might be able to grow form the experience and be more effective in the future. He explained:

> I think all human beings, we learn from our experiences and we try and grow from them. For me, I've had clients I've worked with where it hasn't been all that successful or at least it didn't feel like it from my perspective. And doing that reflection and saying what went well, what didn't go well, what should I try differently next time. I know I'm going to meet a youth like that again in the future, maybe I should use a different approach.

One of the things that each of the counsellors noted was the need to continue expanding their knowledge in their field. Lisa discussed the importance of continuing to learn to avoid becoming stagnant in her work. One of the ways she did this is by providing educational workshops to members of the community.

> I don't ever want to get stuck. So I continuously learn. I do training all the time, making sure I'm staying on top of research. I also do presentations to the community. Within that I have to stay up to date and so by doing that it always helps me [make] sure I feel like I'm competent in the skills that I have.

Sean commented on how he had been encouraged and supported in continuing to develop his knowledge by his supervisors over the years. He also noted that he was motivated to continue expanding his knowledge by his own personal curiosity in the addiction field. Sean discussed how his workplace created a committee to share people's different learnings.

> A lot has been driven just by myself being curious and wanting to expand my knowledge. But, but I have had, in some of the supervision through my employers in the past, they – I

> don't know if I would say required, but definitely strongly encouraged that I try this, or try that, or read about this, or offering suggestions. With the addiction counsellors that I work with, there's a committee that gets together to ensure that people are competent in different areas and that people have a strong theoretical knowledge of different things.

Karen noted how she worked to continue expanding her knowledge and developing her skills in addictions and psychotherapy by pursuing training as part of her quest to continue improving her skills.

> I have a variety of other training [beyond post-secondary], of course, that I've added on. Psychopharmacology, advanced CBT training, ACT therapy, motivational interviewing - to name a few off the top of my head. Trauma training. I've got certification as a traumatologist.

She also commented on the importance pursuing less formal avenues of learning to continue improving in her work. She stated that she is, "continually doing consultation, supervision, research, and reading."

Rachel noted that how she is sometimes motivated to learn more about a topic by the issues that her clients present with. She gave an example of a time when the factors contributing to one of her client's addictions went beyond the scope of the knowledge she had at the time, which prompted her to seek out further knowledge on the topic.

> At that stage in my career, I was still very new to addiction counselling, and I didn't know a lot about post traumatic stress disorder. So, I had to really go and look at that and understand how does that affect addiction and complicate it and what do people do to help treat post traumatic stress disorder?

She explained how seeking additional knowledge about a topic not only helps her understand what the client is dealing with, but also allows her to make an educated decision about whether she could effectively work with the client's presenting concerns.

> I also firmly believe that when I'm working with clients [and] let's say something comes up that I'm not really familiar with. I need to go learn about that, and educate myself, and look at the theory, look at the research, and decide whether or not that's something I can work with.

In this example, she determined that her skills were not sufficient to treat the client's co-morbid PTSD and therefore, although she was able to help with the client's addiction, she made a referral for trauma work.

Tending to personal well-being. Each of the counsellors discussed their efforts to care for their own mental, physical, and emotional health and how doing this allowed them to be most helpful to their clients. Rachel articulated this connection between her personal well-being and her ability to be effective in her work, stating:

> I've noticed that when things are going really well it's usually in part because I'm feeling more grounded or more well overall as a person. I'm taking good care of myself. I'm noticing that I'm well rested. I'm able to be really present and I'm not distracted by lots of stressors in my life.

The benefit of the counsellors taking care of their personal well-being is so great that Karen attributed her resilience in staying in the field primarily to her commitment to taking care of herself.

> I attribute a lot of that [longevity in the field] to being so mindful of my self-care and being aware of what my reactions are, and what I need to take care of myself so that I can be present for my clients.

Some of the counsellors commented on the particular importance of addiction counsellors attending to their personal well-being because of the especially challenging and emotionally difficult nature of the work. Lisa touched on some of the emotional difficulties she faces, explaining, "I'll see them in the hospital when they deliver, or when their baby's apprehended, or when they're on life support. So, vicarious trauma is a really big piece that I have to be cognizant

of." For Lisa, being able to split her time among a variety of different activities was particularly useful because it allowed her to take breaks away from some of these particularly difficult situations. As she noted, "The one good thing about my role is there's so much variety in what I do. I have the ability to do presentations for professionals. Which is completely different than my day-to-day. Which is good."

Rachel noted that because of the intensity of addictions work, when conducting interviews for addiction counsellor positions, she is particularly attuned to applicant's descriptions of how they tend to their personal well-being.

> I've interviewed hundreds of people and oftentimes in our interview guides, we will ask questions about how [they] self-care. People always have this very textbook answer. I appreciate that they want to make a good impression, but I feel like we have to, as counsellors, especially working in addiction – in such an intense, specialized area – you have to be really honest with yourself about how you're caring for yourself and how does that align with the work you're doing.

Karen noted that she finds it to be especially important to look after herself when she is dealing with clients with trauma. She discussed how she aims to have having plenty of supports in her personal and professional life to minimize the negative impact of the stories she hears.

> I make sure I have really good professional supports, as well as personal supports. So that – like I said, I do a lot of trauma work as well, as the two [addictions and trauma work] do tend to collide into each other. So making sure I have appropriate professional people to debrief with, so that I don't hold onto some of those experiences.

In addition, Karen explained how she creates a separation between her professional and personal life as a way of dealing with the emotionally challenging experiences of her work.

> Sometimes you have to turn off. Actually I do a mental activity on my way home. I go into what I mentally picture as my cave and I spend a little time in there and it's quiet, and it's just me, and I unpack the pieces that clients have given me to hold onto. This

> might sound crazy, but I change my clothes [laughs], and I fold it up, and I leave it on shelves in there, and there it stays safe, and then I'm ready to re-join my life, so that I don't carry those pieces over. And that works well.

Karen elaborated on some of the specific things she does to look after her personal well-being, emphasizing how important is it to be present and take advantage of the limited time she has to engage in self-care activities.

> I make sure I do my self-care, when I need to. If I just need quiet down time, I do it. If I just want to sit and watch TV and passively take in information [laughs], I do that too. I give myself permission to have a variety of things. I draw, and I color, and I take my dogs out, and I play with my fat cat, and I spend time with my husband and my friends and my family. I may not get as much time as I like, because I'm really busy right now, but I make sure that when I do get [moments], I'm present in them, and not thinking about clients, or thinking about work, or what I'm going to do next week. It's staying in the moment.

The counsellors also commented on the importance of maintaining firm boundaries as part of taking care of their well-being. Rachel explained how this sometimes involves setting limits with clients in order to protect herself and communicate standards for how she is willing to be treated. This also had the added benefit of modelling healthy boundary-setting for her clients.

> I've had clients in addiction [who] maybe have been verbally abusive or emotionally abusive, and I've had to say, "I will not talk to you or continue to do any work with you if you talk to me this way, or treat me this way." So, personally, taking care of myself that way too.

As well as setting boundaries with clients, some of the counsellors touched on the importance of setting boundaries around their workload, similar to Karen using visualization exercises to ensure she does not take her work home with her. Lisa commented on how she sets boundaries while she is at work to take care of herself so she can be most helpful to her clients.

She noted that she takes time for lunch daily and for weekly team meetings with her colleagues, despite being very busy with client work.

> My day will not look the same by the end of the day [as] I planned in the morning. I'll have my schedule booked, and [then] it's always different. So I have to be very, very flexible and gray. But I have some non-negotiables in there. So I have like, team meetings every week that I will not miss, no matter what. I take my lunch every day no matter what [laughs]. Because for awhile I wouldn't. I get really, really busy [laughs], so I have some non-negotiables.

Sean discussed how he looks for a variety of ways to take care of his personal well-being, such as spending time with his family and bonding with animals.

> For me, lots of time with my family, staying active, spending time with animals, things like that. And making sure that I have time just for me. We talk about, in some of the work I do, things like how it's so natural to seek out these natural highs and being thrill-seekers. And, also finding time for relaxation and things like that. So, just trying to live a life that fits with the stuff I talk about at work.

Sean's comment in this excerpt about living a life that fits with his work touches on another important aspect of tending to personal well-being that the counsellors discussed. As Rachel also noted, a key part of taking care of herself meant having congruence between her values and behaviours and also between her personal and professional selves.

> For me, one of the most important ways of being healthy is living in alignment with my value system and my beliefs. So, I say feminist, I am vegan, I have a very avid interest in environmentalism, and those values are very important for me. So I'm trying to live my life in alignment with that. One of the things that I notice is that if I'm doing things that I don't feel align with that, it will manifest in some way. Like, you know, I'm not sleeping well, I'm not eating well, I'm neglecting my emotional health in some way, I'm maybe trying to suppress things that I'm feeling. So being aware of that is probably at the core of the way I keep myself healthy. Obviously you can't live a hundred percent of the time in that way, because it's impossible. We live in a very complex world. But, being aware of

> when there's conflicts there for me, accepting that, being gentle with myself, being forgiving.

The counsellors discussed how participating in self-care allows them to be more congruent and authentic with their clients. Rachel stated her belief that, "we have a very big responsibility, as counsellors, to practice what we preach. We're only going to be as effective with our clients as we are in applying those same principles in our life."

Sean provided an example of how living a healthy and balanced lifestyle himself allows him to be more effective with clients. He explained how he is able to draw from his own experiences to make suggestions to his clients from an equal-footed stance rather than an authoritarian one.

> I talk to them about things like, "If you're feeling really frustrated and you don't want to talk to anybody, is there an opportunity to be around animals or something like that?" Then, in terms of self-disclosure, I might say, "I had a really bad week last week and I went on the weekend with my dog and we walked in the river valley and I just spent some time with him. It really helped me, for whatever reason, just feel a little bit more positive," So, rather than saying to a client, "Hey, you should consider hanging out with some animals...kid." [both laugh] The client's going to be like, "What are you talking about?" But, being able to kind of give first-hand experiences of that.

Given that these individuals make their living by helping other people live healthier lives, it is unsurprising that they might draw from some of their professional expertise to improve their own lives. However, the counsellors noted that not all individuals in their field practice this type of congruency. Sean commented, "So many of us, I think, are hypocrites in the field and don't practice the words that we share, or the advice that we share with people." Rachel shared how she struggles to understand how someone could live their personal lives in a way that was so incongruent with the practices they promote professionally.

> The hypocrisy drives me bananas in this field, because, I don't know how many addiction counsellors regularly binge drink every weekend. And I think, "How do you contend with that?" Like, "How do you go to work everyday and talk to people about their addiction issues, and then go out and participate in that kind of behaviour?"

Essentially, these counsellors aim to live their lives based on many of the principles they promote for their clients, and in doing so they maintain themselves so they can continue to be present in the work of helping their clients improve their lives.

Being genuine and transparent. The counsellors discussed how they valued being genuine and transparent in the counselling relationship. Lisa mentioned her observation that this sort of genuineness is essential in working with this client population. She explained that, "One of their biggest strengths is reading people. If you're not genuine, and you try and mask certain beliefs that you have, they're going to read right through that and it's never going to work."

Rachel echoed this level of respect for the client when she commented on how smart her youth clients are. Rachel shared her observation that youth clients will ask her specific questions around confidentiality to test how open she will be with them. She explained how she aims to be very honest in order to maintain that genuine and transparent approach.

> Kids are so smart, too. They'll ask me, with addictions stuff, they'll say, "Well are you going to tell so-and-so that I used this, or used that?" And so, honesty is really important. Being able to maintain that honest approach and say, "My goal is to protect your right to privacy as much as possible," and being forthcoming about confidentiality and limitations.

Rachel explained how this attitude of respect towards clients and the desire to be open, truthful, and real with them can be an important factor in the counselling, "I think that does make a big difference - when clients feel there's a sense of equality in the relationship, when they feel you genuinely respect them and value them."

The counsellors noted that clients are sometimes suspicious that they may not be getting the whole story in relation to their treatment, making the need for transparency much more important. Lisa commented, “I think sometimes clients can fear the behind-the-scenes stuff. And I never do any behind-the-scenes stuff.” In her case, she noted there are often multiple professionals involved with one particular client, and the perception can easily become that the professionals are making plans behind the client’s back. Due to this perception she aims to be very transparent within the relationship. She commented that she did not find this to be particularly difficult, stating, “I’m a very transparent person anyways.”

Rachel also commented on how she brings transparency into her work with her youth clients, striving to be as open with the as she can and aiming to reduce the power differential as much as possible. One way she does this is by being open in a fashion that is very similar to how she would be with an adult. In one example, she shared about being transparent about the reality that often the youth she sees may not even want treatment, rather than ignoring this important fact.

> The kids will say, “I’m just coming because my Mom is making me,” or, “so that I don’t go to jail.” So once we know that and it’s out there, then we just bring it out, like we just make it very transparent. “Okay so, we’re aware that this is how you’re feeling, that you’re feeling a lot of external pressure to be here. Given that, how can we make this the best situation?”

The counsellors discussed the importance bringing this same level of transparency to the counselling relationship as well. Lisa shared how she aims to be open and genuine in regards to any difficulties that come up between her and her clients. She explained, “Usually, when I feel it’s uncomfortable, I’ll just ask them. Like I said, I’m pretty transparent. Just saying, ‘Hey, are you okay?’” In fact, when asked about what she does that makes her so effective in her work, the

transparent and open way she approaches her work and her relationship with her clients was one of the first qualities she stated.

Rachel also shared her experiences of being transparent and genuine within the counselling relationship. She explained the importance of allowing her true reactions to come through in a genuine way, which brings a level of authenticity to the relationship.

> I'm honest with my clients about things that are happening. If I have an emotional reaction to something in the session I don't try to hide that. Of course I'm not going to sit there and have an emotional breakdown, but I try to be honest that that's affected me. Especially with something that's really significant for someone that I'm working with.

Sean shared how he finds it helpful to be open and straight-forward about the reality that he has not been through many of the difficult situations that his clients are facing. Therefore, to pretend he understands what it is like for them to experience that would be disingenuous. Instead, he explained how he approaches these situations in a way that allows him to be both honest and supportive.

> I try to be genuine with them. If you lie to these kids, they'll see through it like that. So, if a kid freaks out on me and says, "You have no idea what I'm going through. You've never been addicted to meth." I will tell them, "You're right. I have never been addicted to meth and it's got to be really hard and I'm not trying to say that I know what you're going through, but I'm here to try and help you go through what you're experiencing right now."

Rachel confirmed how she brings a part of her personal self into the counselling relationship stating, "I try to be myself with my clients. I'm kind of a quirky person and I have a funny sense of humour and I bring those things into the work I do." In order to do this, the counsellor has to be willing to bring the person they are into their role as counsellor.

Sean discussed how he will disclose some information about himself in order to be more relatable to his clients. He stated, "I do practice some level of self-disclosure. I've had to share a

bit about myself so that they know that I'm a person too, and my life hasn't always been perfect." This willingness to be known was a key part to the way Sean characterized the therapeutic relationship. He defined building relationships as "kind of a big part of what I do. It's about getting to know the person, letting them have an opportunity to know you." One of the ways he would achieve this balance is by giving his clients an opportunity to ask him questions about himself at the end of an intake session.

> Often what I do after I complete an intake assessment, after a first meeting with someone, is I will actually say to them, "So, I've asked you a hundred questions. Seems kind of unfair." And I'll say to them, "So, do you have any questions for me? What, what would you like to know about me? Not about this paperwork, or about these services, but, anything you want to know about me? Like, are you curious? You don't know anything about me except I'm a counsellor asking you a hundred questions." And I'll give them an opportunity to ask me.

Rachel reported using a similar approach and stated that her clients are often surprised by her invitation to answer some of their questions. In doing this, both Sean and Rachel seem to have diverged from the role that might be expected of a professional. For example, most people would probably find it somewhat unexpected if we went to see a lawyer and they invited us to ask them personal questions about themselves. However, the counsellors noted that this departure from the norm of professional relationships is done purposefully. The nature of the addictions counselling relationship is unlike many other professional relationships due to the level of trust and vulnerability that is required. Rachel noted that giving this invitation to ask the counsellor questions establishes this relationship as a unique type of professional relationship, and also encourages the client to check out some of the concerns they may be having. She stated that clients typically ask her questions about, "things that are more relevant to [what] they're maybe nervous about, or a bit worried about."

While the counsellors were open to bringing some of their personal selves into the counselling relationship, they noted that there are limits to what they will share and that self-disclosure is done with careful consideration. Sean explained that he often offers the following disclaimer: "I'll usually tell them, because I'm big on boundaries, I'll say, 'I'm pretty open, but obviously because of our relationship, there's certain things that I'm not going to really share too much about.'" In this way he aims to balance being open and genuine with keeping the relationship professional.

Lisa commented on some of the difficulties that can come from a counsellor being too open about themselves, or investing too much into the relationship.

> Sometimes if we share too much of ourselves, then the client's like, "Well, it's always about her. I don't want to hear about them. I'm here about me." And it changes that relationship, or it becomes, "Oh, we're friends and now we have more of a special relationship."

She also noted the importance of having other ways beyond self-disclosure to bond and relate to clients, stating "I want to make sure I'm human [laughs] and they can relate with me, but I don't believe you have to bear your own soul to be one with the client."

Inviting clients to ask questions also opens the door for topics that counsellors may prefer not to share with their clients. One example that illustrates how these counsellors strive to be genuine while respecting the professional nature of the relationship is questions relating to the counsellor's own personal substance use history. Rachel noted that questions of this sort are quite rare, though they can present a challenge to being genuine. Rachel commented on the importance of doing some careful thinking before responding to questions of this sort.

> I would have to contemplate, because as a feminist, I would say, you know, if it's important to the client to know that about me - I mean, you can share maybe aspects of

> that information without full-disclosure, or damaging the relationship... I think it would depend really on how it presented and why it was important for the client to know.

In this case Rachel explained how her decision on whether or not to be open about some of the more personal aspects of her life again come back to whether or not she feels it would be beneficial for the client.

Sean shared an example of a type of situation in which he has been more willing to disclose some of his life struggles, because of his assessment that doing so would be beneficial to the client. He explained:

> A lot of these clients feel like they're weird, or that they're freaks – is a term I've heard some of them say. And I will sometimes share, maybe a struggle that I went through when I was younger, or something that can kind of help normalize some of what they're feeling or what they've experienced.

Regardless of whether these counsellors choose to disclose or not disclose specific personal things about themselves, at no point are they dishonest with their clients. As Sean stated, if he feels that being open about some aspect of himself would be damaging in some way to the relationship or the client, he lets them know that he feels this way.

> If it's a situation or a client where I'm feeling that that's not going to be helpful, I just use my discretion, and I might say, "You know what? That's kind of a personal question and I feel like that might make the focus on me when really the focus here needs to be on you and what you're working towards. Is there anything else you want to know about me?"

By communicating to clients in this way, the counsellors continue to be open, but do so in a way that they are not switching the focus to themselves or changing the nature of the relationship so it is no longer professional. As Sean stated, "I just use my discretion in terms of how I respond to them, but I be as genuine as I can."

Keeping myself in check. Finally, the counsellors interviewed talked about how they work to ensure that they are continuing to be helpful and not harmful to the counselling process. This meant keeping track of personal reactions, reflecting on their contribution to the counselling relationship, and also being cognizant of their limitations as a counsellor. Together, doing these things allowed these counsellors to become aware of how they impacted the counselling process and how they might be able to be most effective for their clients.

One of the things that most of the counsellors who were interviewed acknowledged was the emotional difficulty that came along with working with clients with addictions. As they explained, the reality is that the lives of people struggling with addictions can be dangerous and quite scary. The counsellors commented on their personal reactions to their client's difficulties and how they monitor these reactions to ensure that they are not interfering with their ability to be helpful. As Lisa shared:

> Do things hurt my heart? Often. Absolutely. But I have to make sure I keep that in check. Because, yeah, sometimes there's a lot of sadness. I've seen and heard lots of sadness and so that's the part I have to be more cognizant of versus [whether] they've relapsed or [gone] back to a relationship that I know is not a safe relationship for them.

Karen discussed the difficult reality that clients with addictions often put themselves in danger in a variety of different ways. Therefore, as the counsellor there can be a certain amount of worry that a client may find themselves seriously sick or injured.

> There's a fear that comes from having a client that is pre-contemplative, who is drinking two, 2-6's a day and has been for forty years - and the impact [that has] on their health and their body - and drives everyday when they're drunk. So, being able to put that aside is important so that I can meet a client at where they're at.

The counsellors explained how setting their own emotional reactions aside allowed them to approach the situation in a way that will be most beneficial for the client by meeting them where they are at.

The counsellors acknowledged that aiming to do what is best for their clients sometimes means respecting their freedom to make choices that are likely to be hurtful, which can be a difficult paradox. For Rachel, a key part of managing this paradox was being honest with herself by acknowledging how she feels about her client's choices.

> I'm thinking, "What are you doing?" right? Because, you see people hurting themselves and it's hard to watch people hurt themselves, because you're in a helping [role]. You want to help people; you don't want to see people hurt themselves. So I've really tried to be honest with myself, when people do things that personally bother me. I want to be honest with myself about that really upset me or bothered me.

Rachel shared an example of a situation in which she had to be honest with herself about how she was feeling emotionally impacted by a client's choices and found herself struggling to separate form her personal reactions.

> I worked with a woman, like 7-months pregnant, in the sex trade industry, [and she] comes into adult detox. I'm trying to help her, and she was seriously addicted to crack cocaine, and she was using crack actively through her pregnancy... And we're just trying to get her to stay. She makes a call, she gets her pimp to come get her, and she's out of there... So in those situations with people, it's hard to separate your personal and your professional. So I think for me, really challenging my biases, really challenging my judgments.

As for Rachel, the counsellors noted that certain situations activate their personal judgments and biases about what is good or bad behaviour, or what an individual should or should not do in any given situation. Being able to examine and challenge these judgments is

another important aspect of being able to keep themselves in check to ensure they continue to be helpful to their clients.

Recognizing and acknowledging personal judgments and reactions in a field that prioritizes the creation of a safe, non-judgmental space can be particularly difficult. The counsellors noted that doing this requires them to be truthful with themselves and to sincerely evaluate whether their personal reactions will impact their ability to be helpful. Rachel commented on how she engages in this honest reflection when she is affected by a client situation.

> I try to be really honest with myself about the worst thing I'm thinking about [slight laugh], because I don't want to just say, "Well, I'm going to just park that over here, and it's not going to affect me, and I'll think about it later."... So personally, in counselling, I try and be honest with myself about what I'm really feeling, and not push it down, or ignore it, or dismiss it and say, "Well that's what I'm personally feeling, but professionally, you know I'm going to just keep trucking along." I need to own that, and work through it, and grapple with it, and determine if I can effectively work with a person, given what I'm feeling.

Rachel later elaborated on the importance of being completely honest with herself about her reactions, explaining, "Even if I think I'm doing a good job of, keeping it in check, there could be things that I say or do that I betray in the work. And that's harmful to the client."

Lisa commented on how personal judgments and values are tied to our own life experiences. As with being genuine and transparent, the parts of the self that counsellors bring to the counselling relationship are shaped by their experiences in their life, including personal beliefs and values. As Lisa explained, being aware of those personal beliefs can help counsellors avoid using their personal values to guide their work with a client who may not hold the same values.

> I think naturally who we are in all of our experiences, whether it's personal or professional really makes up who we are in that relationship with the client. We are built up by every experience we've had in our lives and that's what has brought us to today. It's still important to be aware of that and also to be aware of what our beliefs and values are. And making sure that we're not, always letting that come into the room, because we will have different values and beliefs. So, it's important that I don't place my experiences and my values onto the lady that I'm working with.

The counsellors talked about engaging in copious self-reflection as one way to ensure that their personal values and beliefs were not negatively impacting the relationship. They also described reflecting on their part in the counselling relationship to try and determine things they had contributed that were or were not helpful to the client. Lisa commented, "self-reflection is always important, and I do that often actually. I'm making sure I'm doing a lot of self-reflection." She talked about engaging in self-reflection when things do not go well with a client. She noted thinking, "What could I do better? Is there something that I'm missing? Did I not offer an environment that was safe and secure?" Rather than assuming that the client was not ready for change or resistant, Lisa first looks to how her own behaviour may have impacted the interaction. This allows her to ensure she is continuing to be helpful to the client or to modify her approach in the future if she feels it could be improved. By going through this process of self-reflection the counsellors displayed their willingness to monitor their own behaviour to ensure they are not getting in the way of a successful counselling experience.

Finally, the counsellors talked about being able to recognize their limits as perhaps one of the most important ways they strive to keep themselves in check. As noted earlier, it can sometimes be difficult for people in a helping role to allow people to make their own choices, particularly when these choices appear to be harmful. However, the counsellors recognized that they had limits to their ability to be effective. Ultimately, as Sean noted, the onus for doing the

work of making change falls on the client. A counsellor may help guide them along, but the act of changing can only be done by the client.

> You can lead a horse to water, but you can't make them drink it. When we look at how the process of change occurs, just being mindful of knowing that we can only do as much as we can do, and really it is going to be up to the individual, whether that change is going to happen. The hope is that we'll be helpful, but knowing that at the end of the day, we can't make the changes for them.

Sean's statement recognizes the importance of the counsellor in trying to help the person change their life, yet respecting the limitations that are realistically part of the endeavour.

Karen elaborated on this recognition of her limitations as the counsellor, noting that not holding herself solely responsible for a client making change gives her some peace.

> Part of how I sleep at night too, is that, while their successes are their successes, their relapses are their relapses as well. And that my role in helping them with their active addiction is one of partnership. While I can provide information, tools and techniques, support, genuine respect, and acceptance, what I cannot do is change for them.

In this way, Karen allows herself to collaborate with her client rather than becoming responsible for them and their well-being.

One of the other limitations that that the counsellors noted was the recognition of the realities of the client's situation and of societal limitations. As Rachel explained:

> There are so many limitations on us as counsellors in addiction work, because we're trying to treat somebody and we see all these things they're hurting with, but so often we can't do anything about it. There's a significant shortage of housing. There's a lack of affordable counselling in the city. There's a lack of qualified trauma therapists.

By acknowledging how limitations present at a societal level, the counsellors keep their expectations in check, while also strategizing with the client to try and create the best, though not necessarily ideal, situation for them.

The counsellors also recognized that they may not be the best counsellor for every client. There may be clients that they will simply struggle to help, through no fault of their own, simply because the counsellor is not a good match for them. Lisa shared her perspective that it is important for clients to find someone they are able to work with, even if it is not her. She explained, "there are so many different personalities out there and I say this to clients, too, "If it's not a match, you keep looking until it is. Because you need to find the person you feel comfortable with." She commented that it was important for her to avoid taking a client's responses personally. She stated, "I never personalize. And if I start personalizing, then I'm in trouble. So I make sure I stay on top of that." By keeping themselves in check and recognizing their limitations, the counsellors are able to avoid becoming frustrated and not get in the way of a successful counselling experience.

Discussion

Previous research seeking to improve the effectiveness of treatment for addictions has found various treatment approaches to be essentially equal in their effectiveness (Berglund et al., 2003; Imel et al, 2008; Mee-Lee et al., 2010; Project MATCH, 1997). However, research has identified differences in effectiveness between treatment providers (Brose et al., 2012; Najavits & Weiss, 1994; Project MATCH, 1998). There has been some evidence suggesting that a counsellor's interpersonal skills, particularly in regard to creating a strong therapeutic alliance and possessing therapeutic empathy, may contribute to their effectiveness, though the specifics are still a bit unclear (Baldwin & Imel, 2013; Ilgen et al., 2006; Najavits & Weiss, 1994; Wilbourne & Miller, 2002). The purpose of this study was to use qualitative methodology to closely examine the experiences of peer-nominated highly effective addiction counsellors to explore their understanding of how they practice. The findings contribute to the existing

literature by providing a detailed explanation of how effective addiction counsellors are able to create a strong therapeutic alliance by meeting the clients where they are at, while at the same time working on themselves so they are able to be present and genuine in the therapeutic relationship.

Going into this study, it was my expectation that through interviewing these highly effective addictions counsellors I would become privy to a previously unidentified secret that was key to the counsellors' effectiveness. To the contrary, I was surprised to learn that the skills these counsellors focused on were very much in line with what had been identified previously as being important in general psychotherapy and addiction-specific counselling research (e.g. Jennings & Skovholt, 1999; Najavits & Weiss, 1994; Wilbourne & Miller, 2002). Rather than having some highly specific skill-set which would clearly differentiate these highly effective counsellors from their peers, these individuals primarily discussed how they incorporated important therapeutic micro skills into their work with their clients (e.g. Hill, 2009). Interestingly, however, these counsellors' interviews revealed how each of them worked to incorporate many of these skills into their work with their clients and appeared to be quite adept at doing so. Therefore, the findings of this contribute to the existing literature by providing a detailed explanation of how effective addiction counsellors are able to create a strong therapeutic alliance by meeting the clients where they are at, while at the same time working on themselves so they are able to be present and genuine in the therapeutic relationship.

These highly effective addiction counsellors primarily focus on meeting the client where they were at. They discussed this as a dynamic process involving multiple fluid pieces. They commented on the foundation of rapport and trust as being essential to the rest of their work with their clients. The counsellors talked about how they work towards collaboration with their

clients. This allows them to promote the client's autonomy by having the client's wishes take a central role in the treatment process. They also spoke about assessing the client's level of motivation throughout the counselling process to allow them to adapt to where the client was at in terms of their desire to change at any given point. Finally, they discussed the importance of being able to be flexible in their approach so that they might properly respond to the various dynamic factors at play within the counselling relationship at any given time.

The concept of meeting the client where they are at is consistent with the premises upon which the Stages of Change model is built (Prochaska et al., 2007). The Stages of Change model views change as a process rather than a discrete event, with clients as being at various stages in this process throughout treatment and at different level of readiness for change at different times and with different issues. Taken together with the findings from this study, counsellors are likely to be most effective when they tailor the treatment to the particular client based on where they are at in the process of making change. This is in contrast to an approach in which the focus is on providing the treatment according to standards of fidelity, that may or may not be the type of help that the client needs at their stage in the change process.

This conceptualization is consistent by findings reported by Mee-Lee and colleagues (2010), who note that a single approach to addictions treatment does not work for everyone. They suggest that treatment should be individualized for each client and incorporate regular client feedback. The highly effective addiction counsellors in the present study report doing exactly this by collaborating with their clients on treatment goals, promoting client autonomy, and being flexible in their approach. In this way they are able to work with their clients to develop a treatment plan that best meets the client's individual needs.

Miller (1985) suggests that counsellors are wise to embrace a dynamic rather than a static model of conceptualizing their client's motivation for treatment. A dynamic model recognizes that treatment motivations often shift and evolve throughout the change process. The highly effective addiction counsellors in this study practice from a dynamic model of client motivation by regularly re-assessing their client's motivation and adjusting the goals for treatment accordingly. This individualized treatment approach occurs at the beginning of treatment, as well as throughout the change process as clients' motivation changes and evolves.

There are a number of similarities between the findings of Jennings and Skovholt's (1999) qualitative study of the characteristics of "master therapists" and the themes that emerged in the present study. Jennings and Skovholt (1999) found that master therapists tend to embrace the complexity and ambiguity inherent in counselling. This is mirrored in highly effective addiction counsellors' willingness to adapt to the changing needs of the client throughout the treatment process. These findings are at odds with the goals of previous addictions research to simplify and structure treatment through classifying clients' needs and prescribing specific interventions for specific problems (e.g. Project MATCH, 1997). The highly effective addiction counsellors in this study acknowledged the importance of regularly re-assessing the therapeutic situation to ensure they are still on the same page as their client. They also value having a number of different techniques at their disposal in order to be responsive to the varied and changing needs of their clients.

Jennings and Skovholt (1999) also noted that master therapists believe in a strong therapeutic alliance as the foundation for change. In many ways, this is the essence of what the counsellors in the current study were aiming to establish by meeting the client where they are at. This is particularly true if we consider the theme of establishing rapport and trust in which the

counsellors discussed the importance of having this foundation before change could occur. Other research also finds that, while a strong therapeutic alliance is important for positive therapeutic outcomes, the therapist's contribution to this alliance is most strongly related to positive outcomes (Baldwin et al., 2007). The sub-themes within the theme of Meeting the Client Where They Are At can be considered descriptions of how highly effective addiction counsellors go about developing a strong alliance. These themes relate primarily to how the counsellors navigate differing levels of client motivation, mandated versus voluntary clients, clients with traumatic backgrounds, and other salient aspects of the therapeutic relationship.

The findings of this study are also consistent with other research dealing with the development of a strong therapeutic alliance in counselling. Ackerman and Hilsenroth (2003) note that being a therapist who is flexible, trustworthy and interested in patients' experiences is associated with the development of a strong therapeutic alliance. This was echoed by Albert (1997) who found that flexibility, creating a safe place, and being able to create a therapeutic alliance were all key to effectiveness in therapy. These characteristics are very similar to those that the counsellors within this study discussed as being useful to their ability to Meet the Client Where they Were At. In particular, the counsellors in this study noted the importance of maintaining flexibility and being able to draw from a number of theoretical orientations in order to best help their clients. They also felt that developing trust and safety within the counselling relationship, particularly when a trauma background was present, is important in order for clients to be able to engage in the relationship and begin considering changes they might want to make.

More specific to addiction counselling, existing research supports making decisions about the client's treatment jointly between the counsellor and the client, seeking agreement between both parties on the direction treatment will take. This shared approach to decision making has

been found to have a positive impact on the therapeutic alliance (Joosten, de Weert, Sensky, van der Staak, & de Jong, 2008). The results from the present study indicate that highly effective addictions counsellors strive to maximize client autonomy and purposefully work to establish a collaborative approach with their clients in setting goals for treatment.

In addition to meeting the client where they were at, the counsellors in this study stressed the importance of continuing to work on themselves in order to bring their best selves to their work. They described doing this in a number of ways, from continuing education to seeking feedback from clients and colleagues. They also emphasized looking after themselves and engaging in many of the practices that they encouraged their clients to do. The counsellors also discussed aiming to bring their genuine selves into the counselling relationship and striving to be honest and open in their interactions. Finally, they commented on the importance of recognizing the limitations of their ability to create change for their clients as well as the need to attend to the ways they may be helping or interfering with counselling.

These themes are also very similar to those identified by Jennings and Skovholt (1999). Master therapists were found to have a thirst for knowledge and an openness to feedback. This desire to continually improve was discussed in a very similar manner by the highly effective addiction counsellors in the present study. Jennings and Skovholt's (1999) master therapists also talked about being personally self-aware and attending to how their personal well-being impacts their effectiveness in therapy.

The present study's highly effective addiction counsellors also care for themselves by creating boundaries between their personal and professional life, and incorporating a variety of different leisure activities into their ways of taking care of themselves. These strategies were noted in a qualitative study examining the experiences of passionately committed

psychotherapists (Dlugos & Friedlander, 2001). Dlugos and Friedlander (2001) also addressed the psychotherapists perceived importance of seeking ongoing feedback and having a diversity in work-related activities. Furthermore, Ackerman and Hilsenroth (2003) identified the importance of being open and honest within the counselling relationship in their research on important therapist attributes.

Implications for Practice

One of the goals of this study was to inform practice and training of addiction counsellors. A primary struggle for counsellors in the field, as the counsellors in this study noted, is the limitations created by the constraints of the programs within which they work. Structured addiction treatment programs often fix elements such as the length and type of treatment provided. Counsellors in these programs are limited in their ability to truly meet the clients where they are at. At the same time there is often an expectation from families or other external sources that an individual will be "fixed" by attending treatment. This can create pressure for the counsellor to encourage the client to make changes they are not willing to make. Based on the findings of the current study, it would be helpful for administrators to support greater program flexibility to allow counsellors to meet the clients where they are at. At the same time, counsellors and administrators might advocate for client autonomy both within the treatment programs and to external sources in order to allow clients greater flexibility to choose for themselves the approach that they prefer, including choosing between harm-reduction and abstinence.

One of the other difficulties noted by counsellors within the field is being able to set aside their own assumptions in order to best help their clients. As some counsellors within this study noted, it can be tough to watch someone make decisions that appear to be harmful to them.

Therefore, having ample opportunity for self-reflection and consultation to be able to explore these biases and share some of the emotional difficulty can be especially important. Supervisors can provide a non-judgmental atmosphere to allow their supervisees to discuss the challenges they are facing in meeting the clients where they are at.

Furthermore, highly effective addiction counsellors view the seeking of client feedback to monitor whether their efforts were actually effective as very important, a stance that has also been noted in other research on therapist effectiveness (e.g. Baldwin et al., 2007; Dlugos & Friedlander, 2001; Jennings & Skovholt, 1999). Therefore, it is becoming a nearly undeniable fact that in order to be effective, counsellors need to be incorporating regular client feedback into their work. Introducing counsellors to this practice early in their training would be advised so that it becomes as much of an essential part of the counselling process as the interventions themselves. Also, as the counsellors in this study described, the act of asking for feedback is not about denigrating their counselling abilities. Rather, it is a way of further developing their skills and being able to be most responsive to each individual client's needs. Presenting this in such a way that its negative connotations are minimized may reduce some of the fear the counsellors noted experiencing when asking for feedback.

Finally, as the counsellors in this study noted, continually working on themselves was an important aspect of being effective. There are a number of ways that this finding can inform practice. First, training can be presented as the first step in an ongoing process of continual learning. Administrators can also help encourage this through making ongoing training accessible. One of the counsellors provided an example of how counsellors at his workplace were expected to come together as a group to share their specific areas of knowledge. The importance of taking care of the self as part of effective counselling can also be communicated

during the training process. This can also be incorporated into practice by administration by advocating for reasonable case loads for counsellors to permit them the time and energy to take care of themselves. Ongoing support through formal or informal supervision could also be helpful. It would also be wise to support new trainees in recognizing their limitations in order to allow them to be maximally responsive to their clients without having expectations of achieving a specific or perfect outcome with each client.

It cannot be overstated the importance of counsellors having support through the challenges present in their work. In order for counsellors to critically reflect on their ability to be effective and to become more effective, they must receive support from their peers and supervisors. This can provide trainees as well as experienced counsellors seeking to improve their skills with safe circumstances to explore the areas they might be able to improve without fear of being judged to be less adequate then their peers.

Limitations

One limitation of this study is the peer nomination process. The lack of outcome data in selecting highly effective addiction counsellors raises some question about the accuracy of this characterization. However, there are multiple ways that effectiveness can be conceptualized. Use of outcome data would allow for the selection of highly effective addiction counsellors as defined quantitatively. This would add to the understanding gained from the current qualitative study.

There was also an interesting phenomenon in the peer nomination process in which a subset of the addictions professionals contacted declined to provide a nomination. Some noted that the request seemed a bit odd. Others expressed concerns that by nominating some of their peers as being particularly good at counselling individuals with addictions, they would in turn be

characterizing other peers as being not good. One explanation for this difficulty is that addictions services are primarily delivered through government-run agencies in which clients are assigned to counsellors based often on pragmatic concerns, such as balanced caseloads. In order to limit client dissatisfaction and to prevent clients from all trying to work with the counsellor who is perceived to be "the best" in the organization, counsellors tend to present a united front that all of the counsellors are equally good at what they do. This allows them to reassure clients that they have not been short-changed by being assigned to a sub-par counsellor. Therefore, it is possible that they felt they were being asked to do something against the values of their workplace culture.

Suggestions for Future Research

Future research in this area may seek to extend the understanding of the counsellor's contribution to the effectiveness of treating addictions by studying the client's experiences with addiction counsellors that they perceive to be highly effective. Indeed, many of the counsellors involved in this study, both through interviews and the peer nomination process, expressed interest in hearing from clients about what they find to be particularly effective. Research in this direction may also help to fill in the picture of what happens in counselling that contributes to its effectiveness. This would also be congruent with the value of collecting client feedback for improving treatment outcomes.

The counsellors interviewed in this study worked with a variety of different populations in a variety of different settings, and the responses they gave were reflective of these diverse environments. Future research could identify more homogeneous samples reflecting counsellors' work within specific environments or with specific client populations. Increasing the specificity

of the sample could illuminate subtle, but important nuances as a function of the contexts in which counsellors aim to be effective.

Finally, future research might also look at ways to operationalize the factors identified by studies such as this one as contributing to counsellor's abilities to be effective in counselling clients with addictions. Through this process, we might assess how successfully counsellors are incorporating these factors into their counselling, as well measure the impact of counsellor characteristics on the outcome of addictions treatment. Measures of these factors could also help to inform the training of addiction counsellors and ensure that they are getting feedback on their success in providing counselling that incorporates these helpful aspects of addiction treatment. By receiving feedback, counsellors would be better able to identify areas of growth and how they might provide more effective treatment.

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Appendix A

INFORMATION LETTER

Learning from Peer-Nominated Highly Effective Addiction Counsellors

Research Investigator:
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Supervisor:
Dr. Derek Truscott
Department of Educational Psychology
University of Alberta

You are being invited to participate in this study because you have been nominated by fellow professionals in the addictions field as being highly effective at treating addictions. The results of this study will be used in support of my Masters thesis.

Purpose

The purpose of this study is to gain a better understanding of the characteristics of addiction counsellors who are considered to be highly effective at treating addictions. Past research has demonstrated that there is essentially no difference in the effectiveness of different treatments for addiction. While getting treatment for addiction produces better results than having no treatment, the specific type of treatment does not seem to matter. However, research has demonstrated that some individual counsellors tend to get better results (in terms of more days of abstinence and/or fewer drinks consumed) than others. These research findings are essentially identical to those from psychotherapy in general. I hope to gain a better understanding of the characteristics or practices that contribute to some counsellors achieving better treatment outcomes for addiction. I intend to use this knowledge to help inform future research on this topic and hopefully to help addictions counsellors to be more effective at treating addictions.

Study Procedures

This is a qualitative study and will have only a small number of participants. As a participant you will be asked to meet with me for an in-person one-on-one interview. This will take place either at the University of Alberta or at a location that we agree on which is more convenient for you. The interview should last about 1 to 1 ½ hours and will be audio recorded. After the interview I will type up a transcript that will document our conversation word for word. You will be given a copy of this transcript for your records. I will read through the transcripts of all of the interviews to identify themes in what was discussed.

In total, I anticipate this research study will take me about 10 months. The time commitment from you should be no more than 2 hours.

Benefits

Participating in this study will allow you to share information about you and your approach to treatment that will help to inform research and practice in the area of addiction counselling and treatment. You will also help to guide those who seek to be better addiction counsellors.

Risk

Your participation in this research involves minimal risk. The questions you will be asked are not expected to be of a sensitive nature. If the questions do happen to bring up a sensitive topic for you, I would encourage you to let me know and I will provide you with appropriate resources for support if needed. There may be further risks to being in this study that are not known. If anything comes up during the research process that may affect your participation in the study, I will let you know as soon as I become aware and we will re-visit your consent.

Voluntary Participation

Please be aware that your participation is entirely voluntary and you are under no obligation to participate in the study. Also, you have no obligation to answer any specific questions that you do not want to answer while you are participating in this study. You are free to discontinue your participation at any point during the interview, if you choose.

After the completion of the interview, you can request the withdrawal of your data from the study up to four weeks after our interview is completed. At this point, the results from all the participants in the study will be amalgamated and cannot be separated. In this eventuality I will do my best to hide your identity by, for example, not using direct quotes from you. You will be provided with a reminder of the specific date of the last opportunity to withdraw your data before that date occurs. If you were to choose to withdraw your data at this point or at any time prior to this, all the information and data collected from you will be erased and destroyed.

In the case that our interview takes place at the University of Alberta, you may be required to pay for parking. In this case, you will gladly be reimbursed so that your participation in this study does not come at a financial cost to you. Arrangements for this will be discussed when we schedule the interview time and location.

Confidentiality & Anonymity

The primary intended use of this research is for the completion of my Masters thesis. I intend to publish this research in a peer-reviewed research journal in the future. Furthermore, I intend to present the results at professional conferences, in order to share these findings with others.

Your personal information will not be included in any of the results or shared with anyone except for myself and my supervisor, Dr. Derek Truscott. All research data will be kept confidential, and every effort will be made to keep you anonymous. There will be a pseudonym used to replace your real name in all of the data and your real name will not be attached to any verbatim quotes that are included in the final report. Any identifying information relating to your place of work or other identifying information will be removed from any final reports or presentations as well. Given the specific nature of the population sample being studied (i.e. individuals treating addictions in Alberta), there is a small chance that you may be recognized based on the information that you share, but this would only be by someone who already knows you very well.

All data is kept in a secure place and all electronic data will be password protected for a minimum of 5 years after the completion of this study. After this time, it will be erased and securely destroyed. The only people who will read the interviews will be my supervisor and myself.

There is a possibility that these interviews may be used again for future research. Any future use of this data will need to be approved by the human research ethics board.

Further Information

If you have any further questions regarding this study, please do not hesitate to contact myself, **Jennifer Kees**, or my supervisor, **Dr. Derek Truscott**.

The plan for this study has been reviewed for its adherence to ethical guidelines by a Research Ethics Board at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at (780) 492-2615.

CONSENT FORM

Learning from Peer-Nominated Highly Effective Addiction Counsellors

Principal Investigator: Jennifer Kees
Supervisor: Dr. Derek Truscott

	Yes	No
Do you understand that you have been asked to be in a research study?	☐	☐
Have you read and received a copy of the attached Information Letter?	☐	☐
Do you understand the benefits and risks involved in taking part in this research study?	☐	☐
Have you had an opportunity to ask questions and discuss this study?	☐	☐
Do you understand that you are free to leave the study at any time, without having to give a reason and without penalty?	☐	☐
Has the issue of confidentiality been explained to you?	☐	☐
Do you understand who will have access to your study records (including personally identifying information?)	☐	☐
Do you understand that all interviews will be audio recorded and transcribed?	☐	☐

Who explained this study to you? _____

I agree to take part in this study:

Signature of Research Participant _____

(Printed Name) _____

Date: _____

Signature of Investigator or Designee _____ Date: _____

Appendix B

Interview Protocol

Project: **Learning from Peer-Nominated Highly Effective Addiction Counsellors**

Time of Interview:

Date:

Place:

Interviewer:

Interviewee:

Preamble: Research has demonstrated that some therapists achieve consistently better treatment outcomes than others. It is still unclear what variables contribute to their effectiveness. You have been nominated by your peers as someone they consider to be highly effective at treating people with addictions. This interview is intended for me to learn more how you make sense of your experiences of being effective at addictions counselling. I will be interviewing a few other addiction counsellors nominated as being highly effective as well and plan to combine the data to give a clear picture of the characteristics that are related to effectiveness with difficult clients. All identifying information will be excluded from our analysis and the audio-recordings from our interview will be destroyed when they are no longer needed. The interview is expected to last between 60 and 90 minutes.

Do you have any questions for me about the process before we begin?

[Turn on audio-recording]

Questions:

1. Before we start, I'd like to collect some basic demographic information from you.

- Age: _____

- Gender: _____
- Number of Years Experience: _____
- Educational Background: _____
- Current Work Environment: _____

2. Could you tell me about how you came to do the type of work you currently do?

Prompts:

- What is it that interested you about working with individuals with addictions?

3. Can you tell me about a time when you worked with a client and you felt the counselling went really well?

Prompts:

- What do you feel contributed to things going so well?
- What was it like for you, working with this client? How did it feel?
- How did you decide how to proceed with this client? What informed your decisions on how to proceed?
- How do you know, or what indications, told you that counselling was going really well?
- What did you take from this experience? What impact did this have on you has an addiction counsellor?

4. I'd like you to think now, if you can, of a client you've worked with who was ambivalent or resistant about treatment, but whom you managed to still make some movement with. I'd like you to tell me about that experience.

Prompts:

- What was that like for you?
- What were you thinking when you were working with this client?
- How did you feel in this situation?
- How did you decide how to proceed with this client?
- Do you find your previous personal or professional experiences impacted how you chose to approach your work with this client? In what way?
- What, if anything, do you feel your learned from this experience?

5. Do you practice with a specific theoretical orientation in mind? If so, how does this impact how you approach your work with clients?

6. In what ways does the context of your counselling situation impact the way you work with clients dealing with addictions?

7. Is there anything that you do personally that you think contributes to your ability to be effective in your work? (i.e. self-care, debriefing, etc.)

8. Is there anything else you would like to add that you feel would be important for me to know?

Closing Comments: That is the end of the questions I have for you today. Thank you again for taking the time to come to this interview and talk with me about some of your experiences.

Do you have any questions for me now that we are finished?

[Turn off audio-recording]