

Counselling approaches and characteristics of recovering substance use disorder counsellors working in addiction treatment agencies in New York, USA

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ABSTRACT

Purpose: The objective of this qualitative study is to investigate the perspectives of recovering counsellors on counselling approaches and the influence that their personal attributes have on clients.

Design/Methodology/Approach: Purposive and snowball sampling techniques were utilised, and semi-structured face-to-face interviews were carried out with 18 recovering counsellors in New York, USA. Thematic analysis was employed to analyse the data.

Findings: Motivational interviewing (MI), and cognitive behavioural therapy (CBT), and support groups were popular therapeutic modalities among many participants. Recovering counsellors underlined that utilising personal qualities contributed positively to treatment outcomes by establishing a long-lasting relationship with clients.

Conclusion: This study's findings underscored the significance of exploring recovering SUD counsellors' viewpoints regarding their counselling approaches and personality traits in underscoring their role in providing treatment services to clients.

Research Limitations: The study reflects recovering counsellors' perspectives at a specific moment, but the dynamic nature of recovery implies that their views and approaches may evolve over time, affecting the long-term implications of their counselling methods.

Practical Implications: Organizations may consider providing supervision to recovering counsellors, acknowledging the challenges they face, and leveraging their personal qualities for better client engagement.

Contribution to Literature: The study's emphasis on therapeutic modalities and personal qualities provides practical insights for optimizing counselling approaches and maximizing the benefits of employing recovering counsellors in SUD treatment settings.

Keywords: Cognitive behavioural therapy, Counsellors, Motivational interviewing, Qualitative, Recovering, Substance use disorder, Support group.

1. INTRODUCTION

Substance use disorder (SUD) is a global public health concern characterized by the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. It can have severe physical, psychological, and social consequences, affecting individuals, families, and communities. The prevalence of SUD has been on the rise for several years, posing a significant challenge for healthcare systems worldwide. According to the recent National Survey on Drug Use and Health (NSDUH) conducted in 2022, approximately 46.3 million individuals aged 12 years or older had SUD. This included 29.5 million individuals with alcohol-related disorders and 24 million individuals

with drug-related conditions (SAMHSA, 2023). Despite these staggering numbers, about 72.2%, or roughly 20.9 million adults, have identified themselves as having successfully overcome or being in recovery from substance abuse issues (SAMHSA, 2023). Additionally, a systematic analysis by Eddie et al. (2019) of over four hundred fifteen scientific studies revealed that approximately 25–40 million adults, accounting for about 5.3%–15.3%, have reported resolving a substance use problem.

1.1. Content and Background

Effective treatment of SUD is essential not only for the benefit of those directly affected but also for the reduction of societal burdens such as decreased productivity, healthcare costs, and crime (Degenhardt et al., 2018). There are numerous counselling approaches aimed at assisting clients with SUD. Motivational interviewing (MI), a client-centred approach that encourages individuals to investigate their motivations for change and commit to recovery, has demonstrated efficacy in addressing ambivalence, decreasing the desire to misuse substances, and engaging clients in treatment (Martino et al., 2019; Oveisi, Stein, Babaeepour, & Araban, 2020). Furthermore, the motivational interviewing counselling method can effectively harness and strengthen this self-control, facilitating lasting positive changes. Self-control also signifies the capacity to manage emotions and temper, which is vital for fostering hope and changing addictive behaviour (Sulaiman, Ismail, & Shahrazad, 2021). Cognitive-behavioural therapy (CBT) is another effective method to facilitate people in identifying and altering harmful thought patterns and behaviours related to addiction. CBT equips individuals with coping skills for managing cravings or triggers (McHugh & Weiss, 2019). Support groups are invaluable resources that help SUD clients achieve sobriety. According to a study by Day, Kirberg, and Metrebian (2019), groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) have proved effective in assisting individuals in their recovery from addiction. In addition to providing 12-step programmes with a systematic approach to healing and personal growth, these groups increase the likelihood of long-term sobriety, resulting in improved overall health for SUD patients (Venner et al., 2021).

The counsellor's methods, style, and personality all have an impact on the effectiveness of counselling interventions. Furthermore, it's important to note that many mental health professionals, including counsellors and social workers, in the field of SUD treatment have personally experienced addiction and subsequently entered recovery (Salvilla & Bedoria, 2021; Straussner, Senreich, & Steen, 2018). These "recovering counsellors" bring unique insights, empathy, and firsthand understanding of the challenges and triumphs associated with overcoming addiction. Their lived experiences can significantly impact their counselling approach and the outcomes for their clients.

The treatment of SUD is a complex and multifaceted endeavour, requiring the collaboration of various healthcare professionals, including counsellors. SUD counsellors play a pivotal role in the addiction treatment field due to their expertise in providing therapeutic support and guidance to individuals on the path to recovery. They are often on the front lines, providing therapeutic support, guidance, and interventions to individuals striving to overcome addiction (Blakey & Grocher, 2020; Hatch-Maillette et al., 2019). As per the National Survey of Substance Abuse Treatment Services (N-SSATS), 197,559 full-time counsellors were employed in SUD treatment facilities in 2016. Literature also indicates that around 34 to 50% of individuals undergoing addiction recovery are employed as full-time staff members in SUD treatment agencies. However, there is a lack of research conducted on the beliefs and views of recovering counsellors regarding addiction treatment outcomes for their clients.

1.2. Research Problem

Despite significant progress in understanding the effectiveness of SUD treatment modalities, a critical research problem persists: there is a notable lack of comprehensive exploration into the perspectives and practices of recovering counsellors and how their unique experiences may influence the outcomes of individuals in recovery. For instance, a study by Prosek and Gibson (2021) highlighted the scarcity of research examining how counsellors' personal experiences with addiction might impact their therapeutic approach. Such a gap in understanding hinders their ability to harness their potential insights and expertise effectively. To address this, further research is required to probe the perspectives of recovering counsellors, elucidate the role of their personal attributes, and assess how these factors shape their counselling techniques.

Another dimension of this research problem is the impact of personal attributes on counselling outcomes. An essential aspect of this inquiry is understanding how the personal attributes and experiences of recovering counsellors, including their own journey to recovery, affect their counselling approach and, consequently, the outcomes of their clients. According to [Barrenger, Hamovitch, and Rothman \(2019\)](#); [Eddie et al. \(2019\)](#); and [Quaglia, Cigrand, and Sallmann \(2022\)](#), counsellors with personal experiences of overcoming addiction often bring a unique empathetic dimension to their counselling, which can enhance therapeutic alliance and client engagement. These findings underscore the importance of delving into the ways in which counsellors' personal attributes influence treatment outcomes, highlighting the significance of this research problem in optimising SUD treatment approaches. Ultimately, by addressing these critical research gaps, we can develop evidence-based strategies to enhance the quality of care, increase retention rates, and improve recovery outcomes for individuals with SUD, thereby advancing the field of addiction treatment.

1.3. Research Objective

This study seeks to examine the preferences of recovering counsellors in their selection of counselling approaches and the utilisation of personal characteristics when working with clients who have SUD.

2. LITERATURE REVIEW

2.1. SUD Counselling Approaches

Counsellors employ a variety of counselling techniques to assist SUD clients in overcoming their addiction and achieving long-term recovery. Cognitive-behaviour therapy (CBT) is a type of counselling that is often used ([Polak, Meyer, Neale, & Reisweber, 2020](#); [Sancho et al., 2018](#)). CBT is used in counselling for people who use drugs or alcohol to help clients recognise and change harmful thought patterns and beliefs that may be making them use drugs or alcohol ([Magill et al., 2019](#); [Sadiron, Kamaluddin, Sulaiman, & Khairudin, 2019](#)). Additionally, prioritising problem-solving strategies is essential in the context of drug recovery, as it enables individuals to effectively manage stress and enhance their overall well-being ([Ibrahim et al., 2021](#)). In a randomised controlled trial, [McHugh and Weiss \(2019\)](#) compared CBT to 12-step facilitation therapy and found that both were effective. However, CBT was linked to greater reductions in drug use and higher rates of abstinence. These findings underscore the importance of CBT as a valuable approach in the treatment of substance use disorders and improve treatment outcomes.

Motivational interviewing (MI) is another common approach in substance abuse client counselling. MI is based on four fundamental principles: express empathy, cultivate dissonance, roll with resistance, and promote self-efficacy ([DeVargas & Stormshak, 2020](#)). MI has been found to be effective in increasing treatment retention, decreasing substance use, and enhancing mental health outcomes in a variety of populations, including those with co-occurring disorders and those involved in the criminal legal system ([DeVargas & Stormshak, 2020](#)). In addition, a study by [Oveisi et al. \(2020\)](#) reported that MI has proven effective in decreasing the desire and probability to use drugs among Iranian women in treatment for SUD.

Studies from [López, Orchowski, Reddy, Nargiso, and Johnson \(2021\)](#); [Sulaiman, Zakaria, Ibrahim, and Kamaluddin \(2022\)](#) and [Zemore, Lui, Mericle, Hemberg, and Kaskutas \(2018\)](#) reported that counsellors implemented support groups to address the underlying psychological and social issues that contribute to addiction. Support groups also provide platforms for individuals with SUD to discuss topics such as coping skills, relapse prevention, anger management, communication skills, and healthy relationship building ([Coco et al., 2019](#); [Zemore et al., 2018](#)). In addition, support groups can help individuals develop the social and interpersonal skills necessary for sobriety maintenance and the formation of healthy relationships ([Abu Hassan Shaari & Waller, 2023](#)). Individuals can also learn and practice new skills such as communication, problem-solving, and conflict resolution through group therapy. These skills are applicable to both their recovery journey and daily lives ([Melchiori et al., 2019](#)).

2.2. Counsellors in Recovery from SUD

There is a dearth of studies qualitatively examining the experiences of recovering counsellors providing counselling services to SUD clients. Instead, there are many quantitative studies that have compared the types of counselling approaches used by recovering and non-recovering counsellors working in SUD treatment agencies. On one hand, a study from [Stanley \(2021\)](#) found that recovering counsellors have a stronger allegiance to 12-step programmes

that emphasise total abstinence as a treatment outcome for their SUD clients. Recovering counsellors also perceived that empirically supported treatments, including CBT and MI, limited their creativity (Eddie et al., 2019). On the other hand, studies also found that recovering counsellors are flexible and open to using counselling treatment approaches, including CBT, due to the delivery of training and workshops to promote the effectiveness of these types of treatment approaches (Iarussi, 2018). Recovering counsellors were also found to use a combination of evidence-based approaches with other addiction treatment approaches, including relapse prevention and medication-assisted therapy such as methadone and naltrexone, while working with their SUD clients (Eddie et al., 2019; O'Sullivan, Xiao, & Watts, 2019).

Quantitative studies also reported comparisons of client outcomes between recovering and non-recovering counsellors. According to research by Chapman, Roche, Kostadinov, Duraisingam, and Hodge (2020), younger clients who received counselling from counsellors in recovery were able to cut back on their frequency of substance use. According to Iarussi (2018), client outcomes did not differ significantly between those who got counselling from recovering or non-recovering counsellors. On the other hand, O'Sullivan et al. (2019) also found that personal recovery is an important and valuable asset. Clients who received assistance from counsellors with personal recovery reported that their counsellors had a high level of expertise, trustworthiness, and empathy towards clients (O'Sullivan et al., 2019). Given their previous experience with drug addiction, they have the skills and levels of comfort to have an in-depth discussion about drug issues; they can share their previous struggles with drug dependency with current users; and they are able to reflect on how addiction affects their lives (Chapman et al., 2020). In addition, personal recovery status enables counsellors to attach greater meaning to their day-to-day work tasks and, as a consequence, experience a greater sense of meaning at work compared to those who are not in recovery (Eddie et al., 2019; Greene, Yaffe, & Kopak, 2019). At the same time, working at the drug treatment centres increased their commitment to their own recovery and increased their sense of independence and self-esteem (Melchiori et al., 2019).

Most existing studies on recovering SUD counsellors are limited to quantitative methods, are outdated, and have yielded somewhat mixed results. There is also a dearth of recent studies that focus on recovering counsellors experiences working in the addiction treatment field (Lusk & Veale, 2018). The study aims to examine recovering counsellors beliefs on counselling approaches and their personal characteristics towards clients.

3. METHODS

3.1. Study Design

The current study implemented a qualitative research design using an inductive reasoning method to develop a theory and identify themes. Additionally, the current study used narrative inquiry as a methodology for understanding people's experiences. Narrative inquiry originated from pragmatism epistemology and enables researchers to reach a deep understanding of the unique elements of participants' stories. This methodology also provides a framework that allows researchers to analyse and produce explanatory stories from interviews. The researcher deemed that narrative inquiry was appropriate for facilitating rich, deep, and intimate studies of individuals' experiences over time and context. Furthermore, since social phenomena are viewed in broader contexts by focusing on subjective meaning in naturalistic settings through narrative inquiry, this allows participants to construct their own stories while interpreting them from their own perspective. Finally, narrative inquiry re-examines under-investigated phenomena from different perspectives, which were instrumental in achieving the goals of this study. The combined facets were vital for supporting the choice of adopting a qualitative research design for this particular study.

3.2. Sample and Sample Size

The present study utilises the term 'recovering counsellors' as a comprehensive designation for individuals who self-identify as social workers, counsellors, clinical administrators, therapists, or case managers. Participants must meet eight predetermined criteria to qualify for inclusion in the research. These criteria include fluency in English and being at least 18 years old. Additionally, participants must have a history of SUD, such as alcoholism or drug addiction, prior to entering the substance abuse treatment field and should have been in recovery for at least two years. Moreover, candidates should have worked full-time for at least one year in one or more addiction treatment settings and currently maintain weekly contact with SUD clients. They should hold a Bachelor's or Master's degree

in Social Work (BSW/MSW) or possess professional licensure such as Licensed Master Social Worker (LMSW) or Licensed Clinical Social Worker (LCSW). Alternatively, they may hold a Certified Alcohol and Substance Abuse Counsellor (CASAC) certification. Smokers and caffeine users are excluded from the research sample.

The current study includes 18 recovering counsellors who reside in the eastern part of the United States. Of these respondents, 12 out of 18 had an MSW degree, while six held either high school or bachelor's degrees along with CASAC certification. The majority of participants were Caucasian males aged between 35 and 66 years old, with a mean age of 53.6 years; however, there were African-Americans and other ethnic groups represented as well. The recovery period ranged from five to thirty-eight years, but most participants reported more than ten years of sobriety, and over sixty-seven percent had over ten years' experience working within addiction treatment centres, which included outpatient centres, rehabilitation centres, and peer-run counselling centres. Qualitative research methods were used where saturation was reached when no new information emerged during participant interviews, resulting in this study with an ample-sized sample of 18 participants.

3.3. Sampling

The recruitment of participants was accomplished through a combination of purposive and snowball sampling techniques. In this study, purposive sampling was employed to select participants from the Long Island Recovery Association (LIRA), which consists of volunteers and counsellors working in substance abuse treatment. A total of 18 participants were included in the study, of whom 10 (56%) were selected through purposive sampling and recruited from LIRA, with concurrent employment as counsellors in SUD treatment agencies such as outpatient or peer-run clinics. Meanwhile, eight participants (44%) were recruited via snowball sampling, wherein respondents who completed the study interview referred other potential candidates who were not active LIRA volunteers but worked in addiction treatment agencies across Long Island instead.

3.4. Data Collection and Management

Each participant engaged in an in-depth, semi-structured face-to-face interview. Before the interviews, we asked each respondent to complete a concise socio-demographic and background questionnaire. On average, the interviews lasted for about 72 minutes, with the longest one stretching to around 88 minutes. A semi-structured interview protocol composed of open-ended questions was used to explore the experiences of recovering counsellors. Semi-structured interviews allow for individual expression of unique experiences and are thus well-suited for this type of research (Yao & Vital, 2018). A written consent was obtained from each participant to record the interviews.

3.5. Instrument Validity

In designing a valid and reliable interview instrument to collect qualitative data, a semi-structured interview guide was developed by using clear, simple, and precise language that matches the level of understanding and vocabulary of research participants. Additionally, to increase the instrument's validity, Gani, Imtiaz, Rathakrishnan, and Krishnasamy (2020) suggested that researchers pilot the interview instrument. The result of the pilot test will show that the instrument is valid and reliable. At the same time, it will provide an opportunity for refinements and modifications to the interview guide as a research tool. In this study, the first author pilot-tested the interview guide with two recovering social workers and revised the guide based on their feedback. As described by Gani et al. (2020), a pilot testing interview instrument is crucial to increasing the validity of the instrument, specifically because it will provide the opportunity to discard unnecessary questions, reword and revise any difficult questions, estimate a reasonable time to complete the interview, determine if each question generates an adequate response, establish whether replies can be properly interpreted in relation to the information required, determine whether the researcher has incorporated all the questions necessary to measure all concepts, and finally allow the researcher to practice and perfect interviewing techniques.

3.6. Data Analysis

All recorded interviews were then transcribed verbatim and analysed according to the guidelines for narrative research outlined by Fraser (2004). Fraser's approach urged us to listen to the audio recordings as though they were radio shows, fostering an avoidance of over-intellectualization of personal stories and encouraging critical

engagement. The audio recordings underwent transcription to accurately capture the story narratives. Each transcript was meticulously analysed to identify common themes, a process often referred to as coding. Eventually, we combined all the emergent themes to construct comprehensive narratives reflecting the experiences of recovering counsellors who openly shared their impactful stories. To analyse the data, Fraser (2004) guidelines to analyse narrative inquiry research were utilised, which involved a detailed examination of participants' stories line-by-line. In order to avoid producing an overly intellectualised analysis, Fraser (2004) suggested that researchers listen to recorded interviews as though they were listening to a radio show. After recording and transcribing, the researcher removed any extraneous content or repetitions in consultation with Fraser (2004) recommendations. The researcher focused on identifying themes and patterns in the data through a process known as coding, categorising, and organising information into coherent categories related to treatment approaches and their relationship to client outcomes. Finally, the identified themes were synthesised into meaningful stories that provided insight into the experiences of recovering counsellors.

3.7. Rigour and Trustworthiness

To ensure that the study was reliable and valid, criteria of trustworthiness, credibility, transferability, and confirmability were maintained. To establish the credibility of the findings in relation to narrative analysis data, Shufutinsky (2020) two-step approach was employed. The first step involved peer review or consensual validation conducted by three experienced licenced social workers with expertise in substance use treatment. This process ensured that the researcher's biases were minimised and that the themes and sub-themes were consistent with current social work practice. The second step involved member checking, where a summary of sub-themes and themes was emailed to three participants from the total of 18 interviewed for further verification of accuracy. All participants agreed with the findings.

In order to enhance transferability, a detailed description of the phenomenon under investigation was provided, enabling readers to have a proper understanding of it. The number of participants involved in the study, the data collection methods used, the number and length of data collection sessions, and any restrictions on participant selection were also conveyed before making any attempts at transference. Confirmability, which aims at maintaining neutrality or objectivity throughout research, was maintained through several measures, such as triangulation during data collection using audio recordings for all interviews to capture accurate interview content, including non-verbal cues like laughter or sarcasm that could be missed otherwise. In addition, recovering counsellors were consulted prior to conducting research, while emerging themes were reviewed upon completion of data analysis for accuracy purposes, emphasising researchers' interest only in respondents' views rather than their personal biases or interests that dictated research outcomes.

4. RESULTS

The final sample included 18 recovering counsellors. The majority, 12 out of 18 (67%), held a master's as their highest academic qualification and had earned professional licensure as either a Licensed Master Social Worker (LMSW) or a Licensed Clinical Social Worker (LCSW), enabling them to provide counselling and other services to Substance Use Disorder (SUD) clients. Six of the 18 participants (33%) reported completing high school and/or a bachelor's degree and identified themselves as Credential Alcoholism and Substance Abuse Counsellors (CASAC), certifying them to work as counsellors in the addiction treatment field. Among the total 18 respondents, 10 (55%) were Caucasian, six (33%) were African American, one (6%) was Hispanic, and one (6%) was Native American. Twelve were male (67%), and six (33%) were female. Their length of recovery ranged from five to 38 years, with a mean of 22 years and 5 months. Most participants (89%) reported being in SUD recovery for more than 10 years. Sixty-seven percent of all participants had been working in the addiction treatment field as counsellors for more than 10 years.

Findings revealed that participants employed a variety of counselling approaches to work with their clients. Their own positive experiences with a particular type of treatment influenced the majority of these decisions. The personal characteristics of counsellors, such as being genuine, honest, non-judgemental, and empathetic, were also found to significantly impact treatment outcomes. Participants reported that both the counselling approaches and personal characteristics of counsellors were crucial in improving the quality of life for their clients.

4.1. Theme 1: Counselling Approaches Shaped by Personal Experiences

Most participants used MI as their treatment of choice. These respondents' exposure to MI training prior to starting their careers as counsellors equipped them with the confidence and skills to use reflective listening and empathy, as the following comments demonstrate:

During the training, I participated in taped live, supervised sessions, first with real clients and then with actors, where I received supervision on practising the principles of motivational interviewing, such as asking open-ended questions, making affirmations, reflecting, and summarizing. So, the acquisition of skills has changed everything for me because it has helped me feel confident and relaxed enough to work with my clients. (Participant 4).

In addition, participants stressed that MI was a supportive, non-confrontational counselling style that helped resolve their clients' ambivalence towards change and increased motivation and readiness for change.

I'm very keen on motivational interviewing. It is a therapy that I feel very strongly about using with most of my clients because, for me, change is something that is often kind of ambivalent, where clients always say, 'I'm ready, I'm not ready.' So, MI helps me reassess my clients' readiness for change, and it's much more user-friendly and welcoming. (Participant 2).

CBT was another popular modality, with many participants. Many attributed their own initiation of changing behaviours to the CBT techniques that they had experienced in therapy. Participant narrations revealed that CBT provided a framework to help modify their clients' dysfunctional beliefs related to their substance use behaviours, including techniques to cope with depression and childhood trauma. The following quotes illustrate participants' experiences:

It's their wrong thoughts and their wrong conceptions about the benefits [of using drugs] that get them into addiction. They believed using drugs helped them cope with their stressful lives or childhood trauma. Using CBT, I had a chance to slowly expose those wrong beliefs and challenge them. This is what CBT is all about: modifying their thoughts and increasing their confidence when dealing with conflict. (Participant 9).

Participants also reported that they prefer to use CBT with their clients because they believe in the importance of changing their way of thinking and their attitudes and behaviours towards drugs. If clients are unable to change how they think and act around drugs and alcohol, they are more likely to relapse.

CBT is considered the most effective approach to counselling for addiction. The reason for this is that CBT focuses on changing an individual's thought patterns and behaviour towards drugs, which is often the root cause of addiction. It's not just about drug and alcohol use; it's also about addressing underlying attitudes and behaviours that contribute to addiction. (Participant 11)

Participants who reported using the support group to work with clients highlighted its utility in reducing isolation and shame and in strengthening the bond with others in similar situations, thus helping to kickstart clients' recovery processes.

During the support group, they'll hear other people's stories and see people like themselves, and after a while, they'll cool down and have a conversation about football, sports, girls, and guys. Group therapy helped them feel happier and abstain from drinking because they got along with peers that they could identify with. (Participant 12).

Additionally, participants shared that support groups are often the preferred modality as they offer a greater chance of success.

Whenever someone comes to me seeking help, I ask if they have considered a support group before. Sometimes they have already been through multiple rehab programs and feel uncomfortable sharing their experiences in a group setting. In these cases, I tell them that individual counselling can help them become more comfortable with sharing. However, I also emphasize the importance of eventually finding some form of group support to aid in their long-term recovery. (Participant 1)

4.2. Theme 2: The Influence of Personal Characteristics on Treatment Outcomes

In addition to the choice of counselling approaches shaped by personal experiences, participants highlighted the use of positive personal characteristics that influenced the outcomes of substance abuse treatment. These characteristics, which included being genuine, honest, non-judgemental, and empathetic, were crucial for

counsellors to create long-term results when working with clients struggling with addiction, as evidenced in the following quote:

In my philosophy of working with people, I go right to their hearts. I'm trying to connect with them because the most important thing is that I want them to come back. I want them to know that this is a safe place and that it is okay to talk. So the most important thing is to keep on coming; you've got to really try to get heart-to-heart with them to get them to realize that you are genuinely interested in them. If you can't connect with them, they aren't going to come back, and you don't get the chance to use a lot of your skills. (Participant 7).

One participant shared that he understood the pain of one of his substance abuse clients losing a child, as it can be a very difficult experience. However, in order to make progress in recovery, he mentioned that it is necessary to be honest and acknowledge to his client that this painful event may not be the cause of his relapse into drinking.

I understand that losing your children has been very difficult for you. However, we need to be honest with ourselves and acknowledge that this is not the reason why you resumed drinking. There are many people who have lost children but do not turn to alcohol. Perhaps you used the loss as an excuse to justify your drinking. By not addressing this, we are disempowering you and hindering your progress. (Participant 8)

Participants shared their views on the impact of counselling approaches and how the personal characteristics of recovering counsellors were crucial to improving the quality of life among their clients. Respondents expressed that the ability of their clients to sustain recovery and improve their quality of life had a long-lasting impact that was priceless.

I get calls now from past people who tell me that they got their kids back, got a house, got a car, are working, or are going on interviews. These are people who were locked up or put away and were given the impression that they would never be anything. And now they are helping and can contribute to society. (Participant 11)

When sharing about the impact they have on their clients, participants reported that skilled and genuinely honest counsellors positively impact their clients' outcomes. Participants later described how effective counsellors continuously assist their clients in overcoming the barriers, obstacles, and blocks that stand in the way of them achieving their goals:

And I believe that people can tell if I am genuine or not. I think it's important to be that kind of person who genuinely cares and says, "I care about you and what happens to you. I want you to start caring about what happens to you too." I ask my clients, "What can we do together to get you to where you need to go? What does recovery look like for you? (Participant 18)

5. DISCUSSION

This study sheds light on the unique aspects of the SUD counselling workforce, where 35%–50% of the counsellors themselves are in recovery from SUD (Greene et al., 2019). In this study, respondents utilised three different types of counselling approaches, namely, CBT, MI, and group therapy approaches, stemming from their own successful recovery experiences with similar types of SUD treatment. A study related to therapists' choice of treatment by DeVargas and Stormshak (2020) found that recovering counsellors' past experiences as SUD clients eventually shaped and informed counsellors' approaches while working with SUD clients. The formal training participants received before entering the field, which gave them the confidence and skills to use them when they started to work as counsellors in addiction treatment agencies, had an impact on their decisions to use CBT and MI approaches in this study.

Findings from Abu Hassan Shaari and Waller (2023); Sadiron et al. (2019) and Sugarman, Meyer, Reilly, and Greenfield (2022) reported that support groups are effective in assisting SUD clients in developing a sense of acceptance towards their past experiences. Similar to this study, participants described support groups as providing an opportunity for SUD clients to share recovery stories with other group members and to form a sense of cohesiveness. Furthermore, participants in this study shared that support groups provide a safe, supportive, and collaborative environment that can be an effective tool in the treatment of substance abuse.

Outdated quantitative studies indicated that recovering counsellors were more likely to use confrontational counselling styles with abstinence as an outcome. Yet, despite this, all participants in this study reported implementing counselling techniques and displaying characteristics including being genuine, honest, empathic, and non-judgemental while working with SUD clients. In this study, recovering counsellors reported that CBT contributed to positive behaviour modifications for their clients, similar to a study by Polak et al. (2020) and

Sancho et al. (2018). Furthermore, some participants reported that the use of MI counselling techniques influenced clients readiness to quit using drugs (Oveisi et al., 2020). Finally, participants in this study also reported that CBT contributed to positive behaviour modifications for clients to successfully overcome their addiction (McHugh & Weiss, 2019) and that MI can postulate clients' ambivalence and readiness for change (DeVargas & Stormshak, 2020; Rosen, Weinstock, & Peter, 2020) because clients were able to feel confident in making positive changes to their behaviour. Over time, participants in this study observed the positive impact of practising positive personal characteristics such as being genuine, non-judgemental, and empathic on their clients.

5.1. Counselling Approaches Shaped by Personal Experiences

The findings from participants' experiences shed light on the significance of various counselling modalities, including MI, CBT, and support groups, in the context of SUD counselling approaches. These insights underscore the diverse approaches that SUD counsellors employ to address the complex challenges faced by clients with SUD. In this current study, MI emerged as a pivotal element in the recovering counsellors' counselling practice. They highlighted how MI's principles, such as asking open-ended questions, making affirmations, reflecting, and summarising, equipped them with essential skills to effectively engage with SUD clients. This is consistent with prior research demonstrating MI's efficacy in resolving SUD clients' ambivalence towards change and boosting their motivation for recovery (Borsari et al., 2021). Furthermore, participants in this current study described MI as a user-friendly and welcoming therapy, which aligns with a study from DeVargas and Stormshak (2020) that reported MI's reputation for creating a non-confrontational counselling style that encourages clients to explore their readiness for change. Additionally, Martino et al. (2019) suggested the use of MI-trained consultants alongside treatment providers to increase the effectiveness of MI for SUD clients. This finding is also similar to a study from Borsari et al. (2021) that reported MI as helpful in assisting SUD clients in managing their chronic pain related to opioid abuse. However, this is contrary to a study from Venner et al. (2021) that reported MI has no effect on SUD treatment adherence among SUD clients in outpatient treatment.

Participants in this study also shared CBT, which was another significant modality. They noted that CBT provided a framework for modifying clients' dysfunctional beliefs related to substance use behaviours and addressing underlying issues such as depression and childhood trauma. This aligns with studies by Mastroleo et al. (2020) and Kiluk et al. (2018) that reported SUD CBT is effective in altering thought patterns and behaviours associated with addiction. In this current study, participants also emphasised the importance of changing clients' attitudes and behaviours towards drugs to reduce the risk of relapse, in line with CBT's holistic approach to addiction treatment (DeMarce, Gnys, Raffa, Kumpula, & Karlin, 2021). On the contrary, a study by Ray et al. (2020) found that CBT has no significant effect on SUD clients, including treatment retention and length of recovery.

Support groups played a crucial role in the participants' approach to SUD counselling. Participants in this current study highlighted how these groups reduced isolation and shame while fostering a sense of camaraderie among clients. Similar to finding from Coco et al. (2019) and Zemore et al. (2018), the value of shared experiences and peer support in support groups aligns with their reputation for providing a safe space for individuals in recovery to connect and learn from one another. Additionally, participants in this study who emphasized their preference for support groups did so because they thought that these groups could make a significant difference in clients' long-term recovery. According to Ibrahim et al. (2021), drug cravings, emotional distress, social stress, and self-efficacy in avoiding drugs are factors contributing to family conflict among former addicts (Ibrahim et al., 2021). In addressing these challenges, support group counselling methods offer a valuable platform for individuals to share experiences, strategies, and mutual encouragement, fostering better coping mechanisms and reducing family conflict.

5.2. Influence of Personal Characteristics on Treatment Outcomes

In addition to the choice of counselling approaches, recovering counsellors in this study emphasised the profound impact of personal characteristics on the outcomes of substance abuse treatment. Participants in this study further elaborated that regardless of the counsellors' recovery status, personal qualities, including genuineness, honesty, non-judgement, and empathy, played a pivotal role in shaping the effectiveness of counsellors when working with clients struggling with SUD. This finding is similar to Eddie et al. (2019) and O'Sullivan et al. (2019), who reported that the ability to connect with clients on a deeply personal level, demonstrating genuine interest in their well-

being, was essential to creating a safe and trusting therapeutic space. Personal characteristics were often determined by whether clients would return for further treatment and whether counsellors could effectively apply their skills (Melchiori et al., 2019).

The role of counsellors in guiding clients towards their recovery goals was further illuminated by the findings of this study. Effective counsellors were described as those who continuously assisted clients in overcoming the various barriers, obstacles, and personal challenges that hindered their progress (Iarussi, 2018). This collaborative and goal-oriented approach highlights the counsellor's function as both a supporter and a facilitator of change, actively engaging clients in defining their recovery path and working together to achieve it.

Furthermore, the way counsellors in this current study described the positive impact on clients' quality of life is consistent with Chapman, Blash, Mayer, and Spetz (2018) research, which emphasises the positive impact of SUD counselling on clients' overall quality of life. This underscores that SUD counselling treatment is not solely about cessation of substance use but also about enhancing clients' well-being in multiple dimensions. Lastly, the continuous support and goal-oriented counselling approach highlighted in the study align with Greene (2021) emphasis on counsellor support in maintaining recovery and addressing the multifaceted aspects of addiction.

6. IMPLICATIONS AND RECOMMENDATIONS

The findings from this current study exhibit strong congruence with existing research in the field of SUD counselling. The shared emphasis on the effectiveness of MI and CBT as counselling approaches, along with the critical role of counsellors' personal characteristics and the value of support groups, reinforces the universal importance of these factors in shaping positive treatment outcomes for individuals with SUD. These congruent findings provide a robust foundation for the advancement of SUD counselling practices, further underscoring the crucial role of counsellor qualities in facilitating lasting change in clients with SUD.

This qualitative study offers various avenues for further qualitative and quantitative research. Cross-sectional quantitative research can measure the relationship between participants' choice of treatment and the perceived impact of that treatment. Further exploration around the long-term impact or outcomes of counselling approaches, including retention rate and number of days without using alcohol or drugs, will be enlightening, as the current study highlighted that counsellors reported using evidence-based therapy, including CBT, MI, and group therapy, as their main treatment approaches. This is an interesting finding, as the majority of previous studies reported that recovering counsellors were more likely to impose 12-step programmes compared to counsellors without a history of substance abuse (Eddie et al., 2019).

7. CONCLUSION

The qualitative investigation of counselling approaches and characteristics among recovering counsellors working in addiction treatment agencies in New York, United States, has yielded important insights into the dynamic landscape of addiction treatment. By exploring their counselling approaches and skills in assisting clients with SUD, counsellors in recovery can chart a course for professional growth, whether through training or continued development. This study provides a holistic framework for augmenting the therapeutic landscape of addiction treatment agencies in New York, the USA, and around the world. The research also shed light on the significant influence of counsellors' personal characteristics on the outcomes of substance abuse treatment. Notably, qualities such as genuineness, honesty, non-judgemental attitudes, and empathy were identified as crucial. This finding aligns with Bedell et al. (2019), who emphasised the role of counsellor genuineness in promoting client self-disclosure and engagement in SUD treatment. Additionally, recovering counsellors' in this study stressed the importance of honesty, which resonates with Carroll et al. (2014) recognition of counsellor honesty as a critical element in achieving lasting SUD recovery.

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INSTITUTIONAL REVIEW BOARD STATEMENT

The Ethical Committee of the Adelphi University, USA has granted approval for this study on 2 March 2016 (Ref. No. 020316).

TRANSPARENCY

The authors confirm that the manuscript is an honest, accurate, and transparent account of the study; that no vital features of the study have been omitted; and that any discrepancies from the study as planned have been explained. This study followed all ethical practices during writing.

COMPETING INTERESTS

The authors declare that they have no competing interests.

AUTHORS' CONTRIBUTIONS

Material preparation, data collection, and analysis, A.A.H.S.; wrote the first draft of the manuscript. All authors commented on previous versions of the manuscript, A.B.R., T.M.Z.T.S. and I.A. All authors have read and agreed to the published version of the manuscript.

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