PERSONAL WELLNESS FOR SUBSTANCE ABUSE COUNSELORS

3 Continuing Education Credits

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ABOUT THE INSTRUCTOR

Dr. Robert A. Shearer is a retired professor of Criminal Justice, Sam Houston State University. He received his Ph.D. in Counseling and Psychology from Texas A & M University, Commerce. Prior to teaching Criminal Justice, he taught Educational Psychology at Mississippi State University on campus and in the extension program across rural Mississippi during the civil rights era.

He has been teaching, training, consulting and conducting research in the fields of Criminal Justice, human behavior, and addictions for over thirty-six years. He is the author of over sixty professional and refereed articles in Criminal Justice and behavior. He is also the author of Interviewing: Theories, techniques, and practices, 5th edition published by Prentice Hall. Dr. Shearer has also created over a dozen measurement, research, and assessment instruments in Criminal Justice and addictions.

He has been a psychotherapist in private practice and served as a consultant to dozens of local, state, and national agencies. His interests continue to be substance abuse program assessment and evaluation. He has taught courses in interviewing, human behavior, substance abuse counseling, drugs-crime-social policy, assessment and treatment planning, and educational psychology. He has also taught several university level psychology courses in the Texas Department of Criminal Justice Institutional Division, led group therapy in prison, trained group therapists, and served as an expert witness in various courts of law.

He has been the president of the International Association of Addictions and Offender Counseling and the editor of the Journal of Addictions and Offender Counseling as well as a member of many Criminal Justice, criminology, and counseling professional organizations prior to retirement.

Counselor Wellness in Substance Use Treatment: Current Evidence on Stress, Trauma, and Retention

The personal wellness framework this course provides, covering stress theory, burnout dimensions, personality factors, organizational stressors, and the body's physiological response to chronic stress, has been substantially expanded by recent research that moves beyond describing burnout as an occupational hazard to measuring its specific prevalence in substance use treatment settings, identifying the psychological mechanisms that produce or prevent it, documenting its workforce consequences, and extending the analysis to emerging roles in the addiction treatment system that did not exist when this course was written.

The scope of vicarious trauma exposure among substance use treatment staff, which this course discusses primarily through the lens of general counselor stress, was quantified in a 2025 cross-sectional survey of 86 staff members across 16 states working in opioid treatment programs. The study found that 89.2% of staff reported vicarious trauma exposure at work, 63.8% experienced moderate-to-severe vicarious trauma symptoms, and approximately 13% met preliminary criteria for PTSD. Despite this exposure, staff demonstrated moderate resilience and moderate-to-high levels of empowerment, suggesting that trauma exposure and occupational functioning can coexist, though not without cost (Coffee et al., 2025). For the stress framework this course presents, the Coffee et al. data quantifies what this course describes in general terms: substance use treatment staff are not merely stressed. Nearly nine in ten are vicariously traumatized by their work, and more than one in ten meet criteria for a clinical trauma disorder. The Selye stress model this course teaches, alarm, resistance, exhaustion, provides a framework for understanding why counselors can function for years in these conditions before decompensating: the resistance stage can be sustained for extended periods, but eventual exhaustion is predictable when the stressor is chronic and the exposure is repeated.

The specific occupational stressors that produce burnout in substance use treatment workers were documented in a 2026 qualitative study of 32 harm reduction workers. The research identified four primary stressor categories: excessive workloads, occupational hazards (including exposure to overdose and death), emotional labor, and boundary challenges. Systemic pressures from nonprofit industry dynamics, resource competition, understaffing, inadequate compensation, and job instability, amplified individual-level stress. Critically, occupational stress sometimes led to substance use relapse among workers who were themselves in recovery (McCormick et al., 2026). For the personal wellness framework this course provides, the McCormick et al. finding that stress can trigger relapse in counselors with recovery histories adds a clinical urgency that general workplace wellness programs do not address. When the counselor's personal recovery is at risk from occupational stress, personal wellness is not an employee benefit, it is a clinical safety issue for both the counselor and their clients.

The protective factors that enable some addiction treatment professionals to maintain wellbeing despite trauma exposure were identified in a 2026 study of 111 nurses working in substitution treatment and harm reduction services. Most reported moderate-to-high levels of compassion satisfaction alongside manageable burnout and traumatic stress levels. Protective factors included physical wellness, professional readiness, strong teamwork dynamics, and supportive work environments (Mavridoglou et al., 2026). For the stress management section of this course, the Mavridoglou et al. findings shift the emphasis from individual coping strategies, which this course covers through relaxation techniques and cognitive restructuring, to organizational and relational factors that determine whether individual coping

is sufficient. The finding that teamwork and supportive environments protect against compassion fatigue means that counselor wellness is not solely the counselor's responsibility; it is an organizational function that requires institutional investment in supervision, team cohesion, and manageable caseloads.

The psychological mechanisms through which some clinicians develop burnout while others maintain professional quality of life were examined in a 2025 cross-sectional analysis of 172 therapeutic service providers. The study found that avoidant coping played a central mediating role in the relationship between locus of control and all three quality-of-life outcomes: compassion satisfaction, secondary traumatic stress, and burnout. Internal locus of control was associated with stronger professional quality of life, and avoidant coping eroded this protection (Simpson et al., 2025). For the personality type and stress section of this course, which discusses Type A and Type B personality patterns, the Simpson et al. finding identifies a more clinically actionable mechanism. Counselors who believe they can influence their work outcomes (internal locus) and who confront rather than avoid stressors maintain professional satisfaction. Those who feel powerless over their work conditions (external locus) and cope through avoidance, whether through withdrawal, substance use, or emotional numbing, are on the trajectory toward burnout that this course's exhaustion stage describes.

The workforce retention consequences of inadequate wellness support were documented in a 2025 longitudinal qualitative study tracking 13 newly certified peer support specialists over three years. Those who remained employed cited personal fulfillment and a supportive work environment as their primary motivations. Those who left peer specialist roles described "poor health and disability, or described past traumatic experiences, stress, and burnout" as contributing factors (Siantz et al., 2025). For the substance use treatment workforce, peer support specialists represent the most rapidly growing role category, and the most vulnerable, because their professional value derives from the very lived experience that makes them susceptible to secondary traumatic stress and relapse. Programs that recruit peer specialists without providing the wellness infrastructure this course describes are deploying a vulnerable workforce without protection.

The structural conditions of the addiction counselor workforce itself, the credentialing variation, scope of practice differences, and supervisory gaps that shape whether counselors have the professional support this course identifies as essential for wellness, were documented in a 2025 analysis finding that while 41 states credential graduate-level addiction counselors, requirements vary substantially. Only 26 states permit independent practice, and average required practice hours before independent licensure approach 2,887 hours (Gaiser et al., 2025). For counselors navigating the personal wellness challenges this course describes, the workforce infrastructure that would support them, consistent credentialing standards, adequate supervision, clear scope of practice, remains fragmented across jurisdictions.

How Common Is Burnout in This Workforce?

This course argues that substance abuse counselors face elevated risk of stress and burnout, and recent data allow that claim to be quantified rather than merely asserted. Klingemann and colleagues (2024) surveyed 452 addiction therapists across 184 alcohol treatment facilities and found burnout to be strikingly common. Sixty-two percent of the therapists reported exhaustion at a moderate or higher level, and fifty percent reported disengagement from their work at a moderate or higher level. In other words, roughly three in five of these counselors were experiencing meaningful emotional exhaustion, and half had begun to distance themselves from the work. Just as important for the argument of this course, the

study found that organizational conditions, such as the conflict between work and family, the emotional demands of the job, low job satisfaction, and the pressure to hide one's feelings, were stronger predictors of burnout than individual personality traits.

Two honest qualifications belong with this figure. The study was conducted in Poland, so the exact percentages may not transfer precisely to the United States, and it was a cross-sectional survey rather than a systematic review, so it is a snapshot rather than a pooled estimate. A strong, recent systematic review quantifying burnout specifically in the United States addiction-counselor workforce, with a clean comparison against other helping professions, does not yet exist. What the Klingemann data establish, and what the broader literature consistently supports, is that burnout in this workforce is not a rare affliction of a few poorly-coping individuals. It is a majority experience, and its strongest drivers are the conditions of the work rather than the characters of the workers.

For the practitioner, this reframes the entire subject of the course. If a majority of one's colleagues are exhausted and half have begun to disengage, then a counselor who finds themselves struggling is not weak or uniquely unsuited to the work. They are having a common and predictable response to a demanding occupation. That recognition matters, because the shame of feeling that one should be coping better is itself a barrier to seeking help. And the finding that organizational conditions drive burnout more than individual traits foreshadows a theme that the intervention research, discussed below, makes central: personal wellness cannot be secured by individual effort alone, because the causes are substantially organizational.

The Modern Physiology of Chronic Stress: From Selye to Allostatic Load

This course teaches the physiology of stress through Hans Selye's classic general adaptation syndrome, with its three stages of alarm, resistance, and exhaustion. That model remains a useful teaching frame, and modern stress physiology has extended it in a way that deepens the course's message about the cost of chronic occupational stress. The extension is the concept of allostatic load, articulated most influentially by McEwen (1998).

The core idea refines Selye in an important way. Allostasis refers to the body's ability to maintain stability through change, mounting a stress response, releasing hormones such as cortisol and adrenaline, and mobilizing energy to meet a challenge. In the short term, these stress mediators are protective and adaptive. They are exactly what a counselor needs to handle an acute crisis. Allostatic load is the cumulative cost of running this system too often and for too long, the wear and tear that accumulates when the stress response is activated repeatedly without adequate recovery. The very mediators that protect the body acutely begin to damage it when they are chronically elevated, and this cumulative load has been linked to a range of physical consequences, including impaired immune function, cardiovascular disease, metabolic problems, and changes in the brain regions that regulate memory and emotion.

This modern framing gives Selye's exhaustion stage a precise physiological meaning and connects it directly to the health of the counselor. When a substance abuse counselor spends years in the resistance stage, chronically activated by the emotional demands, crises, and vicarious trauma of the work, they are accumulating allostatic load, and the eventual toll is not only the psychological state of burnout but measurable damage to physical health. This is why the vicarious-trauma findings described earlier in

this course, showing that nearly nine in ten opioid-treatment staff are exposed to vicarious trauma and a substantial minority meet criteria for a trauma disorder, are not merely psychological observations. Repeated activation of the stress response is writing itself into the body.

For the practitioner, the allostatic-load framework carries a clear implication. Recovery is not a luxury but a physiological necessity. The stress response is designed to be switched on and then off, and the damage comes from leaving it on. Genuine recovery time, meaning real rest, disengagement from work, and the restorative activities that allow the stress mediators to return to baseline, is what prevents allostatic load from accumulating. A counselor who never fully powers down, who carries the work home every night and takes no genuine breaks, is not simply tired. They are, in the language of modern stress physiology, accumulating a load that their body will eventually be forced to pay.

Secondary Traumatic Stress: The Occupational Hazard of Caring

This course addresses counselor stress broadly, and a specific form of it deserves particular attention because it arises directly from the therapeutic work itself rather than from workload or organization. Secondary traumatic stress is the distress that helping professionals absorb from repeated exposure to their clients' trauma, and it can produce symptoms that mirror post-traumatic stress disorder in someone who never directly experienced the traumatic events. Henderson and colleagues (2025) conducted a systematic review of secondary traumatic stress in mental health professionals, drawing on 23 studies, and found that its prevalence ranged from 19 percent to 70 percent across the studies. Even at the low end, this means that a substantial share of clinicians carry meaningful secondary traumatic stress, and at the high end it describes a majority.

The review's most important finding for substance abuse counselors concerns who is most vulnerable. Personal trauma history among clinicians was itself common, ranging from 19 percent to over 80 percent across studies, and fourteen of eighteen studies found a significant positive relationship between a clinician's own history of trauma and their level of secondary traumatic stress. In plain terms, clinicians who have their own trauma histories are at heightened risk of absorbing their clients' trauma. This finding has a specific and weighty relevance in substance abuse treatment, because so many counselors in this field are themselves in recovery and carry the very trauma histories that often accompany addiction. The lived experience that makes a counselor in recovery so valuable to clients is also, on this evidence, a source of vulnerability to secondary traumatic stress.

For the practitioner and the program, this evidence argues for taking secondary traumatic stress seriously as an occupational hazard rather than a personal weakness. It is a predictable consequence of empathic engagement with traumatized clients, not a sign that a counselor is doing something wrong. Recognizing it, screening for it, and building supports that specifically address it, including trauma-informed supervision and the opportunity to process the emotional residue of the work, are appropriate professional responses. And the heightened vulnerability of counselors with their own trauma histories argues for particular attention to this group, not by excluding them, since their lived experience is an asset, but by ensuring that the supports around them are strong enough to protect the wellbeing that their work continually taxes.

What Actually Reduces Burnout: Individual Effort or Organizational Change?

This course teaches stress management techniques that counselors can practice individually, and those techniques have real value. But a crucial question for anyone serious about counselor wellness is whether individual effort is enough, or whether the causes of burnout lie substantially beyond the individual's control. The strongest evidence on this question delivers a clear and somewhat challenging answer.

Panagioti and colleagues (2017) conducted a systematic review and meta-analysis of controlled interventions to reduce burnout, pooling 20 comparisons from 19 studies involving 1,550 physicians. Interventions overall produced a small but significant reduction in burnout, with a standardized effect of about 0.29. The finding that matters most, however, came from comparing two kinds of intervention. Organization-directed interventions, which changed the conditions of the work through such measures as workload adjustments, schedule changes, and improvements to teamwork and communication, produced an effect of about 0.45, in the medium range. Individual-directed interventions, which taught the worker coping skills such as mindfulness or stress management, produced an effect of about 0.18, small by comparison. Organization-directed interventions were roughly two and a half times as effective as individual ones, and the difference was statistically significant. A larger review by West and colleagues (2016), covering both randomized trials and cohort studies, reached a compatible conclusion, finding that burnout could be meaningfully reduced and that both individual and organizational strategies contributed.

The message is not that individual stress management is worthless. It clearly helps, and this course is right to teach it. The message is that individual effort alone is a limited lever against a problem whose causes are substantially organizational. Telling exhausted counselors to meditate more, while leaving unmanageable caseloads, inadequate supervision, and toxic organizational conditions untouched, addresses the smaller part of the problem while ignoring the larger. This aligns precisely with the prevalence finding that organizational conditions predict burnout more strongly than individual traits.

For the practitioner, this evidence is both a relief and a call. The relief is that persistent burnout despite one's best coping efforts is not a personal failure, because individual coping was never going to be sufficient on its own against organizational drivers. The call is twofold. Counselors and their advocates have grounds, in the strongest evidence available, to press their organizations for the structural changes, manageable caseloads, adequate staffing, real supervision, supportive team culture, that the research shows are the most effective remedy. And programs that genuinely care about retaining their workforce have an evidence-based mandate to invest in those changes rather than offering a wellness workshop and considering the matter addressed. Personal wellness, the evidence says, is not only a personal responsibility. It is an organizational one.

Mindfulness and Evidence-Based Stress-Management Techniques

Within the domain of what individuals can do, this course teaches relaxation and cognitive techniques, and the evidence supports one approach in particular with unusual consistency. Mindfulness-based interventions, which train a person to attend to the present moment with acceptance rather than judgment, have been tested repeatedly for their effect on clinician burnout. Salvado and colleagues (2021) conducted a systematic review and meta-analysis of mindfulness-based interventions for burnout in primary healthcare professionals, drawing on ten studies with 417 participants. The results were consistent and moderate in size. Mindfulness training significantly reduced emotional exhaustion, with an effect of about 0.54, reduced depersonalization, the cynical distancing from clients, with an effect of about 0.34, and increased personal accomplishment, the sense of effectiveness in one's work, with an effect of about 0.34. The effects were consistent in direction across the included studies.

These are meaningful effects for a set of skills that a counselor can learn and practice, and they map directly onto the dimensions of burnout this course describes. Emotional exhaustion is the core of burnout, depersonalization is the erosion of empathy that endangers client care, and reduced personal accomplishment is the loss of meaning that so often accompanies chronic stress. Mindfulness training moved all three in the right direction.

Read alongside the intervention evidence in the previous section, this finding takes its proper place. Mindfulness is an individual-directed intervention, the very category that the broader meta-analysis found to be helpful but smaller in effect than organizational change. That does not diminish its value. It clarifies it. Mindfulness is one of the better-supported things a counselor can do for themselves, and a counselor who builds a mindfulness practice is making an evidence-based investment in their own resilience. But it works best as part of a fuller strategy that also presses for the organizational conditions that individual practice cannot fix. For the practitioner building the personal wellness plan this course calls for, mindfulness deserves a central place among the individual techniques, chosen not because it is fashionable but because it is among the most rigorously supported. The realistic expectation is a moderate, genuine benefit, one worth having, pursued without the illusion that it can single-handedly counteract a punishing work environment.

The Counselor in Recovery: A Special Vulnerability

A distinctive feature of the substance abuse treatment workforce is that so many of its members are themselves in recovery from the conditions they treat, and the research assembled here identifies a specific vulnerability that this course's general framework only implies. For a counselor in recovery, occupational stress is not only a threat to wellbeing and job performance. It is a potential threat to their own sobriety.

The qualitative research on harm reduction workers found this directly. Among workers who were themselves in recovery, occupational stress sometimes led to a return to substance use (McCormick et al., 2026). The pathway is not mysterious. Chronic stress is a well-established relapse trigger, and a counselor in recovery who is exhausted, vicariously traumatized, and inadequately supported is exposed to exactly the conditions that endanger sobriety, while working in an environment saturated with reminders of substance use. The peer-specialist research points the same way. Among newly certified

peer support specialists, whose professional value derives entirely from their lived experience of recovery, those who left the field often cited stress, burnout, and past traumatic experiences as reasons for leaving (Siantz et al., 2025). The very people whose recovery qualifies them for the work are the people whose recovery the work can jeopardize.

The mechanism research adds a further layer. The study of coping and professional quality of life found that avoidant coping, the tendency to withdraw from or numb oneself against stressors, eroded professional quality of life and was associated with worse outcomes (Simpson et al., 2025). For a counselor in recovery, avoidant coping is doubly dangerous, because the substance they are in recovery from was, for many, the original avoidant coping strategy. Stress that drives a counselor toward avoidance is stress that pushes toward the very pattern their recovery is meant to replace.

For the practitioner and the program, this evidence establishes that personal wellness for a counselor in recovery is not merely an occupational-health matter but a recovery-protection matter. It argues for specific supports, including the counselor's own continued participation in recovery activities, attention to the accumulation of stress before it reaches crisis, supervision that can hold the intersection of professional stress and personal recovery, and an organizational culture that treats a counselor's need to protect their sobriety as legitimate rather than as a liability. The lived experience that makes these counselors invaluable comes with a vulnerability that the field has an obligation to protect, both for the counselor's sake and for the clients who depend on their sustained wellbeing.

Building a Personal Wellness Plan

This course culminates in the task of assessing one's own stress and building a personal wellness plan, and the research assembled here gives that plan evidence-based content across several dimensions. A wellness plan grounded in this evidence has both individual and structural components, because the evidence shows that both matter.

The first dimension is honest self-assessment. Because burnout is a majority experience in this workforce and its progression through Selye's stages toward exhaustion is predictable, a wellness plan should begin with a clear-eyed and repeated assessment of where one actually stands. Validated self-assessment tools, of the kind this course provides, allow a counselor to track their emotional exhaustion, their degree of disengagement, and their sense of accomplishment over time, rather than noticing only when they reach crisis. Because these states change, assessment should be periodic rather than a single event, giving the counselor early warning as the numbers move in the wrong direction.

The second dimension is genuine recovery from stress, understood physiologically. The allostatic-load framework establishes that the harm of chronic stress comes from insufficient recovery, so a wellness plan must protect real downtime, time genuinely disengaged from work in which the stress response can return to baseline. This is not indulgence. It is the specific mechanism by which physical damage is prevented, and a plan that fills every hour, including supposed rest, with more demand is a plan that permits allostatic load to accumulate.

The third dimension is an evidence-based individual practice, with mindfulness as a well-supported centerpiece given its consistent moderate effects on all three burnout dimensions. A counselor need not adopt every wellness fashion, but building a sustainable practice in one or two rigorously supported

approaches is a sound investment in resilience.

The fourth dimension, and the one this course's original framework understates, is the structural and relational. Because organizational conditions drive burnout more powerfully than individual traits, and because organization-directed interventions are markedly more effective than individual ones, a complete wellness plan cannot stop at what the counselor does alone. It should include cultivating supportive team relationships, which the evidence identifies as protective, seeking out strong supervision, and, where possible, advocating for manageable caseloads and healthier working conditions. For counselors in recovery, the plan should explicitly protect their recovery activities and treat their sobriety as a wellness priority. A wellness plan built on this evidence is therefore not only a set of private habits but a strategy that engages the counselor's environment, because the science is clear that lasting wellness in this demanding field is produced by individuals and organizations together, not by individuals alone.

Stress and Burnout: Making the Distinction Actionable

This course draws a careful distinction between stress and burnout, and the recent evidence gives that distinction practical teeth. Stress is the body's response to demand, and it can be acute and even useful, mobilizing a counselor to meet a challenge. Burnout is what stress becomes when it is chronic and unrelieved, a state of emotional exhaustion, cynical detachment from the work and the people it serves, and a diminished sense of accomplishment. The difference is not merely one of degree but of kind. Stress is a response to a present demand and resolves when the demand passes. Burnout is a settled condition that persists even when the immediate pressure lifts, and it corresponds to the exhaustion stage in the physiological model this course teaches.

The prevalence research makes the distinction concrete. When Klingemann and colleagues (2024) found that 62 percent of addiction therapists reported exhaustion and 50 percent reported disengagement, they were measuring the two core dimensions of burnout, not mere stress. Exhaustion is the depletion of emotional resources, and disengagement, sometimes called depersonalization, is the protective distancing that a chronically overtaxed person unconsciously adopts toward the source of the demand. That distancing is particularly consequential in a counselor, because the work depends on empathic connection, and the cynical detachment of burnout directly undermines the therapeutic relationship. A stressed counselor may be tired but still present with their clients. A burned-out counselor has begun to withdraw the very engagement that makes them effective.

For the practitioner, making this distinction actionable means watching for the shift from one to the other. Occasional acute stress, followed by recovery, is a normal and manageable part of demanding work. The warning sign is the transition to chronicity, when stress no longer resolves with rest, when tiredness hardens into exhaustion, when caring gives way to cynicism, and when the sense of doing good work fades into futility. Recognizing that shift early, while it is still stress and before it has consolidated into burnout, is the point at which intervention is most effective and recovery most achievable. The distinction this course draws is therefore not academic. It is a clinical early-warning system, and knowing which state one is in tells the counselor whether they need ordinary recovery or something more substantial.

Recognizing the Warning Signs Before Exhaustion

Because burnout develops gradually through the stages this course describes, it can advance a long way before a counselor consciously registers it, and the ability to recognize the warning signs early is one of the most protective skills a counselor can develop. The evidence points to several categories of sign worth monitoring.

The first are the physical signs, which the allostatic-load framework helps explain. Chronic activation of the stress response produces bodily symptoms, including persistent fatigue that rest does not relieve, disrupted sleep, frequent minor illnesses as immune function is taxed, headaches, muscle tension, and changes in appetite. Because these accumulate quietly, a counselor may attribute each to an isolated cause while missing the pattern. Treating persistent physical symptoms as possible signals of chronic occupational stress, rather than dismissing them one by one, is an important form of self-monitoring.

The second are the emotional and cognitive signs, which track the dimensions of burnout the prevalence research measures. Growing emotional exhaustion, a sense of dread about work, increasing irritability or emotional flatness, and difficulty concentrating are early markers of the exhaustion dimension. A creeping cynicism about clients, a tendency to see them as cases rather than people, or a loss of the empathy that once came naturally, signal the onset of the disengagement dimension. And a fading sense that the work matters or that one is any good at it marks the erosion of personal accomplishment.

The third are the behavioral signs, which are often visible to others before the counselor admits them. Withdrawing from colleagues, calling in sick more often, procrastinating on documentation, cutting corners, and, most seriously for a counselor in recovery, turning toward avoidant coping such as substance use, are behavioral expressions of advancing burnout. The research on avoidant coping shows that this pattern erodes professional quality of life and, for those in recovery, threatens sobriety directly.

For the practitioner, the value of knowing these signs is that they permit intervention before the exhaustion stage fully arrives. A counselor who notices the early physical, emotional, and behavioral markers can act while recovery is still relatively easy, adjusting their workload, restoring genuine rest, strengthening their supports, and seeking help. A counselor who waits until they are fully exhausted faces a longer and harder road back. Self-monitoring for the warning signs is therefore not hypochondria or self-absorption. It is the practical application of everything this course teaches about how burnout develops, turned into an early-warning discipline.

Supervision as a Wellness Function

One organizational resource stands out in the evidence as protective against burnout and secondary traumatic stress, and it is one this course identifies as essential: good clinical supervision. Supervision is often thought of narrowly as oversight of a counselor's clinical work, but the research reframes it as a central component of counselor wellness.

The protective research points directly to it. Studies of what enables addiction treatment

professionals to sustain wellbeing despite trauma exposure identify supportive work environments and strong team dynamics among the key protective factors. Supervision, done well, is where much of that support becomes concrete. It is the structured relationship in which a counselor can process the emotional residue of difficult cases, receive validation that their reactions are normal, gain perspective on situations that feel overwhelming, and be helped to see warning signs they may be missing in themselves. For secondary traumatic stress in particular, which arises from empathic engagement with clients' trauma, trauma-informed supervision that makes space to process that exposure is one of the more targeted supports available.

The intervention evidence reinforces the point. Because organization-directed changes are more effective than individual coping alone, and because supervision is an organizational provision rather than something a counselor can supply for themselves, strengthening supervision is exactly the kind of structural investment the research favors. Yet the workforce analysis discussed earlier found significant gaps in supervisory opportunity across jurisdictions, meaning that many counselors lack the very support that would protect them.

For the practitioner and the program, this evidence elevates supervision from a compliance requirement to a wellness intervention. A counselor should seek out and make full use of supervision not only to improve their clinical work but to protect their own wellbeing, bringing to it not just clinical questions but the emotional weight of the work. And a program serious about retaining its workforce should invest in supervision that is regular, skilled, and genuinely supportive rather than merely evaluative, recognizing it as one of the more effective and evidence-aligned protections against the burnout that costs the field so dearly. Supervision, understood this way, is where the individual and organizational dimensions of wellness meet, a structural provision that directly supports the individual counselor's capacity to sustain the work.

Why This Matters: The Workforce Cost of Burnout

The case for taking counselor wellness seriously rests not only on compassion for the counselor but on the consequences of ignoring it, which extend to clients and to the treatment system as a whole. The evidence makes those consequences concrete.

The most direct consequence is turnover. When counselors burn out, many leave, and the research on peer support specialists showed this plainly, with those who left the field frequently citing stress, burnout, and traumatic experiences as their reasons (Siantz et al., 2025). Turnover is not merely an administrative inconvenience. In a field already short of workers, the loss of an experienced counselor removes capacity that is hard to replace, disrupts the continuity of care that clients depend on, and imposes the costs of recruiting and training a successor. A workforce that burns out and departs is a workforce that shrinks precisely when demand for its services is rising.

The consequences reach the quality of care as well. The disengagement dimension of burnout, the cynical distancing from clients, directly undermines the empathic relationship that effective counseling requires. A burned-out counselor is, by definition, less able to bring the engagement, patience, and warmth that treatment depends on. For clients whose recovery hinges on the therapeutic relationship, a counselor's burnout is not a private matter. It degrades the care they receive.

And for the substantial share of counselors who are themselves in recovery, the ultimate cost of unaddressed burnout can be relapse, as the harm reduction research documented. The loss of such a counselor to relapse is a double tragedy, harming the counselor and depriving clients of someone whose lived experience made them uniquely valuable.

These consequences are why the intervention evidence matters so much. Because organization-directed changes are the most effective remedy, and because the costs of inaction fall on clients and the system as well as on counselors, investment in counselor wellness is not a discretionary kindness but a sound decision for any program that wants to retain its workforce and protect the quality of its care. The workforce infrastructure gaps documented earlier in this course, the credentialing variation and supervisory shortfalls, compound the problem by leaving counselors without the professional support that protects against burnout. Addressing counselor wellness, at both the individual and organizational levels, is therefore an investment in the sustainability of the treatment system itself, and the cost of doing nothing is measured in lost counselors, diminished care, and, sometimes, lost recoveries.

What Programs and Supervisors Can Do

Because the evidence identifies organizational conditions as the strongest driver of burnout and organization-directed interventions as the most effective remedy, a supplement on counselor wellness would be incomplete if it spoke only to the individual counselor. Much of the leverage lies with programs and supervisors, and translating the research into concrete organizational practice gives leaders a set of actions that the evidence, rather than mere goodwill, supports.

The first and most direct is managing caseloads and workload. The prevalence research consistently identifies excessive workload and emotional demand as central drivers of burnout, which means that the single most powerful thing a program can do is ensure that caseloads are sustainable. This is rarely simple in a field that is chronically underfunded and understaffed, but it reframes caseload not as a purely budgetary question but as a workforce-retention and quality-of-care question. A program that overloads its counselors until they burn out and leave has not saved money; it has incurred the hidden costs of turnover, lost experience, and degraded care, while shrinking its own capacity. Treating manageable workload as an investment rather than an expense is the organizational counterpart to the individual counselor's protection of genuine recovery time.

The second is building supervision that functions as a wellness resource rather than only as oversight. The evidence identifies supportive supervision and strong team dynamics among the key protective factors, and it identifies supervision as an organizational provision that individuals cannot supply for themselves. A program serious about wellness therefore invests in regular, skilled, trauma-informed supervision that makes space for counselors to process the emotional weight of the work, not merely to review compliance. For secondary traumatic stress in particular, which arises from empathic engagement with clients' trauma, supervision that can hold that exposure is one of the more targeted supports a program can offer. Where supervisory capacity is thin, expanding it is precisely the kind of structural investment the research favors.

The third is cultivating a team culture and physical environment that protect wellbeing. The protective-factors research points to teamwork, cooperation, a positive work climate, and colleague

support as conditions associated with sustained compassion satisfaction. These are not accidental; they are cultivated by leadership that models respect, that makes it safe to acknowledge struggle rather than punishing it, and that builds in the connection and mutual support the evidence rewards. A culture in which a counselor who is struggling is met with support rather than judgment is a culture that catches problems early, while they are still manageable, rather than losing people to a crisis that could have been prevented.

The fourth is attending specifically to counselors in recovery. Because occupational stress can threaten the sobriety of counselors who are themselves in recovery, and because so much of this workforce, including the rapidly growing peer-specialist role, draws its value from lived experience, a program has a particular obligation to protect that group. Concretely, this means treating a counselor's continued participation in their own recovery activities as legitimate and protected rather than as competition with work demands, building in supervision that can hold the intersection of professional stress and personal recovery, and monitoring for the accumulation of stress before it reaches the point where relapse becomes a risk. Deploying peer specialists and counselors in recovery without this infrastructure, the research suggests, is deploying a uniquely valuable and uniquely vulnerable workforce without protection.

The fifth is reducing the stigma and structural barriers that keep struggling counselors from seeking help. If a majority of the workforce experiences burnout, then a counselor who is struggling is having a common and predictable response, not a personal failure, and organizations can make that truth visible. Normalizing the reality of occupational stress, providing confidential avenues to seek support, and ensuring that acknowledging burnout does not carry professional penalty all lower the barrier to early intervention. The shame of feeling that one should be coping better is itself an obstacle to help-seeking, and leadership that speaks openly about the demands of the work helps dismantle it.

None of these organizational actions replaces the individual practices this course teaches, and none is a substitute for the others. Together, though, they represent the higher-leverage half of the wellness equation that the evidence identifies, the half that individual willpower cannot supply. A program that pairs the individual wellness skills its counselors develop with these organizational investments is doing what the research shows most reliably protects a workforce, and it is protecting not only its counselors but the clients and the continuity of care that depend on them.

From Evidence to Practice

Taken together, the research assembled here both validates and reframes the personal wellness framework this course provides.

It validates the course's central concern. Burnout in this workforce is common, affecting a majority of counselors, its physiological toll is real and cumulative, and its trauma dimension is substantial, with a large share of counselors carrying secondary traumatic stress and many carrying their own trauma histories that heighten the risk. The course is right that personal wellness is not a soft or optional topic. It is a serious occupational-health and, for counselors in recovery, recovery-protection issue.

At the same time, the evidence reframes where the solution lies. The strongest single finding is that the causes of burnout are substantially organizational, and that organization-directed interventions are

markedly more effective than individual ones. This does not diminish the individual techniques this course teaches, which genuinely help, with mindfulness among the best supported. It places them in proportion. Individual coping is a necessary part of the answer and an insufficient whole. A counselor who does everything right individually can still burn out in a punishing environment, and the honest, evidence-based message is that this is not their failure.

The practical implications follow directly. Counselors should assess themselves honestly and repeatedly, protect genuine physiological recovery, build an evidence-based individual practice, and attend with special care to the vulnerabilities of colleagues in recovery. And they, together with the programs that employ them, should treat the organizational drivers of burnout as the high-leverage target the evidence shows them to be, pressing for the manageable caseloads, adequate supervision, supportive culture, and structural change that individual willpower cannot substitute for.

The deepest lesson of this update is a shift in responsibility and therefore in hope. If burnout were simply a matter of individual coping, then a struggling counselor would have only themselves to blame and only themselves to rely on. The evidence says otherwise. Burnout is largely a product of conditions, which means it is a product of choices that organizations and the field can make differently. That is a more demanding message, because it asks more than a wellness workshop. But it is also a more hopeful one, because it means the wellbeing of substance abuse counselors, and the sustainability of the workforce their clients depend on, is genuinely within reach, if the individual care this course teaches is joined to the organizational change the evidence demands.

Introduction

Counselor heal thyself! This is a particularly poignant directive for substance abuse counselors. Depending on the setting or agency, personal wellness can be an important concern to maintain personal and professional effectiveness.

Substance abuse counselors work in a variety of settings including:

- Adult institutions
- Juvenile institutions
- Jails and detention centers
- Halfway house
- Probation and parole
- Drug courts
- Inpatient treatment programs
- Out-patient treatment programs
- Private practice

The common denominator of all of these settings is a client who is abusing substances and may or may not be a public offender. Regardless of whether the client is a criminal addict, addicted criminal, voluntarily or involuntarily a client of a substance abuse counselor, this unique combination of settings, motivational levels, and characteristics creates a serious concern for the personal wellness of a counselor. Traditionally, this area of concern has been described as:

- Wellness management
- Wellness in the workplace
- Occupational wellness

The primary focus of this course is on personal wellness in two critical areas: Stress and Burnout. Before you progress any farther in the course, you may wish to move to the *Appendix* and complete the following inventories in order to receive some personal feedback on how you rate yourself on these critical areas:

- *Wellness Management Inventory: Clients*
- *Wellness Management Inventory: Agency/Institution*
- *Wellness Management Inventory: Burnout*

Personal Wellness

Substance abuse counselors may be at higher risk for stress and burnout than other counselors, because they work with chronic and difficult clients. Intuitively, it makes sense that working with clients who abuse substances is frustrating, emotionally exhausting, tiresome, often thankless, a greater risk, and not without problems of lower salary. Transference and counter transference issues in working with substance abusing clients, along with high rates of relapse or recidivism, may tend to increase the emotional intensity of the therapeutic relationship and thus increase the stress and burnout. Substance abusing clients may be particularly difficult to work with and demanding of counselors because of their resistance, denial, and minimization of their problems—defenses that are inherent and anticipated in the maladaptive behavior.

It would seem that stress and burnout may be associated with counselors who work with clients who abuse substances, but there isn't much specific information about the relationship. Nevertheless, it has been found that counselors of recovering alcoholics tended to burn out at a greater rate than do their nonalcoholic counterparts. In addition, it appears that a sense of personal accomplishment is an important factor in mitigating emotional exhaustion and depersonalization.

Stress and Burnout

A wealth of research has been conducted on the constructs of stress and burnout especially in regard to its devastating effects. Further, research has led to a better understanding of the causes and treatment of stress and burnout. Within the body of the research literature, the most studied occupations are teachers, nurses, and police officers. Law enforcement officers experience high levels of stress that may be different from most other occupations. However, a related group from the criminal justice system, substance abuse counselors, appears infrequently in stress research. Overall, there appears to be a paucity of research on the stress experienced by substance abuse counselors when compared to other occupations. However, most of the existing studies examine the work of these occupations through a stress-related concept referred to as burnout.

The Relation of Stress and Burnout

Hans Selye provided what continues to be the foundation of what we understand about stress. His theory, the General Adaptation Syndrome, defined stress as "a non-specific, often global, emotional response by an organism to real or imagined demands." For him, one of the central issues was the demand for modification or readjustment of behavior in response to the severity of the stress. According to Selye's triphasic theory, an individual's response to a stressor occurs in three stages: 1) an initial short-term stage of alarm, 2) a longer period of resistance or adaptation, and 3) a final stage of exhaustion. The pivotal period is in stage two. The individual's ability to resist the stressor or adapt behavior determines whether there is progression to stage three or return to a state of homeostasis (non-threat).

According to Seyle, one cannot stay highly aroused for very long, thus the initial alarm stage usually leads to stage 2 – resistance or adaptation. Individuals in this stage may become irritable, impatient, and angry. The energy wasted through these activities may lead to chronic fatigue as well as reduce their effectiveness on the job or diminish social relations. The ability to adapt or resist the stressful situation halts progression to Stage 3 (exhaustion). Stage 2 may persist for a few hours, several days, or even years, although eventually invulnerability to the stressor begins to decline.

The final stage is exhaustion. In this stage, stress robs psychological energy, and resistance is depleted. If the stress is not relieved, one can become too exhausted to adapt. At this point, the individual becomes extremely alarmed by their inability to resolve stress and finally gives up which leads to maladjustment or withdrawal. The effects of this stage are closely related to the construct of burnout.

Like the exhaustion stage in Seyle's theory, burnout is most commonly characterized by physical fatigue, helplessness, emotional devitalization, and the development of negative self-concepts and attitudes towards work, life, and others. As a result, these characteristics lead to a sense of distress, discontent, and failure in the quest for the ideal. With continued exposure to stress, burnout ensues and the individual loses the ability to cope with and enjoy his or her environment. "Burnout is the painful realization that they no longer can help people in need and that they have nothing left to give."

Burnout is a work-related *syndrome* that stems from an individual's perception of a significant discrepancy between effort (input) and reward (output), this perception being influenced by individual, organizational, and social factors. It occurs most often in those who work face-to-face with troubled or needy clients and is typically marked by withdrawal from and cynicism toward clients, emotional and physical exhaustion, and various psychological symptoms, such as irritability, anxiety, sadness, and lowered self-esteem.

An important aspect of this definition is that burnout is restricted to those in the helping professions (e.g., law enforcement, corrections, teaching and nursing) that often require a level of emotional commitment unusual in other professions. Burnout is not the result of stress per se, but exposure to stress in which the individual sees no way out, experiences no buffers from the stress, or is unable to identify a support system. In other words, the burned out individual feels isolated or alienated.

A multidimensional model of burnout has been widely studied in the literature. According to this model, there are three fundamental dimensions of burnout: 1) emotional exhaustion (associated with feelings of being worn out, used up, or drained), 2) depersonalization (associated with a feeling of callousness or treating others as if they were impersonal objects), and 3) lack of personal accomplishment (associated with feelings of ineffectiveness and inadequacy). It has been noted that the outcome of burnout created emotional exhaustion and detachment or alienation from clients and personal relationships – including their family. This has led to a widely used burnout instrument which assesses burnout of the individual across the three aforementioned domains.

Individual and Organizational Factors Related to Stress and Burnout

There are two main categories for classifying factors that characterize or mediate stress and burnout – individual and organizational. Individual factors include such things as: demographics (e.g., age, gender, race, education level, etc.), attitudes (e.g., commitment to the occupation or job satisfaction), personality traits, and life experiences/changes (e.g., employment history). Organizational factors are elements that exist in the organization or elements driven by a group associated with the individual and include such things as: features in the work environment (type of assignment), quality of supervision, lack of support (from peers, administrators, family, etc.), public criticism, low salaries, isolation from adults, and role ambiguity.

It has been noted that individuals experiencing high levels of burnout reported a sense of conflict between the need to help and the ability to meet the demands of the job, highlighting the connection between burnout and role conflict. Accordingly, "Role ambiguity is associated with lack of clarity regarding a worker's responsibilities, methods, goals, or status." Role conflict is the inconsistency or incompatibility between job demands placed on the individual and their perceived role. Early research on burnout concluded that role conflict and role ambiguity were important elements in predicting burnout.

More specifically, empirical research on burnout has focused on job factors perhaps more than any other variable. In general, the body of research in the area finds that job factors are more highly related to burnout than are demographic or personal factors. Researchers have established a direct relation between burnout and many job factors, including: caseload, high levels of direct contact with clients, more difficult client problems, greater role conflict, and low levels of peer support.

Social Support, Stress, and Burnout

One of the most studied mediating factors in burnout research is social support. It has been consistently noted in the literature that social support is a significant mediator of stress and burnout. It was found that workers' scores on burnout correlated negatively with certain social support functions, including: listening, emotional support, and sharing of social reality. It was concluded that individuals who have access to social support are less likely to experience burnout. In another study, it was found that the lack of three social support factors were predictive of burnout: support from supervisors, reassurance of their worth, and what they termed "reliable alliance" (having someone to whom they could turn in a crisis situation). For example, many police officers have reported that they attempt to protect their families from the horrors of their job by not discussing the elements of the job. Such behaviors suggest that police officers, in an effort to shield their families from the stressful nature of the job, inadvertently create a situation that prevents them from receiving social support from the most effect source—the family. These and many other studies have shown the importance of the relation between social support and stress and burnout.

Counselor Stress

The first personal wellness factor to be discussed in this course is stress and its impact on the substance abuse counselor. Simply, stress is the process by which we appraise and cope with environmental threats and challenges. When we are challenged, stressors can have positive effects by arousing and motivating us to conquer problems. More often, stressors threaten our resources, including such things as: our status and security on the job, our loved one's health or well-being, our deeply held beliefs, or our self image. When such stress is severe or prolonged, it is harmful.

Misconceptions About Stress

- Misconception: Stress is the same for everyone.
  Each of us experience and respond to stress in different ways.

- Misconception: Stress is always bad for you.
  If you believe this then you think that having no stress in your life will make you healthy and happy. We know this is not true. A good analogy comes from the strings on a violin. Consider the tension caused by stress on a string on a violin. If the tension is loose, then the violin sounds dull. If the tension is too tight, the violin sounds shrill; and if extremely tight, the string may even break. Basically, we will always experience stress as a part of a normal life. The key is that learning how to monitor and manage stress makes us productive and happy.

- Misconception: Everything we do is stressful, why do anything about it?
  Although stress is inevitable in life, you should not ignore its presence. If you plan and set priorities, it is easier to manage the stress. Always keep in mind that when you are highly stressed, it is more difficult to plan and prioritize your activities. So, begin to learn methods of stress management early, before you think you need them.

- Misconception: The best stress reduction techniques are the ones that are used the most.
  This is not true—there is no magic cure. Different techniques work for different kinds of people. Our schedules and physical capabilities alone can limit our choices. The best approach is to develop a comprehensive program of techniques that work for you.

- Misconception: If you have no symptoms, then stress is not taking a toll on you.
  If you do not sense symptoms, this does not mean that you are absent stress. If you can monitor your current psychological and biological state during a stressful moment and not have any response, then you should probably question your body's ability to warn you of danger. If you are taking medications or have developed defense mechanisms to mask the symptoms of stress, then you are unable to reduce the strain on your body.

- Misconception: The only symptoms that require attention are the major ones.

If you ignore the smaller symptoms of stress (e.g., headaches or acid reflux), you are ignoring the early warning signs. If you wait for the major symptoms to appear, the damage may already be done. Much of what is presented in this course will be to contradict and correct these misconceptions.

Preliminary Considerations about Stress

Stress can have many different faces and many of the faces are inconsistent.

- Stress has both a *rational* and *irrational* face. Stress is rational because we should be stressed about things that could hurt us. On the other hand, stress can be completely out of proportion to the realistic possibility of being harmed.
- Stress has both a *normal* and *abnormal* face. Stress is a normal and adaptive reaction to threat. Excessive stress can lead to physical, social, and emotional problems.
- *Minor events* as well as *major crises* can be very stressful. Stress ranges from low level continuous stress to an acute stress reaction to a traumatic event.
- Stress is a *universal experience* across all ages, cultures, races, and species. The other face of stress concerns the evolutionary question of why such a *maladaptive response* has persisted over such a long period of time.
- Stress has a *functional* and *dysfunctional* face. Low levels of stress enhance performance but high levels clearly interfere with task performance.
- Socially, stress has two faces bringing out amazing acts of *courage* and valor or acts of extreme *aggression* or destruction.
- Another face of stress is the question of whether it is better to actively deal with what is *causing* the stress or reduce *stress response* without trying to modify the stressor. In the latter case a person simply "rolls with the punches" or "shakes it off" and continues with his/her life.
- Stress arises from *past* experiences, *present* concerns, and *future* stressors. Consequently, stress has many faces in time and place.

In conclusion, stress is characterized by many paradoxes and different faces. It can be helpful or destructive depending on the individual and his or her circumstances.

What Stress Is

Eustress and Distress

It is important to distinguish between two types of stress: eustress and distress.

Eustress: Positive, exhilarating, challenging experiences of success followed by higher expectations—basically "good stress" (e.g., getting married).

Distress: Disappointment, failure, threat, embarrassment, and other negative experiences.

The point is that whether good or bad stress, stress is still stress and it can have a negative impact on the individual's ability to appraise and cope with life's challenges.

In discussing stress it is important to establish a common vocabulary. Stressors, stress reaction, and strain are all different concepts that are linearly related.

- Stressor (Threat or Cause)

A specific problem, issue, challenge, or personal conflict that can be either an external or internal threat to the individual.

- Stress Reaction (Individual Response)
  An individual response to a given stressor (physiological, behavioral, emotional, or cognitive signs and symptoms)
- Strain (Effect)
  The prolonged impact of a stressor on the system which results in overload, fatigue, and leads to physical and mental illness. By understanding these concepts we will be able to make an often complex term easier to discuss.

Secondary Stressors

Unfortunately, when we experience stress we often find that it is like a disease that is easily spread. When we are stressed, it is easier to be impacted by more stress because our resources are weakened by already existing stress and strain. Further, stress is not some thing that is contained solely within the individual. The initial stress may take on a "life" of its own, so to speak.

Indirect effects of stress that are spin-offs from an earlier source of stress. Example: Loss of a job leads to shortage of money which leads to "hand me down" clothes for the children which leads to an embarrassed child which leads to more stress for the adult.

There are many things that impact how effective we are at dealing with stress. The intensity or level of threat the stress provides to the individual - the degree of reaction the individual thinks is necessary to reduce the stress. The duration of the threat and the frequency of the threat are impactful. All of these factors can impact the individual's ability to cope with stress as well as their ability to identify resources for avoiding or dealing with stress.

Burnout as Distinguished from Stress

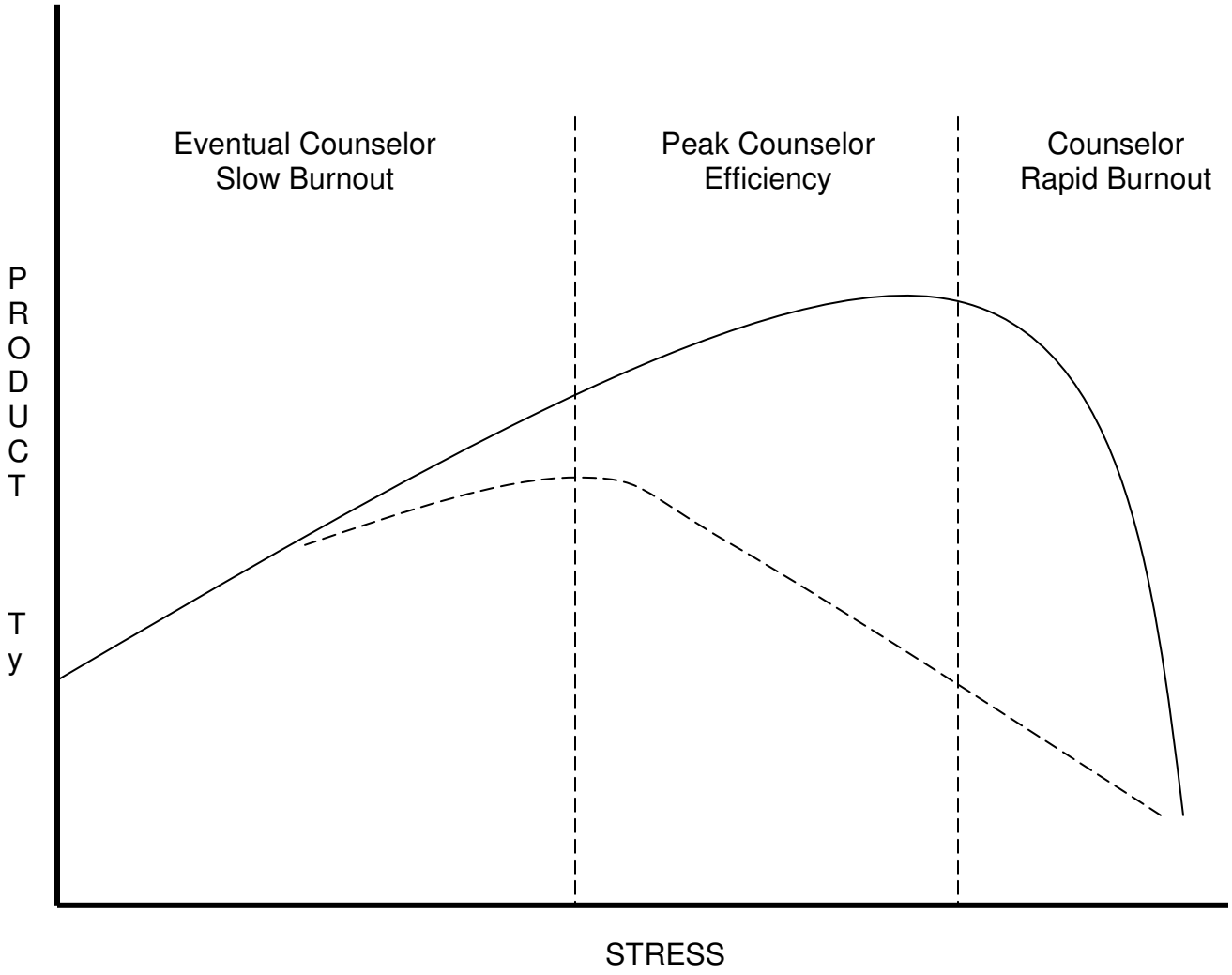
It is important to distinguish stress from burnout. We have defined stress, but what happens to the individual who remains stressed out for a long period of time? In its simplest form, burnout is the by-product of prolonged stress.

Burnout is most commonly characterized by physical fatigue, a sense of helplessness or hopelessness, emotional devitalization, and development of negative self-concepts and attitudes toward work, life, and others.

Burnout is a work-related syndrome that stems from an individual's perception of a significant discrepancy between effort and reward.

It is important to note that the perception of this discrepancy is influenced by individual, organizational, and social factors. Burnout occurs most often in those who work face to face with troubled or needy clients. It is typically marked by withdrawal from and cynicism toward clients, emotional and physical exhaustion and various psychological symptoms, such as irritability, anxiety, sadness, and lowered self esteem. Although the term "burnout" is used constantly within the work place, its use in the scientific realm is restricted to describe those in the helping professions. These jobs require a greater level of emotional commitment due to the level of human contact, often accompanied by negative or tragic circumstances. These individuals are more likely to place their needs behind those of their clients. This is further exasperated by the burned out individual's constant striving to achieve unrealistic expectations that are imposed by self or society. With these observations made, you can certainly see how those in counseling are at risk of experiencing burnout as they are constantly exposed to the emotional problems of their clientele. Figure 1 presents a graphic representation of the relationship between stress, burnout, and productivity.

Figure 1
Counselor Stress and Productivity



Stress Theory and Research: What Do We Know About Stress?

Stress is a very complex concept. Over the years our understanding of this complex concept has led to a better understanding of what stress is and how it impacts the person. As a way to better understand stress, let's review what we know historically.

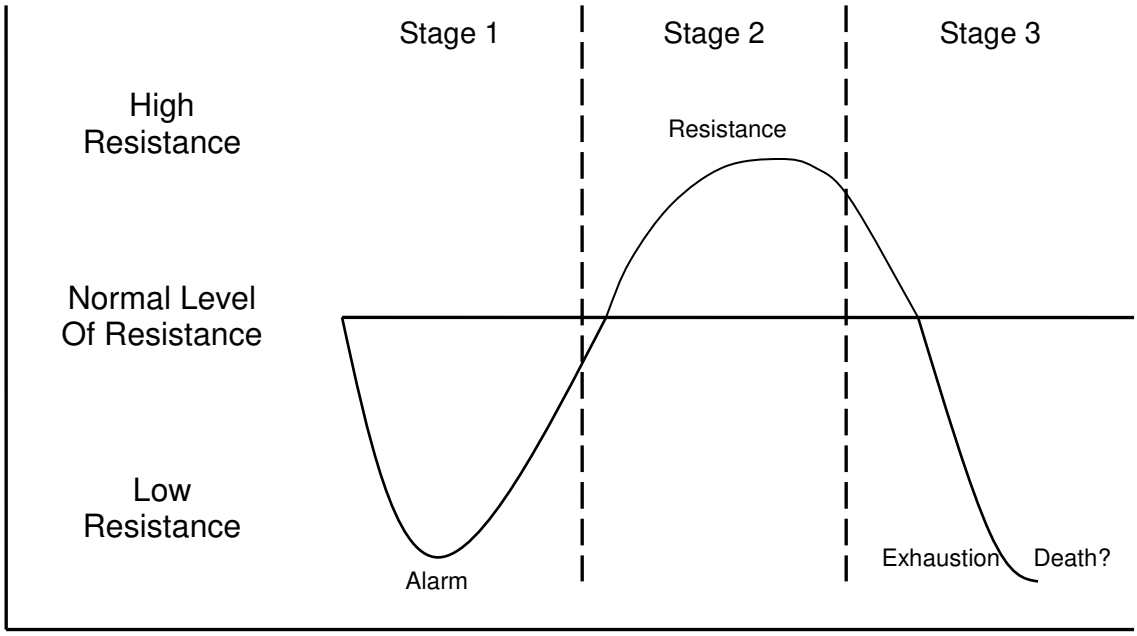
- Explain "Fight-or-Flight" Response--Cannon
  Perhaps the most common theory of stress is the "Fight-or-Flight" response proposed by Cannon in 1932. According to Cannon, we have an instinctual response to threat – we either take the threat head on, or we flee to avoid it. He called it the "fight or flight response." Cannon also claimed that in moments of great strain, the individual may demonstrate extra-ordinary strength or abilities. For Cannon, great strain could result in cardiovascular spasms leading to death. Perhaps one of the best examples of this kind of behavior is to think about the physical response when someone scares you.

- The "General Adaptation Syndrome"
  The next theory to explain stress was Selye's General Adaptation Syndrome. According to Selye, the individual goes through three increasingly reactive Stages when stress persists.
  1. Alarm Reaction: initial or acute response
  2. Resistance: once the individual senses that the threat is not subsiding, s/he seeks to resolve the threat through avoidance or developing resistance to the stress.
  3. Exhaustion: prolonged worry resulting in fatigue and emotional breakdown.

  Selye's theory was important in its hierarchical approach to describing exposure to continued stress.

  Figure 2 is a visual representation of stress over time.

Figure 2
Stress Over Time



- "Appraisal and Coping"
  Selye's theory was criticized for ignoring the cognitive component as well as including everyday stressors in his theory. In response, Lazarus proposed a cognitive explanation of stress. Basically, Lazarus thought that when confronted with a potentially stressful event, a person engages in a cognitive appraisal process consisting of two stages:
  1. A primary appraisal is an initial evaluation of whether an event is irrelevant, relevant, but not threatening, or stressful.
  2. A secondary appraisal considers the available resources and options for dealing with the stress.

Understanding the theoretical development of a concept can help make sense of what the central elements of that concept are all about.

Predisposition to Stress

There are a number of factors that can make you more predisposed to stress than others.

Personalities

Many studies have demonstrated a pattern between personality type and the person's reaction to stress. To illustrate how personality and stress are related, let's look at a personality typology with which most everyone is familiar, Type A and Type B personalities. Individuals can be Type A and Type B, or somewhere in between.

Those with type A personality exhibit the following behaviors:

- Highly Competitive—Sometimes even creating competitions where there are none
- Rushing—Taking on many tasks and working on them all at once
- Time Oriented—Tending to watch the clock and make sure that something isn't taking too much time
- Obstinate—Holding dear to their opinions, techniques and schedules. They resent changing them for others.

By contrast, Type B personalities are less competitive, take more time, and are more flexible.

So is Type A "bad" and Type B "good"? Not necessarily. It depends on how stress is perceived. If a Type A person creates competitiveness and then thrives on it, enjoying the "rush" and "drive" that come along with it—they are experiencing eustress and using it to their advantage. By contrast, if a Type B person tries to reduce the competitiveness and can't—they can stress out and fail completely. Always keep in mind that you are an individual. Working out may keep your neighbor relaxed; but if you hate to sweat, working out may not help you reduce your stress. Basically, do not try to force yourself into someone else's solution—discover your own. Conversely, you should not avoid constructive yet relaxing tasks that you have identified just because others may find them unpleasant.

In addition, several other personality traits have been identified that account for individual differences in coping ability:

- Hardiness—Hardy individuals believe in what they are doing, life experiences are controllable, and change is positive rather than aversive. They are committed, in control, and accept challenges. They also have higher frustration tolerance and more positive emotions.
- Locus of control—Internally controlled individuals believe that they have personal control over events and can directly influence what happens to them through their choices and behavior. Externally controlled individuals believe that outcomes of events are largely determined by factors outside their personal control, such as powerful other people or chance/luck.

- Learned resourcefulness—Another personality type is found in individuals who have emotional self-control skills which contribute to a belief that they can manage stress and depression.
- Optimism—Some individuals can cope with stress because they have the generalized expectancy that good things will happen. They view defeats as temporary setbacks and challenges.
- Self-efficacy—Finally, individuals who effectively cope with stress have developed a sense of self-efficacy, a belief that one can successfully execute the behavior required to produce the desired outcome.

Gender

There appears to be a difference between men and women and how each reacts to stress. When women are confronted by stressors, regardless of the type of threat (e.g., a predator, disaster, or a bad day at the office), they tend to respond by providing greater nurturing to their children. Women also tend to seek out contact and support from others. The support they seek is usually from other women. Men, on the other hand, are more likely to retreat and seek isolation or initiate a confrontation – behavior in line with the "fight or flight" response that's long been associated with stress. Men and women's different reactions to stress could account for differences in their longevity and health. Women have a greater life expectancy than men. Why are men and women different in how they react to stress? Two theories exist—evolutionary and biological. From a biological perspective, we know that under stressful conditions both men and women secrete a hormone called oxytocin. Oxytocin has a calming and relaxing effect that makes the individual feel less fearful. However, female hormones tend to act as a synergistic agent to oxytocin making its effect greater. In men, hormones (largely testosterone) reduce the effect oxytocin has on the individual. Some men, of course, turn to friends and family for support. Although there appear to be biological differences between men and women and how they respond to stress; like all sex differences, there is some overlap. In is important to note that human behavior is never easily explained by one factor. Although biology may set a range of responses, it is the social/environmental experiences one has in life that determine where the individual falls in that range.

Ethnicity and Race

Because of the large diversity of substance abuse clients, it might be advantageous to review what we know about stress as it relates to ethnicity and race. The research to date seems to show minor differences in reaction to stress. For example, black men and women are more likely to experience high blood pressure. Generally speaking, all individuals, regardless of race and ethnicity, experience stress in much the same way.

Stress Sensitization

Another important factor related to our predisposition to stress is sensitization. Basically, the amount and level of stress we have experienced throughout our lives makes us respond more quickly to stressful situations. However, those

that have experienced a great deal of stress over their lives also tend to react more negatively. Sensitization occurs because we have "learned" over the years to react in this manner. Because it has become ritualistic, future stressful events are likely to be dealt with in the same manner.

Sources of Stress

There are many events or factors that can become a stressor. As we have already established, what is stressful for one may not be stressful for another. Also, a stressor cannot develop if the individual does not identify the event as a threat. For this course, we are going to group stressors into two categories, personal and occupational.

Personal Stressors

Personal stressors surround non-work related issues such as: financial problems, health concerns, and intimate and family relationships (including: marriage, divorce, and problems with children).

Change is a very large stressor. Changes in living arrangements (new home), career changes (changing jobs or promotions), and changing relationships provide a great deal of strain on the individual. Change leads to at least one of the three following reactions, each one leading to stress.

1. Fear
   Those experiencing change often have some level of fear. Why do we experience fear? It is fear of the unknown—what the outcome will be? In times of stress, we often feel we are not in control of our own destiny. Outside sources are given greater perceived influence than they really have on our lives. There is hope; most people report after a stressful event that the perceived stress was not as bad as they thought it would be. This is a good time to point out that stressors can be a valuable motivator. In this case, fear can be a valuable motivator.

2. Resistance
   Resistance to change stems from a strong human need for security and structure. We like predictability even if under tedious conditions. When there are threats to a structured and secure environment, we are likely to resist the change by digging in our heels and displaying stubbornness to avoid the change. The problem with resistance is that it does not allow us to open our minds to cope with inevitable change. Change is going to occur, you cannot usually stop it.

3. Resentment

Changes that occur which are out of our control or without our input can generate resentment. If we are forced to make a change that we did not want or do not understand the necessity of, resentment is the result.

Occupational Stressors

Occupational stressors are those stressors that stem from work-related activity. We are going to classify occupational stressors into two categories, job and organizational characteristics.

- Job Characteristics
  There are three main job-related characteristics that appear consistently in stress research: role conflict, role ambiguity, and role overload.

  Role conflict results when there is a discrepancy between what the individual thinks her job function is and what it really entails. For example, officers may see their job purpose as assisting offenders with their needs when in reality much of their time is spent on data entry and paperwork. For those of you familiar with cognitive dissonance, this is much the same thing but in the context of the work environment. When a person experiences role conflict, they are likely to significantly increase the attrition rate.

  Role ambiguity results when the individual's job duties and performance expectations are not made clear by their supervisor. Role ambiguity leaves the person feeling that they are not sure how to act or behave in certain situations because the role is unclear. High levels of role ambiguity lead to job dissatisfaction.

  Role overload results from situations in which the person does not feel s/he has the skill or organization resources to handle the work assignment in a timely manner. Role overload often results in anxiety, depression, and anger.

- Organizational Characteristics
  Organizational characteristics that serve as a source of stress surround the person's connection to the work environment.

  Person-Organization Fit

  Until recently, most organizations and even workers were more interested in whether the applicant had the skills necessary to do a job than whether they fit. Person-organization fit refers to how well the two factors match on characteristics such as expectations, philosophies, values, and attitudes. For example, the recent corporate trend to initiate policies that protect same sex employees is an attempt to create an organizational environment that creates a better fit for this class of people. There has been no government mandate. These companies want to draw gays and lesbians to their company by creating a better person-organization fit.

  Work Environment

The environment in which you work can lead to stressful experiences. In fact, most research on organizational stressors is about the work environment. Some of the work environment factors that can lead to greater work related stress include: continued exposure to loud noises which has been shown to increase blood pressure and produce aggressive/irritable behavior. Shift work can be a severe stressor. Those who work evenings and late night shifts or inconsistent shifts are more likely to experience fatigue and a deterioration of physical and mental health. The stress associated with shift work is largely generated by frustration due to a feeling of disenfranchisement from society. The workers' loved ones and family along with most of the world are on a different schedule. For example, simple tasks that must be conducted during daylight hours cut into sleep time.

Relations with Others

Perhaps the largest source of stress for counselors is dealing with offenders. Stressors arising from our relations with others include: stress from conflict, working with difficult individuals, and feelings that you are not being treated fairly. Having a single difficult coworker can spoil the work environment and generate a more stressful work environment. Of course, stress associated with relations with others also includes supervisors. Needless to say, a poor relationship with a supervisor can create a far greater source of stress.

Other Sources

We have listed just a few sources of stress dividing them into personal and occupational stressors. However, some sources of stress fall outside these categories.

Minor frustrations include life's daily aggravations. Minor frustrations might include waiting in traffic, waiting in lines, getting a person's voice mail when you need to talk to them personally, and the computer server being down when you have work to do.

Sometimes we spend a lot of time consumed with worrying about things over which we have no control. Keeping the body and mind in a constant anxious state is called forecasting. This constant false state of awareness creates physical and mental fatigue.

Another source of stress has to do with "carry over" stress, or residual stress. Residual stress is when the body never returns to homeostasis (balance). Basically, it is stress that results when we hold grudges against the person(s) who caused our stress or simply not letting go of the stressor once it has subsided.

Psychophysiology: The Body's Response to Emotional States

The following symptoms and signs of stress related disorders may vary by individual and according to the intensity of the stress and personal vulnerability.

Physiological Disorders - Physical disorders caused or exacerbated by stress:

- Increased heart rate
- Elevated blood pressure
- Sweaty palms
- Tightness of the chest
- Sore jaw and back muscles
- Headaches
- Diarrhea/constipation
- Trembling, twitching
- Stuttering and other speech difficulties
- Nausea/vomiting
- Sleep disturbances
- Fatigue
- Dryness of the mouth or throat
- Susceptibility to minor illness
- Cold hands
- Being easily startled

Psychological Disorders - Emotional Symptoms of stress:

- Irritability/angry outbursts
- Depression
- Restlessness
- Anxiousness
- Diminished initiative
- Withdrawal/reduction of interaction with others
- Lack of interest
- Tendency to cry
- Being critical of others
- Nightmares
- Impatience
- Decreased perception of positive experiences
- Obsessive rumination
- Reduced self-esteem
- Insomnia
- Changes in eating habits

Behavioral Disorders - Signs and symptoms caused or exacerbated by stress:

- Increased smoking
- Aggressive behaviors (e.g., while driving)
- Increased alcohol or drug use
- Carelessness
- Under-eating or over-eating
- Withdrawal

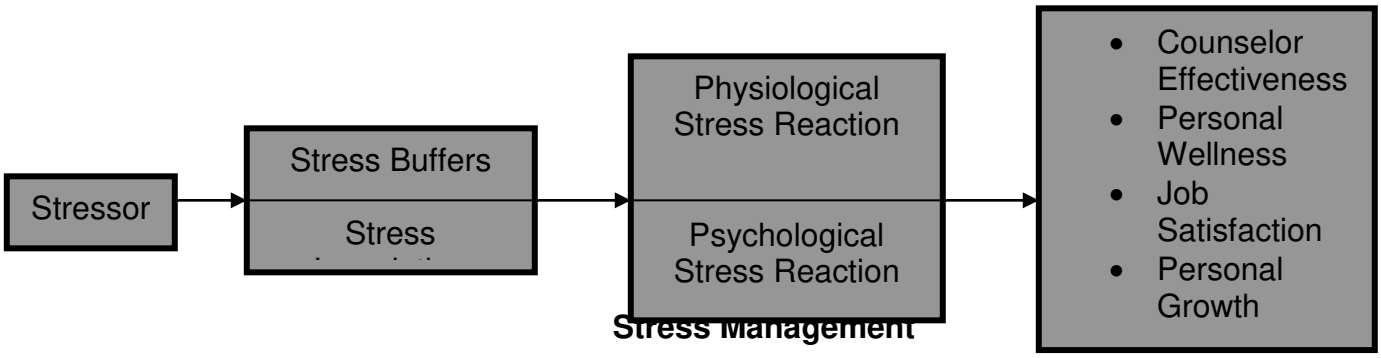
- Accident-proneness
- Nervous laughter
- Compulsive behaviors

Cognitive/perceptual signs and symptoms of stress:

- Forgetfulness
- Preoccupation
- Errors in judging distance
- Diminished or exaggerated fantasy life
- Reduced creativity
- Lack of concentration
- Diminished productivity
- Lack of attention to detail
- Orientation to the past
- Decreased psychomotor reactivity and coordination
- Attention deficit
- Disorganization of thought

As you can see, there are a plethora of signs and symptoms of stress. To give you some idea about the impact of stress, some professionals estimate that 80 to 90% of all illness and disease susceptibility can be linked to high levels of stress. Figure 3 is a visual representation of stress progression.

Figure 3
The Stress Progression



What is Stress Management? As we have seen, stress is caused by many factors, and there are many factors that can mediate stressful situations. Stress management attempts to teach us how to reduce stress by changing behavior in a positive and more efficient way. Stress reduction eliminates stress by taking some action to circumvent its effects.

Stress management is designed to change our ways of thinking by learning how to better cope, recover, interpret, and think about stressful situations. Stress management training can help us to learn to recognize and respond to early warning signs of overload and burnout; e.g., headache and fatigue. Training helps to learn

new methods of effective stress management and to choose those that are most effective. It is also important to be aware of the immediate physical signs of stress (cold, sweaty hands; nervousness; tension) and to respond positively to emotionally distressing events. Learn to recognize speech patterns that reflect "tension" (e.g., rapid, accelerating). Develop more efficient and relaxing breathing patterns to reduce tension. Discover ways to use these warning signs as signals to change work or leisure activities in order to reduce stress.

In this course the foundation for what stress is, how it affects us, and how we can reduce its impact on our lives, has been laid. Over the next sections, we will spend more time talking about our personal characteristics, the characteristics of the organization in which we work, and how we communicate within the family can impact how we deal with stress on a daily basis.

Understanding and Managing Responses to Stress

There are many individualized factors that impact not only the level of stress you experience, but also how you will respond to stressful events. Some factors that impact our evaluation of stressful situations:

Past experiences
Personality
Cultural background
Moral values
Family background
Social support network
Gender
Lifestyle
Personal belief system

There are a large number of factors that influence how we think about and handle stress. Many of these factors have developed over long periods of time and are not easily adjusted. However, there are many techniques to assist you in reducing the negative effects of some of these influences.

There is an individual difference in how one person experiences a stressful event as compared to another. For example, some individuals have a greater fear of authority. Therefore when their superior approaches them to discuss some element of their work product, they react in a much more stressful way than someone who does not. There are some busy and hurried individuals who never seem to be largely affected by stress or illness. These individuals exhibit some of the following traits:

- view problems as "mere challenges" and are adaptable to change
- feel a sense of "commitment" to work, family, community - their lives are very meaningful

- feel a sense of “control” over their lives and personal and professional growth
- feel “connected” to the world around them, having strong supportive friendships and companionship

In some cases, we can generate our own stressors. Perhaps the old saying “we can be our own worst enemy” is best applied here. For example, unnecessary worry can create a more severe or extended reaction to a specific stressor.

When we are challenged by stress and are unable to identify healthy resources to reduce the stress, we begin to deteriorate psychologically. The psychological challenge may initially manifest itself by breaking down the self. There are many facets to the self. Some of them in relation to stress are:

Self-concepts are all of our thoughts and feelings about ourselves. Self concept answers the question. “Who am I?” When we continue to experience unmediated stress, we may begin making statements such as, “I don’t know who I am anymore” or “I feel like I have lost myself.”

Self-esteem is associated with one’s feeling of high or low self-worth. It should be noted that those people with low self-esteem do not necessarily see themselves as worthless or wicked, but they do have a hard time saying good things about themselves.

Self-worth results from having high self-esteem. Those with self-worth have fewer sleepless nights, feel less need to conform, are persistent on difficult tasks, and are generally happier.

Self-efficacy is a judgment that one can master and perform needed behaviors whenever necessary. When a person cannot develop resources to reduce the negative feelings associated with stress then they develop poor self-efficacy because they cannot identify or perform the behaviors to relieve the stress. The inability to resolve the stressful event(s) can also lead to low self-confidence or learned helplessness where they ultimately give up emotionally (e.g., burnout).

Personality Types and Stress

In the first part we discussed a simple personality typology in relation to how personality can influence stress. In this part, we would like to introduce a typology that will allow for greater distinctions in personality traits. Using a typology, seven stress personalities are presented. This is not a perfect typology. You may see yourself as a mixture. However, most see themselves clearly as more of one than another. It is important to keep in mind that these personality types may be helpful in seeing what the sources of your stress are as well as how your personality may perpetuate stress. Hopefully, after identifying your stress personality you will be able to more easily identify how you can reduce personal stressful events.

Pleasers want everyone to be happy and are often cooperative and helpful. They tend to take on many tasks and responsibilities. When they are no longer able to meet the needs or demands of themselves or others and stress ensues,

they are likely to display resentment and anger. The resentment is largely directed at those who continually added to their responsibilities.

Much like pleasers, internal timekeepers take on more and more responsibility. However, timekeepers take on additional tasks and responsibilities as a way to stay busy or fill their day. These individuals are highly efficient and capable. They have a variety of interests and assume additional tasks that allow them to remain challenged. When under stress, they become inefficient and anxious. As you can see, they are referred to as "internal" timekeepers because they internalize their feelings.

Strivers are ambitious and competitive. They have a great internal drive and they generate much of their own stress. They have a goal to be good at everything. When they have an opportunity to try something new, they seize the opportunity regardless of the amount of work it might entail. This can lead to a great amount of stress. These individuals will work themselves until they burnout.

Inner con artists coast through their jobs. They do not work too hard, avoid conflict and responsibility, and ignore work related activates that may result in a stressful situation. These individuals are procrastinators. They will put everyday activities off until they fall way behind. Although they behave in a manner that allows them to avoid stress, stress ensues when they fall behind in their work product.

Critical judges negatively evaluate themselves and the situations they find themselves involved in. they focus on mistakes, and this does not generally allow them to identify options or resolve problems in a positive way.

Worriers are often negative, like critical judges. However, they are stressed by unpredictability and unclear goals or situations. If they are unable to see what the future holds, they will predict the worst. Perhaps a good example of this stress personality is Chicken Little. Their stress is derived by negatively obsessing over an uncertain future.

Sabertooths respond to stress in a very loud and physical way. Their anger during stressful moments may be expressed through sarcasm and insults. Because of their outward expression in stressful situations, the sabertooth can generate stress for those around him or her.

Coping and Defense Mechanisms

Coping mechanisms are active efforts at mastering, reducing or tolerating the demands created by stress. Defense mechanisms are largely unconscious reactions to stressful or painful events that protect a person from unpleasant emotions such as anxiety and guilt. Defense mechanisms most often occur after attempts to cope with the stress are unsuccessful.

Coping mechanisms allow us to find relief from stress and develop healthy ways of dealing with stress. Negative coping mechanisms allow us to find relief from stress, but in a temporary fashion. However, in the long run negative coping can damage our physical and mental health.

When stress has raised our level of anxiety, coping in positive ways include laughing and increasing our physical activity / exercise. Negative coping mechanisms might include smoking, drinking, lack of eye contact, and withdrawal.

The following are coping mechanisms that are displayed as a reaction to a stressful event when we are experiencing high levels of anxiety:

Attack behavior may be constructive in assertive problem-solving or destructive when combined with feelings and actions of aggressive anger or hostility.

Withdrawal behavior may involve physical withdrawal from the threat or emotional withdrawal such as admitting defeat, becoming apathetic, or feeling guilty and isolated.

Compromising behavior is usually a constructive coping mechanism as it involves the substitution of goals or negotiation to partially fulfill one's needs, thus reducing the amount of demand.

Defense mechanisms are mental mechanisms that develop as the personality attempts to defend itself, establish compromises among conflicting impulses, and align inner tensions.

Compensation occurs when a person attempts to overcome a perceived weakness by strengthening other areas. For example:

- A short man shows aggressive, dominating traits to suggest strength and authority that his short stature does not convey.
- An officer who is not skilled at making written notations in case files, but does excellent casework.

Denial occurs when a person refuses to acknowledge the presence of a condition that is disturbing.

- A child who insists his mother is not dead, but just out of town for a few days
- A counselor who has stacks of case files on her desk with volumes of work to be done; but informs co-workers and supervisors she is keeping up.

Displacement occurs when a person can satisfy a need that is blocked by one type of behavior, by using another type of behavior.

- A woman who has had an unpleasant experience with a police officer reacts strongly against all police officers
- A counselor who expresses anger toward another counselor because she just had a disagreement with her supervisor.

Projection occurs when a person's undesirable impulses are attributed to another person or object.
- A woman criticizes her neighbor for being a terrible gossip when in fact the woman gossips herself
- A counselor who claims his marital problems are due to his wife's unhappiness with her work when in fact he is really the one who is unhappy at work

Rationalization occurs when a person gives questionable behavior a logical or socially acceptable explanation
- A student rationalizes not turning in a paper on time because the computer "ate the file"
- A probationer whose work is interrupted by illness prematurely gives up the work and says he wouldn't have been successful in that field anyway

Reaction Formation occurs when a person gives a reason for behavior that is opposite from its true cause
- A man strongly criticizes pornographic material when he really has a desire to see it

Regression occurs when a person returns to an earlier method of behaving
- A child, who is toilet-trained and drinking from a cup, begins soiling his/her diaper and drinking from a bottle when ill
- When an experienced counselor begins asking questions of her supervisor that are the kinds of questions expected of a beginning counselor

Repression occurs when a person excludes an anxiety-producing event from the conscious awareness
- A counselor who forgets an important report

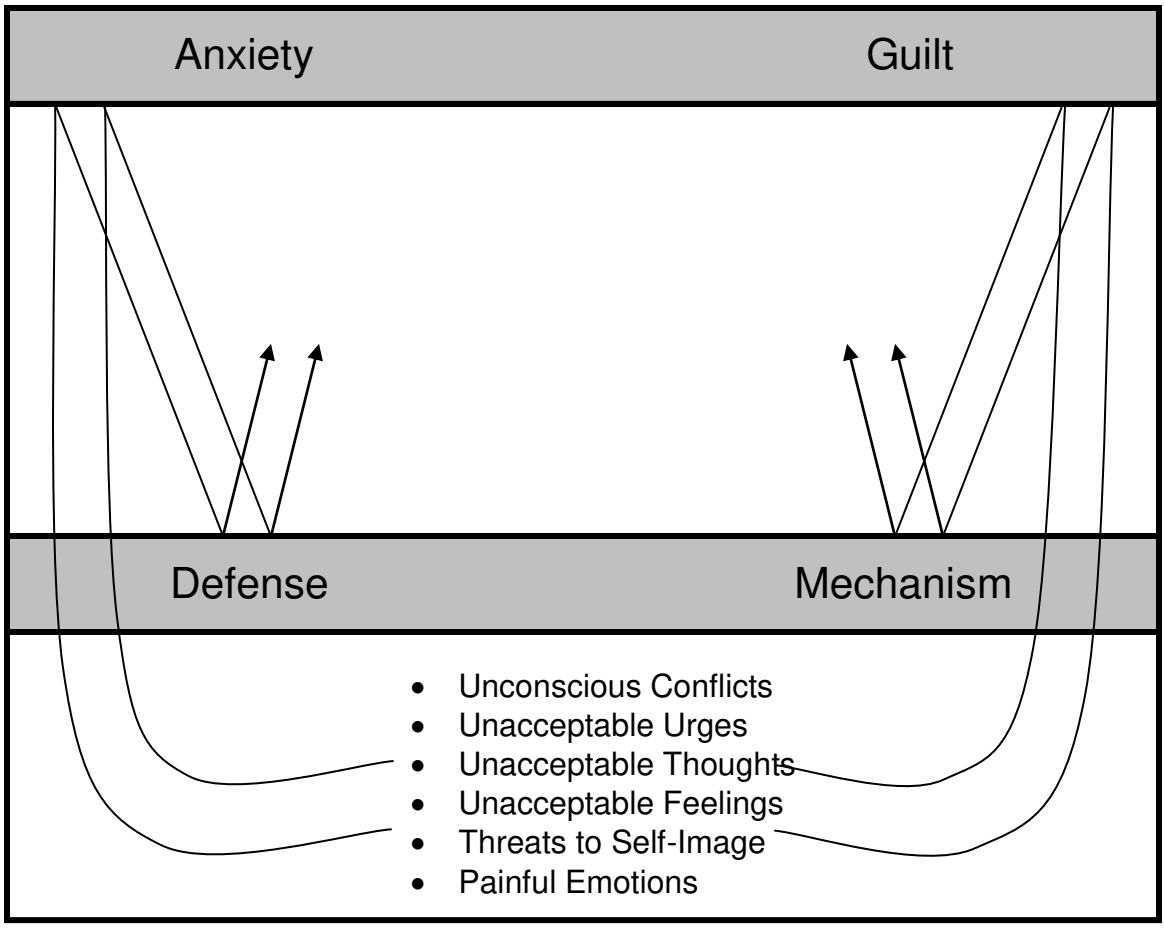
Sublimation occurs when a person expresses an unacceptable or impossible impulse or feeling in a more acceptable way
- A counselor who does not support faith-based interventions, but spends weekends at his church volunteering

Suppression occurs when a person consciously turns attention away from a perceived threat
- A counselor chooses to ignore a headache because she has too many cases files to review before the close of the month

Conversion occurs when a person transfers a mental conflict into a physical symptom
- Before taking a licensing exam, the counselor develops a headache

Figure 4 presents a visual representation of the dynamics of defense mechanisms.

Figure 4
The Dynamics of Defense Mechanisms



Burnout: When You Just Don't Have Any More to Give

There are three basic behaviors you are likely to observe in a burned out individual: depersonalization, lack of personal accomplishment, and emotional exhaustion.

Depersonalization is the development of negative or cynical attitudes toward clients. Depersonalization is often observed while employees are gathered as a group. You will hear a burned out individual discussing clients in non-human terms and often demeaning ways. For example, a counselor might call his/her clients 'psychos' or 'retards'. You are also likely to observe that the counselor rarely calls clients by their names. For example, they may refer to a client by some pet name they have developed that is associated with some significant event in the client's life (e.g., "Ms. Prego" for a client who is now carrying her eighth child).

Lack of personal accomplishment is defined as a reduced feeling of effectiveness with clients. Lack of personal accomplishment can be harder to observe. Generally, you will begin to notice over time that the positive comments and enthusiasm about their role in the system is lost or even "bent." You may hear burned out individuals comment on wanting to get another job that has better working conditions—yet, you never see them take action.

Emotional exhaustion is the inability of workers to give of themselves at a psychological level. Burned out individuals experience a great deal of emotional exhaustion. The interesting thing is that you will often see those with high levels of emotional exhaustion complaining about how tired they are getting—or how physically tired they are feeling. Most of the physical tiredness of a burned out individual is coming from the depression that they feel. Many in the helping professions, including substance abuse counselors, enter the occupation with great enthusiasm—they are going to help people and save the world. However, if burnout sets in, the individual often feels like they just have nothing left to give. It is this feeling that is a contradiction to what their initial beliefs were when they entered the field. When counselors spend the day working with individuals who draw the emotional energy from them, they may also find that they do not have energy left for their families and personal lives. Counselors who spend time trying to hold up a brick wall between their work and personal world (i.e., keeping them separate) are spending a lot of psychic energy in doing so. As the counselor's work life begins to exert a great deal of stress, that wall becomes harder to hold back. By the time the counselor gets home, s/he will have no psychic energy left for the family. So, all the energy spent trying to "protect" or insulate the family from the ills of his or her work, may end up destroying his or her relationship with the family.

Research indicates that the majority of burned out individuals stay in the organization.

Personal Intervention Strategies to Combat Stress

Assertiveness

We often experience stress because we are overburdened by those around us. Sometimes we just don't know how to say "no" in a polite way. When we are unable to say "no," we often take on too much, and no time management in the world can make us more efficient. Assertiveness training helps us learn how to express ourselves without offending the other individual.

There are many techniques to develop assertive behavior. Most techniques are based on a 'three-line assertion message,' in which you:

- Understand and summarize the facts of the situation
- Indicate your feelings towards the situation
- State your requirements, reasons and benefits to the other party, if appropriate.

This technique enables you to confront the other person with your concern without being personally aggressive, but it is not easy and demands skillful conversation control. The following are some examples for what you might say:

"When you... "(state facts)
"I felt…" (state feelings)
"I would like…" (state requirements)…"this way we will be able to work together more productively because…" (benefits to the other party).

When done in this manner, the person states the problematic behavior, says how s/he feels, and then gives a reason why s/he feels that way. You should note that there are no accusations such as '*You are being unfair;'* there is no foul language; there are no put-downs of the other person. When done in this manner, you provide a positive rather than an aggressive response from the other person.

In developing a more assertive you, consider the following points:

- How can I express my message more clearly?
- How can I be more specific about what I have to say?
- If my message is not heard, can I repeat myself?
- Am I prepared to respond to off-hand comments?
- What body language will I use to back up my message?
- Acknowledge and be honest about your own feelings
- Adopt new positive inner dialogue for situations where you need to be more assertive
- Be clear, specific and direct in what you say
- Ask for clarification if you are uncertain about something
- If necessary, acknowledge diversion tactics, then repeat your message again
- Keep calm
- Always respect the rights of the other person

Time Management

Most of the time when we proclaim we are stressed, it is followed by a comment like, "I just don't have enough time to get everything done". Such a feeling only adds gas to the stress flame. Time management is something that can be used both as a preventative and a reactive approach to dealing with stress.

Some time management actions that might be appropriate:

- Clean off your desk. Take the time at least once a week to clear your desk and organize the things that remain. Once your desk is cleared and better organized, you will see how good it feels to have "control."
- Sell your time. Take a minute to place a dollar value on your time. After you have given yourself a fair hourly wage, log the activities of the day and ask yourself if the activities you spent time on were worth your time. If you assessed your time at $100 per hour, is a 20 minute personal chat in the hall worth $33?
- Make "to do" lists. You might make a practice of starting your day with a "to do" list. Making a "to do" list a ritual can be very beneficial. For example, you might consider pouring a cup of coffee and enjoying it as you plan your day

with a "to do" list. There are office supply stores that sell "to do" list forms that some find helpful. They are also helpful because nothing else is on the "to do" list besides what you need to do. Many people try using note pads but end up using the note pad as a scratch pad, and the "to do" list becomes lost.

Conflict Resolution

Unresolved conflict leads to stress. With a little effort, we can learn how to resolve conflicts in a positive way.

We often react to conflict with aggression, denial, or resistance because we see conflict as a negative or as a contest. However, conflict is not negative. Conflict is a natural fact of life, and it is inevitable. People are going to disagree and have differences of opinion. You can probably think of hundreds of images of negative responses to conflict-arguments: fist fights, wars, etc. When we do not view conflict as a win/lose contest, we can create win/win solutions. To make conflict a win/win situation, one must ensure three conditions:

- Acknowledgement - Parties in a conflict must acknowledge there is a conflict-rather than trying to avoid or deny it.
- Acceptance - Accept their involvement
- Adaptability - Appreciate the feelings and viewpoints of all parties to the problem-without making judgments. Also of great importance is to be open to new ideas that might lead to solutions.

Relaxation

There are numerous relaxation techniques that can be used to reduce or manage stress.

Progressive muscle relaxation is based on the notion that the body responds to anxiety-provoking thoughts and events with muscle tension. It is thought that if you "block" the muscle tension, you can prevent the emotional reaction of anxiety that is signaled by the muscle tension. Basically, progressive muscle relaxation provides a way of identifying and isolating particular muscle groups and distinguishing between sensations of tension and deep relaxation.

Biofeedback increases your ability to recognize and control your personal physiological cues of tension and relaxation. Through the use of biometric instruments, a person is able to monitor various physical states (e.g., muscle tension, skin temperature, brain wave activity, blood pressure, and heart rate). Through continued monitoring, the individual is able to become more aware of how stress affects them physically as well as enhance their awareness of what total relaxation feels like. Once the subject develops an awareness of their various body systems, they can continue without the machine.

The prime objective of meditation is to focus attention on one thing at a time. Through meditation, it is thought that the individual can focus on positive endeavors and prevent negative activities from entering the stream of thought.

The foundation of visualization is that your thoughts can become reality similar to the old saying, "you are what you think." One of the basic premises is that you cannot will yourself into a relaxed state, but you can imagine relaxation and visualize yourself in a safe place. Practically speaking, if you are having anxious thoughts, you become tense. In order to overcome the feeling of unhappiness or tension, you can refocus your mind on positive, healing images.

Exercise is the most effective means of stress reduction. It is also the simplest reduction technique for most individuals. There are three types of exercise: aerobic, stretching, and resistance.

The main goal of aerobic exercise is to strengthen your cardiovascular system. Some examples of aerobic activity are: kick-boxing, jumping rope, and running. These activities sustain the use of large muscles in the body including your arms and legs. To be effective, you should commit to a minimum of a three day a week regimen for 20-30 minutes per day.

Stretching includes slow and sustained movements that provide a very relaxing effect. Through stretching, you can reduce muscle tension and become more flexible. Perhaps one of the most common stretching exercises is yoga. However, you can participate in stretching without the more formal structure of yoga. Simply stretching when you are highly stressed or at the end of the night before bed can have a great effect on your mind and body.

Resistance Training is a popular stress reduction technique. There are two types of resistance training: Isotonic training is the contraction of muscles against resistance through a range of movement using weights. Isometrics training is the contraction of muscles against resistance without any movement (e.g., pushing your hands together to create muscle contraction).

Not every relaxation technique is for everyone. Personality, lifestyle, and medical conditions will play a part in the selection process.

Environmental, Organizational, and Relationship Stressors

Substance abuse counselors are subject to a variety of stressors that arise from relationships, environmental conditions, and organizational characteristics. Substance abuse counseling settings vary considerably. The primary variables that influence external stressors for the counselors are:

- The degree to which the counseling takes place in an institution, community agency, or private practice. This variable has a profound influence on the freedom of the substance abuse counselor to establish a therapeutic relationship. Total institutions tend to present greater obstacles to effectiveness than

counseling substance abusers in private practice, but there are advantages and disadvantages to both settings.

- The degree to which the substance abuser has psychopathic or antisocial tendencies. Substance abusing offenders obviously present this possibility to a greater extent. Nevertheless, the traits are still accepted as not very prevalent. On the other hand, criminal tendencies are seen as quite prevalent in a substance abusing population.
- The degree to which the substance abuser has coexisting psychiatric conditions. Research has shown that people with a mental illness are at a greater risk of developing substance use disorders compared to the general population. People with substance use disorders have a higher incidence of psychiatric problems than the general population. Consequently, psychiatric difficulties can lead to substance abuse or substance abuse can lead to psychiatric difficulties because of brain deterioration caused by neurotoxicity.

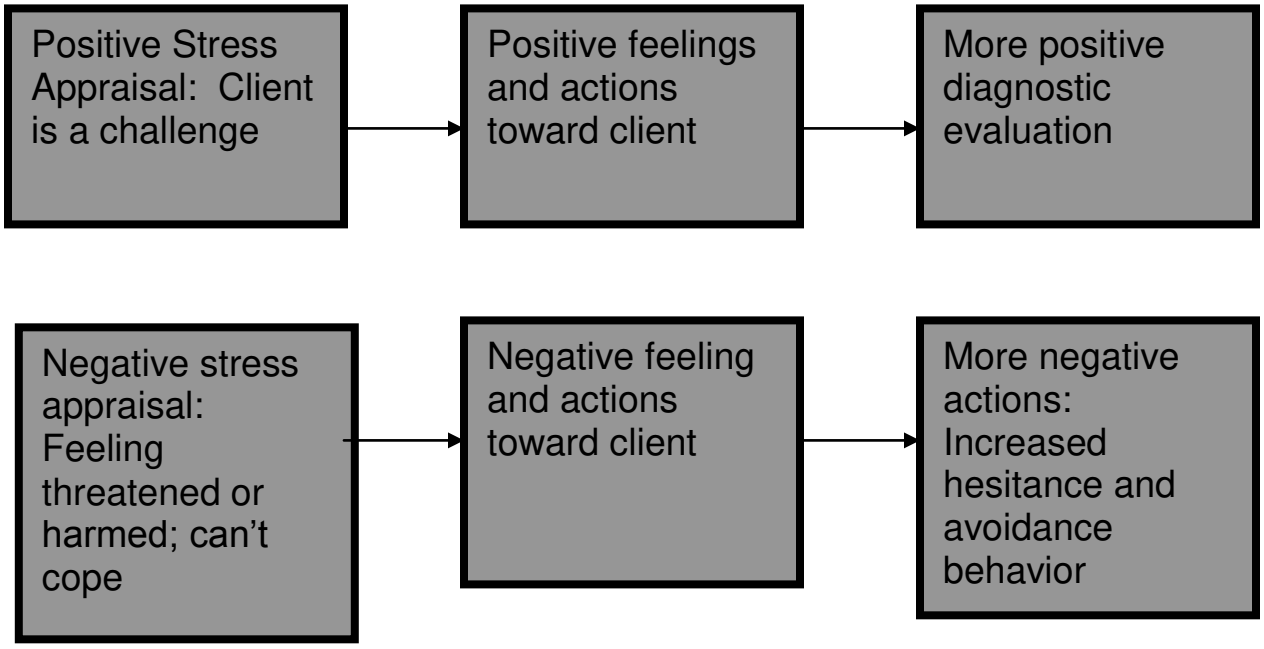
Relationship Stressors

Stress in substance abuse counselors can originate from the unique and complex relationship with clients. These stressors include:

- Developing a therapeutic or *Working Alliance* with the client. *The Substance Abuse Counseling Inventory* in the *Appendix* will provide some feedback on the degree to which this stressor applies to your counseling situation.
- Avoiding *malignant pseudo identification*. This is the process by which the client who, because of either situation or trait, consciously imitates or unconsciously simulates a certain behavior so that the counselor will identify with the client, thus increasing the counselor's vulnerability to exploitation. This is a form of psychopathic manipulation either due to the situation (prisons) or true antisocial personality characteristics. Substance abuse counselors are most vulnerable to this relationship stressor when they interact with the client about their competency, autonomy, or knowledge. The goal of this malignant relationship is to increase the counselor's empathy of the client through falsely identifying with the counselors professional narcissism. The most common form of this process is for the client to compliment the counselor for his/her competency or knowledge. The client does not really have any empathy, but can simulate and imitate the counselor for future manipulation.
- Avoiding *counter transference*. A relationship stressor that substance abuse counselors need to manage is stress that leads to counter transference manifestations. Studies have shown that counselor stress is linked to transference and lower counseling effectiveness. Figure 5 presents a visual representation of these links.

Figure 5
Transference and Positive/Negative

Stress Appraisals



Environmental Stressors

Stress experienced by substance abuse counselors can originate from the environment where the therapeutic relationship is located.

- Emotional repression. Substance abuse counselors, who either work in prisons or jails or treat clients who have spent extended periods of time there, experience stress from working through the effects of emotional repression. Clients tend to display *emotional repression* or *flat affect* as a result of living in an environment of emotional repression. These symptoms can be very stressful for counselors because of a lack of emotional feedback, particularly nonverbal emotional feedback. In many correctional facilities, emotional displays are taboo and viewed as potentially disruptive. This emotional repression can pervade the entire institution and make the counselor's job very stressful.
- Deterioration. In any substance abuse counseling setting it is very stressful for counselors to function because of several types of deterioration that occur in the environment.
    1. Deterioration effect. This is deterioration that clients experience when there is a decline in their emotional and personality functioning due to ineffective substance abuse counselors or programs.
    2. Spontaneous deterioration. This is the decline in a client's emotional and personality functioning due to the overall effects of institutionalization.
    3. Deterioration of effect. This is a decline in treatment progress after the client leaves counseling. It refers to the effects of counseling "washing out" once the client has left counseling.

    With so many forces of deterioration affecting the outcome of substance abuse counseling, counselors can experience excessive stress due to a lack of personal accomplishment. In other words, the odds of success may be jeopardized by the overwhelming environmental stressors.

Organizational Stressors

In every organization there are issues, forces, unwritten rules, and policies that cause stress in counselors. Some of these organizational stressors are:

- Lack of support from managers and supervisors
- Efficiency vs. Effectiveness
- Favoritism
- Lack of professionalism and ethics
- Inconsistency in decisions
- Misunderstanding of the counselors role
- Lack of management communication
- Lack of resources
- Case load overload
- Counselor turnover
- Excessive paperwork
- Persuasive authoritarianism
- Persuasive paternalism and dependency
- Reactive vs. Proactive posture

- Weak support for client advocacy

In conclusion, substance abuse counselors need specific stress inoculation measures, both for short term and long term stress reduction in order to maintain effectiveness on a day to day basis. Hopefully, this course will serve these needs in a constructive way.

Wellness Management Inventory:
Clients

Completion of this inventory is optional and is not required.

SA – Strongly Agree
A – Agree
D – Disagree
SD – Strongly Disagree
(Circle One)

---

1. I can quickly calm myself when something a client does upsets me.
SA A D SD

2. After experiencing a stressful event with a client, I have a routine that I use to minimize its effect.
SA A D SD

3. I spend little time on energy working about clients' thoughts or actions I cannot control.
SA A D SD

4. I can relax naturally without using alcohol or drugs.
SA A D SD

5. I have healthy control over feelings that arise with clients like anger, fear, or sadness.
SA A D SD

6. When I have a stressful problem with a client, I can talk it through and solve it.
SA A D SD

7. Worrying about clients does not keep me from falling asleep.
SA A D SD

8. I am patient with clients whom I disagree.
SA A D SD

9. I feel relaxed when I am working with clients, rather than tense or anxious.
SA A D SD

10. I can stop myself from replaying self-defeating thoughts about my work with clients.
SA A D SD

Wellness Management Inventory:
Agency/Institution
Completion of this inventory is optional and is not required.

SA – Strongly Agree
A – Agree
D – Disagree
SD – Strongly Disagree
(Circle One)

---

1. I can quickly calm myself when something the agency/institution does upsets me.
SA A D SD

2. After experiencing a stressful event with the agency/institution, I have a routine that I use to minimize its effect.
SA A D SD

3. I spend little time or energy worrying about the agency/institutions actions that I cannot control.
SA A D SD

4. I can relax naturally without using alcohol or drugs.
SA A D SD

5. I have healthy control over feelings that arise with the agency/institution like anger, fear, or sadness.
SA A D SD

6. When I have a stressful problem with the agency/institution, I can talk it through and solve it.
SA A D SD

7. Worrying about the agency/institution does not keep me from falling asleep.
SA A D SD

8. I am patient with the agency/institution with which I disagree.
SA A D SD

9. I feel relaxed when I am working in the agency/institution, rather than tense or anxious.
SA A D SD

10. I can stop myself from replaying self-defeating thoughts about the agency/institution.
SA A D SD

Wellness Management Inventories
Scoring Key

_____

SA = 3
A = 2
D = 1
SD = 0

_____

- Range = 30-0
- The higher the score, the greater the management capabilities
- 21-30 score—Strong management capabilities
- 0-9 score—Weak management capabilities
- 10-20 score—Average capabilities

Wellness Management Inventory:
Burnout

Completion of this inventory is optional and is not required.

SA – Strongly Agree
A – Agree
D – Disagree
SD – Strongly Disagree
(Circle One)

---

1. Working with substance abusing clients has emotionally drained me
SA A D SD

2. I feel very tired when I get up for work and have to face another substance abusing client.
SA A D SD

3. Working with clients who have abused substances is really too much for me to handle.
SA A D SD

4. I feel burned out from counseling clients who have abused substances.
SA A D SD

5. I don't feel I'm positively influencing the lives of my clients.
SA A D SD

6. Since I started counseling substance abusers, I've become less sensitive toward people.
SA A D SD

7. Counseling substance abusers has made me emotionally dead.
SA A D SD

8. I don't have much energy these days.
SA A D SD

9. I don't feel I have much to give, emotionally, any more.
SA A D SD

10. I feel like I only go through a boring routine with my clients.
SA A D SD

Wellness Management Inventory:
Burnout
Scoring Key

_____

SA = 3
A = 2
D = 1
SD = 0

_____

- Range 30-0
- The higher the score, the greater the burnout.
- 21-30—High level of burnout
- 0-9—Low level of burnout
- 10-20—Average burnout

Substance Abuse Counseling Inventory

Completion of this inventory is optional and is not required

Directions: Counseling substance abusers presents some unique challenges. Please respond to the following by indicating the level of difficulty you have encountered in a counseling situation. Mark your response on the separate answer sheet.
Circle "1" if you think the task is very difficult.
Circle "2" if you think the task is difficult.
Circle "3" if you are not sure or the statement does not apply to you.
Circle "4" if you think the task is easy.
Circle "5" if you think the task is very easy.

---

1. Developing a working alliance with substance abusers.
   1 2 3 4 5

2. Establishing rapport with substance abusers.
   1 2 3 4 5

3. Establishing confidentiality in a counseling situation with substance abusers.
   1 2 3 4 5

4. Establishing trust in a counseling situation with substance abusers.
   1 2 3 4 5

5. Developing counseling goals in a counseling relationship with substance abusers.
   1 2 3 4 5

6. Establishing counselor self-disclosure in the relationship with substance abusers.
   1 2 3 4 5

7. Communicating empathy in a counseling relationship with substance abusers.
   1 2 3 4 5

8. Establishing expectations in a counseling relationship with substance abusers.
   1 2 3 4 5

9. Maintaining ethical standards in a counseling situation with substance abusers.
   1 2 3 4 5

10. Exhibiting genuine concern for the welfare of the substance abuser.
    1 2 3 4 5

11. Working with a 12-step approach.
    1 2 3 4 5

12. Working with a cognitive approach.

1 2 3 4 5

How Did You Score on The *Substance Abuse Counseling Inventory?*

In a study of over 300 substance abuse counselors in a state prison system, it was found:

- Female counselors found that many of the counseling skills were more difficult to implement than did male counselors.
- Counselors employed by private vendors found many of the counseling skills more difficult to implement than did counselors who worked for the state.
- For both male and female counselors, maintaining *ethical standards* was the most difficult part of the counseling relationship.

Male counselors reported they had greater difficulty with *self-disclosure* than female counselors reported.

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Appendix B: Post Test and Evaluation for
Personal Wellness for Substance Abuse Counselors

Directions: To receive credits for this course, you are required to take a post test and receive a passing score. We have set a minimum standard of 80% as the passing score to assure the highest standard of knowledge retention and understanding. The test is comprised of multiple choice and/or true/false questions that will investigate your knowledge and understanding of the materials found in this CEU Matrix – The Institute for Addiction and Criminal Justice distance learning course.

After you complete your reading and review of this material, you will need to answer each of the test questions. Then, submit your test to us for processing. This can be done in the following manner:

Submit your test via the Internet. All of our tests are posted electronically, allowing immediate test results and quicker processing. First, you may want to answer your post test questions using the answer sheet found at the end of this appendix. Then, return to your browser and go to the Student Center located at:

http://www.ceumatrix.com/studentcenter

Once there, log in as a Returning Customer using your Email Address and Password. Then click on 'View Lesson Quiz' and you will be presented with the electronic exam.

To take the exam, simply select from the choices of "a" through "e" for each multiple choice question. For true/false questions, select either "a" for true, or "b" for false. Once you are done, simply click on the submit button at the bottom of the page. Your exam will be graded and you will receive your results immediately. If your score is 80% or greater, you will receive a link to the course evaluation. You will also receive a link to the Certificate of Completion. This is the final step in the process, and you may save and / or print your Certificate of Completion.

If, however, you do not achieve a passing score of at least 80%, you will need to review the course material and return to the Student Center to resubmit your answers.

NOTE: THE EXAM QUESTIONS AND /OR ANSWERS MAY BE IN A DIFERENT ORDER IN THE ONLINE EXAM

Answer the following questions by selecting the most appropriate response.

1. The two critical areas of wellness addressed by this course are:
    a. wellness and pathology
    b. morbidity and pathology
    c. stress and burnout
    d. stress and strain
    e. anxiety and tension

2. Which of the following is a mitigating factor in emotional exhaustion?
    a. inner strength
    b. positive world view
    c. sense of internal control
    d. sense of external control
    e. sense of personal accomplishment

3. Which of the following statements about stress is false?
    a. experiencing stress is a normal part of life
    b. if you have no symptoms of stress, then stress is not taking a toll on you
    c. if you are taking medications or have developed defense mechanisms to mask the symptoms of stress, then you are unable to reduce the strain on your body.
    d. when you are highly stressed, it is more difficult to plan and prioritize your activities.
    e. our schedules and physical limitations can limit our choices of how to manage the stress in our lives.

4. Which of the following is the definition of self-esteem?
    a. the feelings a person has of high or low self worth
    b. a judgment that can master and perform needed behaviors when needed
    c. all our thoughts and feelings about ourselves
    d. our personality plus our character traits
    e. a sense of actualization

5. According to which theory about stress are there three stages of reaction to stress:
    a. Appraisal and Caring
    b. Flight or Fight
    c. General Adaptation Syndrome
    d. Eustress Syndrome
    e. None of the above

6. Which of the following statements is true regarding organizational stress?
    a. Organizations have a finite amount of resources such as time and money
    b. having support from co-workers has not been found to be particularly helpful in reducing stress at work
    c. you have control over all of the elements of your job functions
    d. the organization is responsible for resolving your stress issues
    e. when your job is really "stressing you out" it is not possible to learn new techniques on how to manage that stress; you have to wait until a period of time when the stress has passed.

7. A benefit of a cooperative style of communication does not include which of the following items?
    a. a healthier lifestyle
    b. more respect
    c. greater comfort with conflict
    d. better coordination of life activities
    e. none of the above

8. "Stress Reaction" means:
    a. an individual response to a given stressor
    b. the prolonged impact of a stressor on the system that results in overload and fatigue
    c. a specific problem or personal conflict that can be either an external or internal threat to the individual
    d. positive experiences of success followed by higher expectations
    e. disappointment, failure, threat or other negative experiences

9. Which of the following is not a commonly recognized and accepted method of stress reduction?
    a. training oneself to exclude an anxiety producing event from the conscious awareness.
    b. assertiveness training
    c. conflict resolution training
    d. progressive muscle relaxation
    e. resistance training.

10. An example of a secondary stressor is:
    a. a student has three final exams in a 2 day period
    b. a teenager has been denied by her parents the opportunity to go to an overnight party with a group of friends
    c. the loss of a job leads to a shortage of money which leads to hand me down clothes
    d. a boss is mad and yells at a co-worker
    e. a counselor's stress leads to anger

11. Which type of people take on additional tasks that allow them to remain challenged but then become inefficient and anxious when under stress?
    a. strivers
    b. inner con artists
    c. worriers
    d. pleasers
    e. internal time keepers

12. Which of the following responses work well for a person in the long run?
    a. distracting
    b. denying
    c. generalizing
    d. a & c only
    e. none of the above

13. Which of the following are indications of “burnout”?
    a. physical fatigue
    b. development of negative self-concepts and attitudes toward work
    c. a sense of helplessness or hopelessness
    d. all of the above
    e. a and c only

14. Examples of coping mechanisms used during times of high levels of anxiety include:
    a. aggressive anger or hostility
    b. assertive problem solving
    c. withdrawal, physically and/or emotionally
    d. all of the above
    e. a and c only

15. Indicate which of the following is an example of nonproductive or unfulfilling conversational intent.
    a. telling you about my experiences/feelings
    b. negotiating or bargaining with you about a project
    c. hearing what is happening with you
    d. hiding what is important to me from you
    e. resolving a conflict that I have with you

16. Which of the following is an example of *denial*, a defense mechanism used as a means of coping with stress?
    a. a woman criticizes her neighbor for being a terrible gossip when in fact the woman gossips herself
    b. an officer has stacks of case files on his desk with volumes of work to be done, but informs his co-workers and supervisors he is keeping up.
    c. an officer expresses anger toward another officer because she just had a disagreement with her supervisor
    d. an officer forgets the due date of an important report
    e. an officer is not skilled at making written notations in case flies but does excellent casework

17. In which personality type is a person likely to be time oriented, tending to watch the clock and make sure that something is not taking too much time?
    a. Type B
    b. Type A
    c. Type C
    d. Type D
    e. a combination of two or more of the above

18. In which of the following systems in humans can signs of stress be noted?
    a. cognitive-perceptual
    b. behavioral
    c. psychological
    d. physical
    e. all of the above

19. Choose the item below that is not one of the techniques for practicing good communication.
    a. inviting consent to pursue the intent of your conversation
    b. translating your complaints into specific requests and explaining them
    c. expressing more appreciation to your listener
    d. expressing yourself more clearly and completely
    e. none of the above

20. Which behavior are men likely to not demonstrate as a reaction to stress?
    a. providing greater nurturing to their children
    b. initiating a confrontation
    c. retreating
    d. isolating themselves
    e. agree

21. Which of the following is a false statement about our predisposition to stress?
    a. those who have experienced a great deal of stress over their lives tend to react more positively to stress than others
    b. sensitization occurs because we have “learned” over the years to react in a certain manner
    c. the amount of stress we have experienced throughout our lives makes us respond more quickly to stressful situations
    d. future stressful events are likely to be dealt with in the same manner as previously handled

22. Which of the following are methods people use to cope with difficult situations when they don’t know how to negotiate and work through them?
    a. breaking things, hitting people or running away
    b. acting out feelings one doesn’t have in order to avoid ones they do have
    c. going “crazy” to get oneself out of a seemingly impossible situation
    d. all of the above
    e. a and c only

23. The situation where the body that has experienced stress never returns to a state of balance is known as:
    a. residual stress
    b. forecasting
    c. role ambiguity
    d. role overload
    e. resistance

24. Malignant pseudo identification leads to:
    a. automation
    b. alienation
    c. sublimation
    d. manipulation
    e. deterioration

25. Malignant pseudo identification involves:
    a. imitation
    b. initiation
    c. justification
    d. empathy
    e. stimulation

26. Counselors who are vulnerable to malignant pseudo identification tend to be:
    a. empathetic
    b. sympathetic
    c. narcissistic
    d. pessimistic
    e. unrealistic

27. Stress in counselors has been linked to:
    a. transference
    b. sublimation
    c. counter transference
    d. flat affect
    e. blunting

28. Emotional repression leads to a lack of:
    a. nonverbal emotional feedback
    b. transference
    c. dream activity
    d. a working alliance
    e. psychopathy

29. Which of the following is the same as “washing out”?
    a. deterioration of effect
    b. deterioration of defect
    c. spontaneous deterioration
    d. deterioration effect
    e. transactional effect

30. Ineffective treatment programs can increase which of the following?
    a. counter deterioration
    b. inefficiency
    c. transactional effect
    d. spontaneous deterioration
    e. deterioration effect

31. An organizational stressor is a situation where there is a lack of understanding between efficiency and:
    a. deficiency
    b. consistency
    c. effectiveness
    d. inefficiency
    e. deterioration

32. What percentage of all disease or illness susceptibility is thought to be linked to high stress levels?
    a. 10-20
    b. 50-60
    c. 40-50
    d. 80-90
    e. 5

33. The inability to resolve a stressful event can lead to:
    a. learned resourcefulness
    b. counter self-efficacy
    c. learned helplessness
    d. learned compensation
    e. learned coping

34. Which of the following is likely to be the result of not resolving a stressful event?
    a. low self-confidence
    b. giving up
    c. burnout
    d. learned helplessness
    e. all of the above

35. An ineffective substance abuse counselor can produce:
    a. Spontaneous remission
    b. The deterioration effect
    c. Deterioration of effect
    d. Affective remission
    e. Spontaneous deterioration

