Strategies of Addiction Counselors to Avoid Burnout and Compassion Fatigue

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Abstract

The American Counseling Association, 2014, and the Council for Accreditation of Counseling and Related Programs, 2024, recognize the severe risks of Burnout & Compassion Fatigue and advocate for effective prevention measures. In collaboration with NAADAC- The Association for Addiction Professionals, a study was conducted comprising semi-structured interviews of qualifying addiction counselors to document their lived experiences of resiliency in the profession. This article aims to outline the effective personal strategies of addiction counselors that facilitate resilience. This could potentially lead to increasing an addiction counselor's longevity in the field and supporting other healthcare clinicians who experience high levels of burnout and compassion fatigue.

Keywords: wellness; burnout; fatigue; resiliency; counselor education

Introduction

A transcendental phenomenological study was conducted to describe the lived experiences of addiction counselors who appeared to be resilient to burnout (BO) and compassion fatigue (CF) (Paulson et al., 2024). That study was undertaken due to strong correlations of burnout among inpatient addiction counselors and seeing the importance of including their experiences and input to the research (Lim et al., 2010; Beitel et al., 2018). This included looking at resiliency factors addiction counselors employ to resolve BO and CF, coping skills to resolve symptoms of BO and CF, and internal and external factors that contributed to BO and CF. Assessing the specific risks faced by addiction counsellors concerning BO and CF has been challenging due to limited research compared to other professions like social work and psychology (Fruhbauerova & Comtois, 2019; Herrera, 2021; Knopf, 2021; Oser et al., 2013; Pagano et al., 2021). Despite the recognized challenges associated with this work, there is a disappointing amount of research. This study explored experiences of burnout and compassion fatigue and the subsequent emotional toll on addiction counselors (Oser et al., 2013; Paulson et al., 2024).

Data was collected from nine participants using semi-structured interviews before then being analyzed using Moustakas' modified Van Kaam seven steps method (1994). Existing research has focused on limited interventions to treat counselors already suffering from BO and CF, but few studies looked at counselors who appear resilient to work-related stress over a long period (Perkins & Oser, 2014; Testa & Sangganjanavanich, 2016). CF and BO have a longstanding history in the counseling field, with more prevalence in addiction counselors due to the unique challenges they face (Lundgren et al., 2013; Miller, 2020). Three main themes and 13 sub-themes

were identified as the essence of the lived experiences of addiction counselors who appear resilient to severe burnout and compassion fatigue, leading to longevity in the addiction counseling field. From these themes, counselors, counselor educators, social workers, counselors in training (CITs) among other human service practitioners can identify early intervention methods and best practices to cultivate and grow their resiliency plan to mitigate and prevent or further reduce the likelihood of BO and CF.

Brief History of BO and CF

Burnout is defined as the state of emotional, mental, and physical exhaustion brought on by prolonged or repeated stress and is not a new concept to occupational settings (Molnar et al., 2017). Burnout had been recognized in nearly every field, before being acknowledged as a different experience within the helping professions, becoming known as "Compassion Fatigue" (Ray et al., 2013). Helping professions, are jobs or positions offering health and education services to individuals and the community that assist others in finding solutions to life situations (Bryan, 2015). BO and CF gradually shifted to be more centered on counselors and mental health clinicians who experienced burnout while working with clients who have experienced trauma (Epstein et al., 2020; Figley, 1995; Lee et al., 2018; Malkina-Pykh et al., 2017). Additionally, there have been movements to change the term "compassion fatigue" to include the word "empathy" as burnout pertains more to the exhaustion of empathy as opposed to compassion (Dowling, 2018; Papazoglou et al 2019; Rauvola et al., 2019, Sinclair et al., 2017). This article will maintain the terms BO and CF commonly utilized in the literature to date, with an understanding that exhaustion of empathy may be a component of the clinical experience.

Counselors are faced with the perils of helping individuals suffering from trauma and its related factors (Martínez-López et al., 2021). Addiction counselors are at increased risk due to the intense demands of not just their work and caseload requirements but the ongoing exposure to higher rates of exposure to trauma and trauma-related symptomology (Bentley, 2022; Beitel et al., 2018; Bride et al., 2009; Martinez-Lopez et al., 2021). Trauma factors in clients can increase the risks of BO and CF in counselors and also put them at risk of Vicarious Trauma (VT) and Secondary Traumatic Stress (STS). While the main phenomena in this study was BO and CF, studies show VT and STS are connected to BO and CF and present frequently in addiction counselor experiences (Hernandez-Wolfe, 2018). VT accounts for the negative effects of working with traumatized individuals, families, and systems. VT is considered, "a transformation in the therapist's (or other trauma worker's) inner experience, resulting in empathetic engagement with the client's trauma material" (Pearlman et al., 1995, p. 31). Similarly, indirect exposure to trauma experienced by providing services to those who are traumatized can lead to the negative impacts of Secondary Traumatic Stress (STS) (Bride, 2004, 2007; Figley, 1998; Lee et al., 2018). STS and VT often cause symptoms parallel to those of Post-Traumatic Stress Disorder (Hernandez-Wolfe, 2018).

While this news may be discouraging for some, there are other phenomena that have been identified when individuals are faced with adversity that reduces the critical influence of these work-related hazards. Resilience is considered a behavioral response or a trait (Happer et al., 2017). It is a multifaceted adaptational process where underlying protective processes or factors aid individuals in maintaining their wellness against challenging circumstances (Cecchet & Thoburn, 2014). Resilience has emerged as the reason why certain individuals can and do adapt under great stress compared to others (Masten, 2001). Resilient individuals likely use protective factors to create positive outcomes under high-risk conditions (Hartley, 2012). Both internal and external protective factors can reduce the impact of stress (Masten, 2001; Ungar, 2013). External factors might include activities that enhance coping, advanced planning skills, and a supportive environment both inside and outside the family that includes, peer support and mentorship (Aspinwall & Taylor, 1992). Individuals experiencing trauma and mental illness, or those supporting them, may additionally thrive by exercising internal protective factors and qualities such as an easy temperament, good self-esteem, and overall emotional stability, (Fletcher & Sarkar, 2013). These factors were supported by the themes and sub-themes from this qualitative phenomenological study.

Addiction Counselor Challenges

What makes CF and BO so relevant to addiction counselors is how they have become barriers for successful, long-term employment and enjoyment of that employment. Addiction counselors focus on providing addiction counseling, which entails helping clients overcome substance use disorders and other dependencies (Knight et al., 2012a, 2012b; McNulty et al., 2007). Additionally, this involves

providing and coordinating services for people with a range of substance use and other behavioral addictions and health problems. Addiction counselors provide treatment and support to help their clients recover from addiction and modify problematic behaviors, in a variety of settings such as hospitals, clinics, rehabilitation and treatment centers as well as private practices. Clients with substance use disorders (SUDs) are at a higher risk of negative outcomes compared to clients without (Gutierrez et al., 2019), already indicating that addiction counselors and their work differs from other counselors due to the severity of the clients and the population they serve. Studies have shown addiction counselors are highly likely to be secondarily exposed to traumatic events from working with traumatized clients, often experiencing symptoms of secondary traumatic stress (Bride et al., 2009). Addiction counselors are at a high risk of experiencing burnout due to serving client groups that require higher levels of care (Baldwin-White, 2016). This can also lead to higher levels of counselor impairment as impairment is linked to burnout and compassion fatigue and can lead to poor quality of care (Young & Lambie, 2007; Salyers, 2016).

These factors make the job of addiction counselors to serve their clients that much more difficult. Coincidentally, past studies found high levels of frustration associated with job-related conditions contribute to addiction counselor burnout (Perkins & Oser, 2014), indicating that not only are these addiction counselors having difficulty providing higher-quality care to their clients, but they are also struggling from the job-related conditions and lack of support (Reyre et al. 2017). Understandably, burnout is associated with diminished job performance, increased absenteeism, and higher rates of turnover, all which addiction counselors know too well (Anagnostopoulos & Niakas, 2010; Beitel et al., 2018).

Vorkapić and Mustapić (2012) wrote that substance abuse professionals are more emotionally exhausted and have higher cynicism than hospital nurses, emergency physicians or other mental health workers and health care professionals. Likewise, it was also found that high rates of psychological morbidity and burnout among substance abuse professionals suggested a higher level of vulnerability than in other health professionals (Oyefeso et al., 2008). Gutierrez and colleagues agreed that the substance abuse profession has a higher burnout rate than any other human services profession in the United States (2018). Other trends related to the negative impact of burnout for addiction counselors include organizational issues such as decreased occupational support and a greater risk of BO and CF from working with clients who have more significant symptom-related issues and require more intensive treatment needs (Johnson et al., 2016; Saunders et al., 2015; Knight et al., 2008; Oser et al., 2013; Vilardaga et al., 2011).

Addiction counselors often face higher job dissatisfaction, minimal workplace support, and decreased self-efficacy (Knight et al., 2012 a, b; Gündüz, 2012). These issues could lead to further negative consequences such as incompetence, impairment, and low self-efficacy, preventing problem resolution, as if the issues are compounded with interest (Gutierrez et al., 2019; Knight et al., 2012). Additionally, addiction counselors face challenges other counselors do not, such as the stigma associated with addiction as a disease, and therefore, have a lower earning potential despite the higher health risks and mortality rates of the clients (Oser et al., 2013). This discrepancy in lower pay is often attributed to the differences in education, licensing, state requirements, and reimbursement differences varying by state (Beck et al., 2018). Due to the variability among states, some addiction counselors may not have the same training devoted to ethics and self-care due to differences in education, as some addiction counselors only need a bachelor's degree (Russett & Williams, 2015) rather than a Master's degree which encompasses a practicum or internship with supervision and teaching related to self-care (Bamonti et al., 2014; Posluns & Gall, 2020).

Frustrations experienced by addiction counselors may lead to organizational issues and decreased occupational support, which is known to be a protective factor for burnout (Knight et al., 2012) and demonstrate that these issues impact the field at varying levels. Likewise, addiction counselors face the challenge of serving high risk high need clientele, often experiencing recurrence of substance use disorder symptoms and suicide attempts. Additionally, they may encounter a lack of recognition, insufficient legal support, invalidating and hostile attitudes from others, strenuous administrative requirements, such as court experiences, increased paperwork, and having limited resources (Fruhbauerova & Comtois, 2019; Reyre et al. 2017). These challenges can indicate that the situation is worsening, signaling that if addiction counselors do not take steps to prevent the BO and CF that are so ingrained in addiction counseling, they risk their health, their wellness, and likely their longevity in the field.

Considering how difficult these challenges are, it brings further recognition to the addiction counselors and professionals who appear to overcome these challenges by remaining in the field for decades. This unique phenomenon, which was the focus of the study mentioned above, presents these rare individuals as a model of resilience that can be replicated by other mental health and related professions that find themselves working with populations that have high levels of BO, CF, turnover rates and low retention rates. These distinctive traits provide a potential template for a wellness model that professionals can utilize to prevent and or mitigate the effect of BO and CF.

Findings

After conducting semi-structured interviews with nine participants and analyzing the findings using Moustakas' modified Van Kaam seven steps method (1994), three themes and 13 sub-themes were identified as the essence of the lived experiences of addiction counselors who appear resilient to BO and CF. The first theme was labeled *Self-Preservation* as it related to the participants all sharing experiences about focusing on their self-preservation, through engaging in self-care, managing their wellness, and employing tools to increase their ability to prevent and reduce BO and CF, which assisted them in remaining in the field. The participants saw themselves as being worthy of self-preservation and using preventative measures to ensure that they could remain working, through collaboration and working with employers and colleagues to set boundaries with clients, administration, and staff. The sub-themes were *workload reduction*, *utilizing boundaries*, and *self-advocating*. The participants, who were nationally recognized addiction counselors, spoke about reducing their workload as an important contributor to their wellness. One participant stated how she learned about "work reduction" and that it involved "learning how much I can take and when enough is enough" (Participant 9). For that participant, it was an interactive process where she learned to prioritize herself. For another participant, workload reduction involved "working a half day, one day a week so that I could go play" (Participant 8). Comparatively, another participant also mentioned self-preservation by working fewer hours, she changed the work to be less demanding, stating how she was able to "mix up administrative and clinical and throwing in supervision" (Participant 4), as a precaution to BO and CF. Participants also discussed how employing boundaries is integral to self-preservation, stating "Work on leaving your work at work" (Participant 2), and another participant mentioned the honor that comes with respecting the client's sense of self versus their own as a preventative measure against transference, stating "(We) do need to be right there with the client and understanding what their experience is. But then we have to let it go with them" (Participant 2). Lastly, participants utilized the last sub-theme of *Self-Preservation* in combination with the two priors, where they could self-advocate and verbally employ boundaries while also minimizing the workload, stating being able to "voice that I need a minute," or "30 minutes" and how "they give me that minute that I need" (Participant 3).

In the second theme, *Support*, each participant identified support as a protective factor. Support was noted as being a factor and playing a key role in their success and well-being. The support they received throughout various times of their careers was regarded as playing a role in their development as an addiction counselor, their resiliency, and their ability to remain in the profession. The sub-themes were the following; *organizational support*, *lack of support*, *family support*, *spiritual support*, *colleague support* & *supervision*. One participant mentioned how supported they felt when a supervisor cared for the team, asking "'What did we need? What was going to help to make this happen?', he was checking in on us." (Participant 6).

Additionally, participants also identified lack of support as one of their biggest obstacles, with a participant reporting "get thrown into positions, very little resources, very little training, like very little ongoing training" (Participant 3), and how "And so it's a lack of support out there from the administration, from my own supervision. They don't understand what we do" (Participant 6). Despite these challenges, there is hope as participants commented on how various supports saved them such as family support, "I appreciate family. They're supportive and they're just to have a listening ear" (Participant 7), spiritual support, "My relationship with God, higher power has been my most significant, impactful internal and support system" (Participant 7), and the support that comes from colleague support and supervision, "I've worked with [her] for 10 years who, me and her, well, we're in this together" (Participant 6).

Lastly, concerning the themes, the third theme was *Purpose*, and it was complex in its subjectivity as it focused on the individualistic attributes of the participants and related to concepts having to do with intrinsic motivation and deep meaning. It transcended solely having a goal for work or studying and was comprised of sub-themes relating to *fulfillment & passion*, *seeking knowledge*, *helping others*, *being person-centered*, as well as having moments where a *lack of purpose* was part of the experience. Participants reported feeling that their actions were meaningful and contributed to and benefited people and concepts such as altruism and doing good that they cared about. This sense of purpose, based on their experiences, appeared to help the participants in channeling challenges to become opportunities to learn and grow and appeared to be self-sustaining. With fulfillment and passion, participants described their work-related passion as "thrilling and… devastating, and it's passionate and it's exhausting", however, "I absolutely love it" (Participant 2). Seeking knowledge was described as a "coping mechanism" (Participant 5), for some, and a driving force for others; "That's my drive to constantly seek something" and "This is why I continue to keep going" (Participant 6). Helping others was seen as important due to participants stating "I continue because I know that people really can do it and get off drugs and alcohol and live a better life" (Participant 1). Equally notable was the importance of being person-centered, with participants stating how it is vital to "see the person behind the substance" (Participant 5), as well as noting that "the client is the expert, 'I am here. Let me help you with whatever you feel that you need'" (Participant 6). This theme of gaining purpose from doing good and serving others carried deep meaning and intrinsic motivation that the participants equated to helping them survive throughout their careers.

Encompassing all the themes together, the diagram below was made to present the data in an easy-to-understand format. The three main themes and their many subthemes culminate to create what are the lived experiences of addiction counselors who appear resilient to BO and CF.
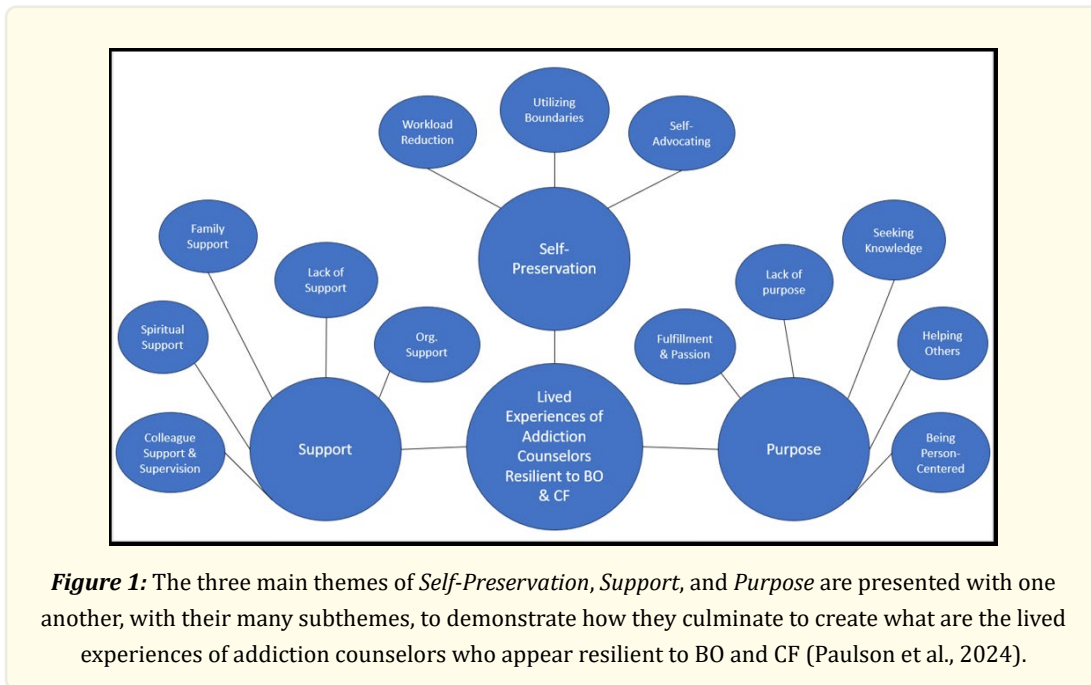

Figure 1: The three main themes of *Self-Preservation*, *Support*, and *Purpose* are presented with one another, with their many subthemes, to demonstrate how they culminate to create what are the lived experiences of addiction counselors who appear resilient to BO and CF (Paulson et al., 2024).

Best Practices & Strategies

While there are obvious dangers of CF and BO, from what the participants shared, which were coincidentally the reports and experiences of seasoned addiction counselors who appear resilient to BO and CF from their longevity in the field, the themes support concepts from past literature, indicating resiliency and preventative measures of work-related stressors such as emotional awareness,

mindfulness practices, personality traits, and emotional intelligence (Gutierrez et al., 2019; Oser et al., 2013; Testa & Sangganjanav-anich, 2016; Vilardaga et al., 2011). Other studies have looked at emotional intelligence (Gutierrez et al., 2019), and how emotional intelligence may help combat CF. In a study of compassion fatigue among health professionals, both self-report traits of emotional intelligence and ability-based emotion management were inversely associated with CF (Zeidner et al., 2013). Adaptive coping was also inversely related to CF, and there were differences between mental health and medical professionals in emotional intelligence, negative affect, and coping strategies. Problem-focused coping appeared to be a mediator between emotional intelligence and CF (Zeidner et al., 2013). From what the participants shared, developing protective factors and facing adversity such as lack of support and purpose provided valuable experience. The participants noted positive qualities of adversity, and these experiences and what they reported shared traits and resembled descriptions consistent with post-traumatic growth and resilience factors leading to emotional intelligence, self-efficacy, and mindfulness (Masten, 2018; Southwick et al., 2014).

For mental health professionals and counselors interested in learning and developing skills centered on the theme of *Self-Preser-vation*, and its encompassing sub-themes, this would entail building assertive communication skills, learning about professional and healthy boundaries, as well as working towards work-life balance and developing self-efficacy (Butt & Zahid, 2015; Rapp et al., 2021). Counselor curricula covers boundary issues under the scope of practice with clients, as working closely with people to address in-nermost concerns can present challenges for helping professionals. Therapist disclosure, for example, can generate boundary issues, enhance or diminish perceived credibility and competence, and enhance or compromise the client's view of both therapist and client roles, depending on how it is conducted (Audet, 2011). As such, there is a focus in counselor education on interacting professionally and appropriately while developing quality counseling relationships and facilitating the intimacy required within them. Despite this focus, education on boundaries in the workplace often gets neglected. This could explain why ethical issues arise frequently in the treatment of substance use disorders (SUD) (Audet, 2011). Addiction counselors need additional guidance to navigate workplace spe-cific dilemmas, but receive limited training in resolving these issues ethically. One study interviewed 20 front-line counselors working in two SUD treatment programs and found possible solutions for these ethical dilemmas that coincide with this article's emphasis on boundaries (Sorenson et al., 2024). The ways participants resolved ethical issues included consultations, using direct approaches to resolve ethical dilemmas, and commitment to providing client-centered care. One could argue that by navigating and respecting not just professional boundaries with clients but also being aware of the boundaries of others and the boundaries necessary within the workplace, addiction counselors could more effectively mitigate boundary related issues.

Participants also shared how *Support* and its sub-themes mattered to them and served as a protective factor. Counselors and related human service professionals can research effective ways to build professional supervisor support through group supervision or other facilitative and supportive means to enhance colleague support and facilitate psychological safety (Liu et al, 2016). Having active dis-cussions to improve support would also be conducive to problem-solving and increasing organizational support and organizational commitment (Mcnulty et al., 2007; Gutierrez et al., 2019; Vogus and Sutcliffe, 2007; Ungar, 2013). Likewise, there are assessment tools the clinicians can employ throughout their careers, to identify and measure their BO, CF, STS, and VT. This would include utilizing the Professional Quality of Life Scale (PQOL) 5th edition (Stamm, 2016), as well as other assessment tools that look at CF and STS to mon-itor their own resiliency and mental hygiene (Gutierrez et al., 2019; Lee et al., 2015; S. M. Lee et al., 2007).

Additionally, developing skills that center on recognizing traits to cultivate feelings of *Purpose* and its sub-themes can include rec-ognizing the positives of helping others, and the benefits of being person-centered while also recognizing the signs of having a lack of purpose. Similarly, this would include relishing accomplishments as a positive reinforcer, noting client and own successes (Phillips et al., 2023) as well as practicing meditation, spending time in nature, experiencing gratitude, and recognizing what can be controlled (Copeland, 2021). As sub-themes *lack of support* and *lack of purpose* were part of the lived experiences of these participants, it would also behoove future counselors and clinicians to look into ways to increase awareness of and improve their ability to recognize the signs of BO and CF such as employing the Professional Quality of Life Scale (PQOL) 5th edition (Stamm, 2016), as well as the Shared Trauma and Professional Post-traumatic Growth Inventory (STPPG), measuring how the client's traumatic narratives can influence

one's trauma responses (Can & Watson, 2019). Additionally, the Counselor Burnout Inventory (CBI), developed by S. M. Lee et al. (2007) encapsulates the specific work environment of professional counselors, how this impacts their lives, and has been used by researchers to study counselor burnout (Bardhoshi et al., 2019; Fye et al., 2020; J. Lee et al., 2011) while also proving to be an effective and valid tool. While the CBI is not specific to addiction counselors, it can still be helpful as a monitoring tool. Perhaps more specifically, Addiction Counseling Self-Efficacy Scale (ACSES) (Murdock et al, 2005). It is an assessment tool designed to measure specific skills related to addiction counseling competencies, competencies identified by the Substance Abuse Mental Health Service Administration (SAMHSA) (2015) such as (1) Transdisciplinary Foundations (a) understanding addiction, (b) treatment knowledge, (c) application to practice, (d) professional readiness, and (2) Practice Dimensions (a) clinical evaluation, (b) treatment planning, (c) referral, (d) service coordination, (e) counseling, (f), client, family, community education, (g) documentation, and (h) professional and ethical responsibilities. The ACSES shows promise and applicability as addiction counselors rely on self-efficacy as a resiliency factor and would benefit from increasing it (Knight et al., 2012 a, b; Gündüz, 2012; Southwick et al., 2014). Implementing a combination of these tools on a routine basis can help the clinicians and their professional support system, consisting of mentors and supervisors, develop a plan should they notice they are at risk of impairment or work-related stressors that plague the profession (Gutierrez et al., 2019; Lee et al., 2015).

An additional diagram presented below was constructed to present the previous data related to the main themes and their many subthemes into a possible wellness model for healthcare clinicians and human service practitioners working in settings that have high BO and CF.
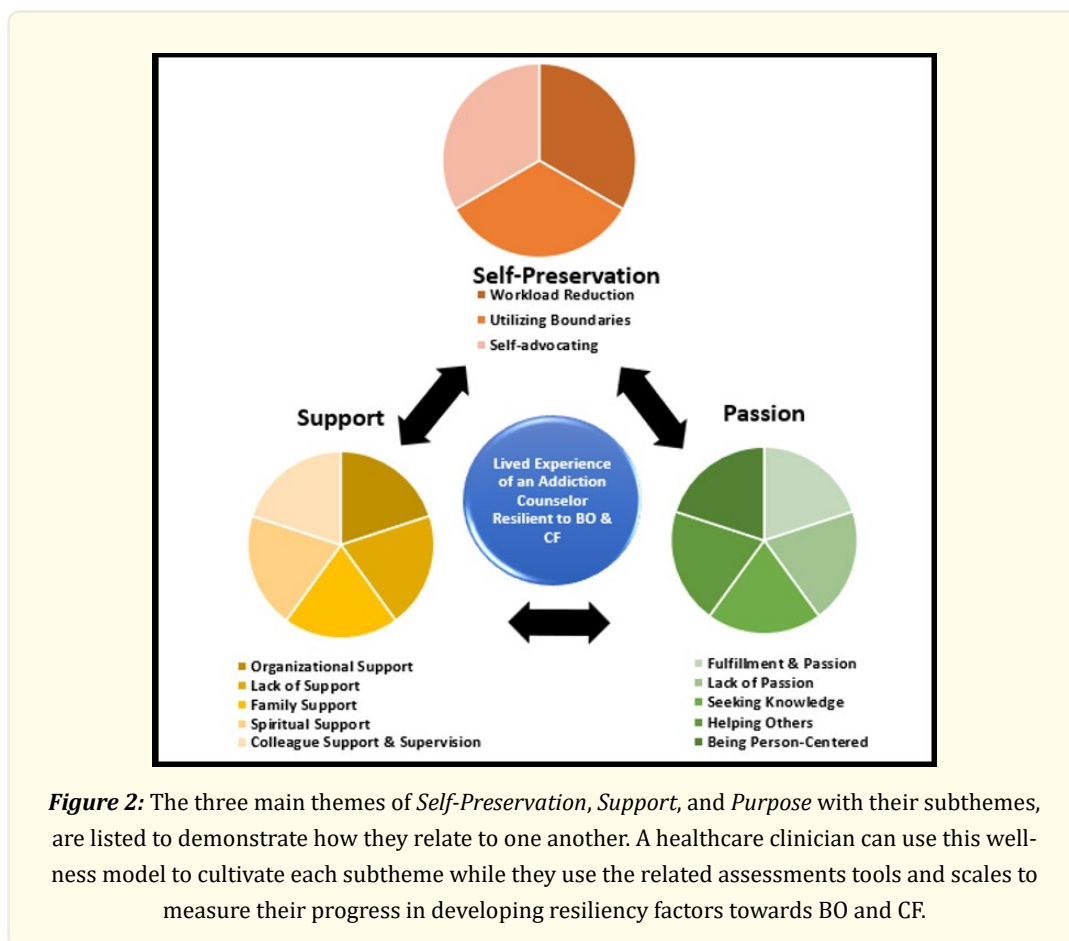

Figure 2: The three main themes of *Self-Preservation*, *Support*, and *Purpose* with their subthemes, are listed to demonstrate how they relate to one another. A healthcare clinician can use this wellness model to cultivate each subtheme while they use the related assessments tools and scales to measure their progress in developing resiliency factors towards BO and CF.

Conclusion

Counselors who subscribe to the code of ethics by the American Counseling Association (ACA, 2014) or the standards of the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2024) are implored to take preventative measures against impairment for their safety as well as the safety of their clients. SAMHSA, similarly addresses the professional readiness of addiction counselors, emphasizes adequately preparing them for the field, and highlights their professional and ethical responsibilities they possess throughout the duration of their practice (Knopf, 2021). Other professions such as psychology, social work, and nursing similarly emphasize the importance of self-care and preventing professional impairment (ANA, 2015; APA, 2017; NASW, 2021). A qualitative phenomenological study was undertaken to explore the commonalities among experienced addiction counselors, who appear resilient to BO and CF from their longevity in the field (Paulson et al., 2024). A brief history of BO and CF was covered as well as the related phenomena including STS and VT and how resiliency and its varying forms relate to this to explain how people remain in their field despite the work-related challenges. More specifically, the work-related challenges of addiction counselors were covered and how they are impacting addiction counselors (Fruhbauerova & Comtois, 2019; Reyre et al. 2017; Knight et al., 2012; Oser et al., 2013). Themes were identified through semi-structured interviews and data analysis using Moustakas' modified Van Kaam seven steps method (1994). Themes were derived from the commonalities and their sub-themes related to topics and concepts that support resilience, self-efficacy, and intrinsic motivation as well as post-traumatic growth, emotional intelligence, and mindfulness (Masten, 2018; Southwick et al., 2014; Tedeschi & Calhoun, 2004).

These findings can inform the development of training programs and organizational policies aimed at fostering resilience among addiction counsellors. Clinicians can work toward this by researching, learning, developing, and implementing skills and coping methods that center on the themes as well as self-efficacy, utilizing support, and working toward intrinsic motivation. An effective resiliency development plan can also be achieved through recognizing their accomplishments (Phillips et al., 2023), increasing mindfulness-based practices (Copeland, 2021), and working on work-life balance and assertive communication skills (Butt & Zahid, 2015; Rapp et al., 2021). Assessment tools may also aid clinicians in monitoring their CF, BO, and trauma levels (Gutierrez et al., 2019; Lee et al., 2015; Stamm, 2016). The implications of using a wellness model that is informed by these findings could enhance addiction counselors' retention and lead to lower turnover rates by cultivating resiliency. This would also mean that more addiction counselors and treatment centers would be available to meet the needs of their clients, by reducing staff shortages and growing the profession. Likewise, other similar professions who experience high levels of burnout and compassion fatigue could benefit from this as well. This becomes more relevant as we are continuing to understand more about how burnout impacts helping professionals, such as during COVID-19, and how global events create higher demands for clinical services that are already exacerbated and limited by the growing demand (Cronin et al., 2023; Elder et al., 2022).

Addiction counselors have a personal responsibility to have the knowledge to practice competently, respect the human dignity and freedom of their clients, use the professional's role responsibly, promote public confidence in the profession, and lastly, place the welfare of the client as the highest priority (ACA 2014; Welfel, 2015). These responsibilities can be met so long as the clinicians and future addiction counselors recognize the dangers of BO and CF, have knowledge of how common they are in the field of addiction counseling (Anagnostopoulos & Niakas, 2010; Beitel et al., 2018; Vorkapić & Mustapić, 2012), and becomes familiar with effective clinical practices that can be employed as preventative measures, building and increasing their resilience (Cecchet & Thoburn, 2014; Hartley, 2012; Masten, 2001).

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Conflict of interest

We have no conflicts or interests to disclose.

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