

**Searching for meaning within the real life experiences of frontline social workers
working with clients involved in the illegal drug trade.**

by

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ABSTRACT

Searching for meaning within the real life experiences of frontline social workers working with clients involved in the illegal drug trade.

There is a strong likelihood that during the course of a career a front line social worker will have the opportunity to work with a client who is or has been involved in the illegal drug trade. As there is essentially no existing research literature about social workers who work with clients involved in the illegal drug trade, one of the purposes of this research was to explore this experience from the perspective of front line social workers and bridge the gap in this research area. This qualitative interpretative analysis provided the opportunity to gain insight into and put meaning to the experiences and perceptions of the 11 frontline social workers as they work with clients involved in the illegal drug trade. This research also provides valuable information and implications for practice and for further research.

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To Riverside community counselling staff and my supervisor Jon Thompson, who provided support and made it possible for me to utilize some work time to complete this project. Finally, to my partner in life, Wendy, who came into my life during this journey and had to endure many ups and downs as I progressed through it. Your support and understanding were always there and greatly appreciated.

CHAPTER 1

Introduction

The trade in illegal drugs seems to have become very commonplace and is maintaining a strong foothold in our current society. All one has to do is catch the evening news to see that the media representations of the illegal drug trade would suggest that street gangs, bike gangs and other such criminal organizations are taking over or already control much of the drug trade within the streets of Canada. As reported in the January 19, 2006 issue of the Thunder Bay Ontario newspaper The Chronicle Journal:

A wide-ranging police investigation into outlaw motorcycle gang operations in Canada has resulted in the arrest of dozens of people in Ontario and Quebec, including several reputed Hells Angels members in Thunder Bay. 17 suspects made video court appearances in Thunder Bay's Ontario Court of Justice late that day. The 13 men and four women all face multiple criminal charges, related to cocaine trafficking.....The Hells Angels have a long history in Thunder Bay and operate a clubhouse on Heron Street on the city's south side. (p. A1)

It is therefore very likely that during the course of a career a community based frontline social workers worker may work with clients who have been or are actively involved in the illegal drug trade. This work may expose workers to their clients' material (e.g., background, life narrative, issues, and history), knowledge about criminal activities, as well as the possibility of being presented with issues of personal safety, and ethical and professional dilemmas. This qualitative interpretative analysis (Smith & Osborn, 2003) set out to explore the real life personal experiences of frontline workers in order to find the essential structure (Creswell, 1998) as described within the experiences and narratives of these workers who provide services to clients involved in the illegal drug trade. Soon into the undertaking of looking for literature to research this topic area, it was discovered that a large void exists in the research literature on the topic of the

experiences of frontline social workers that work with clients involved in the illegal drug trade. Because of this void the purpose of this research was to explore how frontline workers perceive and make sense of their experiences of working with this client group. The overall aim of the study to describe and seek understanding of the essence of the meaning from these perceptions and experiences of working with this particular group, rather than prematurely making more general assumptions about the workers' real life experiences (Smith & Osborn, 2003).

Personal Note

This writer's own real life experiences of working as an Addiction Counsellor in a rural community in Northwestern Ontario sparked the interest in exploring the experiences of other workers in search of an understanding of a collective meaning of these real life experiences.

From this writer's personal perspective and lived experience there has been opportunity to work with clients who are interconnected, and involved in local or regional illegal drug trade networks. It made me wonder what types of information would be shared among these networks of people in the community and broader regions about this writer and the agency I work for because of this involvement with them. It has also been this writer's experience that when one provides social work services in small communities over a number of years, the workers and the agencies start to understand the drug trade and who the key players are on a local, and to some extent, a regional basis. This writer's experience has been that during the course of providing counselling services there has been occasion to work with some clients who would be considered to be well established within the drug trade and are known or disclose that they manufacture, possess and/or

distribute large quantities of drugs. Over the years a number of clients have disclosed to whom they are connected, to whom they sell, and how they are afraid for themselves should they try and exit the trade. This led to the feeling that this writer's own safety, and that of those close to the writer, could be at some risk. It also led to speculation about whether issues of safety may exist for other workers, and what, if any, types of long term impacts would be experienced while working with this client group.

From these experiences it made this writer wonder if a worker's affiliation with this client group could create a perception within individuals in the higher levels of the drug trade networks, that the worker might possess some deep understanding of who and how the drug trade operates in this area, and if these individuals might believe that the worker would disclose this information outside of the therapeutic setting. Would the worker then be perceived as being a risk to these people and their trade because of this knowledge? Would having this deep understanding of the drug trade create ethical or personal problems or would workers be fearful for themselves, knowing that they possessed this intricate knowledge of the drug network? And what, if any, personal or professional impacts would this have on the workers themselves?

All of these factors led to speculation about whether this was a phenomenon that other social workers have been experiencing and created some curiosity to explore and seek understanding of how other workers were making sense of their own experiences of working with this client group. From this, several areas were considered for this exploration in order to describe and seek understanding of the essence of their meaning and to determine how other workers perceive their own lived experiences. After reviewing the research literature and several discussions with the researcher's faculty

advisor, the following issues were identified as sensitizing concepts: the possible effects of being exposed to client's material, the perception of personal safety, exposure to potential and actual risk in daily practice, disclosure of confidential information, ethical issues, personal disclosure and receiving information about illegal activities within the therapeutic relationship, agency response, and worker resiliency. Another sensitizing concept that was considered as a starting point was to explore the possibility that the results from this research study would be similar to the findings within the trauma related research literature. The reason for starting with identifying sensitizing concepts is that they provide starting points for building analysis to produce a qualitative description, forming the conceptual framework to lay the foundation for analysis of the research data (Bowen, 2006).

As a research approach Qualitative Interpretative Analysis is appropriate for searching for meaning and entering the participant's social and professional worlds. Sensitizing concepts give the researcher a sense of how observed instances of a phenomenon might fit within conceptual categories, and might then be utilized as a method in examining codes, with the view towards developing thematic categories from the data gathered (Bowen, 2006). Bowen (2006) discovered that sensitizing concepts can be effective in providing a framework for analyzing empirical data and ultimately for developing a deep understanding of social phenomena. Within this research project the use of sensitizing concepts allowed the researcher to bring forth the experiences of the research participants, and move beyond the words drawn from interview transcripts and research literature, from a descriptive to an interpretive and explanatory mode, so that concepts would give way to themes and themes would produce a narrative (Bowen, 2006).

Purpose of the study

It has already been mentioned that early into the review of the research literature to explore this proposed topic area, the researcher was not able to find literature specific to this topic area. The related literature that was discovered explored the areas of criminal justice and working with offenders, sex offenders and therapists, or the issue of trauma within the fields of child welfare and mental health. Because of this discovery that such a huge gap existed in the research literature on this topic, it seemed that a relevant first step would be to bridge the gap and to make a step towards understanding and, if possible, describing the essence of the phenomenon of working with clients involved in the illegal drug trade from the real life experiences of frontline social workers. It is unknown to this researcher why there is such a large gap within the research literature in this topic area. It could be speculated that the lack of research is a result of the topic area itself. This is mentioned because as the researcher was conducting several pre-test interviews in an effort to fine tune the interview schedule and method, one of the six pre-test interview subjects provided feedback that she felt this research should not be done as it may put the workers at increased risk if people in the drug trade get the impression that the information being shared with social workers is putting their trade at some risk. The concern was that this research could create this perception. However from the researcher's own experiences and the feedback received from the other five pre-test subjects it was felt that this was not likely to present as much of a risk as this one subject felt it would, and it was decided to go ahead with the research. It should be noted that the researcher did take this feedback seriously and into consideration and made strong efforts to ensure that the confidentiality and identity of each test subject was dealt with

accordingly. The other reason that one could speculate that little or no research has been completed is that social workers have not found working with this client group to be an issue of great concern for them. However, the researcher was not able to find any existing research literature to support or refute either of these positions, and as a result it was felt this research was important to go ahead with and conduct.

With the reality that the drug trade is active throughout most communities in Canada and the likelihood is high that frontline social workers are going to work with this group, and with little or no supporting research literature, it seemed important to try and determine how these workers may perceive their experiences and how they define their experiences from their work with this client group. It seemed important to include a description of whether exposure to this client group could create personal and professional issues. It also seemed relevant to explore these perceptions and real life experiences to determine whether workers feel their agencies and professions are adequately supporting them while working with these clients, as any problem areas could be dealt with through assisting agencies with policy and or procedure development at the organizational level.

It was unclear to this researcher if workers would be exposed to and/or experience actual daily risks or if they were developing a perception of vulnerability to risk because of their work with this client group and residing in the same communities. This research sought to provide an opportunity to separate the perception of vulnerability to risk from the actual lived experiences of front line social workers and explore the experiences of living and working in communities, while being exposed to this client group. This is important as the social worker's self is part of establishing a healing therapeutic alliance

in every client interaction (Badger, Royce, & Craig, 2008), and the meaning that a worker attaches to this exposure or experience may have a direct effect on her or his health and functioning. This research is important to understanding and identifying the types of issues workers may be experiencing in day to day practice, as this could lead to implications for appropriate educational and professional preparation and support for frontline social workers, as well as institutional and/or agency policy development. It is also important to study as it may provide some insights into what therapists/counselors and organizations/institutions may be doing or need to do, to deal with any identified issues in practice and policy. This research may also provide an opportunity to determine whether trauma theory or research may apply to the lived experiences of these frontline social workers, who work with this client group. Finally as with most research projects, it is anticipated that future research will lead to greater refinement of understandings, definitions and relevant issues within this research topic.

Definition of terms.

As mentioned, drugs and the trade in illegal drugs seem to be encroaching on many aspects of life within communities within our current society. The United Nations 2005 World Drug Report (2005) uses the following definition to define the illegal drug trade:

In jurisdictions where drugs are illegal, drugs are generally supplied by criminal drug dealers who are often associated with organized criminals. Trade in illegal drugs is driven by the economics of greed and poverty, and in many cases by addiction. It is a major cause of crime, is a multi-layered trade with layers of manufactures, processors, distributors, wholesalers and retailers. (p.3)

For the purpose of this research study the researcher used the following definition.

Workers were asked if they had worked with clients who had been involved in the illegal drug trade, who had been either identified by the legal system or self identified their

involvement in the manufacturing, processing, distributing, wholesale and retail of any illicit substances. Workers themselves reported being exposed to clients who reported to them they had been/ or were involved in different aspects of the drug trade, including the manufacturing, retail and distribution of marijuana, cocaine, and prescription opiates such as Percocet and Oxycontin.

Ruth Masters, in her book titled *Counselling Criminal Justice Offenders* (2004), provides the best definition and explanation for the counselling process that was found in the literature, and states that counselling is utilized to assist the criminal offender in changes in behaviour, attitude, and values, positive mental health, problem solving, personal effectiveness, and responsible decision making. She further states that counselling is mostly present oriented, in that it deals with current issues and situations that affect the person. Counselling is therefore often concerned with immediate problem resolution, crisis intervention and here and now reality concerns. Masters (2004) also makes the suggestion that the role for counsellors is to assess the moral development of the offenders with whom they work, to protect themselves from violence before they can successfully offer counselling services to offenders, and that counselling is often not a value free enterprise.

Definitions of the trauma related constructs of vicarious trauma, compassion fatigue and burnout from the literature, will be described in fuller detail in the literature review in Chapter two.

Arvay (2002) cites a later subsequently developed definition (from Pearlman and MacIain, 1995) of vicarious trauma as:

The transformation that occurs within the trauma counselor as a result of empathic engagement with clients' trauma experiences and their sequelae. Such engagement

includes listening to graphic descriptions of horrific events, bearing witness to people's cruelty to one another, and witnessing and participating in traumatic re-enactments, as either a participant or a bystander in the therapy sessions. It is an occupational hazard and reflects neither pathology in the therapist nor intentionality on the part of the traumatized client (p. 284).

Collins and Long (2003) suggest that in mental health care, compassion fatigue develops as a result of the exposure of helpers to experiences of patients, in tandem with the empathy that they experience for their patients. The effects of compassion fatigue are believed to impair the ability of clinicians to effectively help those seeking their services. Figley (1995) describes three content domains of symptoms of compassion fatigue or STS: 1) re-experiencing of the primary survivor's traumatic event (intrusion), 2) avoidance of reminders and/or numbing in response to reminders, and 3) persistent arousal.

Maslach (1982) provides the most widely used construct definition of burnout as containing three content domains:

-a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do people work of some kind...response to the chronic emotional strain of dealing extensively with other human beings, particularly when they are troubled or having problems... A pattern of emotional overload and subsequent emotional exhaustion is at the heart of the burnout syndrome. A person gets overly involved emotionally, overextends him or herself, and feels overwhelmed by the emotional demands imposed by other people. (p. 3)

Research Question

In the effort to search for meaning within the real life experiences of frontline social workers working with clients involved in the illegal drug trade, the intent of the research is to explore how frontline workers perceive and make sense of their experience of working with clients involved in the illegal drug trade, with the aim of the study to

describe and seek understanding of the essence of the meaning they construct from these perceptions and undertakings of working with this particular client group.

CHAPTER 2

Literature Review

In the introduction the researcher set forth a number of sensitizing concepts as a starting point based on his own experiences, and a review of the research literature. When it was discovered that such a huge gap existed in the literature, the researcher reviewed the literature on working with sex offenders, criminal justice, probation or mandated clients and the trauma literature to assist in constructing the sensitizing concepts for this research project. The construction of the sensitizing concepts was based on the assumption that some of the experiences that workers have in these other areas might be similar to the experiences of workers working with clients in the illegal drug trade. This then allowed the researcher to have a starting point, develop a methodology and a framework for analysis, and to try and understand the meaning that workers put on their experiences of working with clients in the illegal drug trade. This chapter is structured to show how the related research in the areas of criminal justice, probation, mandated clients, and working with sex offenders was discovered, and how these findings might be similar to working with clients in the illegal drug trade. The researcher then moves into a discussion on how a review of the research in the area of trauma and working with different client groups could possibly parallel or to be generalized to the experiences of workers working with clients in the illegal drug trade, and from this several of the main constructs are defined and discussed.

In the attempt to locate existing research within the current research literature, the following databases were searched: Criminal Justice Abstracts, Social Work Abstracts, Social Services Abstracts, Sociological Abstracts, Psych Info, Ebscohost, University of

Manitoba Bison Library Catalogue, Canadian Centre for Substance Abuse Database, Centre for Addiction and Mental Health Database, Addiction Foundation of Manitoba Library, Google Scholar, The Journal of Research in Crime and Delinquency (Sage Publications), the Addictions Research Centre at Correctional Services Canada, and several authors and researchers in the fields of compassion fatigue, vicarious trauma, burnout, working with clients in criminal justice and corrections were contacted directly by telephone, email or in person. A wide range of words and word groupings were utilized as search parameters, with varying degrees of success in finding articles: treatment and illegal drugs and safety, treatment and illegal drugs, treatment and illegal drugs and gangs. The words social work and/or counselling were interchanged with the following combinations and resulted in finding various articles under the following terms: illegal drug trade, drug offenders, criminal offenders, criminal justice offenders, drug trade, gangs, safety, stress, burnout, vicarious trauma, compassion fatigue, trauma, and therapist impact. In order to try and expand the search parameters, the words rural or rural social work were added to the following combinations and resulted in finding some research under the following titles: social work, social work and Canada, social work safety, trauma, impact, corrections, and offenders. This was done with the idea that the experiences of social workers working with clients involved in the illegal drug trade may be similar or share related experiences that could be transferable from the existing research and theory in the trauma literature. As a result the concepts of burnout, compassion fatigue, and vicarious trauma were located and several articles that appeared relevant to the current study were reviewed and a brief description of the findings will be presented later on.

Extensive anecdotal information, based on retrospective descriptions, exist on the impacts of providing counselling services to criminal justice clients, mandated clients, and several studies quote empirical evidence on the impact of working with sex offenders (Clarke & Rogers, 2002; DeJong & Berg, 2001; Ellerby, 1998; Kadambi, 1998; Masters, 2004; Rooney, 1993; Way, VanDeusen, Martin, Applegate, & Jandle, 2004). However, very little anecdotal and no empirical research was discovered that investigated how counsellors are affected by working with clients with a history of involvement in the illegal drug trade. The related research does acknowledge that therapeutic intervention with criminal offenders is a demanding task in the area of providing mental health services to this population, and further suggests that there are features of these difficult populations to whom therapeutic services are provided that have consistently been identified as significant sources of concern for therapists (Clarke & Rogers, 2002; Ellerby, 1998; Kadami, 1998). The literature also acknowledges that, in the vast majority of these difficult cases, these clients are mandated or involuntary clients (DeJong & Berg, 2001; Rooney, 1993), and often these clients enter into treatment or counselling under court mandate, or have agreed to treatment to lessen the consequences of their offending behaviour. For many of these individuals, participation in treatment or counselling may be seen as a necessary evil for personal gain, as opposed to a sincere desire to change their behaviour (Clarke & Rogers, 2002; Kadambi, 1998). Specific traits and behaviours which are particularly difficult to deal with as identified by individuals providing treatment and counselling to offenders include self centeredness, lack of empathy, denial, manipulation, externalization of responsibility, lack of internal change motivation, deceptive, angry, hostile and controlling characteristics (Clarke & Rogers, 2002;

Kadambi, 1998; Rooney, 1993). It is felt that these personal qualities of the offender place strain on the therapist and therapeutic process (Kadambi, 1998).

As mentioned, in her book Masters (2004) provides many useful insights into the dynamics involved in the broader context of providing counselling services to clients involved in the criminal justice system. To introduce Chapter 4 “Counselling and the Criminal Justice Offender”, she reviews several information bullets that she points out as chapter highlights. From this anecdotal information provided by Masters (2004) this writer is going to highlight only those bullets that he feels could parallel the experiences of counselling criminal justice offenders, such as those involved in the illegal drug trade. Masters states (2004) that criminal justice offenders have obvious problems, such as: poor education and training, emotional and coping problems, and reside in poor neighbourhoods where violence is a way of life. The number of offenders with drug related offences has increased in the past few decades. Counsellors must be aware of the ways in which they can be set up and manipulated by offenders. Female offenders usually have significant substance abuse problems, and express greater emotionality and dependence on the assistance of others than males. Female offenders who are incarcerated report they find prison more painful, than male offenders, mainly because it separates them from children, family and friends. These women also report having experienced significant histories of trauma and abuse in their lives.

In the literature on the impact on therapists of working with sex offenders, several authors (Clarke & Rogers 2002; Ellerby, 1998; Kadambi, 1998; VanDeusen, et al., 2004) state that the costs of doing therapeutic work include: a high risk for psychological symptoms (particularly depression and anxiety), increased drug and alcohol abuse,

suicide, negative impact on marital relationships, parent child relationships, and on friendships and problems with general social functioning.

Upon review of the various trauma related literature, it was discovered that this research provided detailed descriptions of the various impacts on counsellors and social workers in their work with clients across different settings, such as work with sex offenders, child welfare, victims of sexual abuse and the field of mental health. It is this writer's feeling that this research could also parallel the experiences of working with clients in the illegal drug trade, and may result in similar outcomes for workers, as compared with those experiences of workers who are exposed to clients' trauma material as described within the constructs of vicarious trauma (Pearlman & MacIan, 1995), compassion fatigue (Figley, 2002) and burnout (Maslach, 1982). Therefore, a brief description of the existing literature regarding these constructs will be presented. It is important to note that none of the trauma literature was specific to this client group, so it is difficult to comment on the overall generalizability of the findings to this research. Further research specific to working with clients involved in the illegal drug trade is clearly needed.

Vicarious trauma is a relatively new term, developed by Pearlman and McMann (1990) from the Traumatic Stress Institute in Connecticut. The term developed out of the Constructivist Self-Development Theory (CDST) and research on working with trauma survivors. CSDT is a personality theory developed by Laurie Anne Pearlman (Pearlman & McMann, 1990), and describes the impact of traumatic life events on the development of the individual. It emphasizes the individual nature of trauma, including the idea that individuals construct the meaning that a particular trauma has for them based on a host of

factors. This theory also outlines the various aspects of personality that are affected by trauma, including: self-capacities, ego resources, psychological needs and related cognitive schemas, memory and frame of reference. Pearlman (Pearlman & MacIan, 1995) first defined vicarious trauma as the “permanent transformation in the inner experience of the therapist that comes about as a result of empathic engagement with a client’s trauma material” (p. 558). Arvay (2002) cites a later subsequently developed definition (from Pearlman and MacIan, 1995) of vicarious trauma as:

The transformation that occurs within the trauma counselor as a result of empathic engagement with clients’ trauma experiences and their sequelae. Such engagement includes listening to graphic descriptions of horrific events, bearing witness to people’s cruelty to one another, and witnessing and participating in traumatic re-enactments, as either a participant or a bystander in the therapy sessions. It is an occupational hazard and reflects neither pathology in the therapist nor intentionality on the part of the traumatized client. (p. 284)

Jenkins and Baird (2002) indicate that the main symptoms of vicarious trauma are: disturbances in the therapist’s cognitive frame of reference, identity, world view, and spirituality, affect, tolerance, fundamental psychological needs, deeply held beliefs about self and others, interpersonal relationships, internal imagery, and physical presence in the world. They further suggest that verbal exposure theoretically changes cognitive schemas regarding self and other in five major areas: trust, safety, control, esteem and intimacy.

Conceptualized within constructivist self-development theory (Pearlman & MacIan, 1995), vicarious trauma is a multifaceted construct requiring a multifaceted assessment, and over the years researchers have measured it in a wide variety of ways. More specifically, the aspects of vicarious trauma that would need to be measured for a complete assessment include self-capacities, ego resources, frame of reference (identity, world view, and spirituality), psychological needs, and trauma symptoms. The Traumatic

Stress Institute (TSI) Belief Scale is designed to measure disruptions in beliefs, and emphasizes “inner experience” (Pearlman & MacIlan, 1995) rather than a full range of potential effects of traumatic stress.

The majority of the research on vicarious trauma comes from several studies completed with mental health professionals and trauma therapists who provide services to survivors of childhood sexual abuse or other trauma experiences. A recent study randomly sampled 480 social workers from the National Association of Social Workers from their 65,966 members in this database who indicated they were in direct clinical practice (Adams et al., 2001). Of the 185 participants who completed the surveys within this study the majority of respondents in the sample reported working in mental health or health settings and not specifically in child sexual abuse or with survivors of trauma. In this study, Adams et al. (2001) proposed that vicarious trauma is a phenomenon not previously studied among clinical social workers. They explored the relationships among personal and work variables, along with measuring for vicarious trauma, and utilized several tools such as the Maslach Burnout Inventory to measure burnout, a measure of perceived social support, a personal trauma history. In addition they collected data related to age, race, gender, length of time in one’s social work practice area, number of hours of weekly client contact, and somatic symptoms to achieve their results. New inexperienced social workers in this sample reported more disturbances in beliefs about themselves and their relationships, more somatic symptoms, more depersonalization, and lack of personal accomplishment than older more experienced social workers (Adams et al., 2001). The study also indicated that the association of the TSI score with the respondents’ perceived social support from friends suggests that those workers with low levels of social support

may be at greater risk for other negative effects. The researchers also suggest the need to use qualitative methods to uncover more of the internal processes in individual practitioners to further our understanding of the vicarious trauma construct.

In a further effort to try and connect the trauma related constructs of vicarious trauma and compassion fatigue to the topic area within this research proposal, Dr. Mark Totten, a Canadian sociologist who works for the Youth Services Bureau in Ottawa and has contributed to the vicarious trauma literature from his work with gang members and youth who have committed homicide, was contacted (M. Totten, personal communication, September 2, 2004). Within his own research, Dr. Totten (Totten & Kelly, 2002; Totten & Kelly, 2004) does acknowledge that very little has been written in the vicarious trauma literature on methods of research in areas of crime and deviance, and also acknowledges that comparisons to previous findings in the criminology literature on vicarious trauma are difficult, due to the gap existing in the knowledge in the areas of crime and deviance and vicarious trauma.

Jenkins and Baird (2002) indicate that Charles Figley first defined “secondary traumatic stress (STS)” as:

“the emotional duress experienced by persons having close contact with a trauma survivor, especially concerned family members, a natural response to a survivors traumatic material with which helpers may identify and empathize (p. 424).”

Figley (1995) describes 3 content domains of symptoms of STS: 1) re-experiencing of the primary survivors traumatic event (intrusion), 2) avoidance of reminders and/or numbing in response to reminders, and 3) persistent arousal. To define the content domain for burnout Figley (1995) used Kahill’s five categories of symptoms (physical, emotional, behavioural, work-related, and interpersonal), rather than Maslach’s better

known three, which will be described later in the section on burnout (Jenkins & Baird, 2002). Figley (1995) now has renamed this construct as compassion fatigue (Baranowsky, 2003), and states that it is a natural consequence of working with people who have experienced extremely stressful events. Collins and Long (2003) suggest that in mental health care, compassion fatigue develops as a result of the exposure of helpers to experiences of patients, in tandem with the empathy that they experience for their patients. The effects of compassion fatigue are believed to impair the ability of clinicians to effectively help those seeking their services. Professionals experiencing compassion fatigue are believed to be at higher risk of making poor professional judgments, such as misdiagnosis, poor treatment planning, or abusing clients, than those not experiencing compassion fatigue. Compassion fatigue has also been identified as one reason why many social workers and other human service professionals leave the field (Figley, Bride, Robinson, & Yegidis, 2002). The constructs of compassion fatigue or secondary traumatic stress as it is often coined within the literature, has developed out of the research from indirect exposure to traumatic events by means of a professional helping relationship, within the fields of sexual abuse, trauma work, child welfare, psychotherapy, nursing and working with a person or persons who have directly experienced a traumatic event. It should be mentioned that none of the literature was specific to working with clients who have involvement in the illegal drug trade.

Freudenberger (as cited in Maslach, 2001) is usually given credit for first using the concept “burnout “in a human services setting. He took a word that was used colloquially in the 1960s to refer to the effects of chronic drug abuse and changed its meaning to characterize the psychological state of volunteers who worked in alternative

health care agencies (Soderfeldt, Soderfeldt, & Warg, 1995). Freudenberger's model of burnout emphasized primarily the psychology of the individual, whereas subsequent writers investigated burnout from a social psychological perspective, with a focus on the relationship between environment and individual factors (Soderfeldt et al., 1995). A review of the research literature by Collins and Long (2003) shows that there is no standard definition of burnout. They do state that much of the research focuses on the theoretical perspective of Christina Maslach (1982, 2001, 2003). Maslach (1982, 2001, 2003) contends that the concept of burnout has been equated with alienation, depression, anxiety, loss of idealism, and loss of spirit and has been characterized as a coping mechanism in response to stress. It has also been regarded as an outcome of stressful working conditions, rather than as a coping mechanism (Soderfeldt, et al., 1995). Maslach (1982) provides the most widely used construct definition of burnout as containing three content domains:

A syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do people work of some kind...response to the chronic emotional strain of dealing extensively with other human beings, particularly when they are troubled or having problems... A pattern of emotional overload and subsequent emotional exhaustion is at the heart of the burnout syndrome. A person gets overly involved emotionally, overextends him or herself, and feels overwhelmed by the emotional demands imposed by other people. (p. 3)

The concept of burnout has not been researched within the specifics of this topic area and when the researcher contacted Christine Maslach by email at Berkeley, she indicated that she was unaware of any literature or research on this specific area and encouraged this researcher to be a pioneer (C. Maslach, personal communication, September 2004-April 2005).

Soderfeldt et al. (1995) conducted a review of the literature on burnout in social workers. They reviewed 18 studies that reported any findings on burnout in social workers. They reviewed the studies with the following questions in mind: Are social workers burned out? What is associated with burnout in social workers? What should be done about burnout in social workers? From their review of the literature it was indicated that social workers suffer less burnout than comparable occupational groups, such as nurses, psychotherapists, probation officers. The studies did identify factors associated with burnout and ways to prevent burnout in social work and provided several recommendations for improving research on burnout in social work. Recommendations for future studies were also made.

Roger Farmer (Farmer, 1995; Farmer, Clancy, Oyefeso, & Rassool, 2002) has conducted studies looking at the impact of stress and work with substance misusers, and assessed 60 staff working in 10 inner city drug dependency treatment clinics in the former South Thames (West) region of England. Farmer (1995) utilized questionnaires for burnout levels, measures for work satisfaction, perceived causes of stress, and strategies or situations to prevent or alleviate stress, in order to determine what impact stress had on individual workers. While scores of emotional exhaustion and depersonalization were expressed in the direction of burnout, self-ratings of personal effectiveness remained high and about half were satisfied with their job. Factors relating to high workload, supervisors and management were perceived as highly pressuring, but at the other extreme conflict between work and home demand gave rise to few problems. Relationships with relatives, partners, or friends were rated as most protective against stress. The study suggests that most subjects were satisfied with their jobs (Farmer et al.,

2002). Farmer and colleagues (Farmer et al., 2002) make the statement that it is a common belief that work with substance misusers is particularly distressing, but there is very little empirical evidence to support or refute this view.

Despite the risks and difficulties of working with trauma and mandated clients, which can include direct personal exposure and the risk of work related secondary exposure, it would seem that the human spirit, while clearly breakable, is remarkably resilient (Collins & Long, 2003). In a review of all the trauma literature, a 1998 study (King et al., cited in Collins & Long, 2003) showed a correlation among hardiness, social support and psychological difficulties, whereby hardiness and good social support were associated with fewer psychological problems. In terms of support and self-care the research is limited, but does claim that being in personal therapy is not always a buffer against the effects of trauma or stress (Arvay, 2001). Seeking supervision either with peers or supervisors (Arvay, 2001; Trippany, Kress, Wilcoxon, 2004) was found to be more effective as a buffer within the research literature, in that it offers the opportunity for social support, normalization, validation, connection and the ventilation of counsellor's feelings and reactions to clients. The type of work setting was also seen as a factor (Arvay, 2001; Collins & Long, 2003; Maslach, Schaufeli, & Leiter, 2001; Trippany, Kress, & Wilcoxon, 2004) in that those in private practice were less stressed than counsellors in community or mental health agencies (Coyle, Edwards, Haninigan, Fothergill, & Burnard, 2005).

A review of the literature (Rooney, 1993) suggests that coping with or managing stress is often a more reasonable goal than eliminating it completely. When the source of the stress can be modified, efforts to change that source of stress by confronting or

reframing it are described as direct-active coping (Rooney, 1993), and involve counsellors: monitoring their own stress levels so that they are sensitive to their own signs of high stress; assessing the nature of the stress; examining the coping mechanisms they are using and experimenting with new ones if the familiar ones are not working; and implementing coping mechanism and monitoring its success. Carson and Kuipers (cited in Coyle, Edwards, Haninigan, Fothergill, & Burnard, 2005) suggest that the possession of the following factors helps minimize the effects of stress and exposure to trauma on individual counsellors: high level of self-esteem, good social support networks, hardiness, good coping skills, mastery and personal control, emotional stability, and good physical health. The literature is mixed on how well all of these factors reduce or protect counsellors from burnout, stress or any of the trauma related constructs, but it does provide some guidance and direction for those counsellors wanting to equip themselves with the tools necessary to identify and mediate their own individual risk factors for compassion fatigue, vicarious trauma, burnout, and stress (Rothschild & Rand, 2006).

In summary, the current literature indicates that therapeutic work with offenders and trauma related clients is very difficult work and can often lead to several negative effects on those who do this work. The effects seem to be related to the content and context of the interaction with the client and can result in the following: changes in one's belief system, difficulties with interpersonal relationships, a decrease in the ability to cope, poor professional judgment, poor treatment planning, abuse of clients, alienation, depression, anxiety, drug and alcohol problems, stress, loss of spirit, loss of idealism, and cynism. The literature is somewhat mixed in its findings, but as previously mentioned, it does suggest that the human spirit is very resilient. In addition, factors such as hardiness,

having good social supports, being in personal therapy, supervision with peers or a supervisor, strong coping mechanisms, and certain personality traits can serve as buffers to the many effects of doing therapeutic work. Upon review of all the literature it is also clear that working with clients with a history of involvement in the drug trade is a topic area that has not been adequately studied.

Chapter 3

Research Design

Methodology

Qualitative interpretative analysis (Smith & Osborn, 2003) is a suitable approach when one is trying to find out how individuals are perceiving the particular situations they are facing, how they are making sense of their personal and social world. Qualitative interpretative analysis is especially useful when one is concerned with complexity, process and novelty, and as Smith and Osborn (2003) state there is no attempt to test a predetermined hypothesis developed by the researcher; rather the aim is to explore, flexibly and in detail the area of concern. Since this is a topic area in which there is little or no existing research literature this writer is putting forth his own experiences and observation as a first step in the progression of the research, of looking into and trying to understand the experiences of frontline social workers, who work with clients involved in the illegal drug trade. This interpretative method was utilized to research the proposed topic area, as the intent of this research is to bridge the research gap, and to find and understand the essential structure of the experiences within the real life narratives and descriptions of frontline social workers who work with clients involved with the illegal drug trade. Based on this writer's own experiences and an exploration of the research literature, several sensitizing concepts have been laid out in the introduction, as an interpretive device and starting point for what could be expected as the real life experiences of counselors.

However, within qualitative research it is important for the researcher to set aside all pre-judgments, or bracket (Creswell, 1998) his or her experiences and rely on intuition,

imagination and universal structures to obtain a picture of the experience. One of the main keys for qualitative interpretative research is how persons actually lived through and interpreted situations; as such the database often becomes retrospective descriptions (Smith & Osborn, 2003). And, since what drives the analysis of this descriptive data more than anything else is the search for meanings as lived by the participant, this description of what it was like for the participant does provide an excellent database. Therefore, in order to ascertain the essential structure of the real life experiences of frontline social workers, it was important for the researcher to be able to enter the worlds of the interviewees, and to learn their perceptions and gather their real life narratives of working with clients involved in the illegal drug trade. As Craig (2007) stresses in her research on a day in the life of a hospital social worker, the personal narrative offers an innovative and memorable way for individual social workers to present a more accurate understanding of their role in various settings. She further states that the personal narrative can also be seen as a tool of advocacy for both our clients and ourselves.

Recruitment and participants.

A purposeful sampling method was used to recruit frontline social workers that worked at community based counselling agencies or addiction treatment services in the Northwestern region of Ontario. This type of sample was utilized, as it offered the best opportunity to collect rich data by ensuring that the researcher had a sample of participants who have experienced the phenomenon (Patton, 2002). The area included all the communities covered from the Manitoba border east to the community, of Marathon. A letter was sent to the directors of these agencies throughout this Northwestern area of Ontario (Appendix A) informing the agency of the research and how it could benefit

them and the workers who participate. The letter explained the criteria to be met by each respondent in order to participate, as well as providing a detailed explanation on how they could contact the researcher themselves to participate in the research interview. For the purpose of this study participants needed to meet the following criteria: worked in a counseling or treatment agency for at least the past year providing counseling/treatment services, and have worked with at least one client during their career who has been identified or self identified as being involved in the illegal drug trade. In response to the researcher's request 11 frontline social workers responded who all fit within the inclusion criteria.

After each participant contacted the researcher as is suggested by Dillman (2000) each of them was provided with a one page cover letter (Appendix B) and consent form (Appendix C) outlining: the research; why they were selected; the expectations of their participation; informing them that they would be asked to share a narrative and reflection on their feelings and reactions to their experiences; and they were informed on how their confidentiality was to be assured. The introductory forms explained to participants that they would be asked to sign the consent forms, indicating their consent and understanding. To further ensure the participants' understanding of the research, the following topics were discussed at the beginning of each interview: purpose, procedures, potential risks and benefits, their right to withdraw from the study at any time, conditions of confidentiality and the voluntary nature of their participation. Because the researcher was asking each interviewee to reflect back to past client experiences, there was some potential for them to re-experience negative or upsetting emotions. In order to provide support to protect the participant from this potential harm, each interviewee was informed

that therapists were available for them to contact if they felt the need to connect with someone to debrief with after the interview.

Demographics

Of the 11 participants, 8 were female, 3 male. Four held Master of Social Work degrees (MSW) degrees, 4 had Bachelor of Social Work degrees, 1 a Bachelor of Science in Psychiatric Nursing, 1 a Bachelor of Science and was half way done a Bachelor of Social Work degree as well, and 1 had a Development Service Worker diploma. The years of experience for workers at their current jobs ranged from 1.5 years to 20 plus years of experience in the fields of addiction, mental health, corrections and brain injury services. Seven of the interviewees currently worked as addiction counsellors in a community counselling agency. Another of the interviewees was a mental health counsellor at a community counselling agency, but had several years of previous experience as the addiction counsellor. Of the remaining interviewees, one was a residential care worker from a residential addiction treatment setting, one was the re-integration worker from a community correctional service agency, and another was a case manager with brain injury services.

The range of services that workers were engaged in with clients involved providing counselling services, drug and alcohol assessment, case management roles, daily living skills, dealing with daily crisis, outreach and advocacy services. Agencies provided these services to both voluntary and non-voluntary clients, and clients could access services directly or through third party referrals, such as probation and the court system.

Semi Structured Interview

The purpose of this research was to discover the meaning of the lived experiences of frontline social workers that work with clients involved in the illegal drug trade. In order to access the lived experiences of front line workers a semi-structured interview method was selected, and in an effort to develop the interview schedule the researcher conducted 6 pre-test interviews with social workers who had experiences in the fields of addiction, corrections and criminal justice. The 6 pre-test interviews were witnessed by the researcher's faculty advisor, and recorded onto audiotape. Each of the audio transcripts of the interviews were then reviewed by both the researcher and advisor, and from the discussions and review of the interview schedule and technique, several revisions were made to the original interview schedule prior to conducting the actual research interviews. Appendix D represents the final version of the interview schedule that was utilized with the 11 research subjects. One of the strengths of the semi-structured interview is that it allows the researcher the flexibility to use it more as a guide than to strictly adhere to it. The 11 research interviews were conducted at the participant's place of employment, residence or over the telephone, and lasted from 45 minutes to 80 minutes in length.

Interview Technique

The strength of the semi-structured interview is that it allows the interviewee and researcher to explore their experiences in depth within a flexible framework. Smith and Osborn (2003) suggest that the interviewer develop a schedule, but allow the interview to be guided by the schedule rather than dictated by it. The interview schedule (Appendix D) consisted of a set of questions covering a range of issues to be covered. This allowed

the researcher to utilize a conversational structure and have some flexibility to probe into interesting areas that arose in the course of the interview. In order to clarify the purpose of the interview and interview process and in an effort to establish rapport with the interviewees, a brief overview of informed consent and the use of a digital recorder, and short introductory conversation was conducted at the beginning of the interviews

Because the interviewees came from different work settings and roles, each interviewee was asked during the introduction to provide a brief description of his or her role at his or her place of employment, and a bit about his or her background at the beginning of the interview. This allowed the researcher to get an understanding of each worker's role and provided an opportunity to build rapport as the interview proceeded. To ensure that each interviewee was aware that the introductory conversation had concluded each participant was asked if okay if the interview shifted focus was and moved into the actual interview itself. Each interviewee was then asked to think back over a specific experience he or she had of working with a client he or she discovered was involved in the drug trade. It could have been a first experience, or one that really stood out for him or her, and to take the researcher through the process of how he or she found out that the client was involved in the drug trade. In order, to try and project the participant into their lived experience, interviewees were asked to recall what thoughts, feelings and reactions he or she was experiencing at the time. The questions in the interview schedule were based on the list of sensitizing concepts developed by the researcher, and set out in the most appropriate sequence considering what would be the most logical order and sensitive areas (Smith & Osborn, 2003) Topics included: exploring their personal narrative; seeking detail about how they discovered the client's involvement; what that was like for them to find that

out; what clients were sharing with them about the drug trade; possible effects on them as a counsellor; how they were supported at work; what they did personally/professionally to deal with this type of work; and ended with asking each of them about any other experiences or things that might have been overlooked by the researcher. The goal of the interview was to attempt to get each interviewee as close as possible to what they thought about the topic, and his or her lived experience without leading them too much by the questions. Therefore, it was necessary to start with some general questions to build rapport, and then funnel (Smith & Osborn, 2003) the participants into more specific questions to get them talking about their experiences. If the participant was having difficulty responding to or understanding the initial question, the researcher had the flexibility to use a prompt or probe to elicit more specific information about the topic. Therefore, each of the 11 interviews appears somewhat different depending on when the content of the information was shared and when the subject areas were explored during the interview itself. This allowed the researcher the opportunity to follow any areas of information that were brought up by the interviewee.

Transcription

After the interview was conducted, the researcher transcribed the digitally recorded interview as fully and accurately to verbatim as possible. It should also be noted that the researcher transcribed all but 2 of the 11 interviews himself, and as Patton (2002) points out, this provides the researcher the opportunity to become immersed in the data, which can generate some insights. The 2 interviews that were given to a typist were then double checked by the researcher by listening to the tapes as each transcript was read to ensure its accuracy and that it was a verbatim account of that interview. To ensure consistency

and truthfulness in the research, the comparison of the oral text against the written text was also performed by the researcher's faculty advisor for all the interviews, which further ensures that the written data were the actual account of the interview and not a fabricated account.

Data Analysis.

Qualitative interpretative research is not always a prescriptive methodology and it is often (Smith & Osborn, 2003) a personal process, with the analysis itself being the interpretative work which the investigator does at each of the stages. Smith and Osborn's Qualitative Interpretative Analysis model offers flexible guidelines which can be adapted by researchers in accordance with their research aims (Shinebourne and Smith, 2009) The outline for this analysis plan has been utilized by several authors, and they outline a four stage model for completing Qualitative Interpretative Analysis (Engler et al., 2007; Smith & Osborn, 2003; Shinebourne & Smith, 2009; Standing 2009; Tomura, 2009) One of the main reasons for choosing this model is that as a beginning researcher it was found to be very easy to follow.

The obvious strength in utilizing an already established model is that it allows the researcher to follow already proven methods of analysis, and allows others to easily follow the steps and process taken, which would allow for replication of the study, itself, by others. It offers the development of a critical framework that deals with the issues of trustworthiness and rigour, including auditability within this design, which allows the researcher the ability to provide an audit trail related to the veracity of his potential research findings.

The process that was undertaken as part of the analysis is as follows, after conducting a semi structured conversational interview with each subject and then transcribing the verbal transcript into written data. This was then shared with the researcher's faculty advisor to track research progress and to attend to any problems encountered from one interview to the next. Reflective notes highlighting the researcher's thoughts and feelings and observations of problems encountered were also included in the text of the shared transcript with the author's faculty advisor. As well, emails and oral feedback were shared between the researcher and advisor as each interview was completed and the data were reviewed to ensure that issues of validity, bracketing, and interviewer style were being dealt with as required.

The final analysis process began at stage one when the researcher immersed himself in the transcript, making notes and highlighting information of importance within the text of the transcript. Smith and Osborn (2003) suggest the researcher write comments in the left margin of the transcript. Because the data were in a word processing document format, for the purposes of this research the researcher's comments were written in a different colour font underneath the text of the interview to highlight the researcher's comments. This also allowed the information to be shared with the researcher's faculty advisor for each step of the analysis, and offered the opportunity for further commentary from him.

The comments consisted of the researcher's attempts at summarizing, paraphrasing, making associations or connections, or interpreting (Smith & Osborn, 2003; Tomura, 2009). Similarities, differences, echoes, amplifications, and contradictions were also identified and commented on at this step. The researcher went through the whole

transcript in this manner and then returned to the beginning of the transcript and documented emerging themes in the right margin, or, in this case, another different colour font. The effort at this point was at theme identification and to capture commonalities in the data, as well as more essential qualities of it, using psychological terminology (Tomura, 2009). Tomura (2009) further states that the purpose is to transform the initial comments and themes from a crude analysis to a higher level of conceptualization. The researcher continued to thematize throughout the entire transcript, listing the themes in chronological order.

In the next stage the researcher began to connect the themes and make sense of the connections between the emerging themes. Smith and Osborn (2003) suggest that during this process the researcher compare the themes with the actual words used by the interviewees in the transcripts and consider whether interpretation is truthful to what the interviewee actually said. Themes within the research were compared to the list of sensitizing concepts that had been identified by the researcher, and an effort was made to connect the themes and sensitizing concepts as they fit together. Themes that were not similar to the existing sensitizing concepts were also identified and grouped according to how often they appeared in each interview.

For the third stage the researcher utilized the list of themes from each related transcript and looked for clusters of themes that might emerge across the transcripts themselves, and made an effort to cluster them according to conceptual similarities (Engler et al., 2007; Shinebourne & Smith 2009; Standing, 2009; Smith & Osborn, 2003; Tomura, 2009). Smith and Osborn (2003) further suggest developing a separate list of themes from each transcript, as well as beginning to cluster them according to conceptual

similarities. This was accomplished by the researcher engaging in an interpretative relationship with the list of themes from each transcript (Smith & Osborn, 2003), looking for themes and meanings in the narrative, and making notes and highlighting and utilizing data extracted from the transcripts. As themes emerged and data were clustered according to conceptual similarities, the clusters were then given a descriptive label, which conveys the conceptual nature of the themes in each cluster. As the clusters of themes emerged, the transcript was then checked to ensure that the connection with what the participant had actually said was maintained (Shinebourne & Smith, 2009). This was then shared with the researcher's faculty advisor for comparison of findings, validation and other possible interpretation. The initial list of themes consisted of 8 broad themes, which by the end of stage 4 of the analysis were narrowed down to the 3 superordinate themes, consisting of several subthemes each. These are listed and discussed in detail in chapter 4.

In the fourth stage, as several researchers (Engler et al., 2007; Shinebourne & Smith, 2009; Smith & Osborn, 2003) suggest, a summary table was developed to show the structure of the major themes and sub themes. As is suggested, an illustrative data extract presented alongside each theme followed by the line number was utilized to support the themes and provided the basis for constructing a narrative account of the interplay between the participant's account of his or her experience and the interpretative activity of the researcher. The narrative account contains relevant extracts in the participant's own words, not only to enable the reader to assess the pertinence of the interpretation, but also to retain the voice of the participant's personal experience (Shinebourne & Smith, 2009).

Because this is a multiple interview study each transcript was analysed in the same manner and the extracted data from each case were compared with the other cases to develop superordinate themes. Each transcript was reviewed to identify these superordinate theme and instances were included in the ongoing summary table for analysis.

The final step was then to transform the themes and analysis into a narrative account (Smith & Osborne, 2003). The tables of themes and verbatim responses served as the method to achieve this narrative account, and as Smith and Osborne (2003) stress, care was taken to distinguish clearly between what the interviewee said and the researcher's interpretation or account of it.

Chapter 4

The drug trade experience.

Results

In searching for the meaning of the real lived experiences of frontline social workers, working with clients in the illegal drug trade, a very reflective and interpretative analysis process was undertaken. The core thematic structures that were uncovered are: 1) What are workers exposed to in working with this client group; 2) Reactions to and perception of risk; 3) Resiliencies and support-- professional and personal. Within each major theme, several substructures were identified (see Figure 1).

The researcher believes that several portals or pathways where workers experienced cognitive shifts in their sense of trust or feelings of safety, and which seem to contribute and lead to workers developing perceptions or feelings of fear and vulnerability were identified. A pathway to professional growth was identified, as several workers expressed that they were able to learn and gain from their client experiences. Several workers expressed a feeling of being protected by this group, after they were seen as credible and trustworthy within this network of clients.

The researcher uses several direct quotations from the interviews themselves throughout this section to support the results from the data. Several of the quotations have both the researcher, indicated by the initials JT, and either a male subject indicated by MS, or female subject indicated by FS, speaking through the content of the quotation itself.

Figure 1- Themes and Substructures

<p>Theme 1 – What are workers exposed to in working with this client group?</p> <p>Substructures:</p> <ul style="list-style-type: none"> • Reasons clients attend counselling • Client characteristics • What workers learn about the drug trade <p>Theme 2 – Impact on the workers/ Reactions to and Perceptions of Risk</p> <ul style="list-style-type: none"> • Perceptions of risk • Ethical, confidentiality, and relationship challenges • Stereotypes <p>Theme 3 – Resiliencies and Support – Personal and Professional</p> <ul style="list-style-type: none"> • Personal coping • Professional coping

Theme 1) What are workers exposed to in working with this client group?

Reasons clients were coming to counselling.

Except for the probation mandated client examples, each interviewee identified that clients initially did not seek services with their agencies for issues related to their drug trade involvement. Clients were attending services for family related issues, their own substance use issues, access to rehabilitation services, aftercare addictions services, for personal or substance related problems at the suggestion of family members, or drug and alcohol assessments. The probation mandated clients discussed by workers were referred because of legal convictions related to drug trafficking and were attending for counselling or assessment purposes. Three of the interviewees identified that it was during the clients' first session that they disclosed their involvement with the illegal drug trade. The

workers found it to be surprising and shocking that clients would disclose this during the very first session, as highlighted by the two interview examples.

You can't judge a book by its cover. But to see this young woman in front of me, and to hear that not only was she involved in the drug trade, or in using illicit substance, but also in the drug trade itself, was kind of surprising. (Participant 5)

Guess I was kind of shocked a little bit. I didn't show it out in my face, but I just kind of sat back and listened, giving him that opportunity to keep sharing. Um, just because I didn't, you know, have too many clients that would come right out and tell you that they are a dealer. And when he said he was dealing, and he is dealing in cocaine, and pills, and just him feeling comfortable, it kind of shocked me a little. (Participant 11)

The rest of the interviewees identified that clients only disclosed this involvement to them after several sessions had been attended and a therapeutic relationship was established.

Client characteristics.

Workers reported coming into direct contact with a number of different behavioural characteristics and actions of clients, along with different personality traits and physical characteristics that they were able to identify in the clients with whom they worked. The following is a list of the client characteristics and descriptors that the interviewees used to describe these client examples. Some of the behavioural characteristics that workers identified in clients were: firecracker, impulsive, reactive, jumping out of his seat, hyper when talking about criminal activity, sitting proudly, glorifying in that history (of being a drug dealer), “glamourterizing” (interviewee word) of the gangster lifestyle, cagey, bounce around, hard to follow. The personality traits and physical characteristics in clients that were identified by workers were the following: young female with stable family did not fit the stereotype, hard to remove oneself because of the money being made, level of narcissism, sociopath, not very reliable about being compliant, naïve,

unaware, charmer, manipulative, desperate to get out of the trade, hopeless, fearful, overwhelmed, paranoid ideation, did not trust others, hard to build rapport, cocky attitude, being the big guy.

In the research literature on working with mandated clients and sex offenders, specific traits and behaviours are identified which are particularly difficult to deal with from the perspective of individuals providing treatment and counselling. These include self centeredness, lack of empathy, denial, manipulation, externalization of responsibility, lack of internal change motivation, deceptive, angry, hostile and controlling characteristics (Clarke & Rogers, 2002; Kadambi, 1998; Rooney, 1993). It is felt that these personal qualities of the offender place strain on the therapist and therapeutic process (Kadambi, 1998). It is the researcher's impression that the behavioural characteristics and personality traits either create some cognitive dissonance for workers, or present as qualities in the client that can have some impact on the worker in dealing with that client. One worker felt that she had to remain aware of these personality traits, and be cautious to not get drawn into the client's false portrayal and presentation, while working with a client who was "glamourterizing" (her word) the gangster lifestyle, and appeared to get excited when they talked about that lifestyle.

Glamourterizing (her word) the gangster lifestyle. Looking al little bit more excited when he was talking about things, perhaps even having some extra adrenaline while recounting some of the different, you know, events. There is always that risk to that when you are dealing with a client who is coming in with that narcissistic sort of anti social personality that a lot of them present. That they can be very artificially charming and stuff like that too, and sort of kind of get you on side with them where you're considering, you know, like maybe what they are doing is not that bad. (Participant 7)

Another worker identified how she tried not to feed into the client being “hyper” when talking about drug trade or criminal activity as it was not relevant to building a relationship with the client.

I also don't like feeding into, um, especially if they are single and are hyper when talking about their criminal activity. I don't like feeding into that, so I'm never really concerned that they're really going into the details of stuff. I can just understand that there might have been a lot of sketchy stuff they went through instead. (Participant 3)

Another worker talks about how the client was not able to trust others and even appeared to have some paranoid ideation that created a situation for the worker where it was difficult to build a rapport with the client.

This fellow had been caught with, by police with enough marijuana, I think there were a variety of other drugs, and was charged with the intent to traffic and, um, and was on probation at the time. So, here he had gone through the court process and one of the conditions of his probation was to come in for addictions counselling. And so I saw this person. The initial meeting I seem to recall the individual was quite resistant to counselling. Um, I noticed that there was some paranoid ideation with the fellow. He thought there was video cameras in his backyard taping him. Um, quite suspicious I felt even of me, and so my initial feeling with him when I first meet with this fellow was I really have to work hard, and build some rapport with this person because they don't trust me. And they are going to have a hard time trusting, if they don't trust me then I am not going to be able to do much with, you know, with regards to assessment and working through some of the issues here. (Participant 10)

Drug trade information. What workers learn about the drug trade?

Workers discussed being exposed to all sorts of information about the drug trade. Some workers are being directly exposed to the drug trade in the client's environment and some indirectly through the information they are receiving while working with clients. It should be noted that all workers indicated that this information comes out spontaneously during their work with clients and was not sought directly as part of the therapeutic relationship. Workers also expressed that the degree of the information shared

depends on what the client feels comfortable in sharing with that worker and the worker's reaction to this type of disclosure, which will be discussed in detail later.

Many of the interviewees described how their clients would glorify and brag about the success that they had acquired in the drug trade, but all too often the client would experience a fall because of his or her own using behaviours, which were at times the catalyst for them seeking services. This is described in the following two quotations from a female and then male interviewee.

Some of those would just be like ah stories that they told me about, incidences that have happened while they've been involved in the drug trade. Like, um, quantities that they've passed or moved, or the types of drugs that they've sold. Or um, you know kind of interesting characters that they've dealt with, and associated along the way, and often how they got busted and how things kind of unravelled as well. (Participant 3)

The client talked about his success in the trade, and what he gained from it in a \$400,000 house, cars etc., having a good life. How much drugs were out west, stating that every 6 or 7 household does it, and how profitable it was for him. He talked about the drugs he did and how his own using destroyed what he was able to get, achieve within the drug trade. (Participant 4)

The workers who have an outreach component to their jobs experienced more direct and actual exposure to certain activities in the client's environment, making them suspicious that they were related to the drug trade.

So, my first inkling that there was some entrepreneurial behaviour was going on, was the lots of phone calls, call back later, people popping in and then leaving. Meets at the door, lots of cash available. (Participant 2)

One worker talked about the physical presentation she would see with her client and finally that he disclosed he was trying to get out of the drug trade, but was so afraid for himself because he owed the gang money.

And he had been beaten up several times in like a period of weeks, basically every time I saw him he would have another black eye, more cuts and bruises, stitches.

Um, and like eventually he disclosed to me that he was selling coke, for a gang. And that he was trying to stop. (Participant 5)

This same worker was also unknowingly used by this client to drive him and his girlfriend to a residence in the community in order for him to pay off a drug debt.

I went to pick him up one time, and he had his girlfriend with him who was also my client. Or his ex girlfriend rather, and they were together and they wanted me to drive them to this place that is kind of on the outskirts of town, and basically he ran in quickly and paid a debt and I didn't even realize that's what he was doing. But he I guess took me because he figures no one would hurt him. (Participant 5)

Several interviewees reported that clients would discuss their connections or mention names of their connections. And for workers who had been working in the community for several years in this field, these workers seemed to have a better understanding of how serious it was for their clients if they were trying to get out of the trade but were connected to certain people in the community.

He was talking about how badly he wanted to get out of it but how he knew that they would never let him out because he had seen other people try to get out, um, especially with the gangs that he was involved with and they ended up, you know, crippled or dead or something. (Participant 9)

Further in the interview this same worker made the following comments, which seem to highlight her understanding of and feeling for the difficulty of the client's situation, and how truly desperate it was for him.

I think, I felt it so much when he was telling me about this is that, what he was saying was very true. He would say yeah, I am involved with this particular guy and this is the threat that was made, and I thought yep, I could see that happening. (Participant 9)

Several of the workers talked about the main difficulties clients expressed in getting out of the trade: giving up the money they were making; and not being allowed to get out because of too whom they were connected. This is illustrated in the following two quotations.

I mean, he had lots of money, got a nice car to drive, you got all the cool things happening, kind of lifestyles of the rich and famous, wearing the best clothes. He just said that he was fed up, but we had talked on a number of occasions about some of the violence that was involved, and what happened to the guys who were not well liked by the gang. (Participant 5)

She discussed how much money there was to be made in that industry, she also discussed things like how difficult it was when she was trying to get out of the business, but it was such good money. So, she was not only struggling with trying to give up her addiction, but also trying to give up the trade itself, and she discussed how difficult that was, and that was quite impactful I found, as it was my first client ever. (Participant 6)

From the examples used throughout this section one can see that workers are exposed to many different client traits, lifestyle choices, histories, and crises, and hear a great deal about a side of life that most people are only exposed to through the media. It seems very likely that the workers themselves could experience emotional reactions, feelings, and develop perceptions based on their professional interactions with clients.

Theme 2) Impact on the workers/ Reactions and perception of risk.

Perceptions of risk.

One of the main perceptions that seemed to be mentioned by several of the interviewees was a sense of fear, and this seemed to have 2 sub-themes within it. The first was that some of the workers felt a sense of fear for themselves because of the knowledge that they were gaining about the drug trade and about the connections and activities within the community in which they lived and worked. This is illustrated in the following five interview examples.

My main reaction Jeff, when I'm working with this client is fear for my own safety. (Participant1)

You can't hide in this community. You're not, um, you're known and I'm laughing because the irony is that I have this list of dealers in front of me who have all been clients. And some of them are far more involved, and have a lot more prestige than this one fellow I'm talking about. Have a lot more power. Are a lot more

connected. And they would all know where I lived, they would all know that because they do this, they'll say well I've gone to see --- or --- is my counselor my addictions counselor so it would be known even amongst the group. Of who is seeing me, and who knows me. Um, they would all know where I lived, um and now I live right in the community. (Participant 1)

It's sort of vicarious trauma in a way, that you do get traumatized because of this stuff, and you just end up hyper vigilant.....So not that anything has happened to me but my level of safety or sense of safety, um, probably has diminished because it is a small community and what I know. (Participant 2)

It was just kind of scary for me to realize the almost lack of human emotion that was happening, like this was a very normal occurrence, and that it wasn't a big deal to pretty much everyone who was involved in it. (Participant 5)

FS Oh, the time, the last time that I saw him when he started to talk about when he's standing up looking out the window, and he's talking about I'm gonna go do this drug deal, and get a load of money and to get a lawyer, I actually stuck my fingers in my ears and went lah,lah,lah,lah,lah. Because and I could do that with him, and he would get it.

JT Right.

FS That, there's certain things I don't want to hear, and I don't want to know.

JT Right.

FS And I don't need to hear, and know because it puts me at risk.

JT OK.

FS Not that I have to report that to anybody. Um, but um, he knew where I lived, and he worked at times near where I lived, and would go by my place, so and I lived in an isolated place, and I, and I. part of my job is that I can't tell you where it is or...(Participant 1)

The other sub-theme was a sense of fear for the clients themselves and knowing the reality of how difficult and dangerous it was for them to try and get out of the trade because they owed money or their connections did not want them to exit the trade.

FS: (laughing) I can't imagine, no, just joking. Why did he want to get out of it? I guess he was just sick of that, and it was just progressing. It was getting worse and worse. And I think at first he probably thought it was cool to be in a gang, you know. Sometimes I think guys get into it, or anybody I guess, but mostly guys. Because they don't have a family, and this particular individual doesn't have a family. So it was just like somewhere to belong kind of. But then he realized quickly that they were actually really scary, I know there was guns involved, knives and (pause).

JT: How did you become aware of that?

FS: Um, just him telling me stories, and you know, he kind of needed to tell somebody what was going on so, uh. He told me about times where ended up drinking with the guys, that one guy pulled out a gun and was showing it off. That's pretty scary. (Participant 5)

One worker expressed how strong her own sense of hopelessness and helplessness was, as she recognized and connected to the client's almost impossible situation to exit the drug trade, as illustrated in the following quotation.

*He was talking about how badly he wanted to get out of it, but how he knew that they would never let him out, because he had seen other people try to get out. Um, especially with the gangs that he was involved with, and they ended up, you know, crippled or dead or something.....
Just that sense of, you know, this poor kid is really screwed. There is nothing that you can do. And there is nothing I can do for him, except send him to Europe, and change his name. (Participant 9)*

Several of the interviewees talked about a heightened awareness or sensitivity to knowing what is going on in the community and being able to connect this to their own families' safety and who their own children might be hanging around with, and that this might create some type of emotional reaction, as shown in the following two examples.

You know I don't, I think for me it is just more, um, of knowledge and awareness of ok that is part of, you know, who they are, I don't think necessarily-- I mean I think you have more of a like, 'cause I am trying to think in terms of knowing that they deal drugs. I think it is more of an ok, so you're a dealer in terms of, so what is going on. As a social worker I try to figure out what is going on in your life that, you know, that you are dealing drugs. Um, and I don't know that I am trying to think if it changes my impression of them as a person, like I don't feel like, oh, now I don't like you, and go away. I don't want to deal with you anymore, I don't have those feelings. Um, but it is more of a I think I take more of a stand back and observer kind of like, ok, that's what you do, um, how does that fit in with everything else that is going on in your life? Um, it changes me a little bit in terms of looking at what is going on but it doesn't change me in terms of, ok, now I don't want to deal with you, I don't want to talk to you, I don't like you anymore. Um, I don't have those feelings. But it is more of I think I take a step back and kind of go, ok, how does that fit with the rest of you knowing that piece of information? And you know I have a 16 year old and so I file it. (Participant 8)

Um, but it does make me a little bit more hypersensitive. I think in terms of who is out there, and who our kids are hanging around with. Because you do hear, yeah I

mean I get 16 and 17 year olds telling me, and I do know and my son knows, and I know he knows because I will ask him. You know, and so I think you do have a little bit more heightened sensitivity when you have your kids and you know who is out there. (Participant 9)

Another worker talked about how her being known in the community as the addiction worker actually allowed her not to have to fear for her children, because it created some “protectionistic” factor for her children from this client group.

when my sons were teenagers, they are older now, but when they were teenagers living in town they were out one evening and I can't remember one of them they were down by the water front, I think my older son was saying somebody was kind of getting into his face. And he said this one big guy comes along and tells them to back off. He said, yeah, I know your mom, and he described him and it turns out it was one of the guys who were sort of in the middle of the food chain. And they said, you know, she is kind of cool, we don't really want to mess with this kid. It is her son and we are not going to mess with him. So after that I didn't really worry about it all that much. (Participant 9)

As well, several workers suggested that once you have established a relationship with a client, that the client will often shelter or protect the worker from exposure to this type of activity.

But one thing I have always found, that once we build a rapport with individuals who are in service, they tend to shelter us to protect us from that group of people. They don't want us to see that side of their lives, they do know that we have legal obligations, like if there is children in the house, if we see an outward crime we are responsible to report, and things like that, so. It's kind of like a respect, an honour among thieves, users or whatever.

JT: And how do they do that?

FS: How do they do?

JT: How do they isolate...or insulate you from that?

FS: Insulate would be the better word, yeah, well, they start not taking the calls, screen the calls, the door does not get answered. Um, and then after a while once you are more aware that you might be putting yourself at that risk of being part of a drug bust, or something you start having your sessions with the person here at the office, or in another location. (Participant 2)

All the above sub-themes seem to be directly connected to the number of years the worker has been in their position and in the community, as workers with more experience

definitely had a deeper understanding and awareness of the extent of the drug trade and many of the key players, whereas the newer workers were often expressing surprise about the drug trade and felt unprepared to deal with the extent to which the trade existed in the communities they were working.

I think first of all the sheer volume of addiction clients that we have in our region um, that I didn't know about because I wasn't in Addictions, was quite shocking. And I had the misconception that by working in Addictions I would be working with specifically with addictive behaviour, and not with buying and selling and the legal system, and that kind of stuff that comes along with the use.(Participant 5)

For the workers who do community outreach they expressed that when they began to realize what types of activities they are directly exposed to, that they needed to reduce their exposure to these activities. It is interesting to note that this might be explained by the difference in cultural values between the worker and a client, whereas this type of drug trade lifestyle and the activity around it might be part of the client's normal daily activity, and have different social meaning to him or her than for the workers. The worker's reaction, once he or she realized the possible meaning behind the activities, was to remove him or herself, and to not put him or herself at risk to being exposed to this type of activity, and he or she often decided to change the environmental setting of where to meet the client. This knowledge also created some awareness about, and a reaction to be more careful in certain parts of the city or community known for drug trade activity.

Um, but for me personally, because of the 20 years of experience in the field and the area, that the person is living in is not that intimidating to me, 'cause I am familiar with it, and I have worked with lots of people who have lived in that area in community. And just from being born and raised in the community you are more comfortable with certain parts of the town, than somebody who would not be. And you're familiar and have connections. So my first inkling that there was some entrepreneurial behaviour was going on was the, lots of phone calls, call back later, people popping in and then leaving. Meets at the door, lots of cash available....

Later in the same interview the interviewee made the following statement:

Um and then after a while, once you are more aware that you might be putting yourself at that risk of being part of a drug bust, or something, you start having your sessions with the person here at the office, or in another location. (Participant 2)

Another worker expressed a similar concern for her safety and the actual risk she felt exposed to as an outreach worker.

Like I think the one time where I was finally like, what is going on here, and he told me he was like 3 hours paying a debt and they beat him until he was unconscious kind of a thing. So I mean that is scary to me, as an outreach worker especially and going into people's homes.

JT: Right (said with some inflection)

FS: and buildings, sometimes rooming houses. Most of the time I just stay outside in the car and knock on the door, or whatever, don't go in. But there is the odd time I have to go in and look for somebody or knock on their door, or whatever right. So, I guess it kind of changed the way I was going to practice in that sense in that I wouldn't, there are certain places I don't go in anymore, just knowing that's out there and...Again it just made me realize, hey you know what? I don't know who's in these buildings when I go in, and uh, I guess I always kind of thought as a social worker they would give me like somehow know I wasn't in the life, you know. But once I realized how brutal some of the stuff they were doing was, I realized maybe they wouldn't know I wasn't in the life, like, or they wouldn't care. That they would just beat up anybody who happened to be in that building or knock on the door or you know. (Participant 5)

All workers made mention of the importance of what type of reaction was presented to the client as he or she disclosed his or her involvement in the drug trade, and the main consensus across the experiences was to show no shock or surprise to the client and to be as non-judgemental as was possible. The consensus among the interviewees seemed to suggest that this type of empathic reaction/response would most often allow the client the opportunity to feel open to disclose information about his or her involvement in the drug trade. Most, of the interviewees also felt that pursuit of this information before or once it was disclosed was not important for the therapeutic relationship. But, rather the worker's

reaction of not showing any shock or surprise, and having a non-judgemental attitude was most important for open disclosure, as shown in the following three interview examples.

I didn't react and go, oh my god that's terrible kind of a way, I was just like you know what? If you are going to do stuff like that you should at least know the facts, and that it is considered drug trafficking. And I think it helped actually in a way because now she feels like she can be more open with me. (Participant 5)

You don't want to be too, I don't want to be too judgemental, I don't want to scare them away, I don't want them to think this isn't a safe place for them to come, or that it's going to be a place where they are going to be forced to delve into, you know, their childhood trauma histories that they are in no way ready to begin discussing. (Participant 7)

I guess I was kind of shocked a little bit. I didn't show it out in my face but I just kind of sat back and listened, giving him that opportunity to keep sharing. Um, just because I didn't, you know, have too many clients that would come right out and tell you that they are a dealer, and when he said he was dealing and he is dealing in cocaine and pills, and just him feeling comfortable, it kind of shocked me a little. (Participant 11)

Ethical, confidentiality and relationship challenges.

Several challenges were identified by the interviewees in their lived experiences in working with this client group, some of which are identified as an ethical issue by the interviewee and others that are identified as such by the researcher. One of the main challenges that presented as a sub-theme was a worker identifying and having some feelings that he or she was working for the gang as a resource, or walking the fine line between the police and the drug dealer, and being aware of the client's criminal activity.

I feel like I'm a target on both sides but it's like I'm walking the middle road here. I'm walking that fine line between the criminals and the police. (Participant 1)

This same worker acknowledged later in the interview that she has learned to detach herself from these activities and to work within the limits of what she has to report, and this seems to be enough for her to be able to continue to work with this client group.

With regard to their criminal activity, I think a long time ago, I-- 'cause I'd done this for a long time, in my head came to the resolution or, you know, understood that what they do as long as they're not, and I know this is (inaudible) physically hurting anybody. They're not causing harm to somebody in a physical way, um that I'm powerless over that. Um, and that, that can't be the focus or I need to just kind of let go of that, detach from that, um to some degree. Um, I don't like what they do but and, and some of these guys are more dangerous than other guys. That I just kind of yah their lifestyles and who they impact, and, and how their business impacts particularly younger kids and that, um, that on a personal level it's frustrating, it's sad. Um, but I think that because I've done this for so long, I've had to detach from these guys selling the drugs that are creating the problems that I end up seeing.... So, you know, it's a philosophical, there's some philosophical dilemmas and, and ethically I guess I just, I've had to let go of, there are things I can control and things I can't. And I can certainly poke holes in the theory that you can trust your dealer, and your dealer's your best guy, and that but, you know, these guys are in it for the money, and this is their business, and it provides a huge status particularly in this community.(Participant 1)

In the following interview example the researcher identifies the worker's experience as an ethical issue for the worker. It seems evident from the quotation that this worker was also feeling like he was experiencing some difficulty with "walking the fine line", as he identifies his reaction to feeling that he was part of the system supporting the drug dealer and getting his needs met.

MS: Hm uh. Well knowing that um, that you almost feel like you are in that trade, but for me I almost feel sometimes like I am one of the, I don't know if you sometimes, you see these movies where you get a lawyer and they are the drug dealer's lawyer.

JT: Right, yeah.

MS: And they are out there defending them and they are out there manipulating the system and twisting things around to get the client's needs met, keep them out of jail, but maybe even more so to assert power. So I am not a lawyer but you know in kind of a wonky way there is that slight feeling of being something like that, being a part of that system where you are the drug dealer's supporter.

JT: I understand what you are saying, you are more on their side then the justice system's side.

MS: You're on their side, that's right absolutely. And um there have been times where my attitude towards the legal system has been a little bit negative, and, um, there is a part of me that really tries to walk in my, try to imagine walking in my clients' shoes in a sense, like to try and see where they are coming from. Because if I can establish rapport with somebody, even if they are really deep into the system, deep into the drug system, the drug trade, then even though they are there, they are

still a human being. They still have needs and wants, feelings, hopes, dreams and circumstances that brought them to that place, you know, maybe those are the things that can be talked about and explored. And maybe healing can still come even to that person. (Participant 10)

For this worker, it seems important to be able to focus on helping his client past this manipulative behaviour, and build a therapeutic rapport with him, offering the client the opportunity to get to a place of healing, and allowing the worker to feel a sense of doing one's job. He responded to the researcher's inquiry about the difficulty of this with the following statement.

It is, because I don't really, you know, I don't really, um, have a lot of faith in the justice system. I see that as sometimes as an opportunity when someone is referred by probation services to help. But my job is to build rapport, you know, with somebody to establish that trust, you know. Rogers talks about this in his theory of unconditional positive regard. So to be, to not put my values and judgements on somebody, but just to try to do my best to accept them as they are. (Participant 10)

One worker expressed that she felt part of her does not want to know the client's activity in the drug trade because it was difficult to know what to do with that information, and felt that it could create a moral or ethical obligation for her to do something with it.

I suspect there is a part of me that doesn't really want to know that piece and then having that sort of obligation to morally and ethically to do something with it, or to be put in that sort of ethical, moral compromised position where you are not sure whether you need to disclose this information or not. (Participant 7)

One of the challenges discussed by workers was related to their sense of trust in the honesty and sincerity of the clients, and the reasons they were attending for services.

Several of the workers mentioned that the more knowledge they gained about the drug trade, and often about clients themselves, either from other people, other clients, or from the community in general, that they often experienced a loss of trust for clients, were more sceptical with what they were hearing from them, or felt manipulated, by clients.

One worker talks about how difficult it was for him to deal with this conflicting

information and feelings, and how working with one client actually made him feel “frustrated and dirty”. These issues are illustrated in the following three interview examples.

I remember being a little more sceptical in terms of what he was telling me whether it was his version or was the actual truth. (Participant 4)

I obviously know he was lying and he didn't think he had a problem, which he does. Um after doing a quick assessment in my head of his body language and the way he was looking at me and talking and trying to make excuses for everything you can tell as a worker you know that he is lying. (Participant 11)

But this fellow clearly who was in my office was I felt manipulative, trying to manipulate the system. And that was kind of a difficult thing for me to deal with, because part of me, I want to build trust with people, um, and really believe when somebody is coming to tell me that they want to get help in one way or another. But then when I realize that really the idea behind what they are doing is to get drugs so they can sell it, traffic it. Um, it is really frustrating because there are people out there who are legitimately trying to get help and, you know, there is sort of, it looks like what I call the junkie mentality, where they will do anything. They will lie, they will do whatever they have to do to get what they need. And in order to get their needs met and you kind of understand it from the perspective of somebody who is addicted and they are going through withdrawal. So you try to support people in their stage of change. But that is different than someone who is coming and it is like calculated, just milking the system, knowing the loopholes, knowing how to get by. Even playing on the counsellor's emotions um, you know, trust, playing on the trust and using the relationship to seem genuinely hurting or sharing painful stories to sort of get their needs met. And to me that felt kind, it felt kind of like I was, I felt dirty after, being in session with that individual. (Participant 10)

Ruth Masters (2004), in her book “Counselling Criminal Justice Offenders”, talks about the importance of allowing the client to tell his or her story, and not focusing on the facts, but rather the offender’s perceptions of his or her problems. She suggests confronting the discrepancies and inaccuracies only after the worker has developed empathy and trust with the person. This would then allow the client to accept the worker’s point of view more openly. But, as shown in the following interview example,

there is a difficulty in accepting the client at face value, which creates some difficulty for many of the workers in providing services for this client group.

My feelings around that were I guess was curious, first of all, just what, you know, how this all started with the person, how he got to the situation. I had some mixed feelings around um, you know, at first I was not sure about the truth, what was the truth was. So in terms of honesty, I questioned this person's honesty. (Participant 11)

The topics of confidentiality and multiple relationships were also very prevalent experiences throughout many of the interviews. The main factors creating these difficulties seem to be the fact that the area in which the researcher did most of the interviews would be considered rural and this presented the following dynamics: knowledge about people in the community because of being a counsellor and providing services; growing up and living and having friends in the community; clients knowing one another through personal connections; multiple relationship between clients; and multiple relationships for counsellors with people in the community who may also know the clients. Because all of these are also ways that the workers were hearing information about the client in the community, this could influence how the workers work with clients, and create some questions regarding whether the client is being honest, what a worker can do with this information and how to advocate for clients in certain situations when you have this information (i.e., drug seeking behaviour from a client). Several workers expressed the difficulty they experience when they hear about clients through other clients, professionals, and friends and what this experience can be like.

This community is a small town as you know and, um, I know people in the community. I have a friend who struggles with all kind of pain issues and, um, so you know basically you never share information about clients with people but people will sometimes share information with you, and you piece it together.... I didn't feel like I could go and say to the doctor I don't know about this because it

just, there was that question in my mind, is this true or isn't true, and I can't really use my street knowledge to incriminate a person. What if I am wrong, you know? It made me feel as though I didn't know what to believe, there was-- you are trying to build trust and work with honesty on one hand, but on the other hand you get this distinct feeling, you know, you are being strung along, and you are trying to decipher what is genuine and what can I help you with and what part of this is that you are just painting a picture for probation? (Participant 10)

The feelings created by the experience of working with both the drug dealer and the drug users, and knowing that the users are getting the drugs from the dealer, were highlighted by several of the interviewees.

I don't know if I felt angry (pause). I just didn't like it, because him sharing that he was the drug dealer and he was giving this to all these people, and this is the trade I am working in, so I am trying to help these clients and they are probably his clients at the same time. Or have been his clients for drugs so (pause). I don't know. I guess I kind of felt inside that, you know, this is a guy that, this is one of the guys that is making it hard for my clients get away from drugs. (Participant 11)

Another interviewee describes her reaction to her drug dealing client:

I mean I felt sad because I know um, I know a lot about the devastation that having drugs in the remote communities is causing. Um, but it is tough when it's your client, like I have a hard time, like I know she's not meaning to, she's not really meaning to impact anybody, it's just about getting money. It's like, but in my mind I am thinking if she, and maybe she doesn't know all the devastation this is causing, the opiates and aw, or maybe she does and...But it's hard because it's like kind of the level of consciousness about that stuff isn't the same for everybody. So it's yeah, I don't know how to explain that. I just felt like, pretty sad that, that was going on and everyone thought it was ok. (Participant 5)

When asked about this as a source of conflict for them the main reaction was for the interviewees to fall back on their professionalism, and make comments such as if the clients want help they are there to help them, not judge or condemn them.

I am not here to judge anybody, I am here to help them. If this man wanted to get out of drug dealing and wanted to get help admitted he had an issue with drugs and alcohol, of course I would be there to help him, and there would not be any bad feelings against what he does (long pause).(Participant 11)

The reality of people having multiple relationships in rural areas and how this created some concern for the workers around confidentiality, particularly in relation to not wanting people running into one another, was also mentioned in several of the interviews, and is highlighted in the following two interview examples.

What it does uniquely is that when we meet other people that we do intake with from a similar area of town, with a similar background, what goes through my mind is that does person A know person B, and what is going to happen if they are both meeting me at the office? Are they on the same side, were they on different sides or involved together? 'Cause that is the other thing, the 6 degrees of separation in the community. Most of the criminal element, or people who are marginalized, may know one another. (Participant 2)

Weird was in terms of seeing the complete, having in my office the complete opposite of the spectrum right, where you have a police officer who is supposed to be, you know, dealing with and I think actually one of them was a police officer coming in to see me at that time, and now having a dealer coming in to see me with their own different issues right. But kind of going okay, you know what? The dealer is not going to want to see the police officer. And the police officer is not going to want to see the dealer. And confidentiality, I think it was more than that in terms of that sense of weirdness keeping that, um, making sure that you kept those two separate, 'cause they would know each other. (Participant 8)

One of the ways that the workers and agencies responded to the issue of multiple relationships and confidentiality was to ensure that people who might be known to one another are not running into each other in the waiting rooms of the agency. So, along with the workers, the support staff would be made aware of who knew whom, and workers themselves could also ensure that they are not booking back to back appointments with clients that know one another. Several of the interviewees talked about how their agencies would hold weekly team meetings to discuss new intakes and any such difficulties that needed to be addressed as a staff.

Um, the secretary, the receptionist and the other office staff are also, we're also very sensitive about who's in the waiting room. So we'll, we'll try to navigate it so that if we know there's a risk factor, we don't want certain people bumping into each other. We'll try to navigate that. (Participant 8)

Stereotypes.

For the workers with less than 2 years work experience in the addiction field, the issue of stereotype was prevalent. Two female interviewees expressed being surprised by disclosures from young females who disclosed their involvement in the drug trade. The main reaction of surprise seemed to result from the fact that these disclosures did not fit their perception/stereotype of who is a drug dealer.

And I was talking with a young lady who was younger than myself about kind of her experiences in life and getting a pretty good assessment, and it was then that she disclosed that her and her partner did buy and sell drugs, and that she had a sibling actually who ran drugs from the west to here in Ontario. She discussed how much money there was to be made in that industry, she also discussed things like how difficult it was when she was trying to get out of the business but it was such good money. So she was not only struggling with trying to give up her addiction but also trying to give up the trade itself, and she discussed how difficult that was, and that was quite impactful I found, as it was my first client ever. And to me I don't know,I have always been told kind of, you know, you can't judge a book by its cover, but to see this young woman in front of me and to hear that, not only was she involved in the drug trade, or in using illicit substances but also in the drug trade itself was kind of surprising.No, not really essentially because of, and again, this is my naivety because of her age and how she was presenting, it was kind of shocking to find out that she was using but more so that she was involved in the trade end of things. (Participant 6)

This same interviewee goes on to describe her struggle with her perception with stereotypes and feels this created some cognitive dissonance for her in her work with 2 different female clients based solely on the information they shared and how it was shared with her.

Um, because as I said this client was kind of unexpected that I never kind of pictured a young girl who was trying to mother, you know, (several) children, being involved in using and distributing drugs. I don't know there was some kind of cognitive dissonance there that it didn't, didn't make sense, it didn't belong together, if that makes sense....
Again I think it is kind of about stereotypes, you know that we kind of get fed often. Um, the first person who presented was you know the struggling mother of (several) kids, 5 or 6 of which are her own. You know, was doing a pretty good job

and very family focused, where as this second, and it was her first appointment that she disclosed right, whereas this second client I already knew that she was using. I knew some of the bad stuff that had come from her using or some of the negative stuff she had identified in her life that had come along with using, and so that might have made the idea of selling less shocking.... Especially after seeing my very first client, because I didn't realize how big an impact those stereotypes did have on how I perceived people's substance use and the drug trade itself. (Participant 6)

The researcher feels this is an important point. As Maddy Cunningham (2004) points out in her research on teaching social workers to avoid trauma, research indicates new social workers may also be more vulnerable to having personal myths shattered and to the intrusive imagery presented by the client, creating feelings and reactions that are unfamiliar and disturbing to the new worker. This may cause them to question their newly emerging professional identities. It is therefore plausible to think that new workers without any experience and a strong stereotype of who is a drug dealer, may feel overwhelmed, unprepared and might begin to doubt themselves and their abilities in this choice of profession when encountering this emerging challenge. When asked by the researcher what the final outcome of her contact with the client had been, this worker expressed the difficulty in measuring one's effectiveness with the client, because this client group has a high dropout rate.

Unfortunately like most of our clients, she ended up leaving treatment early, she ended services. Um, I don't know what she is up to, I haven't seen her recently um, and so, yeah, it's kind of unfortunate. She was doing very well in the last couple of appointments that I did see her, um, she was making progress. (Participant 6)

However, the overall responses from the newer workers seemed to suggest that they gained something positive from their interactions with clients, and were able to take the learning from these experiences with them. The following two examples point this out, with one worker describing how she found her experience educational.

I think there is a couple of pieces of the puzzle there. I think first of all the sheer volume of addiction clients that we have in our region um, that I didn't know about because I wasn't Addictions, was quite shocking. And I had the misconception that by working in Addictions I would be working with specifically with addictive behaviour and not with buying and selling and the legal system and that kind of stuff that comes along with the use. (Participant 5)

I mean I definitely gained an education from this one client that I was able to kind of, um, use skills and knowledge and things like that in future work with clients. Um, because as I said this client was kind of unexpected that I never kind of pictured a young girl who was trying to mother you know several children, being involved in using and distributing drugs. I don't know there was some kind of cognitive dissonance there that it didn't, didn't make sense, it didn't belong together, if that makes sense. (Participant 6)

This same worker talks about how she was able to use her experiences with clients and take them into another client experience, and how that has been helpful in connecting with, and building relationships with other clients.

And so uh, so yeah, it was educational and as I said the nice thing about this particular client was that I didn't, I was able to not, I was able to restrain my curiosity and she also gave me that information. So she kind of fed my curiosity too, which is horrible. It really shouldn't be about me, but at the same time that has been helpful with other clients in the future that I have worked with since then. So I was very fortunate that she was so open and honest. (Participant 6)

Many of the workers talked about becoming a bit more sceptical with clients and questioning the client's honesty after their experiences, as shown in the following two examples.

I remember being a little more sceptical in terms of what he was telling me whether it was his version or was the actual truth. (Participant 4)

And so, because it made me feel as though I didn't know what to believe, there was, you are trying to build trust and work with honesty on one hand, but on the other hand you get this distinct feeling you know you are being strung along. And you are trying to decipher what is genuine and what can I help you with, and what part of this is that you are just painting picture for probation and I am sort of the in between guy? Does that make sense? (Participant 10)

One of the outreach workers went so far as to talk about how she felt isolated because of her experience with her client.

So in a way it is a little bit isolating 'cause it is only me and my co-worker who kind of really know what it is like to sit there with the phone calls or see the \$20 dollar bills exchanged (laughing). Yeah, it's kind of a unique experience. (Participant 3)

It seems reasonable to state that several experiences, such as working with the drug dealer and users, having one's stereotypes challenged, multiple relationships, issues of confidentiality, all present as possible pathways for workers to absorb client material, develop perceptions and find themselves being influenced and challenged by being exposed to this material. Self preservation seems to be an important part of this work, and workers are required to practice self care and develop resilience and supports that enable them to continue to work with this client group.

Theme 3) Resilience and supports, professional and personal.

Things workers do with the client themselves.

From a professional perspective most workers felt that because they were able to develop a good working relationship with clients this made it easier for them to do their job. Most workers interviewed expressed that the ability to be caring, empathic, non-threatening, respectful, and non-judgemental were the most important factors to enable them to develop respect and credibility with clients. Several workers expressed the idea that, because of this respect, this in turn would create a "protectionistic factor" working with this client group.

FS: Um, no, yah they're, they're not out to hurt, me, um, and, and they really haven't threatened me in any way.

JT: OK

FS: I think it's more my fear of their potential of what they can do or what they have done. Um, so I think I remind myself of that that I do, I am respected and and I'm not the target of their business or you know what's going on. Um, I think too if

one of them hurt me I think the others wouldn't be too happy. So again there's some protectionistic factors-- may sound weird but I think there's some protection factors in that they all know what I do.

JT: I've heard that before.

*FS: Yup, I think there's a-- and I think because I do come across as sympathetic, caring and because I'm small and I'm not threatening I've been described that way um that there's **a protectionistic factor**, um*

JT: So it's relationship?

FS: It really is, it really is. I truly believe that that I've respected them and because of that and I don't judge them and I don't, I'm not reprimanding them or anything about what they do, and I'm not focusing about that. Um, that I think that, in return I get a level of respect. And that I'm seen as a good guy. And not a threat.

JT: That makes a lot of sense.

FS: Yah, it's like you become part of the gang or a resource to the gang. You're resource to the gang and, and as long as you haven't done anything to hurt the gang you're OK. (Participant 1)

In discussing the importance of self care, several workers talked about the importance of setting boundaries with clients, as well as separating professional and personal lives, leaving work at work , not giving clients home or personal contact telephone numbers, and trusting that clients can and will deal with their own crises. This is illustrated in the following two interview examples.

Um, I think the biggest thing is I leave work at work, and so when I go home um I don't necessarily think about my day. I might have debriefed with a co worker before I go home in terms of they are not paying me enough money today (laughing) to do my job. But for the most part, um, when I go home, home becomes my focus and when I come to work, work becomes my focus. Not that there is not any overlap, because you know living in there are times when my son will phone me and go "mom" when I am at work or when I bump into somebody at Safeway that you know who I have been seeing. Um, but over the years I have been really good at, you know, what um work is work and home is home and when I leave this building I leave the issues and what I am dealing with and I pick them up again in the morning. (Participant 8)

Oh I'm pretty active and stuff, so like I don't think there's not a lot to cope with so I don't carry a lot of my clients' baggage. Like that's them, they carry that load. Um I'm here for them, but I also really have clear professional and personal life. Like I'm not saying I am cold and, you know, heartless or what not and I often do give out my phone number, my work cell for people to call after hours and what not

if they're in that need. But like I don't carry their burden for them so I'm able to take care of myself. I live a really well balanced life style so. (Participant 3)

Another worker talks about how she has had to change her boundaries with clients in the community as her children grew older, as an important part of her and her family's self care.

Very clear boundaries, you know it is interesting when my kids were little, um, we used to walk down the street and people would say hi and stop and talk and I am totally ok with that. But my kids commented on do you know anybody who isn't drinking or using drugs and that made me realize that maybe that wasn't a good environment. So then I started being, changing the way that I dealt with people, and I would say, listen, I am here with my kids, this isn't the right time, so I started putting up more boundaries. 'Cause before I never had them. Well I think I had them but, you know if someone walks up to you and they are drunk and they want to say hi I would chat with them for a minute or two. I don't do that anymore. I am very polite about it. I will say, listen, I only have so many hours off. This is not the right time, I would be happy to talk with you at another time, call me. (pause) So by keeping my boundaries clear, and I have got good friends and I have a good relationships and I like to rip apart buildings, so my son is doing renovations on a house right now and any time I can I go and rip down walls and I love doing that. Just something good and physical and you can rip off old crappy panelling. It is very rewarding. (Participant 9)

Another worker stresses the importance of recognizing the small successes one has as a worker, along with liking one's job and being mindful of one's own daily functioning and ways to cope with the daily work she does.

I actually I like my job, you know, you work in Addictions too, right, so you know that not very many people actually change, right. But there are a handful that do, you know, and give people a piece of something hopefully, or they take away from the conversation that you have had something that may in combination with other things they pick from other people along the way help them to make some more positive decisions. You know, you are given the opportunity to allow people to disclose some of their most shameful things and still look at them like they are a human being so that they can begin to work on some of their own forgives and self respect stuff. And because change also starts with one person right, you know, so being able to be an agent of change on any level I think is an awfully big privilege and an honour. Yeah I-- some days are easier than others but it is like anything else. I mean you learn as you have been doing the practice for a number of years that the bad days usually have to do with the fact that I am not attending to something that has to do with me, that has nothing to do with the person who is

sitting across from me. So it is about stepping back from that and kind of looking at, ok, um, today I am not having a great day. I need to be aware of that when I am walking into sessions with my clients. Because I am not going have a 100 % to give so, you know, just being respectful of the fact that, um, it's like I give these little speeches I am notorious for giving these little speeches to my clients, you know, and I have to follow the underlying truth of it which has to do with the fact if you are not taking care of yourself, then you are not putting yourself first in being your number one priority, you don't have anything to give anybody else. So, you know, I try to respect that, you know, within the context of myself as well. (Participant 7)

One of the outreach workers talked about a recreation group organized by her agency and how this different type of environment is positive for her and the clients. She felt that by participating in this group it allowed her to interact on a different level with clients and was a positive activity to engage in to further build their relationship.

And then like I said, we do the recreation group which is cool, so we get our clients to come and do fun stuff. Like tonight, I am not doing it tonight, but they are taking everyone bowling, like a whole bunch of clients and their kids. So I think it's good to break things up fun stuff like that. (Participant 5)

Personal and Professional Coping Strategies.

Interviewees identified several different ways that they have learned to cope with the work that they engage in with people that focus on their own self care. This researcher is not suggesting any one strategy is better than any other. They are offered as methods that people utilize and the main point that should be stressed is that any one of these strategies is only as effective as the effort and time put into them by the individual. It is important to note that each interviewee stressed in her or his own words that self care is something that needs to be an ongoing part of maintaining one's personal and professional health. Most of the interviewees talked about using some type of exercise or physical activities and the importance of having a social network and enjoying activities with friends and or family as their main personal coping strategies.

I am very much involved in the music scene, and that brings a lot life and that brings a lot of kind of just reenergizing for me So it is really important aspect of my coping is the music and sometimes there is a little bit of a dream you know could I ever go part time therapy and part time music (laughing). But you know there is things these thoughts, those are thoughts and dreams that keep me going you know. You know so that is part of it being in the outdoors, going fishing, you know, just doing the things that we can do out here that are such a blessing to our lives. Being in this wonderful country that we have access to the outdoors and the wilderness, the lakes and it is really refreshing maybe to go canoeing, spending time outside, going for a hike, just being outdoors you know. All of that is very therapeutic and healthy as well as my relations, you know, community connections and friendships in the community I live in. We have a lot of friends in the area. So just spending time with friends and getting out of, the-- and pardon me for using this word-- but getting out of the craziness that I deal with on a day to day basis. Sometimes really, really painful, messed up histories and stories that people bring to you, and um that stuff you-- I try not to carry it with me so removing myself from that and being in sort of the normal circumstances as much as possible. (Participant 10)

One worker talked about how he and his family actually reside in another community and do most of their personal business outside of the community, as a way to have some distance and anonymity.

It is very hard, when we moved out here from the city my one criteria for where I would live would be out of town, and we live way out of town in the country. I have an unlisted phone number and my travelling to the community, I limit it as much as possible, and sometimes my spouse doesn't understand and we talk about these things and I try to say to them I just don't really want to go to the community. So we are in between two communities and we do a lot of stuff in the other community. It is one way for us to reduce the amount of time in the community. Because I do care about my kids and my spouse and I care about the safety of my family so. (Participant 10)

Another worker discussed how he or she uses cultural activities, items along with singing and smudging as a method of self care and to deal with stress.

Um, other then, I have some cultural practices and items that I use, that are not far away from my desk. I use them, and I am a singer as well, so that is another release. I do smudge when I am feeling, um, not in a good place or not feeling good, or maybe having too much stuff.. I can smudge and get rid of having that feeling (pause). That is more or less what I use in the workplace. (Participant 11)

The professional coping strategy most mentioned and utilized by interviewees was peer debriefing. Most workers identified that this was an informal process where they would talk with co-workers informally about clients and cases to get feedback or direction or to just vent out their own frustration. Some workers indicated that their agencies have more formal debriefing teams or weekly meetings with co-workers to discuss new client intakes, which were both indicated as helpful for their professional self care.

And if there is a case that is really bothering me I have, we have a really good peer support here in terms of talking to each other and debriefing. And the kind of saying, you know, what this one is really sticking in my head and it is bugging me, like I just need to talk and get a handle on it, or give me some ideas in terms of what I can do. And, um, we have all known each other for very long so we are kind of good at going, yeah, drop in any time. So I mean in terms we are really lucky that way that there is, you know, in my office there is like one, two, three, four, five, six, seven of us, so there is always a door open at any point, you know, in terms of popping in saying, ok, ah. So that, and like I said leaving work at work and picking it up in the morning. (Participant 9)

The use of supervision and having access to direct clinical supervision was also one of the more frequently mentioned strategies for workers in dealing with professional coping. It was felt that supervision provided them the opportunity to get immediate feedback and problem solve with tough client cases or issues about which they felt they needed to receive this support. Workers in satellite offices or in outreach positions without an onsite supervisor, felt this was something that was lacking, leaving them with some feelings of insecurity.

We do kind of our own methods of debrief with one another once and awhile if we can, but the workplace in this community is really in terms of a mental health department it feels like an unhealthy kind of a dynamic. In that, um, we have a consistent clinical supervisor but the clinical supervision is very aw when I say consistent it's like once a month of clinical supervision where somebody comes from outside the community into the community and meets with us for an hour maybe once every 2 months or so. And so that type of clinical supervision leaves a

feeling of insecurity. Like there is not a-- although the word is that we can access that person by phone, um, there is not somebody on site that you can go to and really as a supervisor say share a case, and inquire, you know, whether I am on the right path or what do you think or anything like that. So that kind of just lends to more of insecurity. (Participant 10)

Professional development and educational training opportunities were also highlighted by many of the interviewees as an important aspect of ongoing skill development, opportunities to network and an important part of professional self care and coping.

Well we have had the, what's it called, Trauma training, and we just had some cognitive behavioural trauma training. Which was helpful because really it was all about you know doing relaxation techniques and that kind of stuff.....Yeah, but at least they are trying to get us training and like we do have professional development in other cities. I got to go to for training at the beginning of the year and then again a couple of months later. And I have gone to different places for training, and yeah. So it's cool, 'cause you get to go over the weekend and you know, get a hotel and stuff usually. (Participant 5)

One worker felt that more education was required in small communities and in social worker preparation in learning about working with more than just the drug addict, as several interviewees felt unprepared and had not considered that doing addiction work meant that they might also be working with the drug suppliers, et cetera. This is shown in the following two quotations.

I think first of all the sheer volume of addiction clients that we have in our region um, that I didn't know about because I wasn't Addictions, was quite shocking. And I had the misconception that by working in Addictions I would be working with specifically with addictive behaviour and not with buying and selling and the legal system and that kind of stuff that comes along with the use.(Participant 5)

So more education in our small communities is definitely needed. (pause) And perhaps, you know, when new practitioners to the region like myself a couple of years ago and either are already trained or are getting trained in Addictions, this is stuff that supervision or that orientation or something like that should be talking about with their clinicians, so that their clinicians are aware. I kind of moved here and had some idea about what's going on but I didn't really know how much or those kinds of things. So if those kinds of intellectual or curiosity questions were maybe talked about or dealt with prior to somebody actually seeing an Addictions

client maybe that would also help bring down the level of the element of surprise there.(Participant 6)

One worker felt that the issue of self care was something that was not well enough supported by the system or the agency at which he or she worked at.

I think because we work in a public health, a publicly funded health care system as well, that there is not as much support for the self care stuff that there should be. (Participant 7)

This worker did have some thought about what could be supported and felt that mental health days and work place supported physical activities were important.

So there is nothing worked in a far as, you know, self care mental health days, you know even within our plan here. I noticed moving from a small organization to a hospital, with the smaller agency we had a certain allotment for things like massage, well that is completely gone in this larger setting you know. And I think that we forget that these are things that are actually really important, the things that we do to take care of ourselves, body, mind and spirit. (Participant 7)

This section seems to highlight the importance of self care and the need for social workers to establish and participate in and have access to clinical and peer supervision as a regular forum in which processing and discussion and therapeutic debriefing can take place. It also highlights and stresses that social workers themselves need to approach their work with a conscious commitment (Badger et al., 2008) to monitor and tend to their own well-being despite the demands of work and environment.

Researcher's experience with a client in the drug trade.

In the introduction the researcher made the comments that this project was sparked by one of his own lived experiences. Some years ago, during the first session with a new client, information about both involvement in the drug trade and the desire to leave that trade was revealed by the client. As the client discussed his fears, it became evident that

he was connected to people the researcher had some knowledge of from his work. Based on what the researcher knew of these individuals, the fear was quite justified.

The researcher recalls sitting listening to this client, starting to feel worried, concerned, thinking that this was information he really did not want to have, and wondering if having this information could cause him to also be at some risk. It seemed evident the client felt that he had no way out of this situation, and that he needed to disclose the information he had. It was the connection to his feelings of helplessness, hopelessness and his fear that are most prevalent even now as the researcher remembers this experience. As the client shared his story, the researcher remembers reflecting back over all the information that he had been exposed to over the years with other clients, started to feel vulnerable and got flooded with emotion and fear. Immediately after meeting with this client, the researcher went to speak with his supervisor who could tell that he had been impacted by this experience. The discussion with the supervisor centered on what to do with this information, and the reaction to receiving and now having it. It was determined that because the client had not presented any information that would require, based on the agency's policies, the worker to breach confidentiality, that there were no ethical, legal or professional obligations to report it. So as a worker, the researcher wanted to know what to do with the sense of vulnerability and fear that he was feeling as a result of having this information. This experience made the researcher question his ability to maintain working in this field long term, as he felt unable to help this client with the seriousness of his situation. The researcher also felt unprepared to deal with the feeling of fear and sense of hopelessness for himself and the client.

The researcher started to talk with his coworkers, and discovered that it was also a concern for one of them, and several of the same issues and fears were shared. So, after feeling validated by a co-worker and supervisor, it gave the researcher the incentive to develop this research project to try and understand what other social workers were experiencing, and how they deal with working with this client group. As the researcher was completing this project, he was able to connect to and understand many of the similar experiences of several of the interviewees, when they talked about their perception of fear for themselves and their family members, the heightened sensitivity based on the knowledge one has, the sense of vulnerability to the “potential in people” as workers hear about how cruel people are to one another, and the intense feelings of hopelessness and helplessness experienced by clients as they disclosed their fears of trying to get out of the trade, but realized this was impossible. The researcher also appreciated the issue of dealing with the conflicting internal feelings and moral struggle of counselling drug dealers, knowing that they are the ones making it difficult for many other clients to break free from their own addictions. The researcher does not have an outreach component to his job, so it was an interesting learning experience to hear about those workers who do, as they were actually physically present during some of the client’s drug trade activities.

The researchers feels that his own experiences are consistent with the literature findings within the trauma constructs (i.e., where workers are experiencing shifts in their perceptions, fears of vulnerability, and arousal reactions), as he felt that he had an emotional reaction to the feelings and narrative shared by the client. This shift in arousal states (i.e., from safety to fear and vulnerability) for the researcher was related to an overwhelming feeling of vulnerability and fear for his own safety and the safety of his

family, based on the knowledge he had received about the drug trade. As indicated by the workers in this study, the researcher has not had any direct negative experience (e.g., client making threats, or any type of direct physical action against him) with clients, and the vulnerability and fear felt are based solely on the perception and feelings of the potential of something happening to the researcher.

It is hoped that by sharing the researcher's own experience along with the experience of the 11 social workers that were interviewed that this will be helpful to other workers dealing with these feelings and perceptions, and allow them some validation that they are not alone. It is also the hope of the researcher that others might build off of this research, and add to the literature in working with this client group.

In Chapter 4, the researcher sets out the core themes of the experience of working with clients involved in the drug trade. Out of these themes, there seems to be a framework developing that indicates a potential pathway for workers to experience a shift in their sense of trust and safety, which further led them into developing perceptions and feelings of fear and vulnerability as they are exposed to this client group. The researcher outlines the different worker experiences that seem to contribute to the development of these arousal states (Maslach, 2001), and the meaning that workers put to them. Some workers were able to gain learning from their experiences, and were able to bring that into different client experiences. Other workers expressed over time that they experienced a negative shift in terms of their perceptions and feelings about clients and talked about how they became more sceptical with clients, and some developed a sensitivity to the "potential" in people because of working within this client group. All

workers stressed the importance of self care, and several individual and agency strategies were outlined by the workers in this research.

Chapter 5

The intent of the research was to explore how frontline workers perceive and make sense of their experience of working with clients involved in the illegal drug trade. The aim of the study was, as a first step, to describe and seek understanding of the essence of their meaning from these perceptions and undertakings with this particular group as a way to bridge the research gap. In this final chapter, the researcher will summarize what was discovered about the experiences of workers working with clients in the illegal drug trade and how it applies to the existing research literature. The chapter will provide a discussion of the limitations of the research and findings, and end with an overview of the implications for the field of social work and future research.

Conclusions

Babette Rothschild, in her book “Help for the Helper” (2006), makes the statement that empathy is necessary for the survival of the species and is the foremost tool in the hands of every psychotherapist. She further attests that without the capacity and facility for empathy therapists would not have much success. She also states that unconscious empathy is the mechanism of emotional infection and this is the same mechanism that is at work on a regular basis in the therapeutic relationship.

“Therapists commonly catch the upset feelings of their clients. Often the effect is short lived. But sometimes the impact is lasting, persisting long after the end of the session” (Rothschild, 2006, p. 28).

The issue and importance of empathy seems to be highlighted by the interviewees throughout this research. Workers often found it surprising or shocking to hear about the disclosures from clients regarding their involvement in the illegal drug trade, and the workers’ ability to be empathic was most commonly utilized to deal with this disclosure.

Empathy is talked about as an important process and tool, utilized to build relationships with clients in connection to the worker's ability to not express any shock, remain non-judgemental, and be respectful. Several interviewees talked about connecting with the feelings expressed by their clients, and how they are able to understand the fear and hopelessness that clients are experiencing as they make an effort to leave the drug trade. One worker identified with her heightened sensitivity to the "potential" in people because of her work with a specific client and having a therapeutic relationship with him, and her awareness of his activity in the drug trade.

I think it's more my fear of their potential of what they can do, or what they have done. Um, so I think I remind myself of that. (Participant 1)

This seems to be consistent with the literature on secondary traumatic stress (Collins & Long, 2003), where a second category of secondary traumatic stress reactions experienced by trauma workers is discussed, referring to shifts in the beliefs, expectations and assumptions that therapists hold. These researchers provide examples of these shifts in cognitive schemata that include changes along the dimensions of:

- Dependence/trust to reveal a chronic suspicion of others;
- Safety to a heightened sense of vulnerability;
- Power to an extreme sense of helplessness.

The results of this research project seem to follow with the trauma related literature and one could make the connection that several of the workers might be experiencing what could be defined as cognitive shifts, or at least that these workers are experiencing feelings and reactions with which they might not be familiar. Several workers talked about a heightened awareness and perception of fear and one even used the words "feeling vulnerable" because of her work with this client group. Another worker

expressed how her knowledge of the community and the drug trade contributed to her being able to feel and understand the intense hopelessness and helplessness her client felt as he was trying to get out of the trade, and how she experienced similar feelings as she acknowledged the validity of his feelings based on her understanding of the network to which he was connected. These findings seem relevant to the existing literature on vicarious trauma, as presented by Jenkins and Baird (2002), indicating that the main symptoms of vicarious trauma are disturbances in the therapist's cognitive frame of reference, identity, world view, spirituality, affect, tolerance, fundamental psychological needs, deeply held beliefs about self and others, interpersonal relationships, internal imagery, and physical presence in the world. They further suggest that verbal exposure theoretically changes cognitive schema regarding self and others in five major areas: trust, safety, control, esteem and intimacy. The schemas of trust and safety seem to be the ones most impacted in this researcher's findings and own personal experience.

Several of the workers from this research indicated that from their connection with clients, and knowledge about the drug trade network, they are able to connect with, understand and feel for their clients; some workers even talked about a heightened sensitivity and perceived fear. It is felt that these findings relate to Badger, Royce and Craig's (2008) research on hospital social workers and indirect trauma exposure, where they discuss that the social worker's ability to regulate his or her emotional responsiveness to the patient is important to the concept of empathy. These researchers draw on the work of Corcoran (cited in Badger et al., 2008) to highlight the capacity to establish boundaries between one's self and others while remaining empathically engaged as an important feature in self regulation, and argue that failure to adequately do so

decreases emotional distance between the social worker and the patient. This idea suggests that the inability to modulate emotional proximity to the client's situation and the failure to emotionally differentiate may contribute to a social worker's vulnerability for compassion fatigue and may represent a critical pathway for the development of compassion fatigue reactions (Badger et al., 2008). Badger et al. (2008) also cite research by Wertz that found that absorption level (the ability to experience clients' feelings or stories) and empathy were both significant predictors for the PTSD symptoms reported by a sample of psychotherapists. Wertz's research (cited in Badger et al., 2008) states that therapists who had high levels of phenomenological absorption in their clients' stories had higher levels of reported symptoms. Absorption in this study was interpreted as the worker's degree of affective differentiation from the client, much like the objective component that accompanies empathy (Badger et al., 2008). It is the researcher's impression that workers in this study are absorbing the feelings and stories from clients at very intense levels, along with gaining in-depth knowledge about a network of people who are involved in criminal activity who often reside in the same community as the worker. It is felt that these findings suggest a need to further explore the ability or inability of the worker to emotionally separate from the clients' involvement in the drug trade or the workers' knowledge about the drug trade network as a potential pathway to compassion fatigue and the other trauma constructs.

Several of the workers that described mandated or involuntary client examples talked about the feeling of being manipulated or deceived because their clients were not being truthful or denied the extent of their involvement in the drug trade or were only in counseling to try to look good for court. These workers felt a sense of skepticism develop

while working with their clients, as they felt their clients were lying, they were being manipulated, or they were finding out contradictory information about these clients through others. All of these workers expressed how difficult it is to deal with this conflicting information at times when one is trying to maintain a therapeutic relationship or advocate for a client, but not feeling a sense of trust in them. The findings in this study are consistent with literature on client characteristics, traits and behaviours (i.e., self centeredness, lack of empathy, denial, manipulation, externalization of responsibility, lack of internal change motivation, deceptive, angry, hostile and controlling characteristics) described as particularly difficult to deal with when providing services to some client populations, such as mandated or involuntary clients (Clarke & Rogers, 2002; Kadambi, 1998; Rooney, 1993).

The two workers that had less than 2 years experience talked about how their stereotypes were challenged, how they felt unprepared for dealing with the issue of clients involved in the drug trade, and how they recognized that they were able to gain some direct learning from these client experiences that they take with them into new experiences. These workers seemed to have less knowledge about the drug networks in the communities, and they expressed surprise as they gained knowledge about the extent and number of people involved in the drug trade. In comparison, the workers with more years of experience talked about the perceptions they had because of knowing the network connections, knowing who is connected to whom in the drug trade, and having worked with a number of these clients. This created different feelings for these more experienced workers. Some workers felt a perception of fear and vulnerability to the "potential" of people because of having this knowledge. Other workers talked about how

their work with this client group actually took on a “protectionistic” function as the worker was known within the drug trade network and was seen as trustworthy and credible. The researcher was unable to locate this issue in the research literature.

Therefore this would be an interesting area for future study.

The workers with an outreach component to their jobs had more actual and real exposure to risk because they were physically present in the environment of the client during drug trade activities or were with the client as they engaged in drug trade activities in the community. These workers seemed to learn this very quickly and then made decisions to not place themselves at risk, and would often change the environment where they would meet with clients. For workers who provide office based services, their exposure to risk was more of a perceived awareness and sensitivity to the dangers that exist in the lifestyle of the client group they are working with as clients share this narrative with them. It should be noted that of the 11 interviews not one of the workers had any direct negative experience as a result of his or her work with clients or from client associates within the drug trade. So, the assumption could then be made that it is the worker’s perceptions and awareness of activities within the drug trade (i.e., through client narratives) that create this pathway to emotional arousal and feelings and sense of vulnerability for workers. This is also an area that could be further explored with a more in-depth study.

It was not the purpose of this study to try and determine what strategy would best protect workers from any impact of working with this client group. However, it can be noted that all interviewees felt that personal and professional self care was a very important part of their ability to be credible and competent and develop therapeutic and

helping relationships with clients. Several workers also felt that this was an active role and responsibility of the agency where they worked and there were mixed feelings about how well agencies were meeting this requirement for them.

Most of the interviewees suggested that self care was also their responsibility, and most expressed that they engaged in several self care strategies with various degrees of success. It should be noted that it was also suggested that any self care practice is only as good as the time and effort one puts into it. Physical activities, having a good support network, healthy boundaries and interests outside their workplace, and monitoring one's own functioning were noted as the most utilized methods of self care. This fits with a review of the trauma literature in 1998 by King et al. (cited in Collins & Long 2003) where it showed a correlation among hardiness, social support and psychological difficulties, whereby hardiness and good social support were associated with fewer professional or personal problems. Carson and Kuipers (cited in Coyle, Edwards, Haninigan, Fothergill, & Burnard, 2005) further suggest that the possession of the following factors helps minimize the effects of stress and exposure to trauma on individual counsellors: high level of self esteem, good social support networks, hardiness, good coping skills, mastery and personal control, emotional stability, and good physical health.

Several of the interviewees talked about the importance of a positive and supportive work environment and how they had previously worked in toxic environments. They also discussed how they found this to be an increased stressor for them that affected their ability to function. These findings seem to fit with the research literature (Arvey, 2001; Collins & Long, 2003; Maslach, Schaufeli, & Leiter, 2001; Trippany, Kress, &

Wilcoxon, 2004) regarding work setting, and the finding that having a positive and supportive work environment created less stress for mental health workers.

In this study peer support and supervisors were the most utilized workplace supports, along with educational opportunities and training supported by their agencies. This seems to be consistent with what is supported in the literature, in that seeking supervision, whether with peers or supervisors, was found to be an effective buffer for reducing stress as it offers the opportunity for social support, normalization, validation, connection and ventilation of feelings and reactions to clients (Collins & Long, 2001; Trippany, Kress, & Wilcoxon, 2004).

Limitations

One of the major vulnerabilities of this study is that the analysis and interpretation of the data are dependent upon the researcher's subjectivity (Giorgi & Giorgi, 2003). This makes it difficult to determine whether or not the researcher's interpretation and analysis are a valid reflection of the interviewee's lived experience. As outlined in the methods section, steps were taken to ensure the findings were valid, trustworthy and credible and the data extracts used as examples were an accurate reflection of the interviewees' lived experiences. And to further ensure credibility, the researcher had the analysis and interpretation of the data reviewed by his faculty advisor, offering further analysis, interpretation and commentary. However, the most "critical technique for establishing credibility" (Creswell, 1998 p. 203) is to have each interview subject participate as a co-researcher, and review the data and the researcher's interpretation of it. This would have further ensured the accuracy of the data, and verified what they had said. However, the researcher did not have the time to do this, and it becomes a limitation of this study.

In order to ensure methodological rigour, it is suggested that a framework for the study be developed prior to commencing interviews. As a result, it was decided that prior to the main study, several trial interviews would be conducted with several Ph.D. and Master's students from the Faculty of Social Work. This was followed by a review of the transcript of these data by my faculty advisor and involved discussing techniques and methods to ensure that the framework being used for the interviewing was valid, and that problems could be dealt with along the way. This provided me with immediate feedback as to the interview method and future framework. Only one of the pre-test subjects had experience working in a community agency providing counselling services, whereas the rest of the subjects had experience in the field of corrections or probation. As a result, it was discovered that workers with a correctional system or probation background were not receiving the same type of client disclosures and this made it difficult to obtain any rich data about their lived experiences. It also made it difficult to develop an interview framework allowing the researcher to access the feelings and experiences as lived by the research subjects. The researcher made efforts to deal with this limitation by having each research interview transcript reviewed by his faculty advisor to discuss how problems of technique and framework could be dealt with prior to the next interview. A second limitation related to the interview approach was that the researcher found that he, at times, relied too heavily on the flexibility of the method, and pursued interesting topics raised by the participants that were not always relevant. This resulted in a large amount of not very rich or relevant data within some of the interviews. Because each interview was being reviewed by the researcher's faculty advisor, this allowed us to recognize when this

was happening, and as the interviewer became more familiar with the interview framework he was able to keep himself and the interviews more focused.

A possible limitation with this type of research is that the structural description is situation specific (Creswell, 1998), meaning that the findings are only applicable to a small specific group of workers. However, the sample of interview subjects had diverse educational backgrounds, worked in different community agencies or treatment facilities and had a variation of roles. What they had in common was a similarity of their lived experiences. The researcher feels confident that the variations in work setting, education, and role actually enhance the credibility and transferability of the findings in this research.

And, finally because 2 of the subjects were previously known to the researcher, this may have influenced how they presented themselves, as it is common for subjects to present themselves in a more positive light to a colleague, and they may have known some of the biases of the interviewer (Clarke & Rodgers, 2002). This was dealt with by trying to ensure that questions were open-ended and neutral, as opposed to value laden or leading, allowing the respondents the opportunity to share their lived experiences (Smith & Osborn, 2003).

Implications for Research, Education and Practice.

There has been very little research into the experiences of frontline social workers providing services to clients involved in the illegal drug trade. The current research tends to focus more broadly on criminal justice or correctional clients as well as involuntary or mandated clients. This study begins to fill in the huge gap in the literature for social workers who work with this client group, and the findings have implications for research, education, and practice.

Research

The findings of this study point to areas that could be examined in more depth by researchers. It is clear from the responses in this study that social workers who provide services to this client group have direct and indirect experiences that contribute to their perceptions of fear, vulnerability and what was referred to as the “the potential of people” because of exposure to client narratives, the drug networks, and the lifestyle of these clients involved in this trade. These are experiences that people outside of the social work profession may never encounter. This is important because the social worker often uses self in his or her efforts to build an effective therapeutic relationship and provide quality service. This requires that workers be emotionally available and responsive to clients (Badger et al., 2008), and workers are then faced with the challenge of walking an internal tightrope between empathic connection with clients and emotional separation. Therefore, social workers need to find ways to proactively differentiate and separate enough from the client’s experience to self-protect, while continuing to engage with compassion. The latter might be an even more difficult challenge when the social worker is not feeling that he or she can trust the motives and intentions of the client, and the reasons the client is seeking services. The data provided gives future researchers a starting point for a longitudinal study exploring what happens to workers who provide services to this client group.

Education

Participants mentioned how working with this client group offered a valuable educational experience, as they were able to learn about, and gain a deeper understanding

of, this area of life, and yet remain professional and develop helping relationships with this client group, perhaps offering clients the opportunity to make changes for themselves. This is important as several of the interviewees mentioned feeling unprepared to deal with working with drug dealers, or to go into the real world and work in the addiction field and encounter clients involved in the drug trade. This researcher can also support that he did not feel adequately trained for this experience. For students interested in the addictions field, it is reasonable to expect that university social work programs will offer courses designed to ensure that students are adequately trained and prepared to enter the workforce. The use of case vignettes or simulations, standardized cases (Badger & MacNeil cited in Cunningham, 2004) or role plays that mirror situations students may encounter in the field will help them in understanding the application of theory. By drawing on real life situations and exposing students to client material within their drug trade activities, students will be better prepared for appropriate responses when they encounter clients (Cunningham, 2004).

The findings related to ethical issues (e.g., confidentiality, boundaries) in this type of work are interesting and highlight the importance of education related to ethics in social work practice. The use of case studies, role plays, and simulations, where students encounter ethical situations and are able to practice and learn how to work through them, would also better prepare social work students for working in the real world.

Worker preparation is also something that supervisors might include in an orientation session with new employees, and as new workers enter the addictions workforce it would be important to outline an appropriate professional development plan that is supported by the agency. This could ensure that new workers are becoming efficient in the core

competencies for working in the addictions field as recommended by the Canadian Centre on Substance Abuse (Graves, Csiernik, Foy, & Cesar, 2009). To the knowledge of the researcher, there are no current professional training opportunities that include working with clients involved within the illegal drug trade. It could then become the responsibility of the provincial addictions organizations (e.g., Centre for Addiction and Mental Health, Addiction Foundation of Manitoba) or professional organizations (e.g., Toronto Advanced Professional Education Services, Hincks-Dellcrest), that provide professional development training, to ensure that course/workshop content provide workers with the opportunity to gain skills in working with this client group. This research would support that workers find going to training supported by their agencies as something of great value. In these times of tight budgets and financial restraint, the research would encourage agencies to keep this as a line item in their budgets, if possible.

Practice

Tending to basic self-care, such as physically caring for one's self and maintaining a balance in life and work activities, is an important aspect of maintaining worker self-preservation. Therefore, workers need to ensure that they are taking the time to have a healthy balance and to practice self care activities in their professional and personal lives. The findings related to the work environment are interesting and highlight the value that workers place on feeling that they are supported by peers and supervisors. Therefore, the development of, and the time required to participant in, peer support groups should be a priority for workers and supervisors. The findings related to clinical supervision stress the importance workers feel in having immediate access to problem solving and feedback

from supervisors, when dealing with tough clients or issues. Finally, workplaces could also be supportive of workers within the work environment, by ensuring appropriate access to healthy activities, and paid mental health days that would benefit and promote self care for workers.

Summary

The journey for the researcher is complete and he feels confident in stating that at the essence of the experience, there seems to be a framework existing that indicates a pathway to the concept of “underworld trauma”, as frontline social workers experience shifts in their feelings of trust and safety. The research outlines how the workers experiences of being exposed to client narratives, lifestyle choices in the drug trade contribute to the development of these arousal states (Maslach, 2001). The research indicates that the accumulation of knowledge about the drug trade is filtered through worker’s perceptions and feelings about clients, and many find themselves reacting by becoming skeptical, or developing a heightened sensitivity to the “potential in people”. The research highlights the benefit of learning through experience, and how this could contribute to the development of new workers entering the workforce. Finally, continued research is necessary to further our understanding of the issues, benefits and risks that accompany working with clients involved in the illegal drug trade. Ensuring that social workers are prepared to deal with and anticipate the issues, and to manage their reactions is important, along with the preservation of their well-being in order to support the work they do and ensure longevity in the social work profession.

Appendix A

Letter to Send to Agency Directors

Date

Agency Name

Address

Dear Sir/Madame:

My name is Jeff Tilbury and I am a graduate student at the University of Manitoba. I am currently doing an M.S.W. thesis exploring the lived experiences of frontline social workers who work with clients involved in the drug trade.

The aim of the study is to explore from a phenomenological perspective the real life stories of workers, to determine the essence of the meaning of their lived experiences.

My reason for contacting your organization is that I would like to have your front line/treatment staff, participate in my research study. I would like to interview workers who meet the following criteria: (1) they have worked in a counselling/treatment agency for at least the past year providing counselling/treatment services, and (2) they have worked with at least one client during their career who has been identified or have self identified themselves as being involved with the illegal drug trade.

Participation of your staff would involve them taking part in an in person or telephone interview that takes about 60- 90 minutes to complete. This would involve them sharing their real lived experiences of working with clients with involvement in the drug trade. During the interview they will be asked to think back over specific cases that involved someone in the drug trade. This may involve their first case or a specific case that really stands out for them. To participate they must be prepared to share their story of working with that person in terms of what happened, what types of information were shared with them, how they were experiencing working with that client at that moment in time, what they were feeling, thinking and how they reacted at the time of finding out this person was involved in the drug trade.

Some participants may be requested to participate in a follow up interview process, in which they may be asked to read a transcription of their initial interview and participate in a second in person or telephone interview to clarify some of their thoughts and ideas more fully. The need for any second interview will be determined according to the need for clarification of the transcribed material by the researcher. All information shared by any of

the staff from your organization will be kept in strict confidentiality and the anonymity of your workers will be guaranteed.

The benefit to your organization for participating is that I will be able to provide feedback about the shared experiences of working with this client group, and it might determine what type of worker preparation, training and on going development or supports that need to be instituted at the organizational level.

Since I am conducting my research on participants from a number of community organizations across Northwestern Ontario it will provide your workers with insights into the shared experiences of others and assist them in developing their own resiliencies and tools as they continue to work with this client group.

There are no costs and the effort of involvement to your organization is quite minimal, being the participation with the one to one interview and possibly a second interview seeking clarification and understanding. It is important to note that all information obtained that pertains to your specific organization would be kept in strict confidence and will not be shared with other agencies, nor will it be published.

I am looking to get interviews underway by February 18, 2008. I am hopeful that you might assist me in distributing the attached request for participation among your staff. I have included a brief synopsis and request that could be distributed to your staff or posted at your organization on how staff could contact me directly should they be interested in participating in this research. If you require more information about the study, please contact me, or my faculty advisor Paul Newman, Professor Faculty of Social Work.

Sincerely

Jeff Tilbury

Appendix B

Letter of Intro for Participants

Searching for meaning within the lived experiences of frontline social workers, working with clients in the drug trade

Name

Address of Participant

Dear Participant:

My name is Jeff Tilbury and I am a graduate student at the University of Manitoba. Thank you for considering participation in my research study exploring the experiences of frontline social workers who work with clients involved in the illegal drug trade. The aim of the study is to explore from a phenomenological perspective the real lived stories of workers to determine the essence of the meaning of these lived experiences. This study is part of an effort to better understand and define the lived every day experiences of frontline social workers who work with these clients in Northwestern Ontario.

It is my understanding that you meet the following criteria to participate: (1) you have worked in a counseling/treatment agency for at least the past year providing counseling/treatment services, and (2) you have worked with at least one client during your career who has been identified or has self identified as being involved in the illegal drug trade. I would like to explore with you, your work related experiences as a front line social worker, of your work with this client group, and get a detailed description and pure accounting of that experience as it was for you.

Should you agree to take part in this research, you will be asked to participate in an in person or telephone interview, which will take about an hour to an hour and a half of your time. Before beginning the actual interview I may ask you some general questions about your job or role where you currently work as a ways to get to know a bit about you.

During the interview you will be asked to think back over a specific case that involved someone in the drug trade. This may be your first case or a specific case that really stands out for you. You must be prepared to share your story of working with that specific individual. I would like to know what they shared with you when you first found out about their involvement in the drug trade, in terms of how did you find this out from them, what types of information was shared with you and how you were experiencing working with that client at that moment in time, what you were feeling, thinking, and how you were reacting at the exact time of finding out this person was involved in the drug trade. I would also like to explore what is like for you to have this information about the drug trade, and how you were feeling and thinking after you had received it. You

may also be asked to review the transcription of your initial interview and take part in a second in person or telephone interview to clarify some of your thoughts and ideas more fully and to make sure I have correctly understood your meaning. The need for any second interview will be determined according to the need for clarification of the transcribed material by the researcher.

The knowledge gained from your participation in this research will be a stepping- stone in bridging the existing gap in the research literature in this significant aspect of practice. All participants will be asked to leave their address or email on the consent form if you wish to receive a summary of the findings of the final report, which should be available by December 2009.

Should you have any questions about this project and what is expected of you please feel free to call me or my Faculty Advisor.

Masters Student: Jeff Tilbury

Faculty Advisor: Paul Newman, Professor Faculty of Social Work

Sincerely yours

Jeff Tilbury
MSW Student

Appendix C

Consent Form

Searching for meaning within the lived experiences of frontline social workers, working with clients in the drug trade.

Masters Student: Jeff Tilbury .

Faculty Advisor: Paul Newman, Professor Faculty of Social Work

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. This study is being undertaken as a Masters thesis in the Faculty of Social Work at the University of Manitoba. Please take the time to read this carefully and to understand any accompanying information

I have received an explanation about the nature of the study and its purpose. I understand the following:

1. My participation is voluntary and I can decline to participate, or withdraw my participation at anytime, without any negative consequences.
2. That I will be interviewed regarding my real lived experiences of working with clients involved in the illegal drug trade. I will be asked to provide my own personal narrative of these real lived work experiences, and to share and reflect on my feelings and reactions to these experiences as a frontline social worker. The initial interview, which may be in person or telephone interview, may take approximately 90 minutes to complete. I may be asked to participate in a follow up interview. I may be asked to read the transcription of my initial interview and take part in a second in person or telephone interview to clarify some of my information and experiences more fully. The need for any second interview will be determined according to the need for clarification of the transcribed material by the researcher.
3. It is anticipated that participation in this research involves minimal risk. However since I will be asked to reflect and recall past experiences and situations of working with clients, there is some potential risk to re-experience negative emotions and feelings associated with these past experiences. I will be provided with the name and contact information for a therapist who I can contact after the interview.
4. All interviews will be recorded on a digital audio recorder and transcribed into written format. Upon the recorded data being transcribed the digital file will be destroyed.
5. Any transcribed information will remain confidential and held in storage in a locked cabinet at Riverside Community Counselling Services in Fort Frances.

Upon completion of the study all transcribed data will be shredded and destroyed. Any identifying information will be stored separate from transcribed data and only be accessible to the researcher. Phenomenological research does not involve the analysis of detailed case studies and any identifying characteristics may be changed to disguise participants from being identified, and no individual or agency will be identified in any report of the results or papers published. All other data will be stored as mentioned and will be accessible only to the researcher and the faculty advisor. This information will also be shredded and destroyed upon completion of the researcher project, by August 2010.

6. That all measures will be undertaken to ensure that your identify, the agency you work at, or any identifying client information will not be revealed in any publications or report.
7. Should you wish to receive a copy of the summary of findings of the final report please leave your address or email where it can be sent. Summaries will be available by August 2010.

Or email _____, at the conclusion of the project.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and/or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consequence, so you should feel free to ask for clarification or new information throughout your participation.

This research has been approved by the University of Manitoba Psychology/Sociology Ethics Review Board. If you have any concerns or complaints about this project you may contact any of the below named persons or the Human Ethics Secretariat 1-800-432-1960. A copy of this consent form has been given to you to keep for your records and reference

Participant Signature

Date

Researcher Signature

Date

Appendix D

Interview Schedule

Areas to Cover with Possible Questions.

To be Utilized within a conversational method of Interviewing

A. Setting the Stage and Rapport Building:

Before we get started with the actual interview I would like to ask some general questions in my effort to get to know about you: Can you tell me what is your experience in the social work field? Or What is your current job and your role here?

Patton suggests using a Introductory cue sentence, which I would then follow with a dichotomous response question (the use of a dichotomous questions allows me to get their cooperation and permission to continue and shows that they are acknowledging the shift in the focus of the direction of the interview) to assist in shifting the focus and allow the participant to understand the shift and direction of interviewer, so it might look something like this “ I would like to shift the focus and I am wondering if I could ask you some specific questions about your experiences of working with clients involved in the drug trade?”

Wait for a response then follow up with “ I’d like you to think about some specific experiences that you have had working with clients you discovered were involved in the drug trade, maybe your first experience or one that really stands out for you and take me through the process of how you found out this person was involved in the drug trade *(with the intent to project them into their experience)*, and what you were experiencing at the time, thoughts, feelings, reactions?”

B. Exploring personal narrative and experience:

Can you take me back to your very first experience with someone who was involved in the drug trade. How did you first become aware this person was involved in the drug trade? What was that like for you?

Probes : What were you thinking/feeling at the time?

From your work experience can you think of a specific experience of working with someone you discovered had been involved in the drug trade, one that stands out for you. What was that like for you? **Probe:** What were you thinking/feeling at the time? How did you first become aware this person was involved in the drug trade?

As you developed a relationship with this person can you recall the types of information they shared with you about the drug trade? **Probe:** Can you give me some examples?

As they shared this information can you take me back to what you were feeling or thinking at the time you were hearing about his involvement? **Probe:** What was it that

made you feel/think this way?

Can you think back to any other specific examples or experiences of working with clients involved in the illegal drug trade that stick out for you? **Probe:** What made this experience stick out?

As you reflect back through your experiences I am wondering if working with this client group has in your opinion had any affect on you as a counsellor/worker? **Probe:** what type of affect, and what caused it?

When you think back over your experiences and reflect on them are there any specific feelings, thoughts you had that stand out for you as you worked with these clients? (trying to explore the person's experiences and narrative from an accumulated perspective) **Probe:** What made you feel/think this way?

As you have worked in this field and gained more experiences in what ways have you seen yourself develop as a counsellor (in your job) as you work with this client group? What contributed to this?

C. Resilency/Coping/Self Care

How does the agency/place you work support you as a worker with your work with this client group? **Probes:** What types of supports are in place? Is there anything not available that would be of assistance? What is it about these supports that you find useful?

What do you do personally that helps you continue to work with these clients? How is that helpful?

D. Conclusion/ending

Is there anything else that stands out for you from your experiences that you would like to share about your experiences of working with clients involved in the illegal drug trade?

Do you have any questions or feel that I have overlooked anything as I interviewed you about your experiences?



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APPROVAL CERTIFICATE

11 December 2008

TO: Jeff Tilbury (Advisor P. Newman)
Principal Investigator

FROM: Bruce Tefft, Chair *Bruce Tefft*
Psychology/Sociology Research Ethics Board (PSREB)

Re: Protocol #P2008:087
"Searching for Meaning within the Lived Experiences of Frontline
Social Workers, Working with Clients in the Drug Trade"

Please be advised that your above-referenced protocol, as revised, has received human ethics approval by the **Psychology/Sociology Research Ethics Board**, which is organized and operates according to the Tri-Council Policy Statement. This approval has been issued based on your agreement with the change(s) to your original protocol required by the PSREB. It is the researcher's responsibility to comply with any copyright requirements. This approval is valid for one year only.

Any significant changes of the protocol and/or informed consent form should be reported to the Human Ethics Secretariat in advance of implementation of such changes.

Please note:

- if you have funds pending human ethics approval, the auditor requires that you submit a copy of this Approval Certificate to Kathryn Bartmanovich, Research Grants & Contract Services (fax 261-0325), including the Sponsor name, before your account can be opened.
- if you have received multi-year funding for this research, responsibility lies with you to apply for and obtain Renewal Approval at the expiry of the initial one-year approval; otherwise the account will be locked.

The Research Ethics Board requests a final report for your study (available at: http://umanitoba.ca/research/ors/ethics/ors_ethics_human_REB_forms_guidelines.html) in order to be in compliance with Tri-Council Guidelines.

Bringing Research to Life

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