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Recovery at work: The relationship between social identity and commitment among substance abuse counselors

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Abstract

The complex makeup of the substance abuse treatment workforce poses unique challenges to the field. One interesting dynamic is the high rate of counselors who are personally recovering from addictions. Based on social identity theory, it was expected that counselors working in the field of substance abuse treatment who are in recovery themselves will identify more with their profession and report higher professional and organizational commitment. Data from a study of substance abuse counselors from across the United States support the proposed relationship between personal recovery status and professional commitment but not organizational commitment.

Keywords: Substance abuse treatment; Recovery; Social identity theory; Work attitudes; Professional commitment; Organizational commitment

1. Introduction

The substance abuse treatment field faces many human resource management challenges due to the fact that clinicians have high caseloads and low pay and often face both resistance to treatment and relapse among their clients. Perhaps because of these factors, the turnover rate among clinicians is high, estimated anywhere from 16% (McNulty, Oser, Johnson, Knudsen, & Roman, 2007) up to over 50% annually (McLellan, Carise, & Kleber, 2003). The substance abuse treatment workforce is also unique because many clinicians are in recovery from substance abuse themselves. Previous studies have found the percentage of counselors in recovery ranging from 37% (McNulty et al., 2007) to 57% (Knudsen, Ducharme, & Roman, 2006).

The substance abuse treatment field provides a unique opportunity for personal and professional identities to align that does not exist in many other fields. This study proposes that recovery status, or whether or not someone is personally in recovery, represents an important anchor for an individual's self-identity such that those who are in recovery will identify more with their profession, attach greater meaning to their day-to-day work tasks, and as a consequence experience a greater sense of meaning at work than those who are not in recovery. This identification is expected to foster commitment to both the profession and the employing organization. Examining both professional and organizational commitment is important because they are distinct constructs (Meyer, Allen, & Smith, 1993; Wallace, 1993). Specifically, research finds that professional commitment is strongly related to intent to remain in a profession, whereas organizational commitment is strongly related to remaining in one's organization (Blau, 2000; Lee, Carswell, & Allen, 2000; Meyer et al., 1993). Moreover, although professional commitment is also related to intentions to remain in the organization and organizational commitment is related to intentions to stay in the profession, the effect sizes are weaker than those where the form of commitment is

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matched with the target outcome. This makes intuitive sense; an individual may be highly committed to the profession but express intentions to leave the organization due to a variety of working conditions (e.g., poor supervision, low pay). Likewise, an individual may express low professional commitment but remain at the organization because of strong relationships with coworkers, lack of available alternatives, or out of financial need.

1.1. Social identity

The idea that identity and self-concept are a result of social factors is the foundation of both social identity theory (SIT) and identity theory (IT). The premise of these theories is that the self is multifaceted and created by the interaction of the individual with society (Hogg, Terry, & White, 1995; Stets & Burke, 2000). People are not independent of the world around them but are instead shaped by the experiences and relationships they have. Identity formation, then, is based on a reflexive process of comparing one's self to others based on social categories or classifications.

According to SIT, people classify themselves through the social groups with which they align (Hogg et al., 1995; Stets & Burke, 2000; Tajfel, 1974). Similarly, IT claims that it is the roles that people fill that provide identity rather than the groups to which they belong (Hogg et al., 1995; Stets & Burke, 2000). Individuals hold many roles and belong to many groups, often simultaneously. Each of these social factors can provide meaning, identity, and expectations for the individual. Once an identity is established, it can influence attitudes and behavior (Doosje, Ellemers, & Spears, 1999).

1.2. Recovery and identity

Recovery status is an important individual difference because of the unique social identities connected to addiction and recovery. The addicted identity is highly salient and often conflicts with other important identities one holds, such as father, employee, or community member (Denzin, 1987). Therefore, identity reformation is an essential component to recovering from an addiction (Cain, 1991; Kellogg, 1993; Koski-Jannnes, 2002). For the alcoholic,[1] recovery often involves two distinct identity transformations (Cain, 1991). The first transformation is from "nonalcoholic drinker" to admitting that you are an "alcoholic," and the second is to that of a "recovering alcoholic." According to Cain, "the change that men and women of A. A. undergo is more than one of behavior—from drinking to not drinking. It is a transformation of identity, of how one understands oneself" (1991, p. 244). By changing an individual's identity rather than just their behavior, there is greater chance of sustained recovery.

The recovery identity is further shaped and solidified through group membership and interpersonal interactions. For many individuals seeking recovery, a major source of this new self comes from the social forces at work within a twelve-steps community. During the recovery process, the individual aligns himself or herself more and more with AA. As the individual becomes more committed to the group, a social identity is created, and the attitudes, beliefs, behaviors, and norms of the individual start to align with those of the group (Alcoholics Anonymous, 1953). In addition, successful recovery also requires the renegotiation of social relationships based on this new identity (Koski-Jannnes, 2002). For recovering individuals who work in the substance abuse treatment field, situational cues in the work environment will also likely trigger this recovery identity. Interacting with substance abuse clients on a daily basis and walking with others through a process that is potentially very similar to their own experience will constantly remind them of their personal recovery.

1.3. Recovery and commitment

Because of the salience of the recovery identity and the high rate of substance abuse clinicians who are in recovery, differences based on clinician recovery status are of particular interest. Surprisingly, few empirical studies have examined differences between clinicians who are in recovery and those who are not. Culbreth's (2000) review of the literature shows that most of these studies focused on criteria such as treatment effectiveness, treatment methods, attitudes about addiction, clinical decision making, and personality. There are also a few studies examining differences in pay (Olmstead, Johnson, Roman, & Sindelar, 2007), supervision preferences (Culbreth, 1999) and attitudes about ethical issues (e.g., Hecksher, 2007; Hollander, Bauer, Herlihy, & McCollum, 2006) as a function of recovery status. Interestingly, when recovery status has been studied in relation to work attitudes, it has been used as a control variable rather than a key predictor (Ducharme, Knudsen, & Roman, 2008). The aim of this study is to fill this gap in the literature by testing for the direct effects of recovery status on work attitudes. Two of the most commonly studied work attitudes will be considered: organizational commitment and professional commitment. Although similar in many ways, these two forms of commitment are distinct; they have been shown to have different relationships with other constructs (Cooper-Hakim & Viswesvaran, 2005; Meyer et al., 1993).

1.3.1. Professional commitment

The potential for overlap between personal, organizational, and professional values and goals in the substance abuse treatment field is greater than in most, increasing

[1] Much of the empirical research on recovery is based on alcoholism and Alcoholics Anonymous (AA). We recognize that not all people in recovery are recovering from an alcohol addiction or are members of AA.. However, alcohol is the most common of all chemical dependencies, and the twelve-steps treatment program is reported as being foundational in 90%–95% of substance abuse treatment programs (Bristow-Braitman, 1995; Laudet, 2003).