

From Social Workers to Socio-therapists: The Transformative Journey of Substance Abuse Therapists

Abstract

The efficiency of interventions in addiction is associated with processes of practitioners' professional development. Identity formation is studied extensively for clinical professions but little research focuses on social workers working in addiction settings. This study examined the experience of social workers working in a community treatment network in Greece. Fifteen interviews were conducted with 11 women and 4 men, ranging between 29 – 47 years of age, who worked in different centers within the network. Data were analyzed following the guidelines of Interpretative Phenomenological Analysis, offering in-depth examinations of people's lived experience. The results delineate a series of transformations in professional identity comprising a process of biographization. The participants highlighted intrapersonal and relational factors that influence this process which leads to self-understanding and engagement with the therapeutic community. The results contribute to deciphering the factors that influence social workers' experience in their professional identity formation in substance abuse treatment contexts.

Keywords: social workers, sociotherapists, addiction treatment, interpretative phenomenological analysis

Introduction

Identity development in the helping professions includes personal and interpersonal growth. Mental health professionals' identity development begins in training programs and entails developing competencies related to theoretical orientation, personal, cultural and job affiliated ethos and intervention techniques (Moss, Gibson, & Dollarhide, 2014; Ben-Shlomo, Levy, & Itzhaky, 2012; Levy, Ben-Shlomo, & Itzhaky, 2014). Emerging professional identity has been studied extensively in the counseling and clinical psychology professions but has not been well documented for social workers working in addiction settings. This dearth in research may be associated with the lack of a commonly espoused definition of 'professionalism' or professional identity in relation to addiction counseling (Simons, Hass, Massella, Young, & Toth, 2017). Constant change has been documented in the literature regarding these terms which have been used to encompass attributes that are considered important in mental health care practice (Simons et al., 2017). Change is associated to training and to the roles social workers are employed to fulfill since there is great variation in therapeutic programming in different settings regarding intervention theories, procedures, and policies (Simons, et al., 2017). Mackay and Zufferey (2015) have surmised that this diversity and heterogeneity in what constitutes social work training, the models for practice, and values and codes of conduct of professionals has constituted social work identity a "contested concept" (p. 645). Once professionals are integrated in work settings, molding processes begin including tensions between personal and system values and mores, structural influences emanating from policies and procedures and workplace training and on the job learning which may differ from their formal education (Wiles, 2017). Moreover, social workers are employed in a variety of welfare settings, including substance

abuse treatment, even when they have not acquired specialized training (Hall, Amodeo, Shaffer,& Bilt, 2000; Smith, Whitaker,& Weismiller, 2006). The present study aims to address and gain a better understanding on the professional development processes of social workers in substance abuse treatment services.

According to Beddoe (2011), social work crisscrosses several interacting and complex domains of functioning including the social, cultural, economic, personal, and the interpersonal (including coping at the individual and family levels, social interactions, and interdisciplinary collaboration in care). Clinical social workers apply a more holistic approach to care which takes into account diverse aspects of psychosocial functioning including economic, cultural, psychological, social, and environmental factors (Beddoe, 2011). This broad definition of functioning has been incorporated into the models of care that social workers apply. One form of therapy that has been practiced in service units around the world is dubbed ‘sociotherapy’ (Bosch, 1967; Schmid, 2015; Probst, 2016). Sociotherapy aims to foster social adjustment and relatedness within both the therapeutic and the wider community (Schmid, 2015). Probst (2016) states that the principles of sociotherapy include a “cooperative, collaborative, co – created and co – experienced” relationship between therapist and client (p. 268). This type of collaboration and co-production is a challenging endeavor in that it encompasses working concomitantly at the individual, interpersonal, and environmental levels of functioning (Probst, 2016; Schmid, 2015).

The field of addiction presents unique challenges in that professionals encounter imposing and demanding situations (Nabitz, Jansen, van der Voet,& van den Brink, 2009) where a great deal of personal change and accommodation becomes a requisite. Addiction services generally include individual, group, family interventions and engagement in a therapeutic community. As of late, there has been a shift from a peer

support paradigm to recovery toward an evidence-based recovery management approach and changes in policy regarding training and licensure competencies (Simons et al., 2017; Wiles, 2017). It is well detailed in the literature that the field of substance abuse treatment poses many demands on practitioners, and frustrations, disappointments and “emotional cancellations” (Michalakoukos, Kostagiolas, Alexias, & Niakas, 2011, p. 249) are part of the professionals’ everyday work lives. This occurs when service users resist treatment or relapse (Curtis & Eby, 2010; Tsounis & Sarafis, 2015) or when they present a confluence of physical, mental, social and legal issues resulting from addiction (Michalakoukos et al., 2011). These factors, along with job insecurities, contribute to a decline in the well-being for substance abuse workers (Nabitz, Jansen, van der Voet, & van den Brink, 2009).

Professional development obstacles are also well documented in the literature. Studies of substance abuse treatment staff turnover and retention have focused on emotional, organizational and policy factors as well as the physical facet of work stress (Eby & Rothrauff – Laschober, 2012; Knudsen, Ducharme, & Roman, 2006; Pouloupoulos & Wolff, 2010). The perceived organizational functioning, the psychological climate and the therapists’ work attitudes are important predicting factors of staff retention (Garner & Hunter, 2013; Garner, Hunter, Godley, & Godley, 2012). Leadership and management policies in drug-free rehabilitation programs correlate significantly to the counselors’ job satisfaction and burnout prevention (Broome, Knight, Edwards, & Flynn, 2009). Strict hierarchical and centralized decision-making policies in therapeutic communities and the employees’ perceived fairness (e.g. in how the workload is distributed and reimbursement) are strongly correlated to therapists’ emotional exhaustion (Broome et al., 2009; Eby & Rothrauff – Laschober, 2012; Knudsen et al., 2006; Tsounis & Sarafis, 2015). Lack of resources

and workplace demands have also been correlated with staff turnover (Knight, Landrum, Becan & Flynn, 2012). Participating actively in the decision-making process and the freedom to schedule one's daily workload appear in the literature as critical factors in the prevention of burnout and staff turnover (Eby & Rothrauff-Laschober, 2012; Pouloupoulos & Wolff, 2010). Systematic appraisals, feedback, and training also prevent turnover for therapists (Eby & Rothrauff-Laschober, 2012). Active support may also prevent emotional exhaustion, acceptance and confirmation provided in clinical supervision (Knudsen, Ducharme, & Roman, 2007a, 2007b; Knudsen, Roman, & Abraham, 2013; Laschober, Eby, & Kinkade, 2013). The commitment workers demonstrate towards the organization they work for serves as a significant protective factor of emotional exhaustion (Knudsen, Roman, & Abraham, 2013).

Three studies have investigated job satisfaction and burnout for substance abuse treatment practitioners in Greece (Michalakoukos et al., 2011; Pouloupoulos & Wolff, 2010; Tsounis, Niaka, & Sarafis, 2017). The researchers conceptualized job satisfaction as positive perception and response to work and work-related tasks and performance, attributing both cognitive as well as behavioral connotations to the concept (Michalakoukos et al., 2011; Tsounis et al., 2017). Levels of job satisfaction are presented lower in the most recent study (Tsounis et al., 2017), attributing to the current financial crisis that characterizes Greece. Low job satisfaction is also a characteristic of full-time staff compared to part-time employees (Michalakoukos et al., 2011). The major factors associated to job satisfaction are social capital (social networking that enhances reciprocity and support), positive relationships at work and support provided, professional and personal development, as well as involvement in social and community activities (Michalakoukos et al., 2011; Tsounis et al., 2017).

Burnout has been conceptualized by substance abuse workers in Greece as a long-term process associated with work, personal and social life, and physical condition (Poulopoulos & Wolff, 2010). Moreover, the meaning the professionals attribute to their work and their sense of achievement is highly correlated to work stress (Poulopoulos & Wolff, 2010).

The effectiveness of services offered in substance abuse treatment organizations depends heavily on the prevention of emotional exhaustion, job satisfaction and low turnover rates of the counselors and therapists working there (Broome et al., 2009; Knight, Landrum, Becan, & Flynn 2012; Michalakoukos et al., 2011; Tsounis & Sarafis, 2015). Little research focuses on social workers' professional development in therapeutic communities. Additionally, most of the existing literature is based on quantitative measures of job satisfaction, turnover rates and emotional exhaustion (Broome et al., 2009; Knudsen et al., 2006; 2007b; 2008; Michalakoukos et al., 2011; Tsounis et al., 2017). In order to prevent such difficulties the study of professional development processes and procedures is essential. This need for further and broader research focusing on substance abuse professionals' work lives is highlighted in the literature (Gallon, Gabriel & Knudsen, 2003; Knudsen et al., 2007b; Poulopoulos & Wolff, 2010). The present qualitative study focuses on how social workers make sense of their professional lives, trajectories, roles, and professional development processes within this treatment setting. It aims to outline the social workers who have taken on the role of sociotherapists in drug addiction and recovery centers in Greece, meaning making processes regarding their professional development and the essence of their shared experience.

Methods

Context

The Greek substance abuse treatment system comprises of three large frameworks: substitute drug provision treatment (methadone maintenance and buprenorphine), detoxification programs (mainly in public hospitals) and drug-free treatment services (Poulopoulos, 2012). Participants were recruited at the largest drug-free psychotherapeutic setting for addictions- KETHEA (Therapy Center for Dependent Individuals). KETHEA services are situated across all major regions of Greece (26 cities) and include residential therapeutic communities, family support services, individual and group counseling services, adolescent services, and alcohol and gambling addiction services. KETHEA receives funding from various governmental, European and private sources. KETHEA services are founded on the philosophy of therapeutic community where drug addiction is viewed as a symptom for social problems and therapy follows a psychosocial perspective.

Ethics

The project received approval from both the KETHEA Research Department as well as the review board of the Technological and Educational Institute of Crete. Confidentiality and anonymity were ensured for all participants and they were provided with a written informed consent before the interviews. Personal demographics and other characteristics which might reveal their identity were changed.

Participants and Collection of Data

Data were collected during the academic year 2013 – 2014. One hundred sixty-seven sociotherapists with diverse expertise (psychologists, counselors etc.) are

employed at the KETHEA centers of the five major regions of Greece (Crete, Athens, Thessaloniki, Peloponnesus, and Epirus). The social workers were informed about the project by their supervisors and scientific directors in groups and via e-mail. Those who were interested in participating contacted *Author 3* for further information via phone or email. Eventually, 15 social workers agreed to participate, 11 women (73%) and 4 men (27%). Participants' age ranged from 29 – 47 (mean/ SD: 38/ 6.39) and their years of experience in the setting ranged from 4 to 16 years (mean/SD: 10/ 4.04). Working in the KETHEA network was the first job for 9 of the participants (60%). Homogeneity in the sample was established (Smith, Flowers, & Larkin, 2009) since all participants held Social Work degrees and shared the experience of working under the same policies and circumstances of this setting. Participants did not receive any incentive.

Individual appointments were arranged and one-to-one interviews were conducted at the work premises of each participant. The interview questions appear in Table 2. The questions were broad, open-ended and transparent so that they encouraged description and in-depth narration of the participants' sense-making concerning their work with the least possible intrusion from the researcher (Smith et al., 2009). Interviews lasted from 30 to 90 minutes, were audio recorded and transcribed verbatim. Two of the authors listened to the interviews and back checked with the transcriptions in order to ensure accuracy.

Table 3: Interview Questions

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| <ol style="list-style-type: none">1. Could you describe your experience working so far in KETHEA in your own words?2. What do you do here in this service? |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

3. How do you feel working in this service?
4. What do you think about working in the service?
5. What does it mean for you to work in KETHEA? Prompts: feelings, thoughts, behaviors
6. How would you describe your relationships with the service users?
7. How would you describe your relationship with your colleagues?
8. How has your work in KETHEA affected your professional development?
Prompts: thoughts, behaviors, feelings, sources of support/ difficulties
9. How has your work in KETHEA affected you as a person? Prompts: feelings, thoughts, behaviors

Researchers

The first author was an adjunct lecturer at the Social Work Department of Technological and Education Institute of Crete at the time of the collection of data. She supervised the project and conducted the analysis. The third author was the student who mainly collected the data for her degree thesis under the supervision of the first author. The second and the fourth authors joined the project at a later stage as part of the qualitative research team offering their expertise in the analysis of the data and presentation of the results, ensuring quality, integrity, and fidelity of the qualitative research processes (Levitt, Motulsky, Wertz, Morrow, & Ponterotto, 2017).

Analysis

Data were analyzed consistently and thoroughly, following the guidelines of Interpretative Phenomenological Analysis as outlined in Smith et al. (2009). Eight stages of IPA analysis were implemented from line-by-line analysis and coding of the text to identification of patterns, delineation of meaning participants attributed to the experience, describing the relationship between themes, organizing the material and discussing it in the team of researchers and finally developing the narrative which encompasses the emergent themes. Reflexivity has also been a significant part of each stage of analysis. The first author read the transcripts several times, and made notes before undertaking the analysis. This was followed by analysis using descriptive, discursive and conceptual themes to represent the participants' perspectives, moving back and forth between stages of analysis. The analyses followed the case-by-case path as indicated in the methodology, treating each case individually. A research journal was kept throughout the process of the analysis where the researchers described their biases, expectations, thoughts and emotions as they were coding the transcripts. To remain faithful to the phenomenological and interpretative underpinnings of the research project, coding of each interview moved towards a more abstract and analytic level to superordinate themes based on comparisons, differences, and similarities between data and themes (Smith et al., 2009). A long list of themes and superordinate themes, written in a detailed, explicit manner, was recorded for each case. The relationships and correlations between them were then recorded separately, creating images and diagrams to delineate how data from each case relate to each other. Thus, experiential themes (Kirkham, Smith & Havsteen-Franklin, 2015) emerged, grounded in the participants' accounts. The analysis was discussed with the research team after each stage, describing reflections, codes and themes based on each researcher's understanding of the participants' narratives.

Discrepancies were integrated in the analysis, all suggested themes were recorded and the team frequently went “back and forth”, revisiting the transcripts and checking for accuracy.

Results

The participants described a dynamic experience of growing and developing through reflective self-evaluation which leads and continues to enhance the construction of their professional identity. The superordinate themes and subthemes are presented in Table 3. The participants discussed their professional lives and outlined a process that has been dubbed biographization (Delory-Momberger, 2015) and described the transformations in their personal and professional selves as a *metamorphosis*. Movement and *fluidity* characterize the stages of development in tandem with the organization’s fluctuating and shifting role assignment policies. The sociotherapists¹’ role and obligations trigger the process of metamorphosis and transformation where the self becomes the *agent of change* and the medium through which interventions are implemented and care is provided. The socioeconomic crisis in Greece has provoked *challenges and discontinuities* in these processes of change and the participants’ professional transformation. The participants strive to deal with the challenges they have been confronting in a practical way but also via fantasizing about leaving their jobs.

Table 3: Superordinate and subthemes

¹Participants of this study will be referred to as ‘sociotherapists’ defining their professional role from now on in the text for consistency reasons.

Superordinate Themes	Subthemes	Quotes
Biographization	Self – Narrative as a means of adjustment	<p>John²: “You have to represent in your personal life what the setting stands for [...] for example, in the community any substance use is prohibited, drugs or alcohol ... in your personal life you cannot drink alcohol and go to work the next day smelling like alcohol and then talk to them about rehabilitation [...] you cannot go out late and come to work the next day with dark circles under your eyes [...] you must stand for what you say, your appearance, attitude, behavior.”</p> <p>Jack: “I deal with other people’s change, and surely I</p>
	Assimilation	
	Identity formation	

²Pseudonyms are used to refer to each participant in the quotes.

		<p>would have to see my own things, I would have to change something as well [...] And I think this for me it was difficult to understand the job, the kind of work that is taking place here and.. to ally, agree with. That this is... that I do it and that I have to make it my own. I need to own it so that I can be effective.”</p>
<p>Metamorphosis</p>	<p>Transformations</p>	<p>Sophie: “it [my work experience] has been evolving. I mean in the beginning I started out being naive. I did not know much. I did not know what it meant to be a social worker in a rehabilitation center.... Now I can tell you that it has been an invaluable experience, I learned many things, I learned how to be a better professional.”</p>
	<p>Stages of becoming a sociotherapist</p>	
	<p>Ways of relating in new identity</p>	

		<p>Fay: “If I think about it, I was a very young girl, I had just finished school, and I thought I could save the world, because I had a social work degree; it was hard in the beginning, I couldn't differentiate some situations. I turned it all to the personal level, I was very sentimental, now [...] my professionalism with which I am working is on a different level.”</p>
<p>Fluidity & Movement</p>	<p>Mandatory transfers in the Center</p>	<p>Kate: “My future is uncertain; working here I mean. In KETHEA.... during frequent intervals you change units, which means that I will not be here for eleven years. I started working at the Counseling Center, then I worked in the community, then I worked with families, then I worked here [...] I imagine in the next rotation, I will be transferred</p>
	<p>Hierarchy in the professional roles</p>	
	<p>Re – definition of the Self in the Center</p>	

		<p>and thus I was in a different position when I began and in a different position now."</p> <p>Betty: "If you talk to more colleagues in other units you will surmise that KETHEA has a policy for the personnel to change units, because staying for an extended period of time in one unit, for example the prison, you cannot help it, at some point you will burnout from 'too much prison'!."</p>
<p>Self as Agent of Change</p>	<p>Interdependent process of development</p> <hr/> <p>Care of the professional and personal self</p> <hr/> <p>Reconciling and accommodating personal and professional guiding</p>	<p>George: "I use my weapon, my willingness to communicate with people [...] the relationship you develop with the kids (service users) help you feel content [...] they are now people in your life</p>

	beliefs, values and ideals	<p>whom you have to deal with, relate to, and see how you will fit them in your life.”</p> <p>Chloe: “I want to bring parts of myself at work therefore sometimes the boundaries between what I do for me and what I do for my job are very clear now that I accept that. For example, I like martial arts [...] I use some trust exercises (at the work place).”</p>
Discontinuities & Challenges	Socio – economic crisis and residues	<p>Jack: “Yes, there have been many times when I reached my limits, there have been a lot of frustrations [...] of course in my age I cannot choose something else now, even if I wanted I mean and I don’t want to. I see myself completing my professional career in this setting.”</p> <p>Kate: “But anyway I believe</p>
	Professional stagnation	
	Fantasies of leaving	

		<p>that apart from survival reasons, I believe I am here by a conscious choice. I guess social circumstances will always play a significant role and make it even more difficult for someone to do something else. But I want to believe that, in general terms, I am doing this job because I feel like it.”</p>
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Biographization

Participants are encouraged to construct their professional identity through processes of “biographization” (Delory–Momberger, 2015, p. 33), delineating their individual and unique representation of their professional paths in the specific context. In the course of their professional development, all participants of this study adjusted their self-narratives to the setting’s unique philosophical and epistemological orientation and structure. Reflecting and coordinating personal meanings and values with the organizational culture of KETHEA they learned to coordinate their actions with those accepted and espoused by the wider system. They described a process of assimilation to the organizational culture and its policies. Jane described her expectations based on her social work training and how these changed as her professional identity shifted: “...so I expected to apply things relevant to my studies but this changed along the way and I used more therapeutic techniques which I

became interested in.”. Six participants began working at the setting later in their careers and found that they had to let go of preconceived beliefs and ideas regarding drug abuse and interventions. Mary struggled with this transition and described the challenges she faced as she developed her practice in the context: *“I came here, and I had a beautified state in my mind, but [...] reality was different. The issue I faced, and it was a big one, was that I could not understand the context initially; organizations outside do not work in the same way.”*

All participants critically reflected on their work lives, described the learning they acquired and specified how they constructed their identities anew through this process of biographization. Even though they had little or no impact on the setting’s policies and procedures, they were empowered by creating a professional self-narrative. The cultural ethos of KETHEA is incorporated into the sociotherapists’ everyday lives. Mary expressed how she dealt with the difficulties she initially confronted within the context: *“It is an exceptional context which you need to understand, not only understand but make it a way of life.”* Jack also highlighted how protocols must be internalized: *“you need to understand, to agree with it. For me it was difficult to understand the job [...] to ally, to agree [...] to make it my own. I need to own it so that I can be effective.”* The organization’s procedures become structural elements of the sociotherapists’ biographies.

Metamorphosis

The biographization process led to many transformations for the participants. All of them described their unique developmental stages which ranged from idealization, romanticizing and fear to demystification, aligning, and acquiring a sense of safety in their work. George described his anxiety as a novice worker in the context: *“[in the*

beginning] I was afraid to talk, I did not have much trust in myself, and I believed something which would not be right-I would drive them [service users] to drinking... With time and help, I moved away from that." Fay reflected on the course of significant intrapersonal changes while working in this context: *"If I think about it, I was a very young girl, I had just finished school, and I thought I could save the world, because I had a social work degree; it was hard in the beginning, I couldn't differentiate some situations. I turned it all to the personal level, I was very sentimental, now [...] my professionalism with which I am working is on a different level."*

In this framework, social workers transformed into sociotherapists. As Ida described: *"Finally I am doing here what I did not learn at school, I mean, my title might be social worker because this is my first, basic degree, but I think I am doing nothing of what I was taught at school [...]because the post here is therapeutic; I mean, you know what we are called? Sociotherapists."* All of the participants with the exception of two highlighted how their professional identities were integrated into the professional "sociotherapist" title. In describing the therapeutic work they apply based on the training they receive within the KETHEA system, the sociotherapists felt united with other professionals in the setting by acquiring this specific role as Kate described: *"No one works based on his or her professional identity [...] so I am not, as a social worker, doing a specific job and the psychologist another, we are all occupied with the therapeutic task."* The language is common ("feedback," "kids," (used to refer to the service users) "community," "efficiency" etc.) and the relationships they forge with service users, colleagues and supervisors or directors are part of the on-going reciprocal processes of forming this identity. George described his process of transformation portraying how he took on significant responsibilities

and critically reflected on how setting boundaries can be creative and a mutually growth-enhancing process. Through his relationship with the population he was serving: *"the kids that are here make you feel less afraid of responsibility [...] they teach you stuff every day, every time one of them does something or crosses the boundary or loses control, it's like they say 'you left me' [...] it has taught me to take on my responsibility more efficiently; even though it is weighty it feels creative afterwards."* It appears that the sociotherapists take on responsibilities that are cumbersome for them, setting limits to service users, "the kids".

Fluidity and Movement

Sociotherapists' process of transformation is also connected to the policies that are in place in the KETHEA framework entailing mandatory transfers within the organization as a burnout prevention technique as well as a way of enriching their experience and competencies. Eve explains how internal reassignments operate: *"There is huge diversity; I mean when you are tired, in three or three and a half years, you can change units and go in another team in a different post... which means that if you work now with the addicted people individually then [after the transfer] you work with families."* Movement occurs in vertical and horizontal orientations as sociotherapists change work placements. Vertical progress refers to a move within the hierarchy of system; sociotherapists may move up the organizational ladder to roles of scientific directors and supervisors, essentially being promoted and taking on more responsibilities. The horizontal movement takes place when a sociotherapist is transferred from one unit of KETHEA to another.

Sociotherapists conceptualize these transfers as growth enhancing and a chance to re-define themselves as professionals, as Jim describes: *"I would like something more, to undertake bigger responsibility, in a sense, to become chief of a unit."* However, Mary was the only participant who expressed her preference and choice to stay in one service– context and seemed to imply that such transfers demand compliance with policies. *"Many times transfers take place covering the setting needs. I mean I enjoy working in a specific unit and I did not have any training on another unit. When I heard I had to transfer to the second unit, I was disconcerted with what I was going to do. Then I lost time. If I had the final responsibility for the decision, I would say 'you can stay in the first unit since you have the capabilities and the personality to work here.'"* Mandatory transfers cultivate uncertainty in that the sociotherapists feel they do not have an impact on decision-making processes. Kate described her process of growth in the organization as an *"uncertain future"* since *"I imagine in the next rotation I will be transferred and ... I was in a different position when I began and in a different position now."*

The Self as Agent of Change

In the process of metamorphosis, all sociotherapists become resources and facilitators of intervention and change. This type of change adheres to the therapeutic ideology of the context which influences the way the sociotherapists define themselves, in an interdependent process of development. Values and attitudes towards life, family, and work are integrated and framed so that they fit the setting's principles and standards that must be adhered to. Highlighting the impact the organization has had on him, Jim recounts how he has used reflective self-evaluation to become a 'better' father and husband: *"Of course the work I am doing has an impact primarily on my personal life in a significant way, it affects greatly my*

personal and family life [...] I am constantly in a reflective process regarding my behavior, and this helps me become a better man." That is why the care of the self is important for all participants of the study as Marina described: *"I am doing my own therapy [...] changed my position, and everything I am doing in my personal life, painting, going to the gym [...] this is very important, because here the most significant tool is yourself so you have to take care of yourself out of the setting as well."*

The sociotherapists' accommodate to their work context and appear to blur the boundaries between the personal and the professional, which appear to intersect and reconcile. The service users follow restrictions and rules and the same ones apply for the sociotherapists' lives, as John specified: *"You have to represent in your personal life what the setting stands for [...] for example, in the community any substance use is prohibited, drugs or alcohol ... in your personal life you cannot drink alcohol and go to work the next day smelling like alcohol and then talk to them about rehabilitation."* Eleven participants described this process of accommodating the personal to the professional ideals and beliefs as a rapprochement experience which helped them feel safe within the setting. Chloe discussed the trust she developed in the organization and the investment on her growth within it: *"I want to bring parts of myself at work therefore sometimes the boundaries between what I do for me and what I do for my job are very clear now that I accept that."* Betty concluded the subjective nature of her work by saying that *"substance abuse treatment is something that cannot be taught; it is clearly experiential"*, highlighting the rapprochement process of the personal and professional selves.

Challenges and Discontinuities

The socioeconomic situation in Greece has disrupted the process of metamorphosis. Reductions in funding attributed to cuts in training and external supervision opportunities for the sociotherapists. Such professional development benefits represented the care they received. Lack of training and supervision have led to feelings of professional stagnation. Kate described the significance of training and how it is compromised given the lack of funding: *"There are some benefits here [...] like the funding for training, now that we have the crisis training provisions are doubted."* Betty augmented this line of argument and discussed the external supervision component: *"For me, the most important thing the organization had to offer was external supervision [...] now because of the funding cuts it does not exist, I mean it is not funded".*

When responsibilities become burdensome, further complications arise, leaving sociotherapists trying to re-adjust and even re-define their personal and professional selves. They feel they must deal with setbacks efficiently, regulating emotions such as worry, disappointment, and frustration. Marina described vividly the challenges she faces: *"There are times when I feel exhausted. Some things are beyond me. Like violence and death. Going to funerals, I cannot stand that; or having the responsibility if someone dies here."* Flora concluded that *"It is a tiring profession, you have to be careful of so many things because you deal with a person and you have a lot to give."* Such challenges make the care provided by the setting complicated and place the sociotherapists in precarious positioning, engendering thoughts of giving up and fantasies of leaving the organization. Marina described this clearly: *"I have imagined myself working with happy people, I have imagined that if I worked in another organization, I would be happy."* Fay also discussed her fantasies of leaving: *"There have been periods of exhaustion, periods when I wanted to quit, that I could*

not tolerate it, I was under pressure." However, given the bond they experience with the setting as an integral part of their biography, they tap into these emotional connections, as Mary stated: *"When I think of leaving I remind myself of a feeling, that I have done whatever I could, I am present within; I am present in what is happening, and this is my choice."*

Discussion

The participants of this study described a dynamic experience of growing and developing through reflective practice, constructing their professional identity and personal development, in a dynamic process of biographization. They delineated their professional development journey and their transformation to sociotherapists. In this process the organization's values become internalized elements of their identity formation. The boundaries between the professional and the personal are often blurred. They contemplate the changes they have endured due to the current financial crisis and fantasize about quitting but at the same time they feel that their lives are an integral component of the organization. The professional and personal self-narratives are interconnected with the organization and the images of leaving conjure up discontinuity and disruption in their identity development.

Sociotherapy aims to foster social adjustment and relatedness within both the therapeutic and the wider community at large (Schmid, 2015). Probst (2016) states that the principles of sociotherapy include that a sociotherapist does not do something to the client, but works with the client through mutual encounter and recognition of shared humanity. This type of collaboration and coproduction presents unique challenges which are highlighted in the experiences of social workers in Greece's

largest recovery from drug abuse service, as the study presents. The context requires the integration and accommodation of private life to the therapeutic interventions. Hence, from being social workers, the professionals take on the role, responsibilities and the demands that the role of sociotherapists requires. This role requires a metamorphosis from the clearly defined identity of social worker to responsibility allocations emanating from the organization.

In Greece, the socioeconomic situation has caused significant changes in the provision of addiction recovery services which are inundated with referrals even though they are understaffed (Pomini, Mellos, Paparrigopoulos, & Liappas, 2014). The rehabilitation centers' resources have been shrinking instead of expanding even though the demand for services has increased (Poulopoulos, 2012). The literature depicts how the emotionally-demanding work of substance abuse therapists is exacerbated by financial restraints and other organizational limitations (Knudsen et al., 2006). Reductions in salary, training, and supervision downgrade job satisfaction and retention of qualified and experienced personnel (Gallon et al., 2003). The participants of this study focused on the impact of the lack of external supervision and training on their sense of identity development. The disruptions in funding and the subsequent reductions of benefits have resulted in a type of "emotional cancelation" (Michalakoukos et al., 2011, p. 249) where the sociotherapists in this study renegotiate their social worker identity as they have carved it out in the years of working for the organization (Mackay & Zufferey, 2015).

Management practices in therapeutic communities play a significant role in therapists' job satisfaction and their intention to leave the workplace (Knudsen et al., 2006). Organizational openness to change and employees' involvement in decision-making has also been correlated to staff retention (Knight et al., 2012; Michalakoukos

et al., 2011). Autonomy as well as aspiration are main factors of occupational well-being (van Horn, Taris, Schaufeli & Schreurs, 2004) and the sociotherapists of this study highlighted those in their narratives. They acknowledged the lack of impact on the organizations' administrative policies, especially regarding the issue of mandatory transfers. They made an effort to conceptualize this development and ambivalence which was clearly expressed in their meaning-making processes. Ambivalence has also been reported in the literature that describes how professionals perceive support and work benefits (Tsounis et al., 2017).

Relationships appear significant for the sociotherapists in their process of transformation. These include both collegial relationships, therapeutic relationships as well as personal relationships. Coworkers' and supervisors' support have been found to be important burnout prevention factors in the literature (Villardaga, Luoma, Hayes, Pistorello, Levinet al., 2011). Receiving feedback from supervisors appears to be an important factor regarding therapists' job satisfaction and turnover prevention (Eby&Rothrauff – Laschober, 2012; Tsounis et al., 2017). Belonging to a team seems to provide motivation to employees and thus job satisfaction (Michalakoukos et al., 2011). Support and solidarity in the group in their everyday interactions at work serve as protective factors against feelings of disappointment and frustration. Sharing their experiences appears to be important for all sociotherapists primarily because such processes allow for the expression of mutual trust and forge people's sense of belonging.

Sociotherapists' professional and personal identities are intertwined with the setting's particular expectations and procedures. As other studies on therapists' occupational commitment explain, therapists are "nested" in an institutional framework adhering to the treatment organization's policies and demands (Knight et

al., 2012, p. 159; Knudsen et al., 2013, p. 5). This image of a nest is represented in the results of this study as therapists build and reflect on their biographies growing and developing from graduates with a social work degree to sociotherapists in the drug addiction treatment framework where they work. .

Implications for Practice

The results of this study contribute to the understanding of the professional transitions and professional identity development of social workers who acquire a therapeutic role in addiction treatment centers. Gaining a deeper understanding of the therapists' work lives can aid efforts aiming to make substance abuse treatment environments gratifying, meaningful and productive by improving the motivation and the participation of the employees in decision-making processes regarding their development. Substance abuse therapy services can benefit by identifying personal and professional aspirations of therapists when designing employee retention strategies.

Limitations

The present qualitative study was conducted in the particular setting interviewing fifteen social workers who worked as sociotherapists at the time of the data collection. Thus, the results cannot be generalized to the population of drug abuse treatment professionals in other organizations. Even though all procedures were followed to ensure trustworthiness in the analysis, the results represent the researchers' understandings of the participants' narratives. Nevertheless, the results were grounded in the data and add to the efforts in understanding the experience of social workers working in the drug abuse treatment field. Moreover, sociotherapists who agreed to participate in the study may have been the ones who had adjusted on their

professional role and development in the setting, therefore the results might represent one perspective on the process of developing into a sociotherapist in substance abuse treatment. Lastly, the current research focused only on social workers and further research should include sociotherapists of diverse professional backgrounds. Further and more extensive scale research is also suggested to specify the effects of current socio-political changes and the impact on the services in addiction treatment. The components of adequate supervision and on-going training sessions need to be investigated further. Moreover, the turnover intention factors as they are explicated in this study need to be further researched with larger samples to shed light on how to best enhance staff retention efforts.

Conclusions

The results of this study describe the processes of metamorphosis that social workers working in a substance abuse therapy network undergo as they accommodate and assimilate into the work culture of the setting and take on the role and responsibilities of sociotherapists. These change processes appear to be impacted by the mandatory changes and disruptions the socioeconomic crises have imposed. The challenges the sociotherapists face require cognitive assimilations but also personal adjustments during the course of their professional development.

Funding

The authors received no financial support for the research, authorship, and publication of this article.

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