

University of Texas Rio Grande Valley

ScholarWorks @ UTRGV

Rehabilitation & Counseling Faculty
Publications and Presentations

College of Health Professions

Spring 2017

A Second Chance: Employers' Perspectives in Hiring Individuals in Addiction Recovery

Alicia B. Becton

Roy K. Chen

The University of Texas Rio Grande Valley

Teresia M. Paul

Follow this and additional works at: https://scholarworks.utrgv.edu/rhc_fac



Part of the [Rehabilitation and Therapy Commons](#)

Recommended Citation

Becton, Alicia B., Roy K. Chen, and Teresia M. Paul. "A Second Chance: Employers' Perspectives in Hiring Individuals in Addiction Recovery." *Journal of Applied Rehabilitation Counseling* 48, no. 1 (Spring 2017): 6–15. doi:10.1891/0047-2220.48.1.6.

This Article is brought to you for free and open access by the College of Health Professions at ScholarWorks @ UTRGV. It has been accepted for inclusion in Rehabilitation & Counseling Faculty Publications and Presentations by an authorized administrator of ScholarWorks @ UTRGV. For more information, please contact justin.white@utrgv.edu, william.flores01@utrgv.edu.

A Second Chance: Employers' Perspectives in Hiring Individuals in Addiction Recovery

Alicia B. Becton
Roy K. Chen
Teresia M. Paul

Abstract: *There is a constant debate that employers are not adequately prepared to hire individuals in addiction recovery for a number of reasons. Literature suggests lack of awareness, knowledge, and skills necessary to interact with individuals in addiction recovery as common factors impacting employment outcomes. The purpose of the study was to use open-ended questions to examine employer perspectives toward hiring individuals in addiction recovery. Furthermore, the authors examined gender, business industry, and employer profession to identify any common factors between groups. Major themes in the study included employability, available supports and resources for business owners, influence of societal biases, and concerns related to applicants in recovery well-being. Although the findings suggests, the initial willingness to hire individuals in addiction recovery tends to be low among employers, other findings indicate with appropriate training and resources, employers may be susceptible to hire individuals in addiction recovery. The type of drug, length of recovery, and support of the person in recovery, when disclosed, appears to have a positive effect on employers' willingness to hire. Implications for research and practice are discussed. **Keywords:** addiction, recovery, employment, perspectives*

Addiction and substance abuse pose an urgent concern to American society. A 2012 national study by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2013) found 92.8% of the 22.2 million substance users did not seek or receive any treatment. In addition, Partnership for Drug Free Kids (2013) estimated as much as 11% of the U.S. population is in the recovery process from alcohol and other drugs (AOD). Substance use can often impede individuals' relationships, health, and employment status (Reif, Horgan, Ritter, & Tompkins, 2004). Many people in recovery have difficulty reintegrating into community and face myriad social barriers including prejudice, discrimination, and stigmatization (Graffam, Shinkfield, Lavelle, & Hardcastle, 2004). Furthermore, after rehabilitation or treatment, individuals in recovery often find job opportunities they previously had no longer exist (Laudet, Morgen, & White, 2006).

Barriers Associated with Recovery

People in recovery from addiction often experience stigma and discrimination due to misconceptions about substance abuse. The misinterpretations listed above are usually construed due to mass media's biased reporting and academic research focusing on the negative aspects of substance abuse (Luoma et al., 2007). In a comprehensive study to explore barriers facing individuals considering seeking treatment and consequences for dis-

closing the need for treatment, researchers at Boston University found 20% of the participants stated a fear of being fired or experiencing discrimination in the workplace was a major concern (Join Together, 2013). Thirty percent of participants also cited lack of health insurance, the cost of treatment, or the shortage of treatment programs was a major barrier, while approximately 50% of the participants expressed concern about employer attitudes toward addiction and attitudinal effects on future employment outcomes (Join Together, 2013). Furthermore, one-quarter of individuals in recovery reported been denied employment, promotions, or having trouble obtaining health insurance after disclosing substance use. Unfortunately, individuals who are seeking treatment or in recovery routinely encounter public and private policies that obstruct their ability to obtain employment, housing, and appropriate medical care (Laudet, 2007).

Defining Recovery

For years, authors have documented the problem with defining the term "recovery" accurately (Howlands et al., 1996). Specifically, Laudet (2007) determined individuals considered to be in recovery experience an ongoing process rather than an outcome. According to the SAMHSA (del Vecchio, 2012, para. 5), recovery is defined as "A process of change through which individuals improve their health and wellness, live a self-directed life,

and strive to reach their full potential.” The benefits of being in recovery have been documented to include improved social life, health, and overall quality of life (Galaif, Newcomb, & Carmona, 2001). Moreover, authors have debated recovery is more than remaining abstinent from AOD, but inclusion in society to improve an individual’s life in several domains including but not limited to, employment, familial relationships, and overall purpose. Laudet et al. (2006) suggested employment is a key component for individuals in recovery and found a negative association between employment and relapse rates for individuals in recovery. This information suggests that individuals in recovery who obtain employment may have a lower risk of relapse compared to those who are unemployed.

Employer Concerns

Gainful employment improves the psychological well-being and quality of life of people with or without addictions. However, employers may be reluctant to hire individuals in recovery because they are concerned about productivity and potential loss of work, even if these concerns are not justified. Other barriers to employment for individuals with a history of substance abuse include lack of work experiences, fear of consequences after voluntary disclosure of past drug use, and transportation difficulties (Shepard & Reif, 2004).

Employers also worry about the health care issues when hiring individuals in recovery (Center on Addiction and Substance Abuse [CASA], 2015). The costs associated with hiring individuals in recovery continue to be documented as a financial burden despite the efforts by employers to develop policies related to drug testing and implementation of employee assistance programs (Bennett & Lehman, 2003; Collins, 2001). Moreover, drug use has been tied to an increase of turnover rates and absenteeism, job departure, an increase in workplace accidents (Pollack, Franklin, Fulton-Kehoe, & Chowdhury, 1998), and poor work performance (Mangione et al., 1999). Furthermore, for small business in particular, a serious accident can be challenging. More deaths, illnesses, or disabilities are caused by substance use than any other preventable health condition (Schneider Institute for Health Policy, 2001).

Stigma and Discrimination

Discrimination and stigmatization of individuals in recovery attribute to the unfavorable employer attitudes. Such negative perceptions can be so entrenched within society that people are often unaware of their prejudice and the enormous impact it can have (Luoma et al., 2007). In a World Health Organization study of 14 countries, researchers found strong negative views toward drug addiction and alcoholism consistently across different nationalities and cultures (Room, Rehm, Trotter II, Paglia, & Ustun, 2001). Specifically, of the 18 perceived stigmatized conditions in society, drug use and alcoholism were ranked first and fourth, respectively (Room et al., 2001). The study provides evidence of attributions placed on what individuals see as being behaviorally driven compared to individuals not having control.

In the US, drug use is routinely dealt with as a criminal offense rather than a health problem that could be treated and possibly prevented (Conyers et al., 2003). This orientation is widely

documented in the criminal justice and substance abuse literature, as the two often overlap despite the differences addressed in each group. Subtle discrimination can appear as the reluctance to assist, affecting the extent to which employers are willing to provide resources vital to recovery. For example, research has shown employers are less willing to hire, offer jobs, or promote individuals in recovery (Join Together, 2013). The negative attitudes and stigma which employers, supervisors, and colleagues exude in the workplace can make job survival and the process of recovery more difficult for individuals with substance use disorders (Thornicroft, Rose, Kassam, & Sartorius, 2007).

Attribution Theory and Substance Abuses

Weiner (1996) pointed out attributions of controllability are predicated on personal choices and responsibilities. In other words, the low statuses of marginalized groups are blamed for the individuals’ socially unacceptable actions and behaviors. For example, the findings of a classic study on attribution theory by Weiner, Perry, and Magnusson (1988) revealed that participants viewed physical disabilities (e.g., paraplegia, cancer) as conditions that are uncontrollable, therefore individuals are more likely to show little antagonism towards an individual with a physical impairment in comparison to an individual with a behavioral driven condition (e.g., substance abuse, AIDS). On the contrary, participants of the same study also believed that addiction is controllable; therefore, they showed more antipathy and anger, and they were less willing to help individuals in recovery. Likewise, the research on attitudes towards highly stigmatized groups also demonstrates individuals who attribute economic disadvantage to internal variables (e.g., lack of motivation) rather than external sources (e.g., lack of opportunity) have more prejudice or negative attitudes towards individuals in recovery (Schuman, Steeh, Bobo, & Krysan, 1997).

In alignment with attribution theory, individuals in recovery are frequently perceived as being accountable for the onset of illness and having a significant amount of control over their addictive behavior. Kymalainen and Weisman (2004) utilized an attribution-affect model to gauge the reactions of 176 college students to mental, physical, and substance use disorders in a hypothetical family member. As the authors predicted, the hypothetical person with a substance use disorder was perceived as having the majority control over his or her illness; therefore, the participants displayed more negative reactions toward the individual in comparison to the individual described as having a physical impairment. Attribution theory was supported by suggesting participants were most willing to assist someone with a physical illness than an individual with a substance use disorder.

Overall, attribution theory suggests circumstances that are viewed as being controlled by the individual who is being stigmatized (e.g., person addicted to AOD) are associated with more resentment and negative emotions. Although attribution theory has been criticized (Sabini, Siepmann, & Stein, 2001) as overemphasizing the situation at the expenditure of individual traits, it remains an effective theory for explaining unconscious discrimination against highly stigmatized groups, including individuals in recovery. The purpose of the study was to examine employer

perspectives toward hiring individuals in addiction recovery. The overarching research question investigated was “How do employers describe their views pertaining to personal experience, collegiality, and hiring individuals in recovery?”

Methodology

Participants

The 186 participants in this study were part of a larger national addiction recovery study. The larger study was a mixed methods study, which examined employers’ perspectives when hiring individuals in recovery. The sample was 51.1% male ($n = 95$) and 48.9% female ($n = 91$). The participants’ ages in the study ranged from 19 to 71 ($M = 41.11$, $SD = 11.54$). Of the 186 employers, 69 identified as being non-Hispanic (37%) and 117 Hispanic (63%). There were seven categories of business industries reported: a) arts and entertainment ($n = 14$, 7.4%), b) business and administration ($n = 43$, 22.6%), c) information and support ($n = 15$, 7.9%), d) production and manufacturing ($n = 20$, 10.8%), e) sales and retail ($n = 43$, 23.4%), f) service ($n = 47$, 25.3%) and g) other ($n = 4$, 2.6%). Additionally, employers indicated their current position in three categories, policy developer ($n = 51$, 27.5%), human resource personnel ($n = 96$, 51.9%), and supervisor ($n = 39$, 20.6%).

Procedure

Following IRB approval, invitation to participate in the study was sent via email to members of the chambers of commerce located in a Southwestern state. The recruitment email explained the nature of the study and provided contact information of the researchers. In addition, the email included a URL link to the informed consent and online questionnaire. Participation was voluntary and no incentive was provided. The online questionnaire collected basic demographic information such as race, gender, age, and industry. Participants were asked to respond to two questions:

(1) Please comment on your experience with recovery or individuals in addiction recovery, and (2) Please share any additional information or thoughts pertaining to employees and/or job applicants in addiction recovery.

Data Analysis

An effective way to discern patterns and identify themes embedded in rich qualitative data is to code the qualitative information (e.g., open-ended questions, interviews; Mills, 2003). Content analysis was utilized to examine the open-ended questions. The researchers used open coding to develop a list of codes from the open-ended questions. Axial coding was then employed to categorize common responses into

unifying concepts (Creswell, 2007). Specifically, the qualitative open-ended questions were aggregated and analyzed for patterns of responses. The question set served as a framework for sorting the responses and then traditional inductive thematic analysis was used to code, identify themes, develop categories, and form theoretical concepts. After the thematic analysis was completed, the researchers quantified the data and entered all data into a Microsoft Excel 2010 spreadsheet. Once the data were organized and inspected, the researchers matched quantitative demographic characteristics to qualitative open-ended responses to explore possible relationships between gender, industry, and employer position.

Results

The qualitative data were examined to identify personal experiences with recovery among employers and how these experiences affect their perspectives. Most responses were short paragraphs of two to eight lines. The themes that emerged from question number one were: (a) positive interactions, (b) limited or nonexistent interactions, (c) miscellaneous and varied interactions, and (d) challenging interactions (see Table 1). The themes that emerged from question two were: (a) employability, (b) societal and personal beliefs, (c) support and resources, and (d) varied aspects of experience (see Table 2).

In addition to coding key words and phrases for responses to question one, the coders answered one question: (a) was the involvement a personal experience, witnessed through another’s participation, or both? In addition to coding key words and phrases for responses to question two, the coders answered the question with a supplemental question: (a) did the employer suggest whether or not they would hire an individual in recovery? (b) If so, what was their response (e.g., yes, no, unsure). When reading the discussion section of this article, readers will be referred back to specific stories shared by participants.

Theme	Frequency	Percent of Respondents	Key Words
I. <i>Positive Interactions:</i> Employers with experience in recovery and/or their interactions with individuals in recovery have been positive	63	34%	<ul style="list-style-type: none"> Meaningful, rewarding, favorable, good, no complaints, improve, thankful Support, help, assist, give resources, accommodate, compassion, volunteer Doing better, quality, healing, investment, strength, satisfaction
II. <i>Limited or Nonexistent Interactions:</i> Employers who have had little or no interactions with individuals in recovery	52	28%	<ul style="list-style-type: none"> No opinion, limited, concept of use not addiction, no direct contact, lack of knowledge, no experience Stigma (media, peer, society), no opportunity to interact, judgment (bad) Being safe in not getting involved, unsure of population, doubtful about experience of drug use
III. <i>Miscellaneous and Varied Interactions:</i> Employers reveal no consistent experience with recovery	39	21%	<ul style="list-style-type: none"> Inconsistent information (family, friends, associates, coworkers, neighbors) Genuine, striving, needy, experience relates to stage of recovery Contacts in meetings, in community, seem normal, have spirituality, desire healthier lifestyle
IV. <i>Challenging Interactions:</i> Employers disclose experience with individuals in recovery as being challenging	32	17%	<ul style="list-style-type: none"> Uncertainty, tough, drug use is negative, horrible, bad, regret, triggers, people in recovery need attention, absenteeism Sobriety, abstinence, length of time, recovery, support, prone to relapse, individual choice Would not hire/employ, serious, problem, issue, suffer, impatience, difficulty, reliability

Research Question 1 (Employer Experience)

The first open-ended question included 51% and 49%, male and female respondents, respectively. There were no distinct differences between genders. Additionally, 23% (n = 42) of respondents' experiences were witnessed through the participation of another individual, while only 11% (n = 21) had direct involvement. Approximately 21% reported being a witness and had direct involvement (n = 21), yet 55% (n = 102) did not provide a clear indication for the researchers to make interpretations. Table 1 displays the themes, codes and frequencies used to create each theme.

Theme I: Positivity. The most prominent central theme among respondents was employers' experiences and perceptions about recovery were positive on multiple levels. For example, employers reported despite past experiences, individuals in recovery work hard and continue to be successful. One participant described their experience with family and volunteering to be fair (not good or bad) although they believed in continued support for individuals in recovery. Support was a major topic discussed within Theme I and several employers acknowledged the importance of providing resources when necessary. Quotes are documented verbatim (including punctuation and spelling errors) based on employers' responses when completing questionnaire. The following quote was chosen to illustrate the range of participant responses. A 38-year-old woman in sales as a human resource personnel expressed,

"I work with several people at my job and in the community who are in recovery. They are normal just like me and deserve a second chance so I make sure I assess and treat them equally when I can". (Respondent 1)

Theme II: Little or no interactions. A second major theme consisted of employers expressing a lack of experience or knowledge regarding individuals in recovery. Employer's responses ranged from lack of knowledge to references made in the media, and societal inferences. Countless responses included words such

as "none," while others explained the limited experience of employers. For example, 40-year-old male human resources personnel, working in the business and finance industry indicated,

"I haven't seen people in recovery but I have seen drugs ruin peoples' lives every day. I drink and that's it because of all the things I have seen drugs do to people." (Respondent 2)

Theme III: No consistent experience. The third major theme explained employer's views towards a variety of areas concerning individuals in recovery. Employers discussed important facts pertinent to research such as spirituality, community involvement, and health. Some responses mentioned prayer as a coping strategy for loved ones who were in recovery while others suggested physical health as a key to recovery. In order to provide the reader with a clearer picture, a sample response was shared from a 66-year-old male, human resource personnel working in the business and finance industry:

"majority of my family use drugs and some are in recovery. I work with these people on a daily basis and volunteer for men [sic] shelters to assists [sic] addicts and pray for their health. God heals." (Respondent 3)

Theme IV: Challenging interactions. Lastly, a major theme identified by the thematic analysis was employers' experiences with individuals in recovery being classified as challenging. The responses ranged from feelings of regret to impatience and unreliability. For instance, employers reported having a lack of trust due to past experiences with individuals in recovery. Also included in this theme, is the unwillingness to help due to relapse potential and probable absenteeism. Many respondents suggested success depends on the individual, although in their experience most individuals struggle with the process of recovery.

An example from a male human resource personnel, aged 62, in production and manufacturing explained,

"It depends on the individual; some people need a lot of help before they start working. My experience has been fair in that some really need help and some don't but relapse is [sic] for drug addicts is always a problem in the workplace. I don't have time to babysit and make sure I'm not triggering things in these people. My mom was a alcoholic so I know how tough it can get." (Respondent 4)

Research Question 2 (Employer Views)

The second open-ended question included 51% and 49%, male and female respondents, respectively. There were no distinct differences between genders. Furthermore, 29% (n = 41) of respondents suggested hiring an individual in recovery despite comments related

Theme	Frequency	Percent of Respondents	Key Words
I. <i>Employability:</i> Employers views regarding employees and job applicants in recovery centered on employability	50	35%	<ul style="list-style-type: none"> Functionality, productivity, insurance, performance, communication Small business, cost, risk, time, discrimination, credibility Trust, skills, assets, presentation, consistency, reliability, change, disability, time in recovery
II. <i>Societal and Personal Biases:</i> Employers views regarding employees and job applicants in recovery centered on societal and personal biases	35	25%	<ul style="list-style-type: none"> Misconceptions, personal stigma, media, disclosure, signs, symptoms Overlook, acceptable, industry, physicality, cost vs. profit, negative, equality, size Difficult, questionable, length of time, mistake, chance, fired, money
III. <i>Support and Available Resources:</i> Employers views regarding employees and job applicants in recovery centered on support and available resources	31	22%	<ul style="list-style-type: none"> Availability of support, services, resources, accommodations, Social, training, workshops, education of employer Counselor, rehabilitation, help, assistance, partnership, managerial Individual, choice, accountability, learn, environment
IV. <i>Individuality:</i> Employers views regarding employees and job applicants in recovery centered on diversity and individuality	25	18%	<ul style="list-style-type: none"> Treatment, care, equal, justice, normal, opportunity, restart, individual Spirituality, God, workers, environment, home life vs. work life, success stories None, experience, ruin, reason, proof, hire, problems, varies, disagrees, diverge

to resources, support, and stigma. Approximately 27% of respondents reported uncertainty when hiring ($n = 38$), and 24% ($n = 34$) admitted not hiring applicants in recovery. Twenty percent ($n = 29$) of the respondents did not give a clear depiction of views regarding hiring to report. Table 2 displays themes, key words, and frequencies used to create each theme.

Theme I: Employability. The most noticeable, central theme among respondents was employers' views regarding employability among employees and job applicants in recovery. The responses ranged from discussions of productivity to presentation of the individual. Employers mentioned aspects of employability as being vital in their decision to hire. For example, employers expressed media and society effect views of hiring individuals in recovery. One participant explained how society could be judgmental, which in turn triggers acts of discrimination toward job applicants in recovery. Skills and assets were topics covered in this theme. Many employers suggested skills were pertinent to be considered, especially when competing against individuals who do not have a past history of substance abuse. The following quotes were chosen to clarify the scope of participant responses:

A female participant, aged 48, working in the service industry as a supervisor and developing policies expressed,

"Everyone deserves a fair chance but at any moment I feel something is wrong I couldn't wait for the employee to get it together. I need consistency in our business and reliable people not ones that may go get high and not show up. I have heard horror stories about drug addicts so I would have to investigate the individual and their work performance for a probationary period."

(Respondent 5)

A male participant, aged 62, working in the service industry as a supervisor, human resource personnel, and policy developer stated,

"When screening individuals to hire, businesses are trying to identify the applicants who will be the most productive and least likely to create risk for the company. Risk can come from low productivity/quality, likelihood of quitting or being fired, creating morale problems, stealing resources, or increasing the cost of workers comp or health insurance."

(Respondent 6)

Theme II: Societal and personal biases. A second major theme consisted of employers communicating the effects of societal and personal beliefs on hiring practices on individuals in recovery. Employers' responses ranged from inferences of societal discernment to personal beliefs about substance abuse. In addition, majority of the responses disclosed a lack of trust concerning individuals in recovery. Responses included words such as "misconceptions," "disclosure," and "equality." More specifically, a 58-year-old male participant, who develops policies and supervises employees in the service industry, indicated,

"I would likely overlook a recovering addict's application over the many non addicts [sic] who are seeking employment. The reality is they need help not a job."

(Respondent 7)

Theme III: Supports and available resources. The third major theme explained employers' views toward the lack of supports and resources available for businesses. Employers discussed the need of support for businesses and individuals in recovery from various entities. Some employers mentioned community partnerships, such as counseling. Rehabilitation was mentioned frequently as a first step before employers would consider employment. Some responses were positive, while others were negative. In order to provide the reader with a richer picture, a sample response is presented:

A 39-year-old male, working in sales as an HR manager, conveyed,

"Business is business and there are not enough resources to go around to help everyone without a cost to the company."

(Respondent 8)

Theme IV: Individuality. Lastly, a key theme identified by the analysis was employer's views varied based on employees' and job applicants' experience and knowledge of the workplace. Majority of the responses were statements regarding the quality of work individuals in recovery produce. For instance, employers reported having employees in recovery producing a sufficient amount of work similar to or better than employees not in recovery. Also included in this theme were several employers who opted out of providing specific information; therefore, conclusions could not be drawn.

A 37-year-old female, who develops policies in information and support industry (e.g. newspapers), expressed,

"Employees should come to work to work and keep drug use out of work. Job applicants should leave personal stuff at home when applying. I assume they can work just as hard as the next but how long does that hard work lasts for some."

(Respondent 9)

Discussion

The main purpose of the study was to explore the effect of employers' personal experiences and views when hiring individuals in recovery. The responses provided insight, conclusions, and information for recommendations. The researchers attempted to discover through the participants' experiences to what extent personal views, and opinions of prospective employers affect hiring practices for individuals in recovery. The results may aid in enhancing treatment initiatives, supported employment and employment assistance programs for individuals in recovery nationwide.

Employer Experience

Participants expressed the positive nature of working with individuals in recovery and the importance of employment in their lives. A few participants in recovery stated employment could be therapeutic and help manage addiction, which is consistent with literature (Gowdy, 2000). An example identified in the response of a participant expressing personal experience and positive aspects of recovery included the following,

"I work with several people at my job and in the community who are in recovery. They are normal just like me and deserve a second chance so I

make sure I assess and treat them equally when I can”
(Respondent 1)

Key components in the example above emphasize equality in addition to presenting opportunities for others. The statements of respondents along with others contradict the literature stating that employers are less willing to hire individuals in recovery, and also ex-offenders than other stigmatized groups (Holzer, Raphael, & Stoll, 2003). However, employers in recovery are more likely to hire and have favorable attitudes toward job applicants in recovery. Furthermore, it has been documented that employers' responses to what they say they may do are not consistent in comparison to the hiring practices they actually follow (Pager, 2005).

Theme I: Positive experience. The participants who reported positive interactions found meanings in several ways. The majority of participants shared their experience in working with individuals in recovery and identified no differences in comparison to those individuals not in recovery. Reading constructive comments by employers provides a sense of confidence and optimism that views toward individuals in recovery are not necessarily negative. Overall, the responses shared a sense of inclusion and socialization. However, inclusion was a common topic throughout themes whether related to good or bad experiences. Consistent with previous research (Graffam et al., 2004), some statements in this particular theme revealed the importance of being provided an opportunity to work and integrate into society for employees in recovery.

Theme II: Little to no experience. Secondly, employers shared they had little to no interaction with individuals in recovery. Although inclusion was previously mentioned, some employers have not had the chance to interact with individuals in recovery to their knowledge. This theme revealed there is a lack of knowledge and understanding pertaining to recovery. Agreeing with preceding hypotheses, previous experiences with recovery may lead to more favorable attitudes and hiring practices (Martin, Brooks, Ortiz, & Veniegas, 2003). Since employers had little to no interaction, this could cause bias, stigma, or discrimination toward individuals in recovery.

It is notable that employers may have little to no experience with individuals in recovery due to difficulty in distinguishing someone in recovery from someone who is not in recovery, especially without the person disclosing (Holzer et al., 2003). Researchers have studied the most significant barriers to employment facing highly stigmatized groups and found they are the attitudes of others, perceptions of limitations, and lack of knowledge among employers (Galaif et al., 2001). Many attitudes and perceptions are developed through personal experiences. For example, a participant responded,

“I haven't seen people in recovery but I have seen drugs ruin peoples' lives every day. I drink and that's it because of all the things I have seen drugs do to people.”
(Respondent 2)

As more individuals disclose a history of substance abuse, it seems that differences between individuals in recovery and individuals not in recovery will become less significant to a higher level of understanding and awareness among employers.

Theme III: Variety of experience. The third theme pertained to employers' experiences with individuals in recovery whether with family, friends, or work-related. As identified in the responses presented in the results section, many employers have developed a sense of compassion for individuals in recovery due to personal experiences. This concept can be further researched in order to better understand the impact compassion has on hiring practices, decision-making, and overall perspectives of individuals in recovery.

Another common area of importance was the discussion of prayer, God, and healing as displayed by Respondent 3,

“Majority of my family use drugs and some are in recovery. I work with these people on a daily basis and volunteer for men [sic] shelters to assist [sic] addicts and pray for their health. God heals.”

Spirituality has been a key component in addiction literature in relation to prevention and treatment. It is known that spirituality has the potential to reduce drug usage as identified in support programs such as, Alcoholics Anonymous. It is interesting that employers not in recovery still acknowledged spirituality as a concept relevant to their experience with individuals in recovery. Although employers revealed information about family, friends, and employees in recovery throughout this theme, it may be more fruitful to explore personal characteristics pertaining to religion and/or spirituality and the effects on employers' perspectives (Greenberg & Grunberg, 1995).

Theme IV: Challenging interactions. The results of this theme suggest that negative experiences of employers are key barriers to obtain employment for individuals in recovery. The uncertainty of the exact nature of an individual's recovery, in conjunction with negative experiences, generates the prospect that employers may avoid working with this population all together. In fact, previous data suggest that employers who have negative past experiences are less likely to hire highly stigmatized groups. In addition, uncertainty, challenges, and negative encounters of employers lead to misjudgment of individuals in recovery. As indicated below by Respondent 4,

“It depends on the individual; some people need a lot of help before they start working. My experience has been fair in that some really need help and some don't but relapse is [sic] for drug addicts is always a problem in the workplace. I don't have time to babysit and make sure I'm not triggering things in these people. My mom was a [sic] alcoholic so I know how tough it can get.”

The majority of the responses relate to personal experiences rather than workplace experiences. It is apparent that employers' personal situations impact their decisions in hiring individuals in recovery. Researchers have documented that former positive contact has a direct relationship with employer attitudes (Martin et al., 2003). This notion is very relevant in the discussion pertaining to employment opportunities for individuals in recovery, in particular when employers are revealing unpleasant encounters with individuals in recovery.

Additionally, it would be interesting to determine the specific causes of the perplexing or unpleasant situations employers experienced with individuals in recovery. Perhaps with the lack

of knowledge and awareness among employers, a vital question would be, were the encounters with individuals in recovery or individuals who currently use? These are pertinent questions that could later be addressed specifically identifying the difference between “in recovery” and “current use,” which are beyond the scope of this study.

Employer Views

The second open-ended question was intended to explore additional perspectives among employers about employees and job applicants in recovery. Many of the respondents shared a sense of socialization and the importance of building relationships. Also, respondents indicated more knowledge is needed to assist this population, particularly in the workplace. The sense of inclusion was a critical factor because some participants expressed the importance of giving individuals in recovery an opportunity to reintegrate in the workplace while others did not. Refer to Table 2 for description of themes, key words, and phrases.

Theme I: Employability. A vital theme and concept expressed by employers focused on the ability for individuals in recovery to obtain and maintain employment, comparable to other employees. This happens to be a common discussion among researchers regarding other stigmatized groups, specifically persons with disabilities (PWDs), that these individuals are less productive and employable (Graffam et al., 2004). Often, employers do not see the benefit in hiring an individual who is recovering, particularly over someone who has had a history of relapse. Essentially, the objective of businesses is productivity with minimizing as much cost as possible. The bulk of employers want to produce a desired level of output, in the most convenient and cost-efficient manner. For instance, Respondent 6 shared the associated risk of hiring individuals in recovery.

The risks with hiring individuals in recovery appear to outweigh the benefits. A perspective identified by Respondent 5 focused on a key element pertaining to reliability of individuals in recovery. It is apparent that employers want to assure that individuals in recovery are just as employable as individuals not in recovery. Research states the high unemployment rate of individuals in recovery may be attributed to characteristics related to the applicant, such as poor employment history, low work performance, or reduced job search skills (Martin et al., 2003). The research on employer perspectives of the employability of job applicants or employees in recovery is absent from the literature, while an extensive amount has been conducted on PWDs, individuals with HIV/AIDS, minorities, and ex-offenders. The employment picture for these highly stigmatized groups overall is negative and consistent across various fields of study.

Theme II: Societal and personal bias. Secondly, in trying to comprehend the factors that give rise to stigmatizing attitudes, Goffman and other researchers approached stigma as a socially embedded manner (Goffman, 1963). In the current study, employers shared views toward hiring individuals in recovery are heavily influenced by societal and personal biases. There is little doubt that individuals in recovery face stigma in various forms (Link, Yang, Phelan, & Collins, 2004). Furthermore, employers' shared information obtained about persons in recovery was gath-

ered from media and involvements, which affected their opinions. Respondent 14 agreed to overlook applicants in recovery due to believing treatment is the only option and employment will not help. This misconception that individuals in recovery do not need employment is debilitating and causes a higher rate of unemployment among the population.

Negative stereotypes and biases towards individuals in recovery lead to unfavorable employment decisions by employers. These negative opinions and thoughts generate expectancies and anticipatory beliefs based on group stigma about individuals in recovery (Link et al., 2004). For instance, researchers working with individuals living with HIV/AIDS, constantly note how stigmatizing attitudes often divide communities and present a lack of opportunities for this particular group (Berger, 2006).

Moreover, stigma pertaining to specific jobs excludes applicants in recovery, or the overall nature of a job makes employers weary about hiring individuals in recovery. It has been acknowledged that employers who are more willing to hire past drug users and/or ex-offenders are those who have a number of unskilled positions. Numerous employers have adopted the “human capital” approach, which states the improvements of the individual's skills, attitude towards work, and self-esteem will increase chances of employment (Gerber & Fritsch, 1995).

Theme III: Supports and resources. Employers in the current study shared outlooks regarding the lack of resources and assistance for businesses to employ individuals in recovery. Practitioners could provide evidence of positive work-related traits among workers in recovery by sharing appropriate resources, education, and positive examples to increase awareness among business owners. Additionally, employers may benefit from rehabilitation professionals providing information related to support, available resources, and training. Moreover, professionals can focus on workplace accommodations to enhance productivity, motivation, and self-reliance among individuals in recovery. These suggestions would assist with reframing negative work related characteristics associated with individuals in recovery by focusing on attributes related to appropriate supports. In order to bridge the gap, vocational and rehabilitation professionals have to create a strategic alliance with employers on the basis of support, resources, and mutual benefit.

Theme IV: Individuality. Individuality as a mediate between the hiring and stigma relationship can further be studied. The inability of individuals in recovery to provide employers the reassurances of proper credentials or recent employment creates concern and uncertainty as mentioned throughout the responses. The perceived lack of motivation to work with recovering individuals, fairly or not, by prospective employers further discourages them from tapping into this pool of job applicants in the workforce.

Individual employees in recovery may need accommodations or additional assistance during work hours, but the humiliation associated with disclosing the need often overshadows the ability to approach employers. These interpretations are consistent with Fletcher (2003), who found employer attitudes, past drug use, and public perception of drug addicts and released prisoners are deeply rooted in American culture, which results in increasing

difficulty for these stigmatized groups to find and maintain employment. Hence, the problem of employment for individuals in recovery is employers' perspectives. Although, federal and state governments have begun to develop incentive programs to help change the willingness of employers to hire ex-offenders, none have been constructed for individuals in addiction recovery in order to change the stigma and issues associated with employment for individuals in recovery.

Limitations

There are some limitations to this study. One is, the data were collected through a web-based link. Participants were invited to participate had to access the questions online. Furthermore, it was impossible to know the nature of the respondents' motivation and capability of completing the survey. Most importantly, there was no way to identify if respondents would answer honestly to the open-ended questions. The limitations were not significant enough to substantially affect the outcome of the study. To reduce limitations in future studies, the population could be expanded nationwide and across various countries.

Implications

The results of this study are indicative of the challenges and barriers individuals in recovery face in their transition to the workforce. Embedded beliefs and company policies accepting consideration of individuals in recovery contribute to an unsuccessful transition into the community while creating hindrance even among the most well-intended and dedicated individuals seeking a second chance. The results from the present study align with several areas of literature while contradicting others, which all have implications for practice and research.

A major problem of integration into the workplace, specifically employment for individuals in recovery, is employer attitude as documented by several studies centered on stigmatized groups (Unger, 2002). In order to contribute to the vocational rehabilitation literature, researchers could examine job search self-efficacy, and job search behaviors as factors contributing to individuals in recovery securing employment, by controlling for demographic variables, including gender and education. Also, researchers could explore the experiences of individuals with a history of substance abuse that have encountered environmental, attitudinal, and public policy barriers to employment.

One of the most important themes found in the present study is Theme IV "Challenging interactions". Individuals can use this information to address employers' feelings of uncertainty. Given proper structure and guidance from VR counselors and employers, people in recovery can be productive workers. On the other hand, we can teach VR clients to take their personal responsibility seriously. They need to show their loved ones that they are determined and committed to turning their life around. Also, emphasize the importance of direct communication between employers and employees to people in recovery. Additionally, Graffam et al. (2004) determined employers have a high level of opposition about hiring various marginalized groups. The primary concern stems from trust, for example that the individual in recovery will not relapse or reoffend. Research has proven that, during the recov-

ery process, individuals in recovery face many barriers to finding gainful employment, among them are employer discrimination, issues with poverty, lack of work experience, low self-esteem, and insecure living accommodations.

References

- Bennett, J., & Lehman, W. (2003). *Preventing workplace substance abuse: Beyond drug testing to wellness*. Washington, DC: American Psychological Association.
- Berger, M. (2006). *Workable sisterhood*. Princeton, NJ: Princeton University Press.
- Center on Addiction and Substance Abuse (2015). *Cost of addiction and substance use*. Retrieved from <http://www.centeronaddiction.org/policy/costs-of-risky-use-addiction>
- Collins, K. (2001). Why U.S. companies are not winning the war on drugs. *HR News*, 20, 11-16.
- Conyers, J., Nadler, J., Scott, R. C., Lee, S. J., Delahunt, W. D., Baldwin, T., & Sanchez, L. T. (2003). *Minority views to HR2086, the office of national drug control policy reauthorization act of 2003*. Retrieved from http://www.house.gov/judiciary_democrats/hr2086minviews108cong.pdf.
- Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage.
- del Vecchio, P. (2012, March 23). SAMHSA's working definition of recovery updated [Blog post]. *Substance Abuse and Mental Health Services Administration*. Retrieved from <http://blog.samhsa.gov/2012/03/23/defintion-of-recovery-updated/#.VvSuImQrIb0>
- Fletcher, B. W. (2003). The National Criminal Justice Treatment Studies (CJ-DATS). *Offender Substance Abuse Report*, 3, 1-5.
- Galaif, E. R., Newcomb, M. D., & Carmona, J. V. (2001). Prospective relationships between drug problems and work adjustment in a community sample of adults. *Journal of Applied Psychology*, 86, 337-350.
- Gerber, J., & Fritsch, E. J. (1995). Adult academic and vocational correctional education programs: A review of recent literature. *Journal of Offender Rehabilitation*, 22, 119-142.
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Englewood Cliffs, NJ: Prentice Hall, Inc.
- Gowdy, E. A. (2000). Work is the best medicine I can have: Identifying best practices in supported employment for people with psychiatric disabilities. *Schizophrenia Bulletin*, 26, 87-103.
- Graffam, J., Shinkfield, A., Lavelle, B., & Hardcastle, L. (2004). *Attitudes of employers, corrective services workers, employment support workers, and prisoners and offenders towards employing ex-prisoners and ex-offenders*. Canberra, AU: Report to the Criminology Research Council. Retrieved from <http://www.criminologyresearchcouncil.gov.au/reports/200203-26.pdf>.
- Greenberg, E. S., & Grunberg, L. (1995). Work alienation and problem alcohol behavior. *Journal of Health and Social Behavior*, 36, 83-102.

- Holzer, H. J., Raphael, S., & Stoll, M. A. (2003). Employer demand for ex-offenders: Recent evidence from Los Angeles. Retrieved from http://www.urban.org/UploadedPDF/410779_ExOffenders.pdf
- Howland, J., Mangione, T. W., Kuhlthau, K., Bell, N., Heeren, T., Lee, M., & Levine, S. (1996). Work site variation in managerial drinking. *Addiction, 91*, 1007-1017.
- Join Together (2013). Ending discrimination against people with alcohol and drug problems. Retrieved from <http://www.jointogether.org/aboutus/ourpublications/pdf/discrimination.pdf>
- Kymalainen, J. A., & Weisman, A. (2004). Reactions toward mental, physical, and substance abuse disorders. *Journal of Applied Social Psychology, 34*, 1883-1899.
- Laudet, A. B. (2007). What does recovery mean to you? Lessons from the recovery experience for research and practice. *Journal of Substance Abuse Treatment, 33*, 243-256.
- Laudet, A. B., Morgen, K., & White, W. L. (2006). The role of social supports, spirituality, religiousness, life meaning and affiliation with 12-step fellowships in quality of life satisfaction among individuals in recovery from alcohol and drug problems. *Alcoholism Treatment Quarterly, 24*, 33-73.
- Link, B. G., Yang, L. H., Phelan, J. C., & Collins, P. Y. (2004). Measuring mental illness stigma. *Schizophrenia Bulletin, 30*, 511-541.
- Luoma, J. B., Twohig, M. P., Waltz, T., Hayes, S. C., Roget, N., Padilla, M., & Fisher, G. (2007). An investigation of stigma in individuals receiving treatment for substance abuse. *Addictive Behaviors, 32*, 1331-1346.
- Mangione, T. W., Howland, J., Amick, B., Cote, J., Lee, M., Bell, N., & Levine, S. (1999). Employee drinking practices and work performance. *Journal of Studies on Alcohol, 60*, 261-270.
- Martin, D. J., Brooks, R. A., Ortiz, D. J., & Veniegas, R. C. (2003). Perceived employment barriers and their relation to workforce-entry intent among people with HIV/AIDS. *Journal of Occupational Health Psychology, 8*, 181-194.
- Mills, G. E. (2003). *Action research: A guide for the teacher researcher*. Upper Saddle River, NJ: Merrill/Prentice Hall.
- Pager, D. (2005). Walking the talk? What employers say versus what they do. *American Sociological Review, 70*, 355-380.
- Partnership for Drug-Free Kids. (2013). *Survey: Ten percent of American adults report being in recovery from substance abuse or addiction*. Retrieved from <http://www.drugfree.org/newsroom/survey-ten-percent-of-american-adults-report-being-in-recovery-from-substance-abuse-or-addiction>.
- Pollack, E. S., Franklin, G. M., Fulton-Kehoe, D., & Chowdhury, C. (1998). Risk of job related injury among construction laborers with a diagnosis of substance abuse. *Journal of Occupational and Environmental Medicine, 40*, 573-577.
- Reif, S., Horgan, C. M., Ritter, G. A., & Tompkins, C. P. (2004). The impact of employment counseling on substance user treatment participation and outcomes. *Substance Use & Misuse, 39*, 2391-2424.
- Room, R., Rehm, J., Trotter, R. T., II, Paglia, A., & Ustun, T. B. (2001). Cross-cultural views on stigma, valuation, parity, and societal values towards disability. In T. B. Ustun, S. Chatterji, J. E. Bickenbach, R. T. Trotter, II, R. Room, J. Rehm, & S. Saxena (Eds.), *Disability and culture: Universalism and diversity*. (pp. 247-291) Seattle, WA: Hogrefe and Huber Publishers.
- Sabini, J., Siepmann, M., & Stein, J. (2001). The really fundamental attribution error in social psychological research. *Psychological Inquiry, 12*, 1-15.
- Schneider Institute for Health Policy. (2001). Substance abuse: The nation's number one health problem. Brandeis University, Waltham, MA.
- Schuman, H., Steeh, C., Bobo, L., & Krysan, M. (1997). Racial attitudes in America: Trends and interpretations. Cambridge, MA: Harvard University Press.
- Shepard, D. S., & Reif, S. (2004). The value of vocational rehabilitation in substance user treatment: A cost effectiveness framework. *Substance Use & Misuse, 39*, 2581-2609.
- Substance Abuse and Mental Health Services Administration. (2013). *Results from the 2012 national survey on drug use and health: Summary of national findings* (NSDUH Series H-46, HHS Publication No. SMA 13-4795). Rockville, MD: Author.
- Thornicroft, G., Rose, D., Kassam, A., & Sartorius, N. (2007). Stigma: Ignorance, prejudice or discrimination. *The British Journal of Psychiatry, 190*, 192-193.
- Unger, D. D. (2002). *Employer attitudes towards people with disabilities in the workplace: Myths or realities?* In Employers' views of workplace supports: Virginia Commonwealth University Charter Business Roundtable's National Study of Employers' Experiences with Workers with Disabilities. Retrieved from <http://www.worksupport.com/documents/chapter121.pdf>
- Weiner, B. (1996). Searching for order in social motivation. *Psychological Inquiry, 7*, 199-216.
- Weiner, B., Perry, R. P., & Magnusson, J. (1988). An attributional analysis of reactions to stigmas. *Journal of Personality and Social Psychology, 55*, 738-748.

Alicia Brown Becton, Ph.D. is an assistant professor in the Masters of Science in Clinical Rehabilitation and Mental Health Counseling at California State University, Fresno. She has presented on special topics related to counselor implications for co-occurring disorders, student veterans and transition issues, and the effects of disability on the family system. Her current research focuses on multicultural competency, dual diagnosis, family systems, and effective treatment modalities for special populations.

Roy K. Chen, PhD, CRC is an associate professor of rehabilitation counseling in the School of Rehabilitation Services and Counseling at the University of Texas Rio Grande Valley. His research interests include neuromuscular and neurological disorders, career development and employment, international rehabilitation, psychosocial aspects of disability and research methods.

Teresia M. Paul, MS is a doctoral student in the Rehabilitation Education and Research program at the University of Arkansas. Her research interests include examining the impact of culture on the treatment of substance use and co-occurring disorders, multicultural counseling and treatment methods, and international counseling methods, treatment, and diagnoses of substance use and co-occurring disorders.

Author Note -- Alicia Brown Becton, Ph.D., is an assistant professor in the Masters of Science in Clinical Rehabilitation and Mental Health Counseling at California State University, Fresno. She has presented on special topics related to counselor implications for co-occurring disorders, student veterans and transition issues, and the effects of disability on the family system. Her current research focuses on multicultural competency, dual diagnosis, family systems, and effective treatment modalities for special populations. Correspondence regarding this article should be addressed to Dr. Alicia B. Becton, Department of Counselor Education and Rehabilitation, California State University, Fresno. 5005 N. Maple Avenue, Fresno, CA 93740. Email: abecton@csufresno.edu

Reproduced with permission of copyright owner. Further reproduction prohibited without permission.