**Interviewer:** *Alright, so the first couple of minutes I would like to spend with you just talking about your personal item. So, it’s all about your own experience and again, this interview is more of like a conversation.*

So, when I talked to you about my two clients, uhm I didn’t go back and look at all their clinical notes…times and treatment or anything. I just reflected on them. And just what it brought up for me. Because I thought that was…is is that right? It’s about how how I reacted…from a therapist point of view. So yeah, yeah, I think I got…there’s a lot there. As I said, I’ve got two clients. One male, one female. One cocaine, one crack. One, multiple relapses but stayed clean eventually. One, multiple relapses but didn’t and it’s backed down…so I’ve got…so that’s that’s two completely different examples within the parameters of your study. Is that, is that right? Have I got that right?

**Interviewer:** *Yeah, and that’s really wonderful. Yes, because it’s more about how you uhm…your experience with this. So, it’s really interesting for me to know that you have actually had those two unique experiences during the course of your work. So again, there is no right or wrong answer to any of these questions. It’s just to share your experience and nobody can argue with your experience. And this whole project is about uhm shining light on these experiences. So, the first kind of set of questions will be around your personal item and kind of how it connects to your indirect experiences of relapse.*

Hmm [nodds], so here is [shows her personal item into camera]…meet Ricki [pseudonym for personal item]. When I was starting my training, I was…I I read a book…I read a lot of historical murder mysteries. And there was a book called ‘The Alienist’…uhm…it was set in Vienna at the turn of the last century…around Freudian times. And, I thought, this is an ideal book for me. Only I read it and it wasn’t actually that good at all…uhm…but the Alienist, cuz’ that’s what people who, who study the mind back that was their title. Wasn’t it? Alienists. And, you know it it stayed with me and I was passing a charity shop and stuffed in the bin, was this little Alien [looks at Ricki]. And it suddenly occurred to me…it it seems so…he [looks at Ricki] was so alien and so lost and I had to fish him out and buy him [chuckles] and I called him Ricki because I was drinking a can of Ricki – that fruit juice- at the time. He stayed with me all throughout my training and when we had to go away to retreats, which I loathed and detested, Ricki…because at that point he was a symbol of me. Because I, think I would be quote alienated in a way…there were still things going on and throwing everything into my studies…and…so in in a way Ricki became a symbol of struggle. And, and being marginalised. And so, when I was qualified and tasked and God Almighty an alphabet super vetted after my name etc. etc…I still kept holding Ricki. Because he reminded me of the time that I wasn’t so confident.

And then, when I was working with clients…at at the start if somebody crashed and burned or relapsed, I always took it as a personal failure. That I hadn’t done good enough. I hadn’t done…if I had been smarter, I would make a better argument. If I did, then they wouldn’t have done that. The logical part of me knew…that’s not true. It’s their choice. It’s always their choice. But the heart of me, the impostor syndrome part of me, would say things like: You are not good enough. And I also have Ricki [holds Ricki up] to remind me that…yeah…you stuck out so much, you ought to get back with me under such difficult circumstances. You did it. You are not an alien…or if you are an alien, which ah I possibly am [jokes], I…you you still belong.

And then as time went on, it sort of involved my feelings towards clients. I I stopped seeing myself as the alien, but I can see that they would see themselves as aliens, in that respect of being, [unable to understand]… And so, yeah. I I keep, I can keep Ricki in my lounge on a shelf where he can be seen. And if I’m feeling…ugh [imitates frustration] really, really frustrated you know I think: Well, remember the alienist. Where, remember where it all began. Remember that aliens can become…and don’t be…outward appearances. Aliens or people too. And it’s just that at points we may be different. So…yes.

**Interviewer:** *Yah. I love that analogy. That is amazing.*

Yes, so that’s kind of it in a nutshell.

**Interviewer:** *Wonderful. Yah thank you so much for sharing that. So powerful in you know, it doesn’t just apply to you but also, you can see how it could apply to how our clients feel. Yah so, and you’ve kind of connected that to another question I had. The next question would be, what made you choose this item for now. For presenting it to me and in relation to the relapse experience so…and you said it already a bit in that it has reminded you of you in your training but also of, that it’s not about doing good enough or it’s about the person’s choice. But can you just briefly hit on that one more time of how you choosing Ricki is connected to your indirect experience of relapse?*

Yes. Because there is…there is there is still in me that ‘ugh what what could I’ve done something differently?’ Why are they doing this? They they they have the best of me why aren’t they responding? And that that frustration…and this is where the alienist comes in. That…yes, I am doing my best. I am doing a good job. Because I am trained to do a good job and I am experienced, and I do a good job. The fact that they aren’t connecting with that…it’s…it’s like there is something alien that [grasps for words] that they haven’t reached that point of commitment yet. In a way, they are alienating themselves and I can’t integrate them until they want to be integrated and that’s the reminder…that’s the constant reminder. And it’s just the…I keep coming back to the alien word. And so, this is my reminder that they are being different at the moment…but they choose…that’s how they are that’s their choice right now. And so…I I don’t have to…all I have to do is keep treating them as a human being. And and…then the alien will blend into the human being. [sighs] I kind of know what I mean but it’s harder than I thought to put it into words.

**Interviewer:** *No, I understand I think. It’s kind of the disconnect between them actually being able to fully step into what you can offer them which is their choice, and the position they are in.*

Yeah and it’s my my frustration but then my checking in with an alien brings me back to humanity. Which, which is the the whole basis of my training. My degree is in Humanistic Counselling so…..that was that was my very foundation so it grounds me back into that. Back into the days when I was learning. When I was hearing all the information for the first time and how I didn’t believe in me. So, I got clients who aren’t believing in themselves at the moment and and that’s…cuz’ sometimes it takes time. And willing…and I can’t give them that willingness. I can only give them what they want for when they want it. So…

**Interviewer:** *Yah so it seems like you connect that with your own learning process. Great! Alright, so I’m looking at my questions so…the next part is about uhm your own feelings about these experiences. First, I am wondering what your own understanding is of relapse? How would you define relapse from substance misuse?*

Relapse…I mean clinically it’s when things go back to exactly the way they were before. Because I I’m often telling my clients…if you have a blib or a lapse and you use, you drink you stop. You stop straightaway, you come in, you get help. It might only have been for a day or two, maybe a week at most. But you stop. That’s a blib. That’s part of a recovery process. It happens. A relapse…it…you don’t stop it. You just carry on. And maybe you run away from treatment or stop answering the phone or stop turning up to appointments and things are exactly back to the way they were before. Yeah, that’s full-on relapse.

**Interviewer:** *Yes ok. What did it feel like to you when you first heard about your client relapsing again?*

With one client…[thinks]…I didn’t feel very charitable. Because, if I’m being honest…I really didn’t. Because you get what what we call the ‘client’s impatience’ – a client lapses and they immediately want to detox, they want to be cured once they come back, they want it now they’ve gotta get it sorted now they’ve gotta be seen now, detox now. [rolls eyes] No. That’s not how it works. That’s not how we work. And so yes then I feel that impatience. It it…sometimes it bounces back in me. It’s like ‘well you could’ve done this last week, you could’ve done this two weeks ago, you could’ve done this three weeks ago. Just because *you’ve* [emphasis] decided that you want to end a relapse, why do I have to drop everything and…no that’s not how it works. And surely it isn’t how it works. We are not an emergency response service…it isn’t like that. But I do end up having this profound irritation [emphasises] and like ‘oh for goodness’ sake!’ you know? Which uhm…well my words were very soothing and practical and calm…but inside they also did ‘oh shut up! That’s pathetic!’ you know I was actually quite angry uhm...so yes. It is a welter of self-pity which is part of their process, but it annoyed the hell out of me [chuckles] if I’m honest.

And that I remember that with one of those clients. But the other client…it was different. They were almost…uhm ‘well I did see that one coming’. It was almost that I wasn’t surprised because of their circumstances it was like...’yeah I could see that happening’. And there was a…resignation there…there was ‘ok here we go again’ because it wasn’t the first time and I had to sit and think for a minute that it wasn’t gonna be the last time. So yeah. And uhm my outward façade was very – ok, don’t worry about this, you’ve done the right thing making an app coming in and talking about it and we will get you back to where you want to be. But inside it’s like ‘well yeah maybe!’ [chuckles] because although there were things that the client had prepared to change, there were other things they weren’t. And while they stayed in that location and socialised with those people, I could see it happening again and again. So…yeah it was like I roll my eyes and say ‘here we go again’ sort of thing.

And now both these responses are both at odds with [laughs] with the core of counsellor training because we are supposed to be all empathic and all accepting and…only I’m not! [laughs] counsellors aren’t…they are human you know? I am getting annoyed…. impatient and I’m naturally a very cynical, sardonic, bad-tempered old bat. And that is the reality [laughs]. I do happen to be very good at my job because I don’t let clients know that…well I do tell em sometimes that I am sardonic and cynical, but they don’t believe me. ‘Oh, but you’re so nice!’ they say. I’m really not…uhm maybe I’m overcompensating because I know that I’m sarcastic and cynical old bat I may be extra nice to them…that could be!

But those are my honest responses. And so, you know I I hope all this is all that you’re after [chuckles].

**Interviewer:** *Yes. And it’s what I’m interested in. It must be so tough feeling that incongruency inside that you are frustrated but you need to keep your façade up and motivate and encourage them.*

Yah and…. it’s not with every client. I do feel genuinely disappointed for them. But some, these two that we are talking about [laughs]. Yes! Because it was so avoidable. I could see that. Anyone could see that. They didn’t see that. I suppose I was annoyed that they weren’t seeing it through my eyes. You know no matter whether that was right or wrong I think that’s what was the core of it: ‘why can’t you understand?’ [imitates frustration].

**Interviewer:** *Yeah. Ok so I am wondering now…so this kind of frustration feeling…did this change at all with the number of clients you had who relapsed? So, was this feeling maybe different when your client first relapsed to when they relapsed the fifth time?*

Not so much. And I think that’s fair enough to say for both of them. I think you know I mean…in many ways…cocaine itself is not that difficult to get clean off. Unlike Alcohol, you can stop just like that…and it wouldn’t kill you. It’s not like, again not like Alcohol which is so freely available and it’s a whole culture around it. Cocaine is an illegal drug so you can just cut people out…so even though all the logistics are very simple. So, I think with one client, the first time it happened it was a ‘oh ok, well you know you’ve been doing really well to get clean. We’ll look at this as a blib, don’t worry too much.’ That was the first time. With the other client…[thinks]…a bit more of a: ‘uhm yeah it might be difficult but let’s really talk about this and let’s hammer home the ground rules about…you know who you are associating with and the situations you are getting in to.’ So, I think I saw them more as practical issues the first time…uhm not…I didn’t sort of reflect it back on myself at all. It was…yeah it was a bummer, but it was more of a ‘ok let’s put a few more things in place, let’s work a few more aspects…and get you back…you know if you’ve done it the first time that’s brilliant let’s build on there. Sort of a building block’. But as it happened again and again it was... more like ‘ok, you KNOW what you are supposed to be doing now you are just not doing it!’ [imitates irritation]. Hence the…. the ‘well, is this any wonder? Look where you are living! Look who you are hanging out with! Of course, you are gonna do that! For goodness’ sake…and and you are drinking as well…and you are drunk, and you are crying…oh honestly! Stop demanding! [laughs]’…so there was…it went on with like ‘c’mon get over it!’.

So inside I was angry with them and disappointed and frustrated. Just rolling my eyes in despair…almost a little hopeless…yeah it wasn’t totally charitable but like I said, that was my reaction. That’s what I felt. Time after time. Yeah and… I I work with relapse quite a lot. Because I work with a high quota of alcohol clients and relapse, again, it happens. But…[thinks]…although that can be frustrating, for some reason I don’t think my levels of irritation even anger were quite as high. It may be because…. Drugs aren’t illegal. They aren’t breaking the law to drink. And because I’ve done a little research myself into the money you pay your local dealer. You know it doesn’t just end up in a charity shop. It goes up the chain, up the chain…and funds hideous things. It helps fund you know, sex trafficking, human trafficking, child prostitution…all these hideous things…that’s what illegal drug use funds. That’s where the money goes…even cannabis. It funds modern slavery. If I would ever be doing my doctorate, that would be my research [laughs].

So, I think it’s that knowledge…that knowledge within me and you know…maybe it should be part of educating them, but it would have to be properly researched…but yes I think that knowledge annoys me. Perhaps there’s some hypocrisy…they don’t realize that they are being part of that. They don’t know that. And I know that. But I can’t tell them that they are.

**Interviewer:** *Yeah sure…interesting point. So, when you hear about your clients relapsing today or tomorrow, would that be very similar to how you feel about it now or uhm…I guess I’m interested in how this frustration about the relapse from your clients carries on now…if you hear about them relapsing tomorrow would you feel this indifference the same way?*

I think maybe there would be a mellowing out…One of my clients, yes, they have relapsed, and they are still relapsed. And so, they are running away from engaging. And I think…yes it goes through a peak. The start is, the practical ‘let’s do, let’s change some of these things around, let’s build’ to the ‘ugh really, again?’ to ‘oh for goodness sake again??!’…so I think that peak of emotion then levels out as it becomes an expectation in ‘well, maybe this client is just going to keep relapsing’…all I can do is keep doing what I do when they reach out to it. I’m not letting it get to me. Technically it’s not my problem. As long as I’m doing my job, providing them with support, giving them the very best of the professional service…it’s not my fault. It’s theirs. It’s their live. So, it’s almost like a letting go.

With my other client who has now maintained abstinence, for nearly two years after multiple relapsing and a crappy start. And I am still working with them you know checking in with them…but they manage it. And we always talk about how they are managing it now compared to how they once would…and they talk about their relief and their anger at themselves for wasting so many decades for cocaine use and all the money they’ve lost….and I’m telling them ‘but think about the money you are now saving! In these past 2 years think about the £1,000s you are saving now.’ Talking about their joy and relief. If they crashed and burned…oh I would be disappointed for them…not at them but for them. I’d be upset for them. So yeah…there is a difference. I think it depends on the client.

**Interviewer:** *Yah…I like that you say that. There is a difference almost with the connection you have with the client and the amounts of relapse. As you say that in your experience you have been going through an up and down emotionally. Can you describe what your clients’ relapses mean to you personally? What effects does it have on you personally?*

Again…uhm and with both of these clients I actually have very good working relationships with…uhm none of them were unpleasant people in themselves and they both said that they really liked the way we worked…so it wasn’t really a difference in my connection with them either way. But with one of them, I think it was the crack use. It was a question of…yeah, they are the ones that are lapsing now. And it’s just a question of ‘bloody hell that means the social worker will now chase me for more reports…that means that I have to keep trying to engage this person because there is the child involved now’…I think it’s almost a a resigned frustration, an irritation because it means more work for me. And they didn’t have to do that. What nonsense. Uhm whereas with the other client, I’d be gutted! You know I wouldn’t put in any sort of personal responsibility for it because they’ve been managing it so well and they’ve been getting the support they want but…oh I would be so disappointed for them. I just hope that they would come straight back and say ‘let’s look at this’…I would have confidence that we could reverse that situation. The other one, I don’t know if they ever will. So yeah….and as sort of a ‘ok, let’s move forward’ a very proactive feeling with one, and a resignation and irritation with the other.

**Interviewer:** *Yeah ok. Ok so I am now interested in how you manage those kinds of news. So, when you hear about your client relapsing again…how do you process this for yourself?*

[laughs] well I normally, after have to put the phone down and go and speak to my manager saying, ‘you wouldn’t believe what just happened!!’ [imitates irritation]. Venting is good [laughs]. My manager is superb, so supportive, so dynamic and helpful and wise…so when I come in with ‘oh bloody hell, she’s done it again!’ [imitates irritation] she goes ok. So, I can actually vocalize it and for me, vocalizing is always good. Uhm and…so yes that’s how I would respond. I would probably swear a lot and curse a lot…you know that would take the edge off my initial frustration and disappointment [laughs].

**Interviewer:** *Besides venting off to your supervisor, is there anything else you engage in when you get that news?*

Not really...I mean I will normally pull out their file uhm…I sometimes do a little detective work and check back past engagements and see: was there a pattern? Was there anything I could’ve notices? Anything I could’ve spotted? And sometimes I realize that, perhaps subconsciously, perhaps I knew it was heading that way. A missed appt here, a not picked up phone call there, a text back instead of a phone…that drift that disconnect…where I would think ‘yeah, I’m actually not that surprised. And then I look back at my own actions…and see yes, you didn’t just let that text slip you tried to phone them again or you didn’t just let that text message response slip, but you wrote them a letter. You encouraged them…so it’s almost like subconsciously you know whether a relapse is about to happen, if you know your clients, and yeah almost subconsciously without specifically thinking about it you take actions to gather the client back in. And I mean…again there is a ‘yeah you did everything you could, and it happened anyway.’ Yeah, there is almost a a self-checking just making sure that I did that all. That would be a practical thing I would do.

**Interviewer:** *Yah sounds like you are very external processor…in that you first go and talk about it and then you research and investigate about how things could’ve been prevented and uhm so so uhm when you have done that, do you feel like you are then somewhat ready for what’s next? What kind of self-care or things do you do to process this out? You already touched on it by saying that you vent and then self-check the practical bits.*

Yeah so, it’s bit of a clean slate then. It’s like, I I look at it and go ‘ok, I did everything I had to do. It wasn’t my fault…uhm because I am always aware that that subconscious do, I blame myself but these days more and more it’s ‘no, ok, check, check, check, check. I did everything right, it’s on them.’ So, it’s like ‘ok I’m not going to spend any more energy worrying about them or being mad about them.’ I’ve vented. I’ve cleared myself. And go on. You know. Because at the end of the day, I do have up to fifty other clients at any time [laughs] so you know. I I will...it’s that ‘yes I will do my homework and double check everything’ but I just have to move on to other clients as well because there’s other clients who need me. So, I can’t stop everything for one client who’s done it themselves really.

**Interviewer:** *Yah. So, would you say that kind of uhm processing changed from when they first relapsed to now when they’ve been repeatedly relapsing?*

Yes, because at the first…you you hope that it’s a blib. That it’s something you can move forward on and use it as a learning process. A lot of people that will have one or two relapses, they will use those as a learning process. And they will move forward and move forward strongly. By then once you start coming into three or four lapses, four or five…pretty much on a bit of a ‘merry go around’. And I think perhaps, perhaps my expectation of them lowers as well. I will do everything I am supposed to do and I will do it diligently [laughs] covering my own tail end you know because if anything happened and they died, I would need to evidence that I had been a diligent support worker for them. It wouldn’t be on me, but I would certainly feel guilty and it’s always a process to make sure that nothing was overlooked…so yeah, it’s part of covering my end tail as well…and still giving them every opportunity to work, to engage. Giving them their support. Letting them know that they can still move forward. There is still hope, there is still a chance. That this doesn’t have to be the way it is. But…I I guess…it it’s more of a sense of well I’m…externally I’m as full on, engaged as they ever know me. Inside…yeah [rolls eyes] and sort of thinking ‘well here we go again.’ That I don’t have a high of expectation. But I don’t let them know that. Did that answer your question? I know I tend to ramble around a little bit.

**Interviewer:** *Yes, you did. I am now interested in how you feel about this and how this might affect you on your work as a therapist. Can you just tell me a little bit about how these experiences affect your own work as a therapist?*

I think it makes it tougher…emotionally tougher. I’m less likely to blame myself these days. Although in the beginning as I said, yes, I was always thinking ‘could I’ve done it differently?’ These days after these many years, I’m more confident. It doesn’t mean to say that I’m perfect …I’m practically perfect…not quite…uhm [jokes]. It does mean that, you know, I’m confident that I do know what I’m doing and that I can adapt to make it personal for this client. And like I can do give clients self-belief and let them know they are worthwhile. That they are worth the work and effort. And if they say, ‘oh but I don’t believe in myself’ I say, ‘ok, let me believe in you until you are ready to’. And when that comes crushing down…these days now it’s more of a well, I am not beating myself up about this. I just think more I think it is easier to let go. I don’t take my work back home. It’s made me more pragmatic. More accepting of…because I mean when I started out as a psychotherapist counsellor, I started out with trauma work…completely unrelated to drugs and alcohol uhm…domestic violence, sexual abuse things like that. And they were powerful subjects. And there was very often a clear measure of success. A clear measure of a client moving forward. And them, moving out of the situation that they’d been in so that it didn’t happen again. So, I almost had to sort of learn that in in addictions, the cycle will repeat and can repeat and very often does repeat. And so, as time went on in this particular field, yes, I would become more accepting of it. So yeah.

**Interviewer:** *Wow that is interesting that you have such a shift from you maybe not feeling as attached to the outcome in this particular clientele as you might feel with people with addictions. This just came to my mind now it is really interesting that you actually had to un-learn. So, you now have to draw on that previous work experience and how managed it there.*

[laughs] yah…it’s true! And additionally, so many of my female clients, they are survivors of DA and sexual violence. And yet, I I count it not as a total excuse because I worked with so many people that were survivors of equally hideous abuse and didn’t use drugs or alcohol at all. That was my early experience, So, this, they have all my empathy. But I can’t write it down to just that and excuse it for that….and that might sound sort of hard-hearted, but I think in a way….it helps sometimes because I am not compensating for them. I am not sort of say ‘well you had this experience so of course you used’. It’s not that I’m not forgiving, it’s just the whole thing that needs to be said.

I’m not explaining that too well…but it’s not giving them a free pass because of the hideous crap that happened to them. It’s just looking at the addiction…I mean there are specialist counsellors for trauma and abuse so they could be signposted to them, but they won’t be able to work on that until the actual addiction is clear…because they won’t be able to engage safely or properly. So, in some ways when there is a lot of DV or sexual abuse and drug use, in a way I almost have to halt the past and focus on the present: what would get someone abstinent now. And then someone else will be able to work on the past with them.

**Interviewer:** *How does your client’s repeated relapse affect the way that you see yourself as a therapist? How you view yourself as a therapist after that?*

Always. Always. I’m a recovery worker, I’m a treatment worker. But I AM [emphasis] a counsellor. I AM [emphasis] a psychotherapist. That is more my definition than treatment worker. Though as a treatment worker technically I can’t work as a counsellor. I can’t be their counsellor. But everything I do, every counselling training every strategy I ever learned it’s all there…it’s all being used. So yes, I do see myself as a psychotherapist 100%.

**Interviewer:** *Right so does your experience with your clients who relapse does that effect how you view yourself as a therapist?*

Not now. Not now. It used to you know those feelings of frustration and anger and everything there. Yes, but it’s mellowed over the years. To a place where I’m sort of thinking ‘well, it’s all about change. It’s everything about the change which is a cornerstone.’ And if the balance of the things that clients aren’t prepared to change higher than the changes they are prepared to make, then as any counsellor knows, until the client is prepared to do things differently, nothing is going to change. So, I I, yes I I accept at that moment that that client is not prepared to change. And I can keep on supporting them and hoping that something in them will change but I cannot force it and make it. And that’s the counsellor in me sort of sitting back and saying ‘ok what changes do you feel comfortable to make? What changes do you want to make?’ And if the answer is ‘no’ then nothing will change. I accept that now.

**Interviewer:** *Right yes. It’s interesting how you always go back to ‘now’ or ‘these days’ which indicates that maybe if your clients first relapsed you might gave seen yourself differently or it might have affected you differently than it does now. Whereas now, you understand more, and you know it’s part of the change. It seems like there was a difference in how it affected you as a therapist back then to now. That is so interesting.*

Yeah, there is an evolution. An evolution in my relationship with them and their relapses. And also, an evolution within me. With every year that passes my own experience of counselling, of therapy…so yah I think you have got 2 parallel evolutions. They don’t have to fit together but…yeah…sometimes interpreting crossovers. As long as I keep evolving as a therapist…that will only strengthen my practice. There is no way you could just sit still and say ‘ok, I’m a therapist now and I’m done now’…it’s evolving and evolving and evolving over time. So, my work with clients does. My work with the relapse does. And yes, I am sort of got a resignation in ‘will I ever change from where I?’ I don’t know cuz I got new clients coming in all the time and then there’s new relapses to work. Uhm…and you know some of it is due to the relationship I have to the client as well. With some…if I have a good and healthy working relationship and it’s quite dynamic and it’s quite go-getting, tend to be the ‘ugh no!!!!’ [imitates disappointment] when I hear, but…this sort of a ‘ok, common we can do this it’s alright’. Whereas if it’s a client where I don’t like very much, if I’m honest, some clients I don’t actually like very much, then yeah, it’s an annoyance and irritation. It’s gonna make more work for me. It’s a selfish response. And…yeah, I acknowledge that I can be quite selfish…uhm…that’s yeah that’s reality.

**Interviewer:** *Would you say it affects how your co-workers see you as a therapist? Do you get a sense that it affects not only how you see yourself in this profession but also how they see you in your role?*

Probably not. I mean I do make it very clear to anybody who cares to listen, that I’m a narcissistic sociopath with a complete disdain for humanity who just happens to be extremely good at acting like a human being. They laugh and say ‘ah yeah’ so they don’t believe me! What do I have to do to convince them?! So uhm…no they [laughs]…I think there are those traits in me. I can be narcissistic. I can be a sociopath. And I can actually despair humans expect those I love. I don’t like children. I hate child protection work. I don’t like dogs [laughs]. Yeah, I like to think that they just take me as they see me. They know that I have, that on paper, I have a very very high success rate of positive outcomes. And a high success rate with low re-presentations. So, a lot of times when I get someone clean, they stay clean. But if I’m despairing at someone, my co-workers now I’m now. So no, I don’t think it affects them and the way they see me in any way.

**Interviewer:** *Yeah ok. They seem to have to put up with something Donna [laughs]. Great thanks for that. We’ve got two more questions. Do you continue to work with the same client when they relapse and how does that make you feel?*

Yes, yes, I generally do tend to work with the same client. It’s not company policy to switch clients around…as long as you have a good working relationship it’s better to stay with the same client. Not of choice but because it’s good practice. Sorry, what was the second question?

**Interviewer:** *And what does that make you feel? When your client comes back in for the 4th or 5th time having relapsed, what does it make you feel like when you then work with them?*

There is still that sense of…[sighs] you know, it means more work for me now. There is sympathy for them. I mean it very much depends on their attitude. We can talk about it and examine and analyse what went wrong. And if they’re sort of you know self-reflecting of what they can do differently next time, then you know I, yes, I would still feel a bit ‘oh for goodness sake’ [rolls eyes] but there’s also a practical, practical what can we do. Uhm, if they come in and they are just a welter of self-pity and don’t know how it happened and blaming everything except themselves…ugh [imitates frustration] I have to bite my lip sometimes [bites her lip]…so yes, I I will work with them and I will still do everything that I’m supposed to do but inside I will be thinking ‘oh for goodness sake! You idiot!’ you know, so [laughs]…yeah it depends on the client’s attitude.

**Interviewer:** *That’s really interesting. How do you work through a relapse with a client? I know you touched on this already…*

Yes, yes first of all, I will reassure them. Say you know ‘it’s ok. Life happens. We can do this. You are here now that is the important thing’. And then we start the analysis. Because unless I can understand and they can understand how it happened, what triggered it…it’s not gonna be possible to out things in place to make sure it doesn’t happen again. So, it’s quite practical and analytical. There is emotional support and practical fact-finding. And then re-doing the support plan to find out…ok so yes ‘you are couch-surfing now so what can we do?’ so referring them to housing etc all the practical things. If there were practical things that contributed to a relapse. So, everything has to be on a case-by-case basis depending on their relapse situation. Getting them doing things, that helps lift their spirits a bit. So, there’s a welter of practical things around. The ones that are ready to work this, great! The ones that can’t…then ‘well ok [sighs] do you it your way! I can give you the options and the support but `I can’t give you the motivation.’ So yeah, I just settle in and do what I got to do and try to emotionally detach so it doesn’t get to me so much.

**Interviewer:** *Yeah. I think you answered all my questions now. Is there anything else about your experience with your relapsing clients that you feel is important for me to know? Anything you think I missed or anything you want to share more?*

I mean I am conscious of the fact that I’ve been brutally honest with my own responses…and I think ‘oh my goodness’ if a Board of Counsellors would see this, they are probably think I am a monster [laughs]. And you are probably getting other therapists who are so loving and cantered and caring but I I am not [laughs]. However, I do love my job. It does give me so much pleasure and pride to see somebody take their life back. To see their joy and their feelings of pride no matter wat the past dealt them. That’s magic. It is a kind of magic. And I’ll never stop being passionate about that. And at the same time, I recognize that I’m very human…yes, I get irritated and pissed at them and I just don’t like all of them. I only say ‘remember the golden mantra – some clients are bastards’ [jokes and laughs]. Uhm so [sighs] no maybe just be aware of the fact that I’m…I’m so not perfect it’s unreal…but I’, not always the most sympathetic person but I’m not ashamed of that. But they’ll never get anything less than the best of me.

**Interviewer:** *Yeah alright, well thank you so much for sharing with me. I loved getting to know some of your story and how you worked through these experiences so I will now just turn the mic off…*