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Evaluating Success in Addictions Treatment

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EVALUATING SUCCESS IN ADDICTIONS TREATMENT

By

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Submitted in Partial Fulfillment
of the requirements for the degree of
Bachelors of Arts
in
Honors Psychology

Faculty of Arts and Social Science

Huron University College

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Abstract

Treatment for substance use disorders is an important service for thousands of Canadians each year and is an integral part of the healthcare system. Despite its role in the healthcare system, the literature is yet to determine a definitive definition of success for addictions treatment. The disease model of addiction as well as the harm reduction model are two prevalent models with differing philosophies. In addition, the recovery maintenance model and acute care models each provide evidence differing practices. The present study involved interviews with clients that had completed an abstinence focused residential treatment programme in order to get firsthand experience on success in treatment and recovery. The researchers analyzed these interviews with a combination of manual coding and NVivo word frequency analysis. The thematic analysis identified a combination of themes associated with successful treatment and successful recovery respectively. The theme of effort and work was identified as being important to successful treatment and the theme of passion and purpose was identified as being important to successful recovery. These themes suggested that success was client centered and that successful treatment and recovery were interconnected. These themes were compared to existing literature which verified that success was heavily subjective between participants across studies. Furthermore, the study demonstrated that it was important to encapsulate both desires to grow and ability to cope with barriers simultaneously. Building a strong foundation that could cope with barriers effectively allowed for growth and purpose to be found. These factors were demonstrated in the current sample as well as in the literature. Potential implications for these findings include quantifying success in treatment and validation of the important aspects of both treatment and recovery. Limitations and future directions of the current study are discussed.

Keywords: addictions, treatment, success

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Introduction

Defining success and setting goals for any endeavor is an important first step. The connection between goal setting and defining success is a straightforward one in many situations. When it comes to a getting over a common cold for example, the definition of successful treatment is obvious: no longer have the cold. Such a clear and generally agreed-upon indication of success is not currently available in respect to treatment of substance use disorders. Defining success in addictions treatment in a tangible manner is an impactful barrier for both providers and users of these services. The present study aims to investigate how success may be viewed in addictions treatment. Interviews will be conducted with individuals have completed residential treatment programs in hopes of identifying themes of success from their experiences. These themes will then be compared with current viewpoints about success in the literature to hopefully provide a better conceptualization of how those who actually receive treatment for substance use define success.

Impact of Substance Use Disorder

Substance use disorders are defined by a chronic pattern of compulsive drug seeking despite harmful consequences (National Institute of Drug Abuse, 2018). These disorders are common and result in much harm, or even death, for individuals affected. In 2014, it was estimated that substance use disorders cost Canada around \$38 billion dollars in healthcare costs (Canadian Centre on Substance Use and Addiction 2018). These costs include emergency room visits and paramedic services to care for those suffering from overdoses. Treatment for those overdosing puts substantial strain on the healthcare system and requires a preemptive strategy to reduce unnecessary costs on the individual as well as the healthcare system. Over the course of 2014, over 82 thousand individuals accessed publicly funded treatment services for substance

use disorders in Ontario alone (Elfein 2020). Many people need these types of services and providing ineffective services only exacerbates the strain on the healthcare system. It is important to understand how treatment of substance use disorders fits into the greater healthcare structure. The current system of healthcare funding in Ontario, Canada places treatment centers and other community support agencies in teams with local hospitals to distribute care (Closing the Gap Healthcare 2018). Local hospitals lead these teams of healthcare services and distribute funding to the community supports under them. Therefore, addictions treatment services need to be able to demonstrate success in order to receive the government funding from the Ministry of Health and Long-Term Care which is administered through local hospitals. This is a difficult task due to the complexity of defining success in addictions treatment. There is not a generally agreed-upon definition of successful treatment or successful recovery for addictions treatment, however being able to know whether treatment has been successful or not is needed both to ease the strain on the healthcare system, but more importantly provide effective care for those who seek treatment. It is important to both taxpayers, as well as those suffering with addictions, to have effective addictions treatment centers.

Theories behind Addictions Treatment

There are two prominent philosophies for successful recovery: the disease model and harm reduction (Szott 2015). The disease model is based on the belief that individuals with substance use disorders will pathologically over consume substances. This model insinuates that addiction is a chronic affliction that follows an individual for their entire life. An individual with an addiction is viewed as having a chronic disease with the symptoms manifesting as behaviours of substance abuse. The disease cannot be removed, and therefore an individual who has the disease is subject to continued drug use and relapse for their whole life. With this view, treatment

should be aimed towards preventing all substance use, thus abstinence is the primary goal and marker of successful treatment. The harm reduction model suggests that reducing the harm or limiting the use of substance is beneficial and may lead to an improvement in various aspects of the life of the addict, and thus success is not necessarily tied to abstinence (Fraser 2004). The harm reduction model indicates that it is the harmful consequences of substance use this is the main issue, and that reducing those harms should be part of the definition of success, as much as, or more so, than abstinence. The disease model of addiction has been widely accepted in addictions treatment thinking and thus success has historically and culturally been tied to abstinence. The model of harm reduction is starting to gain more acceptance (Szott 2015). There is a clear contrast between how these two models might define success following treatment. Perhaps lost in how different models might conceptualize success is how do people who have received treatment for a substance use disorder define success, how to they determine is treatment has been beneficial. The purpose of this study was to seek that information and use it to develop a client-centered conceptualization of success.

Addictions recovery and addictions treatment are closely related but not identical. The disease model and harm reduction inform the recovery journey but are not the only influence on addictions treatment. There are two influential models that guide addictions treatment specifically: the recovery management model and the acute care model. The recovery management model views recovery from substance use disorder as requiring long term, sustained care (Kelly & White 2010). It frames substance use disorders in a similar fashion as diabetes: treatment is maintained over an indefinite period of time. The recovery management model suggests that treatment needs to be ongoing and its themes maintained in order to create lasting recovery. The individual is thus required to incorporate treatment into their life in order to

sustain recovery. The acute care model is focused on reducing substance use over a shorter term (Kelly & White 2010). Under this model, an individual would seek help, be diagnosed and treated, and discharged and presumed to be cured—all in a relatively short period of time. Where the recovery maintenance model treats addiction like diabetes, the acute care model treats addiction more like an infection: receive treatment to rid the infection and then monitor healing from then on. The most common type of addictions treatment for this model is residential treatment. Clients visit a treatment center for a period days or weeks in order to kickstart their recovery journey. Following completion of treatment, the individuals are often presumed successful and in a better state of recovery. Both the recovery management model and the acute care model outline how addictions treatment should be implemented, but there is little room for similarity between the two models. It is possible that success is associated with either long term goal planning and growth or focused on overcoming daily barriers effectively. The recovery maintenance model associates recovery with a lifelong commitment and clients would most likely have more long term goals in mind while in recovery. The acute care model in comparison might associate success with over coming barriers in the short term consistently. The acute care and recovery maintenance models have different views on the duration of treatment required and thus could have differing perspectives on where success lies. Much like defining successful recovery, successful treatment has two major models that are fundamentally dissimilar from each other. The foundations of successful treatment and successful recovery are not agreed upon which is a significant issue for those trying to get help for their substance abuse disorders. Clear definitions of success that include the experiences of the individual are needed in order to best serve those with substance abuse disorders.

Defining Success in Addictions Treatment

Defining and measuring success in treatment is an important issue. Historically, providers of addictions treatment would measure success in terms of length of abstinence following treatment. History has shown that this measurement is not suitable to all substance use disorders. The point is that while length of abstinence may be one aspect of success, it is neither a necessary nor sufficient aspect. Prolonged use of many substances often leads to the development of physical dependence and stopping drug use then leads to significant withdrawal symptoms e.g., opiate or alcohol withdrawal. Additionally, DSM V indicates that SUD's lead to changes in brain circuitry, one manifestation of which is "craving". Requiring abstinence as the only indication of success from treatment does not take into account how prolonged drug use may have produced such changes in the individual physiology and neurology. Furthermore, abstinence from drug use is not necessarily associated with improvements in important aspects of the client's life, e.g., job, family, self-image, etc. This dependency creates harm for the individual without the substance as well as with it. This level of dependence is different in each individual and has different strength depending on the substance abused. Therefore, using abstinence as the sole measurement of success does not accurately capture the important point --- it is not the use of the substance that is the issue, it is reasons why the person uses the substance and the harms that arise from that use which should be how you determine if treatment has been beneficial. A more client-centered approach is needed to accurately define success.

The need for a more client-centered determination of success has been recognized by other researchers. Neale et al., (2015) met with addiction psychiatrists, and senior residential rehabilitation and inpatient detoxification staff in order to create an initial list of 76 indicators of success from treatment. These indicators were then revised or removed based on discussions

from by five focus groups of former addictions treatment users. This alone identifies how difficult success is to conceptualize in the field of addictions treatment. Professionals within the field are divided in their methods of defining successful indicators of recovery (Neale et al., 2015). In the end Neale et al. created a list of 28 indicators of recovery. The significant revision of the recovery indicators following the focus groups with consumers of treatment services by current clients demonstrates how important it is to obtain the viewpoint of those most affected by treatment in defining success.

Consumers of addiction services are also in a good position to provide information and insight on what they feel were the most influential aspects of treatment contributing to their success, however they may define that success. Different addictions treatment centers often use different philosophies in the design and delivery of their treatment program. For example, some may emphasize the disease model and abstinence, while another may focus on the role of trauma in addiction and treatment would be designed to deal with coming to terms with the trauma. It is likely, then, that a client's perception of success or benefit of treatment will be colored by what they are taught in treatment. Pettersen et al., (2019) investigated the theoretical frameworks that treatment centers utilize. They investigated the Recovery Management model and the Acute Care model in order to provide evidence towards the effectiveness of each. Pettersen et al., (2019) found evidence that supported themes from both models were important to success. Pettersen et al., (2019) analyzed the themes that are present in both models universally and demonstrated that success of a model is a matter of capturing themes indicative of the core values of the user. This suggests that clients need to be internally motivated to go through treatment and have their own objectives to get out of treatment. Using the input of recent clients, Pettersen et al., (2019) identified factors in both treatment philosophies that were impactful on clients and therefore a

thematic analysis of treatment would be beneficial to understanding success in treatment. They make note however, that a limiting factor of their research was that the participants had to retroactively recall their recovery journeys. This factor of having to remember treatment could create a barrier in accurately collecting data on multiple different treatments. The present study will thus set its scope to one model and one program which should allow for the participant sample to have more similarities and therefore allow for the deduction of common themes amongst the clientele of the treatment center despite potential barriers to memory recall. The approach of focusing on one treatment center and treatment philosophy will allow for greater understanding of residential treatment programs and better comparisons to be drawn towards other prevalent services like harm reduction and detoxification programs.

Clients of addictions treatment have substantial input on both treatment success and how success should be measured. They have been shown to be an impactful group on defining success both in treatment and in recovery. Although the clients of treatment centers have been impactful in identifying factors of success, it is important to note the cultural and systematic differences present between them. Neale et al., (2015) utilized a participant sample that was entirely based out of the United Kingdom and Pettersen et al., (2019) utilized participants in Norway. Both studies specify that there are cultural differences may have an influence on participants this may be a limitation of the generalizability of the findings to other countries. Interviewing clients in a more domestic setting would then provide important insight on how success is defined in treatment as well as in a Canadian context.

Methods

Participants

The current study involved 16 participants who had completed Westover's residential treatment program. Participants were recruited from Westover Treatment Center aftercare meetings in London Ontario as well through word of mouth. These were weekly meetings with Westover alumni and a counsellor to discuss recovery and review portions of the curriculum covered in treatment. Recruitment posters with the contact information of the researchers were distributed at the aftercare meetings. Brief recruitment announcements were also given at the start of each meeting. If participants had contacts who fit the criteria, they were encouraged to spread the researchers contact information to set up a meeting. Participants in the sample consisted of twelve males (age $M= 45$, $SD= 12.6$) and four females (age $M= 41$, $SD= 5.9$).

Materials

The current study involved semi-structured interviews with Westover clients about their experiences and perspectives on success in addictions treatment. The interview guides had questions designed to obtain specific information about their experiences before, during and after treatment in addition to open-ended questions designed to explore their personal definitions of success (refer to Appendix I). In addition, participants were shown the following documents: The Assessment of Recovery Capital questionnaire (Best et al., 2012), Recovery Indicators (Neale et al., 2015), Brief Assessment of Recovery Capital (Vilsaint et al. 2017) and The Treatment Effectiveness Assessment (Ling et al. 2013). Participants were asked to comment on how well the different components of each questionnaire reflected what they felt were important indicators of treatment success. Participants did not fill out the questionnaires. In addition to the

questionnaires and responding to the Interview guide, participants were given outlines of the Westover curriculum that was taught each week during their treatment and asked to comment on what aspects they felt were more important with respect to their recovery.

Procedures

After a participant contacted the researcher to enroll in the study, a location for the interview was organized. Interviews took place face-to-face, at a mutually agreeable time and location (e.g., a private room at Westover, a local restaurant/coffee shop, a meeting room in a public library, or a university meeting room, or other similar neutral location). Every effort was taken to ensure the confidentiality of the conversation from others who might be present, and the participant was made aware that conversations in public spaces may be subject to being overheard.

At the start of the interview, the interviewee was asked if they consented to audio recording, and if they did not consent then written notes were taken. The interviewee was then informed that they could terminate the interview at any time, or they may continue for as long as they wished --- the length of each interview was interviewee-determined, but the typical length was 1-2 hours. Participants were also informed that they could request a break during the interview if needed.

Following the interview, the audio recording was transcribed verbatim and stored on an encrypted USB. The transcript had identifying information of the participant or specific people removed and was assigned a participant code.

Results

The interviews with Westover Treatment Alumni were analyzed utilizing two methods: manual coding and NVivo Word Frequency Analysis. Ten of the 16 were first manually coded by the primary researcher and other research assistants to identify common themes. Following the identification of themes through manual coding, word frequency analyses were run on the entire set of 16 transcripts to confirm the manually-identified themes and to determine if the themes appeared in the 6 transcripts that had not been manually analyzed. The themes identified could be split into two categories: recovery success and treatment success. The interviews highlighted an important distinction between themes that were useful for defining treatment compared to recovery success. Participants identified education on addiction and learning about what risk factors influenced them to abuse substance were instrumental to viewing treatment as beneficial. Participants often identified treatment as education that "...gave me the tools that I needed" (WCP-07). When asked about what was most important in treatment, one participant emphasized the importance of education in treatment: "The basic knowledge and understanding of what creates an addict. An understanding of what caused me to become an addict." (WCP-11) While the theme of education was identified as important in treatment, no one identified it as critical to their recovery following treatment. Participants made mention of the skills and knowledge they learned in treatment such as "Coping mechanisms, and for me, just understanding what causes me to feel certain grief" (WCP-11). Learning about this in treatment was identified as important to recovery, but participants did not feel they needed to seek out additional education in order to maintain successful recovery. Furthermore, participants noted that a theme of effort and work as essential to recovery had to be established in treatment in order to carry over into their post treatment life. Participants voiced that during treatment they

learned that they had to work actively on their recovery in order to achieve success. When asked what they gained from treatment, participants told the researcher “when you first come in you think it’s impossible to stop drinking, but once you do that then you have to start working on you” (WCP-16). The two themes of education and effort and work were associated with successful treatment but not necessarily with successful recovery. My analysis of the data shows that although successful treatment and successful recovery are associated with one another, participants distinguished between the themes associated with each. This distinction would be comparable to having an emergency hospital visit for diabetes. Successful treatment of the diabetes would be to stabilize the individual in the moment whereas successful recovery would be to maintain stability after leaving the hospital. The medical emergency is successfully treated by the hospital visit but this does not take the same role as maintaining healthy blood sugar levels following treatment. A successful recovery journey in addictions, similarly, is unlikely to be initiated and maintained without successful treatment. Moreover, successful treatment will not be beneficial if participants do not put themselves on a track to successful recovery.

Themes for Treatment Success

As previously discussed, addictions treatment can take many forms and follow different models. The program that the participants of the present study received was an abstinence-focused, 19-day residential treatment. The abstinence-focused treatment emphasized that participants should endeavor to cut out psychoactive substances from their lives entirely. My thematic analysis of the data identified: abstinence, shared experience, education, and effort and work as important themes of successful treatment.

Since the importance of abstinence was an integral part of the treatment program it is not surprising that this theme emerged. Notably, 75% of participants identified abstinence as being

an important component of treatment as it set the foundation for the recovery journey they would be taking. When asked about what they wanted to get out of treatment, participants very often respond with statements like “the biggest thing was just how to live life sober.” (WCP-13). This sentiment was common across many participants and is further reflected in statements like: “I didn’t want to die. I wanted to start living life on – not necessarily my terms but at least not under the control of alcohol. So technically my terms instead of alcohol’s terms.” (WCP-11). Abstinence was built into the foundation of the treatment model of Westover and participants accepted abstinence as part of their definition of success as well.

Shared experience played into the theme of education quite nicely. My analysis revealed that many participants felt shared experience with other peers and counselors was important to their treatment experience. For many (87% of participants), peers served as a means of breaking down the barriers of talking about their own addictions openly. The first step for some participants was starting to open up to their feelings: “They taught me that it was okay to talk about my feelings.” (WCP-07). Others identified “they do give you a lot of tools and teach you to communicate healthy with people. Another big part of it became trying to communicate with my wife and have her understand better” (WCP-10). Their classmates were among the first people that participants had opened up about their addictions and what their lives were like before treatment. Some participants explicitly stated how important it was to communicate and how treatment enhanced their ability and willingness to do this: “Communication was the biggest thing, especially through the one on ones, being able to talk with somebody. There’s a lot of different personalities that go through, so you learn how to deal with different types of people” (WCP-13). Many participants identified this as a difficult, but important, activity to start them on their recovery journeys. One participant noted how important her roommate at Westover was:

“they restored my faith in humanity. She was the first person I trusted in I don’t know how long. Even with that 1 or 2 people, it just makes a huge difference.” (WCP-05). Moreover, having counselors who could understand what they have been through and who were able to provide educated guidance allowed participants to form meaningful mentor relationships. Participants often stated the importance of the insight of counsellors and their fellow recovering addicts: “People with more sobriety than me that have been through Westover, surrounding myself with them people and using them as a resource when I’m struggling this early in my recovery, has been a huge part.” (WCP-02) Although the nature of these interactions may have differed between participant, the theme of shared experience was important to many of the participants during their treatment.

Education about addiction was also a strong theme mentioned about successful recovery. Education provides understanding about their addiction, the effects it has on their bodies, and how events in their past might have led to their addictions. All participants (100% of participants) were very adamant about wanting to learn about their addictions “I wanted to gather as much knowledge...” (WCP-03) and emphasized that treatment was the best place to absorb it, “I probably would have never read that stuff without their help or even attempted to try and gather some of that information. Without their help, I would have never been exposed to that.” (WCP-03). Every participant spoke highly of the education that they received and how it gave them the tools to work on their recovery. It was also noted to be an eye-opening experience for many participants who had never had the knowledge to understand the severity or the risk factors associated with their addictions.

Finally, my analysis identified a theme of effort and work as important to develop during treatment. Recovery was a difficult idea for participants to operationalize while grappling with

their addiction before entering treatment. However, once in treatment participants learned it was necessary to put effort and work into their recoveries; “When you go there, I felt information overload, big time. And your brain – it’s still cloudy – but I was in it to win it. I was there, I was trying to take it all in.” (WCP-08). Every participant (100% of participants) identified developing the skills and ability to focus on starting their recovery journeys as a critical aspect of treatment: “that’s why I went, but after the first few days I realized that I had to do it for me” (WCP-13). Treatment often marked participants’ first efforts at working on their recovery and showed them, for the first time, that they might they had the capacity to move toward recovery. Treatment gave participants the skills to apply effort and work to their recovery in a meaningful way. The willingness to put recognizable effort into their recovery was marked as an important theme of treatment as it would set the tone for the rest of their recovery.

Themes for Recovery Success

My analysis identified the following themes as being important to recovery following treatment: spirituality, desire to maintain change, social support and finding passion and purpose. The theme of spirituality was mentioned frequently throughout the interviews (93% of participants) however the role and conceptualization of spirituality in recovery varied. Some participants were adamant about the need for a higher power, “You’ve got to believe that there’s something higher than you.” (WCP-12), and “Faith is my foundation, and it’s starting – it’s the acceptance part. It’s turning it over to the higher power - I don’t have control” (WCP-05). Some participants took a more secular approach to spirituality however “It doesn’t have to be God, it can be a Group Of Drunks or Good Orderly Direction.” (WCP-12). The theme of finding internal motivation was a generally agreed-upon characteristic identified as an important aspect of recovery, although participants saw it as either more religious or spiritual in nature. Some

participants connected to a higher power for motivation, while others drew their motivation from things like mindfulness and staying in the present. Whether spirituality or religion was identified as the medium in which motivation entered participants' lives, recognizing the importance of maintaining that motivation was another important theme associated with recovery.

The theme of maintaining desire to change was identified as an important aspect of successful recovery. Establishing recovery as important in life and something that requires effort and work to get started. Maintaining that motivation for change was found highly across all participants. A large majority of participants (93% of participants) noted that as a result of treatment they recognized and embraced the need for growth and improvement in their lives as indicators of successful recovery. Many participants were now able to acknowledge that their addictions were holding them back "realizing my life was not gonna ever achieve what I wanted if I continued down that path, and I had lots of hopes and dreams and they weren't going to come if I continued living that way." (WCP-11). This theme of feeling a need to grow and improve is closely intertwined with tied to the theme of social support being important to successful recovery.

Every participant (100% of participants) noted that developing avenues of social support, both through recovery meetings as well as revitalized and improved relationships with their family and friends, has been were important to their recovery. The aftercare recovery meetings put on by Westover allowed participants opportunities to create connections, develop friendships and continue to share experiences with other recovering addicts: "That's what I do now, cuz I need to connect. Another one of those things too is I loved the fact that Westover had an aftercare program. I think that is so important." (WCP-09). Participants also noted that being able to better communicate with their families and friends was instrumental to maintaining

recovery: “In my mind, the word success would be always to be honest with my family, with my closest loved ones” (WCP-06). There were many mentions of communication skills being developed and put into practice.

Finally, finding passion and purpose was identified as an over-arching theme important for successful recovery. Participants all mentioned that an important part of their recovery was finding things that they were passionate about in life such as getting more exercise or reconnecting with family (100% of participants). The idea of “being happy” or “finding happiness” was mentioned in many interviews and was even part of the definition of success for some, “Yea, I think that’s where recovery is most important in my life, that I’m happy with who I am.” (WCP-01). Furthermore, participants mentioned that finding things to do with their time and finding purpose in what they do was important to maintaining recovery. Participants wanted a way to feel fulfilled in their lives above all, “I’m full of happiness for being able to flip my life around and work towards achieving what I wanted to do in life.” (WCP-11).

Discussion

My data analysis revealed multiple themes pertaining to both successful treatment and recovery. Some of these themes were similar to the indicators identified by Neale et al., (2015). Their indicators related primarily to themes related to successful recovery. Both studies identified that there was much more to recovery than stopping abuse of substance. The recovery indicators of Neale et al., (2015) addressed concepts of self-confidence and abilities to cope with the world around them. These factors were also heavily focused on covering the basics of survival: shelter and good health etc. The current study added to this by demonstrating that there were multiple themes of success that were tied to personal development. One primary difference between Neale et al., (2015) and the present study is the status of the participants sample utilized.

The current study utilized clients who had received treatment at an addictions treatment center (Westover) whereas Neale et al. (2015) used service workers of addictions treatment centers. It is important for the goals of the treatment center staff to match the goals of the clientele, therefore it is important to ensure that both treatment and clients are Westover was viewed as a huge changing point in the lives of the participants, “without Westover and the counsellors and the people I met here, I wouldn’t be where I was today. I would have went back out for sure.” (WCP-02). My analysis demonstrated that this effort and work piece was important to establish in treatment. The main implication that Neale et al., (2015) has on the present study however is that there is a similarity in themes across both treatment centers as well as countries. Similar concepts of success were found in both studies and therefore provides evidence for a set of themes of success despite country or treatment center.

A study by Dakin (2012) also investigated important factors contributing to recovery in substance use disorders. Dakin (2012) identified two critical factors pertaining to successful recovery: hope and coping factors. The hope factor reflected internal motivations like “the future appears bright to me” (Dakin 2012) while coping involved control over external motivation and factors like self-efficacy: “I can deal with the problems that arise in my life” (Dakin 2012). Question items reflecting these factors were put into a questionnaire which was given to individuals who had attended a collegiate recovery program and had one year of recovery afterwards. They also investigated individuals who attended a non-collegiate recovery program and had one year in recovery. The study demonstrated that high hope and coping were correlated with positive treatment outcomes and that collegiate recovery program participants had higher hope and coping than the non-collegiate group. This finding demonstrates that there are general themes recognized as important to addictions recovery across treatment type. Both the Dakin

(2012) study and current study identified themes of hope and growth. The current study identified education as an important theme in treatment and passion and purpose as important in recovery. The education that was gained in treatment built a foundation for clients to take into their lives. This foundation was similar to the factor of coping identified by Dakin (2012). The coping factor involved being able to effectively manage and get passed roadblocks to recovery. Both sets of participants identified strategies of coping as being important in treatment. Furthermore, an individual's recovery experience often begins with treatment and transitions into recovery. The skills that are learned in treatment give participants the foundation to improve and grow in recovery. The themes identified in the current study lay out that education and effort and work were important to treatment success. Participants noted that following these revelations in treatment, they were able to achieve higher in their lives and in their recovery. The current study identifies how coping themes and strategies are developed during treatment and are built upon over time. Following treatment, recovery themes build on top of the coping themes start to correlate with the hope factor set out by Dakin (2012). Both studies exemplify how themes develop and grow from treatment into recovery. The combination of evidence from both Dakin (2012) and my analysis implies that coping themes grow into hope themes during the recovery journey.

Implications

My analysis of the interview data identified numerous important themes for both successful treatment and recovery. Themes identified in my analysis supported the findings of Dakin (2012). The factor of hope identified by Dakin (2012) was similar to the theme of passion and purpose in the current study. The hope factor was depicted as having a positive outlook on recovery and life outside of their addiction (Dakin 2012). The current study identified that

participants spoke highly of having goals and finding joy in life outside of their addictions. These two findings are quite similar in that having a positive outlook on life that promotes growth is important recovery. The factor of coping identified by Dakin (2012) was closely related to the theme of education in the current study. The factor of coping was a shorter-term factor that is benefitted by increased education about how to cope in the moment. Multiple participants cited that recovery “gave me the tools” to control their temptations and maintain abstinence. One participant that had 8 months of sobriety stated that coping with urges to use was still prevalent “They think we’re fixed (little laugh) it’s what my boss thought... I just choose not to feed my demons.” (WCP-02). This embodied Dakin’s (2012) factor of coping very well. Therefore, my analysis lines up with the factors set out by Dakin (2012) the closest.

Pettersen et al., (2019) stated in their findings that the needs of the individual were essential to determining the effectiveness of the treatment model utilized. This implies that a flexible program would best benefit the flexible needs of the individual (Pettersen et al., (2019)). A flexible program would thus be one that could provide the knowledge of treatment in order to build a strong foundation of coping while working with individuals in order to apply it to their situation. Counsellors who could provide one on one meetings with clients in order to help them implement the knowledge that they learn into their own lives. The current study identified that the counsellor meetings they received during treatment helped with the uptake and implementation of the information provided in treatment. The flexibility of a program to become more client centered is beneficial according to the findings of both Pettersen et al., (2019) and the current study.

Furthermore, Dakin’s (2012) measure of hope and coping was built and administered to measure treatment outcomes in the current moment. As previously identified by the current study

and Pettersen et al., (2019) the flexibility of a program to its clients is associated with successful treatment. The measure of hope and coping by Dakin (2012) insinuates that perceived success in recovery may change over and is built to encompass that. The hope and coping questionnaire is linked to the idea that recovery success may change over time and is used to measure success on multiple occasions (Dakin 2012). This leads me to believe that successful treatment is quantifiable and the hope and coping measure by Dakin (2012) is close to doing that. It captures the importance of growth as well in the moment coping. It also captures the flexibility of the recovery journey over time. The only thing that I would add to this measure is the creation of a retesting schedule in order to track growth overtime. This type of change would be beneficial for treatment centers to track how their clients fair after treatment and perhaps add more evidence to support the recovery maintenance model over the acute care model.

The current study outlined many themes and comparisons with literature on addictions treatment. There is an important message within these findings for the public and funders of addictions treatment alike. The public should understand that success in treatment is more than stopping the abusing behaviour. Treatment is about developing effective coping strategies to the triggers and barriers that come with substance use disorder. Establishing a strong foundation of knowledge and motivation is the important take away from treatment. This foundation allows clients to focus on finding purpose and passion in life aside from substance. Successful recovery comes from being able to strive in life without having substance as a barrier to finding happiness or purpose. Success should be defined and measured in how clients are able to grow and improve on their lives before treatment should occur.

Limitations and Future Directions

It is important to note the limitations of current study. The current study utilized participants who fit very particular criteria. The participants of the current study were all clientele from Westover Treatment Center. The strict participant criteria for the current study served as a limiting factor for the generalizability of the current findings. Given that the participants were all from the same residential, abstinence focused treatment center, it narrows the scope of how the findings can be used. The literature has been in support of the current findings and therefore adds legitimacy to the findings despite the narrow recruitment sample. Future studies should aim to include participants from other residential treatment centers using the abstinence model in order to validate similar themes across treatment centers but within treatment type. Furthermore, only collecting data from one treatment center allows for a bias to be presented in the findings. Since all the participants were alumni of one treatment center, there is a possibility that going through the treatment center instilled the noted definitions of success in these individuals. Future studies should aim to include individuals who have recently registered for treatment yet have not gone through treatment yet. This would allow for researchers to compare definitions of success before and after treatment.

Future studies could expand to include harm reduction clientele in addition to abstinence-based treatment clientele. The two treatment approaches could potentially influence the same themes in successful recovery but through different themes of successful treatment. As identified in the current study, there was a mutually exclusive set of success themes pertaining to treatment itself rather than recovery. Future studies would benefit from comparing these two treatments methods directly in order to establish commonalities in success themes for recovery. The current study identified themes of success that were not tied to abstinence directly and therefore a direct

comparison with harm reduction clientele would be beneficial. The themes should be universal across treatment types and therefore future studies should explore this further.

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Appendix I

Participant Interview Guide:

Part 1: Demographics and other contextual information

I'm going to start by asking some questions about yourself. These questions are similar to the information you would have provided when you entered treatment. Remember, you can skip any question you don't feel comfortable answering. At all times your confidentiality will be protected. Your name will not be used in any reports of your data; only an identifier number or fake name will be used.

1. What is your age?
2. What is your gender?
3. What is your ethnicity?
4. What is your marital status?
5. What is your highest level of education?
6. What is your employment status?
7. What is your housing status?
8. What are your problem substances?

9. Have you ever had any mental health diagnoses?

10. Do you have any physical health diagnoses/challenges that are related to, or affect your substance use?

Do you mind if I ask a few questions about your experiences going to treatment?

11. When did you attend treatment?

12. Had you been to residential treatment before? If yes, which treatment centres have you attended?

13. Had you been involved in community-based treatment and/or support groups before going to the residential program? What about after going to the residential program?

14. What brought you to treatment?

15. What were you hoping to get out of treatment?

16. What were your goals leaving treatment?

17. Did treatment help you meet your goals? If so, how? If not, what do you wish would have been different?

18. Have you been clean/sober since your most recent treatment?

19. If any relapses, for how long have you been clean/sober now?

20. Do you want to share a little bit about the relapse (or any near-lapses)? (why, when, etc.)

5. Has this information/skill helped you in your recovery? If so, how?

In the second week at Westover, clients are taught the following material [present clients with the Intermediates index]:

6. Do you remember learning any of these topics? If so, what stands out to you most?
Why?

7. Has this information/skill helped you in your recovery? If so, how?

In the third week at Westover, clients are taught the following material [present clients with the Seniors index]:

8. Do you remember learning any of these topics? If so, what stands out to you most?
Why?

9. Has this information/skill helped you in your recovery? If so, how?

10. Did you learn anything during your time in treatment that wasn't part of the programme described above?

Part 3: Personal Definitions of Success

Now I'm going to ask you a few questions about your personal definitions of success:

1. When you think of a successful treatment program, what does that look like to you?
What does it achieve? How does it do that?

2. When you think of a successful recovery, what does that look like for you?

3. How do you define success for yourself?

4. How do you define success when you think of others who have or have had difficulties with substances?

5. When reflecting back on your time in treatment and where you are today, to what extent do you believe your experience in residential treatment played a role in your recovery?
In what ways?

6. Without sharing any names or personal details, reflecting back on others you know who attended residential treatment, would you say treatment is generally successful? Why or why not?

Part 4: Indicators of Success based on the Literature

Other studies have already identified some tools to measure successful recovery, and we're curious whether you think this is a good list:

[show participants ARC, by Groshkova et al., 2013]

1. Indicate which ones you think are most important.

2. Do you think anything is missing? Should any items be removed/revised?

[show participants 28 indicators by Neale et al., 2015)]

1. Indicate which ones you think are most important.

2. Do you think anything is missing? Should any items be removed/revised?

Here is a shorter list. Do you think this shorter list captures all of the important information for measuring success?

[show participants BARC-10 (Vilsaint et al., 2017)]

1. Indicate which ones you think are most important.

2. Do you think anything is missing? Should any items be removed/revised?

Do you have anything to add about these indicators of recovery?

Part 5: Recommendations for Ongoing Evaluation

Westover currently aims to collect follow-up data from clients at 1 month, 6 months and 1 year post-treatment.

1. Did you participate in any follow-ups after leaving _____? (for all participants, regardless of where they attended treatment)
2. How often/at what time points do you think these follow-ups should take place? Why?
3. Do you think extra support is needed at specific times of recovery/sobriety?

(probe if individuals indicate that they attend 12-step recovery: chips given at 30 days, 60 days, 90 days, 6 months, 9 months, 1 year, sometimes 18 months, and every subsequent year – do you think these time points of recognition hold any specific significance that might be important to consider in follow-up from treatment centres?)

4. What types of questions do you think clients should be asked at follow-up to understand where they are at?
5. How would you prefer to be contacted and/or how do you think this information should be collected from clients? (e.g., phone? online/paper survey? in-person meeting?)
6. How long do you think these follow-up conversations/evaluations should take? How much time would you be willing to share to provide these updates on how you're doing?

Final Question for ALL participants:

Do you have anything to add that we haven't covered that you think we should know?

Thank you for your time!

Curriculum Vitae

Cole Granger**EDUCATION**

Bachelor of Arts, Honors Specialization, Psychology Anticipated April 2020
Huron at Western University London, ON
 • Deans Honour Roll 2017 – 2018

PUBLICATIONS

Investigating Intrinsic and Extrinsic Motivation in Gamers (In Press)
Western Undergraduate Psychology Journal London, ON
 • An investigation of video game enthusiasts as a population and how they are motivated

ACADEMIC EXPERIENCE

Psychology Mentorship Program 3696G January 2020 - April 2020
Huron at Western University London, ON
 • Assisted professors by conducting first year psychology tutorials
 • Facilitated group discussion and lead students through a correlational research design

Psychology of the Common Good – Community Engaged Learning 4694E September 2019 - April 2020
Kings at Western University London, ON
 • Conducted a thorough literature review and created a project to help the community
 • Worked with community partners to effectively implement a social support group program designed to assist past prisoners reintegrate into the community

Psychology of Persuasion 3722F September 2019- December 2019
Huron at Western University London, ON
 • Created a research-based advertisement campaign for the Career Development Center at Huron
 • Collaborated with the Career Center and Huron's Communications department to produce a profession and effective advertisement campaign

Addictions Theory and Research Course 3350G September 2018 - April 2019
Western University London, ON
 • Conducted research for a community partner
 • Collected data from clients of the partner in order to define success in residential treatment

Methods and Theory in Learning and Behaviour 2280E September 2018 – April 2019
Huron at Western University London, ON

- Worked in a rat laboratory and conducted operant conditioning studies along with a research report
- Conducted another study and research report investigating motivation in video game enthusiasts

Social Psychology 2780E

September 2018 – April 2019

Huron at Western University

London, ON

- Conducted an independent research study investigating will power drain and difficulty expectations
- Conducted another study investigating attitude change from advertising with video game enthusiasts

Method and Theory of Cognition 2180E

September 2017 – April 2018

Huron at Western University

London, ON

- Created a research study to investigate smartphones ability to influence attention
- Conducted a research study that investigated speed perception in the context of driving a car

Research Assistant, Dr. Tara Dumas

November 2017 – February 2018

Huron at Western University

London, ON

- Assisted Dr. Tara Dumas and her thesis student in conducting data collection

CONFERENCES**Career Development: Shaping Your Future for Success**

November 2019

Centre for Undergraduate Research Learning Conference

London, ON

- Presented and discussed a research informed advertisement campaign that I created
- Explained the research and how it was applied in the campaign
- Answered questions from academics as well as other students

Evaluating Success in Addictions Treatment

November 2019

*Society for the Study of Addictions*Newcastle upon Tyne,
UK

- Submitted a poster of my research study involving Westover Treatment Center
- Coordinated with Dr. Marty Judson to present the poster on our behalf

Ghost(ing) Busters: How Social Media Affects your Relationship

April 2019

Healthy Behaviours in an Online World Conference

London, ON

- Conducted a literature review on important issues that high school students identified
- Presented research to high school students and teachers in an understandable way

Evaluation in Addictions Treatment with Westover Treatment Centre

April 2019

Community Engaged Learning Showcase

London, ON

- Summarized our preliminary research study with Westover Treatment center onto a poster outlining the full process
- Presented this poster to academics and students and talked about my experiences throughout the study

WORK EXPERIENCE

Glenn Burney Marina

Gas Dock Attendant

Parry Sound, ON

May – August 2019, 2017

- Completed a wide variety of tasks that required adaptability and proficiency in multi-tasking
- Provided excellent customer service and support to patrons while fuelling up watercraft and general sales

Huron at Western University

Residence Don

London, ON

September – April 2018/19,
2017/18

- Provided direct support to first year students as a live-in Residence Don
- Assisted in creating a social, productive and safe environment for all residents
- Employed conflict management skills on a daily basis to address issues within residence and to support students
- Mentored and supported new Residence Dons in their duties

Sleegers Engineered Products

Engineering Technology Assistant

London, ON

May – August 2018

- Worked with a team of engineers to assist them with data organizing tasks
- Demonstrated adaptability within my role to suit the needs of the department, including developing software solutions and using computer aided design software to assist with tasks

SPECIALIZED SKILLS

SPSS Training

Huron at Western University

September – December 2018

London, ON

- Took a semester long course on SPSS statistics software and can effectively analyze large data sets