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From darkness to light: an exploration of self-discovery and healing through collaborative recovery expressive writing

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FROM DARKNESS TO LIGHT: AN EXPLORATION OF SELF-DISCOVERY AND HEALING THROUGH COLLABORATIVE RECOVERY EXPRESSIVE WRITING

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Doctor of Education
in
Curriculum and Instruction
by
Leighann Justice Davidson
Approved by
Dr. Elizabeth Campbell, Committee Chair
Dr. Luke Eric Lassiter, Committee Member
Dr. Walter Stroupe, Committee Member

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We, the faculty supervising the work of **Leighann Justice Davidson**, affirm that the dissertation, *From Darkness to Light: An Exploration of Self-Discovery and Healing through Collaborative Recovery Expressive Writing (CREW)*, meets the high academic standards for original scholarship and creative work established by the EdD Program in **Curriculum and Instruction** and the College of Education and Professional Development. This work also conforms to the editorial standards of our discipline and the Graduate College of Marshall University. With our signatures, we approve the manuscript for publication.

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DEDICATION

This dissertation is dedicated to the females involved in this study. Without their participation and support during this project, this dissertation would not have been possible. I am thankful they allowed me to be part of their journey. They have truly changed my life.

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I thank my committee for supporting me on this journey. My committee chair, Dr. Elizabeth Campbell, deserves special thanks for her guidance in helping me achieve this goal. With her support and direction, it made this research project possible and allowed me to find myself along the way. I would also like to acknowledge Dr. Eric Lassiter for his assistance and suggestions during this process. Without his research courses, I would have never felt comfortable enough to attempt a qualitative research project on my own. I also give appreciation to Dr. Walter Stroupe for his mentorship throughout my entire educational experience. I would have never attempted a doctoral degree without his encouragement.

I would also like to acknowledge my family and friends. Thank you for your continued encouragement, even when I wanted to give up. Having a strong support system made this challenging process attainable. Mom, this one is for you!!!

Lastly, I would like to acknowledge my husband, Seth Davidson. Thank you for being my best friend. I would have never been able to succeed without you. When I was ready to walk away, you would bring me back. You put up with so much to allow me to achieve my dream and I am so appreciative. I am thankful for you every day. I love you.

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ABSTRACT

This participatory action research project was developed to explore the participants' experiences during a collaborative recovery expressive writing (CREW) workshop while in long-term treatment from substance use disorders (SUDs). This workshop featured the primary components of the James W. Pennebaker model, but adapted the technique to create a safe environment for the participants to share their writings. This qualitative study conducted at Recovery Point West Virginia began by exploring how ten women sharing their emotions within a supportive environment used collaborative writing to continue their recovery journey through self-discovery and healing. Following the CREW workshop, the project continued with focus group sessions and interviews to gather a deeper understanding of the participants' experiences during the workshop and determine other valuable factors beneficial to SUD recovery. The observations and interviews were interpreted in relation to theoretical literature focusing on social learning, cognitive behavioral and person-centered theories. Several themes emerged from the data such as sharing emotions, freedom to share, trust, comfortable, connectedness, positive social interactions and self-discovery. This particular model of expressive writing introduces new opportunities that could enhance SUD treatment through collaborative recovery. This collaboration allows individuals to interact in a group setting, which could present an opportunity for recovery support and provide feedback for motivation. This adaptation of a well-established expressive writing technique illustrates how the power of writing can also help illuminate the emotional healing necessary during recovery.

<div align="center">**CHAPTER ONE: INTRODUCTION**</div>

When individuals begin their journey in this world, it is difficult to predict their future. Some veer a little off their path, but regain control and manage to surge ahead. Others may find themselves on a path toward addiction, with no end in sight. Once the darkness sets in, it consumes their personalities until they are no longer recognizable. Nurturing their addiction becomes the primary goal as their family and friends watch them slowly self-destruct. Although they feel defenseless against addiction, some anticipate the light shining through so the healing process can begin.

This research project offers insight into the recovery process and provides intervention strategies for use in substance use disorder (SUD) treatment through expressive writing. By enhancing SUD treatment with expressive writing strategies, recovery facilities can provide a safe haven for individuals to explore their thoughts and emotions while successfully maintaining their sobriety. Expressive writing creates a personal connection between experiences and wellness through emotional exploration, which can help individuals improve their self-worth and begin healing from their addiction through social interaction. When engaging in expressive writing, individuals select a personally relevant topic, write meaningfully to explore their reflections and feelings, and start rebuilding their lives. These writing methods have the opportunity to increase an individual's motivation to put the past behind them and look to the future.

Back in the Day

The West Virginia I grew up in 30 years ago seems very different from the one that exists today. In the past, communities created a "take care of their own" type of environment. Russ (2010) described the Appalachian culture as being person oriented with their identity reflecting

on community and family relations while avoiding conflicts that could jeopardize their social status. Behringer and Friedell (2006) stated "Appalachians are characterized as proud, private, wanting to 'take care of their own,' and not accepting of charity…with trust being the critical factor in individuals' acceptance of information and use of health care services" (p. 3).

The West Virginia I grew up in has changed. The Center for Disease Control and Prevention (2011) reported an increase in substance use within rural Appalachia the past two decades, which makes these traditions of care and support more problematic for communities (Moody, Satterwhite, & Bickel, 2017). The acceleration of drug use and overdoses has deeply complicated individual, family, and community life in West Virginia. In his Pulitzer Prize winning work, Eric Eyre (2016) reported, "in six years, drug wholesalers showered the state with 780 million hydrocodone and oxycodone pills, while 1,728 West Virginians fatally overdosed" (n.p.). Our state's long extoled cultural values of independence and self-sufficiency can also create a barrier between addiction and recovery. The opioid crisis has left many West Virginia communities no longer able to take care of their own.

Present Days

According to the National Institute on Drug Abuse (NIDA) (2018a), "in 2016 West Virginia had the highest rate of opioid-related overdose deaths in the United States—a rate of 43.4 deaths per 100,000—an increase from 1.8 death per 100,000 in 1999" (p. 1). This statistic illustrates what many West Virginia communities have experienced. It also explains the difficulty communities encountered when addressing such an alarming increase. West Virginia is not the only state experiencing a growth in SUDs; this issue has become a nationwide trend. The Center for Behavioral Health Statistics and Quality (2016) reported, "27.1 million people aged 12 or older who were current (past month) illicit drug users in 2015 represent 10.1 percent

of the United States population" (p. 7). In addition, there is no evidence of when this number will plateau. The Center for Behavioral Health Statistics and Quality (2016) further projected "approximately 20.8 million people aged 12 or older had a substance use disorder (SUD) related to their use of alcohol or illicit drugs in the past year based on criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (*DSM-IV*)" (p. 2).

Consulting the *DSM-IV* standards and risk/need assessment reports are beneficial to assist treatment providers with case plan recommendations based on an individual's disorder, gender, risk/need/responsivity, as well as their personal/criminal/medical histories. Cosden, Baker, Benki, Patz, Walker, and Sullivan (2010) stated, "the revolving door of arrest and recidivism for offenders who use drugs has stimulated the criminal justice system to become involved in the treatment as well as punishment of these offenders" (p. 1033). Given that SUDs have become a nationwide epidemic, collaboration between recovery facilities and criminal justice agencies has become even more critical. According to the FBI's latest Uniform Crime Report (2017), an estimated "1,572,579 individuals were arrested on charges related to drug abuse violations" (n.p.). Having these figures and conducting various personal/criminal/ medical history assessments on individuals allows treatment providers to demonstrate practical ways of approaching SUD interventions. Combining field knowledge with recovery experience can assist in determining which treatment will be more effective based on an individual's evaluation results. These collaborative efforts can ultimately increase SUD treatment success and decrease criminal arrests for drug related crimes.

When evaluating SUDs, it is essential to understand that addiction affects populations differently. Women, in particular, seem to be experiencing a surge in SUD numbers. Greenfield, Back, Lawson, and Brady (2010) suggested "recent epidemiologic surveys suggest

that the gap between men and women has narrowed in recent decades…surveys in the early 1980s estimated the man/woman ratio of alcohol-use disorders as 5:1, in contrast to more recent surveys that report a ratio of approximately 3:1" (p. 1). These statistics further indicate an increase in drug addiction and urgent need for SUD treatment, but also raise more questions. What interventions are effective to treat SUDs successfully? Should SUD treatments be specifically designed for particular populations? Are there SUD treatments that work better for men/women? Although the answers to these questions are not simple, attempts to explore them could guide future research projects toward potentially promising SUD treatments.

Contemporary Treatment Approaches

Of the 27.1 million current illicit drug users reported by the Center for Behavioral Health Statistics and Quality (2016), it was estimated "21.7 million people aged 12 or older needed substance use treatment (i.e., treatment for problems related to the use of alcohol or illicit drugs)" (p. 2). These statistics further validate the need for SUD resources in order to combat the deadly addiction epidemic currently encompassing the United States. Because effective SUD treatment cannot be a "one size fits most," this study explored a particular use of expressive writing during early recovery. Multiple studies have recognized when an individual tells their story through expressive writing, it can be therapeutic. Pennebaker and Chung (2007) described one of the benefits of expressive writing as the positive social change an individual experiences after engaging in this activity. Allowing individuals with SUD safe opportunities to explore themselves and their experiences can provide a completely new meaning to life.

The expectations of recovery facilities are to provide harmless and effective SUD treatment for individuals to obtain sobriety. In order to achieve this goal, treatment interventions and strategies are created to reinforce recovery procedures and determine an individual's

risk/needs. Gathering background information on each individual seeking treatment can be valuable in managing their substance abuse treatment especially because, as Cosden et al. (2010) indicated, "individuals who use drugs vary in their readiness for treatment, with some not yet accepting that they have a need for treatment" (p. 1044). Knowing the motivation level of the individual is essential for treatment effectiveness. Selecting the correct interventions as well as supportive services is essential in order for them to maintain sobriety and achieve their personal goals. The Substance Abuse and Mental Health Services Administration (2017) indicated, "individual paths to recovery differ, and packages of treatments and supportive services for mental and SUDs should be tailored to fit individual needs" (n.p.). Individualizing the treatment plan is critical for their overall success.

Goodwin (2015) emphasized there are a number of treatment approaches to address SUD, most of which could include a combination of medical and psychosocial approaches. While treatment plans consider an individual's particular SUD, conducting a more general medical/personal history assessment is essential to ensure their health and safety. Goodwin (2015) described the American Society of Addiction Medicine's (ASAM) five levels of SUD along with the six different dimensions that determine the most appropriate level of care and type of treatment. ASAM's five levels of care are Level 0.5, early intervention; Level I, outpatient services; Level II, intensive outpatient/partial hospitalization services; Level III, residential inpatient services; and Level IV, medically managed intensive inpatient services (p. 72). Once the levels are established, they assist treatment providers with matching individualized case plans to their risk/need levels in order for the individual to accomplish their recovery goals.

Working in the criminal justice field offered awareness into national trends, which sparked my research interests regarding current policies and programs implemented in the

recovery field. With the increase in SUDs, research projects on effective treatment are needed in

order to determine current strategies and effective methods to combat addiction. Ultimately,

transforming these research results into reports and providing them to criminal justice agencies

as well as recovery facilities for consideration when interacting among individuals with SUD is

essential. The available literature and research reviewed provided guidance on this national

epidemic and the implementation of SUD treatments currently in existence.

Problem Statement

Contemporary treatment approaches alone do not provide individuals with enough self-

confidence to be successful in the recovery process. Taylor, Leigh-Phippard and Grant (2014)

emphasized, "the need to share personal experiences…through the creation of a safe space based

on mutual respect and reassurance" (p. 11). Assigning an individual to a treatment group with a

variety of participants does not create a welcoming environment for self-discovery. Greenfield

et al. (2010) further indicated, "women with low self-efficacy showed improved treatment

outcomes if assigned to the women's recovery group compared with the mixed-gender group

drug counseling" (p. 9). The particulars that keep women from seeking recovery are critical to

understand. Elms, Link, Newman and Brogley (2018) identified a few barriers to treatment as

fear, wait times, admittance requirements, counselors, childcare, safety, and stigma. These

unique identifies, particularly for women with SUD, are often missing from treatment protocols,

which create barriers to effective recovery approaches.

The current SUD crisis provides opportunities to explore how using expressive writing

strategies help women recover self-image, improve problem-solving skills, create strong and

trustworthy relationships, promote motivation, and establish personal goals. It was vital to

explore a strategy that emphasized personal strengths throughout recovery, their families as well

as the community. Examining the women's experiences of engaging in expressive writing sessions to determine how it affected their recovery was crucial. It was also vital to research other valuable factors of expressive writing that could encourage a beneficial SUD treatment. This project provided findings establishing how individualized techniques of expressive writing in a group recovery process discovered essential components for sustaining sobriety.

Purpose of the Study

The purpose of this project was to explore the experience of expressive writing narratives through individual and group efforts. It also strived to illustrate how expressive writing can support personal healing and self-discovery through positive social change in the lives of individuals suffering from hardships ranging from homelessness, SUDs, dislocation and resettlement (Costa et al., 2012; Heller, 1997; Pennebaker, 1997; Repper & Perkins, 2003; and Shelton, 2011). The research also attempted to analyze the theoretical framework of SUDs for women, discuss the effectiveness of expressive writing/sharing recovery strategies, and demonstrate the benefits of writing and sharing through expressive words.

Taylor et al. (2014) adopted a particular method of collaborative expressive writing, one similar to what was used in this research project, and established that it helped participants create a new identity by sharing their stories and gaining new personal insight into their experiences. The women participating in this project were at critical turning points in their lives. The expectation of this project was to explore whether the experience of expressive writing and sharing can assist participants with positive social change. It also examined ways to build more personal and relational identities through group interactions to assist the participants throughout the recovery process. This project also proposed to explain to researchers what social change signifies in each of the participants' lives.

The development of this research will provide criminal justice agencies as well as recovery facilities with a better understanding of expressive writing strategies used in SUD treatment. Reviewing the literature and theories associated with this method provided confidence in its application and practice. Observation of the interactions between the participants was imperative for understanding the motivations influencing the social change. Exploring Pennebaker's method of expressive writing as a tool for recovery offered evidence for another treatment strategy in which women with SUD can participate.

Research Questions

The researcher reviewed current literature, participated in an expressive writing group and conducted qualitative interviews with women participating in the recovery program at Recovery Point West Virginia (RPWV). Data collected by the researcher from a previous research project was also used to answer the following questions:

1. How is the experience of this collaborative recovery expressive writing group described by the recovery participants?

2. How do participants feel the collaborative recovery expressive writing group has affected their recovery?

3. How do participants feel the collaborative recovery expressive writing group has affected the group's relationships?

4. What factors of the collaborative recovery expressive writing group may be valuable for others in SUD recovery?

Conceptual Framework

The conceptual framework of this project centered on the theories and models that guide and support SUD research. An important claim for this project is that the Pennebaker model

allowed an individual the opportunity to individualize her recovery. Pennebaker (2004) articulated, "expressive writing and cognitive behavioral therapy offer relatively brief interventions that appear to help a wide range of individuals" (p. 140). This writing strategy not only created a learning experience for participants, but Godsey (2017) indicated Pennebaker's method generates physical and mental benefits as well. In addition to learning a new recovery strategy, expressive writing allowed the women the opportunity to discover themselves and share emerging ideas with other group participants. Godsey (2017) shared that numerous studies have been conducted on the use of Pennebaker's expressive writing model and reported a decrease in depressive symptoms (Lepore, 1997); improvement in social relations—more frequent conversations, laughter, and use of emotive words (Pennebaker & Graybeal, 2001 and Baddeley & Pennebaker, 2011); and a reduction in negative emotion and PTSD symptoms (Snyder, Gordon, & Baucom 2004). The above named were only a few of the many potential benefits. Expressive writing permits an individual to connect her SUDs to an emotional and personal understanding, which acknowledges acceptance and increases an individual's self-efficacy.

Another imperative principal of the Pennebaker model is that authentic healing can come through expressive writing, which puts emphasis on building self-discovery. Godsey (2017) analyzed, "Pennebaker and others think the reason writing about trauma works so effectively is because the very nature of writing transforms the trauma from a hard-to-understand sensory experience into an easy-to-understand narrative" (p. 10). These narratives can enhance an individual's recovery through discovering these abilities. According to Pennebaker (2004), Foa and Kozak (1986), and Mowrer (1960), emotional writing may reduce the impact of the thoughts surrounding the trauma. Therefore, facilitating the individuals to discover their own capabilities allowed the research knowledge to expand around SUD treatment.

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This study evolved from a previous research project, which involved working with women seeking treatment for SUD at a West Virginia recovery facility in a writing group. Although that experience was my first participatory action research project, prior research on SUDs provided background knowledge on this epidemic as well as my personal involvements while working in the criminal justice field. Seeing the power of expressive writing transition during that project created more curiosity about this model and its benefits for SUD recovery. Furthermore, the self-awareness discovered personally created more of an incentive to explore this strategy further.

It's Personal. My awareness in SUDs stemmed from years of employment in the criminal justice field and previous research. The nationwide increase in SUDs and seeing local communities deteriorate from this epidemic, while having limited resources, created a curiosity on how to help. Pennebaker's model was altered to utilize expressive writing during a SUD intervention at a local recovery facility. Through those experiences, perceptions, and theories, a continuation of that research project was broadened to include personal interviews from the women participants. In this research, the models and theories reviewed concentrated on an individual centered recovery strategy and explored thoroughly to provide a comprehensive understanding of the recovery framework.

Although individuals cope with SUDs differently, expressive writing offered each participant the opportunity to discover the path that led them to addiction. Seih, Chung, and Pennebaker (2011) reported since Pennebaker and Beal created the expressive writing process in 1986, over 200 projects have been published exploring the benefits of expressive writing on physical, social, and mental health in different environments. Given SUDs affect an individual's entire life, expressive writing workshops could assist with support resources to combat addiction.

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While reviewing the available literature, one of the expectations anticipated from this research was to provide recovery facilities with another potentially effective intervention, as well as community organizations with an intervention strategy requiring minimal resources. Another expectation was that individuals with SUDs who participated in expressive writing felt empowered to succeed in recovery and begin their healing process.

Even though past research has exposed me to SUD treatments, addiction cannot truly be explained unless experienced. Since there are discrepancies in fully comprehending addiction, the interaction with the participants provided firsthand knowledge of SUD experiences. Having this personal familiarity with SUD provided an in-depth understanding on how expressive writing permitted the women to discover their stories, experiences, and views to inform this study.

Theoretical Framework

The theoretical framework of this research project supports the observation of human interaction in the recovery process through social collaboration. Over the last few decades, there have been multiple research projects conducted to determine the effects of expressive writing and self-healing. Pennebaker (2004) indicated expressive writing could affect an individual cognitively, emotionally, socially, and biologically which emphasizes multiple theories are incorporated into this model. Therefore, the review of literature focused on substance use disorders; women, trauma and SUDs; effective components of SUD treatment, Maslow's motivation model in SUD treatment; social learning, cognitive behavioral and person centered theories; and expressive writing in SUD treatment. Collaborative recovery expressive writing experiences provided a positive environment for healing during recovery among the participants. This integration suggested positive social relationships created prosocial interactions among

individuals with SUD and promoted self-discovery.

Social learning theory. Social learning theory is a well-recognized theory among criminologists and has been at the center of research within the criminal justice field for decades. Social learning theory, according to Bandura (1977), posits that learning is a cognitive process that takes place in a social context and can occur purely through observation or direct instruction, even in the absence of motor reproduction or direct reinforcement. This theory supports a particular set of ideas describing the relationship between the environment and the impact of social interaction, that the explanation of individual behaviors can often be attributed to their environment. Research conducted by numerous psychologists and theorists have discussed the importance of observing behaviors through social interaction exploring the motivation for social change. In order to comprehend this relationship, research articles were reviewed to better illustrate the effectiveness of social collaboration through expressive writing to increase motivation for self-discovery and healing during the recovery process.

Observing human behavior is a common practice among researchers. According to Bandura (1977), individuals can learn by watching others, modeling certain behaviors, and following instructions through social environment. Recovery facilities could use expressive writing to provide self-discovery topics that transform the environment into a social collaboration through group engagement. Finn, Justus, Mazas, and Steinmetz (1999) discovered that the interaction between behaviors and the cognitive processes includes memories and reactions acquired through associative processes. Since social interaction plays a vital role in everyday life, an individual's social environment is pertinent in determining whether an individual maintains sobriety.

Cognitive behavioral theory. Cognitive behavioral theories have been researched

extensively and found to promote both accountability and motivation among individuals. Weiss and Rosales-Ruiz (2014) focused their research on examining how an individual's environment affects behaviors and the consequences received because of their actions instead of explaining the structure of behavior. Given that individuals grow up in diverse environments, behaviors are learned differently and should be researched from all perspectives.

Although the factor of engaging motivation has been effective, other factors can influence self-healing. Hayes (2004) found that multiple factors create new strategies for self-awareness within SUD treatment, so interventions should focus on acceptance, mindfulness, thoughts/emotions, conflicts, values, attitudes/beliefs, spirituality, and relationships. Hayes' research illustrates that in order to determine an individual's cognition, one must look at a number of factors including the social environment. Hayes also discovered that behavioral therapy should be roughly categorized as a set of assumptions, methods, and goals that help organize these findings into research, theory, and practice. These categories have generated a number of research studies to determine effective ways of modifying behaviors.

Person centered theory. Carl Rogers grounded person-centered theory in the relationship between the client and the therapist (McLeod, 2014), which recommends that the individual should be the center of the treatment process. This particular project centered on each individual, but also provided a social atmosphere for collaborative learning from others. According to Sommers-Flanagan (2007), the nature of the relationship defined by Rogers centers on having the ability to determine an individual's real feelings and accepting their personal values, ultimately gaining a new perspective into the world through their eyes. Centering the recovery on the individual allows them to focus on internal feelings, which can lead to better awareness. Self-discovery is another way to determine the effectiveness of expressive writing.

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Having a voice in the recovery process can create a positive environment that will be beneficial to their healing.

Through decades of research, Rogers and other researchers have been able to maintain person centered theory. Rogers (1979) demonstrated how centering the practice, theory and research on the individual provides a clear picture and creates trust among the individuals involved. Having the ability to trust others can create positive relationships from various perspectives. This strategy can be effective for individuals to enhance their self-awareness through internal discovery. It also illustrates that in order to develop a connection, an individual must be able to express their own feelings about subjects without being judged in order to develop self-efficacy and achieve an intrinsic accomplishment.

The research reviewed provided knowledge and established theoretical framework in regards to cognitive behavioral, social learning and person-centered theories as well as expressive writing. It also investigated SUD treatments and theoretical comparisons to determine effective components for use in recovery. The theories reviewed have contributed to the development of this research and assisted in providing principles of healing through social interaction and self-discovery. The group interaction assisted with recovery success and allowed the opportunity for participants to provide their stories during recovery.

Relevant Literature

There have been numerous studies relating to expressive writing, specifically in relation to trauma. Slatcher and Pennebaker (2006) discussed that researchers are now exploring the social effects of expressive writing by confronting personal experiences, then sharing their thoughts with others to create supportive social interactions. Rather than focusing on the SUDs, facilitators can use expressive writing in order to promote collaboration among the participants

and discover social relationships. Three explanations have been developed to explain these results: first, expressive writing intervention repeatedly exposes individuals to the negative experience and allows them to address the fear or anxiety that can accompany the experience; second, the expressive writing intervention can help individuals confront their experience, reducing "inhibition" effects (restricting expression or activity); and third, expressive writing intervention allows individuals to vent their emotions (Sloan & Marx, 2004; Lepore, Greenberg, Bruno, & Smyth, 2002; Pennebaker 1989, 1993, & 1997; and Weick 1993 & 1995). Given these explanations, an expressive writing model appears useful as a framework for an intervention focused on individuals in SUD recovery.

Expressive writing models provide social interaction for individuals who need support or reassurance. Vermont's Writers for Recovery (2017) program has adopted a network of writing workshops, trainings and talks to inform communities on ways to cultivate support and nurturing. Their website indicates they offer workshops to recovery groups, residential treatment facilities, recovery organizations, and schools that want to discover the power of the written word to process trauma, build self-esteem, and promote a healthy image of people in recovery. This strategy could become a beneficial tool in the recovery process. According to a study conducted by the American Addiction Centers (2014) in regards to creative writing, "70% of participants admitted that they did not initially believe that a creative writing class would help them in their efforts to stay sober, 90% believed the class would have a direct impact on their recovery efforts when asked the same questions after their last session" (n.p.). Despite the national SUD epidemic, using expressive writing as an effective strategy to promote self-discovery and healing could be beneficial during recovery.

There is a lack of literature on the effectiveness of expressive writing as it relates directly

to SUDs. However, most individuals with SUD have experienced trauma at some point before, during or after their addiction. Research has indicated that psychiatric comorbidity is common amongst those seeking treatment for SUDs and is reported to be as high as 75% (Megranahan & Lynskey, 2017, p. 50 and Weaver et al., 2003). It is also reported that most SUD intervention studies tend to overlook the importance of psychological effects experienced through childhood abuse (Megranahan & Lynskey, 2017, p. 50 and Lopez-Patton et al., 2016). Since more studies are being conducted, it suggests that expressive writing and collaborative strategies encourage participants to explore themselves to discover empowerment and ultimately begin the healing process.

Research Methods

This project was grounded during group sessions conducted with women at a local residential recovery facility. In these group sessions, social interaction was utilized through expressive writing as well as emotional sharing. This project was related to a recent research study conducted with women at a recovery facility as well as a day report center. The participants included myself, Lee Ann Vecellio, Dr. Elizabeth Campbell as well as the women receiving treatment for SUDs at one residential recovery facility located in West Virginia.

This project was participatory action research in that it involved a dynamic educative process, an approach to social investigation, and an approach to take action to address a problem or to engage in sociopolitical action (MacDonald, 2012; Gillis & Jackson, 2002; Koch, Selim & Kralik, 2002; Marshall & Rossman, 2006; McTaggart, 1989; Morris, 2002; Selenger, 1997). Qualitative interviews were also conducted for the purpose of understanding personal addiction experiences as well as the women's perception using expressive writing during SUD recovery. Semi-structured interviews are often the sole data source for a qualitative research project.

Organized around a set of predetermined open-ended questions, other questions emerge from the dialogue between interviewer and interviewee (DiCicco-Bloom & Crabtree, 2006). The focus was the addiction experiences and emotional revelation of the women participating in the expressive writing program.

Observation and interviewing were two strategies used for data collection in this study. In-depth, semi-structured interviews were conducted to explore the research questions of this project. Expressive writing group participation was facilitated in conjunction with participant observation of social interaction at the recovery location. The interviews were logged and then reviewed by participants. Expressive writing documents were also used during group interaction during the study. Data collection and analysis occurred simultaneously with the goal being to determine whether expressive writing was effective for the women participants seeking treatment for SUDs. The final step of analysis consisted of evaluating the data to determine the extent to which expressive writing strategies provided empowerment for self-discovery and healing through the experiences of the women.

Significance of the Study

The project's results will be useful to criminal justice agencies, psychologists, SUD treatment facilities, communities, social workers, policy-makers, criminal justice/social work curricula and programs, and anyone who relates to SUDs. This study contributes to current literature regarding expressive writing strategies and trauma, but expands to convey knowledge about the addiction experiences of the women participating in a residential treatment facility that utilized this approach as a SUD intervention.

The project's findings may improve recovery and community efforts to assist with SUD treatment. The benefits received during collaborative recovery expressive writing could provide

others suffering from addiction the opportunity to discover self-awareness and begin the healing process. The findings of this study could contribute critical strategies to criminal justice agencies working in the field on building partnerships with recovery facilities as well as community organizations in order to improve SUD treatment efforts. The study presents fresh knowledge on Pennebaker's models of expressive writing in a residential recovery environment for women. Additionally, the findings can bring a better understanding on how emotions play an important role in SUD recovery. Finally, the results will be helpful in providing an effective intervention strategy to communities seeking positive change from substance addiction, but have limited resources.

The significant strength of this research is that it might point toward a role for expressive writing in addressing our growing SUD epidemic. Having knowledge of nationwide trends as well as personal concern for this topic from field experience created an advantage on this project. The connection and trust developed with the women during a prior project allowed me to authentically participate throughout this research. The expressive writing groups, participant observations, and semi-structured interviews provided me with confidence that the evidence I established is truthful and meaningful from the perspective of the participants in this study.

CHAPTER TWO: LITERATURE REVIEW

The purpose of this research project was to explore how participants experience a collaborative recovery expressive writing (CREW) workshop, individually as well as within a group setting, during recovery from substance use disorders (SUDs). The fact sheet published by the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (*DSM-5*) (2013) determined SUDs can be "classified as mild, moderate, or severe and occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment based on evidence of impaired control, social impairment, risky use, and pharmacological criteria" (p. 1). The extent of the SUD is individualized pursuant to their situation and addiction. Brady, Iwamoto, Grivel, Kaya and Clinton (2016) reported through past research that even though SUDs have traditionally been connected to men, recent research suggests a greater link to women, so understanding these complexities through individual risk factors and focusing contextual structures on behaviors that influence substance use are beneficial. These complexities can often be associated to treatment barriers stemming from past and/or present abuse, social stigma, or psychological disorders.

The relevant literature focused on SUDs; cognitive behavioral, social learning and person-centered theories; SUD treatments; and expressive writing. The numbers of those affected by SUDs have grown nationally; and the increase of addiction has uncovered a lack of treatment facilities specializing in counseling women through the recovery process. Since SUDs vary, identifying individual lifestyle and life history factors should become an essential part of their recovery. Greenfield (2017) stated, "women are statistically more likely to have experienced higher rates of childhood abuse and adult violence from men than their male counterparts" (p. 433). Victimization has not only been linked to mood and/or anxiety disorders,

but also SUDs. While there have been numerous studies conducted to determine the exact cause of addiction, there has never been one solution, so knowing about an individual's past can be beneficial when creating a treatment plan.

Substance Use Disorders

SUDs have been categorized to include substance abuse and substance dependence assessed on severity and specifically defining each substance as a separate disorder (*DSM-V*, American Psychiatric Association, 2013). These substances include nearly every addictive element from alcohol, to stimulants, to opioids. The main difference between abuse and dependence is dependent upon an established set of criteria by the American Psychiatric Association. The *DSM-V* has combined the criteria of abuse (originally four symptoms) and dependence (originally seven symptoms), but strengthened the requirements for diagnosis. The *DSM-IV* previously diagnosed substance abuse with one or more symptoms (out of four) and substance dependence with three or more symptoms (out of seven) (American Psychiatric Association, 2000); the *DSM-V* now requires two to three symptoms from 11 overall choices (American Psychiatric Association, 2013) (See Table 1). This modification is another illustration of the overwhelming influx in SUDs among individuals.

Table 1 *Comparison of DSM-IV and DSM-5 Substance Use Disorder Assessment*

Characteristic	DSM-IV	DSM-5
Disorder Class	Substance-related disorders, included only SUDs	Substance-related and addictive disorders class now includes SUDs and gambling disorder (formerly pathological gambling)
Disorder Types	Abuse and dependence hierarchical diagnostic rules meant that people ever meeting criteria for dependence did not receive a diagnosis of abuse for the same class of substance	SUD, substance abuse and dependence have been eliminated in favor of a single diagnosis, SUD
Substances Assessed	11 classes of substances assessed, plus 2 additional categories • Alcohol • Amphetamine and similar sympathomimetics • Caffeine (intoxication only) • Cannabis (no withdrawal syndrome) • Cocaine • Hallucinogens • Phencyclidine and similar arylcyclohexylamines • Inhalants (no withdrawal syndrome) • Nicotine (dependence only) • Opioids • Sedatives, hypnotics, and anxiolytics • Other drug abuse/dependence • Polysubstance dependence	10 classes of substances assessed, plus 2 additional categories • Alcohol • Stimulant use disorder, which includes amphetamines, cocaine, and other stimulants • Caffeine (intoxication and withdrawal) • Cannabis (with withdrawal syndrome) • Separated into phencyclidine use disorder and other hallucinogen use disorder • Inhalants (no withdrawal syndrome) • Tobacco • Opioids • Sedatives, hypnotics, and anxiolytics • Any other SUD

Disorders Assessed	**Substance abuse: One or more symptoms**
	• Recurrent substance-related legal problems
	• Recurrent substance use in situations where it is physically hazardous
	• Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home
	• Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance
	
	Substance dependence: Three or more symptoms in the same 12-month period (or one symptom if dependence criteria have been met previously in the lifetime)
	• Substance is taken in larger amounts or over a longer period than was intended
	• There is a persistent desire or unsuccessful efforts to cut down or control substance use
	• A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects
	• Important social, occupational, or recreational activities are given up or reduced because of substance use
	• Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by substance use
	• Tolerance, as defined by either:
	  1. a need for markedly increased amounts of substance to achieve intoxication or desired effect or
	  2. a markedly diminished effect with continued use of the same amount of the substance
	• Withdrawal, as manifested by either:
	  1. the characteristic withdrawal syndrome for the substance
	  2. the substance (or a similar substance) is taken to relieve or avoid withdrawal symptoms
		SUD: Two out of 11 criteria clustering in a 12-month period are needed to meet disorder threshold
		• Recurrent substance use in situations where it is physically hazardous
		• Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home
		• Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance
		• Craving or a strong desire or urge to use the substance
		• Substance is taken in larger amounts or over a longer period than was intended
		• There is a persistent desire or unsuccessful efforts to cut down or control substance use
		• A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects
		• Important social, occupational, or recreational activities are given up or reduced because of substance use
		• Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by substance use
		• Tolerance, as defined by either:
		  1. a need for markedly increased amounts of substance to achieve intoxication or desired effect or
		  2. a markedly diminished effect with continued use of the same amount of the substance
		• Withdrawal, as manifested by either:
		  1. the characteristic withdrawal syndrome for the substance
		  2. the substance (or a closely related substance) is taken to relieve or avoid withdrawal symptoms
		Note: This criterion is not considered met for those taking opioids, sedatives, hypnotics or anxiolytics, or stimulant medications solely under appropriate medical supervision

Severity	No severity criteria	**Severity is assessed in terms of the number of symptoms that meet criteria:** • Mild: two to three symptoms • Moderate: four to five symptoms • Severe: six or more symptoms
Additional Specifications	With or without physiological dependence, early full remission, early partial remission, sustained full remission, sustained partial remission, on agonist therapy, and in a controlled environment	Early or sustained remission and if the person is in a controlled environment where access to the substance is restricted

Source: DSM-IV = *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition; DSM-5 = *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition; Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK519702/table/ch2.t1/

Historically the majority of those diagnosed with SUD have been men, but the difference in numbers between men and women has been narrowing. To put this in perspective, 1,841,242 individuals sought admission into a treatment facility for a SUD in 2015: 34.7% were women and 65.3% were men compared to 1,849,548 seeking treatment in 2005: 31.8% were women and 68.2% were men (Center for Behavioral Health Statistics and Quality, Treatment Episode Data Set, 2005-2015. These statistics and other relevant data demonstrate the increase occurring in women with SUDs. The World Health Organization, World Mental Health Surveys reported the traditional roles between genders are transitioning, and this could be associated with the gender gap in SUDs decreasing (McHugh, Votaw, Sugarman, & Greenfield, 2017). As part of this transition, more women have entered the workplace while maintaining the obligations of a family and home. These increased responsibilities create added stressors on daily performance (Greenfield et al., 2010).

Traditionally treatment and research were directed toward men and their associated issues with SUDs. However, since women with SUDs are rising, there has been an increased demand for information to guide recovery support for women. The expanding research on SUD differences among men and women illustrates the need for research focusing on women with SUD to improve treatment (Agabio, Campesi, Pisanu, Gessa, & Franconi, 2016). With the lack of knowledge on gender trends, conducting more research concentrated on women centered treatment and SUD characteristics is crucial. Within the evidence collected to date, researchers applied new terms to define SUDs as well as their relevant recovery strategies. For example, the term "telescoping" describes the process from the beginning stages of substance use into a substance use disorder to the need for treatment (Greenfield et al., 2010). Being able to recognize the development of addiction is essential within recovery support. Another term

discussed in the research is "stages of change" which illustrates the level of motivation an individual identifies with during recovery. The six stages of change according to Center for Substance Abuse Treatment, Treatment Improvement Protocol (TIP) (1997) are as follows:

1. Precontemplation – Not seeing the behavior as a problem or not wanting to change the behavior. This stage is sometimes characterized as "denial."

2. Contemplation – Beginning to understand that the behavior is causing difficulties in living or taking a toll on their health and happiness.

3. Preparation/Determination – Considering various options for change.

4. Action – Taking concrete steps to change the behavior in a specific way.

5. Maintenance – Avoiding relapse into the problem behavior.

6. Relapse – Slipping back into problematic use or abuse. (p. 33)

Research focused on genders associated with SUDs identified a number of differences (Agabio et al., 2016). One described emotional stressors as being an influencer of substance use behaviors among women (Brady et al., 2016 & Dragan, 2015). The same emotional stressors creating the SUD also became linked to barriers associated with seeking treatment. Greenfield et al. (2010) indicated women contend with gender-specific treatment barriers, such as childcare responsibilities, transportation issues, financial status, and social stigma. Being concerned with these factors can prolong emotional stressors and exacerbate the SUD.

Knowing which specific elements contribute to women not admitting themselves into treatment should be helpful when determining a strategy for recovery. Greenfield et al. (2010) documented "initiation, use patterns, acceleration of disease course, and help-seeking patterns are affected by gender differences in biologic, psychological, cultural and socioeconomic factors" p. 10. Having the ability to understand an individual's background is just as important

in SUD treatment as the recovery techniques. Merikangas and McClair (2012) reported five

applications of genetic epidemiology that will advance the understanding of SUDs:

1. Establishment of population-based registries of SUDs that will be increasingly

   valuable in validating the numerous genetic tests that will emerge from advances in

   human genetic research and the Human Genome Project;

2. Identification of more homogeneous subtypes of complex disorders through family and

   high-risk research investigating biologic and contextual factors;

3. Investigation of familial patterns among affected and unaffected probands to estimate

   the strength and mode of genetic transmission;

4. Quantification of risk at the levels of the individual and population (i.e., absolute risk;

   relative risk, attributable risk); and

5. Development of a richer conceptualization of environmental factors that may be

   important mediators of expression of genetic risk for SUDs through integration of the

   tools of genetic epidemiology, behavioral neuroscience, developmental psychology,

   and neuroscience (p. 786).

The recognition of these factors could be beneficial to recovery facilities in the early

phases of SUDs; however, not understanding the whole person still creates a barrier to SUD

treatment.

Many SUD treatment agencies are initiating evaluations throughout an individual's

therapy to determine if their individualized factors have changed. When providing recovery

interventions, it is necessary to maintain current information regarding each individual and revise

the strategies if necessary. Repper and Perkins (2003) expressed "recovery is about people's

whole lives, not just their symptoms" (p. 87). If the treatment only focuses on indicators, the

individual may not receive the necessary help to sustain sobriety. With the number of people needing help who approach them daily, it is essential for recovery facilities to be prepared for every situation and assist however necessary. Preparedness is extremely important, especially since the way an individual copes with the aftermath is critical for maintaining recovery.

       Women, trauma and substance use disorders. Knowing when individuals have experienced past trauma is essential when working with women suffering from SUDs. The American Psychiatric Association, *DSM-V* (2013) defines the elements of a traumatic event within the framework of post-traumatic stress disorder (PTSD) particularly exposure to actual or threatened death, serious injury or sexual violation. Even though individuals experience traumatic events without a co-occurring SUD, the combination is very likely. López-Castro, Hu, Papini, Ruglass and Hien (2015) revealed "women with trauma histories and SUDs are likely to have more severe and complex clinical presentations, are more difficult to engage and retain in treatment, relapse to substance use faster and have generally poorer SUD outcomes" (p. 242). The importance of this information is crucial when working with women suffering from SUDs.

       Trauma was reported as a factor in 80% of women seeking SUD treatment, with at least half illustrating symptoms of posttraumatic stress disorder (Leppard, Ramsay, Duncan, Malachowski, & Davis, 2018). Addressing an individual's well-being and self-healing during treatment is critical for recovery success. When an individual experiences trauma, they may not have the ability to give 100% to their recovery, which could result in relapse. Trauma can create recovery barriers for individuals, so incorporating self-reflection into treatment may provide motivation or powerful insights into personal awareness (Bishop, Benz, & Palm Reed, 2017). This project allows participants the opportunity to reveal emotional trauma and receive support through social interaction. Focusing on the individual woman first while avoiding labels, rather

than examining the problem or situation allows participants to recognize, develop, and sustain personal strengths and individual characteristics (Kruk & Sandberg, 2013).

Looking at trauma from another angle, the Substance Abuse and Mental Health Services Administration (SAMHSA) (2017) indicated trauma could result from a single event, series of events or personal circumstances that physically or emotionally caused harm with adverse effects on mental, physical, social, emotional or spiritual well-being. This definition expands trauma to a broader category, not necessarily resulting in PTSD. Kilpatrick et al. (2013) surveyed a national sample of U.S. adults (*N* = 2,953). The results revealed 89.7% of respondents were exposed to at least one *DSM-V* event, 53.1% (58.6% women and 47.1% men) had experienced direct interpersonal violence including physical abuse, aggravated assault, rape and other sexual assault; 29.7% (42.4% women and 15.8% men) had been sexually assaulted; 43.7% (44.9% women and 42.4% men) had been physically assaulted. The likelihood of exposure to trauma explains these statistics, which likely makes some more susceptible to SUDs.

Even though traumatic events do not always result in PTSD, it is essential to recognize the framework. The American Psychiatric Association, *DSM-V* (2013) is more attentive to behavioral symptoms with four diagnostic clusters shown below. Having the ability to recognize these components can be essential for treatment purposes.

1. Re-experiencing relates to spontaneous memories, flashbacks, or dreams of the traumatic event prolonging psychological distress

2. Avoidance refers to distressing memories, thoughts, feelings or external reminders of the event

3. Negative cognitions and mood represent myriad feelings of blaming self or others to estrangement from others or activities to an inability to remember key aspects of the

traumatic event

4. Arousal distinguishes aggressive, reckless or self-destructive behavior, sleep
   disturbances, hypervigilance or related problems.

Recent research and data detect a connection between trauma and SUDs. This data illustrates the necessity of treatment facilities having the ability to identify PTSD symptoms since 20%-30% of SUD clients present with diagnostic criteria (Van Dam, Ehring, Vedel, & Emmelkamp, 2013). These particular trends correlate with other research documenting the common comorbidity of SUDs and PTSD (Sheerin et al., 2016). Treating PTSD and SUDs concurrently can assist in recovery success, but carefully monitoring the processes is critical. Some of the latest research has reported targeting both PTSD and SUDs at the same time can result in participants not completing the treatment (Szafranski et al., 2017). Paying particular attention to the severity of the SUD and the PTSD is crucial for individuals to continue treatment.

Although a link between SUDs and PTSD has become clear, research is continually being conducted to determine the best approach. Data from the 2012-2013 National Epidemiologic Survey on Alcohol and Related Conditions (N = 36,309) resulted in a 4.7% past-year and 6.1% lifetime prevalence of *DSM-V* PTSD affected U.S. adults, with higher rates among women and individuals older than 65 years of age (Goldstein et al., 2016). These figures illuminate the concern among treatment providers to establish trauma informed practices for individuals with SUDs. Merikangas and McClair (2012) indicated relating epidemiology to SUDs have produced data and patterns on a nationally representative sample. Knowing this particular information cannot only guide treatment interventions, but also assist with health concerns to particular communities.

Throughout recovery, individuals need strong support systems to maintain concentration. Having the ability to influence intended change in others so they will be more likely to sustain sobriety is powerful. Sometimes individuals lose sight of their original goals, which causes a shift in focus and loss of trust in their intentions, motives or actions. However, if individuals choose to emphasize self-discovery and healing, they are more likely to stay motivated. Some individuals within recovery facilities utilize their available resources for personal achievement, which often involves the staff and interventions. This collaboration often creates a social interaction within the organization. This project has allowed each individual to participate in activities and provided them the opportunity to express their emotions through journaling. This concept created a support structure among participants, provided a safe haven for them to share their experiences, and illustrated an influential learning environment for each participant.

Effective components of substance use disorder treatment. The opioid epidemic targeting West Virginia and much of the United States has created an escalation in SUDs. Although some efforts to address addiction in these areas has occurred, the magnitude of individuals needing treatment is overwhelming. The increase in SUDs ultimately leads to wait lists until appropriate resources are available. Women with SUDs are steadily increasing (McHugh et al., 2017), so the paucity of women focused SUD treatment makes accessing that treatment increasingly difficult (Sugarman, Reilly & Greenfield, 2017). Not only do women face the challenge of finding and being admitted to a treatment facility, they also face the fear of losing custody of their children when they leave for treatment (Elms et al., 2018). This fear often creates a barrier for women seeking treatment. The lack of resources could also cause an individual to lapse back into addiction or possibly even death.

Since individuals have different concerns, there are multiple factors to consider when

developing an SUD intervention plan. In order to determine what recovery components to

include, individualizing the treatment adopted is essential. The recent research discussed how

the evolution of recovery should include a social component in order to educate individuals on

different SUD strategies. It also focused on targeting self-care and a healthy life balance

(Greenfield, 2017) through a multidisciplinary approach using education, psychotherapy, and

recovery skills (Leppard et al., 2018). Providing these individuals with coping mechanisms to

handle the effects of suffering from a SUD is essential. This expansion of methods can provide

individuals with multiple philosophies to utilize for recovery as well as self-awareness.

Individual components of substance use disorder treatment. While there is no perfect

SUD treatment plan, the research revealed focusing on the individual is crucial. In the stages of

change, motivation demonstrates the intensity of a person's desire to change their behavior.

Through this psychological process, motivation gives behaviors purpose and often provides the

direction needed to achieve specific goals or objectives. This internal drive arouses, directs and

maintains human behavior through self-motivation. NIDA (2018b) released a research-based

guide outlining SUD treatment. The defined principles of effective treatment are as follows:

1. Addiction is a complex but treatable disease that affects brain function and behavior.

2. No single treatment is appropriate for everyone.

3. Treatment needs to be readily available.

4. Effective treatment attends to multiple needs of the individual, not just his or her

   drug abuse.

5. Remaining in treatment for an adequate period of time is critical.

6. Behavioral therapies—including individual, family, or group counseling—are the

   most commonly used forms of drug abuse treatment.

7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.

8. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs.

9. Many drug-addicted individuals also have other mental disorders.

10. Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse.

11. Treatment does not need to be voluntary to be effective.

12. Drug use during treatment must be monitored continuously, as lapses during treatment do occur.

13. Treatment programs should test patients for the presence of HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases as well as provide targeted risk-reduction counseling, linking patients to treatment if necessary (National Institute on Drug Abuse, 2018b, p. 5-8).

The above referenced research determined individualizing the treatment is an essential component of SUD treatment. These principles of effective treatment illustrate that individuals need to focus on themselves and their needs during the recovery process. Allen and Olson (2015) reported that collaborative relationships, motivational interviewing, therapeutic alliance, emotional bonds, and therapeutic techniques are considered essential components for treatment efficacy. This particular project incorporated each of those strategies and created a social bond among the participants. In order to maintain the relationships and motivation, frequent meetings were necessary to ensure the delivery of appropriate recovery measures. The meetings also kept the individuals informed about their current progress and next steps.

Maslow's motivation model in substance use disorder treatment. When addressing

an individual's needs, one way to determine the plan of action is to incorporate Maslow's

Hierarchy of Needs into the treatment. Abraham Maslow founded this theory of motivation with

a humanistic approach to the needs of individuals (Maslow, 1943). The main idea is that there

are different levels to an individual's needs, and that these needs are always shifting. Originally,

the levels were divided into three areas of need: basic (physiological needs – food, water,

warmth, rest and safety needs – security, safety), psychological (belongingness & love needs –

intimate relationships, friends and esteem needs – feeling of accomplishment) and self-

fulfillment (self-actualization needs – achieving one's full potential) (Maslow, 1943). However,

the levels were later expanded to include cognitive needs and aesthetic needs (Maslow, 1970)

and the hierarchy was redesigned into two main areas, deficiency and growth. Maslow argued

that the lower needs must be satisfied first in order to accomplish the higher levels. Achieving

the first four levels (deficiency needs) can be challenging for individuals with SUD, but are

necessary before focusing on the second four levels (growth needs).

When an individual enters SUD treatment, achieving the physiological needs of

Maslow's hierarchy begins. Most recovery facilities provide an individual with food, water and

rest in order to create a comfortable environment for her to begin recovery. Although this allows

a safe and secure atmosphere, it may take time to accomplish this level. Feeling safe is often not

immediate, so facilities must create a supportive environment with social inclusion in order to

promote this atmosphere (Repper & Perkins, 2003). Once these basic areas are addressed, the

recovery process can begin to incorporate the psychological and self-fulfillment need areas.

In order to address the belongingness and love needs, strong recovery leadership in the

facilities is critical. Having the ability to influence an individual's motivation to change using

values and goals individualizes this process. United States First Lady Eleanor Roosevelt

declared, "A good leader inspires people to have confidence in the leader. A great leader

inspires people to have confidence in themselves" (Goalcast, 2017, n.p.). Being influential

among individuals in recovery creates a relationship component, but it should also incorporate

mentors to establish comfort, acceptance and trust. One way to incorporate this into the recovery

process is through a peer support group (Tracy & Wallace, 2016) by sharing knowledge,

experiences, coping strategies, and understanding. When an individual feels accepted and loved,

this often increases their esteem and achievement. Some individuals naturally find the

characteristics necessary for self-dependence; however, others discover them through

experiences or situations. Even though individuals possess different levels of need, they are

important to determine so an individual can be successful.

Once the deficiency needs are met, the growth need exploration begins beginning with

cognitive. Maslow (1970) illustrated that cognitive needs focused on knowledge and

understanding. Exploring an individual's needs and attitudes assists in the development of

effective treatment (Dong, Must, Tang, Beckwith, & Stopeka, 2018). Addressing the cognitive

area provides a connection on an individual level. Life experiences and education assist with

developing the ability to adapt and communicate these understandings more easily. Aesthetic

needs rely heavily upon balance, support, and appreciation (McLeod, 2018) received from the

recovery community. This need focuses on the importance of collaboration between recovery

and life in order to achieve their goals. Comprehension of what works for each individual is

crucial to establish the form.

Only after acknowledging and embracing the first six needs can self-actualization and

transcendence be attempted. Maslow's Motivation Model illustrates the necessary needs an

individual must acquire in order to be successful in recovery. Not only is it important to

incorporate these characteristics, traits, and principles into their daily lives for motivation, a more

potent element is the commitment to change (Kelly & Greene, 2014). Given that motivational

levels vary, committing to change SUD behaviors creates accountability and ownership from the

individual's perspective. Having this experience illustrates that personal potential, which allows

for growth and fulfillment for the self-actualization need (McLeod, 2018). Some individuals

may realize this growth while participating in SUD treatment, but lose motivation when

treatment is complete. Even if an individual learns the recovery skills necessary to maintain

sobriety, they must understand recovery does not end after treatment; it is a continual journey

(Repper & Perkins, 2003). Once this realization occurs, the transcendence need can start

incorporating entities beyond the person itself.

Most individuals in recovery develop certain skills that allow them to manage their

sobriety, but having a social connection in the community is helpful. Kruk and Sandberg (2013)

concluded incorporating a safe, supportive community transition is necessary for maintaining

sobriety. Returning an individual to a harmful environment could create a barrier to continuing

recovery. Leppard et al., (2018) discussed the importance of programs utilizing a harm-

reduction approach in SUD treatment. During recovery, an individual must have the ability to

focus on their personal goals and objectives in the community to maintain sobriety. They need

continued encouragement from counselors, sponsors, and peers because without support, they

may relapse.

Recovery facilities need to incorporate ways of retraining women to envision different

futures into their program in order to provide aftercare support and reliance for individuals

transitioning from SUD treatment back into their respective communities. Individuals in SUD

treatment need to have the ability to look beyond the box and recognize risky situations that could be harmful to their sobriety. Having a strong social support can guide these women through decision making, problem solving, communicating, and listening. When an individual experiences effective treatment, the recovery process will run smoother, which results in community support.

Social Learning Theory

In 1939, Sutherland determined interaction and association with others who engage in certain behaviors will increase the likelihood that individual would engage in the same behavior (Fox, 2017). Differential association theory is the best way to describe this behavioral explanation. However, in 1966, Burgess and Akers took Sutherland's theory one-step further and indicated social interactions are how an individual learns to associate certain behaviors as acceptable through rewards and/or punishments (Fox, 2017). Finally, in 1976 Bandura concluded that individuals learn behaviors from others through modeling (Fox, 2017). These philosophies have provided explanations for many social exchanges among criminal justice professionals. Therefore, the last few decades, researchers have studied the effects an individual's social environment has in regards to their SUDs.

Social learning theory (SLT) utilizes a variety of points in order to achieve successful cooperation within a recovery environment. This particular theory explains how individuals learn and introduces new opportunities that could enhance recovery through collaborative support. An effective component of group interaction during recovery is the social learning aspect provided through observation of other group members during their recovery journey (Best et al., 2015). Cooperative discovering allows individuals with SUD to interact within group settings and collaborate with others in recovery. This collaboration presents an opportunity for

self-discovery and provides feedback to increase motivational efforts.

SLT supports the observation of human behaviors to strengthen the recovery process through social interaction. These experiences can produce a positive environment between individuals with SUD and facilitators. Therefore, providing recovery participants with structure and positive reinforcements allows them to utilize certain aspects of social learning. Recovery facilitators can employ the treatment as a way of providing a positive model for behavior. This technique could transform the recovery process into a motivating healing environment. Reviewing research associated with this theory provided confidence in its application and practice. This theory gave insight into the importance of observing behaviors and social interaction, which is highly emphasized in social learning. As Bandura (1977) indicated, individuals have the ability to determine their options and the possible negative and positive consequences of potential behaviors before they act. Observation of the interactions among recovery participants was imperative for understanding the motivations influencing their behaviors. Facilitators could utilize incentives to engage and promote reinforcements during the recovery process. Killeen (2014) indicated utilizing conditioning assists with restructuring negative habits into positive by positively reinforcing the behaviors. These interactions occurring during SUD treatment sessions can promote positive modeling through direct observation.

Interaction with others offers individuals a variety of ways to respond in a particular situation. As Johnson and Johnson (2005) indicated, "interaction is defined as individuals' simultaneous or sequential actions that affect the immediate and future outcomes of the other individuals involved in the situation" (p. 292). Interactions between individuals with SUD and facilitators are imperative for transferring recovery knowledge. Best et al., (2015) indicated the

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constancy of focusing on recovery will increase the more individuals become involved with group interactions. The conveyance of this information could occur indirectly or directly through interactions, which Johnson and Johnson (2005) describe in this way:

> direct interaction takes place through such means as oral, written, or electronic communication and indirect interaction occurs when a person acts in a way that increases or decreases the other persons' chances for successful goal accomplishment without actual interaction taking place. (p. 292)

The direct interactions occurred through SUD treatment sessions and conversations whereas indirect interactions occurred through facilitator modeling or observing.

Numerous researchers have investigated SLT in a variety of settings. There have been a number of studies conducted to determine the effects of behavior modification through prosocial modeling utilizing SLT. This theory expresses a cyclic reaction wherein individuals learn from within their environment, display learned behaviors through social interactions, and receive positive or negative consequences for the action. According to Johnson and Johnson (2005), SLT describes how the barriers or successes of their goals affect an individual's positive or negative actions. This explanation recommends that integrating positive relationships within their environment can create prosocial interactions among individuals with SUDs. Having the ability to interact with others can create a learning atmosphere from various perspectives. This integration within the recovery process can increase participant achievement and incorporate a prosocial learning environment. Creating positive exposures throughout the recovery process assisted with establishing a successful routine.

Archer-Kath, Johnson, and Johnson (2001) found under most conditions group settings were more productive than individual sessions except when dealing with feedback. The researchers also discovered feedback was more effective on an individual basis when attempting to increase motivation and influence higher achievement among group members. Best et al.,

(2015) concluded increasing positive social networks is critical for long-term recovery success from SUD. Through their research, Archer-Kath et al., (2001) determined the best way to build positive relationships and supportive mentorships among group members was to provide individual feedback. This feedback helps develop a social existence where an individual collaborates with others and continues to improve where needed.

These recovery models are adapted into multiple interventions and research has determined their effectiveness. SLT is most effective when utilizing a simple framework. The more structured collaborative recovery becomes, the higher achievement and motivation for sobriety becomes. Even though the research reviewed illustrated that SLT for modifying behaviors has been effective, recovery facilities have to consider other methodologies of instruction to ensure individuals with SUD sustain engagement and motivation.

Incorporating this setting can be applicable in any recovery facility. This type of instruction offered the participants a different perspective from each individual within the group. The group communication assisted with broadening the individuals' thought process while also providing critical thinking skills. Once the group session was complete, each participant's assessment focused on their individual experiences and comprehension of recovery strategies. Accountability for sobriety is very important for recovery to be successful. Therefore, each person should constitute a sense of responsibility to the group and the shared information.

Social learning theory originated from the prominence of connections between individuals and their environment. Some of the recovery strategies to illustrate the effectiveness of SLT were group interactions, social inquiry, role-playing, collaborative learning, and many others. The group interaction assisted with individual feedback allowed participants the opportunity to be accountable for their recovery. Although SLT includes strengths and

weaknesses, these techniques tailored an individual with SUD achievements through social interaction. If all recovery models were the same, SUD treatment would be limited in delivering interventions. However, every individual recovers differently, so facilities must integrate different recovery strategies into the treatment.

SLT is widely used to explain human interaction. In past work conducted as a research specialist for the state of West Virginia, group sessions with participants suffering from SUD provided coping strategies during their integration back into the community. During their sessions, practicing group interactions as well as role-playing illustrated SLT strategies. Integration of these social interactions with other interventions is critical since individuals learn from what they see and hear. Exhibiting prosocial behavior within these group sessions was imperative for participants to know what is acceptable and reinforce prosocial actions when demonstrated.

Cognitive-Behavioral Theory

Historically, psychologists and theorists have studied individual behaviors in order to determine the reasons for SUDs. Research has offered insight into these particular behaviors and provided treatment suggestions for addiction. Cognitive Behavioral Theory (CBT) is one of the most widely adopted theoretical frameworks for treating SUDs (Windsor, Jemal, & Alessi, 2015). This particular theory demonstrates an individual's ability to control their actions through a variety of emotion regulation techniques, which can improve success in recovery. Allowing individuals to become accountable for their recovery while providing positive feedback increases motivational efforts to change.

CBT employs a clearly defined approach in order to achieve successful reinforcement of positive behaviors while engaged in the recovery environment. The basis for CBT is to

redevelop an individual's current thought process by having them pay particular attention to the thoughts and feelings that lead to their behaviors (Lanza, García, Lamelas, & González-Menédez, 2014). This approach creates a person-centered treatment adapted to their personal history and criminogenic needs. Recent studies have reported that CBT focuses on individual behaviors, which result in preventing relapse (Sudhir, 2018). Having strategies to cope with one's personal addictive behaviors will assist with maintaining sobriety.

There have been several adaptations of CBT implemented through the years, such as Ellis' Rational Emotive Behavior Therapy (REBT), Beck's Cognitive Therapy (CT), and Meichenbaum's Cognitive Behavior Modification (CBM). The REBT approach, developed by Albert Ellis in the 1960s allows individuals to realize their experiences do not define their life path, but the constant thoughts of the past create disturbances toward the future (Pelusi, 2015). The CT approach, fathered by Aaron Beck in the 1960s, broadens REBT by delineating thoughts, feelings/emotions and attitudes/beliefs often drive human behavior (Beck, 1997). The CBM approach takes CBT one-step further and attempts to reprogram an individual's negative experiences into a more positive outlook (Meichenbaum, 1993). These particular therapies, originally developed to treat depression and anxiety disorders, must be adapted to address the specific needs of women in recovery.

An individual's thoughts are instinctive and most do not recognize them prior to engaging in the behavior. Part of the CBT process is having individuals identify the thoughts and associated emotions and determine how those components affect their actions (Beck, 1997). Another CBT component addresses the attitudes and beliefs of an individual. Attitudes and beliefs often dictate personal principles that guide daily decisions. Established throughout childhood and adolescent experiences, most attitudes/beliefs influence an individual's well-being

and behaviors (Beck, 2016). Through these developments, psychologists and theorists have

continued to study human behavior in order to determine the cause of a person's actions. In

particular, CBT research has offered awareness into these reasons and provided treatment

suggestions for SUDs.

The research reviewed concentrates on strategies employed by facilitators to gather a

more detailed inspection of an individual's background. Beck (2016) defined personal

disturbances or concerns as cognitive distortions, which can include

1. Arbitrary inference, process of drawing a conclusion when evidence is lacking or is

   actually contrary to the conclusion. This type of deviant thinking usually takes the

   form of personalization (or self-reference).

2. Overgeneralization, process of making an unjustified generalization based on a single

   incident.

3. Magnification, propensity to exaggerate the meaning or significance of a particular

   event.

4. Cognitive deficiency, disregard for an important aspect of a life situation. These

   individuals sacrifice long-range satisfaction or expose themselves to later pain or

   danger in favor of immediate satisfactions. This category includes problems such as

   alcoholism, obesity, drug addiction, sexual deviation, and compulsion gambling (p.

   779).

Realizing these personal incidents create certain response patterns and cause distress for

many individuals with SUDs, CBT can assist with appropriate techniques in resolving these

distortions. Defining these categories have provided the recovery field with a better

understanding of CBT components and ways to adapt the methods based on an individual's

needs.

CBT initiated from the importance of understanding how cognition affects individual behaviors. Some of the strategies employed to demonstrate the efficiency of CBT are classical conditioning, coping skills, problem-solving skills, and cognitive restructuring techniques (Tanner-Smith, Steinka-Fry, Kettrey, & Lipsey, 2016). These interactions support recovery success and permit individuals with SUD the ability to be responsible for their recovery. However, modifying the methods of CBT to mirror each individual's needs allows them to achieve personal engagement and motivation through their behavior reinforcements. Given that individuals recover from SUD at different paces, CBT allows facilitators to utilize different techniques within treatment settings to sustain enthusiasm and integrate commitment into the recovery objectives.

Corroborating CBT strategies recommends that integrating positive relationships within recovery can create prosocial interactions among participants and promote good behavior practices. These social interactions create an environment for individuals with SUD to engage in the recovery process and recognize positive behaviors appropriate for sobriety. CBT is widely used in recovery facilities today and has been shown to reduce substance use by teaching individuals with SUD to recognize risky situations, develop coping skills, examine behavioral consequences, and identify triggers (Windsor et al., 2015 and National Institute on Drug Abuse, 2018b). Several CBT models have been adopted to utilize with offenders in the State of West Virginia for SUD treatment.

CBT for substance use disorders has been effective alone and when combined with other treatment strategies (McHugh, Hearon, & Otto, 2010). If an individual has multiple concerns, addressing each one is pertinent for recovery success. When determining CBT treatment

efficacy in combination with depression, SUD and trauma, integrated cognitive behavioral

therapy (ICBT) has become a common strategy (Haller et al., 2015). Incorporating multiple

treatments can assist in the recovery process while providing individuals with SUD coping

mechanisms for other underlying issues.

A meta-analysis of research articles evaluated the effectiveness of CBT in treating

substance use disorder. One meta-analysis included 34 randomized controlled trials with 2,340

patients treated and yielded a moderate overall effect size ($d = 0.45$), with larger treatment effect

sizes found for the treatment of cannabis followed by cocaine, opioids and the smallest effect

size for polysubstance dependence (McHugh et al., 2010). In a standard systematic review of

SUD treatment, Tanner-Smith et al. (2016) evaluated 61 independent study samples, which

included 82% of treatment delivered at an outpatient level, 33% of treatment delivered in a group

setting, and 29% involved families in most treatment sessions. This meta-analysis focused on

Assertive Continuing Care (ACC), Behavioral/Contingency Management (BCM), Cognitive

Behavioral Therapy (CBT), Family Therapy (FT), Motivational Enhancement Therapy (MET),

MET/CBT, Pharmacological Therapy (PT), Psychoeducational Therapy (PET), Group/Mixed

Counseling (GMC), and Multi-Service Package (MSP) to determine effectiveness. From these

treatment programs, the largest reductions in substance use were observed for MET/CBT, FT,

and CBT programs (Tanner-Smith et al., 2016). The research clearly supports CBT as an

effective treatment for SUD. While CBT has shown treatment effectiveness, the question

remains whether delivery of CBT to more individuals with SUD using fewer resources is

possible.

Another recent meta-analysis (Windsor et al., 2015) examined substance use outcomes of

CBT. Sixteen studies were included and reported CBT as an effective intervention for reducing

substance use. These results further support the use of CBT to reduce SUD by focusing on an individual's thoughts and behaviors. Sudhir (2018) explained CBT is a structured, time limited, evidence based psychological therapy for a wide range of emotional and behavioral disorders, including addictive behaviors. Therefore, CBT assists a SUD individual in identifying their personal thoughts, feelings, attitudes/beliefs and restructuring them to maintain recovery success. Beck (2016) defined CBT as a set of operations focused on a patient's cognition (verbal or pictorial) and on the premises, assumptions, and attitudes underlying these cognitions. Consequently, recognizing these cognitions allow her to restructure her thought processes, so the behaviors will ultimately change.

  Cognitive-Behavioral Theory & Expressive Writing. Expressive writing is a form of processing an individual's experiences through journaling. Adding the CBT component into this treatment allows an exploration of thoughts and emotions from experiences and restructuring those through self-awareness. Pascoe (2017) reviewed a variety of studies surrounding expressive writing treatment within clinical settings to determine its effectiveness. One particular study by Lange et al. (2003) focused on integrating three components of CBT, exposure, cognitive restructuring and social sharing and support, into expressive writing sessions. This research included 184 participants; 122 were included in the therapy group and 62 were part of the control group. After considering the dropout rate, 78 remained in the therapy group and 32 remained in the control group. The results of this study illustrated the treatment group improved at a much larger rate than the control group as well as significant decreases in anxiety, depression, somatization, and sleep problems (Lange et al., 2003). Multiple studies conducted on CBT and expressive writing with both offering brief intervention sessions affected behavior and cognition for a wide range of individuals (Pennebaker, 2004). By implementing

this combination of therapies into SUD treatment, individuals will have the opportunity to explore thoughts/feelings, write about experiences, discover self-awareness, share their story, and receive support.

Person-Centered Theory

The literature provided guidance on the application of the person-centered theory (PCT) within the recovery process. Reviewing research and theories associated with this strategy offered awareness into the importance of feelings and the exploration and reflection through individualism. Often when individuals allow their feelings to guide their recovery process, it can become problematic. However, the conveyance of emotions could boost the individual personally, which motivates self-discovery. Individuals are unique and possess different characteristics. These characteristics play a role in their recovery process, which helps to create a personal healing environment. Having their personal experiences connect with their recovery is pertinent because it allows individuals to build self-efficacy and accountability for their sobriety (Repper & Perkins, 2003).

Recovery strategies have varied for SUD treatment because new research has provided different techniques to utilize during the recovery process. The PCT encompasses different strategies that utilize an individual's thoughts and feelings to further their recovery knowledge. One of the approaches discovered was a person-centered therapeutic strategy. This strategy illustrated that individuals can use creativity and personal awareness to transfer knowledge successfully. It also determined that individuals with SUD should be the center of the recovery process and the interventions should be a non-directive approach. A non-directive approach allows individuals to become accountable for their recovery and direct their own sobriety. This method presents the individual with an opportunity to obtain higher achievement and allows

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facilitators to reflect on the experiences through a person-centered approach (Wagner & McMahon, 2004).

In order for the individual to achieve their recovery goals, the presentation of the SUD treatment should include their personal experiences. When individuals realize they have the ability to think for themselves, it gives them the confidence to strive for more. McLeod (2014) concluded that Rogers defined individuals who are able to self-actualize, which does not include everyone, as fully functioning persons. These fully functioning persons identify with these five characteristics:

1. Open to experience: both positive and negative emotions accepted. Negative feelings are not denied, but worked through (rather than resorting to ego defense mechanisms).

2. Existential living: in touch with different experiences as they occur in life, avoiding prejudging and preconceptions. Being able to live and fully appreciate the present, not always looking back to the past or forward to the future (i.e. living for the moment).

3. Trust feelings: feeling, instincts and gut-reactions are paid attention to and trusted. People's own decisions are the right ones and we should trust ourselves to make the right choices.

4. Creativity: creative thinking and risk taking are features of a person's life. A person does not play safe all the time. This involves the ability to adjust, change, and seek new experiences.

5. Fulfilled life: person is happy and satisfied with life, and always looking for new challenges and experiences (McLeod, 2014, p. 2).

Once Rogers established the characteristics of a fully functioning person, he began to

further research how to integrate these strategies into other areas.

The PCT centers the SUD treatment around each individual by focusing the recovery process in a manner that works best for that individual. A claim for PCT is that this method allows individualized interventions for each participant's treatment. This theory allows the individuals with SUD to connect their recovery sessions to an emotional and personal understanding, which acknowledges acceptance and increases an individual's self-efficacy. These characteristics can enhance an individuals' sobriety through discovering these abilities. According to Rogers (1979), the most impressive fact about the individual is their directional tendency toward wholeness and actualization of their potentials. Therefore, allowing individuals with SUD to discover their own capabilities will allow facilitators the opportunity to expand their recovery knowledge.

Revisions of SUD treatment programs are periodically necessary within recovery groups to ensure they are still person-centered. Often when individuals allow their feelings to guide their recovery process, it can become very comforting. This relief could boost the individual personally, which will intrigue their knowledge for recovery. Rogers (1979) described persons in a nurturing environment as being able to develop more self-understanding, self-confidence, and the ability to choose their behaviors. This recovery strategy allows the individual to become the center of their recovery experience within the treatment instruction and discussion instead of the facilitator leading the sessions. An individual's personal attributes are important in determining how that individual recovers.

Self-theory of personality is an accepted theory among psychologists and has been the center of research within the social and behavioral sciences field for decades. According to Kirschenbaum (2004), Rogers developed a "self-theory" of personality, which is still included in

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many psychology textbooks and can be described as:

1. how an individual's concept of self emerges;

2. how the process of socialization causes individuals to distrust their feelings and sense of self;

3. how experiences that are inconsistent with the concept of self-become denied and distorted causing personal distress and psychological problems; and

4. how the therapeutic relationship can help the individual restructure the sense of self, allowing previously denied and distorted experience into awareness leading to reduction in stress and openness to new experiencing (p.120).

This theory articulates an inner reaction wherein individuals learn from within themselves, which individualizes the recovery process and builds awareness through their own creative ways to retain sobriety.

Another way to determine the recovery process through personal interactions within the treatment facility is through humanistic perspective. According to Maharg (2000), Carl Rogers discussed one of the ways for individuals to learn is to drop their defensiveness and understand how their experiences seem and feel to others. This strategy suggests that the individual should be the center of the recovery process while trying to connect to a support system through personal emotions and awareness. The person-centered approach seems to focus primarily on the internal feelings and responsiveness of the individual. Allowing them to have a voice in the recovery process can create an environment that will be beneficial to the individual.

One explanation for the effectiveness of the person-centered approach was it creates a new dimension of thinking for individuals. This new approach, practice and philosophy is completely different from other techniques (Tenenbaum, 1959). Rogers wanted to further his

research to determine whether incorporating an individual's ideas and feelings into treatment was beneficial. Rogers (1973) found that when attitudes of realness and understanding are present an increase in self-confidence and creativity leads to a positive whole person. Employing this development throughout any SUD treatment could increase recovery achievement and self-awareness. These findings suggest that the more exposure an individual has to this process, the more aware they become of their abilities.

Another advantage of PCT according to Heim (2012) is the non-judgmental approach by accepting the client in a positive manner regardless of their circumstances. This method helps boost self-confidence and allows the individual acceptance, which helps the individual develop self-efficacy. Individuals must figure out their feelings and learn coping strategies to handle that information. Facilitators can listen to these issues and assist them in organizing their thoughts, but the individual must maintain their own thoughts and feelings throughout the process. PCT allows the opportunity to discover more about the individual, build rapport, and determine the motivation level within the stages of change. This discovery allows the individual to expand the sense of accountability and begin the healing process.

Expressive Writing in Substance Use Disorder Treatment

Recovery facilities have a number of responsibilities to ensure they are providing individuals with effective SUD treatment. In order to offer these interventions effectively, it is important to become familiar with certain attributes of the recovery process. Incorporating multidisciplinary approaches to SUD treatment can be beneficial in order to efficiently and effectively address SUD. Allowing individuals the ability to express themselves through writing can produce positive outcomes (Slatcher & Pennebaker, 2006). Analyzing problematic areas affecting an individual through expressive writing allows the individual to explore their personal

experiences and begin the healing process. Since there are multiple ways to incorporate

expressive writing into the therapeutic process, Pennebaker (2010) explained, the basic model

components can be altered dependent upon the research:

1. Write for a minimum of 15 minutes at least three times. The times can be separated

   by as little as 10 minutes or as much as a week, with 1-2 days being ideal.

2. Provide broad leeway in the writing topic. Encourage people to write about what is

   bothering them rather than what you think is bothering them.

3. Encourage people to write continuously for the entire 15 minutes without regard to

   spelling or grammar. If they run out of things to write about, just have them repeat

   what they have already written (p. 24).

Expressive writing allows individuals to select a topic, write about a personal experience,

share their thoughts and feelings, and begin to move forward. Valeri et al. (2018) found

promoting supportive group affiliation and participant statements can positively enhance SUD

outcomes in a group setting. Encouraging individuals to participate in expressive writing

sessions allows them to have a voice in their recovery process and discover areas needing

improvement.

Pennebaker (2010) noted that since an abundance of evidence has been published over

the last two decades, there is a better understanding of why expressive writing is effective. It

provides the field with a realistic representation that SUD treatment should not be identical, but

individualized. Writing about individual experiences allows participants to explore their issues

and emotions related to trauma/stress (Meshberg-Cohen, Svikis, & McMahon, 2014). Providing

SUD treatment balanced on personal experiences and coping strategies may provide individuals

with more internal motivation. Since the recovery process varies for individuals, incorporating a

personal component into treatment provides ample attention on risky situations affecting their recovery. Taylor et al. (2014) concluded that the development of self-confidence through expressive writing assisted in recovery by exploring new ways to personally identify and share. This social interaction allows participants to relate to others, share experiences, and receive support for recovery success.

When the SUD treatment is balanced, it allows individuals the opportunity to build trust and commitment in the recovery process. Wright (2009) indicated expressive writing allows for a voice, which is never critical or judgmental, but discovers strengths others already realize. Creating this positive atmosphere, free of conflict and negativity, assists the individuals in finding themselves and preparing to heal from trauma. Stuckey and Nobel (2010) reported discovering their voice provides healing through self-expression, which one does not feel through everyday conversation or interaction. These particular areas illustrate the importance for freely expressing thoughts and emotions through a social interaction process for successful recovery.

The expressive writing strategy employed at the recovery facility does not determine its effectiveness. However, determining which method works best is dependent upon the individual. Wright (2009) suggested that the journaling technique for the participant is about seeking happiness and functioning better in society. In order to create an effective strategy for expressive writing, directing the focus to the individual's experiences is key. Taylor et al. (2014) determined the process helps the writer clarify things, separate themselves from the thoughts, and observe alternative perspectives through words. Once the individual engages in this segment, it provides them with the ability to be successful in their recovery. Writing strategies may alter as they grow in recovery since new experiences will occur and promote future

expectations.

Learning about oneself through self-reflection is an important component of expressive writing. Miller (2014) reported the written language provides self-help information and personal reflection, which are two components of interactive journaling. In order to integrate these components into recovery, an individual's ability to be expressive and motivation to write become influential factors in their recovery. Rodriguez, Young, Neighbors, Campbell and Lu (2015) determined the act of self-reflection and behavior choices enacted motivation for change. The social support encourages the individuals to focus on their recovery through self-discovery and exploration.

Knowledge is a powerful tool in the recovery process. Expressive writing focuses on the potential benefits for physical and psychological health through exploring negative experiences (Hussain, 2010). These techniques allow an individual to gain information through the reflection of experiences, but also offers the opportunity for learning by exploring their minds. Incorporating these strategies into SUD treatment is essential since experiences occur in all aspects of life including personal, social, and educational. Not only does writing expressive narratives assist an individual with the ability to focus on their recovery, it also helps them to prioritize their thoughts and emotions.

Machtinger et al. (2015) conducted an expressive therapy group with women diagnosed with HIV and established five impact themes: sisterhood, catharsis, self-acceptance, safer and healthier relationships, and gaining a voice. Expressive writing suggested the utilization of practical techniques to improve an individual's cognitive skills. A number of studies have been conducted the last fifteen years in order to ascertain the effectiveness of expressive writing. In randomized trials, compared to a control group, writing on various topics and exploring

emotional meanings has been associated with significant improvement in attitude, behavioral and physiological health and less physical health (Pennebaker, 1997; Pennebaker & Chung, 2007; Stuckey & Nobel, 2010; and Miller, 2014). Pascoe (2017) looked more closely at several studies to determine effectiveness of expressive writing, Sloan and Marx (2004) ($N = 51$) illustrated significant decreases in PTSD symptoms, depression and physical symptoms; Smyth, Hockemeyer and Tulloch (2008) ($N = 25$) explained there was no significant difference in PTSD symptoms between groups; however, individuals using expressive writing showed significantly larger reduction in tension and anger in comparison with controls; Baikie, Geerligs, and Wilhelm, (2012) ($N = 688$) reported individuals receiving interventions (expressive writing) showed significant improvement in the stress subscale of the Depression Anxiety Stress Scale compared to controls; Krpan et al., (2013) ($N = 44$) proved individuals using expressive writing showed significant decreases in depression compared to controls; and Meshberg-Cohen et al. (2014) ($N = 129$) explained significant difference between groups at 2, but not 4 weeks. Although there have been some mixed results discussing expressive writing research, there are still positive outcomes when topics concentrate on traumatic events or negative experiences. Valeri et al. (2018) found substance use reduction occurred for women in groups with social connection and verbal affiliation (Taylor et al., 2014) which allowed sharing personal experiences and stories. This particular project focused on exploring a variety of topics through expressive writing and achieved a collaborative learning environment of social support.

CHAPTER THREE: METHODS

The purpose of this project was to explore the experience of expressive writing among the women participants in SUD treatment and determine whether this social interaction has a therapeutic component for healing and self-discovery. As SUD has increased over the last few years, finding successful ways to address addiction through prevention, intervention, treatment, maintenance, and recovery has become increasingly important in West Virginia. This project aimed to understand the issues surrounding the recovery process for the women participating in the expressive writing sessions through the sharing of their personal experiences.

Reviewing therapeutic writing programs similar to Pennebaker's model was the first step in creating this project. Some research described the process for participants as strengthened motivation through social interaction, increased sense of purpose, and improved self-efficacy (Machtinger et al., 2015). This chapter will describe the research methods adopted to determine the participants' experiences during the expressive writing group sessions. This project focused on women residing in a residential substance abuse treatment facility and sought to address the following research questions:

1. How is the experience of this collaborative recovery expressive writing group described by the recovery participants?

2. How do participants feel the collaborative recovery expressive writing group has affected their recovery?

3. How do participants feel the collaborative recovery expressive writing group has affected the group's relationships?

4. What factors of the collaborative recovery expressive writing group may be valuable for others in SUD recovery?

The study began with obtaining IRB approval, describing the research design for this project, outlining the proper methods of obtaining study participants, collecting data, documenting procedures, and recording outcomes. Findings from this project may provide recovery facilities with an effective intervention to utilize during SUD treatment.

Research Design – Original Project

The original project was a collaborative effort with a fellow doctoral student and faculty member to explore expressive writing as an effective intervention for SUD. Women admitted to residential substance abuse treatment at Recovery Point West Virginia (RPWV) were invited to participate in this participatory action project utilizing a collaborative recovery expressive writing strategy; the project took place over the course of 12 weeks. Group sessions occurred once per week. The participants were given a handout of sentence starters or writing prompts (See Appendix F), which included multiple topics focusing on life experiences, but were told they could write about anything. All participants—including the researchers—spent the next 15-20 minutes journaling. When everyone finished writing, those who wanted to comment on the prompts, their writing, or their experiences of the past week volunteered to share their stories with the group. This social interaction among the participants allowed them an opportunity to voice their thoughts and experiences, which led both researchers and participants to identify a number of emergent themes.

A qualitative design was adopted since it allowed the researchers to collect emergent data through participant observations, reflections, and evaluations. Since observations and reflections were involved, a participatory action research model was employed. Fals-Borda and Rahman (1991), Freire (1970), McTaggart (1997), Reason (1994), Whyte (1991), and Schwandt (2007) defined participatory action research as a social inquiry involving three phases: (1) cooperation

and collaboration between the researcher(s) and other participants in problem definition, choice of methods, data analysis, and use of findings; (2) its democratic impulse—PAR embodies democratic ideals or principles, but it is not necessarily a recipe for bringing about democratic change; and (3) its objective of producing both useful knowledge and action as well as consciousness raising—empowering people through the process of constructing and using their own knowledge. This qualitative approach involved comprehension and clarification in order to gather data. This particular part of the project focused on the emotions, experiences, and social interaction of its participants.

A participatory action research (PAR) approach was selected for the original project since the researchers were to participate in the expressive writing sessions and create an environment for the women in recovery to feel safe when sharing their emotions. Kállay (2015) reported the most important suggestions regarding the implementation of the expressive writing method through the results of the meta-analyses and systematic reviews:

1. in a safe, quiet environment, where they are not disturbed, interrupted, or daunted;

2. continuously, without interruption, and without paying attention to style or grammar;

3. within a 15-30-minute session, with the possibility to calm down after the eventual emotional upheavals experienced during disclosure;

4. in an appropriate number of sessions, depending on their needs and possibilities, distributed in an appropriate time frame;

5. in the presence of a therapist or health care specialist who constantly encourages them to explore and disclose their most intimate feelings and thoughts about the event;

6. about the stressful/traumatic encounter, that really bothers them, as well as about its long and short-term implications. Moreover, specialists warn against;

7. the implementation of interventions immediately after a traumatic encounter, and recommend;

8. the use of this intervention either as basic treatment technique or as a complementary method to traditional interventions (p. 248).

This PAR research is consistent with "postmodern tradition that embraces a dialectic of shifting understandings" whereby "objectivity is impossible" and "multiple or shared realities exist" (Kelly, 2005, p.66). By participating in these sessions, I was able to share personal trauma with the group and allow them to share their personal experiences. During the sessions, I observed how participants interacted throughout the expressive writing time as well as during their sharing experiences. I also examined evidence of motivation and change through their expressive writing narratives. These experiences revealed how expressive writing can promote healing and self-discovery through social interaction.

Research Design – Continuation Project

This continuation project grew out of my collaboration during the original project. In the original project, we discovered several emerging themes that I wanted to explore further in this project. Some of those themes included positive social interactions, increased trust among the group, and displays of recovery motivation and self-confidence by the participants, which was presented at the Appalachian Studies Conference in Cincinnati, Ohio in April 2018. Since these findings piqued my curiosity, I decided to continue working with the women at RPWV. After speaking with the participants about my research ideas, everyone agreed to continue working together. The continuation project involved focus group sessions with several of the participants wherein we focused the discussions on their life experiences and recovery progress. These focus group sessions occurred once a week for six weeks. Once the focus group sessions were

complete, I organized and examined the notes from each session and began the qualitative interviews with the participants.

I continued with a qualitative research design since it allowed me to collect data during group sessions, observations, interviews, reflections and evaluations. These components are clear characteristics of qualitative research as defined by Creswell (2014), which utilize multiple sources of data while constructing patterns and themes from the participants' responses. Creswell (2014) described a qualitative research design as a way of exploring the significance individuals or groups attribute to social or human problems through emerging procedures, collecting data in the participants' setting, analyzing the data, and interpreting the data. This type of research requires an extensive amount of time with the researcher serving as the key instrument (Creswell, 2014). This particular project focused on emotions, experiences, and effectiveness of its participants and the collaborative recovery expressive writing techniques.

This study focused on personal experiences to explain and understand trauma and substance use disorders through expressive writing narratives. Giving the women the opportunity to express their experiences of SUD and recovery provided a greater understanding of how their needs might better be addressed. Yin (2014) determined a qualitative design should be utilized when the study focuses on "how" or "why" questions and includes background experiences relevant to the project. In working with the participants, it was apparent their motivation levels were different, so individualizing recovery support was essential (Sudhir, 2018).

In order to interpret social interactions and interview data, I had to determine which topics should receive emphasis in the concluding report. One way to determine this was to look at the emerging themes from the original project. Themes often point the researcher toward

concepts or turning points within the research (Creswell, 2014). In order to gather this information, I explored participants' perspectives of their experiences by conducting qualitative interviews. Through these interviews, I hoped to gain insight into effective treatment interventions and determine whether the expressive writing sessions were beneficial. When coding the interviews, I looked for additional themes of importance to participants through their personal experiences. The lifeworld as it is lived, felt, undergone, made sense of, and accomplished by humans is classified as experiences (Schwandt, 2008). These experiences revealed how expressive writing can promote healing and self-discovery through narratives and social interaction.

Setting – Original and Continuation Projects

The research for the original and continuation projects occurred at Recovery Point West Virginia (RPWV), a residential substance use organization for women located in Charleston, West Virginia. This program provides residential treatment services to women with SUDs. Specific services at RPWV include individual and group counseling, cognitive behavioral therapy groups, and case management for such needs as housing, transportation, and community service. This setting was chosen because it offered the best setting to gain access to a particular population, as the purpose of this project was to explore women's perceptions of expressive writing during the SUD recovery process. Participation in these projects was voluntary and participants were selected based on their phase of recovery.

Participation Selection – Original Project

Participants were recovering from SUDs and participating in the RPWV program. They were recruited in-person, and as a cohort, by the administrative staff of Recovery Point. Each of the women selected entered the facility around the same time and were in the same phase of the

recovery program. Once the administration identified a sample, the researchers met with the

director to discuss the expressive writing process. The researchers were careful to minimize

disruption in the other activities occurring at the recovery program. At the first meeting with the

participants, the researcher explained the purpose of the study and informed that participation

was voluntary. After determining whether the women were interested, informed consents were

obtained and the original consent forms were retained by the research team and filed in a locked

drawer.

Participation Selection – Continuation Project

Following the 12-week expressive writing sessions, I met with the participants to

determine their interest in continuing the project with focus group sessions and qualitative

interviews being the next step. All of the women agreed to continue participating in the project,

except one, who transferred to an outpatient facility closer to her family. Upon discussing these

arrangements with my committee, I worked with Marshall's IRB to request a continuing

review/progress of the project. Once IRB approval was received, a new consent form was

supplied for participants to complete. Following committee authorization to move forward, I

contacted RPWV and setup interviews with the participants as well as the focus group sessions,

which were conducted at the Serenity Club, Inc., in Dunbar, West Virginia. The participants

selected this location because it was convenient for transportation. The time selected was in

between their 12-step program/sponsor meetings, so it allowed about an hour to discuss the

project.

Data Collection – Original Project

Data collection methods in this project included participant observation during the

collaborative recovery expressive writing sessions and review of group discussions. Once IRB

approval was obtained, Dr. Elizabeth Campbell and I met with the Development Director and the Program Director for Recovery Point to discuss the project and determine the best day/time to begin the group sessions. The administration provided the researchers with a list of potential participants. The first initial meeting with the participants was to explain the project and obtain informed consent. The consent form included the purpose of the project, process of the research study, length of time, risks associated with the study, benefits to participating in the project, confidentiality, and rights as a participant.

On the first day of the project, participants were informed that a meeting would occur once a week for 12 weeks. The participants were also assured that the information shared during the group sessions would not be disclosed to RPWV administration/staff. Those who voluntarily participated for the study were informed of the process of a typical session. To be consistent with the Pennebaker (2010) model, participants were instructed to write for 15-20 minutes on a topic selected from the sentence starter handout and encouraged to explore their thoughts and emotions thoroughly. The researchers read the instructions at the beginning of each session to keep the participants familiar with the process. Copies of the instructions, located on the back of the sentence starter handout, were kept in the pocket of the participants' journal.

During the first few sessions, participants were asked to write about the topic area of their choice for 20 minutes. After 20 minutes, the participants could volunteer to share their narratives with the group. Once the participants were finished sharing, the group would socially interact to engage and build supportive relationships. This type of collaboration allowed for a relaxing environment and provided participants with a safe setting to explore their emotional experiences. Sharing these experiences with other participants gave them a feeling of release, so they could focus on healing and advancing their recovery.

In addition to participating in the collaborative recovery expressive writing sessions, I conducted several participant observations during the original project. Participant observation is a data collection method that provides a firsthand experience with participants, which may be useful when discussing uncomfortable topics (Maxwell, 2013). Observation notes were recorded during the group sessions, but notes that were more detailed were typed following the sessions. Further, participant observation provides the opportunity to witness behaviors for topics best understood in their natural setting (Maxfield and Babbie, 2016). Since these observations took place at RPWV, it allowed the researcher to gain a better understanding of the participants' lives as well as their experiences during the recovery program.

Data Collection – Continuation Project

Continuing the work already in progress from the original project, a qualitative interviewing component was included to collect more data through face-to-face semi-structured interviews. I interviewed the participants and spoke with the director of RPWV. Of the ten women originally included in the 12-week expressive writing sessions, I was able to interview five of the participants. In addition, I also facilitated a few face-to-face focus group interviews with several staff/participants/mentors of RPWV.

Semi-structured interviews were conducted to assist in answering the research questions of this project. Maxfield and Babbie (2016) informed that semi-structured interviews allow the researcher to explore responses for emerging themes as well as include probes or spontaneous questions to obtain relevant information. Each semi-structured interview was conducted utilizing the same set of questions based on the participant's perception of the expressive writing sessions. However, the order of these questions varied dependent upon the participant's responses. A copy of the Interview Questions can be found in Appendix E for referral. Throughout the semi-

structured interviews, other open-ended questions developed and allowed the participants' views and opinions to appear (Creswell, 2014). These interviews were structured in a way that allowed the participant to share detailed perceptions of their experiences during the expressive writing sessions. Since the interviews were not audio-recorded, due to the facility not allowing recording devices, the researcher took detailed notes during the interview to ensure clarification on responses for analysis of the interviews.

My goal in the interview process was to employ strategies that helped engage the participant, build rapport, and understand their perspectives of participating in this type of therapeutic writing process. This approach required conversing, listening, being attentive, maintaining eye contact, showing empathy, respecting the participants' responses, including open-ended questions, and probing for follow-up questions (Maxfield and Babbie, 2016). A conversation-like interview allowed participants to share their experiences fully and me to explore their responses. The participants were interviewed separately because of their personal involvement and knowledge of the project. Each interview lasted approximately one hour, which allowed time to answer the questions and clarify the responses. In addition to the semi-structured interviews, focus group sessions occurred on six occasions, which happened after the 12-week writing session, but before the qualitative interviews.

The six focus group sessions engaged six participants that were involved in the CREW workshop and lasted approximately one hour. These sessions were not recorded as the location did not allow for recording devices, but the necessary data was documented via field notes. Based on the suggestion of the participants, it was ideal to conduct the focus group sessions after their AA/NA meeting. It was convenient for the participants because they were already on site and the recovery components were fresh in their minds. I was able to further build rapport with

the group during the CREW workshop, so they knew the purpose of the continuation project. The focus group sessions were recorded using field notes, which can include observations and descriptions of interview context (Maxfield & Babbie, 2016).

Data Analysis – Original and Continuation Projects

In this study, data analysis was an ongoing process and often occurred at the same time as the collection. Since there was so much information, I paid particular attention to details during the experience sharing, interviews, and observations during the original and continuation projects. Creswell (2014) indicated researchers might have to take a "winnow" approach in order to focus on essential data and disregard that which is not essential. In order to make the analysis fresher and smoother, I reviewed and evaluated the data immediately after the focus group sessions and interviews. I began this process by organizing and preparing the data, categorizing themes, coding data, and searching for patterns.

Once the notes and comments present themes or description, the researcher can advance how this information will be represented, such as through a process model (grounded theory), specific research site (ethnography) or convey information in a table (case studies or ethnographies) (Creswell, 2014). For this project, each interview was individually analyzed and then patterns and themes were identified using similarities and differences (Maxfield & Babbie, 2016). At this point, I began grouping the information into specific files in order to keep all interviews separate, but connected. This organization allowed me to begin developing relationships between the interview and observation data.

Creswell (2014) describes the data analysis process as organizing and preparing the data, reading or looking at all data, coding the data, generating a description of the setting or the participants, advancing the themes, and interpreting the findings. Data collection methods

produced field notes from group session observations, detailed qualitative interview notes, and focus group notes. All data was analyzed using open coding, resulting in categories that emerged from the data (Creswell, 2014). Data from the multiple sources were combined during the analysis to generate my perception of the entire experience.

Validity and Reliability – Original and Continuation Projects

Validity is something research projects must address to illustrate accuracy. Lincoln and Guba (2008) determined in order to illustrate quality criteria in qualitative research, researchers must ensure trustworthiness and authenticity exists. According to Creswell (2014), qualitative validity means the researcher employs procedures to ensure accuracy and qualitative reliability indicates the approach is consistent across the project (p. 201). Although there are several strategies to consider when conducting qualitative research, I adopted certain procedures during the projects to strengthen the validity of the results. Creswell further identified 8 strategies that could be implemented to enhance the researcher's findings, triangulate data, member checking, use rich, thick description, clarify bias, present negative/discrepant information, spend time in the field, use peer debriefing, and allow an external auditor to review the project. Since these studies involved consistent collection of data from the participants in multiple methods, reliability and validity of the results were confirmed through the findings.

In order to strengthen validity, notes were typed immediately after participant observations, focus group sessions and interviews were typed in detail during the process. Using multiple methods allows the researcher to adopt Creswell's suggested strategies, particularly triangulation and thick description. Having participants review observation and interview notes is another technique to improve validity (Maxfield & Babbie, 2016). This process allowed the participants to verify their words and actions through the information provided. Using these

strategies during the data collection phase provided the researcher with quality information and increased trustworthiness and authenticity.

Trustworthiness – Original and Continuation Projects

In order to achieve trustworthiness in qualitative research, credibility (internal validity), applicability (external validity), dependability (reliability), and confirmability (objectivity) must be established (Lincoln & Guba, 1985). Participating in the CREW workshop and spending time in the field allowed me to build rapport with the participants, which fulfill standards set by Lincoln and Guba and provided me with pertinent data regarding situations, engagement with the participants, and personal observations in the field (Creswell, 2014). In order to ensure trustworthiness and increase the validity of the data, I collected information through a variety of methods. When I began this project, I started with an open mind and flexible plan, making a conscious effort to pay attention to all details. I did not want to limit the findings, so I observed the social interactions among the participants and listened carefully to their experiences in order to express their thoughts and feelings with thick description, or interpretive characteristic (Schwandt, 2008).

Credibility. In order to provide credibility to the project, researchers should strategize for prolonged engagement, persistent observation, triangulation and member check (Lincoln & Guba, 1985). When adopting an ethnographic research design, the researcher needs to relay the evidence how the participants would describe their experiences (Creswell, 2014). One way to ensure the participants' perspectives are revealed is through fieldwork. Engaging in observations and interviews allows the researcher to build trust with the participants and gain pure information. Long periods in the field can increase credibility and the amount of material received can permit triangulation. The triangulation of data came through creating a file for each

participant, which included group notes, observation notes, and interview notes. Investigator triangulation is dependent upon the coding, analysis, and interpretation of the data (Lincoln and Guba, 2008). As a higher education professor and criminal justice researcher, and serving on multiple grants as a researcher and/or evaluator, I am confident that my analytical abilities will allow me to achieve this task. Allowing the participants to edit their interview notes strengthened the data through clarification and interpretation between the researcher and the participants.

Applicability. This particular area takes the analysis or interpretation of relevant data and conveys it into meaning. Rabinow and Sullivan (1987) and Schwandt (2007) defined interpretation as clarifying, explicating, or explaining the meaning of some phenomenon (p. 158). The best way to consider data as applicable is to determine whether other researchers with a similar subject matter could replicate this project. The relevance of data in qualitative research is articulated through the words using emotive descriptions. Creswell (2014) illustrated the importance of using thick description between the researcher and the participants. When readers are provided information from the participants, they can interpret the research into meaning and form a basis of its importance. Rabinow and Sullivan (1987) and Schwandt (2007) further described, "interpretation refers to ways of conceiving the aim and method of the human sciences as informed by the traditions of hermeneutics and Verstehende sociology" (p. 158). This explanation illustrates that transferability plays a vital role in qualitative research.

Another way to ensure applicability is making the data meaningful. Schwandt (2007) discussed "the broadest conception is explained by Clifford Geertz, who asks, what analogies do social scientists use to imagine what social life (the object of social inquiry) is like and how it can be best explained?" (p. 288). Utilizing the data through comparisons can provide different

perspectives on a word, phrase, or action. This particular study can broaden the meaning of

recovery through a single word using a participant's experiences. The meaning of data can be

different for readers based on their culture, values, beliefs, experiences, and other characteristics

of life. Schwandt (2008) discussed life experiences, events, relationships, activities, practices,

cultural artifacts, and so forth can be used as data. Having the ability to clarify the meaning of

the data can be crucial when readers are interpreting its significance.

Dependability and Confirmability. Lincoln and Guba (2008) described dependability

and confirmability as being transparent through each process of the research from the beginning,

through the development and finally the reporting. Sharing detailed methods and procedures

allows other researchers the opportunity to replicate this study, which demonstrates

dependability. Dependability is measured by the consistency of the data using an auditing of the

research process (Creswell, 2014). Reliability can be expressed in various ways when using this

concept in qualitative research. However, it is imperative to establish the findings of qualitative

research through the participants involved. A good way to provide the readers with the

importance of the research is by using quotes from the participants. The data becomes their

experiences, which provides true meaning behind their emotions and feelings associated with

this project. It is important to provide all the specifics and let the reader determine their own

meaning from the words and expressions in order to achieve confirmability.

Ethical Considerations – Original and Continuation Projects

Abiding by ethical standards is very critical in research, particularly qualitative research.

I followed the Behavioral and Social Science Institutional Review Board (IRB) protocols and

worked hard to cultivate a respectful, encouraging atmosphere that is conducive to qualitative

research. Researchers should consider ethical considerations in each phase of the project

(Creswell, 2014). Although the participants signed a written consent to contribute to this project, I reminded them during each session that their participation was voluntary, so they could stop the interview or participation at any time. Since I participated in part of the original project, the participants shared a lot of confidential information, so each participant was asked whether their true identity could be used in the research. In order to secure the data, all project information was stored in a locked filing cabinet and notes were saved on password-protected devices. These precautions ensured the participants' protection throughout the project and helped to illustrate the true meaning of their story through interpretation and thick description. Without these key components, a qualitative research project would never have existed.

CHAPTER FOUR: DESCRIPTION AND FINDINGS

This project was designed to explore the influence of expressive writing through recovery for women participants at Recovery Point West Virginia (RPWV). This project began in January 2018 and continued until May 2019. This chapter focuses on the description of the collaborative recovery expressive writing (CREW) workshop, the participants, the site and settings, and the findings of the project. Information describing the participants who were part of CREW, the focus groups, and those who participated in qualitative interviews is also included to provide more details on their experience and background.

The chapter reports on the original project and discusses the results by using collaborative ethnography techniques and the identification of emergent themes through the participants' experiences. A collaborative ethnography approach is not just collaboration with others in the field; it is much more comprehensive. American Anthropological Association (2002), Lassiter (2005), Marcus (2001), and Schwandt (2007) highlighted the process as, conceptualizing the project, conducting fieldwork, and writing up the ethnography. Therefore, in order to organize a seamless research undertaking, each participant needs to have her own meaning included in the collaborative process. Having the participants included in all stages of the research helped establish rapport and trust during this project. Campbell and Lassiter (2015) describe the spirit of collaboration embraced in this project: "ethnographers and consultants must also remain open to the differing visions, agendas, and interpretations that complicate, and accordingly enrich, those dynamics of collaboration" (p. 137). Every participant's perspective is different, so it was imperative to explore multiple methods in order to obtain the best data.

With a particular set of research questions in mind, discussing the experiences of CREW with the participants of the workshop would be a fundamental technique to exploit. Since

participants might recollect encounters differently, it was imperative to capture the important details to sense the emotion behind each version. After looking at the materials collected during the CREW observations in the original project, focus groups were conducted during the continuation project in order to explore the variety of evidence. These data would later be utilized to determine the different experiences of the participants. Organizing these data also illustrated the similarities and differences in the participants' experiences during the CREW workshop.

After reading through the observation data and participating in the CREW workshop, I found myself wanting to know more. Miner-Romanoff (2012) indicated, "interpretive phenomenological analysis is a qualitative research approach committed to the examination of how people make sense of their major life experiences" (p. 1). Because interpretive phenomenological analysis seeks to understand the lived experiences and perspectives of participants, this particular research method allowed for exploration of the participants and their unique experiences. While the collaborative research concentrated on the cultures within the recovery community of the women, the interpretive phenomenological analysis pursued to cognize the personal experiences in an effort to best appreciate their individual journeys through the CREW workshop.

The chapter also reports on the continuation project and further explores the emergent themes discovered in the original project through participant observations, focus group sessions, and qualitative interviews of the participants' reflections and experiences. In order to be more explorative on the research questions, data providing various perspectives from the participants and what experiences were beneficial in the recovery process were essential. The best research approach for those techniques is obtaining the necessary data through qualitative evaluation.

According to Guba and Lincoln (1989), Patton (1990), Reichardt and Rallis (1994) and Schwandt (2007) qualitative evaluation is a comprehensive method of approaches to explain or evaluate certain social programs using qualitative means to gather, analyze and interpret the data (p. 247). This particular type of project focuses on the participants and their life experience as it relates to recovery and expressive writing. According to Miner-Romanoff (2012) and Shin, Kim, & Chung (2009), designing a "qualitative phenomenological study involves "cyclical" analysis, in which, through repetition and recurring analysis, the researcher inquires, listens, searches, compares, verifies, composites, confirms, and evaluates in endless cycles to ensure fundamentals of knowledge" (p. 2). This method allowed for a deeper assessment into the individual woman's experiences with the CREW workshop and recovery.

Participants

Three different approaches occurred throughout the original and continuation project. All ten of the participants detailed below were part of the CREW workshop, field observations, and initial interviews; however only six were part of the focus groups and five took part in the qualitative interview. The age range of the participants was 25 to 50, with the majority of women being in their 30s; seven were single; three were either married or engaged; and eight were mothers. Although the administration at RPWV was involved in the initial conversations at the beginning of CREW, the remainder of the project was conducted between the researchers and the voluntary involvement of the women. This section provides a brief description of each of the participants who was involved in the project. Only their first names will be used in order for the women to maintain some privacy.

Chelsea. Chelsea came to RPWV program in late 2017. During our last conversation, she had approximately 36 months of sobriety and was receiving her Silver Chip at the RPWV

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Charleston program completion celebration. When this project began, she was a 27-year-old mother who was determined to maintain her sobriety and complete her educational journey. Chelsea was very involved during the CREW workshop and the focus groups, and we spoke on several different occasions regarding her experience with this project as well as her progress and success. When asked about the project, Chelsea commented:

> We all have a good bond and have built trust within each other. This workshop allowed me to vent and receive positive feedback and motivation to continue my journey. You and Beth made me feel very welcome and comfortable to share my story and feelings. I look forward to coming and love that you guys have an interest in us. I always felt better afterwards, it was an amazing class.

Jennifer. Jennifer came to RPWV program in November 2017. During our last conversation, she had approximately 17 months of sobriety and was receiving her Silver Chip at the RPWV Charleston program completion celebration. When this project began, she was a 27-year-old woman who had a few months of sobriety and was not exactly sure where she would find herself after this journey, but she was motivated to keep an open mind. Jennifer was active during the CREW workshop. When asked about CREW, Jennifer responded:

> I keep two different types of journals; each has a different type of writing. This one is much more open and emotional. This workshop made me feel comfortable to share my feelings and story and I'm not embarrassed to share. I enjoy that there is no censoring in this group and it is much easier to talk/share with everyone. I really liked the sentence starters too, it helped get my thoughts in order to write.

Sherry. Sherry came to RPWV program in November 2017. During our last conversation, she had approximately 6 months of sobriety and was beginning her transition back

into the community. When this project began, she was a 50-year-old mother who was strongminded in continuing her sobriety though outpatient treatment, so she could be back home with her family. Sherry was very involved during the CREW workshop, and we have spoken on occasion regarding her experience, progress and success with the RPWV program. Some of Sherry's thoughts on the program were:

> I feel free to talk or say what I want. This workshop made me feel more comfortable and I was able to speak freely. My ultimate goal is to help others; I never want anyone to go through this.

Tara. Tara came to RPWV program in November 2017. During our last conversation, she had approximately 8 months of sobriety. When this project began, she was a 31-year-old mother who was working on maintaining sobriety to get back home to her children. Tara was very involved during the CREW workshop and during the focus groups. Tara shared her thoughts on CREW:

> This group has brought us all closer. It really helps us vent, I do not worry about anyone saying anything to anyone outside of this group. It has helped form a trusting bond among this group. I feel much more comfortable sharing here. Addicts have trust issues, so feeling comfortable to share and express yourself is very difficult. I am not a fan of writing, but this helped me feel more powerful. To be honest, the talking afterwards helped just as much as writing.

Charlie. Charlie came to RPWV program in November 2017. During our last conversation, she had approximately 19 months of sobriety. Although she was unable to attend the RPWV Charleston program completion celebration, she did receive her Silver Chip. When this project began, she was a 31-year-old mother who was determined to maintain her sobriety

although she dealt with several family issues during her recovery journey. Charlie was very involved during the CREW workshop, the focus groups and interview process. When asked initially how she felt about CREW, Charlie explained:

> This group allowed me to open up more deeply. I was able to feel connected to express myself more freely. This groups helped me not to be afraid to find myself.

Tanya. Tanya came to RPWV program in November 2017. During our last face-to-face meeting, she had approximately 19 months of sobriety and was receiving her Silver Chip at the RPWV Charleston program completion celebration. When this project began, she was a 40-year-old mother who was determined to maintain her sobriety and find herself. Tanya was very involved during CREW, the focus groups and the interview process. During our initial interview, Tanya shared the following:

> This workshop helps me recognize the way I am feeling. It allows me to see how I relate to everyone else, you know, the things we have in common. I want to get to the root of my addiction, so I don't ever go back to that place. This group makes me curious about my character defects.

Elizabeth. Elizabeth came to RPWV program in November 2017. During our last face-to-face meeting, she had approximately 20 months of sobriety. When this project began, she was a 44-year-old mother who was determined to maintain her sobriety and start writing again. Elizabeth was very involved during the CREW workshop, focus groups and the interview process. Elizabeth explained the following about CREW:

> I find this group very beneficial. I like that we get to vent without fear of being punished. This has helped form a tight knit group among us in the program. We do not worry that things shared will get carried out of the group. It helps me deal with my emotions and

feelings, especially anger. Reading and writing used to be my passion; now writing is hard; my brain and hand do not communicate anymore. This project has helped me rehabilitate that part of myself. I am trying- living in god's will.

Nanisha. Nanisha came to RPWV program in November 2017. During our last conversation, she had approximately 6 months of sobriety. When this project began, she was a 25-year-old woman determined to maintain her sobriety. Nanisha was involved during the CREW workshop and expressed the following:

This group helps me share. I can open up and express myself. It has really strengthened the bond of us girls. I can trust the girls in this group. We can write our feelings and discuss, which is uplifting. It really benefits us.

Taylor. Taylor came to RPWV program in November 2017. During our last conversation, she had approximately 16 months of sobriety and was receiving her Silver Chip. When this project began, she was a 25-year-old mother who was determined to maintain her sobriety and be a better mother. Taylor was very involved during the CREW workshop and the focus groups. Taylor explained:

This is one of my favorite classes. I feel more comfortable to share my feelings/emotions. I don't share much outside this group. I really trust the group and know the group will hold each other accountable without being vicious. I didn't know what a real friendship was like until here. These girls love me regardless of what I can give them.

Kim. Kim came to RPWV program in October 2017. During our last conversation, she had approximately 8 months of sobriety. When this project began, she was a 30-year-old mother who was determined to maintain her sobriety and get custody of her daughter. Kim was very

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involved during the CREW workshop and the focus groups. Kim shared the following:

> This class has helped me. I am quiet and do not share much, but I shared a lot in this group. I really like that I can vent. It feels like this is a therapy session and I feel rejuvenated after this class. It has helped me realize that my daughter Jaelynn is my biggest concern. I love this class. I don't worry about being judged. I hate that it is ending.

Site and Setting

The setting for the project occurred at Recovery Point West Virginia (RPWV) located in Charleston, West Virginia. The RPWV program is a long-term, residential recovery facility for women based on the social model of recovery, pioneered by The Healing Place of Louisville, KY. Based on the RPWV website, the program has five phases of care through the social model of recovery:

1. Non-medical Detox is where the recovery from alcohol and drug addiction begins and a typical stay in detox lasts 3 – 7 days. Once the detox client is stabilized, he or she is required to attend in-house meetings and classes in preparation for participation in the recovery program. While in detox, potential residents are familiarized with the basic principles of the Twelve Steps, given an orientation tour, and screened for their willingness to fully commit themselves to the program.

2. Off the Street (OTS) I and II residents are provided modest accommodations and are required to attend daily classes and participate in 12-step meetings where they are introduced to the core concepts of recovery. During this phase, each new resident is assigned a "72-hour buddy," which is the first in a series of peers who provide support and encouragement and model appropriate social and life skills. As residents

are completing OTS II, they begin their first job assignments in the dining room and visit the Community Meetings in order to learn what to expect in the next phase of recovery.

3. Recovery Phase I residents are required to complete daily job assignments as well as the curriculum of Recovery Dynamics, which gives an overview of the physical, mental, and spiritual nature of alcohol and drug addiction and provides a systematic application of the principles of the 12 steps to their daily lives. During this phase, all residents are assisted through Recovery Phase I through a process of Peer Mentoring and required to participate in Community Meetings that take place for one hour, three times a week.

4. Recovery Phase II residents transition from Phase I into the Silver Chip Program immediately after completing Step 12. During this phase, residents are required to pay rent, maintain employment, observe a curfew, attend at least five AA/NA meetings a week, and attend at least one weekly Silver Chip Community Meeting. At this point, residents are given the opportunity to become a Peer Mentor and facilitate the Recovery Dynamics classes in exchange for room and board and a stipend. Silver Chip residents must work with Continuing Care staff to develop a concrete "plan of action" for resolving life skills issues and integrating back into the community.

5. Continuing Care begins at Step 10 of the program, when residents take a series of life skills classes designed to help the resident begin thinking about issues and concerns (educational, vocational, legal, residential, financial, etc.) that must be addressed once outside RPWV. The Continuing Care team is a small but dedicated staff of alumni and volunteer professionals who are available to help residents face their outstanding

issues and provide support services (Recovery Point West Virginia, 2019, n.p.).

Data Gathering & Analysis

I participated in the CREW workshop and conducted focus groups and interviews to gather evidence and analyze results in order to answer the research questions surrounding this project. Throughout this chapter, the findings will illustrate the experiences of the participants during the CREW workshop and follow their journey through recovery. The data collected throughout this project was collected during two stages, but focused on the adaptation of Pennebaker's method of expressive writing as perceived by the women during recovery. The basic model components were altered to capture the experiences of the participants, but included the three main components:

1. Write for a minimum of 15-20 minutes one day per week. We met with the participants every Tuesday afternoon at Recovery Point West Virginia Charleston.

2. Provide broad leeway in the writing topic. This component was established by providing participants with sentence starters, but they were encouraged to write about anything.

3. Encourage people to write continuously for the entire 15 minutes without regard to spelling or grammar. The participants wrote for 15 minutes with complete freedom to express emotions or feelings without censorship.

4. Invite discussion. During the workshop and focus group sessions, participants were given the opportunity to share their writings without censorship. This addition allowed them to explore their emotions in a safe, supportive environment.

The reason for this type of analysis was to discover patterns, ideas, explanations, themes, and understandings of this culture before starting to report the findings. In this chapter, the

following four research questions will be discussed:

1. How is the experience of this collaborative recovery expressive writing group described by the recovery participants?

2. How do participants feel the collaborative recovery expressive writing group has affected their recovery?

3. How do participants feel the collaborative recovery expressive writing group has affected the group's relationships?

4. What factors of the collaborative recovery expressive writing group may be valuable for others in SUD recovery?

Emergent Themes. The participants described their overall experience with CREW throughout the project and I observed the multiple factors (acceptance, mindfulness, thoughts/emotions, conflicts, values, attitudes/beliefs, spirituality, and relationships) Hayes (2004) emphasized were beneficial for self-awareness within SUD treatment during the group sessions. While the influences varied for the participants, seven themes emerged from the data collection of the original project, which described the women's experiences: sharing emotion, freedom to share, trust, comfortable, connectedness, positive social interactions, and self-discovery. These emergent themes along with the participants' explanation of meaning for each theme are further detailed in Table 2. The meaning of the emergent themes was determined through the focus group sessions of the continuation project.

Table 2 *Emergent Themes of CREW workshop for the Participants*

Theme	Meaning	Participants
Sharing Emotion	*The opportunity to share and understand an individual's feelings and emotions following the numbness of substance use disorder.*	*7*
Freedom to Share	*The freedom to share their stories, emotions and feelings without being censored, judged, or punished.*	*6*
Trust	*The feeling of being able to confide in others for strength and honesty without being reserved.*	*6*
Comfortable	*The group provided a safe and calming environment to share and explore feelings and emotions.*	*5*
Connectedness	*The close connection between the participants through trust, honesty, and support.*	*5*
Positive Social Interactions	*The communication after the writing sessions allowed for motivation and inspiration to continue on the journey.*	*5*
Self-Discovery	*The result of writing/sharing the feelings and emotions and discovering where you are and want to go without forgetting where you have been.*	*5*

Sharing Emotion: "Finding the feelings and emotions." This particular theme focused

on the first question, which asked how the experiences were described by the recovery

participants in this collaborative recovery expressive writing group. In order to clarify what this

statement meant, it was important to explore the participants' experiences through sharing. A

common statement made by the women was the discovery of feelings and emotions during

recovery and the CREW workshop. One participant explained during their interview, "the first

time I felt something after detox was sadness, I didn't think I would ever quit crying." Being

new to recovery when CREW began allowed the participants the opportunity to explore those

emotions and feelings through expressive writing. Another participant shared, "being able to

identify what I was feeling was hard, until this group." There is always some type of emotion or

feeling being felt by individuals, but having the ability to identify it is essential to generate an

appropriate reaction. Several more participants reiterated this explanation, but one further detailed the significance of using an expressive writing approach, "drugs used to be my response to feelings, but now it's writing."

Emotions were the center of the original and continuation project, even for me. No matter what we were feeling at the beginning of a session, it became a roller coaster of emotions until the end. When the first person talked about their writings, everyone in the group shared their emotion and provided the individual with motivational support. This social interaction happened each time someone spoke, including the researchers. Nevertheless, it was surreal to experience. Recognizing feelings and emotions is a complex process, but having encouraging group members that are nonjudgmental, motivating and supportive can be helpful.

Sharing emotions with other CREW participants became an approach to address their recovery needs. This particular theme became evident during the original project. One participant emphasized, "determining feelings is a process, but sharing those feelings in front of people takes time." Another participant described her emotional journey as a broken water faucet, "when I turned my emotions on, I couldn't turn them off." Therefore, the continuation project focused on this particular theme and explored the participants' meaning a little more in-depth. A third participant illustrated her experience with sharing during her qualitative interview, "now that I can feel and display emotions, when looking back, it hurts to see how my actions made others feel." She further explained, "every time I shared in group, I felt myself growing inside, I've never had that before." A fourth participant stated, "it is easier to know what I am feeling because of this group; I have been numb for so long."

Another expressive writing exercise practiced during the CREW workshop included two balloon ceremonies. These ceremonies were used as a means to express heartfelt emotions of

goodbye to individuals who had passed. One of these ceremonies was for a participant who had lost a friend to addiction and the other was for a loss in my own life. Participating in this project allowed me the opportunity to finally express my feelings concerning the death of my mother, put those writings into a balloon, and release them into the world. Engaging in this activity with the participants and the other researchers created a deeper bond of trust and support.

Freedom to Share: "Sharing their stories, emotions and feelings without censorship." This theme also focused on the first question, which asked how experiences were described by the recovery participants in this collaborative recovery expressive writing group. The participants were explicit about being able to speak freely without being judged or punished. One participant indicated, "being able to share my story without being censored allowed it to truly be mine and help start my recovery." Not being able to share their story freely created an emptiness, which could create a setback in their recovery. A second participant explained, "sharing my journey without being judged allowed me to open up and find myself." Another participant expressed, "I was afraid to share in some groups because I may get a RF." After hearing this term, I asked the participant to explain an RF, and she indicated it was a recovery focus intervention, which sometimes resulted in weekend lockdown. Removing the punishment fear allowed the participants to take an open-minded approach and engage their emotions.

The remainder of the women spoke about their experiences throughout the CREW workshop and the importance of being true to their own personal journey. They further indicated that in order to truly experience the 12 step program, one must first connect and build a relationship with themselves before they can express their emotions to others. Sharing their stories to others who have similar experiences allows the self-discovery and emotional healing process to begin. While the participants acknowledged that one must have the state of mind and

willingness to be successful in recovery, they also emphasized that sharing these realizations helped concretize their determination to maintain their sobriety.

During recovery, women engage in multiple programs with other recovery participants. The groups are often based on their progress through the phases. One of the primary goals of RPWV, according to their mission, is to help individuals suffering from addiction begin to rebuild their lives by providing support and tools for success throughout recovery. One participant expressed, "Recovery Point Charleston saved my life, but the addition of this workshop gave me the courage to explore myself more freely." The CREW workshop allowed the women to share their expressive writing, but did not require it. There were sessions when only a few shared, but the majority of the time, almost everyone shared, including the researchers.

An additional way this project allowed the participants freedom to share was through the focus groups and qualitative interview process. One participant explained, "being able to share and talk freely helped me recognize areas I needed to work on to further my recovery in the 12-step program." If individuals can recognize these areas through expressive writing, then this intervention could assist with the recovery process. Although recovery progress takes a lot of time and effort, one participant stated, "I had a difficult time putting my feelings into words when I first came to recovery point, but now I write with total honestly and it made a huge difference." She further explained that the CREW workshop helped her put her emotions on paper. Other participants spoke about the importance of not being judged when sharing their emotions. One specifically stated, "after listening to others, I finally got the courage to share and it felt amazing." While some participants felt open to share from the beginning, it was apparent that it would take time for others to feel as comfortable. Even though the CREW workshop

encouraged them to use their stories to help them recognize their self-worth, the participants had to acknowledge their own strengths to move forward.

Trust: "Being able to confide in others for strength and honesty." This theme focused on the second research question, which asked how the participants felt this collaborative recovery expressive writing group affected their recovery. Through group observations and speaking with the participants, it was apparent that the CREW workshop seemed to help them establish trust and confide in the other group participants as well as the researchers. One participant emphasized, "trust does not come easy for addicts, but this group made that a little easier." Based on my observations of the CREW workshop and focus groups, I found the women providing motivational support to help guide them through the recovery process by being honest and sincere with each other. However, there were times when the participants would hear things they did not want to hear, but they appreciated the feedback. To reiterate this statement, one participant said, "even when I don't want to hear the truth, they give it to me." When reviewing the interview data, I also learned that confiding to others is a common practice in recovery. The participants explained that in order to advance in the 12-step program, you have to explore yourself and disclose a lot of personal information. One further explained, "trusting others here really helps when going through the steps, we learn a lot about each other, some good and some bad."

Analysis of the data for both the original and continuation project revealed that the CREW workshop provided the participants with a trusting, positive, supportive, and honest area to discover themselves and remove barriers in their lives to advance their recovery and maintain sobriety. It also has provided the women with the opportunity to share freely without being judged. As one participant described, "we can vent about anything and know it will not leave

this room." All of the participants seem to appreciate this trusting environment. Another of the participants expressed "CREW and the girls encouraged me to use my strengths and not let addiction define me." The participants found these sessions valuable as these experiences helped prepare them for the 12-step program and other recovery interventions at RPWV.

When the original project was concluding, all of the participants expressed an interest in continuing the project in order to explore the trust theme a little further. Nonetheless, not all of the participants participated in the focus groups or qualitative interview process. One participant described her continuation in the project as "continuing to rebuild a better version of myself." Similarly, another participant explained, "this group was my favorite, so of course I want to help with the research." So through this exploration, the trust findings seemed to relate to the participants beginning to recognize themselves through the strength and honesty received by sharing their emotions. All five of the women interviewed pointed out the importance of trust, but it was difficult for them to put the meaning of trust into words. When asked to describe trust in the CREW workshop, one participant said, "not being backstabbed"; a second one said, "honesty in friendship"; the third one said, "not worrying that it will get back to the RPWV administration"; a fourth participant said, "knowing they care and are sincere, allows me to share more"; and the fifth one said, "trust is like love, you can't describe it, but you know when it's there." Based on these responses, it appeared that the participants experienced a trusting environment during the CREW workshop that allowed them to receive a strong and honest relationship with other group participants.

It was evident that the trust theme was a core component of the CREW workshop for the participants and the researchers. When the women were asked to describe trust, they did not hesitate to explain how they could speak freely about their emotions and feelings and further

acknowledged that any feedback received was coming from an honest and sincere place. It seemed that most of the participants' description of trust came through the actions of other group members, not necessarily their words. Their own display of trust was very noticeable through my observations and during the focus group sessions. You could see it in the way these women were healing and discovering things about themselves, which has them setting goals, talking about their futures, mapping out their 12-steps, and seeing themselves with a fresh set of eyes.

Comfortable: "Safe and calming environment to explore emotions." This particular theme focused on the second and third research questions, which asked how the participants felt this collaborative recovery expressive writing group affected their recovery and how the participants felt this collaborative recovery expressive writing group affected the group's relationship. I have organized the findings from this theme into two parts. The first part addresses how the CREW workshop affected their recovery and the second part addresses how the CREW workshop affected the group's relationship. The observations, focus group sessions and interview data suggested that the CREW workshop was a supportive, encouraging, and nonjudgmental approach to recovery through expressive writing. This particular workshop has helped the women aim toward their recovery goals, but also helped them to express their emotions throughout this difficult journey. In addition, the CREW workshop has provided another recovery tool for the participants, who recognize that without the RPWV program, they would have never reached this point of recovery.

CREW workshop and recovery. The participants detailed how the CREW workshop affected their recovery during the focus group sessions and the qualitative interview process. Two prevalent words expressed by all of the women during the focus group sessions were feeling safe and being part of a calming environment. One participant explained, "I looked

forward to coming to group, I felt safe, which didn't happen often for me." She further stated, "No matter what I was sharing, I knew everyone would be calm and just listen." Having this type of environment is very essential throughout the recovery process. The participants further discussed that not feeling safe could have created a barrier between them and their next phase at RPWV or a step in the 12-step program. Another participant also explained, "this isn't my first time in recovery, but it's the first group where I felt safe all of the time."

During the CREW workshop, I heard the participants talking about this being a safe space to vent without negative consequences. Another observation I noticed was a few CREW participants talking to other RPWV participants about the group. They emphasized the safe and calming atmosphere and how they felt completely comfortable sharing in front of the researchers. During a focus group session, several of the women introduced me to their sponsor and shared with her how supportive and comforting the CREW workshop was for them. One participant said, "to have someone care about me and my recovery that I barely know means a lot." A peer mentor who worked her way through the RPWV program also expressed her appreciation for the CREW workshop researchers for being friendly and welcoming to the women and RPWV staff/administration. It became apparent through the material that the CREW workshop provided a safe and calming environment that enabled the participants to focus on their recovery.

Throughout the interview process, the participants acknowledged that they must find coping strategies with situations that could take an emotional toll on them. Given that most of the participants went back to the communities where they experienced their addiction, they emphasized the value of expressive writing and the importance of creating a supportive recovery network. One participant explained, "I still use my journal…I even talked to my sister about

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journaling her feelings." Another participant stated, "I go back through my journal from time to time to see how far I've come…it helps me stay focused on my recovery." The women further expressed that they will continue to use expressive writing and other resources from RPWV in order to maintain sobriety and achieve their goals.

CREW workshop and group relationships. The participants explored how the CREW workshop affected the group's relationship during the focus group sessions and the qualitative interview process. Although the same two words—safe and calm—were expressed when describing the group's relationship, the meaning of the words changed a little. While the CREW workshop provided a safe and calm environment, the participants described the group's relationship as feeling safe knowing the others were by their side and helping each other find their own personal calmness. During the 12-step program, some of the women would experience high levels of emotion and stress, and the other participants would help by providing a supportive and collaborative environment, which allowed for safeness, which ultimately calmed their minds and bodies. Finding coping mechanisms during recovery is essential; expressive writing seems to be a tool that could be beneficial for creating and maintaining emotional well-being.

Expressing emotions and accepting your personal path are two elements uncovered during the CREW workshop. When one participant was asked whether the CREW workshop helped with her recovery, she replied, "it was life changing." She further explained the CREW workshop made her feel comfortable…"it was the miracle I needed to stay on my recovery path." The other participants expressed the same sentiment about feeling comfortable to share while exploring their feelings and emotions. The observations and focus group sessions revealed that the CREW workshop created a strong positive relationship among the women. During a focus

group session, I asked the participants if they felt this group was closer than the other cohorts at RPWV; they instantly said yes and explained the safe, calming and trustworthy environment provided the participants with positive social interactions to further their recovery process. The interview data further emphasized that helping each other succeed in their recovery was a rewarding experience. One participant explained, "even though we have all left RPWV, we stay in touch…I just want to make sure everyone is okay."

Having gathered and analyzed all of these materials, the data suggest that the CREW workshop helped the participants with their recovery efforts and strengthened the relationship among them. According to one participant, "sharing our stories and emotions together while going through recovery created forever friendships." The women all expressed their happiness with the CREW workshop and their appreciation to have been part of the project. One of the participants said, "This was such a rewarding experience." The positive recovery experiences for the participants seemed to be a result of the safe and calm environment created by the researchers. Their encouraging relationship with the other participants was a result of the nonjudgmental support and collaborative atmosphere which enabled them to feel safe while finding calmness and focusing on their recovery.

Connectedness: "Connection through trust, honesty, and support." This particular theme focused on the third research question, which asked how the participants felt this collaborative recovery expressive writing group affected the group's relationship. When the participants were asked how the CREW workshop affected the group's relationship, about half described the connection between the participants. One participant described the other group members as "the best friends anyone could want." During the CREW workshop, the participants often mentioned the closeness of the group and that relationship was evident during the focus

group sessions. Another participant said, "these girls help me find myself and never let me give up, even though I wanted to a few times." Through the data collection, it seemed that the CREW workshop was successful in creating a close bond between the participants.

It seemed that the CREW workshop helped the women gain the confidence and support to continue their recovery. This connection between the participants allowed them to establish a friendship and a supportive recovery network. One participant shared, "I talk to some of the girls every week, some of us have the same sponsor, so we chat through an online group set up by our sponsor." The CREW workshop not only provided a recovery tool through expressive writing, but also gave the participants emotional support through group interactions. It was also apparent that the CREW workshop empowered the participants to establish a connection and build support through trust and honestly. When I asked the women if the group's connection had anything to do with their recovery, they explained that CREW allowed them to grow together in recovery, not only as individuals, but also as a group. During my conversation with one of the participants in May 2019, she shared with me, "all ten of the girls that started CREW are clean and sober, some of us hit a few setbacks, but it didn't stop us." With this information, it was evident that the connection between the participants was strong, and they continue to support each other.

The findings related to how the CREW workshop affected the group's relationship was explored by the participants during the focus group sessions and during the qualitative interview process. The CREW workshop provided a safe, calm, supportive, encouraging, collaborative, and trusting environment for the participants to concentrate on their recovery. This group helped the women grow their friendship, which they continue today. The CREW workshop facilitated an atmosphere that helped the participants become supportive to others while finding themselves in the process.

The data collected through the focus group sessions illustrated how the CREW workshop contributed to a positive social change for the participants. Observation and interview data suggest that the CREW workshop provided a positive environment for the women to create a connectedness through the trust, honesty and support received during the group. A participant expressed, "the environment was a big part of our connection." She further explained how the CREW workshop encouraged her to help others discover themselves. The participants expressed during a focus group session that their friendship had been strengthened from their CREW workshop experience. Another participant said, "I look back at the beginning and I am thankful to have met these girls…not in the way we met, but happy that our paths crossed." Through these materials, it is clear that the CREW workshop helped establish a connectedness for the participants that has allowed for a trustworthy, supportive, and honest relationship.

Positive Social Interactions: "Motivation and inspiration to continue the journey." This particular theme focused on the third and fourth research questions, which asked how the participants felt this collaborative recovery expressive writing group affected the group's relationship and what factors of the collaborative recovery expressive writing group may be valuable for others in SUD recovery. The observation and initial interview data suggest that the CREW workshop researchers were inspirational and took a collaborative approach to creating a positive social environment. One participant stated "everything we shared in the group was together…it was all about being social and communicating." She further explained, "while you guys gave us the opportunity to share, you didn't force us to." Another participant said, "sometimes I didn't feel like sharing, but then after everyone else did, I decided to go ahead and get it off my chest." They felt that the CREW workshop illustrated that sometimes people just need the confidence, encouragement, motivation, inspiration, and support to communicate.

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The focus group sessions suggested that the CREW workshop helped the women learn how to communicate their emotions/feelings through positive feedback and interactions. From the participants' point of view, the CREW workshop created a social network that inspired and motivated them to continue their recovery. The communication after the 15 minutes of expressive writing helped the participants feel more in control of their emotions. One participant expressed "sharing makes me feel stronger and more confident." Another participant shared how the CREW workshop "changed my life by having someone care and be interested in me." While the women believe that the CREW workshop inspired and motivated them, it was evident they had it inside all along. They just needed some positive social interaction to bring it out, which is how the CREW workshop facilitated a process of positive social interactions for the participants involved in the RPWV program.

The qualitative interview data suggested that the CREW workshop enabled the participants to communicate their emotions and further the self-healing and discovery process. One participant expressed "this group gave me the opportunity to build a new me." She further explained, "I participated in the other recovery groups and they helped, but this made me feel powerful…words are powerful." Another participant believes, "the writing group helped me be a better mom…if I had not been part of this, I wouldn't be able to express my emotions to my kids." The CREW workshop helped the women transform into feeling inspired and motivated to take control of their lives and recovery. One participant described the CREW workshop as a "therapeutic session." Based on the positive social interactions displayed and their participation in the CREW workshop, the participants seem to have developed positive social change that has enabled them to further their recovery process.

Self-Discovery: "Result of writing/sharing feelings and emotions." This particular

theme focused on the fourth research question, which asked what factors of the collaborative recovery expressive writing group may be valuable for others in SUD recovery. The observation and initial interview data suggested that having the opportunity to write and share their feelings and emotions helped them discover where they are and want to go, without forgetting where they have been. The participants of the CREW workshop believe that the expressive writing techniques helped build relationships among the participants while encouraging their recovery goals through positive social interactions. As one participant explained "this approach helped me discover my strengths and identify my emotions…inspired me to change." During a focus group session, the participants explained that the CREW workshop gave them self-confidence and the ability to cope with emotions without turning to substances. This project really gave them a completely new outlook on their lives.

The techniques and resources provided to the participants for use after completion of the RPWV program varied depending on where they were in terms of their recovery. One participant explained that the CREW workshop provided a tool that "could be used for any life event…you can write about anything, happy or sad." She further explained that looking back at her journal entries, she was in a very dark place compared to now. The focus group sessions and qualitative interview data suggested that the longer recovery time the participants had, the more positive they seemed about their future. For one participant, the CREW workshop has served as a powerful tool for change in her life; she has significantly increased her self-awareness and confidence. Throughout her recovery and the CREW workshop, she changed her entire thought process, "my happiness no longer depends on others, only me." The stories of the women shared in this chapter are evidence that the CREW workshop provided a beneficial tool that helped participants increase their self-discovery through writing/sharing their feelings and emotions,

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which gave them the ability to complete the RPWV program and maintain sobriety.

Another factor of the CREW workshop that the participants explained was helpful was the sentence starters handout. The sentence starters gave the women a variety of topics to choose from, in case they did not have anything specific in mind. From my personal experience using the sentence starters, they were helpful to get my thoughts in order. The participants appeared to recognize very early in the CREW workshop that these were helpful in choosing an area to write/share. One of the participants indicated that she needed the support from the sentence starters in the beginning, but found her own voice near the end. During one of the focus group sessions, the participants described their experience with expressive writing techniques as something that could help achieve their steps in the 12-step program. One of the participants indicated, "there are different techniques to use for expressive writing and you can personalize it to make it your own." She further explained, "writing is a voice that can either be shared or kept private."

Along with the CREW workshop, the participants had been receiving other interventions for their recovery. During a focus group session, it was apparent that the women were actively working on their recovery and expressed that a few of them had phased, which was a great accomplishment as they continued to work the steps and the program. While the data supported that the CREW workshop helped the participants to recognize their strengths and use them to progress in their recovery, it also seemed to have enabled them to make positive social changes and improve their lives through self-discovery. According to one participant, "this group helped me find myself again." Another participant expressed a similar view and explained, "the group gave me the ability to write/share my story…and discover writing is very powerful." The CREW workshop is not just about expressive writing; it is about taking the time to really explore

yourself through emotions. This collaborative workshop gave the women the opportunity to discover themselves and create positive relationships for recovery support. The evidence collected and analyzed demonstrates that the participants believe they are more connected to themselves and each other because of their participation in the CREW workshop. Most of the women interviewed attribute their involvement in RPWV and CREW to their successful completion of the program and their continued sobriety.

CHAPTER FIVE: DISCUSSION AND CONCLUSION

The purpose of this project was to explore the experiences of ten women involved in a collaborative recovery expressive writing (CREW) workshop through individual and group efforts by using an adaptation of Pennebaker's Expressive Writing Method. It also sought to illustrate how a CREW workshop could support personal healing and self-discovery through positive social change. Chapter Four provided a brief description of the participants and presented information about the site, Recovery Point West Virginia (RPWV) Charleston, including a description of their recovery program. Chapter Four also delivered the findings based on field observations, focus group sessions and qualitative interviews with the CREW participants through the emergent themes discovered during the project. Seven themes emerged from the original project: sharing emotion, freedom to share, trust, comfortable, connectedness, positive social interactions, and self-discovery; the continuation project explored these themes further to determine their meaning and focused on the individual and group experiences of the participants.

This chapter provides an interpretation of the findings relative to the project and the presence of the theoretical literature, including a historical examination into the therapeutic uses of expressive writing. It will also discuss the study's implications including recommendations for field practice. Finally, this chapter exhibits the delimitations and limitations for this project and provides recommendations for future research.

Analysis, Interpretation and Meaning

This project broadened the current research on expressive writing to include a recovery component for women in a long-term SUD recovery program. Since people experience and handle life events differently, it was imperative to capture the historical aspects of expressive

writing in order to fully understand the emotions explored behind the research. When looking at the emotions uncovered during this project, utilizing group observations, focus groups and qualitative interviews really assisted in gathering information regarding their experiences. The participants who completed the CREW workshop all remain sober, as reported by one of the participants of the program, and six of the ten participants graduated the Recovery Point West Virginia Charleston or Her Place programs with their silver chip. Overall, the analysis of the project provided support for the use of expressive writing during recovery, which will be detailed further in the following sections. The specific interpretations will be divided into four sections, categorizing the analysis of the themes back to the research questions.

Research Question One. Within the analysis of the data, research question one asked the participants to describe their experience with the collaborative recovery expressive writing group. While the original project produced emergent themes, two themes in particular articulated the experience of the participants, sharing emotion and freedom to share. Looking through the observations, focus group sessions and interview data, the researchers provided the participants the ability to share their emotions freely without censorship. The CREW workshop wanted the participants to focus their writings on their personal emotions in whatever capacity needed without harm. The researchers were not just implementing a CREW workshop; they participated in the sessions, shared their own emotions, and provided motivation and encouragement to the participants from beginning to end. Because the researchers openly participated in the CREW workshop, they were able to build rapport and trust with the participants and help them find the strength to believe in themselves. The CREW workshop's flexible approach to exploring emotions was perhaps one of the most important components behind the success of the project.

Expressive writing approaches are used by psychologists, clinicians, and practitioners to create self-healing through the exploration of emotions in a prosocial environment. Although there is considerable literature on the topic of expressive writing (Godsey, 2017; Pennebaker, 2010; Smyth et al., 2008; Seih et al., 2011) and ways in which those techniques can be adapted for a wide range of disciplines to explore emotions (Barclay & Skarlicki, 2009; Baikie et al., 2012; Krpan et al., 2013; Greenbaum & Javdani, 2017), there is limited research on expressive writing in a recovery setting (Meshberg-Cohen et al., 2014; Rodriguez et al., 2015; Tanner-Smith et al., 2016; Windsor et al., 2015). The expressive writing techniques are one of the major elements that provided the framework for this project. The implementation of expressive writing has varied over the last several years (Pennebaker, 2010) and has included the exploration of emotional stressors in addition to trauma. The CREW workshop was clear and cautious about carrying out the basic components of Pennebaker's expressive writing model.

From the beginning of the CREW workshop, the researchers sought to connect with the participants and create a safe and comforting atmosphere for them to explore their emotions. The researchers encouraged the participants to keep an open-mind when writing and let the emotions come naturally. The CREW workshop also employed the participants to remain nonjudgmental as this was important during the emotional exploration process. Maintaining these basic components and modifying as necessary allowed the CREW workshop to connect and build relationships with the participants which was essential for successful implementation of expressive writing. Similar to Rodriguez et al. (2015) findings, the application of expressive writing into interventions concentrating on certain emotions can become motivation to evoke behavior change in individuals.

Research Question Two. This research question asked the participants how the

collaborative recovery expressive writing group affected their recovery. Two themes described how the CREW workshop affected the recovery of the participants, trust and comfortable. Since the researchers who developed the CREW workshop acknowledge that creating a safe atmosphere was an essential part of this project, the participants credit this process as helping them trust others without reservation and exploring their feelings and emotions in comforting environment. Similar to Lu and Stanton (2010) findings, feeling safe to express emotions can reduce the struggle between sharing and not sharing. During the CREW workshop, the participants discovered trust by identifying their own emotions through strength and honesty. Additionally, the participants recognized the comfort they felt in the environment allowed them to share and explore their feelings and emotions thoroughly. The CREW workshop used the participants' own life experiences to identify those emotions in order to progress in their recovery. The participants acknowledge that trust and comfort was essential in "recognizing and sharing those emotions," which took time to explore, but were necessary in their recovery program. As one participant stated, "trust is a big deal, I didn't trust anyone and nobody trusted me…now, I trust myself and my family is starting to trust me."

The safe and calming environment in which the CREW workshop adopted emphasized Kállay (2015) findings to include other beneficial components into the expressive writing method. The CREW workshop also emphasized that strength and honesty were important characteristics for participants to cultivate in order to start the healing process and begin to discover themselves. This breakthrough was demonstrated through each CREW workshop meeting as well as the focus group sessions. The idea of healing through expressive writing is commonly found in the literature (Barclay & Skarlicki, 2009; Godsey, 2017; Hussain, 2010; Stuckey & Nobel, 2010). Given there is a plethora of research on the use of expressive writing

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in clinical and non-clinical settings with an emphasis on the basic components, adapting the method as necessary is imperative depending on the individuals (Baikie et al., 2012; Pennebaker, 2010; Pennebaker & Chung, 2007; Seih et al., 2011; Slatcher & Pennebaker, 2006). The findings of this project provide additional support regarding the success of the expressive writing model being implemented collaboratively in a long-term recovery program.

The CREW workshop's process of expressive writing offered a safe environment in which the participants provided nonjudgmental support to the other group members, helped them discover their emotions, and provided the support and motivation needed to progress in recovery. The components of the CREW workshop's technique aligned with what the literature deemed necessary to practice expressive writing effectively: time to write, freedom to explore individual topics, and write continuously without regard to spelling or grammar (Pennebaker, 2010). In addition to the components of expressive writing discussed above, the CREW workshop allowed the participants to share their emotions voluntarily. This project provided the participants a positive, supportive, and safe atmosphere to explore these emotions to begin healing and overcome barriers to progress in their recovery. The CREW workshop's participants' focus on trust was directly related to the close and supportive nature of the group.

Research Question Three. The third research question, which asked how the participants felt the workshop affected the group's relationship, produced three emergent themes: comfortable, connectedness, and positive social interactions. The findings that demonstrate the ways the CREW workshop affected the group's relationship reveal that the process of recognizing emotions is difficult, but with support and encouragement can be successful. Similarly, researchers found that exploring emotions and feelings through expressive writing can be challenging (American Addiction Centers, 2014; Boals, Murrell, Berntsen, Southard-Dobbs &

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Agtarap, 2015; Greenbaum & Javdani, 2017). However, it was apparent that support was one of the core components of the CREW workshop. The participants' recognition of their emotions could have been difficult to identify since most of them ultimately used substances to handle their situations. However, conveying these emotions was done through the support and encouragement of the other participants in the CREW workshop, which is why the analysis of the data showed that it was easier to share these emotions through the strong relationships built during the CREW workshop. When the participants were asked about the group's relationship, one replied, "they are my best friends." Another replied, "these girls have helped me get my life back…no, not my life back…I have a new life." According to Machtinger et al. (2015), "participants learned to expect more from relationships with others as they more openly shared feelings and experiences in a sisterhood with other Medea participants" (p. 194). Therefore, the participants' ability to express their emotions could be related to the support received from other participants in the CREW workshop.

This project presented evidence that the support and motivation received during the CREW workshop allowed the participants to engage in positive social interactions which resulted in a stronger bond. Hearing the participants say things like, "addiction doesn't define me anymore" or "we have a forever friendship" or "we lean on each other" demonstrated that the CREW workshop provided a supportive, encouraging, and inspirational approach to expressive writing, which increased their connectedness to the other group members. The findings discovered through the CREW workshop provided further evidence in relation to the expressive writing creating a positive social change within the participants. Many of the participants stated that without their CREW workshop involvement, they would not have felt comfortable enough to share their emotions within the recovery program. The participants in the CREW workshop

believed this group helped prepare them for their 12-step program by making them aware of their abilities to be successful in recovery. One of the participants talked about the program's influence to her sponsor, "this group helped me to be honest with myself, which helped me work the steps." These findings are similar to the results of Machtinger et al. (2015) study of an expressive therapy group for women living with HIV. The enhanced social support that these participants gave each other provided them the confidence to want their recovery: "I am determined to do this ... I never want to be in that dark place again." This project further provides knowledge to the field regarding the positive social interactions experienced through the CREW workshop and also encouraged the participants to keep moving forward. While the participants primarily concentrated on their recovery, the level of the group's connectedness allowed them to increase their motivation and inspired them to set recovery goals for their journey.

Similar to the comfort and connectedness felt by the participants in the CREW workshop, they also felt the communication after the expressive writing was beneficial. One participant indicated, "talking afterwards was just as powerful as the writing." This interaction gave the participants an opportunity to interact socially with each other to find inspiration and motivation. A common refrain by the participants when describing the workshop was their ability to talk to each other afterward. One participant stated, "it allowed me to release everything on paper and then talk about my feelings." The CREW workshop provided the women with opportunities to communicate their feelings and emotions through their own interpretation and reflection. The participants emphasized the addition of this component to the expressive writing model allowed them to become more social and open-minded in the exploration of their personal journey. Although the evidence shows that the CREW workshop is an empowering project that enabled

the participants to achieve their recovery success, Pennebaker (2010) warned that sharing their writing to a therapist or group members can be harmful. Reading one's personal story could have created challenges that affected the participants' well-being, so the CREW workshop did not require the participants to read or talk about their entries. Pennebaker (2010) further stated if participants want to share, they can communicate their writings rather than read them verbatim (p. 24). While the CREW workshop helps build strong relationships among the participants and increase their motivation and inspiration through social interactions, it does not encompass all of the factors needed for recovery. These findings extend an understanding of how incorporating an expressive writing workshop collaboratively among the other recovery efforts may affect the outcomes of those who participate in a long-term recovery program.

Research Question Four. The last research question asked the participants what factors of the collaborative recovery expressive writing group could be valuable for others in substance use disorder recovery. Although the CREW workshop did not entirely influence the positive recovery outcomes, the participants acknowledged that expressive writing helped them interact socially with other group members and assisted in their journey of self-discovery. Similarly, the results of another study suggested that "expressive writing may be a brief, safe, low cost, adjunct to substance use disorder treatment" (Meshberg-Cohen et al., 2014, p. 80). The positive atmosphere and continued support of the CREW workshop was a major factor for its successful implementation. Having rapport and trust and offering support with the participants were also contributing factors to the exploration and awareness of their self-discovery. According to Pascoe (2017); Lepore et al. (2002); and Smyth et al. (2008), a primary characteristic of expressive writing is focusing on the individual's experiences. It was apparent that the participants valued the individualized nature of the workshop which allowed them to form

relationships, interact socially, and discover themselves. A core component of the success of the CREW workshop is the focus on forming strong positive relationships with one another and themselves. Similar to Machtinger et al. (2015) findings in a study that analyzed the importance of self-acceptance in order to have a powerful self-identity (p. 192), the CREW workshop also valued having an open-mind as well as accepting yourself and others.

Another characteristic that the CREW workshop encouraged was awareness. Fundamental to the participants' recovery success, the CREW workshop worked together as a collaborative team. The exploration in this workshop allowed the participants to become more aware of themselves, by discovering where they are and want to go, without forgetting where they have been. As a result, the self-discovery of the participants strengthened, which in turn empowered their recovery. Both the participants and I believe we are stronger individuals and more in tune with ourselves because of our involvement in the CREW workshop. The personal growth of the participants went beyond their recovery and into their relationships with their family and children. One participant expressed how she continues to work with the RPWV program and in the recovery community, "helping others is my new path." Another participant stated, "I never thought my family would want me to give them advice or listen to their problems…but they do." It was evident that the CREW workshop's focus on trust, honesty, relationships, listening, collaboration, social interaction, healing, and self-discovery were keys in the success of the participants' expressive writing techniques.

The literature on expressive writing historically has been articulated from the clinical setting of trauma and experiences with emotions; only in recent years has the literature included recovery interventions for substance use disorder (Meshberg-Cohen et al., 2014; Rodriguez et al., 2015; Kállay, 2015). The CREW workshop's participation contributed to the knowledge of the

participants' experiences as well as added knowledge in the field about how expressive writing could transform others in recovery. Although there is significant amount of literature on the practical use of expressive writing that offers positive outcomes for individuals (Barclay & Skarlicki, 2009; Kállay, 2015; Krpan et al., 2013; Lu & Stanton, 2010; Tracy & Wallace, 2016) there is not much literature on the role of expressive writing contributing to positive social change in recovery. This project provided significant evidence for how the CREW workshop created a positive atmosphere for the participants to explore their emotions and discover themselves; the evidence also suggested that the participants developed a stronger relationship amongst themselves. The women explained that the CREW workshop contributed to a positive change for themselves and their families. Perhaps these positive outcomes explain expressive writing's plethora of literature in the field, and its continued growth within social settings.

Connection to the Literature

The theoretical framework for this project presented in Chapter Two included Bandura (1977) *Social Learning Theory*, Beck (1997) Cognitive Behavioral Theory, and Rogers (1979) Person-centered Theory. In addition to this theoretical framework, studies analyzing substance use disorders; women, trauma and substance use disorder; effective components of substance use disorder treatment; individual components of substance use disorder treatment; Maslow's motivation model in substance use disorder treatment; historical expressive writing techniques; and expressive writing in substance use treatment were used as a foundation for evaluating my findings and interpreting the meaning of the emergent themes. While Beck (2016) reported that if individuals pay attention to those automated thoughts and feelings, it can change their behavior. Focusing on the foundational components of these particular theories allowed this project to extend a little further to include Pennebaker's expressive writing paradigm in order to

explore the experiences of the participants following the CREW workshop. While each one of these theories can build on the other, they can also stand alone to describe an individual's particular actions.

The behavioral theory framework supports the observation of human behaviors to support change through positive social interaction. An important component of the behavioral theory according to Lou, Liu, Shih, and Tseng (2011) is that behavior is deeply influenced by society and cognition while humans accumulate knowledge through direct or observed experience (p. 164). During this project, the participants were involved in the direct observation of the researchers as well as the other participants. While having the ability to observe behaviors, focusing on their emotions, could also have affected the positive social change experienced by the participants. According to Bandura (1977), an individual's social environment can be altered by watching others, then modeling those behaviors. The data presented could rely on the behavioral theory framework to support the findings since the participants were interacting in a safe, supportive environment, in an effort to stimulate healing and self-discovery.

The cognitive theory framework further supports the observation of human behavior, but to a degree that it begins to incorporate the change in thinking. Powell and Kalina (2009) evaluated Piaget's theory and Vygotsky's theory and highlighted the idea that cognitive ideas are constructed in individuals through a personal process (p. 241). This particular project focused a lot on thoughts and emotions. The participants would write expressively in order to progress their recovery efforts. Powell and Kalina (2009) further indicated that Piaget's theory of cognitive development proposes humans cannot immediately understand information, but must construct their own knowledge (p. 242). Composing their own experiences permitted the participants to identify their emotions, which ultimately could change their behaviors. One of

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the vital components to adopt in a cognitive program is motivation. Keeping the participants motivated during the CREW workshop was very important for their recovery progress. These practices allowed the participants to gather, process, and retain their thoughts, feelings and emotions. These ideologies are very essential components of cognitive techniques.

The person-centered theory focuses the instruction around each individual by creating a development process that works best for that individual. An important claim for the person-centered theory is it allows each person the opportunity to individualize their instruction. The CREW workshop allowed the individual to connect to their recovery through an emotional and personal understanding, which lead to self-discovery. Another imperative principal of the person-centered theory is a non-directive approach, which places emphasis on the building capacity for self-instruction and personal development through self-understanding, self-discovery, and self-concept (Joyce and Weil, 1972). While this approach was a focus during this project, the participants were encouraged to concentrate on their recovery and allow the healing and self-discovery to come naturally.

When a person undergoes a life experience, they bring their past with them. This knowledge makes the impact of an intervention different for everyone. Each person's story and perception is important when trying to determine the experiences of the participants involved in an expressive writing workshop. Without the participants' feedback, there would be no story to tell. Looking at the data from the writings of Geertz (1973), the most important aspect is the meaning behind the material and how telling their story can change the future for recovery.

In qualitative research, people can be reluctant to give an interview for fear of being interpreted incorrectly or having their story edited. It was essential for this project to ensure the participants felt their voices were heard exactly as reported. One of their main concerns was

whether the meaning of their words would be interpreted properly. Geertz (1973) discussed that researchers should be aware that every word has a different meaning and can be misinterpreted. It was imperative to be as detailed as possible to ensure that the actuality behind the words of the participants was written.

After reading the notes for the interviews and focus group sessions, they provided details on the various perspectives that can occur during an expressive writing workshop. The individual interviews provided the participants' personal journey through the CREW workshop and detailed how this group affected their recovery and relationship with the other members. Having this information allowed a deeper assessment into that individual's experiences with expressive writing. Within this project, direct quotes from the participants were included to clarify and support the evidence contained in the analysis. Separating what the participant experienced from a general impression of the CREW workshop provides more of a detailed recollection. This separation allowed for the data to focus on the descriptions and meanings behind the participants' experiences.

According to Collin (1997), Fay (1996), Giddens (1993), Habermas (1988), Outhwaite (1975), and Schwandt (2007), the word meaning is defined in two different views: "the meaning of an action resides in the consciousness of the actor…an action has meaning not by virtue of the actor's intentions but because it is part of some larger web or system of actions" (p. 185-186). The term meaning can be expressed in various ways when using this concept in qualitative research. This particular project established not only the meaning behind the CREW workshop, but also the meaning of expressive writing to the participants involved. Collin (1997), Fay (1996), Giddens (1993), Habermas (1988), Outhwaite (1975) and Schwandt (2007) further describe this term as, "meaning is undecidable, never fixed or complete, and exists only in

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'reading' an action (or text) such that meaning is always meaning for someone" (p. 186). Every observation, interview and focus group session in this project provided meaning; the interesting part is how the same project can mean something different to the participants involved. Having this knowledge is important when completing qualitative inquiry, so that the focus remains on the meaning of this project. Participating in this project clearly provided me with the participants' meaning based on their words and expressions.

The concept of interpretation has been integral for some time in the research field. In this project, it provided information from the participants' point-of-view, which illustrated the meaning behind the CREW workshop and provided a basis of the importance of each component. Interpretation plays a vigorous role in qualitative research and can make or break a research project. Within this project, it was clear that participants were satisfied with the CREW workshop and felt it helped provide support while exploring their emotions through text, which in qualitative inquiry is essential. Not only did the text in this project portray life experiences of the participants, it provided a forum for their voices to be heard. The text itself can be used like an artists' canvas in order to provide a masterpiece of expression. Although the participants may interpret their experiences differently, as a whole, the intent behind the project was clear. This particular research project was a form of art, so when all the necessary mediums were utilized, the results spoke for themselves. The text included in this project recreated the CREW workshop and told the experiences from the perspective of the ten women.

The Power of Expressive Writing

When determining how to capture the participants' experiences with expressive writing, it became essential to examine the historical aspects of expressive writing as it related to therapy and recovery. Using this particular set of topics, I explored the significance of expressive

writing and emotional support by reviewing research conducted in the field using this fundamental technique. Researching expressive writing provided a whole new perspective on the meaning of the word emotion. Individuals rarely focus on the significance of emotions, (Hendel, 2018) until it is too much to handle. So what happens when it becomes too much that it consumes your well-being? Well expressive writing has explored that reality for decades. When an individual experiences a catastrophic event, it can disrupt their daily routines. But once the tragedy is over, some individuals often have no support structure to assist with the aftermath. These situations are where expressive writing techniques can be best utilized. Expressive writing can assist with healing and support following a traumatic event which has affected an individual's life.

Although many individuals are cautious when asked to journal their feelings and emotions, Boals et al. (2015), found a modified expressive writing strategy assisted individuals with recovery from stressful experiences. Emotions are an essential part of daily interactions, so being affected by a traumatic event can alter their thought processes, which could lead to other issues. Every individual involved in the research experienced some form of trauma. Their normal routines were no longer normal. Barclay and Skarlicki (2009) detailed, "expressing one's experience through writing can have physical and psychological benefits for individuals dealing with traumatic experience" (p. 511). However, the research further guided that expressive writing could also help individuals working in traumatic environments. Phillips (2017) created a program combining the "healing effects of expressive writing, storytelling, and music to help nurses address the grief and suffering they experience in their work" (p. 145). This strategy illustrates that expressive writing has such a broad range of implementation with positive outcomes for individuals experiencing an emotional situation.

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The first expressive writing study was conducted in 1986 by James W. Pennebaker and Sandra Beall. This particular experiment asked college students to write about a traumatic life experience for 15 minutes for four consecutive days (Pennebaker, 2010, p. 23). While this same technique has been adapted in multiple settings over the last two decades, it is still demonstrating positive benefits for the individuals participating (Slatcher & Pennebaker, 2006, p. 660). In the basic model, individuals are provided time to write, but free to explore whatever topic is necessary for their individualized exploration.

These suggestions and adaptations have been developed looking at the methods used over the last several decades and the reports of positive outcomes within the field. Murray (2002) indicated "the key to writings effectiveness is in the way people use it to interpret their experiences, right down to the words they choose" (p. 54.). This description of expressive writing became even more evident after reviewing the data from this project. Even after the project had ended, many of the participants in this project continued to utilize their journals. Some even went back to the older entries and explored their writings a little further. Greenbaum and Javdani (2017) reported their WRITE ON (writing and reflecting on identity to empower ourselves as narrators) project could provide the juveniles with psychological resources to help with adversities they may face in the future (p. 226). This particular technique of writing can be integrated into various treatment programs active within the communities to assist in healing and support for individuals.

After reviewing the literature on expressive writing, two themes stood out. One was how an expressive technique could be adapted for integration into almost any setting and how most of the research reported positive outcomes among the participants. These two components could play a vital role in the substance use disorder treatment interventions currently needed across

West Virginia. Hussain (2010) reported expressive writing allows an individual to express their emotions honestly without misrepresentations (p. 21). This type of intervention would provide guidance on the implementation, but allow each facility the opportunity to alter the method as needed. Being aware of emotions can sometimes make a difference in the individual's outlook on life, specifically, in the way the individuals experienced the situation and the healing and knowledge gained from expressing those emotions through words. Stuckey and Nobel (2010) reported expressing one's voice through poetry can also be a healing process since it concentrates on self-expression not commonly used daily (p. 260). One thing is apparent, expressive writing can produce healing in a variety of forms.

In one particular study, Taylor et al. (2014) emphasized the act of writing is more important than the words themselves; it can help the writer develop a clear picture of the experience which ultimately allows them to observe different perspectives (p. 5.). Reading this information made sense. When an event occurs, we experience it in the present, but often look back and see things differently. Being able to write about those situations can help individuals heal and move forward with support and self-discovery. A lot of programs find it easier to tell individuals what they are feeling, but if it is not their true emotion, how can they discover themselves? Throughout our lives, we will have life experiences every day, some good and some bad. Having the tools to distinguish how these events affect our well-being can be helpful when dealing with emotions.

Although it is hopeful that during life's experiences, individuals can cope without the occurrences affecting their normal routine. However, without the necessary tools and support, these events seem to only create more issues. During this project, my eyes were opened in discovering how a simple technique can produce a positive social change within a group of

women recovering from substance use disorder. Historically the methods used in recovery programs differ and are dependent upon the resources available. However, this particular method can be modified to work collaboratively with other interventions, but be individualized for self-healing to occur. Having this information may be helpful to community organizations that offer outpatient programs for substance use disorder. Experiencing expressive writing firsthand and reading the research in the field provided me with an enlightening encounter. Not every person going through addiction will experience the same meaning, so it is important to explore their personal emotions for further clarity.

Life experiences play an important role in substance use disorder. When conducting a recovery intervention, it is important to focus the treatment on the individual. Expressive writing allows the emotions to be written and discovered by the writer, which makes it much more powerful. When interpreting the historical research on expressive writing, it painted an accurate observation that focusing the method on the individual's personal experience is critical for personal growth. When assessing the outcomes of expressive writing, there will never be one correct method or process. The best technique can be implemented using the core components, but modifying to elicit the emotional journey from individuals hoping to understand themselves.

Limitations of the CREW Workshop

Since this project sought to explore the participants' experiences with the CREW workshop, it cannot be generalized because of the characteristics of this qualitative research. However, the participants' stories developed an understanding encompassing how women in recovery experience expressive writing. While the group size was ideal for this project, I would have liked all ten of the participants to participate in the continuation project, but it was not possible. For this project, it was essential to capture the individualized experiences of the

participants because "it produces an account of lived experience in its own terms" (Smith and Osborn, 2015, p. 41). While the theoretical framework enabled me to focus the research questions on the participants' experience with recovery as well as group relationship, an interpretive phenomenological analysis served best to fully describe the meaning of the emergent themes and then apply those themes to the four research questions.

At the beginning of this project, a participatory action research was selected due to the researchers participating in the expressive writing sessions. However, as the project continued, the qualitative design remained in order to describe the meaning of the emergent themes discovered through the participants' experience with the CREW workshop. Since there is minimal literature connecting SUD treatment and expressive writing, this project specifically aimed to focus around women, which ultimately created a limitation. This project being conducted at RPWV Charleston created another limitation given the participants had to be admitted into this long-term recovery facility.

Due to the location and availability of the participants, it was not possible to interview all of the participants for the continuation project. However, five of the participants, who were involved in the CREW workshop and focus group sessions, were interviewed using a semi-structured method. Not being able to interview all of the participants a second time is a limitation of the project because the participants who were interviewed were involved in all aspects of the project, which could have resulted in the positive outcomes with their experiences. These particular participants shared more descriptions and provided feedback on the components of the project and their experiences. Between the original project data, the qualitative interviews and six focus group sessions from the continuation project, there were ten total women, of which six participated in the focus groups.

The focus group sessions were held on six occasions at the Serenity Club, Inc. Even though there was a total of six participants, not all six were present at each session. Only two times were all six participants present. The other sessions had four participants twice and five participants twice. Because of the limited availability and/or location of the participants, three follow-up qualitative interviews were conducted over the phone. Even though I would have liked to conducted those interviews face-to-face, I was able to collect a significant amount of information from them during my previous interviews and interactions.

In addition to participating in the CREW workshop, conducting interviews and focus group sessions, field observations were also utilized to provide another form of data collection to help strengthen the findings. I attended all 12 expressive writing sessions for the CREW workshop and observed the participants' interactions during the communication after the writing ended. Since this was a small sample of women, I was able to connect my observation findings to their interview and focus group notes. For the women who did not attend the second qualitative interviews or focus group sessions, I had enough data from the interviews and observations during the original project to develop an understanding of their experience with the CREW workshop.

Another limitation of this research project is the lack of literature relating expressive writing directly to effective SUD treatment. A large portion of the literature relates this strategy to trauma or abuse, but most individuals with SUD issues have suffered one or both of these life history factors. However, the results have practical and theoretical suggestions that go beyond this sample. The experiences received from the participants during the expressive writing sessions illustrated a powerful growth from darkness into the light.

Recommendations for Future Research

Researchers conduct research for a variety of reasons. For the most part, most want to share knowledge on a particular subject with the field to provide more evidence for future research; some are curious and want to explore certain areas in order to determine why things happen. This particular project explored the experiences of ten women who were involved in a collaborative recovery expressive writing workshop. It also examined how the supportive relationships among these women grew through the positive social interactions during the CREW workshop. And finally, it interpreted the meaning of the emergent themes discovered in the original project to illustrate how the participants felt the CREW workshop helped with their recovery efforts as well as their journey to healing and self-discovery.

Seven themes emerged from the original project. The first theme related to the sharing of emotions. While there is literature examining expressive writing and the emotional discovery, not much has been shared in regards to substance use disorder. When exploring the true meaning behind this theme, the participants expressed it as "the opportunity to share and understand our feelings and emotions following our numbness of substance use disorder." Although the participants are given multiple tools to cope with emotions, having the ability to identify them was a little different. A future project may want to explore the emotional journey of men within a long-term recovery facility to gather another set of experiences during a similar qualitative project and explore their personal emotional experiences.

The second theme related to the freedom of sharing by the participants during the CREW workshop. The literature on expressive writing stresses the ability to remain open-minded and allow yourself to explore the emotions without judgment. The meaning of this theme was clear; the participants enjoyed having "the freedom to share their stories, emotions, and feelings

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without being censored, judged, or punished." This project provides further knowledge in the importance of the emotional journey. In order to influence positive social change, one must be able to identify the emotions, which linked to the thoughts, drive the behavior. Having someone explore their emotions, but censoring their words, takes away the meaning, which as a result, is not their emotion at all. To gain further understanding of this connection, a similar project may be developed to determine whether the freedom to share truly does influence the experience of expressive writing.

The third theme that emerged from this project pertained to trust. The participants' experiences in the past with trust had not been positive. However, through the CREW workshop, the participants were able to have "the feeling of being able to confide in others for strength and honesty without being reserved." Hearing these responses illustrated how the CREW workshop affected positive change in the lives of these participants. A future qualitative project might explore how trust within a group could strengthen recovery efforts within a program. In addition, another project might evaluate the meaning of trust a little deeper to determine if it is a direct connection to substance use disorder.

The fourth theme of this project discovered comfortable as a key component to this project. The participants stated that recognizing emotions is a complex process and "this group provided a safe and calming environment to share and explore feelings and emotions." A future project may concentrate on the atmosphere of the expressive writing group to determine another perspective. New literature in the field has expanded on the original components of expressive writing to include creating a quiet space to write. Having the knowledge from this project could further contributes to the limited evidence on expressive writing and substance use disorders.

The fifth theme, connectedness, began to develop in the early stages of this project.

Writing and sharing were some of the major activities during the CREW workshop, so I was not surprised to see a theme surrounding the participants' relationship. To provide a rich description to the word connectedness, the participants shared "the close connection between the participants through trust, honesty and support." Having this connection provided the participants with strong support during their recovery efforts. A future project could take this information to process the importance of support and relationships during recovery.

The sixth theme, positive social interactions did not evolve right away. This was one that begin to appear about halfway through the CREW workshop. When this project first began, the participants were early in their recovery, some with only a month of sobriety, so interacting socially with the other participants was not evident. During the first few weeks, there were two separate tables setup for the CREW workshop, but after about five weeks a shift occurred; the tables moved closer together and after the writing time ended, everybody squeezed into one table to share and communicate. When I asked the participants to describe their positive social interaction they explained "the communication after the writing session allowed for motivation and inspiration to continue on the journey." Having the motivation and inspiration to continue their 12-step program was critical for their recovery efforts.

The seventh and final theme, self-discovery, was one of the ultimate aspirations of this project. One of the effective components of expressive writing is the power to influence healing and self-discovery through the exploration of emotions. The participants provided the meaning of this theme as "the result of writing/sharing the feelings and emotions and discovering where you are and want to go, without forgetting where you have been." This was such a powerful statement. While this project explored the experiences of the participants' it also investigated whether expressive writing could increase the participants' awareness and self-discovery through

emotional healing. A future project could be conducted that concentrates on the healing and discovery of the individuals involved in expressive writing. Working within the substance use disorder community could further the limited knowledge of expressive writing in this particular setting.

This project found that participants' experiences were positive overall and assisted with their emotional journeys during their recovery program. The findings of this project and the expressive writing literature further support the exploration of emotions and life experiences could result in positive social change, healing and self-discovery for the participants. This current project also provides new knowledge in connection with expressive writing and participants in a long-term substance use disorder program. The evidence established that the experiences of participants was overall positive and enabled them to form strong relationships and discover themselves to progress their recovery. While there is limited literature on expressive writing and substance use disorder, there is an abundance on the effectiveness of expressive writing techniques with individuals experiencing trauma, terminal illness, pain, hardships, working environments, injustice, medical conditions, psychological conditions, and many more. The findings of this project provide new knowledge on the influence of expressive writing with participants in a long-term recovery facility. In addition, the findings increased positive social interactions, self-discovery and motivation for the participants to continue their recovery efforts and contributed further knowledge on the other components to include during an expressive writing workshop. As stated in the findings and emergent themes discovered within the research materials, the CREW workshop and the expressive writing approach were the core elements that created a positive experience for the participants. Since there was not a lot of research directly exploring how participants experience a collaborative recovery expressive

writing workshop, connecting these two areas with my findings could bridge the gap for future research.

A Final Reflection

West Virginia has experienced an opioid crisis over the last decade, but not knowing what treatment will work has made it difficult to offer assistance. Most of the individuals involved in these expressive writing projects had a positive experience when writing about their emotions. Pennebaker (2004) emphasized that expressive writing is a technique aimed at healing the areas needed for that individual. Being able to individualize the intervention is essential, especially in a state with limited resources. The primary goal of expressive writing is allowing individuals to express their emotions and begin healing. Once the technique is individualized for the setting, the intervention can be delivered to those being affected by an emotional occurrence.

Throughout this project, I discovered that qualitative inquiry could be utilized in a variety of ways. It could provide information on ways to make positive social change or explain how a particular project affected the lives of the participants. This concept allowed me to conduct field observations, establish focus group sessions and develop qualitative interviews for the participants who experienced the CREW workshop firsthand to illustrate meaning. The qualitative interviews and focus group sessions were very informal and utilized open-ended questions, which allowed for rapport building while obtaining information. This process also provided the participants with the opportunity to expand and elaborate on important things they feel should be shared. This information was beneficial in order to produce knowledge of the CREW workshop and explain the emotions involved in the project.

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APPENDIX A: INSTITUTIONAL REVIEW BOARD (IRB) APPROVAL – CONTINUATION PROJECT

MARSHALL UNIVERSITY.
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Office of Research Integrity
Institutional Review Board
One John Marshall Drive
Huntington, WV 25755

FWA 00002704

IRB1 #00002205
IRB2 #00003206

September 9, 2018

Elizabeth Campbell, Ph.D.
Elementary and Secondary Education, MUGC

RE: IRBNet ID# 1105376-2
At: Marshall University Institutional Review Board #2 (Social/Behavioral)

Dear Dr. Campbell:

Protocol Title:	[1105376-2] From Hell To Hope: A Collaborative Women's Writing Project
Expiration Date:	September 6, 2019
Site Location:	MUGC
Submission Type:	Continuing Review/Progress APPROVED Report
Review Type:	Expedited Review

The above study and informed consent were approved for an additional 12 months by the Marshall University Institutional Review Board #2 (Social/Behavioral) Chair. The approval will expire September 6, 2019. Continuing review materials should be submitted no later than 30 days prior to the expiration date.

This study is for student Leighann Justice Davidson.

If you have any questions, please contact the Marshall University Institutional Review Board #2 (Social/Behavioral) Coordinator Bruce Day, ThD, CIP at 304-696-4303 or day50@marshall.edu. Please include your study title and reference number in all correspondence with this office.

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APPENDIX B: INSTITUTIONAL REVIEW BOARD (IRB) APPROVAL –
ORIGINAL PROJECT

MARSHALL UNIVERSITY
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Office of Research Integrity	FWA 00002704
Institutional Review Board	
One John Marshall Drive	IRB1 #00002205
Huntington, WV 25755	IRB2 #00003206

September 6, 2017

Elizabeth Campbell, Ph.D.
Elementary and Secondary Education, MUGC

RE: IRBNet ID# 1105376-1
At: Marshall University Institutional Review Board #2 (Social/Behavioral)

Dear Dr. Campbell:

Protocol Title:	[1105376-1] From Hell To Hope: A Collaborative Women's Writing Project	
Expiration Date:	September 6, 2018	
Site Location:	MUGC	
Submission Type:	New Project	APPROVED
Review Type:	Expedited Review	

In accordance with 45CFR46.110(a)(7), the above study and informed consent were granted Expedited approval today by the Marshall University Institutional Review Board #2 (Social/Behavioral) Chair for the period of 12 months. The approval will expire September 6, 2018. A continuing review request for this study must be submitted no later than 30 days prior to the expiration date.

This study is for students Lee Ann Vecellio and Leighann Justice Davidson.

If you have any questions, please contact the Marshall University Institutional Review Board #2 (Social/Behavioral) Coordinator Bruce Day, ThD, CIP at 304-696-4303 or day50@marshall.edu. Please include your study title and reference number in all correspondence with this office.

- 1 -

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Marshall University IRB	
Approved on:	9/9/18
Expires on:	9/6/19
Study number:	1105376

Marshall University
IRB#2

Informed Consent to Participate in a Research Study

From Hell to Hope: A Collaborative Women's Writing Project

Elizabeth Campbell, Ph.D., Principal Investigator

Introduction

You are invited to participate in a research project designed to gain knowledge that may help others in the future. You may or may not receive any benefit from being part of the project. Your participation is voluntary. If you choose to participate, your participation will count as regular reporting hours, and will be credited based the fact of your participation, rather than on performing in prescribed or particular ways. Please take your time to make your decision, and ask your research investigator or research staff to explain any words or information that you do not understand.

Why Is This Study Being Done?

The purpose of this participatory action research project is for participating women to use shared writing to explore self-awareness, self-acceptance, self-forgiveness, and healing. This participation could create a shift in how you view yourself and envision your future.

How Many People Will Take Part In The Study?

Between 9 and 12 participants will be involved in this project.

What Is Involved In This Research Study?

In this project, you will use writing prompts to create individual and group stories that explore your own lives. You will be invited to share those stories with the group, although that sharing will be voluntary. In addition to these individual pieces, the group will create several reflection pieces that explore the experience of being in the group. The individual stories and group reflections will be collected and analyzed by the researchers. Elements of both stories and reflections may be integrated into educational presentations; they may also be used to inform the design of future group therapeutic interventions. Nothing that any one individual has written will be included in any presentations without that individual's express, written consent. Individuals who allow their materials to be included may choose to be represented anonymously, or to be openly recognized and acknowledged.

What about Alternative Procedures?

There are no alternative procedures.

How Long Will You Be In The Study?

This project will last for 12 weeks. You can decide to stop participating at any time. If you decide to stop participating we encourage you to share your decision with the project investigator or project staff as soon as possible. If you decide to stop participating, there will be no penalties or

Participant's Initials _____

repercussions. The project investigator may stop you from taking part in this project at any time if he/she believes it is in your best interest or the best interest of the group, or if the project is stopped.

What Are The Risks Of The Study?

There may be these risks:

- There is a risk that if you choose to have your name associated with your story, others may read the manuscript and be able to identify you.
- There is a risk of breach of confidentiality that another group member would share your story outside of the group. If this were to happen, that member would be asked to leave the group.

There may also be other side effects that we cannot predict. You should tell the researchers if these risks or other potential concerns bother or worry you.

Are There Benefits To Taking Part In The Study?

If you agree to take part in this project, there may or may not be direct benefit to you. We hope the information learned from this project will benefit other people in the future. The benefits of participating in this project may include increased self-awareness, self-acceptance, and self-forgiveness; your participation could also lead to potential shifts in mindset, in how you view yourself, and in how you envision your future.

What About Confidentiality?

We will do our best to make sure that your personal information is kept confidential. However, we cannot guarantee absolute confidentiality. Federal law says we must keep your project records private. Nevertheless, under unforeseen and rare circumstances, we may be required by law to allow certain agencies to view your records. Those agencies would include the Marshall University IRB, Office of Research Integrity (ORI) and the federal Office of Human Research Protection (OHRP). This is to make sure that we are protecting your rights and your safety. If we publish the information we learn from this project, you will not be identified by name or in any other way unless.

What Are The Costs Of Taking Part In This Study?

There are no costs to you for taking part in this project. All the project costs, including any tests, supplies and procedures related directly to the project, will be paid for by the project.

Will You Be Paid For Participating?

You will receive no payment or other compensation for taking part in this project. However, you will receive reporting hours for your participation.

What Are Your Rights As A Research Study Participant?

Taking part in this project is voluntary. You may choose not to take part or you may leave the project at any time. Refusing to participate or leaving the project will not result in any penalty or loss of benefits to which you are entitled. If you decide to stop participating in the project we encourage you to talk to the investigators or project staff first.

Participant's Initials _____

Whom Do You Call If You Have Questions Or Problems?

For questions about the project, or in the event of a research-related injury, contact the project's Principal Investigator, Elizabeth Campbell at 304-746-1984 or Kanawha Day Report Center at 304-357-0387. You should also call the investigator if you have a concern or complaint about the research.

For questions about your rights as a research participant, contact the Marshall University IRB#2 Chairman Dr. Christopher LeGrow or ORI at (304) 696-4303. You may also call this number if:

- o You have concerns or complaints about the research.
- o The research staff cannot be reached.
- o You want to talk to someone other than the research staff.

You will be given a signed and dated copy of this consent form.

SIGNATURES

You agree to take part in this project and confirm that you are 18 years of age or older. You have had a chance to ask questions about being in this project and have had those questions answered. By signing this consent form you are not giving up any legal rights to which you are entitled.

_____
Participant's Name (Printed)

_____   _____
Participant's Signature   Date

If you would like to have your name associated with your words and participation, please initial yes or no below.

_____ YES   _____ NO

_____
Person Obtaining Consent (Printed)

_____   _____
Person Obtaining Consent Signature   Date
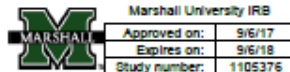
Marshall University

Informed Consent to Participate in a Research Study

From Hell to Hope: A Collaborative Women's Writing Project

Elizabeth Campbell, Ph.D., Principal Investigator

Marshall University IRB	
Approved on:	9/6/17
Expires on:	9/6/18
Study number:	1105376

Introduction

You are invited to participate in a research project designed to gain knowledge that may help others in the future. You may or may not receive any benefit from being part of the project. Your participation is voluntary. If you choose to participate, your participation will count as regular reporting hours, and will be credited based the fact of your participation, rather than on performing in prescribed or particular ways. Please take your time to make your decision, and ask your research investigator or research staff to explain any words or information that you do not understand.

Why Is This Study Being Done?

The purpose of this participatory action research project is for participating women to use shared writing to explore self-awareness, self-acceptance, self-forgiveness, and healing. This participation could create a shift in how you view yourself and envision your future.

How Many People Will Take Part In The Study?

Between 9 and 12 participants will be involved in this project.

What Is Involved In This Research Study?

In this project, you will use writing prompts to create individual and group stories that explore your own lives. You will be invited to share those stories with the group, although that sharing will be voluntary. In addition to these individual pieces, the group will create several reflection pieces that explore the experience of being in the group. The individual stories and group reflections will be collected and analyzed by the researchers. Elements of both stories and reflections may be integrated into educational presentations; they may also be used to inform the design of future group therapeutic interventions. Nothing that any one individual has written will be included in any presentations without that individual's express, written consent. Individuals who allow their materials to be included may choose to be represented anonymously, or to be openly recognized and acknowledged.

What about Alternative Procedures?

There are no alternative procedures.

How Long Will You Be In The Study?

This project will last for 12 weeks. You can decide to stop participating at any time. If you decide to stop participating we encourage you to share your decision with the project investigator or project staff as soon as possible. If you decide to stop participating, there will be no penalties or

Participant's Initials _____

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What Are The Risks Of The Study?

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- There is a risk that if you choose to have your name associated with your story, others may read the manuscript and be able to identify you.
- There is a risk of breach of confidentiality that another group member would share your story outside of the group. If this were to happen, that member would be asked to leave the group.

There may also be other side effects that we cannot predict. You should tell the researchers if these risks or other potential concerns bother or worry you.

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SIGNATURES

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_____
Participant's Name (Printed)

_____   _____
Participant's Signature   Date

If you would like to have your name associated with your words and participation, please initial yes or no below.

_____ YES   _____ NO

_____
Person Obtaining Consent (Printed)

_____   _____
Person Obtaining Consent Signature   Date

Participant's Initials _____

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APPENDIX E: INTERVIEW QUESTIONS – CONTINUATION PROJECT

1. What is your history of substance use? In other words, starting from when you first began to use substances, what caused you to seek treatment? Think of this as your chapter of your experience with collaborative recovery expressive writing.
2. How long had you been at Recovery Point West Virginia, Charleston before you started the expressive writing workshop?
3. How would you describe your experience in this collaborative recovery expressive writing group?
4. If you have been in substance abuse treatment before, how would you compare this workshop with other experiences?
5. What do you consider to be the strengths of expressive writing?
6. What are your concerns with expressive writing?
7. From your perspective, did expressive writing help you during recovery?
8. Was sharing your experiences with the other group participants helpful?
9. What do you consider to be the high point of your experience in this workshop? In other words, describe your best expressive writing session.
10. What were you thinking and feeling during that session?
11. What do you consider to be the low point of your experience in this workshop? In other words, describe your worst expressive writing session.
12. What were you thinking and feeling during that session?
13. What do you consider to be the turning point of your experience in this workshop? In other words, describe the expressive writing session that had the greatest impact on your recovery.
14. What were you thinking and feeling during the session?
15. If you look back to when you first started the expressive writing workshop, did you set any recovery goals for yourself?
16. How are you doing with achieving those goals?
17. Did the topics or sentence starters influence your recovery in any way?
18. What changes would you make to the techniques used in this workshop?
19. How would you describe your relationship with the other women in the group before the expressive writing workshop?
20. What approach(es) were helpful for establishing a social relationship with other group participants?
21. What techniques and methods did you find helpful to develop a better relationship with other group participants?
22. Do you think the topics and sentence starters used during the expressive writing workshops may have affected your relationship with the group participants?
23. How would you describe your relationship with the other women in the group after the expressive writing workshop?
24. What do you consider to be the most significant value in helping people overcome a substance use disorder?
25. If that value has to do with the collaborative recovery expressive writing, how important was that workshop for changing your thoughts and actions?
26. Give an example from your experience of how expressive writing may be valuable for others in substance use recovery.

APPENDIX F: SENTENCE STARTERS – ORIGINAL PROJECT

Sentence Starters

- **My childhood…**
- **My parents were…**
- **It hurts me...**
- **People don't know that…**
- **My adolescence was…**
- **I could describe my family as…**
- **In five years I see myself…**
- **Someday I hope to . . .**
- **It upsets me when . . .**
- **I admire people who . . .**
- **I wish I could change . . .**
- **It is important to me that . . .**
- **Sometimes I wonder why . . .**
- **I am convinced that . . .**
- **I hope I never . . .**
- **I am trying to improve my character by . . .**
- **People would like me better if . . .**
- **I'm afraid that . . .**
- **I get discouraged when . . .**
- **When I don't get my way I . . .**
- **I would like to tell _ that . . .**
- **I'm sorry about . . .**
- **I am happiest when . . .**
- **I complain a lot about . . .**
- **The last time I cried was . . .**
- **I have definitely decided to . . .**
- **When I hurt someone, I . . .**
- **I'm proud of _** because . . .
- **When people tease me, I . . .**

Subheadings

Sugar and Spice and maybe sometimes nice? or The playground of my past (Childhood)
When hormones found me or The necessary evil that is puberty (Adolescence)
Coming into my own or You can't tell me what to do, I'm an adult now! (Young Adult)
Where it all went wrong or This was not what I signed up for! (Trial/Tribulation)