

A PHENOMENOLOGICAL STUDY OF AFRICAN AMERICAN COLLEGE STUDENTS'  
RECOVERY EXPERIENCES IN A COLLEGIATE RECOVERY PROGRAM

by

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## ABSTRACT

MARIE ANGELINA HUGGINS. A Phenomenological Study of African American College Students' Recovery Experiences In A Collegiate Recovery Program. (Under the direction of DR. PAMELA S. LASSITER)

This study examined the experiences of recovery among African American college students participating in collegiate recovery programs (CRPs). A phenomenological qualitative approach was utilized to collect and analyze data. The purpose of this study was to explore the role of collegiate recovery programs in the recovery process for African American college students who identify as being in recovery from substance use disorders. The study answered the following research questions: (1) How does engagement in CRPs promote recovery for African American college students in recovery from substance use disorders? (2) How do CRPs enhance the recovery capital of African American college students in recovery from substance use disorders? (3) How does racial identity affect recovery capital for African American college students in the CRP pursuing recovery? To gain an in-depth understanding of participant recovery from substance use, data was collected through a background and demographic questionnaire (BDQ), semi-structured interviews, and a reflexive journal to gain rich, thick descriptions of their six-month recovery journey thus far. A comprehensive review of the existing literature indicated a void in the inclusion of African American college students' lived experiences in recovery from substance use disorders (SUDs) while attending college. Thus, this study sought to fill a gap in the counseling and substance use research and utilized a recovery capital theoretical framework to examine the recovery experiences of African American college students in recovery participating in CRPs. Based on the data analysis, three themes emerged: (a) advocate for recovery in the CRPs, (b) pro-recovery supports in the CRPs, and (c) recovery barriers and resiliency factors for African Americans in recovery in the CRPs.

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## CHAPTER 1: INTRODUCTION

The change from adolescence to emerging adulthood (18-29 years old) while entering or returning to college can consist of moving to a different geographical location, leaving friends and family from home, and a change in socioeconomic status, which could be experienced as a demanding and stressful time for college students (Harris et al., 2008). Many college students during this time undergo a heightened sense of autonomy and freedom, along with stressful academic and social demands. It is a time of identity formation and autonomy from their immediate family (Arnett, 2000; Pascarella & Terenzi, 1991). Despite these challenges, the decision to pursue higher education can offer exciting opportunities for academic and personal enrichment; however, this newfound freedom can also be a pressure-filled and challenging time for many college students (Dyson & Renk, 2006).

College students can experience adjustment issues and concerns related to homesickness, depression, stress, academic demands, loneliness, and connecting with new peer groups (Arnett, 2000; Chao, 2012; Dyson & Renk, 2006; Nordstrom et al., 2014). While trying to adjust to their new environment and make independent decisions, the choice to use a mind-altering substance can be a deleterious option that many college students end up misusing (Arnett, 2005; Schulenberg & Maggs, 2002). The climate of higher education in the United States (US) upholds and perpetuates the need for college students to intake substances such as alcohol and other drugs to fully experience college. The authors detailed how much of this drinking culture takes on many risky forms such as 21<sup>st</sup> birthdays celebrated with 21 shots of alcohol to fraternity drinking initiations (Wechsler & Wuethrich, 2002). Within the past decade, the public continues to affirm that the consumption of alcohol is a standard component of day-to-day life during a student's collegiate experience (National Institute on Alcohol Abuse and Alcoholism [NIAA],

2006). The National Institutes of Health (NIH) and the National Institute on Drug Abuse (NIDA), have funded The Monitoring the Future Study (MTF) since 1975, which is an annual survey tracking trends, behaviors, viewpoints, and substance use of students post-secondary and university attending. The results revealed that substance use for college students was higher for young adults their age who were not college attendees, 62% versus 56.4% (Schulenberg et al., 2017). Nevertheless, based upon the addictive nature of these alcohol and other drugs (AODs), many college students can experience insurmountable challenges during their college experience based upon their reliance on the drug.

The college and university atmosphere can present immense hurdles and battles for college students pursuing recovery post-treatment from AODs and can cause triggers and relapses in their AOD use to occur for while in college (Cleveland et al., 2007). According to Harris et al. (2005), about 4% of university and college students' identify as being in recovery from SUDs on university and college campuses. Students pursuing recovery have made a conscious decision to be free from substance use and take part in interests that endorse recovery and sobriety and their health (Perron et al., 2011). Many young adults working on their recovery from substance used disorders (SUDs) face the challenge of finding a safe, supportive atmosphere on a college or university campus in an environment that is hostile towards their abstinence and ultimately could jeopardize their recovery (Cleveland et al., 2007). College students pursuing recovery have hurdles while starting college that traditional (non-recovery) students face, as well as extra stressors of not experiencing a relapse in their AOD (Cleveland et al., 2010).

While the focus is on college students' SUDs treatment, there has been a minuscule focus in the realm of academia to the college students' on-going recovery once their treatment is

complete (Harris et al., 2008). Beginning in the 1980s, universities and colleges created collegiate recovery programs (ARHE, 2019; Harris et al., 2010). Collegiate recovery programs (CRPs) and other recovery-based programming, such as Alcoholics Anonymous (AA), have gained significant attention and popularity within recent years due to the prevalence and problematic concerns of SUDs within college and university environments (ARHE, 2019). Within CRPs, there are various types of support, such as social (peer-to-peer, ally, faculty, staff, and counselors), academic, scholarship, and 12-step community support (Cleveland et al., 2010; Smock et al., 2011).

CRPs work to promote the recovery process for college students by having a supportive recovery program that does not halt their academic pursuits (Laudet et al., 2015). Higher education institutions in the United States are noticeably abstinence-hostile environments, especially for abstinence-based recovery and for traditionally underserved student populations (Cleveland et al., 2007). CRPs work to meet the needs of recovering college student populations by providing social and educational support with structure. CRPs attract students in recovery by offering supportive services ranging from drop-in center spaces to do homework, recovery coaches, sober tailgates, nutritional support through dieticians and nutritionists, recovery yoga, meditation, and peer ally support (Laudet et al., 2015). CRPs can serve as a starting point for those needing treatment, as well as ways to aid those experiencing relapses in their recovery journey (Ashford et al., 2018; Cleveland et al., 2010; Smock et al., 2011).

Greer and Chawalisz (2007) revealed that African American attending universities and college students encounter varying challenges in comparison to their non-African American peers such as racism, oppression, mistrust and confronting racial bias from professors and peers on college and university campuses (Grier-Reed et al., 2016; Henson et al., 2013; McCabe,



2009) that ultimately lead to their decline in mental health, academic challenges and increased substance use (Hunn, 2014). Despite these challenges, many African American college students are hesitant to use mental health services such as counseling or recovery services based upon fear of stigma (Matthews et al., 2006; Vogel et al., 2007; Ward et al., 2009). African American college students avoid formalized mental health and psychological resources because this treatment and method of services are unfamiliar or they have mistrust with the practitioner and think the treatment is for people who are "crazy" and do want to carry a social stigma. These hurdles may present challenges for African American college students to seek services that could aid in their treatment and recovery (Thompson et al., 2004).

As discussed earlier, collegiate recovery programs offer an accommodating environment in which students in recovery achieve their aspirations when taking part in the college experience absent from substance misuse. While CRPs are growing expeditiously across the country, several areas for growth include its expansion to more underserved populations such as African American students as well as historically Black colleges and universities (Castedo & Holland Steiker, 2017; HBCUs; Iarussi, 2018). Because there is a dearth of existing research that highlights the usage of CRPs by African American college students, this study will focus solely on this population and the role of CRPs in recovery.

As mentioned earlier, many African American college students possess deleterious ideals when pursuing wellness and mental health resources and shame is often affiliated with mental illness. As an alternative many African American handle their mental distress by using their community networks such as coworkers, familial relatives, peers and religious leaders (Ward et al., 2009). Within existing research, it is well established that religion and spirituality can aid as a vital resource for many African Americans further indicating that involvement in a religious

activity can positively influence African Americans in recovery (Amey et al., 1996; Brome et al., 2000). Lee and Newberg (2005) also indicated that the concept of religiosity is a protective factor against the onset of substance misuse and lifelong addiction and aid in attempts to stop misuse from individuals seeking abstinence. For African American college students, both religious and spiritual affiliation are valid components for decreased alcohol intake (Carter-Edwards et al., 2009; Kapner, 2008). African Americans who take part in church involvement with activities like prayer, fellowship, reading religious text such as the Bible and daily devotionals, and ultimately have faith in God serve as supports to overcome addictions (Carter-Edwards et al., 2009; Kapner, 2008).

An additional protective factor for African Americans college students in recovery is their ethnic identity. A strong ethnic identity with African Americans is connected to improving psychological health and reducing the risk of substance misuse (Caldwell et al., 2003). Specifically, African Americans who embody a strong ethnic identity possess a higher level of awareness of negative stereotypes affiliated with substance misuse in their personal lives as well as their community as African American and ultimately avoid behaviors that perpetuate those stereotypes.

The increase in African American college students in attendance at four-year universities and colleges reiterates the importance of including this subset population within alcohol and other drug use research in order to add to the dearth of research on the topic and population (Paschall et al., 2005; Wade & Peralta, 2017; Wallace, 1999). While African American university and college students typically drink a smaller amount of alcohol than their White and other minority college student peers, they undergo additional alcohol-associated problems than White and other minority college students (Chartier & Caetano, 2010; Grekin, 2012; Kapner,

2008; Meilman et al., 1995; Nasim et al., 2007; Zapolski et al., 2014). African Americans with frequent and heavy intake of alcohol can experience a myriad of health and wellness concerns in life. Some health and wellness concerns include violent behavior, alcohol-related unintentional and intentional injuries, chronic illnesses such as depression, cancer, and cirrhosis of the liver (Chartier & Caetano, 2010; Grekin, 2012; Kapner, 2008; Meilman et al., 1995; Nasim et al., 2007; Zapolski et al., 2014).

The lower rates of substance misuse and small amounts of empirical research specifically focused on African American college students does not negate the importance of investigating the lived experiences of African American students participating in CRPs. To date, no studies have been found that have examined the recovery experiences of African American college students related to CRPs. Existing research has indicated that African Americans are struggling with substance misuse on college campuses, and if they want to work on their recovery, they should have access to and feel welcomed by CRPs. It is unfair to place the sole responsibility of reaching out to CRPs on for African American students. Collegiate recovery programs need to be strategic in the ways they reach out and provide culturally relevant programming for African American college students' recovery needs.

Therefore, this study focused on a relatively understudied sample. Studying this sample may aid in understanding their recovery experiences as a participant of CRPs while in attendance in higher education, as well as ways to improve CRP services and outreach strategies to diverse racial and ethnic minorities. Cleveland et al. (2010) expanded on how students who have used a support system, such as Alcoholics Anonymous (AA), have a desire for social support once in attendance at college and often lack sobriety-based community support groups. Therefore, a potential risk could occur as the African American college student in recovery begins campus

life without the support for their recovery efforts, which could be detrimental to their on-going sobriety and recovery in college.

The occurrence of substance use disorders (SUDs) on college campuses with young people remains high and is growing. From 2002 to 2014, the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) found the highest rates of SUDs were within emerging adult populations (ages 18-29) with almost 68% of those 19-20 and over 86% of those 21-22 reporting alcohol use in 2016. Heavy drinking among young adults in college can result in adverse outcomes such as a diagnosis of an Alcohol Use Disorder (AUDs). “Roughly 20 percent of all college students meet criteria for at minimum a mild AUD within a chosen year” (White & Hingson, 2013, p. 209). Perhaps a more important finding is the rates of binge drinking (five or more drinks in a row) reported by 23% of those 19-20 and 38% by those 21-22 (Schulenberg et al., 2017). Although used by a lower percentage of students, illicit drugs have continued to be used by young adults with 39% of college students reporting the use of marijuana in 2016 (Schulenberg et al., 2017). White and Hingson (2013) also revealed how college students who take part in heavy alcohol intake can experience low grade point averages. College students reported adverse outcomes from heavy drinking that resulted in “deterioration of physical health (e.g., getting sick), difficulty maintaining academic and work responsibilities relationship consequences, difficulty remembering things, getting arrested or other troubles with the law, driving while intoxicated, bar fights and difficulty maintaining finances” (Usdan et al. 2008 as cited in DePue & Hagedorn, 2015, p. 67).

Abdullah and Brown (2012) expanded on how African American college students in attendance at predominately White institutions are in danger of experiencing SUDs based upon the concept of assimilation. Specifically, African Americans college students who were

assimilationists (i.e., African American college students who shunned African American culture and embraced White American culture) consumed alcohol more often. Harmful consequences as well as overall repercussions of SUDs with collegiate student populations are documented in research studies; however, these studies leave out African American college students' experiences with AODs and recovery from SUDs. These factors indicate that examining the particular experiences of African American students in recovery, especially when seeking recovery support through CRPs, is an important pursuit.

### Purpose of the Study

The purpose of this study was to explore the role of collegiate recovery programs in the recovery process for African American college students at colleges who identify as being in recovery from substance use disorders (SUDs). By doing so, this study expands the literature in some areas and fills the gap in others. According to the U.S Census Bureau survey (2017), racial and ethnic minorities currently makeup about a third of the population of the nation and are expected to become a majority by 2050. The rise in diversity within the U.S. population directly affects counseling professionals in the field of addiction due to “culturally and linguistically diverse (CALD) predisposition to higher rates of addictive disorders, but lower rates of treatment seeking and completion than the mainstream population” (Gainsbury, 2017, p. 987).

While African American college students partake in less illicit substances than their White peers, they use illicit drugs at higher rates, and they suffer more consequences for their alcohol use. These high rates of substance abuse require special attention from addiction professionals to be multiculturally competent in the counseling of African American clientele. This transcendental phenomenological qualitative study can fill a void in literature as the first of

its kind to understand the role of CRPs in the recovery process for African American college students who identify as being in recovery from substance use disorders (SUDs).

### Research Questions

The primary research question for this study was: “What are the recovery experiences of African American college students in recovery from substance use disorders who access collegiate recovery programs?” Additional research questions that guided this study included:

1. How does engagement in collegiate recovery programs promote recovery for African American college students in recovery from substance use disorders?
2. How do collegiate recovery programs enhance the recovery capital of African American college students in recovery from substance use disorders?
3. How does racial identity affect recovery capital for African American college students pursuing recovery?

### Theoretical Foundation

Recovery capital theory emerged in the review of literature on recovery from SUDs as a predictor of sustained recovery (Granfield & Cloud, 1999). *Recovery capital* is the internal and external resources that can start and maintain sobriety and recovery from SUDs (Granfield & Cloud, 1999, 2004; Sheedy & Whitter, 2009). Researchers Laudet and White (2010) and Terrion (2012) also described recovery capital as a foundational theoretical framework that can encourage and help students form meaningful connections that will ultimately foster healthy student accomplishments while in recovery.

The concept of recovery capital was developed using a grounded theory qualitative research approach with participants who had successfully stopped or significantly reduced their substance use in both formal treatment and without treatment (Cloud & Granfield, 1994;

Granfield & Cloud, 1996; Granfield & Cloud, 2001). Results from these studies revealed that there are four broad categories of resources that participants develop, utilize, acquire, and disburse as they maintain their recovery. The four broad categories of recovery capital are: (1) social (e.g., resources and responsibilities from social group affiliation or membership), (2) physical (e.g., tangible assets such as property or compensation to increase recovery choices), (3) human (e.g., resiliency and hope that will aid in their recovery journey, and (4) cultural (e.g., access to cultural activities that support recovery for the individuals) (Granfield & Cloud; 1999). The concept of recovery capital works to increase the self-efficacy and sense of belonging for CRP participants.

#### Significance of the Study

The National Institution on Alcohol Abuse and Alcoholism (NIAA) reported that rates of alcoholism among African Americans are substantially lower (8.4%) than Caucasians (13.8%) or Hispanics (12.2%); however, African Americans deal with ongoing problems with dependence and higher rates of alcohol-based illness (Chartier & Caetano, 2010). African American college students report lower rates of alcohol use in contrast to their White and Latinx college peers (Kapner, 2008). Further, African Americans, in recent years, continue to experience more alcohol-related issues and consequences in comparison to White college students (Zapolski et al., 2014). Because of this, it is important to create and maintain supportive services on campus for African American students in recovery.

Arnett (2005) found that African American college students experience multiple stressors, which could account for their increased alcohol use and high-risk drinking behaviors. Prior research has indicated that substantial rates of drinking of alcohol have been detrimentally affiliated with poor studying practices among African American college students (dePyssler et

al., 2005). Mulia et al. (2008) found that African Americans who have undergone racial discrimination and stigma experiences are twice as expected to face a reliance to alcohol. To date, “no integrative theory has been developed to explain why African Americans drink less than members of dominant, European American culture, but experience higher rates of problems” (Zapolski et al., 2014, p. 2). While African American students do have protective elements such as a strong racial and ethnic identity, positive parent relationships, spirituality or religious affiliation, friend group aversion to alcohol misuse, ambitions to succeed as a first-generation student, fewer funds/money to spend on alcohol, and limited opportunities to party, they still face alcohol dependence to cope with racial discrimination (Hoggard et al., 2012; Kapner, 2008). Consistent with the values of the counseling profession, counselor education and public health research should have a role in challenging the underlying assumptions of organizations and social policies that foster and maintain oppression and discrimination for African Americans.

Despite these protective factors in African American college students, those in recovery from alcohol misuse have additional unique challenges of maintaining sobriety within what may be experienced as an abstinence hostile environment. This study sought to investigate and hear the voices of successful recovery from a substance use disorder and could reveal the value of recovery and social capital in collegiate recovery programs. This study provided insight into the lived experiences of ethnic/racial minorities in recovery from substance use disorder and sought to fill a void present in the literature.

Overall, a greater understanding and conceptualization of positive lived experiences of recovery can help to reduce judgment and harmful stigma connected with ethnic/racial minorities obtaining and maintaining recovery from alcohol and illicit drug use. This study could also help



to create more exposure to the needs of this population based on a majority of current interventions, which are focused on traditional ethnic and racial college students. Therefore, the development of culturally sensitive inclusive programming and interventions could be happening on college campuses and collegiate recovery programs after exploring the needs of these minority students.

### Operational Definitions

The operational definitions for the following variables included in this research study follow.

#### Substance Use Disorder

Substance use disorders will be operationally defined based upon their criteria and classification in the DSM-5 to include alcohol use disorder (AUD), nicotine use disorder (NUD), and drug use disorders (DUDs; American Psychiatric Association, 2013). Each of these substances is associated with a single underlying SUD construct with the same 11 diagnostic criteria used across each substance and the same diagnostic classifications.

#### Recovery

Recovery will be operationally defined for this study as: one who “has a history of substance misuse that resulted in significant consequences in at least one life domain. The student in recovery has made a voluntary commitment to a sober lifestyle and is actively engaging in activities that promote sobriety and overall wellness” (Perron et al., 2011, p. 48).

#### Recovery Identity

Recovery Identity will be operationally defined as the awareness on behalf of the individual in recovery that their old active substance use identity changes to a new identity of nonuse/sobriety (Biernacki, 1986; McIntosh & McKeganey, 2000). Specifically, Biernacki stated

that drug users “must fashion new identities, perspectives, and social world involvements wherein the drug user identity is excluded or dramatically depreciated” (p. 141).

#### Recovery Program Type

The different types of recovery programs will be defined as participants self-report their recovery program type on their demographics form for the study. All participants will be participants of a collegiate recovery program. Some examples of the recovery program types within the collegiate recovery program would be Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Smart Recovery, Women for Sobriety, etc. that take place in their collegiate recovery program.

#### Spirituality

Spirituality will be operationally defined as “more individualized and less structured practices with intimate, personal, and private connection to a sacred source that provides inspiration, motivation, and opportunities for introspection and self-development” (Holland, 2016, p. 4).

#### Religion

Religion will be operationally defined as “publicly recognized beliefs and practices of individuals, and participation in collective worship” (Holland, 2016, p. 4).

#### African Americans/Blacks

African Americans/Blacks will be operationally defined as an ethnic group within the United States with all or some ancestry from Africa. This term may also refer to descendants of Blacks who are enslaved from the United States (Locke & Bailey, 2014).

### Demographic Variables

For the intent of this study, age, gender, marital status, college enrollment status, year in school, educational attainment, recovery history, and religious or spiritual affiliation were defined as participants self-reported their demographic information for this study.

### Assumptions

During interviews with the study participants, I assumed that each participant comprehended each interview question and was honest and forthright when responding to interview questions. I also believed that because participants in the study shared the experience of being in recovery from SUDs, there would be likeness in their narratives. Lastly, I assumed that on college campuses, there would be African American students willing to identify themselves with a recovery status.

### Delimitations

Many past research studies have focused on the lived recovery experiences of men and women in recovery; however, this study was delimited to African American undergraduate and graduate college students participating in collegiate recovery programs. Participants were required to read and respond in English and agree to be interviewed and recorded. African American students attended state public and private universities in the United States and did not include international locations.

### Limitations

Within this qualitative study, there were limitations. The sample in this study was limited to African American college students in attendance at community colleges, undergraduate, and graduate colleges and universities participating in CRPs. Thus, this sample may share diverse experiences of African American college students pursuing recovery outside of CRPs. The

utilization of small sample sizes in qualitative research reduces the generalizability and transferability of the results for participants. Therefore, the results based upon the participants of this study may not generalize to African American college students pursuing recovery outside of CRPs.

### Summary

The study explored the phenomenological lived experiences of African American college student collegiate recovery program members in recovery. This is important because it is necessary for research to focus on ways in which distinct traits of individuals' characteristics of participants affect the connection between treatment programs and participant outcomes (Fisher et al., 2002, as cited in Fisher, 2014). There is also a need for recovery research and academic programming to be conducted with "subpopulations and more vulnerable populations of youth, including minorities" (p. 266).

White youth (males) represent much of the 12 step and CRP population within post-treatment studies (Sussman, 2010). This study provided insight into the experiences of African American college students in recovery from alcohol use disorder and sought to fill a void present in the literature. This study is the first to examine African American college students in recovery and their quality of life experiences in collegiate recovery programs. Further, this study also can help to create more exposure to the needs of marginalized college students in recovery. Therefore, the incorporation of culturally relevant information about SUDs and culturally diverse students in recovery can be a part of academic coursework that focus on college student health and wellness education.

## CHAPTER 2: REVIEW OF THE LITERATURE

The following chapter reviews the existing literature related to the recovery experiences of African American college students. A detailed literature review search was conducted using EBSCO Host Database with the following keywords: Black college students, African American college students, recovery, alcohol misuse, spirituality, religion, Black church, and collegiate recovery programs. The literature review is organized into the following main sections: (a) historical timeline of African American college student and alcohol use research, (b) social and negative substance use consequences of African American college students, (c) risks and protective factors of African American college students, (d) religiosity and spirituality, (e) collegiate recovery programs, (f) culturally relevant programming, CRPs, and African Americans, and (g) and the theoretical framework of recovery capital.

### **Historical Timeline of African American College Students and Alcohol Use Research**

This section provides a historical timeline of research conducted, investigating early and present studies on African American college students' alcohol use. This timeline will work to reveal the past and ongoing research as well as presenting problems and concerns from alcohol misuse with African American college students. This timeline also includes African American college student involvement in the American College Health Assessment National College Health Assessment I and II (ACHA-NCHA). These studies provided information on African American college students who have participated in these national surveys to offer a comparison to the number of participants against the African Americans who are actually in attendance in colleges and universities. In the research literature, there are different labels of African descent residing in the United States, which is very indicative of the ever-changing cultural climate. From Colored, Negro, Black, African American and even more recently Black Indigenous

People of Color (BIPOC), these shifts are potentially indicative of this racial/ethnic group's desire to title themselves and affirm their identity despite facing historical injustices and discrimination (Smith, 1992).

Maddox and Williams (1968) conducted the first research study on Negro college students' alcohol use. Their study involved a small sample of male Negro participants. This study drew attention but held some negative biases and misconceptions about African Americans and their alcohol use. Within the study, 262 African American young adults who were 90% freshmen were included. Results indicated that this population had low self-esteem, 25% engaged in heavy drinking, and 71% reported they were preoccupied with drinking thoughts and personal problems. This study took place right after the Civil Rights movement, and societal concerns of African Americans, such as systematic oppression, racial discrimination and marginalization, were quite pressing and prominent in media and culture. Despite this prominence, this study does not mention anything on the effects of the societal concerns with the African American population researched and ultimately creates a potential blind spot for the researchers. The cultural insensitivity and method taken to addressing this sample were approached from a deficit angle and did not keep in perspective how navigating through the societal issues post-Civil Rights could add more context and cultural relevance to their research. This study informed the dissertation study by showing how cultural context should be considered in order to alleviate invalidating the samples' experience when conducting research with African American college students.

In the late 1970s, Harper and Dawkins (1976) reviewed the literature on alcohol use and Blacks. Out of the 16,000 related studies in the past 30 years, there were only 77 that focused on Blacks. At the time, there were no studies on Black youth drinking patterns. Within the same

year, Dawkins (1976) investigated 111 Black youth ranging from 17 to 18 years old with roughly 47 African Americans and 64 Caucasians. This study revealed that fewer Black youth had experiential use of alcohol when compared to White youth. The study also revealed that many Black youth were introduced to alcohol first by their parents in comparison to White youth having their first drink of alcohol from friends (Dawkins, 1976). Some results indicated that White youth drank more with their peers than Black youth and that Blacks were more informed about alcohol and the side effects than Whites.

Thurston (1982) examined African American college students in attendance at a historically Black college within Georgia. The study consisted of 225 students with 119 female and 136 male participants with a mean age of 22 years old. The results of this study indicated that sociocultural factors were predictors of alcohol use for Black students, which included familial alcohol intake, school year, lack of church participation, depression, or frustration. This study informed the dissertation by exhibiting the differences in alcohol use and the rationale behind alcohol use in both African American and White youth. The study took into consideration external sociocultural factors rather than the prior studies by incorporating constructs such as familial alcohol intake, school year, church participation, depression, and frustration (Thurston, 1982). The dissertation study incorporated sociocultural factors that are present with African American college students in recovery to offer a broader perspective of their recovery program experience through the CRPs.

A groundbreaking study by Meilman et al. (1995) surveyed 12,351 students from a historically Black university and 6,129 Black students at a predominantly White university. The results of this comparative study revealed that Blacks consumed smaller amounts of alcohol than their White peers regardless of university type. White students reported less alcohol use and

binge drinking incidents if in attendance at a HBCU. The amount of alcohol was the same at both types of schools for Black students. Wallace (1999) revealed that racial and ethnic variations in alcohol and drug use contributed to racial and ethnic beliefs in the cultural infrastructure of the United States. Existing research suggests that using drinking to cope is more widespread with young African American young adults when juxtaposed to White college students (Bradizza et al., 1999).

The American College Health Association-National Health Association (ACHA-NCHA) conducted a trailblazing study based upon it being the only large-scale survey that measures an assortment of college student health and wellness concerns, including alcohol and other drug use (Soet & Sevig, 2006). Moreover, the first ACHA-NCHA administration was in the spring semester of 2000 as the ACHA-NCHA; this instrument worked successfully to reach out to numerous colleges and universities across the United States until Spring 2008. Going forward, the ACHA-NCHA continues to run in either the spring or fall semesters, depending on the decision of the administration at various higher education colleges and universities across the United States. The original ACHA-NCHA consisted of 66 survey questions that assessed college student personal wellness and health, access and use of healthcare services on campus, personal barriers to academic pursuits, protective factors, self-reported substance use, and perceptions of substance use of their peers (American College Health Association, 2000).

In 2000, the American College Health Association number of participants consisted of 26,437 college students from 48 different colleges and universities. Of that administration, just slightly above 6% of the sample self-identified as African American, and there were no historically Black colleges and universities participating in the initial administration. Since this first administration, the ACHA has changed the format and had growth spurts with African



American participants in the past 19 years. The ACHA-NCHA is now the revised survey called the ACHA-NCHA II and has been in use since Fall 2008 (ACHA-NCHA II, 2008). African American participants within the Spring 2001 semester represented the highest rates of 9.8%. To date, the highest number of African American participants were in the fall 2001 semester with 10.5% consisting of 147 males and 293 females with a total of 496 participants. This sample number is significantly lower when compared to the total number of survey participants in the fall semester of 2001, which was 4,717 (American College Health Association, 2001). The start of the 2006 fall semester marked the first year of one HBCU to participate within the ACHA-NCHA survey administration. Despite this participation, African American participants that year were only at 6.1%, which is significantly lower than in previous years and the total number of respondents to the survey that fall semester was 23,863 (American College Health Association, 2006). Furthermore, these lower numbers of African American participants present challenges when trying to generalize to other African American college students.

Paschall and Flewelling (2002) conducted research and obtained interview data from 12,993 adults taking part in the 1998 National Household Survey on Drug Abuse. The data was analyzed to determine whether four- or two-year college attendance was connected with high rates of alcohol drinking with ethnic/racial minority groups. Findings from this study indicated how African-Americans are most unlikely to take part in high rates of alcohol drinking as college students (Paschall & Flewelling, 2002). Traditionally, African Americans are influenced by their communities' traditional values, and the appearance of drunkenness and disheveledness is frowned upon in the African American community. Whites enrolled in universities are more probable in comparison to their adult counterparts not attending college to take part in alcohol consumption based upon being more easily swayed by their peers, roommates, college

environment, and situations. The findings also detailed and informed the dissertation study that it is more tolerable for Whites to consume alcohol than for African Americans, which verifies that racial and ethnic identity as a moderator of substance use among college students. The reviewed research examining the ACHA-NCHA II and the National Household Survey on Drug Abuse will aid in the understanding of alcohol use with African American college students; however, the research studies collectively offer noticeable limitations. These limitations include small sample sizes of predominantly White and male participants, which limits generalizability. The study sought to fill in the research gap by exploring ways to investigate the lived recovery experiences of African American college students through qualitative inquiry. This research design will allow for thick, rich descriptions from participants, which will work to add to the dearth of research on this topic and population.

Paschall et al. (2005) later researched racial and ethnic identity variants with college students and focused on attendance in college and alcohol misuse. The results of their study indicated that African Americans had a higher likelihood to take part in risky alcohol drinking as a way to cope with life stressors. Javier et al. (2013) investigated perceived norms of substance use and actual use among college students. The results from their study revealed how African American students reported higher perceptions of normative substance use, including alcohol, cigarettes, and marijuana than other race groups, which positions them at a higher risk for engaging in use of these substances as they try to mimic the assumed norms of their environment (Javier et al. 2013). This research study informed the study by highlighting the reasons behind why some African American college students drink alcohol heavily, therefore, further informing the creation of interview questions that inquire to life stressors and ways in which they cope.

Metzger et al. (2017) explored within-group differences with alcohol use and sexual identity with 228 African American college students. Specifically, Metzger et al. sought to find risky behavior profiles of alcohol intake (occurrence and total drank), sexual involvement (amount of intimate partners), and co-occurring hazardous activities (drinking alcohol prior to sexual activity) as well as whether risk behavior profiles were affiliated with life stressors encounters with racism, and community connections. The results revealed five specific profiles within the sample of African American college students:

- a) high sexual risk-above-average sexual activity; (b) abstainers-below-average alcohol use and sexual activity; (c) low risk-average alcohol use and sexual activity; (d) alcohol risk-above-average alcohol use and below-average sexual activity; and (e) co-occurring risk-above-average alcohol use and sexual activity.

(Metzger et al., 2017, p. 375)

This study was the first of its kind to use a latent-class analysis to pinpoint precarious actions of African American college students. Additional results indicated that African American young adults take part in additional unsafe sexual behaviors than their counterparts of other ethnicities. A key finding is that African American college students that refrained from alcohol, sexual activities, and co-occurring risk behavior consisted of the majority of 44.74 % of the sample (Metzger et al., 2017). The researchers did not explore the rationale behind the African American college students abstaining from alcohol, but this may speak to African American college students who identify as being in recovery from SUDS and warrants more in-depth exploration in research.

Despite some college students praising the instant gratification from alcohol intake, alcohol misuse can lead to long term detrimental consequences. Caetano and Kaskutas (1995)

detailed that when contrasted to Whites, African-Americans may have more extended heavy drinking lifestyles, which may account for the onset of drinking-related illnesses and health impairments. This review of empirical research literature helps to provide context on past, current, and potential future research on African American college students and alcohol use.

#### Social and Negative Substance Use Consequences of African American College Students

Despite some college students praising the instant gratification and short-term effects from alcohol and other drugs, ongoing alcohol and other drug use can lead to long term physical, mental, and academic detrimental consequences for African American college students (Blume et al., 2012; Caetano & Kaskutas, 1995; Gerrard et al., 2012; Peralta et al., 2005; Zapoloski et al., 2014). Caetano and Kaskutas (1995) detailed that when contrasted to Whites, African-Americans may have more extended heavy drinking lifestyles which may account for the onset of drinking-related illnesses and health impairments. African American college students engaging in substance use has been associated with increased health and wellness risks, consisting of unintentional injuries or harm, based upon accidents, homicides, and suicides and unprotected sex complications, which could result in the spreading of sexually transmitted infections and diseases (Zapoloski et al., 2014). According to Gerrard et al. (2012), racial discrimination against African Americans has been revealed to have a more of a harmful effect on African Americans who use alcohol as a coping strategy versus African Americans who do not in their lives. Blume et al. (2012) examined the relationship between alcohol use and microaggressions among racial and ethnic minority college students. Results indicated that racial and ethnic minority college students who high amounts of microaggressions could be at an increased danger for binge drinking, underage alcohol and other drug consumption, exacerbated mental health concerns, and aversive consequences of substance use in the future.

Peralta's (2005) study investigated student attitudes on substance use consequences, alcohol use patterns, and alcohol use differences between African American and White undergraduate students. Results detailed that African American college students believed that the alcohol drinking culture of their college campus happened within White spaces (e.g., with an influx of White students). The African American college students expressed feeling detached from this space. African American participants also believed that police and authority officials patrolled African American students more than Whites on campus for alcohol use, which ultimately lowered alcohol use for African American students (Peralta, 2005). African American students also reported feeling the pressure of being a representative for their race on campus based upon the few African Americans in attendance and as a result avoided reinforcing negative race stereotypes of African Americans affiliated with substance use and delinquency. A deeper investigation in the study with African Americans in recovery revealed specifics in terms of negative and social consequences they faced in the past substance use. The next section will review the risk and protective factors for African American college students.

### Risk and Protective Factors of African American College Students

I discuss racial and ethnic identity in the review of the literature. This concept is relevant and prominent in the literature search as a potential moderator of risky alcohol and other drug use. It also can serve as a protective factor with African American youth and college students.

### **Racial and Ethnic Identity**

Both racial and ethnic identity have been used synonymously to describe an individual's affiliation to a specific group based upon a particular set of characteristics. Definitions for both racial and ethnic identity are here in order to clarify and distinguish their differences. Racial identity is the importance and interpretation of race in individuals' lives (Sellers et al., 1998).

Phinney and Ong (2007) defined ethnic identity as a “feeling of belonging to one’s group, a clear understanding of the meaning of one’s group membership, positive attitudes towards the group, familiarity with its history and culture, and involvement in its practices” (Phinney & Ong, 2007, p. 272).

According to Pedersen (1988), ethnicity is a shared heritage that includes similarities of culture, lineage, and history. Members of an ethnic group share a cultural heritage from one generation to another. Phinney (1996), however, highlighted the complexity of describing and defining American ethnic groups. The scholar argued that it is essential to identify and assess the facets of ethnicity that have psychological importance: cultural norms and values, the personalized perception of group affiliation(i.e., ethnic identity), and the experiences and attitudes associated with minority status. According to Phinney, the client's sense of group membership and their experiences and attitudes within this group have implications for clinical practice with diverse groups. I investigated both racial and ethnic identity in the study.

#### African American Racial Identity

The historical lived experiences of African Americans have more variability than that of any other racial and ethnic minority groups in the United States. Therefore, the African American racial identity development process is more complex and multifaceted (Sellers et al., 1998; Worrell & Garner-Kitt, 2006). Anti-African American racism, discrimination, and oppression in the United States have persisted as social ills for over half a century since the abolition of the Jim Crow segregation law. The Jim Crow segregation law legalized the segregation of African Americans and White Americans in public spaces in the United States (Sellers et al., 1998; Worrell & Garner-Kitt, 2006). The Civil Rights Act of 1964 prohibited discrimination based on race, religion, sex, or national origin, banned race-based segregation in

education, public spaces, and employment, and forbade disparate applications of voter registrations.

Racism and bigotry still exist in the 21st-century for African Americans in the United States and they continue to be discriminated against and encounter significant hurdles in racial profiling, obtaining healthcare, fair treatment in the criminal justice system, housing, education, employment advancement. (Clark et al., 1999; Pugh & Bry, 2007). African Americans are disenfranchised due to the current state of the United States' lack of racial progression. According to a recent report by the Pew Research Center (2019), more than 80% of African Americans stated that the legacy and ramifications of chattel slavery still detrimentally affect the position of African American individuals in the United States presently, with 59% who say it impacts a great deal. Roughly eight-in-ten African Americans (78%) stated that the United States has not contributed enough when it comes to supporting and granting African American individuals equal rights with Whites, and 50% of African Americans state that it is improbable that the United States will obtain racial equality. These statistics reveal that racial inequalities for African Americans are still present and pervasive within the lives of many African Americans today.

For African American young adults, their period of youth is influenced alongside matters of race and ethnic identity (Eccles et al., 2006). Eccles et al. revealed that the psychological processes and development of African American youth are significantly affected by ethnicity, race, as well as other social interactions and experiences such as racial discrimination and stereotypes. African American college students pursuing a college education may encounter challenges and barriers such as stereotype threat (Steele & Aronson, 1995). Steele and Aronson

(1995) defined stereotype threat as feeling at risk of confirming a negative stereotype about one's racial group.

Aronson and Steele's (2005) research results revealed that when African American college students are privy to negative stereotypes about their racial group's intellectual aptitude and mental prowess, their execution on standardized tests was lower due to heightened uneasiness and uncertainty. When the researchers removed the stereotype threats, African American students' performance greatly improved and was comparable to that of their White counterparts. Conversely Caldwell et al. (2004) and Sellers and Shelton (2003) suggested that there is a connection between racial identity development, psychosocial outcomes as well as the perceived racial identity beliefs to protect against the detrimental ramifications of ethnic and racial discrimination among African American emerging young adults as a protective factor. Therefore, racial and ethnic identity will be explored with African American college students and alcohol use in the next section.

#### Impact of African American College Student Racial Ethnic Identity and Substance Use

Existing research has found that African Americans who have stronger ethnic identities may have lower levels of substance use and decreased likelihood of engaging in risky behaviors (Brook & Pahl, 2005; Miller-Day & Barnett, 2004; Pugh & Bry, 2007; Wade & Peralta, 2017). Brook and Pahl (2005) investigated various parts of ethnic and racial identity as well as Afrocentric affiliation, for risk and protective factors for 333 African American young adults. The results revealed that high levels of ethnic and racial identity and two variables of church attendance and familism in Afrocentric orientation were able to minimize drug use and enhance protective factors for psycho-behavioral factors for young African American adults. Miller-Day and Barnett (2004) conducted interviews with 67 Black, non-Hispanic and White adolescents to



obtain insight on their ethnic identities, personal views, perception of drugs, and use norms as well as reports of their drug use behavior. The results for African American youth indicated pride in being unique by not using alcohol or other drugs. For instance, some participant responses included:

“My vocabulary is more advanced than theirs.” “I’m different, I go to church.” “I am different. I don’t try to act like nobody. I don’t try to be like nobody.” “I just try to be like nobody. I just want to be me.” And “People my age do drugs; I don’t do drugs.” (Miller-Day & Barnett, 2004, p. 217)

These excerpts from the African American participant interviews speak to how they value their uniqueness and ability to decline opportunities to use alcohol and other drugs and to portray an abstinent identity and individuality. In contrast, White youth expressed interest in alcohol and other drug use to be like their peers (Miller-Day & Barnett, 2004). Conversely, James et al. (2013) investigated the impact of ethnic identity on substance use among ethnic minority youth. The results from this study indicated that White youth scored significantly lower in having a salient ethnic identity than minority youth. A meaningful finding from this study indicated that the ethnic minority sample included high levels of cultural identity which were associated with substantial substance use. These results suggest that social influences may have a prominent role in the experimentation of drug use in ethnic minorities.

Pugh and Bry (2007) also explored the construct of ethnic identity with 167 African American college students in attendance at a large university in the northeastern section of the United States. The results of their study indicated that African Americans who reported more considerable ethnic pride and greater awareness of African American history and sense of community with their ethnic group reported less alcohol intake, regardless of experiencing

external and internal influences such as gender, peer alcohol use, and their academic year in college.

Wade and Peralta (2017) explored race-related factors that moderate alcohol use with African American and White young adults. The results indicated that African American college students were more likely to abstain and less likely to engage in heavy episodic drinking (HED) compared to their White peers. The results also revealed that African American students felt like their race would garner race-based persecution by the police and as a result did not partake in HED and had higher chances of alcohol abstinence. This study did have an unexpected additional result with the inclusion of the ethnic belonging scale. College students who embodied a strong sense of ethnic pride were more likely to engage in HED. Scores from a cross-tabulation of ethnic pride and respondents' race indicated that 37% of White students were in support of the statement, and 70% of African American students supported this statement (Wade & Peralta, 2017). Social stratification leaves African American students with limited options for health autonomy and normalizes majority culture alcohol use as a coping mechanism, further confirming that "racial pride may come with hypersensitivity to daily instances of racism and a greater need to call on culturally acceptable ways to cope" (Wade & Peralta, 2017, p. 177).

While ethnic identity can be a protective factor for many African Americans against alcohol misuse, racial discrimination, and health, it can be a risk factor for African Americans. Siebert et al. (2003) reiterated that it is vital to understand the differences in alcohol and other drug use from diverse ethnicities in order to allow higher education administration to address the issues of alcohol and other drug misuses actively. The next section will explore the historical origins of faith-based recovery programs.

#### Historical Origins of Faith-Based Recovery Programs

Miller and C'de Baca (2001) detailed how religious experiences can be an active catalyst in starting and maintaining the recovery process. White and Whithers (2005) revealed how faith-based recovery programs could work to provide "rituals of self-inventory, confession, self-forgiveness, acts of restitution, and acts of service" for those seeking a new life in recovery (p. 4). White and Whithers provided a chronology of faith-based recovery programs in the United States. Early origins of the faith-based recovery movement started with Native American abstinent based movements in the 18<sup>th</sup> and 19<sup>th</sup> centuries (e.g., The Native American Church). These groups spoke to the removal of alcohol and transition back to native traditions which consisted of abstinence. Within the 18<sup>th</sup> and 19<sup>th</sup> century, Dr. Benjamin Rush denoted how religious experience can assist in resolving alcoholism (White & Whithers, 1005). Many foundations, such as the Salvation Army Service Centers and the Christian Alcoholic Rehabilitation, were established out of this movement to assist those suffering from alcoholism. Within the 1930s, the Oxford group was formed as a route to recovery with Christianity as the foundation. Faith-based groups such as AA formed, and more culturally diverse adaptations to these groups formed such as the Jewish Alcoholics and Chemically Dependent People and Significant Others.

Islamic ministry has also served as a means for the support of those seeking recovery from alcohol and substance misuse (White & Whithers, 2005). In particular, Malcolm X's transformation from an addicted street hustler "Detroit Red" to becoming sober made it possible for him to reach out and share Islam with urban prison groups and as he stated was "outreach to the dead" (White & Whithers, 2005, p. 82). There was an influx of Christian based community sober living within the 1950s and 1960s such as Samaritan Halfway Society (1958) and Village Haven (1962). From this was an emergence of faith-based mutual aid societies such as

Overcomers Outreach (1977). White and Whithers (2005) also expanded on how Black churches and historically Black colleges and universities aid within the forming of recovery support services which are peer-led. Overall, this brief historical reference to the changes in the faith-based methods of recovery shed light on the value that faith can serve to those seeking recovery through religion and spirituality. The next section will focus on the religion and spirituality of African Americans.

### Religion and Spirituality of African Americans

Religion and spirituality have served as foundational tenets for African Americans (Taylor & Chatters, 2010; Taylor et al., 2004). While both separate concepts, they are deeply enmeshed and connected. Holland (2016) defined religion and religiosity as "publicly recognized beliefs and practices of individuals, and participation in collective worship" (p. 4). He described spirituality as "more individualized and less structured practices with intimate, personal, and private connection to a sacred source that provides inspiration, motivation, and opportunities for introspection and self-development" (p. 4). Researcher Mattis (2000) uncovered three significant differences between religion and spirituality. First, religion is defined as a set of beliefs and rituals, while spirituality is the personalized innate expression of positive beliefs as well as the mindset to lead a fulfilled life. Second, relationships are critical components to spirituality, and this can include a higher power, transcendent beings or forces, God, or nature. Third, religion is a channel for obtaining spirituality (Mattis, 2000). Therefore, religious involvement is a route to spirituality for individuals.

Religion and spirituality is embedded in African American history and culture and have aided in past generations of African Americans preserving and being resilient through tumultuous trials, tribulations, and turmoil ranging from the involuntary migration through the

middle passage, life in the Americas through slavery, and through the Civil Rights movement to gain equality (Hines & Boyd-Franklin, 2005; Lincoln & Mamiya, 1990). Within the period of slavery, spirituality and religion worked to re-validate and motivate African Americans to have positive views of their self-identity, worth, and perspective on their lives (Chaney, 2008). The history of African Americans describes how African slaves had to let go of their religious traditions from Africa based upon being misperceived as radical and savage, and take up Christianity from their owners in slavery. For many African Americans, their Christian identity embodies components of White Christianity and culture as well as African traditions and culture that ultimately shaped their religious worship and practice in the United States today.

#### African American College Students, Religion and Spirituality, and Alcohol Use

Recently there has been a new focus given to examining the role of spirituality and religion in recovery from substance use (Heinz et al. 2010). Chatters et al. (2008) found that African Americans have more active religious and spiritual lives than most Americans and that 80% of participants identified as both religious and spiritual. Participants within this study attended religious services, were active members of their church, read their Bibles, and watched televised religious programs. Boyd-Franklin (2003) indicated that there are often suspicions to treatment and being powerless to their addiction, as a result, African Americans have sought treatment through Black churches and Black led Alcoholics Anonymous groups.

Poulson et al. (2008) compared religious attitudes and beliefs to alcohol use with 155 HBCU students, 97% identified as African American. In the study 80% of students described high religious connections and most of the student sample abstained from alcohol or were moderate drinkers. The study also had 77% of students reported abstaining from alcohol in a typical week, 18% reported consuming alcohol 1-2 days in a typical week, and only 5% reported

heavy consumption. Prior research suggests that Black college students are more spiritual than White college students (Dennis et al., 2005). African American college students in attendance at predominately White institutions (PWIs) have been shown to bring in spirituality more into their day-to-day lives than that of those Black college students in attendance at PWIs. Constantine et al. (2006) detailed that African American college students who incorporated religion or spirituality to "make a way out of no way" (p. 327) especially within the PWI environment where little to no Black leaders or role models are present on campus.

Herd and Grube (1996) discovered that the influence of ethnic identity for alcohol consumption was moderated by religiosity. The results indicated that lower levels of drinking alcohol connect to African American awareness and networking, which implied that these connections strongly affect and influence alcohol use behaviors among African Americans. Haber and Jacob (2007) found that African-American teenage girls were less likely to drink compared to their White teenage peers. They concluded that "Black churches have historical origins in both the Black emancipation movement and the U.S. temperance movement, both viewing alcoholism as enslavement" (Haber & Jacob, 2007, p. 920). Herman-Kinney and Kinney (2013) discovered that African American students actively engaged in religious groups gravitated to abstain from alcohol consumption.

#### Black Churches and African Americans

The Black Church refers to an institution that includes any African American Christian individual who is a member of a Black congregation (Lincoln & Mamiya, 1990). Lincoln and Maya also asserted that "much of Black culture was forged in the heart of Black religion and the Black Church" (p. 10), therefore, reiterating that the Black Church holds a substantial impact on the perspective of many African Americans. Du Bois (1903) used the racial description of Negro

to narrate and describe the Black Church life and experiences of Blacks. Early research conducted by Du Bois, who was a highly distinguished contemporary African American Pan-Africanist educator and scholar, provided a systematic social analysis of Negro life in the United States. He offered in-depth quantitative and qualitative research studies on the religious lives of Negroes through his notable scholarly work, *The Negro Church*, distinguishing him as one of the first American sociologists of religion. Du Bois (1903) spoke explicitly to the role of the Negro Church at the 1898 Report of the Third Atlanta Conference in his text of *The Negro Church*:

The Negro Church is the only social institution of the Negroes which started in the African forest and survived slavery; under the leadership of priest or medicine man, afterward of the Christian pastor, the Church preserved in itself the remnants of African tribal life and became after emancipation the center of Negro social life. So that today, the Negro population of the United States is virtually divided into church congregations which are the real units of race life. (p. 2)

This excerpt further confirms that the Negro Church serves as an epicenter of social life for African Americans in the community.

For many African Americans, the Black church serves as a non-religious role as a place for African Americans to engage in social activities, plan events, share stories of injustice, find a respite from systemic oppression and discrimination, and connect with community members (Hines & Boyd-Franklin, 2005; Sexton et al., 2006). Ultimately, the Black Church seeks to organize the chaotic lives of African Americans during and post-slavery in the United States. The next section will focus on Black Churches and African American college students in the United States.

#### Black Churches and African American College Students

According to Donahoo and Caffey (2010), the Black Church provides college students with support and a sense of community to help them persevere through college. Research conducted by Donahoo and Caffey investigated what impact spiritual involvement has on African American college students. The results indicated that the Black church environment offered a safe space for African American college students to share and express themselves while being spiritually and mentally encouraged and uplifted. The results also indicated that the church provided a sense of community for Black college students to persevere through college. Existing research has also shown how religion and spirituality can be a strong motivator for African American students' academic progression from high school to college as well as academic achievement, college retention, and graduation with African American college students (Donahoo & Caffey, 2010; Holland, 2016).

Despite these positive claims on the Black church and the role in the lives of African American college students, some researchers claim that college students in attendance in higher education are more secularized and ultimately grow away from the church and adopt the culture and social norms of their immediate surrounding (Uecker et al., 2007). Black churches embody components of spirituality which have been shown to aid in recovery from SUDs.

#### African Americans in Recovery

There has been a recent emergence of qualitative research that has investigated recovery experiences from SUDs with African Americans women. Blount's (2017) dissertation investigated African American lived recovery experiences from substance use disorders. The study used three theoretical frameworks, including recovery capital, the transtheoretical model, and Black feminist thought. Results revealed 16 themes and eight sub themes from participants. Ultimately, the study served to also reveal ways in which African American women in recovery



overcome internalized and systemic oppression through the use of spirituality, religion, and routes in which they increased their recovery capital (Blount, 2017). Bowser and Bilal (2001) investigated how African Americans were overrepresented as drug users in the United States and also have significantly lower rates of recovery from alcohol and other drug treatment centers. Their article included six in depth case studies on African Americans in the United States who remained sober which is largely due to their treatment including being culturally inclusive to their racial and ethnic identity. Bowser and Bilal detailed that in order to address these concerns, alcohol and other drug treatment facilities need to tackle past coping mechanisms within the African American community that can serve as barriers to their recovery. These six coping mechanisms include:

1. African Americans overconform to White norms of respectability as coping mechanisms leading to rejection of knowledge and association with anything African American. Within this, African Americans expect to be accepted as Whites but the reality is that this cannot be visually erased as an identity for African Americans.
2. Innovation: For African Americans this we seen through their creativity in the arts and music as a coping mechanism. The authors detailed that many African Americans who failed to have success in the area of the arts have turned to substance use.
3. Ritualism represents an escape for African Americans from their current reality by using religion, spiritualism, partying, or drug use as a coping mechanism.
4. Retreatism, where African Americans avoid encounters with power and authority figures such as Whites where their alcohol and other drug dependency and vulnerabilities are apparent. This coping mechanism in substance use treatment would show up as African Americans avoiding White treatment facilities or counselors.

5. Separatism, where in the United States there is no hope for African Americans and as a result African Americans need to develop separate institutions, psychology, politics, and ultimately treatment from substance use. As a coping mechanism anyone of a racial background trying to help African Americans will be disregarded.
6. Rebellion, where African Americans are rebelling against authority figures such as the police and inner rebellion where they are in turmoil with their mental health and thoughts of racial inferiority as coping mechanisms. (Bowser & Bilal, 2001)

These six maladaptive coping mechanisms are inherited from past generations and work as ways to hide trauma both historic and individualistic that perpetuates feelings of inferiority and embarrassment.

Bowers and Bilal (2001) suggested the move from culturally appropriate to culturally effective treatment to address “internalized racism, family and personal secrets, rage, and coping strategies that come out of history of slavery and poverty in the United States.” (p. 399). African Americans pursuing recovery also utilized mutual aid groups to aid in their sobriety to obtain social capital (Cheney et al., 2016). Humphreys and Woods (1993) revealed how African Americans were more likely to attend 12-step groups when African American recovery meetings existed in their local neighborhoods. Smith et al. (1993) provided an example of how the Reverend Cecil Williams of Glide Memorial Methodist Church developed a program entitled the African American Extended Family Program Model (AAEFP), which was an innovative way to adopt the 12-step recovery to meet the needs of African Americans. This program serves as community-based support that provides education, rehabilitation, and model synthesis of community activity and involvement for those in crack cocaine recovery (Smith et al., 1993). Williams found the traditional 12-step approach was not communal and therefore not in line with

African American culture. Williams developed a way to adapt the 12-step fellowship recovery steps to meet the needs of African Americans instead of attacking the 12-step model and created the ten Terms of Resistance of Glide African American Extended Family Program (Smith et al., 1993). Listed are the ten “Terms of Resistance of Glide African American Extended Family Program:

1. I will gain control over my life.
2. I will stop lying.
3. I will be honest with myself.
4. I will accept who I am.
5. I will feel my real feelings.
6. I will feel my pain.
7. I will forgive myself and forgive others.
8. I will rebirth a new life.
9. I will live my spirituality
10. I will support and love my brothers and sisters (Smith et al., 1993, p. 103)

This revised process of recovery for African American is a culturally specific model that works against stigma, cultural mistrust, and ultimately supports African Americans in recovery (Smith et al., 1993).

Durant (2005) explored African Americans in recovery through a qualitative study, and results indicated that African Americans worked their AA program in a culturally specific way. Larger scale research findings from Project MATCH (1998) revealed that 12-Step Facilitation (TSF) was just as efficacious as cognitive-behavioral therapy (CBT) and motivational interviewing techniques (MI). Additional studies derived in this initial research developed more

studies using empirically grounded models of research, found TSF to be more effective than CBT or MT techniques in obtaining and maintaining long-term abstinence (Project MATCH Research Group, 1998). Results from these studies indicate that Alcoholics Anonymous can be beneficial towards goals of abstinence which connect to an improved quality of life.

Roland and Kaskutas' (2002) research indicated that when African Americans in recovery were compared to their White peers, they were found to be more religious and welcomed AA at a degree indicative of their religiousness. Regardless of their church involvement, African Americans who worked AA and attended church were more productive and successful in their recovery than African Americans who only used one or the other, and African Americans who only used AA instead of the church were more successful than African Americans who only utilized church (Roland & Kaskutas, 2002). Additional research is necessary in order to reveal outcomes for African American college students in recovery in terms of investigating their experiences in AA. A review of collegiate recovery programs will be explicitly explored with collegiate populations.

### Collegiate Recovery Programs

Collegiate environments add to the heightened risk for alcohol abuse in students because of the increased freedoms experienced while attending higher education, added ease of access to alcohol/liquor, and various gatherings, both on and off-campus, where alcohol is available (Zamboanga et al., 2009). The use of alcohol and drugs within a collegiate setting present not only academic concerns, but also undesirable physical risks (such as sexual assault, injury) for college students (Hingson et al., 2002). While the immediate focus of care is on students' inpatient or outpatient treatment, the realm of research has designated small focus on the students' lives after treatment from SUDs (Harris et al., 2008).

Many young adults working on their recovery post-inpatient or outpatient treatment from a substance use disorder (SUD) face the challenge of finding a safe, supportive atmosphere at a college or university in an environment that honors their recovery. Students in recovery from SUDs are a small and unseen group to researchers and higher administration personnel (Woodford, 2001 as cited in Laudet et al., 2014). Watson (2014) detailed that collegiate recovery programs (CRPs) are vital and are actively working to alleviate this void in service for recovering college students within the universities and colleges across the nation. The number of students in CRPs is growing. Since 2014, 600 students were being assisted in CRPs at 33 different U.S. colleges and universities, with some even being turned away due to overcapacity restrictions (Laudet et al., 2014). The Association of Recovery in Higher Education (ARHE) is a network of U.S. colleges and universities that have embraced a shared mission of supporting students in recovery. This organization further defines the CRP as: “A supportive environment within the campus culture that reinforces the decision to disengage from addictive behavior. It is designed to provide an educational opportunity alongside recovery support to ensure that students do not have to sacrifice one for other” (ARHE, 2019).

A majority of the existing literature on CRPs support alcohol abstinence from program participants (Harris et al., 2008; Laudet et al., 2016; Russell et al., 2010). Wiebe et al. (2010) offered an insightful perspective on how social support within CRPs can aid students in forming helping relationships with peers who can support alcohol abstinence. The study also details that CRPs offer a "protective milieu" for college students in recovery by constructing social and peer-supported networks for abstinence (Wiebe et al., 2010, p. 108). This study highlights the benefits of support to enhance alcohol abstinence with CRP participants.

CRPs approach recovery from a holistic approach in terms of supporting the student in recovery to obtain and maintain a good quality of life as a member and alumni. Brown et al. (2018b) conducted a pilot study exploring the status of recovery and life satisfaction in CRP student alumni. The results indicated that CRP alumni persist diligently in recovery, with relapse occurrences narrowly higher than the national average of college students currently active in CRPs (10.2% vs. 6.8%). Overall findings indicated that CRPs are adequately preparing students in collegiate recovery for life after graduation; and that pertains to their personal and professional recovery journey. Harris et al. (2008) detailed that an essential focus of CRPs is to work to build an infrastructure of support for students within their living environment that can foster abstinence and enrich their recovery journey. A historical timeline of collegiate recovery program scholarly research provided empirical evidence and support to this review of literature for this study.

#### Historical Timeline of CRP Research

The history of relapse and CRP research started as early as the late 1980s and early 1990s with the publications of *Predicting Relapse and Relapse Prevention* (Miller, 1991; Vaillant, 1988). Their work further expanded on the concept of the various types of aid and support for those in recovery with strength-based approaches, positive life experiences, social support, recovery capital, and management. Doyle (1999) produced works focusing on the importance of need-based services for college students in recovery, which would support future work within the early 2000s. White (2001) published overviews on the collegiate recovery programs detailing the chronicled past of the Center for the Study of Addiction and Recovery (CSAR) at Texas Tech University (TTU) in 1986. This article reveals high-grade point averages (GPAs) obtained by college students in the CSAR Program and low relapse occurrences of substance use.

White and Finch (2006) published an article that revealed the lack of knowledge of best practices in the education and recovery field and would highlight the recovery movement within high schools and collegiate levels in the United States. Within the years of 2007-2008 Augsburg, Rutgers, and Texas Tech published articles outlining their models of CRPs. Cleveland et al. (2007) detailed the findings from TTU and how involvement in higher education increases recovery. The findings of this study also revealed that despite living in a non-sober environment, CRP members were successfully maintaining abstinence and succeeding academically with 83% of members having GPAs higher than 2.75, more than half of the members having GPAs higher than 3.25, and almost a quarter having GPAs higher than 3.75. Many of these members also planned to pursue a professional degree (medicine, law), and one-third of the CRP members reported they planned to work towards graduate work in counseling and addiction treatment (Cleveland et al., 2007). The results of these studies indicate the success both academically and personally, students in recovery achieve while members of CRPs. Collegiate recovery programs have demonstrated their strength in supporting students in recovery in a collegiate setting with low relapse rates (Harris et al., 2008). Scholars would add to the CRP literature by producing three vital qualitative bodies of work (Bell et al., 2009a; Bell et al., 2009b; Casiraghi et al., 2010). Bell et al. (2009b) further investigated two salient identities specific to recovery, stability based and exploratory, both important for recovery maintenance. Their empirical findings also revealed 37 students' view of the self as more mature since experiencing significant life instances within their journey of substance use and recovery (Bell et al., 2009b). Findings also revealed that students detailed the importance of supportive services offered through the CRP to aid their academic and recovery journey as well as giving back to the community (Bell et al., 2009a; Casiraghi et al., 2010). Researchers also produced a mixed-method design that focused on

offering insights from students stating they valued social support in emotional and compassion domains as the most vital components of seminars of recovery at TTU (Casiraghi et al. 2010).

Cleveland et al. (2010) diary studies also focused on CRPs and revealed what students discuss in the drop-off centers and how they utilize CRPs to maintain their sobriety while in attendance in college. The authors, essential in the CRP movement, published research in several journals to produce a compilation of work entitled *Substance Abuse Recovery in College Community Supported Abstinence* (Cleveland et al., 2010). This edition included nine chapters, published articles, and in-depth overviews on the CRPs in terms of roles and services offered to campus communities. This compilation of work serves as a resource to aid in understanding both survey research and qualitative research on CRP participants and CRPs as recovery support.

Within the same year, the first literature review on CRPs was produced by Smock et al. (2011). Their groundbreaking literature review provided insight on TTU and detailed strong GPAs by CSAR undergraduate students, programmatic growth of the CRP, and an expansion of the continuum of care for CRPs. Russell et al. (2010) further explored how the multiple parts of TTU's CRPs were topics of abstinence and recovery as societal norms that worked to shape the development and pro-social identities of students by promoting autonomy, accomplishments, interconnectedness, and growth.

Lovett's (2015) dissertation investigated best practices used by collegiate recovery program (CRP) members who remained in recovery post-graduation from exiting the CRP community. The results from 12 semi-structured interviews with CRP alumni revealed six themes in terms of their recovery maintenance: “maintaining recovery routes, social support, personal/peer accountability, motivating emotions, recovery/life balance, and spirituality”(p.27).



The results helped to provide insight into best practices used by CRP alumni to inform other CRPs in higher education.

Researchers further investigated the rationale and motivation for joining a CRP through a qualitative-quantitative study (Laudet et al., 2016). The researchers obtained data from an extensive national survey (N= 486) of undergraduate students in recovery. The results of the study revealed that college students became a part of their CRP due to desiring wanting to be around peers of the same age in a recovery community as well as wanting to "do college sober" without jeopardizing their ongoing sobriety in college (p. 238). The results also indicated that one-third reported that they would not be in college if it had not been for the CRP, and 20% indicated they would not be at their current higher education institution had it not been for the CRP (Laudet et al., 2016).

In 2015 and 2016, the Transforming Youth Recovery (TYR) revealed that there were only six community colleges in the United States providing recovery aids and services to students in recovery from SUDS, and those in existence were not doing well. To give more support to community colleges and students in recovery, TYR offered a grant program with reviewers to select grantee recipients. The community colleges chosen to participate included (a) Central Piedmont Community College-Charlotte, NC, (b) Community College of Philadelphia-Philadelphia, PA, (c) Eastfield College-Mesquite, TX, (d) Greenfield Community College-Greenfield, MA, (e) Minneapolis Community and Technical College-Minneapolis, MN, (f) Nash Community College-Rocky Mount, NC, (g) Northampton Community College-Bethlehem, MN, (h) Santa Rosa Junior College-Santa Rosa, CA, (i) Southwestern Community College-Sylvia, NC, and (j) Truckee Meadows Community College-Reno, NV. Grantees received funds ranging from \$3,000 to \$10,000 and technical support through TYR. This effort to include CRPs within

community colleges speaks to the charitable mission of CRPs to provide access and resources to students in recovery; they may not otherwise have these supports at their disposal while pursuing higher education.

To date, no meta-analyses exist for CRPs in the literature. Three systematic reviews include findings by Brown et al. (2018a) that will be discussed later in the timeline and findings from Recovery High Schools (RHS; Fisher, 2014). The U.S. Department of Education details the need for more rigorous studies through a quasi-experimental design comparing outcomes between recovering students in CRP and students not in the CRP (Laudet et al., 2016). From a systemic level, ongoing research is required to recognize constructs which warrant and derail an administration and fulfillment of on-campus support of CRPs (Laudet et al., 2016). Scott et al. (2016) investigated recovery identity and stigma of CRP undergraduate students in a rural southern college through a qualitative content analysis of interviews with students in recovery. The researchers revealed that students in recovery faced challenges with their internalized perception of identity while starting their recovery journey and how to maintain their sobriety.

Washburn's (2017) qualitative dissertation examined three dimensions of 21 alumni participants' experiences in CRPs from two colleges, which included their various paths through college, changes they underwent, and their life after graduation. The results indicated that students in recovery faced challenges in the college in sustaining their recovery and often were overconfident. Students in recovery can benefit from peer recovery supports such as AA sponsorship; however, for some students, AA has disregarded students' brief substance use lifestyles and pristine track records as being insignificant and those in AA with longer substance use histories and more harmful consequences from their substance use.

Students interviewed also expressed high commitment to their recovery and academics and wanted staff to be more selective and not include CRP members who are not committed to their recovery or academics from their CRP (Washburn, 2017). Spencer's (2017) dissertation investigated the stigma that college students in recovery experienced from their SUDs. This dissertation employed qualitative research that utilized photovoice methodology, which allowed participants to take photographs and share how the photos portrayed their encounters of the stigma and to answer questions related to the depiction of these experiences. The results indicated categories derived from themes that consisted of causes, experiences, and consequences of stigma, coping, support strategies, and intersectionality; all results that are prominent with participants' experiences in recovery.

Beeson et al. (2017) provided a brief history and overviews of CRPs as well as a case study on the development of a CRP at the University of North Carolina at Greensboro (UNCG). Within their development of a CRP at UNCG, researchers incorporated the *CRP problem theory* that consisted of an approach to include the participant's recovery status, CRPs increasing the participant's recovery capital, CRPs decreasing the participant in recovery barriers, and challenges that ultimately result in an enriched college experience. Within this article, certified health education specialists (CHES) received guidance as to how to start CRPs at their institutions of higher education.

Kimball et al. (2017) investigated CRP students' feelings of hope and coping connected to their recovery. This qualitative study revealed students experienced hope through the recovery of peers as well through a connection to a higher power. Furthermore, for students in recovery, coping skills themes consisted of the challenges of coping with problems while in active addiction, and their primary coping strategy while in recovery was reaching out for assistance

from others. Whitney's (2018) dissertation investigated students' lived experiences in recovery. He interviewed 12 students with substance use disorders (SUDs) in recovery in CRPs at three academically-recognized universities that are also designated to be "party schools" for ideas about how students in recovery in CRPs process their lived experiences (past, present and futures). The study consisted of three series of interviews for in-depth interviewing. The results revealed three themes: (1) routes to recovery for the students who utilized Alcoholics Anonymous; (2) the imperativeness for students to work for their academic and professional success with pursuit of higher education to have a professional career to counter their past alcohol or other substance misuses; and (3) to gain social power within their participation in their CRP and to redefine what it means to be "cool" in college (Whitney, 2018, p. 173). This study sheds light on the importance of examining ways in which students conceptualize their past, present, and future in recovery. Ultimately, this approach within the dissertation allowed for an in-depth understanding of their life trajectory with substance use and recovery.

Ashford et al. (2018) used a multi-synthesis design to investigate previous qualitative research showcasing students in recovery experiences in CRPs from 2000-2017. The results indicated six themes, which were utilized to arrange and establish best practices for collegiate recovery programs. The themes included "social connectivity, recovery supports, drop-in recovery centers, internalized feelings, coping mechanisms, and conflict of recovery and college life" (Ashford et al., 2018, p. 3). Iarussi (2018) used qualitative inquiry and explored the experiences of college students in recovery from SUDs. The experiences of college students in recovery with eight participants were investigated in two semi-structured interviews with each participant. Results of the study revealed six themes: "navigating the stigma of addiction, balancing recovery with multiple roles and responsibilities, the impact of recovery on academics

and work, changes in relationships as a result of recovery, enhancing overall wellness, and utilization and recommendations for recovery-based services and resources” (Iarussi, 2018, pp. 51-58).

Gueci (2018) investigated how college students in recovery expressed their concerns and needs and how college student employees of the CRP defined their work positions and accomplishments in work while in recovery. The results of this qualitative study revealed that students in recovery using the CRP described their needs of safety, social support, advocacy, and awareness. Student employees of the CRP described their role as one of reaching out and providing one-on-one support to students in recovery in addition to assisting in the strategic CRP planning. Recently, Vest, Reinstra, Timko, Kelly, and Humphreys (2020) conducted a systematic review of articles pertaining to collegiate recovery programming published prior to August 2020. A guided search showed 357 articles for abstract review, 113 full text review, with 54 studies for final review. Articles selected were coded into four categories: “clinical, lived experience, program characterization, and stigma” (p. 5). Results indicated that CRPs help to minimize relapse, promote positive educational results, and are a source of social support for college students pursuing recovery from SUDS. Brown et al. (2018a) performed an electronic database search and compiled a systematic review of existing research on students in recovery while in attendance in college from 1988 to 2017. Research studies consisted of peer-reviewed articles and dissertations that included students in recovery on campus that were either in or not affiliated with CRPs. The results indicated that 25 studies fit the inclusion criteria, with 7 studies focused on non-CRP students living in recovery while in attendance in higher education, and 18 specifically involving students participating in CRPs in both qualitative and quantitative studies. This rich history is detailed and has expanded in recent years but still lacks a consensus on the

nature of recovery with African American college students; this study hopes to fill in this gap of research in the literature.

### Culturally Relevant Programming, Collegiate Recovery Programs, and African Americans

The occurrence of high-risk consequences from low rates of substance use among African American college students combined with the unique cultural experiences of African American college students highlights the importance of identifying culturally relevant programming within CRPs to address the specific health and wellness needs of this population. To date, there have not been any research studies that have solely focused on the use of collegiate recovery programs by African American college students in recovery. Despite this, there have been recent attempts by CRP coordinators, AOD counselors, and higher education staff to present at the ARHE and SAFE Project conferences on the topic of diversity and inclusion in CRPs as well as the urgency to start research studies on diverse student populations that use CRPs in recent publication by Brown et al. (2018a).

ARHE actively hosts the National Collegiate Recovery Conference (NCRP) and past presentations discussed the need for CRPs to be more inclusive to diverse groups. For example, at the 2019, 10<sup>th</sup> annual conference in Boston, Massachusetts there was a presentation entitled “Inclusivity and the Academy: Social Justice in Collegiate Recovery and the Recovery Movement” which spoke to the mission of CRPs and how they can “overwhelming be utilized by students of Euro-American ancestry” (Pitcher & De Jesus, 2019, p. 32). The presentation also revealed how CRPs could aid and support marginalized racial and ethnic minorities as well as CRP professionals who need to explore their implicit bias on how this could affect their work with marginalized groups and strategies on reaching out to these groups.

The second presentation at this conference was entitled, “Collegiate Recovery Supports for Underrepresented Student Populations: Barriers & Lessons Learned” (Albanese et al., 2019). This presentation focused on ways to support students who are underrepresented and discussed systemic barriers and challenges these groups can encounter while in recovery and attendance in college. The 9<sup>th</sup> Annual ARHE conference in 2018 did not feature any presentations that spoke directly to underrepresented groups.

At the 8<sup>th</sup> Annual ARHE conference in 2017, there was a presentation from North Carolina A&T University which was one of the six universities granted funds to establish a collegiate recovery program at a HBCU. The presentation was entitled, “Establishing a Collegiate Recovery Community: Serving Marginalized Students” (Clemmons-James et al., 2017). The aim of this presentation was to address cultural barriers and topics of "addiction prevention, treatment, and recovery as it relates to students of color within HBCU culture."

The 2019 Safe Project Collegiate Recovery Leadership Summit in Washington, D.C. held a program entitled “Creating Anti-Racist and Liberated Collegiate Recovery Programs” (Murphy & De Jesus, 2019). The focus of this presentation was about understanding systems of oppression within higher education and how structural racism can impact CRPs and hurt enrollment and membership of racially diverse students. In 2021, ARHE’s February newsletter focused on Black History Month and included resources for a Black and Indigenous People of Color (BIPOC) GroupMe chat group, racial injustice and mental health resource list, information on the origins of Black History Month, links to the online museum of African American Addictions, Treatment, and Recovery and key events in Black Higher Education. Webinars highlighting an HBCU, recovery legacies of Frederick Douglas and Malcom X, interviews with ARHE Board Members who identify as African American and a discussion panel specifically on

Black Students in Collegiate Recovery were all pioneering events to take place in CRPs. The summer of 2021 a scholarship for BIPOC, who are students in a CRP entitled Soul Circle Summer Recovery Seminar, was also started as a joint venture with ARHE, two public universities, and a not for profit foundation. The purpose of this scholarship is to encourage social justice and equitable services for BIPOC who are participants in the CRP. Recipients of the scholarship would attend a 75-minute weekly recovery focused on groups and receive funding of \$200.00. This would be facilitated by two student members in recovery identifying in marginalized racial groups with extensive experiences within the realm of advocacy and social justice.

Recently, Brown, Ashford, Figley, Courson, Curtis and Kimball (2018) revealed alumni attributes of collegiate recovery programs through a pilot study to explore the varying status of CRP students. The results indicated that CRP alumni remained actively involved in their recovery post-graduation. Limitations of this study spoke to the ongoing lack of diversity in the CRP, which according to the researchers are based upon the challenges that minorities face seeking recovery while pursuing higher education. An urgent call for research focused on racial inclusion and diversity was reiterated in this article in hopes of dismantling barriers for minority students to access CRPS. These programs and recent publications represent a start in terms of attempts at culturally relevant programming within the collegiate recovery community working with African American youth via sharing their findings and strategies to recruit and retain students within their programs. There is more research to be done in terms of contribution to scholarly literature and more programming that fosters inclusivity and diversity within CRPs nationwide. The next section will outline the theoretical framework of recovery capital for the study.



### Theoretical Framework: Recovery Capital

The Substance Abuse and Mental Health Services Administration (SAMSHA; 2012) defines recovery as “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential” (p. 1). Recovery can be a long and challenging journey for those seeking sobriety. Obstacles, such as finding new coping mechanisms and building and rebuilding new support networks that foster recovery, are of the utmost importance in order to obtain and maintain sobriety (Rohit et al., 2017). The term “recovery capital” comes from the works of French sociologist Pierre Bourdieu (1983), who developed the concept of *social capital*. According to Bourdieu (1983), social capital is the “aggregate of the actual or potential resources linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition” (p. 249).

Pierre Bourdieu (1986) referred to the concept of social capital as a means of status attainment in life for individuals. Putnam (2001) expanded on social capital as a concept as a theoretical framework within research surrounding addictions. Social capital can be platonic, romantic, familial, or social relationships that are encouraging sobriety. Social capital is also inclusive of sober outings, employment selection, social networking with others in recovery, and group counseling for those in recovery from alcohol or other drugs (Granfield & Cloud, 2001).

Recovery capital is defined as “the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from AOD (alcohol and other drug) problems” (Granfield & Cloud, 1999, p. 1972). Granfield and Cloud (2009) revised their first concept of recovery capital to include four parts consisting of social capital, physical capital, human capital, and cultural capital. Social capital is the sum of resources that an individual has for support from both personal commitments, group affiliation, and family memberships.

Individuals undergoing treatment from substance and alcohol misuse who have affiliated with sober social support networks have experienced positive outcomes when working towards their recovery (Bliuc et al., 2017; Munson et al., 2010).

Bliuc et al. (2017) explored how engagement in a recovery community online can contribute to individual paths of recovery. The qualitative study researched levels of online social engagement on a recovery community's Facebook page and positive personal identity aids with adherence in the treatment program. Six hundred and nine participants engaged in interviews about their individual experiences of interaction in the online community. The results of this study revealed that positive interactions between members of recovery communities support the overall recovery process and gains of social/recovery capital for program participants (Bliuc et al., 2017).

Munson et al. (2010) investigated social support by interviewing 86 African American women undergoing substance abuse treatment within inpatient and outpatient treatment programs. Positive themes emerged, such as emotional support, tangible help, and information support (Munson et al., 2010). Within the theme of tangible help was the topic of sobriety support. Sobriety support was relayed to and from African American treatment clients by way of not supporting substance misuse and "endorsed the idea that staying sober would lead to a better life" (Munson et al., 2010, p. 270-1). The results confirm evidence that social support in treatment can help individuals in recovery from substance misuse maintain their sobriety through peer encouragement and adherence to their treatment program.

Physical capital involves tangible assets such as money, land, or property that can provide recovery options, such as being able to relocate for treatment services or pay for addiction counseling (Cloud & Ganfield, 2009). Human capital refers to hopes, goals, and good

health that will allow for the individual in recovery to succeed (Cloud & Ganfield, 2009).

Historically, educational advancement and high intellectual capacity are considered essential components to human capital and can assist in the recovery process. Cultural capital involves thoughts, beliefs, perceptions, and values which connect to adoption into mainstream social environments (Cloud & Ganfield, 2009).

Recovery capital research is prominent in the addiction literature as well as studies investigating high school education from students in recovery from SUDs (Terrion, 2012). In this qualitative study, recovery capital as a theoretical framework revealed six themes of personal recovery capital, which included “self-efficacy, identity transformation, personal coping mechanisms, family/social recovery capital, and the development of a peer social network at school” (p. 8). The results from this study help to elaborate on the rich descriptive lived experiences of students in recovery from alcohol misuse. It revealed their efforts to obtain and maintain social and personal connections to abstain from alcohol and persevere in their academic pursuits. This qualitative study was pioneering based upon its ability to reveal information about college students in recovery and explore recovery capital but was limited to a small sample size of only eight White students (Terrion, 2012). Therefore, further exploration with African American college students warrants investigation on recovery capital and its applicability with diverse populations.

White and Sanders (2008) explored recovery management for racial and ethnic minorities in order to reform treatment for marginalized individuals. Within their work, there is a discussion of the recovery model (RM) for sustained recovery. The RM model "assumes that clients have widely varying degrees of problem severity and recovery capital and that the degree and duration of need for recovery support services require differential allocation of services across these

levels of functioning" (White & Sanders, 2008, p. 6). This approach is culturally inclusive about the needs of people of color, such as African Americans in recovery, by incorporating "personal, family, and community renewal." This approach moves from solely focusing on the individual in recovery to incorporating communal components such as family, churches, and whole communities to gain "community recovery capital" (Granfield & Cloud, 1999, p. 25).

The structure of this RM model is valuable when implementing recovery management and care for people of color by providing culturally inclusive methods to approach building up recovery capital in minorities such as African Americans in recovery. There currently is a dearth of literature on African American college students in recovery that is inclusive of their unique needs post-treatment while enrolled within undergraduate higher education. This overview of recovery capital helps to create exposure about the nature of recovery and how to support resources required for a successful recovery. Overall, recovery capital as the theoretical framework guided this research study to aid in the conceptualization of recovery for African American college students in recovery from SUDs.

### Summary

This chapter provided a comprehensive review of the existing history and research that exists about substance use and recovery. There is historical evidence documenting alcohol use research with African Americans that exhibits the progression in research studies to reflect more cultural relevance that is reflected in the incorporation of concepts about racial identity, religion, and spirituality as well as the effects of racial discrimination and oppression. Despite substance use being present in U.S. history for several years, this literature review specifically examined African Americans and their use of alcohol and other drugs in order to inform the research

moving forward on ways to be culturally sensitive and aware of the specific needs of the population.

## Chapter 3: METHODOLOGY

### Introduction

The purpose of this study was to explore the role of CRPs in the recovery process for African American college students who identify as being in recovery from substance use disorders (SUDs). The following sections provide descriptions of the methodological procedures used in this study. I divided Chapter 3 into five sections. The first section describes the research questions guiding the study. The second section explains the methodology used in this study. The third section provides information on the role of the researcher, procedures, participant selection, sampling and recruitment, and data collection. The fourth section provides a detailed description of the data analysis methods for the study. Lastly, the fifth section includes my reflexivity statement, strategies for quality, as well as risks, benefits, and ethical considerations for the study.

### Research Questions

1. How does engagement in collegiate recovery communities promote recovery for African American college students in recovery from substance use disorders?
2. How do collegiate recovery communities enhance the recovery capital of African American college students in recovery from substance use disorders?
3. How does racial identity affect recovery capital for African American college students pursuing recovery in collegiate recovery communities?

### Methodology

Mertens (2014) defined research as a way of knowing or understanding; a process of systematic inquiry that involves the collection, analysis, and interpretation of data. Research is conducted for many reasons, including understanding, describing, predicting, or controlling a

phenomenon or empowering individuals within these contexts (Mertens, 2014). According to Gay et al. (2012), qualitative research is a collection, analysis, and interpretation of primarily visual (non-numeric) data to gain insights into a particular phenomenon of interest in research. Creswell (2013) and Denzin and Lincoln (2005) detailed that it is logical and appropriate to conduct qualitative research on concepts and problems for which there is not a firm understanding or are unexplored in research.

Qualitative research methodologies are useful by lending the voices of disenfranchised groups often disregarded in traditional positivist methodologies (Creswell, 2013; Sue et al., 2008). Qualitative research was appropriate for this study based upon the scant amount of published literature regarding African American undergraduate and graduate students in recovery utilizing recovery support groups such as CRPs. A qualitative methodology gave me access to detailed, rich descriptions of the participants' lived experiences in recovery.

### Phenomenology

Cohen et al. (2011) described the concept of phenomenology as “a theoretical point of view that advocates the study of direct experience taken at face value and one which sees behavior as determined by the phenomena of experience rather than by external, objective and physically described reality” (p. 18). Phenomenology, derived in philosophy with tenets of psychology, is an approach that explores the lived experience of those living a particular phenomenon, guiding the researcher to obtain an in-depth understanding of the experience communicated by the individual living the experience directly (Creswell, 2013).

Phenomenological research begins with correct interpretations of lived experiences, usually first-person accounts, in colloquial speech (Finlay, 2009; Husserl, 1931).

Phenomenological research also seeks to systematically uncover how individuals build the

definition of the human experience (Moerer-Urdahl & Creswell, 2004). According to Finlay (2009) and van Manen (1994), the goal of phenomenological research is to acquire elaborate, detailed, vivid, and precise descriptions and depictions of an individual's experience as it is lived concerning the experience. A phenomenology study "describes the meaning for several individuals of their lived experiences of a concept or a phenomenon ... describing what all participants have in common as they experience a phenomenon" (Creswell, 2013, p. 76).

Two approaches to phenomenology research include hermeneutic phenomenology (van Manen, 1990) and transcendental phenomenology (Moustakas, 1994) which are both philosophical assumptions about participant's experiences and methods to organize and analyze data in phenomenological research (Creswell, 2013). Therefore, a brief overview of these two approaches is provided to offer insight and understanding as to which approach is appropriate and most effectively answers the research questions developed for this study. Hermeneutical phenomenology depends on both interpretation of the "texts of life" by the researcher and a description of the lived experience (van Manen, 1990, p. 4).

van Manen (1990) does not offer specific guidelines to follow but details the "hermeneutic cycle" of data analysis to include a

dynamic interplay between six research activities. The six research activities include (a) turning to the nature of the lived experience, (b) investigating experience as we live it, (c) reflecting on essential themes, (d) the art of writing and rewriting, (e) maintaining a strong and orienting relation, (f) balancing the research context by considering parts and whole. (van Manen, 1990, p. 30)

Hermeneutic phenomenology (van Manen, 1990) was not a fit or appropriate because this



approach focused on the interpretations that emerged from the researcher and less on the detailed descriptions of the research participants.

Conversely, Husserl's transcendental phenomenology (Moustakas, 1994; van Kaam, 1966) concentrates less on the interpretations of the researcher and more on a description of the experiences of participants. Transcendental means "in which everything is perceived freshly, as if for the first time" (Moustakas, 1994, p. 34). The transcendental phenomenological approach of qualitative methodology was selected for the study. A transcendental phenomenology approach geared the study around rich, written textural descriptions, structural descriptions, and an essence of the study. Within this process, textural descriptions explored the study participants' experiences, while structural descriptions evolved through how the participants experienced the phenomenon (Creswell, 2013; Moustakas, 1994).

Creswell (2013) suggested the application of Moustaka's (1994) transcendental phenomenology research for researchers who have not conducted phenomenological research before in order to provide them with a clear structured, methodological, and systematic approach. A gap exists in the research on recovery in that there were no studies that included the perspectives of African American undergraduate and graduate students at colleges and universities. In summary, this research study was best suited to the qualitative transcendental phenomenological methodology approach based upon the research topic, problem, questions, and the sample of interest.

## Research Design

### Role of the Researcher

A unique component of qualitative research is the role of the investigator as the *primary instrument* throughout the research process, which means that her positionality, subjectivity,

social location, meaning-making, and identity influence the research process and form the research data and results. As a result, the identity of the researcher is central within qualitative research (Lofland et al., 2006; Ravitch & Carl, 2016). According to Ormston et al. (2014), qualitative research findings are negotiated, resolved, and the primary instrument-researcher aspires to express her assumptions and bias transparently. Unlike quantitative research, the results of the researcher are not objective and free of values but considered to be "empathetic neutrality" (Ormston et al., 2014, p. 8). One-way researchers negotiated their identity was through the negotiation of *epoché*.

### **Epoché**

*Epoché* is a Greek term denoting a refrain from judgment or the ordinary way of perceiving things (Husserl, 1931; Moustakas, 1994). Moustakas (1994) remarked that epoché or bracketing is accomplished in qualitative research "by setting aside predilections, prejudices, predispositions, and allowing things, events, and people to enter anew into consciousness, and to look and see them again, as if for the first time" (p. 85). According to Moustakas, epoché is a process in which the researcher delineates her experience with the phenomenon and then brackets or sets aside their assumptions, biases, and preconceptions of the experience to approach the phenomenon with a newer perspective (Creswell, 2013). The phenomenological reduction process also includes epoché that informs the researcher from broad statements, to steady themes, to valuable textures, to reflections that cleverly develop from hints in textural reports. Once this happens, the researcher can then acquire the essence of the phenomenon (Moustakas, 1994). As the researcher of this study, I engaged in the epoché process before starting the interview process with participants to ensure that I had clarified my experience with the phenomenon and then worked to bracket my biases, assumptions, and preconceptions to

avoid interference in the interview process. I engaged in meaningful conversations with my research team on my views of the research participants, as well as deep introspection on my bias, assumptions, and preconceived notions on the study.

#### Researcher's Positionality Statement

Within this research process, qualitative research required the researcher to exhibit reflexivity in order to reflect on their positionality, social location, and biases (Ravitch & Carl, 2016). Positionality consists of educational, personal, and professional experiences that inform the researcher's worldview and ways in which they approach research. Social location refers to the researcher's identity including culture, social class, gender, race, sexual identity/orientation, and the identity intersection of these in their research (Ravitch & Carl, 2016). According to Patton (2002), reflexivity is a necessary integral tool in qualitative research and recognizes "the importance of self-awareness, political/cultural consciousness, and ownership of one's perspective" (Patton, 2002, p. 64). According to Hsiung (2008), reflexivity works as a process to challenge the researcher to accurately identify how their positionality, social location, biases, self-awareness, personal ideals and beliefs, and emotions influence their approach to research. I used a reflexive journal to bracket my thoughts and experiences throughout the study. Within this journal, I documented my observations of the participants' affect, non-verbal, and non-verbal behaviors when discussing their recovery experiences.

I am a 34-year-old African American, heterosexual, abled bodied female originally from a Northeastern state and raised in the southeast region of the United States. I was raised in a two-parent household until I was 14-years-old and then grew up in a single-parent household after my parents divorced, and I lived with my mother and younger sister. I also lived with my paternal grandparents for one year when my parents relocated to Raleigh, North Carolina to finish out my

school year at a Lutheran Parochial School. I attended a private college in the Southeast for two years before transferring to a public predominantly White university in the Southeast where I obtained my Bachelor of Arts in Applied Psychology with a minor in Africana Studies. I also completed my Masters of Education in Counselor Education at a public predominantly White university in the Southeast with a concentration in College Counseling and Student Development in Higher Education.

In August 2016, I started my doctoral program in Counselor Education and Supervision in a large public university located in the southeastern region of the United States. As a counselor and researcher working in a collegiate mental health setting, I have insights, biases, stereotypical views, beliefs, and values that influenced my research study on the lived experiences of African American college students in recovery (abstinent) from alcohol and other drugs (AODs). Rather than ignore my lived experiences that contribute to my bias and stereotypes, I choose to address them directly as a researcher in this study.

I have, at times, generalized the experiences of African Americans facing substance abuse and mental illness. My father was in active addiction with mental health concerns throughout my childhood and early adulthood and now is in recovery. Being a child of an alcoholic and polydrug user influenced my decision to pursue a helping profession career and also has provided me with insight on drug use and its detrimental effect on African American families. I realize now that his experience cannot be generalized to all African American males but can offer insight on ways in which he sought support and treatment.

I have supported African American women and men ranging in ages, socioeconomic status, and educational attainment and realize their needs are unique and varying as they relate to treatment from alcohol and other drugs and I cannot generalize as I once have. At times have

judged White Americans as being at an advantage when seeking treatment and support for drug use due to their status and privilege. By providing services at college health and wellness centers for the past six years at two different large universities and working in close proximity with students in recovery in attendance at CRPs and having close White friends in recovery, I have worked to challenge my preconceived notions about White students being at an advantage when seeking treatment and support for SUDS.

My current focus is research on the untold stories of African Americans dealing with life after addiction and their resilient lived experiences in recovery. I believe the process of sharing these narratives offered great insight to current researchers, collegiate addiction mental health professionals, and higher education staff. Based on the lack of visibility of African Americans in recovery, I hope that this study can help to illuminate their presence and foster more conversations and interventions on this topic. The roles of ethnic and racial identity and religious affiliation have been salient for myself in terms of how I identify and I hope that this study sheds light on these constructs as it relates to ways that many African Americans in recovery may also choose to identify in recovery.

## Procedures

### Sampling and Recruitment

Approved by the Human Subjects Review Board in Research (IRB) of The University of North Carolina Charlotte, the study began in the Fall 2020 semester. In alignment with phenomenological studies, the sample was targeted, purposeful, and small (Creswell, 2013). Creswell implied that for phenomenological studies, the sample size should be between 5 to 25 participants. In this phenomenological study, the targeted sample size for participants was between 10 to 15, which was estimated as sufficient evidence to reach data saturation. The

purpose of data saturation is to gather enough information about the study under investigation. Previous qualitative phenomenological research studies investigating recovery experiences of college students in recovery at CRPs had between 10 to 15 participants (Bell et al., 2009a; Bell, et al., 2009b; Finch, 2007).

All participation in this study was voluntary and did not involve cost for participants. The selection criterion for participating involved the following: (a) self-identifying as a racial/ethnic minority of African American/Black, (b) enrolled as a full-time or part-time student at a two-year or four-year college or university as either an undergraduate or graduate, (c) consent to sharing their lived experiences in audio-recorded interviews, (d) self-identifying as being in recovery from an alcohol/substance use disorder for at least the past six months, with complete abstinence from alcohol and other illicit drugs, and (e) be 18 years to 40 years old in age. This age range was selected based upon a prominent study on collegiate recovery programs (Laudet et al., 2014). Results of Laudet's study indicated that CRP participants are typically slightly older (26 years old) than the average emerging adult. Also, despite some African Americans not initially exhibiting high rates of substance use early within emerging adults, by age 26, African Americans use more drugs than Whites, and as they grow older in age, their drug use increases and they experience more drug-related consequences (SAMHSA, 2007b). Therefore, having an age range that is broader in range aided in the recruitment of participants at CRPs.

Interviews took place from March 2020 to April 2020 and were done solely on the internet through Zoom based upon local and national restrictions for in-person meetings due to the global COVID-19 pandemic. Participants were recruited from 131 collegiate recovery programs across the United States (ARHE, 2019). These CRPs were located within community colleges and four-year private and public colleges and universities. Community colleges were

accessed based upon the recent expansion in the collegiate recovery community Bridging the Gap grant program through the Transforming Youth Recovery (TYR) study and the CRP empirical research portion of the proposal (Transforming Youth Recovery, 2018). Within these higher education settings undergraduate and graduate students were in attendance and recruited for the study. The study employed several recruitment strategies to obtain the most representative sample of African American undergraduate and graduate students in attendance at colleges and universities in recovery. My social network, word of mouth, and snowball sampling were also used as recruitment strategies. Snowball sampling is a technique in which initially identified members of a population help the researcher identify and locate others (Ravitch & Carl, 2016). I recruited participants by working with recovery organizations, and by utilizing personal and professional contacts.

I also reached out to coordinators of collegiate recovery programs within colleges and universities and used the ARHE public staff directory that provided contact information for all CRPs coordinators and directors nationwide. The email to coordinators relayed to their CRP members is in “Appendix A” of this dissertation. I shared a brief overview of the purpose and scope of the study. Each CRP coordinator was asked to announce the research opportunity through their established communication channels to CRP members such as their listservs, newsletters, emails, word of mouth, and distribution of flyers.

The recruitment flyer for this research study was posted on the bulletin boards in the CRPs and distributed to CRP coordinators. I offered incentives to 9 participants of the study for \$20.00 via an Amazon gift card after their completed interview. The time commitment for a participant in the study as well incentive for participation was included on the flyer. Interested individuals were asked to contact me via email to partake in the email screening for eligibility. A

copy of the recruitment flyer is located in “Appendix B” of this dissertation. This strategic approach helped in locating participants appropriate for this study.

### Participant Selection

I screened potential participants using the inclusion and exclusion criteria listed in the previous section of this dissertation. During the screening process, I obtained only the information necessary to determine eligibility for participation. If eligible, I coordinated a time and date for an interview time mutually agreeable to the participants and myself. Based upon that mutually set time and date, the participants completed their informed consent (Appendix C) prior to participation in the study.

I ensured that participants had read their informed consent form that described the nature of their participation. The informed consent form included explanations for the purpose of the study, participant inclusion criteria, data collection and analysis procedures, confidentiality, risks and benefits of the research, and compensation for participation. The informed consent explained that participation included one audio or web recorded 60-minute web-based interview. The informed consent stated that participants would receive a \$20.00 Amazon gift card after completion, and they maintained the right to withdraw from the research study at any time with no penalty. Once participants read through the informed consent, they were required to enter their email address, which was considered their signature of consent to the study. Next, I administered the background and demographics questionnaire (BDQ) (Appendix D) verbally to gather demographic information from the participants. I then started the interview process with the consenting participant.

### Participants



The sample consisted of nine African Americans college students in recovery, five women and four men from between the ages of 20 to 37 years old. Eight of the nine participants were attending a four-year college or university and one attended a community college. All nine participants reported the pursuit of a social science, humanities, or education academic major. In terms of religious or spiritual affiliation, two participants identified as being non-religious, two identified as being spiritual, three as Christians, one as a Muslim, and one as an Agnostic. Time in recovery durations ranged from 8 months to 6 years for participants. For the participants' place of residence, five participants were located in the Southeastern region of the United States and four participants were located in the Northeastern region of the United States. For past substance use type, seven participants shared that they used more than one substance (polysubstance) and two participants reported predominantly using alcohol.

All participants reported being active participants in their CRPs and recovery communities. Participants declared that COVID-19 posed challenges on their recovery and CRP meeting attendance shifting to online web platforms such as Zoom web conferencing while in quarantine due to national and state stay at home orders. Qualitative investigation allowed for the researcher to have the opportunity to converse and engage with the African American college students in recovery from substance use who participated in their CRPs. This investigation also allowed for the researcher to further investigate the phenomenon of how the participants perceived the role of their CRPs on their recovery capital. The next section outlines the data collection procedures in the study.

#### Data Collection Procedures

Data collection explored the recovery experiences of African American college students utilizing collegiate recovery programs. In depth web-based interviews were used to collect data

from the sample of African American undergraduate students in recovery. Creswell (2013) detailed that in-depth interviews are the primary means of collecting information for a phenomenological study and recommended interviewing approximately ten individuals. A semi-structured interview guide was used to facilitate the interview. The interview guide is located in “Appendix E” in this dissertation. According to Cohen and Crabtree (2006), by creating the open-ended questions before conducting the semi-structured interview, researchers have the ability to control the progression of the session, as well as to allow for the participants to have the freedom to express other thoughts and concerns related to the topic of discussion. Interviews consisted of 20 questions focused on participants’ recovery experiences, recovery capital, recovery identity, and experiences in their CRPs. Interviews were between 60 to 90 minutes in duration and were audio and video recorded.

#### Reflexive Journal

The reflexive journal offered me a way to bracket researcher bias (Patton, 2002). The journaling process took place throughout the interview process. I made journal entries before and after each participant interview. I also made entries after each member check and during periods of personal inquiry and decision making, and in instances where I decided it was essential to record in the research process.

#### Data Analysis Method

According to Moustakas (1994), data needs to be in a written format in order to organize and analyze qualitative research. Therefore, all qualitative interviews were audio recorded and transcribed before data organization and analysis were started. Identifying information was removed from the transcripts, and participants were assigned pseudonyms. Data analysis for this research study used a simplified version of the modified Stevick-Colaizzi-Keen method of

phenomenological data organization and research analysis (Creswell, 2013; Moustakas, 1994).

This process resulted in a phenomenological reduction of the phenomena. According to Creswell (2013), the simplified Stevick-Colaizzi-Keen method of phenomenological analysis is both specific and structured to aid in the analysis process. Creswell (2013) provided the six ordered steps of the simplified version of the Stevick-Colaizzi-Keen method of phenomenological organization and research analysis as:

1. *Researcher listing and describing all personal experiences with the phenomenon.*

Within the first step of the Stevick-Colaizzi-Keen method of data analysis the researcher transcribed nine audio-visual interviews into written transcripts for each interview, with 177 pages of single-spaced transcripts or 3,061 lines of transcripts gathered from the Zoom qualitative interviews. Through this step, the researcher worked to better understand the participants' experiences with the phenomenon. The researcher listened to all the audio-visual recordings, read, and reread the written transcripts to arrive at a comprehensive understanding of how African American college students in recovery from substance use disorder use collegiate recovery programs. In the *researcher reflexivity* statement of this dissertation, I provided an overview of my viewpoints on the phenomena of addiction and recovery within the contexts of my personal, professional, and educational experience. I also used a reflexive journal to record my personal experiences within the context of participant interviews and reflected upon my journal entries throughout the data analysis process. Bracketing, along with the *epoché* process, moved the research focus away from me as the researcher and through the “phenomenological reduction” process in order to ensure that the research focused on the experiences of the participants (Moustakas, 1994; Wall et al., 2004).

*2. From the verbatim transcripts of participants, develop a significant statements list.*

Significant statements are quotes or sentences that provided an understanding of how the participants experienced the phenomenon in the study. My independent analyst and I continued to follow the modified SCK method (Moustakas, 1994) as follows: (a) gave consideration of each participants' statement in an individual interview, (b) treated each statement as having equal value while listing the significant statements, which consisted of non-repetitive and non-overlapping statements (horizontalization), for each interview, and (c) excluded repetitive and overlapping statements from each single interview. Once the interview transcription and member checking process were complete, my independent analyst and I created our significant statements lists of each participant's interview transcripts, which provided an understanding of how participants experienced the phenomenon in the study.

*3. Grouped significant statements into meaning units or themes, which are larger information units.* After adhering to the previous three steps in step two, my independent analyst and I grouped or clustered these significant statements into meaning units or themes, collaborating to examine our separate "meaning units" or themes. The "meaning units" or themes were then compared against the complete transcript of each participant. This procedure ensured that the "meaning units" or themes are explicitly expressed in the transcripts, or if they were compatible with the data. If they were not explicit or compatible, they were eliminated.

*4. In writing, describe what participants experienced concerning the phenomenon; this is the "textural description" including verbatim examples (Creswell, 2013, p. 193).* I then reviewed the final list of ordered themes and produced a narrative description, textural,

for each participant. These textural descriptions documented each participant's experience and described a clear depiction of what happened during the experiences expressed in the study. After developing the textural description for each participant, I developed an individual structural description for each participant.

*5. In writing, describe how participants' experiences with the phenomenon happened; this is the "structural description" (Creswell, 2013, p. 193).* Through my application of imaginative variation of meaning, I created a structural description for each participant. According to Moustakas (1994), imaginative variation aids in describing the structures of the phenomenon: "The aim is to arrive at structural descriptions of an experience, the underlying and precipitating factors that account for what is being experienced; in other words, the "how" that speaks to conditions that illuminate the "what" of experience. How did the experience of the phenomenon come to be what it is?" (p. 98). By using the textural description as the foundation, the structural description provided an account of the underlying essence of the experience. The structural description accounted for "how" the thoughts and feelings are connected. I then created a composite textural structural description for all participants.

*6. Finally, write a composite description of the phenomenon that includes the previously written structural and textural descriptions. This composite description that includes the structural and textual descriptions is the "essence of the experience and represents the culminating aspect of the phenomenological study" (Creswell, 2013, p. 194).* The final-step in this phenomenological reduction process was to form one composite structural description, resulting in themes for the whole group of participants from the textural-structural descriptions of each participant's experience in the phenomenon.

## Strategies for Quality

### Credibility

Credibility refers to the extent to which the findings are believable (Lincoln & Guba, 1985). In order to address internal validity, I adhered to the SCK method of data analysis for phenomenological research for this study. I also included six strategies used to strengthen the study's credibility including: (a) transcription of my data, (b) member checks, (c) audit trail, (d) use of independent coders, (e) engaging in epoché, and (f) maintaining a reflective journal (Creswell, 2013). Upon the completion of the semi-structured interviews, I started to transcribe participant interviews. Once I transcribed the interviews, I checked the transcripts for accuracy by reading and listening to the audio recordings to ensure the quality of the taped participant interviews. Next, I sent the transcribed interviews in emails to each of the research participants and asked them to ensure that I obtained each word they stated in their interview for member checking.

Member checks were used with all research participants in order to achieve credibility, or trustworthiness, based on the participant's review and understanding of their interview. According to Creswell (2013), member checks allowed each participant to check the data they have provided in the interview related to the phenomena within the study. Once member checking is approved by participants, the process of analyzing the data starts. Creswell's (2013) simplified Stevick-Colaizzi-Keen method of phenomenological data analysis was used to analyze data (Moustakas, 1994). For the purpose of this study, three coders including myself were used. Two of the coders were advanced level doctoral students in Counselor Education and Supervision and have received training in qualitative methodology in courses at a southeastern

four-year public university. I met with the coders prior to the coding process and after in order to verify emerging themes.

The audit trail was kept to ensure that I have recorded the research process, methodology, interview processes, and the data analysis which helped to establish the quality of the research (Creswell, 2013). The process of epoché occurred at the start and throughout the study as detailed in the *role of the researcher* section of this dissertation and the first step of the SCK data analysis process. As detailed previously, a reflexive journal was used throughout the research process in order for me to express my thoughts, feelings, and behaviors as it relates to the study.

#### Transferability

Transferability is the degree to which another individual can conclude that the findings from a research study might apply to other settings (Lincoln & Guba, 1985). For transferability, van Manen (1990) detailed that, “Phenomenology does not allow for empirical generalizations, the production of law-like statements, or the establishment of functional relationships” (p. 22). While qualitative researchers cannot generalize from a sample to a population, they can strive for reader generalizability, in other words, the extent to which readers can apply the findings to their own contexts. In this study, transferability was enhanced by providing rich, thick description in order to recognize the contributions of the participants and the phenomenological approach (Creswell, 2013; Lincoln & Guba, 1985).

#### Dependability

Dependability refers to the study results being consistent with the data collected (Lincoln & Guba, 1985; Merriam, 2002). To uphold and ensure dependability, I adhered to quality standards in research and ethical guidelines. I also kept a record of an audit trail, to clearly describe the research steps taken from the start of the research study to the development and

reporting of the findings (Lincoln & Guba, 1985). Also, I actively interacted with my dissertation committee and proactively worked to include feedback, recommendations, and suggestions, particularly for issues of trustworthiness and ethical procedures.

### Confirmability

For confirmability, the SCK data analysis method features the act of the researcher bracketing. Bracketing consists of the researcher withholding their preconceived notions and beliefs about a select phenomenon as essential to phenomenological research to ensure neutrality. Creswell (2013) detailed that within transcendental phenomenological research methods, researchers are encouraged to set aside their experiences as much as possible. Therefore, I worked to uphold the integrity of the shared data from the study participants.

### Risks, Benefits, and Ethical Considerations

The focus of this qualitative research was recovery from alcohol and other drugs. A potential risk for this study was the potentially vulnerable populations in recovery. Therefore, essential consideration was given to the protection of the anonymity of the participants. Given the sensitive nature of the information that participants shared pertaining to their lived experiences in recovery as it relates to their recovery program involvement, ethnic and racial identity, and their spirituality and religiosity views and practice, safeguards were put into place to protect confidentiality throughout the study, in particular within recruitment, data collection and analysis, and the writing process. At times participants felt uncomfortable when reflecting on challenges within their recovery process during interviews. I made every attempt to develop rapport early with the participants to create and nurture a safe environment where participants and myself welcomed and enjoyed the interview process from start to finish. I encouraged participants to articulate if they need to pause during the interview if a topic felt too emotionally



triggering or if the participant felt overwhelmed in reflecting on their recovery experience. I worked to stay in tune with the participant by being perceptive to their verbal and nonverbal responses and when the participant did appear distraught or upset, I, a trained counselor, applied necessary counseling skills such as active listening, reflection of feeling and meaning, conflict de-escalation skills, and immediacy.

Participant privacy was protected during the recruitment and screening process by having all communication conducted through my password-protected email account. Participants' privacy was also protected during the data collection process by identifying and storing participants' collected data solely through the utilization of pseudonyms. A pseudonym key was printed and kept in a document safe that was locked and fireproof and will be destroyed after three years. All electronic narrative interview data were transcribed and stored in the office separate from where the electronic narrative data repository is stored in a computer with a passcode access and/or university's Dropbox folder. Only members of the research project can access the Dropbox folder. All audio files and field notes remained secure and were only used to transcribe and validate interview data. Once transcription was complete, audio files were removed from the Dropbox folder and stored in a secure external drive with pass-code access. I deleted the interviews from the computer software that recorded the participant interviews once the data analysis was complete. These steps help to ensure the confidentiality and privacy of the participants within the research study.

Some participants benefited from this study by sharing their experiences in recovery in a safe, supportive, and confidential environment. The information obtained in this study added to what is known about recovery for African American college students with a past history of substance abuse. Therefore, the findings in this study inform university administrators regarding

ways to develop support services and policies on campus to better serve the needs of students who are attending with a past history of substance abuse.

### Summary

Substance use disorders have been extensively researched due to their pervasive nature and detrimental effects on the overall health and wellness of college students. These effects, related to African American college students' SUDs and recovery, have not been as extensively examined; yet, the likelihood that college student affairs professionals and college counselors will encounter and support an African American struggling with SUDs use is likely. Therefore, the study has added to the somewhat limited research on recovery behaviors in African American college students by providing essential information to better understand their specific journeys' in recovery in college through their use of collegiate recovery communities.

## CHAPTER 4: FINDINGS AND INTERPRETATIONS

### **Introduction**

Chapter Four presents a detailed overview of the data collection and analysis process, which led to this study's findings and interpretations. The purpose of this study was to explore the role of collegiate recovery programs in the recovery process for African American college students who identify as being in recovery from substance use disorder. Semi-structured interviews with nine African American college students in recovery from substance use disorders provided insight into their recovery experiences while participating in a collegiate recovery program. This transcendental qualitative phenomenological study sought to answer the following research questions: (a) How does engagement in CRPs promote recovery for African American college students in recovery from substance use disorders?; (b) How do CRPs enhance the recovery capital of African American college students in recovery from substance use disorders?; and (c) How does racial identity affect recovery capital for African Americans college students in the CRP pursuing recovery?

#### **Presentation of Moustakas' Modification of the Stevick-Colaizzi's-Keen Method**

Moustakas modification of the Stevick-Colaizzi Keen (SCK) method of phenomenological data analysis was utilized in this study. This SCK method provided six steps in the data analyzing process (Moustakas, 1994). These steps included bracketing, horizontalization to develop significant statements, clustering into themes or meaning units, textural descriptions, structural descriptions, and textural-structural composite synthesis. This data analysis resulted in an essence of the phenomenon that answered the three research questions and offered meaning to the experience of recovery for African American college students in a CRP.

### Bracketing the Topic

In the *researcher subjectivity* section of this dissertation, I provided an overview of their viewpoints on the phenomena of African American college students in recovery from substance use disorders participating in collegiate recovery programs within the contexts of their personal, professional, and educational experiences before data collection. I also used a reflexive journal to record my personal experiences within the context of participant interviews and reflect upon their journal entries from start to finish throughout the data analysis process. Bracketing, along with the epoche' process, moved the research focus away from me and through the "phenomenological reduction" process to ensure that the research focused on the participants' experiences (Moustakas, 1994; Wall et al., 2004).

At the time of the data collection, I worked from home due to the Coronavirus (COVID-19) pandemic restrictions. I worked in an alcohol and drug prevention counseling role within a student health and wellness center at a four-year university in the southeastern region of the United States. Despite this challenge, I was determined to seek participants in order to hear and understand their narratives and how the participants were navigating in their recovery due to COVID-19. At the start of the data collection, I reflected on the participants' concern about how they would be within the interview based upon having to process the onset of COVID-19. Within each interview, I expressed care and concern about the participants' safety and checked-in to see how the participants were fairing in order to know if they had proper support throughout their recovery, personal situation, and academic community. All participants were receptive to this process and expressed appreciation towards the well-being check-in during the stressful time within March 2020 based upon COVID-19.

As the interview data collection process started and the participants shared their stories, I noticed immediately how participants were open and transparent when they shared the complexities of their past substance-use while in active addiction. I was surprised at how candid these accounts were from participants in terms of the vividness of their stories. The interview process moved through each participant's life in a chronological fashion and provided detailed imagery for both their active addiction and recovery experiences. I noted that there were some topics that were challenging for participants such as past triggers for substance use and ways in which they were perceived by friends and family due to past substance use. I was somewhat surprised by how introspective and self-aware the participants were on these topics due to the in-depth reflections that were shared with me in the interview.

As the interviews transitioned to focusing more on the recovery stages of the participant's life, I felt excitement in hearing and learning of ways in which the participants took on more of a recovery identity, which in many ways is a transformation of their past active addiction identity. Despite the participants' various routes to recovery, I noted the enthusiasm and optimism expressed as participants shared their accounts and experiences as being part of the CRP. When the participants shared their early experiences with the CRP and what it meant to be an African American student in recovery on a predominately White campus, I often was met with statements such as “you understand “and “it can be hard for people like us.” I felt a connection when participants would relate to me navigating as an African American pursuing or working in higher education in predominantly White spaces. The rapport established by sitting in front of a computer screen conducting web interviews was felt strongly from the participants to me. The nonverbal communication, such as head nods and smiles participants expressed, resonated with me as a sign of comfort and desire to expand on their personal experiences’ in the interviews.

Despite my not being in recovery from a substance use disorder, the identity of race and higher education pursuits in social science, education, and humanities appeared to transcend as a commonality shared between myself and the participants.

I also felt intrigued by hearing stories from students working through their substance use during college in my current role as a college addictions counselor in a university wellness center. Despite this familiar feeling, I was open to hearing the narratives of each student and did not lead with bias or preconceived notions of what their addiction or recovery experiences were like within the participants' CRP. After each interview, I expressed feeling fascinated and inspired by the participants. Each story shared in the interview helped to shed light on the lived recovery experiences of the African American college students in recovery from a substance use disorder, which ultimately aids in providing a realistic depiction currently missing within the research literature. The next section discusses steps two through five of the Moustakas modified Stevick-Colaizzi-Keen method.

#### Significant Statements and Meaning Units or Themes

The second step of the phenomenological reduction process consisted of the participants' transcripts being read several times by me and my two independent coders and significant statements related directly to the lived experiences of African American college students in recovery from substance use participating in a CRP were identified and extracted in a listing. Significant statements were then assigned formulated meanings and moved into meaning units/themes as to what the statement means in relation to the phenomenon. The third step is the formation of expanded descriptions for each significant statement into larger units of information called "meaning units" or themes. These meaning units or themes refer to commonly used words or phrases within the participant interview transcripts. Included below in Table 1 is a sampling of

significant statements, formulated meanings, and their associated meaning units for all nine study participants who were assigned the following pseudonyms: Lucious, Rose, Mya, Danielle, Blake, Stella, Izzy, Malcolm, and Matt (fuller examples in Appendix F).

**Table 1**

*Selected Examples of Significant Statements of African American College Students in Recovery from Substance Use Using CRPs, Related Formulated Meanings, and Meaning Units or Themes*

Significant Statements	Formulated Meaning	Meaning Units or Themes
Right now, I'm a peer recovery specialist at my CRP through a federally funded program. And what I do is I basically work on a peer to peer basis with people in recovery and just share my experiences and let them know that there is hope.	Student refers to giving back their time, energy, or support to aiding the collegiate recovery program to grow on their college campus.	Helping out the CRP (Danielle)
The CRP coordinator, for sure. I came into recovery because of her and she's one of the biggest reasons I'm still coming back to the CRP space just because she's very relatable. I can't count how many times I've walked into her office just angry about something and left feeling comforted. So, I guess a lot of it has to do with her. coordinator and supervisor. surgery at the beginning of this semester.	Student refers to their CRP coordinator as a source of support during their time in recovery within the CRP.	CRP Coordinator Support (Mya)
And then Zoom bombers were a thing and I got Zoom bombed and so it was like a chord was struck because I was called the N word in front of everybody in the recovery chat. So, it was a very awkward moment, because not everybody knows what to do in that situation. There's really no right answer for that situation. It's okay. But it was so awkward and everybody was just quiet and I was quiet. And I was like, "Okay well that's the end of my sharing." Because after that, the whole vibe just changed.	The student details discrimination, feeling uncomfortable or uneasy in the CRP	Discrimination in the CRP (Stella)

I am the only African American in recovery at my CRP, but we do have another female African American who is an ally.	Student refers to there being little to none African American representation in the CRP	Lack of African American representation at the CRP meetings (Stella)
I do obviously the AA, the NA, CA, the therapy, the meds. The medication is important. Me and my psych doctor have a really good relationship.	Student refers to personal growth in their time in the CRP	Personal Health improved through the CRP (Blake)
I'd say in general, the experience has been pretty positive, now that it's like settled in and I've gotten more established, well not established, more comfortable with the group. Even when I met the other CRPs from the area over this one weekend at this camp, that was a really positive experience. Just meeting all these people who you've never seen before. It's like even though y'all haven't talked, you all know that y'all have some type of similar experience. I guess that makes it easier to form a connection once y'all do start talking, even though there's that nervous feeling off the bat.	Student explains their positive social experiences with the CRP	Positive Social supports and experiences in the CRP (Lucious)
Even those who think they know, if they don't live this life or been through this, they don't understand. So, navigating that and also letting people know the different cultural norms, and what's okay and what's not okay, and stuff in social groups is pretty challenging.	Student refers to being a token in the CRP as the only black student and essentially a non-threatening "good" black person who also educates non-blacks on their culture and lived experiences.	Tokenism for African Americans in the CRP (Rose)
I know that we, like I said, the 10:37 meeting on Fridays has been great. It's a meeting inside the central location. But on Friday, that's been really great just to go and hang out and do our little 12-step meeting. That's been phenomenal...Man. I do a lot of like... from a higher power. I've really dug back into my childhood faith. Kind of getting back to my higher power. That really helped me	Student refers to attending 12 steps meetings that are hosted by the CRP.	12 Step Meetings through the CRP (Matt)



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overcome my alcoholism. I go to 12-step meetings, NA, and AA as well. I have a lot of friends that are in a 12-step program at the university and surrounding community that I hang out with.

So yeah, technically I'm a student worker through our CRP. Through full employment. We do have a scholarship program, so I am a part of that program. Receiving that. And we do things like community meals and stuff like that. But our CRP also buys food, so when we're on campus we can stop through and have snacks, or have lunch sometimes, or breakfast, and things like that.

Not necessarily. I actually mainly don't really use 12 step or the 12-step program. It's more like meditation style meetings or like non-secular kinds of meetings that are based in the teachings of Buddhism. And then aside from that, just friends and family support, just trying to work on self-care and collegiate recovery. Actually, I would include that. I actually, before this whole pandemic thing, I was hosting the weekly meetings at my university.

Okay. So, I can go to class, I can take notes, I can read my notes. I know my professor's names. I know where my classes are at. I know the building they're at. I just pay attention now. I'm actually excited about what I'm learning. So, it's allowed me to really be present in my studies and to take that education and hopefully do something of service with it really

But it's outside of the CRP, me and the two other African Americans are seen as spokespeople for black people in recovery

Student refers to tangible resources of support during their time in the CRP

Tangible pro-recovery resources through the CRP (Scholarships, Room Space, Food) (Rose)

Student refers to attending recovery meetings that are led with Buddhism principles through the CRP

Attendance in Buddhism Recovery Meetings through the CRP (Malcolm)

Student shares their academic progress while sober. This could be through grades, focus on academics, study skills, etc.

Academic Achievement in Recovery through the CRP (Izzy)

Student refers to being a token in the CRP as the only black student and essentially a non-threatening "good" black person who also educates non-blacks on their culture and lived experiences.

Tokenism for African Americans in the CRP (Mya)

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Well, I am the only African American in this (CRP) room." And that even has its own challenges, too, because I'm aware of it so I know that they're also aware of it.	Being African American and In Recovery from a SUDs): Stigma is faced within the African American Community based upon the factors of their racial identity and SUDs	Double Stigma (Being (Stella)
So, the best thing about me that's happened since I've been sober is I've accepted who I am.	The student expresses the belief and ability to stay sober from alcohol and/or other drugs	Recovery Identity (Blake)
Just sobriety, I think. That I don't have to just extending a message to college students, that college age population that no, I don't have to go out on Friday night and black out and drink. That there are opportunities available to me. And just sharing that message. I mean, that's a powerful message, you know?	Student details ways in which recovery values are obtained and maintained through the CRP in a collegiate environment.	Recovery Cultural Values in CRP (Malcolm)

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### Participant's Textural and Structural Descriptions

Steps four and five included the biographical narrative information on each participant that is also included in the textural description as well as the structural description. The textural descriptions included the biographical narrative information that provided detailed backgrounds from the participants Background and Demographic Questionnaire. The textural description is the "what" for which the participant experienced the phenomenon that used verbatim detailed quotes from the participants to more richly describe what their experience was with the phenomenon. The structural description is the "how" for which the participant experienced the phenomenon of pursuing recovery from SUDs as an African American college student in the collegiate recovery program. By using the textural description created in the earlier step as the

foundation, the structural description provides an account of the underlying essence of the experience.

#### Lucious' Textural and Structural Descriptions

Lucious is a 20-year-old African American single man who is non-religious. Lucious currently resides in the southeastern region of the United States and is classified as a full-time enrolled undergraduate student working towards a bachelor's degree at a four-year public university. He aspires to pursue a profession in mental health and could see himself applying and attending graduate school after obtaining his bachelor's degree. When asked why he wanted to participate in the study, he stated,

I met the primary investigator for the study and she was really nice. It was just something to help the CRPs that are in the area developing. So, I thought it'd be really beneficial for me to just do what I could to help with that, especially since I'm involved in the community. Honestly, just doing things to help others, especially when it comes to stuff like this. Just rewarding.

At this time of the interview he was at around 8 months in recovery from his substance use disorder. He also had no prior substance use treatment prior to his time in his CRP.

Lucious also expanded on what was happening in his life around the start of his substance use. He stated,

Over time, between me being stressed at home with all the stuff that was going on and how my mom was acting for some years, I sort of formed this connection between if I get too stressed out here, I can drink and it'll be fun.

This catalyst of substance use contributed to his substance use progression, which consisted of "alcohol, marijuana and then a little bit of prescription meds." Despite his increase of substance

use and type used, he eventually slightly decreased his substance use based upon a friend he met in college. Lucious stated, “I met a friend who got me to slow down a little bit because they were worried about it.” Lucious is introspective about not wanting to worry his friends or family about his substance use. As he progressed deeper into his story, he shared when he first considered getting help for his substance use after an encounter with his soon-to-be collegiate recovery coordinator. He said,

My CRP coordinator, she taught for a class of mine before I knew about the CRP. She walked in and she was like, “Hey, I’m a convicted felon”... I was like, “wait a minute, what?” I’m listening to her talk and she’s talking about what she did to get in that position. I was like, “Oh, I may not have went that far, but I am doing some of those things.” I wanted to talk to her but I didn’t. Then one of my friends who was also in the class, they were like, “Maybe you should go talk to them. It may be helpful.”

In spite of his reluctance, he said,

I just went and talked to her outside of the class one day about it all or about part of it, just to get her story on it. Then she told me about a CRP meeting, which I didn’t want to go at the time.

Lucious further detailed that he went to the meeting he was begrudging to go in. “I was not there of my own will, just like, ‘I said I’d go, I kind of have to go.’” At his CRP meeting he mentioned, “my first CRP meeting, I walked in and I was the only Black person out of a room of like 20 or so White people. I immediately wanted to backpedal out. I think I did, actually.”

After leaving the meeting, Lucious’ CRP coordinator came and pulled him back in after a second, he contended with not going back inside of the meeting. He then stated,

I'm sitting in there listening to all of them, what stacked on worse was that none of these experiences were too similar to mine from what I was hearing at the time. It was either a different reason that they got there, like a heavy crime or some of them would just be coming out of treatment.

Even with differences in the group stories being shared and his own, Lucious realized that he was not too far off from the consequences the others faced in the group if his substance use disorder continued to escalate during his time in college. With that realization he shared how he has personally grown in his sobriety, "I wouldn't say it was immediate, but over time I've gained a better sense of understanding and a better way of handling things, that's for sure." He shared how his college experience improved and stated, "I've been able to figure out what I actually want to do when it comes to school." His revelation about his school abilities aligns with his experiences with the CRP overall as well. Lucious further shared, "in general, the experience has been pretty positive, now that it's like settled and in and I've gotten more established, well not established, more comfortable with the group."

Lucious would go on to share the resources used at the CRP and stated, "I for sure have used the CRP space on campus and the scholarships or the different opportunities." His social circle has transformed to aid his recovery, as he said,

I've gained a lot of more supportive friends. I've gained a better understanding of what I'm comfortable with and uncomfortable with and how to actually stand ground on that and feel okay with it, as weird as it may sound for a 20-year-old.

Despite this growth in his self in recovery, utilization of resources through the CRP, and new social supports, he still faced obstacles surrounding his identity as an African American man and reluctance about sharing his recovery identity out of fear of stigma and judgement in some social

spaces. He stated that outside of the CRP, he does not mention his recovery status: “normally I don't bring up the CRP or recovery because that field, it's already kind of picky with how it goes, especially while being Black I've realized.” He also detailed victim shaming within the African American culture for substance use disorder with statements from family and friends such as “stop being stupid ... stop drinking ... just get your act together.” Lucious actively uses the weekly CRP meetings and NA meetings through the CRP. For additional support in his recovery from substance use, he utilizes his collegiate recovery coordinator and the on-campus collegiate recovery community space regularly on his university campus on an average of 15 weeks during the academic semester.

### ***Lucious' Structural Description***

The primary structure of Lucious' lived experience as an African American student in recovery from his substance use disorder is derived from three components consisting of: (a) ongoing CRP active involvement in his supportive and structured CRP, (b) his mental improvement, and (c) tokenism.

**CRP Involvement.** Since the start of his time at the CRP, Lucious' involvement with the CRP has grown immensely from the start and current state of his membership at his university. Within his interview, he spoke to feeling a sense of belonging in terms of participation in CRP meetings, connection with his CRP coordinator as someone to confide in, attendance and coordination of sober events, CRP recovery meetings, or just working within the CRP space on campus to knock out an academic assignment and be around like-minded peers in recovery for social and academic support.

**Mental Health Improvement.** As Lucious grows in his sobriety, he begins to flourish in terms of his abilities to be introspective and a heightened level of self-awareness of what aids his

mental health and recovery. He detailed, through his participation in the CRP, that he has had support to express himself to his CRP coordinator to gain insight and guidance on ways in which he can learn to cope with life's problems, process his emotions, thoughts, and behaviors, and maintain his recovery. He mentioned the value of individual and group therapy as an added support to his mental health. This personal growth serves as a catalyst for him to continue to work on himself in areas of his mental, physical, spiritual, or academic health and wellness.

**Tokenism.** Despite the ways in which Lucious grew in his sobriety, he still faced tokenism due to the lack of African Americans in CRP spaces. Although he valued advocating for his recovery, he was vocal about his voice as an African American man being one of few and spoke candidly about the ways in which he navigated as an African American man in recovery on a college campus. Navigating through his different social spaces presents a challenge based upon stigma and he was reluctant to share his identity due to not wanting to be discriminated against or judged harshly by others who are not in recovery or may have misconceptions about substance use with African Americans. Despite this challenge, Lucious' servitude, dedication and commitment to his CRP and ultimately his sobriety have informed other facets of his life (academics, relationships, and responsibilities) and as a result he has reaped the benefits of his recovery.

#### Rose's Textural and Structural Descriptions

Rose is a 35-year-old African American, single transwoman who is non-religious. Rose currently resides in the southeastern region of the United States and is classified as a full-time enrolled undergraduate student working towards a bachelor's degree at a four-year public university. She has received a substance abuse counseling certification from a local community college. When asked why she wanted to participate in the study, she stated,

Good question. Because I think that we don't really focus on the voice of marginalized people in collegiate recovery spaces. So, when you mentioned that it was an interview to talk about the experience of African Americans in collegiate recovery, I thought it's like my duty to be a part of that, to get my voice out there, but for others to hear or know that we do exist and we are here.

At the time of the interview, she was around 4.5 years in recovery from her substance use. She has had prior substance use treatment through mutual aid groups before her time at her collegiate recovery program.

In terms of past substance use, she primarily used alcohol, marijuana, cocaine, and phencyclidine (PCP). Rose expanded on her drug use and how that progressed in her life. She stated,

So, I pretty much started smoking marijuana at the age of 12. By the time I was 15, I was drinking on a regular basis. Kind of escalated from there. By the time I was 18, I was drinking pretty hard. I started using ... I hate this term hardcore drugs, because I feel like drugs are drugs, but a lot of people refer to it like that. So, using hardcore drugs probably at the age of 20, and just it was a downhill spiral from there.

She first considered help for her substance use in December 2014 when she had a cousin who entered a treatment program, and it was at this time when Rose decided to give treatment a try. Her date of recovery is September 14<sup>th</sup>, 2015 and since then she started her involvement in the CRP as a volunteer before she was a student through a federally funded program. Her time in the CRP has been complex and she stated her experience “has been very rocky because these systems that CRP are built upon is normal, cis-gendered, heterosexual White men.” Rose’s statement details the challenges she has faced as a trans African American woman to find



recovery spaces that are inclusive to her identity. She further detailed, “fighting for a lot of things, or speaking up against a lot of things, or pushing back against things.”

Despite the challenges Rose faces in this space, she is still an active participant of activities in the CRP ranging from past sober spring breaks where her CRP would go to Florida or ARHE conferences where she would connect with those in and outside of her recovery network by way of sessions, discussions, and networking as well as recovery meetings in her CRP. Through her CRP, there are additional resources ranging from student employment opportunities, scholarships, community meals, and snacks while on campus. For additional support in her substance use, she utilizes 12-step meetings inside and outside of her CRP where she utilizes a sponsor, personal therapy, and her collegiate recovery program on campus regularly within the 15 weeks during the academic semester. While these resources are beneficial, she details some room for improvement in the CRP spaces by having more student voices in the planning and delegation of what is done or not done by the CRP. Rose desires to see change in her CRP, specifically to lend itself to more marginalized communities based upon the lack of representation in her CRP spaces and others she encountered while in recovery.

When asked about her experiences in the CRP and her racial identity being African American, Rose detailed the challenging components and stated,

There's a lot of underlying racism that people don't know what is considered racism or racist. There's a lot of privilege that people don't know that is privilege that people don't know that its privilege. And a lot of systems that are built against a lot of marginalized people that just don't understand.

Rose's own role as a member of a marginalized group in the CRP and other predominantly White spaces comes with pressures to educate those as to what is or is not racist, which could be

tokenizing her to speak on behalf of her race and gender identity, adding on an extra task for her to do while she is working on her recovery. She expressed her frustrations around this and stated,

I don't think none of my identity [is] recognized honestly because the systems are built around hetero, normal, White people culture. And so, every part of my identity I feel like is left out ... I feel like that's a collegiate recovery problem as a whole.

Within this excerpt, Rose reiterated that her identity as a whole is not validated or seen within her collegiate recovery program and as a result she feels as though she must push forward to be acknowledged which is disheartening for her. She also feels as though, systemically in the CRP, structures like this could be addressed for these organizations to do more to attract, retain, and essentially hold an inclusive space for marginalized groups of students pursuing recovery from substance use. As a result, Rose initially formed a people of color AA meeting at her CRP, but she detailed that her group no longer met on campus due to an influx of White individuals in attendance that overtook their meeting.

Despite these challenges, Rose has a well-developed sense of self and speaks to staying true to herself when navigating in different social spaces. She does not conform and emphasized bringing her genuine self into all environments. She talked more about doing internal work in her recovery ranging from going to therapy, diving deeper to understand and resolve past trauma to ultimately have confidence in herself, strong problem-solving skills, and coping mechanisms to aid in her recovery.

### ***Rose's Structural Description***

The primary structure of Rose's lived experience as an African American student in recovery from her substance use disorder is derived from four components consisting of: (a) her desire to advocate for social justice in recovery, (b) her use of structured and supportive CRP

activities, (c) her personal health improved in her recovery, and (d) intersectionality identity challenges.

**Social Justice Recovery Activism.** Rose shared she wanted to participate in the study to lend herself to illuminate the voice of those such as herself who are marginalized in society in general and recovery spaces. She offered several personal accounts as to where she is determined to move forward in her recovery despite opposition, questioning, and lack of inclusion in recovery spaces. Her introspective nature sheds light on her own personal challenges for being an African American transwoman attending a public university working on her recovery from substance use, which in itself is enlightening based upon her sharing her narrative and learning about her lived experiences and the intersection of her different identities. Despite challenges she has faced, she still moves forward to share her time, voice, and energy about how recovery is possible for someone with intersecting identities in a collegiate environment.

**Structured and Supportive CRP Activities.** Although Rose has faced obstacles surrounding her intersecting diverse identities in her CRP, she shared positive social supports and experiences in the CRP that have allowed her to connect with individuals who value recovery and wellness. She specifically mentioned the sober spring break opportunities and conference attendance through ARHE that has allowed for her to meet with others in her CRP as well as outside recovery networks. Rose holds student employment through her CRP which allows for her to work closely within the CRP to see the way in which it functions and suggest areas for growth and improvement, particularly the value of having more student-led activities and gatherings. As a CRP member and student worker she utilizes recovery resources such as scholarships, food, and a sober space to work on campus with friends in order to build a

community together. Rose is resourceful and diligently works to allocate resources that will aid her recovery while in the CRP.

**Mental Health Improved.** Rose's accounts of her personal growth through her sobriety help to portray her journey full of changes and self-work through her therapy and CRP. Through her individual work in personal therapy, substance use treatment, and step work done within her AA group, as well as participation in the CRP, Rose is able to flourish in her recovery. Her mental health has improved significantly which has benefited her abstinence self-efficacy as well as her confidence in her own abilities related to her academics and personal and professional identity.

**Intersectionality Identity Challenges in Recovery.** Rose is an empowered African American transwoman, but she still faces obstacles in her CRP and other recovery spaces on topics of discrimination, tokenism, and a lack of African American representation. Early within her shared interview, Rose mentioned the challenges of receiving microaggressions as a form of discrimination in her recovery spaces. Microaggressions are verbal and behavioral exchanges, sometimes subtle and covert, that send denigrating messages to people of color (Sue et al. 2007). Rose expressed her discomfort and overall dissatisfaction with this type of treatment in her recovery experiences and did not want to continue with this type of treatment because it ultimately would hinder and detract from her growth in recovery.

While Rose values advocating and educating others about her lived experience as an African American transwoman in recovery from substance use disorders participating in a CRP, she expressed her concerns. She spoke to experiencing tokenism by her being the sole resource to inform others of her intersecting identities and dispel myths and stereotypes about her experiences. Rose stated this type of generalization of her experiences and identities can

overextend her and puts added pressure on her to educate those unfamiliar with her intersecting identities rather than participate and lead in her recovery network.

#### Mya's Textural and Structural Descriptions

Mya is a 22-year-old African American, single woman who identifies with the Muslim religious affiliation. Mya currently resides in the southeastern region of the United States and is classified as a full time enrolled undergraduate student working towards a bachelor's degree at a four-year public university. She would like to attend graduate school after obtaining her bachelor's degree in the near future. When asked why she wanted to participate in the study, she stated that,

I honestly didn't know the purpose of it before like when I read the flyer I was like, "Oh, African Americans in recovery." There's not a lot of research about that out there and that was one of the biggest issues I had when I first started recovery was walking into recovery rooms and being like, "Oh, I'm the only black person here. Cool, cool." And it brought up a lot of thoughts and issues I had with recovery spaces and why there wasn't more racial representation in the rooms and stuff like that and it made me think about the criminal justice system and the implications of that. So that was one of the main reasons I said okay to it.

At this time of the interview she was at around 17 months in recovery from her substance use. She has had no prior substance use treatment prior to her time in her collegiate recovery program.

Mya also shared what was going on in her life while she was using substances. She stated,

I didn't tell anyone, no one really knew what was going on. Everyone just thought that I was... because I'm introverted by nature and so that just was an excuse to isolate more from people. So, I did a lot of that, stay in my room, use, stay in bed and stuff like that. So, I would overuse Klonopin.

In terms of her past substance use, she primarily used prescription painkillers. Much of her substance use was around her not feeling ok with processing negative emotions and not wanting to experience anxiety or panic so her substance use provided an escape from these negative emotions. Within the summer of 2018, she realized she may have a problem with her substance use due to headaches and she started to self-moderate her substance use and stated, "okay well, let me just decrease the amount that I'm using so I don't feel as bad in the morning and stuff" and she would eventually stop her use for two months and would not tell anyone of her cessation of use. This alone was not enough for her to permanently end her substance use based upon her rationale of "if it was an issue, the doctor wouldn't give it to me." She would then have a relapse in September 2018 where she misused seven pills in one sitting, vomiting and having headaches in bed. By chance, she met with a professor who would soon become her CRP coordinator and told her about the CRP being a resource on campus which Mya stated, "I didn't know that existed and didn't know other people were in the same situation as I was in." She then started to attend meetings in October and has been in attendance ever since as a CRP member at her university. She has had no prior substance use treatment prior to her time in her collegiate recovery program. Mya actively uses the weekly CRP meetings and Narcotics Anonymous meetings through the collegiate recovery community. She described her early experiences with the CRP as being challenging and said,

There was literally not a single person in the room that looked like me and it was either all white dudes or one White woman in the room was the coordinator and that was like it. And so, it was very hard to relate to people and I was still in the mindset of, well I didn't do that so I'm better.

Despite this challenge Mya faced in her early experiences in the CRP, things improved and she became more open to the experience and felt validated and continued to meet new friends who were also in recovery, attend meetings at the CRP, and talk one-on-one with her CRP coordinator. She described her current time in her CRP as being amazing and how her time there is filled with game nights and other activities ranging from family dinners and meetings together.

Mya also expressed feeling a sense of accountability with CRP meeting attendance and detailed the value of using GroupMe to communicate with others from her CRP to see if they are going to meetings in order to have a friend there or if friend expresses they are attending, Mya will partner with them to attend to support them and herself. This type of external motivation aids Mya's CRP experiences by meeting people and giving back to her CRP. Mya's CRP coordinator has been pivotal to her recovery and ongoing active membership in the CRP. She explained how she is one of the biggest reasons she still attends the CRP based upon her relatability and her availability to meet with her when she needs someone to talk to on campus. She utilizes the on-campus collegiate recovery community space regularly on her university campus: an average of 15 weeks during the academic semester.

Mya does struggle with the issue of tokenism outside of her CRP and stated,

Within my CRP, it's very inclusive and stuff but I've been to a couple of meetings, and stuff like that across my city and a lot of people will see me as the Black representation or the Black Muslim representation of recovery. And I have to answer these two groups of

people. So, it's very weird with that, especially when people will be like, "Oh, do you know this, this, and this? Do you sponsor? Or, How is it to be this in whatever?" And expecting me to answer everything.

This added pressure for Mya to be a representative in spaces outside of her CRP about her varying identities detracted from her recovery experience in terms of her focus and attention on her own recovery wellness which shifts her into more of an educator role to those in attendance. Despite these challenges, Mya still manages to make meaning of her recovery experiences in the CRP and utilizes daily meditations from the NA or AA literature such as the *Just For Today* book. Mya stated she does not work the 12-step program. Even though she does utilize certain parts of the NA and AA literature, she does not agree with it all such as the Serenity Prayer. For instance, she does not agree with the line stating that one should accept the things you cannot change, she believes one can make changes if you really put your mind to it and feels as though this is rooted in her belief that she can do whatever she puts her mind to as an African American. As Mya grows deeper in her involvement in her CRP, her academics and mental health improves and she shares specifics of how she has improved in these areas to become a straight A student as she once was in high school. She also has a heightened self-esteem and self-confidence, specifically in public speaking. She also shared she has an increased amount of empathy for those struggling with substance use and mental health concerns. Her empathy has grown immensely based upon her personal work in recovery and interactions in her CRP.

### ***Mya's Structural Description***

The primary structure of Mya's lived experiences as an African American student in recovery from her substance use disorder is derived from four components consisting of: 1.) her



desire to be a social justice recovery activist, 2.) ongoing active involvement in her supportive and structured CRP, 3.) recovery identity formed, and 4.) tokenism.

**Social Justice Recovery Activist.** As Mya talked about her recovery process, she shared more about her desire to advocate for others who are also seeking recovery within and outside of her CRP. Mya expanded on how her CRP openly talks about concerns about social justice and raises awareness to topics of injustice. She shared the process of recovery and having access to a CRP is a privileged act. Mya also expressed her desire for her CRP to partner with more cultural organizations on campus to have more events to again reach out to groups of students whether in recovery or not to have this information to refer students to and just be in the know of how the CRP works on campus.

**CRP Active Involvement.** Mya was initially skeptical of joining and participating in her CRP for reasons ranging from her inability to connect with peers that had done worse in terms of their substance use type and life experiences or just being one of the only African Americans in the CRP meetings at her university. Despite these challenges in her early attendance in the CRP, her CRP coordinator stepped up to create an inclusive culturally sensitive environment that Mya felt welcome in to share and work on her recovery and ultimately meet diverse peers in recovery who would become her friends and recovery supports. Whether working on her school assignments in her CRP space, attending a CRP recovery meeting, or just dropping in to see her CRP coordinator, the CRP has become a place where Mya contributes her time, energy, and focus while in recovery at her university.

**Recovery Identity Formed.** As Mya grows in her sobriety, she begins to transform in terms of her improved recovery identity that exhibited her higher self-esteem and self-confidence as well as her ability to empathize for others in recovery in her CRP. She talked about how at her

CRP she has left prejudices at the door and understands all in attendance are there for the same reason, which is to recover from their substance use. The CRP is a safe inclusive environment that allows for Mya to share and open up during the recovery meetings about her past and present strengths, challenges, and growth. Sharing her story has also given her added confidence to be active in public speaking, an area in which she had doubts and insecurities; since her time in the CRP, Mya expressed how she viewed her recovery as a part of her new identity and how her social groups reflect friendships that honor her recovery identity.

**Tokenism.** Although Mya has improved in her personal growth, academics and involvement in the CRP, she still encounters tokenism due to the lack of African Americans in CRP spaces. While Mya does appreciate the opportunity to advocate for others in recovery, she does not want to be the voice of all African Americans in recovery or African American Muslims in recovery. Mya understands her shared input is valuable due to the lack of individuals she has encountered in the realm of recovery spaces who hold this identity and are represented in existing research on individuals such as herself. Within her own CRP, her coordinator has worked to create a space of inclusivity but Mya detailed that outside of her CRP, she feels as though this is not always the environment from chats with other marginalized CRP participants who express their frustrations and discomfort in recovery spaces. She mentioned the pressure for students from marginalized groups to have to work on their recovery, educating others on their experience, and being a student can start to feel like a heavy load within the CRP.

Mya expressed that even for some CRP events and gatherings on her campus, students who are more racially or ethnically diverse are selected to be on the website to give off the impression that it is a diverse space when in reality it only has a small number of diverse students. She believes this should be addressed rather than projecting a false depiction of the

diversity in the CRP. Mya expressed her hope that in the near future CRPs would be more inclusive and have more collaboration with other diverse student groups on her campus for partnerships and growing the exposure of the CRP so that more students, faculty, and staff would be aware of this campus organization.

#### Danielle's Textural and Structural Description

Danielle is a 33-year-old African American single woman who identifies as being spiritual. Danielle currently resides in the southeastern region of the United States and is classified as a full-time enrolled graduate student working towards a master's degree at a four-year public university in rehabilitation and mental health counseling. When asked why she wanted to participate in the study, she stated,

For one, there aren't a lot of Black or people of color in recovery, so it's important when there's a chance to focus on us. And I think that's important for our voices to be heard in any type of fashion. Whatever it is that can show us.

At this time of the interview, she was approximately 29 months into recovering from her substance use. She has had prior substance use treatment including intensive outpatient for 2.5 years and 12-step mutual aid meetings before her time in her collegiate recovery program. In terms of her past substance use, she primarily used alcohol.

Danielle expanded on what was happening in her life around the start of her substance use.

I always excelled in school, but my life pretty much took a turn when my father passed away when I was 13 years old. And kind of like went into a bout of depression.

Didn't really want to talk to anybody about it. I'm also dual diagnosed with substance use disorder as well as a mental health disorder. And I believe that's when the mental

health disorder came about as well. So, didn't know how to deal with my emotions, and I turned to drinking.

After this, Danielle's mental health and substance use concerns only continued to grow where she would eventually lose a school scholarship to attend college. She did obtain two college degrees: an associate's in paralegal studies and a bachelor's in criminal justice; regardless of these academic achievements, she would continue to use alcohol and eventually lose her job and gain driving under the influence (DUIs) citations. Right before her final jail incarceration, she decided to go to an intensive outpatient treatment facility for one year, and she would then serve her time in jail sober. Once released, she would then come to her university campus, meet her soon-to-be CRP coordinator, and then get involved and join the CRP while pursuing her master's degree. Danielle did express some initial reluctance in joining the CRP and mentioned it was a bit intimidating due to her usually staying to herself, but her experiences in the CRP have been positive since she has started school.

Danielle currently serves as a peer recovery specialist through a federally funded program through her CRP. Her role involves working on a peer-to-peer basis with people in recovery in her CRP, where she shares her experiences. She expanded more on this and said, "Hey, here's what I've been through. This is what I wouldn't do, But it's your life, it's your journey, make the best of it." She also mentioned she performs ally and Naloxone training within her peer recovery role for those in attendance at her university and community who are interested in supporting those in recovery and seeking overdose education.

Danielle actively uses the weekly collegiate recovery community meetings and AA meetings through the collegiate recovery community. She uses resources within the CRP ranging from catered meals on campus, cooking seminars, to transportation assistance. She has a paid

peer recovery specialist role, a scholarship for \$500.00 within her CRP for having at least four months in recovery, and Sunday meals every third Sunday. She helps spread the word about her CRP through “coffee bike,” where she and others in her CRP ride a bike with a basket on campus and hand out free coffee and talk about their CRP on campus to the university community. She also mentioned students in her CRP can obtain student employment outside of the federal employment she has through the CRP. Her social supports are within the CRP and outside of the CRP. She stated, “we do community meetings every third Sunday, that's very helpful. I do have sober friends and non-sober friends, and the reason why I highlight that is that I think it's important to have non-sober friends.” She values friends who respect her decision to abstain from drinking alcohol and feels as though by being vocal about her choice, her friends work to aid in her recovery. Within her CRP, she has traditionally worked the 12-Step AA program but branched off a bit into Refugee because it focuses on the Buddhist principles and takes a more holistic recovery approach. She values prayer and taking things one day at a time and at times one minute at a time. For additional support in her recovery and advocacy within the mental health profession from substance use, she is a student member of the American Rehabilitation Counseling Association (ARCA), which has a weekly Wednesday meeting and other events and programs during the semester.

Danielle did speak to the lack of African Americans in recovery spaces she is a part of on- and off-campus. She stated, “there aren’t too many people of color, especially women. And then in AA, I’ve seen most of them go to NA ... There’s a lot of code-switching.” She continued to expand on the concept of code-switching and spoke to the shift of language and adjusting speech to adapt to fit into the group they were around at the time. Within some Black NA groups, Daniele was told she talks too educated or proper by other Black women who would enter the

NA meetings, and she could not connect with them. Danielle mentioned feeling as though she fits in better with non-people of color in recovery spaces. She also mentioned the double stigma she faces in the African American community by not believing that she is recovering from alcohol as an African American woman.

Despite these challenges, Danielle has grown stronger in her self-esteem, sobriety, and belief that she can continue to abstain from alcohol. She emphasized the importance of those in recovery speaking out about their recovery and past experiences in their active addiction. She also detailed the ongoing work on her sobriety and said,

It's like an everyday battle, for me, it's like I wake up every morning. I thank my higher power for waking me up. And it's like I go to bed at night, as soon as my head hits the pillow, I thank my higher power for another battle won.

Danielle's persistence and gratitude each day for growing more assertive in her sobriety sustains her and motivates her to press on in the face of challenges and encourages others she encounters in her life, which is inspiring and admirable.

### ***Danielle's Structural Description***

The primary structure of Danielle's lived experience as an African American student in recovery from her substance use disorder is derived from four components consisting of: (a) ambassador for recovery, (b) CRP active involvement, (c) recovery identity, and (d) lack of African American representation.

***Ambassador for Recovery.*** Danielle shared how valuable it has been for her to help and give back to others seeking recovery or maintaining recovery from substance use through her peer recovery specialist position through the CRP and other treatment environments. She has thrived within this employment position and shares her recovery journey, insight into ways peers

in recovery can flourish in their sobriety, and support in the CRP. Her decision to let others in her life who she encounters who know she is in recovery helps to showcase what recovery can look like for an African American woman pursuing recovery in college from alcohol. Her visibility in the recovery spaces such as her CRP adds to the lack of representation for African Americans in recovery.

***CRP Active Involvement.*** Danielle was initially skeptical about joining the CRP based upon her describing herself as a loner and staying to herself. She did see the CRP's value through her CRP coordinator approaching her and letting her know about the resources available and ways in which she could feel supported on campus while being in recovery. Danielle's employment through the CRP speaks directly to its reciprocal nature and how the CRP has given so much to her in terms of her recovery journey. Through her role, she supports those pursuing recovery. She forms valuable connections with her peers, educates those on her university campus on ways to become an ally for those in recovery, and provides Naloxone training to help those administer treatment to prevent an opioid overdose.

***Recovery Identity.*** Danielle's transformation is well documented from her early years in active addiction after her father's loss. She expanded more on her past consequences with the misuse of alcohol, partying, jail time, and DUIs. Regardless of these consequences, she knew her purpose was more significant than her past consequences. Through intensive outpatient treatment and entering the CRP, she flourished with healthy support systems ranging from personal therapy, employment through the CRP, academic achievement, and coping skills to allow for her growth and development. Her degree of introspection and accountability are visible through her desire to work as a recovery vessel to aid others struggling with substance use to gain sobriety in life.

***Lack of African American Representation.*** Danielle speaks to challenges faced in recovery spaces within and outside of her CRP. Danielle mentioned the challenge of being comfortable in her skin as a Black woman in recovery but expressed working on accepting herself and taking pride in her recovery through her time in treatment and the CRP. Within her CRP, she talked about the lack of African American college students in recovery from substance use and how she believes her CRP should be more diverse and reflective of marginalized groups on campus. Her goal is to aid in the recruitment process and voices in her recovery meetings within her on-campus outreach.

#### Blake's Textural and Structural Descriptions

Blake is a 37-year-old African American, engaged man who identifies with the Christian religion. Blake currently resides in the northeastern region of the United States and is classified as a full-time enrolled student working towards an associate's degree at a community college with plans to transfer to a four-year public university in the upcoming year. When asked why he wanted to participate in the study, he stated:

Oh, honestly, I think we need more like it. One of the things that's been real disheartening is seeing that our community don't want to talk about mental illness and drug addiction.

And as soon as I seen it was a no brainer, I didn't care what it took, even if it meant me traveling. It was that personal.

Blake explained that his substance use catalyst was a mix of untreated mental illness and anger issues, peer pressure from friends to use substances to fit in, and growing up in a single-parent household with low income. He reiterated that these were very challenging for him to process when growing up, and in order to cope, he turned to substance use as an outlet to escape his troubles. He shared some of his substance use concerns in greater detail,



I didn't fear alcohol because alcohol was socially acceptable, and alcohol was what made me liked. Because when I was younger and the kids wanted to go drinking, it was really hard when you're a kid to not want to hang out with the people that are liked ... only thing I ever put in my body, when I say "only" that's all I needed was alcohol and marijuana to get me in a dumpster. So, this ain't judgement. This is just saying those are the two things that stopped me.

From this point, he would only endure more hardships after being in an unhealthy romantic relationship where he attempted to help raise his partner's child, but at this point, his alcohol use was at an uptick. He shared he was drinking alcohol at increased rates, and the dynamic within this relationship was not healthy. Blake soon would eventually end up in his city's downtown area, homeless and begging for change. He referred to this time in his life as being "spiritually dead, out of my mind, and God rose me up from the dead."

Blake's mother is currently in recovery from substance use, so Blake always knew that his mother could be a resource for his sobriety. Even while growing up, he was familiar with his mother facilitating recovery groups in their home, and hearing her speak of her transformation was inspiring. Once Blake was ready, he approached his treatment from varying ways before his CRP time ranging from outpatient to inpatient treatment facilities and one-on-one counseling, group therapy, and psychiatry units. Once Blake moved forward with these various forms of treatment, he focused on his aspirations and goals in his pursuit of higher education.

Blake actively uses his college environment to form a CRP environment, prayer, church, reading his Bible, attendance in Alcoholics and Narcotics Anonymous Meetings, and a network of people, employment, education, writing, journaling therapy, and medication. Blake shared that within his sobriety he can reach his academic goals and pursue additional higher education.

He stated, “Every dollar that I get for school is scholarships. So, since I've been in school, I have ten scholarships.” While in recovery, he also noted the value of his recovery meetings in his recovery journey; he said, “I just know that I go. . . I used to count my meetings, but now I make my meetings count. Is that a better way of saying it?” The content of what is shared in the meeting is meaningful for Blake versus him just attending several meetings throughout the week to say he did a few meetings and is more impactful for him and better use of his time in recovery. Blake has also branched out of AA and NA meetings into Buddhist recovery meetings. He shared how this is important for him, “Number one is Refuge Recovery, which is based on Buddhist principles. That's how much my mind is opened up.” Blake's recovery also aligns with his current occupation as a motivational speaker on his recovery journey in life. As a result of his sharing, his story has been published in local and national news coverage. The CRP and recovery community has encouraged him to share his story, Blake commented, “That's the one thing. Yeah, I haven't seen . . . They've been more than uplifting. Matter of fact, they've actually told me that it's important for me to use my voice because I'm an African American.” Blake is also active on his college campus as a student ambassador. He serves his campus and has learned the value of academics and applying himself to his goals to pursue a bachelor's degree. He shared how school aided his recovery,

What school did for me is it taught me that I have to be healthy before I enter the classroom. So, I learned with school the yoga, the prayer, the diet, the exercise, that's all . . . School taught me this, it taught me to love the labor more than the fruit because the labor's not going nowhere.

He also values his peers in recovery, has people in his healthy circle, and encourages his sobriety and his pursuit of his goals in life. He noted having diverse friendships with people from

all walks of life regardless of identity. Blake appreciates the support he has received through his college and the larger organization of ARHE but feels as though the divide between college and recovery is an issue. He stated, “Oh, right now there's a gap between colleges, treatment centers, and AA, NA, CA.” He continued to share details of how all these organizations are on different pages. As a result, he seeks to be a part of a bridge to connect these organizations and is on a national committee working on writing legislation to ensure every high school and college will have a CRP.

Blake shared he believes “health is wealth” and ultimately supports more funding for sober events on campus; even if it is something as simple as a pizza party for students in recovery, it may save a student's life. Blake has faced challenges in his CRP and recovery spaces; he stated, “50% of people will say to me, brother, we love what you're doing. Thank you for standing tall. Continue doing what you're doing. And then there's a percentage of, you're doing good, but it don't look right.” Despite the challenges Blake faces, he is steadfast in his recovery, and at this time of the interview, he was around four years in recovery from his substance use disorder. Blake regularly attends workshops, conferences, speaking engagements centered on recovery topics on his community college campus for an average of 15 weeks during the academic semester. Blake updated me on his recent acceptance into a four-year university and will be in attendance in the upcoming semester and plans to be active in its CRP.

### ***Blake's Structural Description***

The primary structure of Blake's lived experience as an African American student in recovery from his substance use disorder is derived from three components consisting of (a) recovery mentor, (b) integrated holistic health, and (c) double stigma.

***Recovery Mentor.*** Blake elaborated on his desire to mentor those seeking mental health care and substance use treatment in his recovery journey. Blake witnessed his own mother's recovery from her substance use which ultimately helped their relationship grow and flourish as he pursued his recovery. As a result of his life experience, Blake appeared to have an innate desire to help others seek recovery on a larger systemic scale to have CRPs on all college and university campuses for students. Blake understands his voice's power, which is seen first-hand through his motivational speaking engagements through his own company. Blake uses his platform to spread the word about the gift of his recovery, and as a result, he has been awarded opportunities that he may not have had if he was still in active addiction. Through Blake's speeches, he offers hope through his resilience in his recovery and candidness about hitting rock bottom and knowing he could and would do more with his life. Blake's motivational speeches and activism in recovery through participation in recovery meetings and his CRP exhibit his commitment to the recovery movement and investment in the lives of others needing support and guidance as they pursue recovery.

***Recovery Identity.*** Blake's transformative story showcases a new recovery identity that highlighted his growth and belief in his recovery lifestyle. Blake actively goes to a mental health therapist and is prescribed medication to help with his mental health concerns, is mindful of his diet and exercise, receives academic support through tutoring, is connected closely to his Christian faith, and incorporates prayer in his healing. Blake's ability to cope with life setbacks and challenges has grown to where he can learn from experiences and be open to change. He would share the account of having to deal with not winning an election through his college to be a commencement speaker last year, and he reflected on his maturity in congratulating and respecting the winner. He did express disappointment in not gaining the opportunity, but he

noted that this part of the process is normal and that he still could aspire for other things he wanted to in life. He spoke of how the CRP has helped him understand the value of good character and staying optimistic for himself and others in the process of life. Blake understands that his path to success can have twists and turns, but he also realizes the mindset he has on the journey is essential, and staying positive and encouraged will help him along the way as he works to be his best self in recovery.

***Double Stigma.*** Blake's resilience is remarkable; his path from challenges in homelessness to treatment facilities and then to halfway houses onto being a soon-to-be college graduate reiterates his desire to work for more in his recovery. Despite his progression, he still faces the challenge of being one of few African Americans in attendance at his college in recovery and a double stigma about being an African American man in recovery from a substance use disorder as well as mental health concerns. Blake expressed that he must share his story to enlighten and expand on what it means to be African American in recovery to pursue higher education. He understands he has access to audiences he would not have before his recovery, and he wants to help create a new narrative of resilience, strength, and intelligence. He has a past that exhibits challenges, but he hopes that his transparency about his struggles connects with others who are maybe going through a similar situation and know that they have help along the way for their recovery.

#### Stella's Textural and Structural Descriptions

Stella is a 20-year-old African American single woman who identifies with a Christian religious affiliation. Stella currently resides in the southeastern region of the United States and is classified as a full-time enrolled undergraduate student working towards a bachelor's degree at a four-year public university. When asked why she wanted to participate in the study, she stated,

So, initially I had ignored it. And then one of the other interns emailed me and was like, “Hey, I think you would be really good for this interview.” And I was like, okay well if I ignored it the first time, it came back to me, maybe I should just do it.

At this time of the interview, she was at around 9 months in recovery from her substance use. She has had no prior substance use treatment before her time in her collegiate recovery program. In terms of her past substance use, she primarily used alcohol and marijuana. Stella shared her early views on substance use and mentioned being a part of the D.A.R.E. Program and detailed wanting to abstain from drug use and signed the contract to keep the promise. Early in the interview, Stella detailed having an immediate family in the military and often moving to different locations. Her friend group was constantly changing, and she then would have a new group of friends outside of her tiny friend group. She stated,

By the time I was in junior high, I had made a new sort of friend group that was really into smoking weed a lot. And I was just kind of like those artsy people, because I was very creative and I was an artsy person. And so, with that being in the crowd in the first place you’re like, “I can only be creative when I’m high.”

Stella’s changes in her friend groups acted as a catalyst in terms of her substance use. She shared this was due to substance use being the typical behavior in the collective of friends.

Despite her natural inclination to use substances in her new friend group, she shared when she first considered stopping her drug use. She stated,

I think the first time was my senior year of high school, but that was because I got caught by my mom ... for me, it wasn’t the actual penalties. It was more of me penalizing myself. And I had a lot of physical things going on too because I was also on

antidepressants and doing all these things, so I actually had seizures every now and then which was kind of crazy.

Based upon her overall health being affected by her substance use and caught by her family and her disappointment in her behavior, Stella knew she needed to get some help and may not stop using substances on her own. She has had no prior substance use treatment before her time in her collegiate recovery program. Stella actively uses the weekly collegiate recovery community meetings and 12-step meetings through the collegiate recovery community.

Stella's social supports have improved since she joined the CRP, and she mentioned how many of her friends are now in recovery from substance use. She considers this to be her leading friend group and feels relief and as though they are helpful in her recovery. She reflected on her past friend group with whom she is still friends but detailed that they still use substances. Her present friend group is now readily available to contact and does not fear returning to her old behaviors of using substances while in their company. She mentioned how they would say statements such as, "we're not going to use, we're not going to drink. We're just going to stay here together, have Taco Tuesday, and tell jokes."

Stella's experiences as a whole in her CRP have been excellent, but in her first year of college, she avoided attendance. However, once she had positive experiences with the CRP coordinator, she realized the value of the supportive community towards her sobriety. Once deeper in her CRP, Stella would become more active and involved in activities and leadership opportunities. For Stella, it took time for her to trust she was safe at CRP, but she identified with the group and even took on an officer role as the vice president of her CRP. For Stella, her CRP provides a space to study, social support around learning, and financial opportunities. Her CRP

coordinator is present and has assisted her throughout her entire time in the CRP with her recovery. Stella stated,

Definitely the coordinator and supervisor. They really have their offices open all throughout the day so that if you ever have something you need to talk about, you can talk about them. Because I actually had wrist surgery at the beginning of this semester. They gave me narcotics because it's surgery and stuff and I was really nervous about it. Because even though that's not my drug of choice (doc), it could become it. So, they really left their doors open so I could literally talk to them every single day.

Stella revealed that her CRP is very responsive and supports acts of social justice on campus and in the CRP. She detailed that she is open with her CRP coordinator, and if something is racist or discriminatory, she can open up and share that with her or formally file a complaint if something happens on campus, which Stella found to be very useful.

Stella spoke of being the only African American in recovery at her CRP, and as a result, she has experienced challenges with tokenism in her recovery journey. She expanded more on what these challenges are like with tokenism,

I've also noticed that even within recovery and outside of recovery, in my classrooms when I am the only African American in there, especially in social work classrooms, whenever race comes up, everybody becomes silent and they look at me because I am the only African American in the room. It's interesting because, yes, I do have a voice, but I don't want that voice to be mistaken for every other African American in the world.

The lack of African Americans in recovery spaces has also resulted in Stella experiencing racial discrimination via a Zoom meeting. COVID-19 has resulted in many recovery meetings turning to online platforms such as Zoom to connect for 12-Step and CRP meetings. Stella shared



challenges she faced from an anonymous racial slur from the Zoom bombing. Zoom bombing is unwarranted, disruptive, offensive interruptions usually done by hackers or trolls in a video conference call. She shared her account of what happened,

And then Zoom bombers are a thing and I got Zoom bombed and so it was like a chord was struck because I was called the N word in front of everybody in the recovery chat. So, it was a very awkward moment, because not everybody knows what to do in that situation. There's really no right answer for that situation. It's okay. But it was so awkward and everybody was just quiet and I was quiet. And I was like, "Okay well that's the end of my sharing." Because after that, the whole vibe is just changed.

Stella also felt a lack of cultural sensitivity during her CRP, which ultimately led to her discomfort. She shared when a non-African American member in recovery referenced an African American student with a slur.

Because there was a situation one time during a meeting where there was an individual who was recalling something that had happened with somebody else and what they were saying. And she used the N word because that's what the person said, but they were African American and she was just quoting them. But I was like, at the same time that's still not acceptable because there's a history. And so, I had to explain that to her and she apologized. And it was an interesting conversation.

Despite these challenges, Stella feels compelled to speak out and step up for her comfort and rights in the CRP, which has aided her on her recovery journey thus far in college.

Stella does have an African American woman who is an ally she confides in at her CRP. They share commonalities such as place of birth and other things in common. Within the CRP,

Stella mentioned the importance of the 12-Step meetings and spoke explicitly to the Big Book and the chip ceremonies. She mentioned finding these parts of the 12-step program to be unique and outstanding. She said, “I literally have them on my nightstand because when I wake up, I just see them and I’m like, yes, okay, cool.” For additional support in her recovery from substance use, she utilizes her mental health therapist, Smart Recovery, and family and regularly attends CRP meetings on her university campus for an average of 15 weeks during the academic semester.

### ***Stella’s Structural Description***

The primary structure of Stella’s lived experience as an African American student in recovery from substance use disorder is derived from four components consisting of: (a) peer educator for recovery, (b) leadership in the CRP, (c) social justice recovery activist, and (d) discrimination and racism in recovery.

**Peer Educator in Recovery.** Stella is open and direct about ways in which she is passionate about lending herself to the recovery movement in her CRP and ARHE. She shared ways in which she helps others in recovery by supporting them in her CRP. Stella expressed how her CRP has worked to inform and educate individuals on campus and give guidance and support to students, faculty, and staff who are impacted by substance use. Stella expressed she has an internship through a recovery organization which speaks to her commitment and dedication to help others in recovery. She also described how she believes CRP is essential for individuals pursuing recovery and allies of individuals in recovery and those considering recovery from substance use. Stella is vocal about recovery and wants to help spread how others can utilize services on campus at her CRP. Stella values her ability to be a resource for others and is open to answering questions about her recovery journey as an African American woman in a collegiate

recovery program at her university. She also vocalizes how her CRP could be improved for its current and future members and wants other CRPs to be inclusive of diverse students in recovery.

**Leadership in the CRP.** Early on, Stella was avoidant of her CRP, but over time Stella grew in her participation in her CRP by way of her CRP coordinator and overall interest in her recovery and wellness. Stella also has an internship through ARHE through her CRP, which allows her to grow by way of supporting recovery efforts for students on a larger scale, and as a result, she has exposure to others in the recovery community through networking. Stella is active in her CRP and holds the title of being her CRP's vice president. Stella took pride in her affiliation through the CRP and mentioned how her CRP is now a student organization. The main focus of her CRP is to provide a sober community for students pursuing recovery, host sober events, 12-Step, and CRP recovery meetings, and campus outreach and education for students, faculty, and staff on campus. Stella considers her CRP to be a safe space for working on her recovery, and she wants everyone seeking recovery to know that this is an on-campus resource. Stella went into detail about how her CRP has a study lounge on campus where students in recovery can study, find employment and internship opportunities through the CRP, enjoy food resources tailored to her needs being that she does not eat red meat, and options for those in recovery who are vegetarian or have a gluten-free diet. These accommodations by her CRP aid in Stella's time with her CRP, and as a result, she invests her time and energy in her recovery.

**Social Justice Recovery Activist.** Throughout Stella's sharing of her active addiction and current recovery, she is aware of herself and ways to improve as an individual. She detailed developing hobbies such as being involved in matters of social justice. She mentioned doing intense research in learning about how other African Americans have engaged in self-discovery

and shown resilience despite experiencing systemic racism. She stated she enjoys watching films such as *The Exonerated Five* and reading *Just Mercy* inspired her desire to engage in social justice efforts by volunteering or being engaged through her CRP. She also mentioned having a stronger resistance against substance use. She stated that if someone were to offer her any substances, she can be confident and have good boundaries at not accepting their offers for substance use.

**Discrimination and Racism in Recovery.** Despite the resilience Stella has shown within her recovery journey, she still struggles and faces obstacles in her CRP. She shared instances of where she is the only African American student at her CRP meetings in recovery. The lack of African American student presence at Stella's CRP meetings places her in the position of experiencing tokenism by which she is the lone voice at times to educate those about the African American experience, which can put unnecessary pressure for her to be the voice of African Americans while working on her recovery. Further, Stella was "Zoom bombed" with a racial slur and overheard a CRP member explain a racial slur story. Stella expanded on how uncomfortable and hurtful these instances were in a space she considered to be a safe space. Stella mentioned the challenges of the pandemic within her recovery but was being very adaptable in terms of working on her recovery online despite these challenges.

### **Izzy's Textural and Structural Description**

Izzy is a 23-year-old African American and Mexican American single woman who identifies as spiritual. Izzy currently resides in the northeastern region of the United States and is classified as a full-time enrolled undergraduate student working toward a bachelor's degree at a four-year public university. When asked why she wanted to participate in the study, she stated,

I was just hoping that hopefully I will find something or have meaning and find a space and a purpose to express this beautiful life that I have found without drinking or using drugs ... It's just awesome that people want to study this and want to use it for good. How can we help? What can we do? What does this look like for people of color?

At the time of the interview, she was around 3 years in recovery from her substance use disorder. She has had prior substance use treatment via in-patient, independent sober living housing, and outpatient treatment based upon her last driving under the influence (DUI) charge before her time in her collegiate recovery program. Izzy also detailed what was happening in her life around the start of her substance use. She stated,

Okay. I took my first drink when I was 15 and I was at a party. I wanted to fit in. I watched my parents drink, but I knew right from wrong. They say modeling theory, but I also had morals and I knew that underage drinking is not a good idea. I say that, but like I remember growing up and my parents drank Seagram's, I remember sipping on it. Then I drank that night, the high school team won a basketball game, some big championship, I can't even remember now ... I did a lot of embarrassing things that evening, but I remember waking up thinking "I love that. I like the effects produced by alcohol." It also gave me a way to express emotion. Like any other person ... Trauma and grief I had. My brother passed away when I was 12.

In terms of Izzy's past substance use, she primarily used alcohol and marijuana. From this point on, Izzy's substance use and her risky behaviors while drinking alcohol and marijuana would progress. She stated,

I got in trouble, a couple of close calls, I drove drunk. I only got a DUI once though ... And it was just this pattern over time. I would do things when I was drunk, I was

promiscuous. I would steal people's alcohol from them and then I would help them look for it, like "I don't know where that bottle went." I was very irresponsible.

Regardless of her increase in substance use and risky behaviors, she would consider obtaining sobriety twice, once on June 15th and then finally in the following year on June 16th. She would first go to an in-patient rehabilitation for her substance use disorder.

After her rehab, she would then enter university to pursue her degree but felt the professors would think negatively of her based on her past experiences with substance use. Izzy also mentioned having a fear of failure starting university coursework. She would soon realize this was all in her mind, and she would work to overcome these insecurities through her participation in the growing CRP and the Alcohol and Other Drug Office (AOD) on campus. Izzy spoke specifically about her CRP and detailed the time of meetings and how many active members were present. She stated "so, we have a room at 10:37 on Friday nights, but right now our collegiate recovery program is one, two, three, four, five, sorry, six, eight people."

Izzy also spoke to how her overall outlook on life has changed through her participation in the CRP. She shared,

Yes, I can work. I can work and pay for school. I'm just self-reliant now and I don't have to worry about putting money aside for drinking, maybe money for a new pair of shoes or something ... I can go to class, I can take notes, I can read my notes. I know my professors' names. I know where my classes are. I know the building they're at. I just pay attention now. I'm actually excited about what I'm learning.

Izzy hopes to have an internship with the Alcohol and Other Drugs (AOD) office on campus for the upcoming fall or next spring semester during her junior year. Right now, Izzy is a member of her university's opioid peer education team. Within this team, she mentioned having a peer who

is an African American man in recovery and thankful for that friendship and how grateful she is for this connection through her CRP. She has gained new friends while in recovery on her college campus. Izzy mentioned how supportive her roommate is to her about her recovery and is always there to listen to her. She also has a friend in recovery who joins her in the AA meetings on campus who is a non-traditional college student with a family and children. Izzy shared how nice it has been to “connect with different walks of life and just to see us come together on this common . . . we have alcoholism, but we’re here to tell you that it’s possible and we’re here for you.”

Although Izzy has some connections to some African Americans in recovery, she would love there to be more African American students to connect with to diversify and enrich her recovery experience in her CRP and recovery meetings on campus. She shared how she sees the power in her presence at the CRP. Izzy knows her being there at her CRP offers representation as a woman of color in recovery on a college campus. She stated, “And now I’m like, ‘You need to be that person for yourself, Izzy. You have to be it, you have to own it.’ And I think that the CRP has really helped me gain that in a more professional social way.”

At this time of the interview, she was at around 3 years in recovery from her substance use. Izzy actively uses the weekly collegiate recovery community meetings and AA meetings through the collegiate recovery community. For additional support in her recovery from substance use, she utilizes her collegiate recovery coordinator and the on-campus collegiate recovery community space regularly on her university campus for an average of 15 weeks during the academic semester.

### ***Izzy’s Structural Description***

The primary structure of Izzy's lived experience as an African American and Mexican student in recovery from her substance use disorder is derived from three components consisting of: 1) peer educator for recovery, 2) leadership in the CRP, and 3) pioneering in recovery.

***Peer Educator for Recovery.*** Early on in her interview, Izzy shared the value of being supported in her recovery and, in return, wants to reciprocate this action to others seeking recovery from substance use disorders. Whether in her internship in the opioid education team or her activity in her CRP through her university's AOD office, Izzy values educating those about the harmful nature of addiction. Now she feels confident about her identity as a woman of color in recovery in her CRP. Izzy detailed how this was a big moment for her in terms of her identity, and she ultimately felt a sense of pride being comfortable in her skin.

***Leadership in the CRP.*** Izzy shared that her CRP is in the early stages of forming its identity on campus. She detailed she is active within her CRP and is starting to reach out to other universities and colleges to investigate their CRP regarding their development and spaces. She is a part of its growth and development by way of her being in recovery as an active participant, assisting with outreach and recruitment, and offering positive suggestions to her CRP coordinator on how it may benefit students seeking recovery and those maintaining recovery. She also mentioned a Narcan event where the community knows how Narcan can treat an overdose in an emergency.

***Pioneer in Recovery.*** Izzy's recovery journey has had challenges ranging from the lack of African American representation in her recovery spaces and tokenism within her university and CRP. Izzy expressed there is only one other African American student in recovery participating through her CRP and how she would like more students of color participants in her CRP. Izzy shared she longs to see more in her meetings but realizes her attendance in the



meeting is helpful and could inspire another African American student to attend by just seeing her seated in a meeting.

### Malcolm's Textural and Structural Descriptions

Malcolm is a 32-year-old African American and Middle Eastern man who identifies as being Agnostic in his faith. Malcolm currently resides in the northeastern region of the United States and is classified as a part-time enrolled undergraduate student working toward a bachelor's degree at a four-year public university. When asked why he wanted to participate in the study, he stated that,

I thought it was a cool thing that you're doing and I realize what an accomplishment it is for, not only a person of color, but also a woman, because my mom was basically a single mom, because my dad really wasn't there for us. I know how hard it is and the privilege that other people have that you don't, it makes it so much harder. So, anything I can do to help someone in that position and honestly, I'm pretty proud of what you're doing.

At this time of the interview, he was around 2 years and 6 months in recovery from his substance use disorder. He has had prior substance use treatment through intensive outpatient treatment, 7-10-day detox programs, and methadone clinics before his time in his collegiate recovery program. Malcolm also expanded when he was introduced to substance use,

But I think when I was 16 years old, I was introduced to marijuana by friends and there was a little bit of peer pressure involved and wanting to be cool and fit in and I think it's so dangerous the way that marijuana is represented in culture as being ultimately harmless and that it's never killed, anyone.

From this point on, his substance use progressed as he gained more financial independence and could afford different substances.

In terms of his past substance use, Malcolm primarily used opiates, crack, and cocaine.

He stated,

Up until around 21, 22, 23, and at that point I did start consuming more alcohol. I fell into the college crowd, the college scene and where it's extremely normalized. I think for about a year and a half I was living by myself and that kind of took off. There was no one was there to stop me, not only that there was no one there to watch me, but especially when you're that young and you're living by yourself, no roommates, nothing, you don't really see how other people are living. So, it's like you just grow like a weed in any which direction. I was certainly going in the wrong direction.

As a result of his increased substance use, his academic performance in school would start to decline, affecting his mental health. Malcolm shared his substance use provided him an escape from his challenging reality and stated, "the urge to seek an alternate reality that I can escape to just got worse and worse." From that point, he would then start to use opiates around the age of 25 and spoke to its ability to remove all of his worries upon the start of his use which felt perfect for him.

As his use progressed with opiates, Malcolm shared how "you dig yourself into a hole, and you dig yourself, and you dig yourself until you have realized you're in a hole that you cannot get out of, especially by yourself." His isolation would detrimentally affect his ability to dedicate himself entirely to his academics and caused tension between him and his mother, and he would start to use heroin. He stated,

It's a double edge sword, because my pain is her pain, if I'm struggling, she's struggling and I can just imagine what a helpless feeling that must be because, and I can just imagine what a helpless feeling that must be because, no amount of want to help someone

else is going to actually help them, unless they want to and are willing to take steps to help themselves.

Malcolm mentioned that around 27 or 28 years old, he started to consider different recovery methods and would try out methadone clinics. Methadone clinics were not helpful for him despite others having success. He would then start to use crack cocaine with individuals he met at the methadone clinics and mentioned how hard it was for him in terms of the psychological and physical pain from withdrawals. Malcolm would then seek recovery at 30 years old and detailed having detoxes through a 30-day rehab and entering a halfway house to fully feel and understand what it was like for him to no longer use substances and that in itself inspired him to pursue his recovery.

Malcolm actively uses the weekly collegiate recovery community meetings. He shared, “It has been great at the CRP. The majority of the people I’ve found are selfless.” Malcolm has found like-minded people to be his friends through his involvement in the CRP who support his recovery from his SUDs. Malcolm also uses a meditation style or non-secular meetings based on the teachings of Buddhism. For additional support in his recovery from substance use, he served as a facilitator for weekly recovery meetings that are not 12 step-based. He utilizes his collegiate recovery coordinator and the on-campus collegiate recovery community space regularly on his university campus for an average of 15 weeks during the academic semester.

### ***Malcolm's Structural Description***

The primary structure of Malcolm's lived experience as an African American student in recovery from his substance use disorder is derived from four components consisting of: (a) community service recovery advocate, (b) leadership in the CRP, and (c) lack of African Americans.

***Community Service Recovery Advocate.*** Malcolm is active in his recovery communities on- and off-campus. He volunteers in places on- and off-campus to facilitate recovery groups and mentioned how his involvement keeps him grounded and well-connected to the recovery communities. Malcolm shared his volunteer experiences at the syringe exchange program for individuals who use injection substances to turn in their used needles to exchange for unused, clean syringes.

***Leadership in the CRP.*** Malcolm takes on leadership roles within his CRP at his university by facilitating recovery meetings and being an active transparent CRP member. Malcolm shared how he is the facilitator for his weekly recovery meeting, not the 12-Step meeting, but geared to be more of an all-inclusive recovery meeting. He takes pride and responsibility within this role in his CRP. He detailed that he meets prospective and current CRP members where they are at and works with them to understand and listen to their experiences thus far on their recovery journey.

***Lack of African American Representation.*** Malcolm is introspective, and his responses reflect the lack of African American representation in his CRP on campus. Malcolm expressed that more CRPs should be more inclusive towards marginalized communities. He detailed this should include people of color, women, other gender identities, and non-binary people. He reiterated he sees very few people like this while on his recovery journey and hears from them even less in his CRP and other recovery spaces.

#### Matt's Textural and Structural Description

Matt is a 34-year-old African American single man who identifies with a Christian religious affiliation. Matt currently resides in the northeastern region of the United States and is

classified as a full-time enrolled undergraduate student working toward a bachelor's degree at a four-year public university. When asked why he wanted to participate in the study, he stated:

Well, just to help, and I know that African Americans are a misrepresented and underrepresented population, and even smaller in the recovery field. And even smaller in the college recovery field. It's like a minuscule amount, you know? I want to do what I can to be a voice for that and to be a representation for that.

At this time of the interview, he was 6 years in recovery from his substance use. Matt walked through his substance use history and shared some potential catalyst for his substance use.

I had a ... my childhood was rocky because I was in like shelters, and was estranged from my mom ... just different childhood dynamics. Once I kind of got past that, and now I'm in high school, graduating. I fell into peer pressure, I started drinking before I graduated. I mean, the drinking took off, the weed smoking took off. That first year of college was horrific. Just at 19 through the early 20s, was pouring on the alcohol. I mean, pouring it on, heavy drinking, heavy drinking.

With the rapid increase of his substance use, he eventually sought the support of his family and relocated back home to be with his grandmother, who was concerned about his substance use. Matt would continue to drink alcohol and hold employment; he referred to himself as functional with alcohol. He described drinking at that point for him as a way to cover up a lot of the childhood issues and family issues that never got resolved. "Family traumas and all that, and I could never seem to overcome it, and I could never seem to say, "Well, why? What's going on?" I could never seem to get past it all."

Within the upcoming years for Matt, with much therapy, he would have periods of sobriety. He first considered getting sober in his mid-20s when he was working at a hotel, and he thought about returning to college but thought about how much his drinking was out of hand. He explained a low point he experienced while employed at the hotel,

I started to think my drinking was out of hand, but what happened was I was drinking and ... I was drinking, and I had blacked out, and was drinking these fifths of ... I mean those bottles of straight vodka. And I had to be at work the next day at 8:00 because they were going to show me some new program on the job. And I lived in walking distance. I could leave my house and walk and be at the job two minutes later. I lived right across the street from the job ... I blacked out.

He stated, “that shook me up ... I called my job. I was like, ‘Look, I got to go to rehab because this is too much.’” From that point moving forward, Matt would embark on his recovery. He shared that through his recovery from his alcohol use disorder: “If something happens, I don’t have to fly off the handle. Or if somebody says something I don’t like, I don’t have to call and cuss them out.” Matt has personal growth through his academics while in recovery and mentioned, “graduating with his associates, and now I’m working towards a bachelor’s here. And now after that, I’m going to go to a master’s program in social work. I mean it’s phenomenal. Phenomenal.”

In terms of his past substance use, he primarily used alcohol. He has had prior substance use treatment through an in-patient treatment facility prior to his time in his collegiate recovery program. Matt would join a CRP on his university campus to continue to work on his sobriety. Matt shared, “In the CRP. Everyone is so supportive of recovery, and the journey it takes, with the virus, we’ve been doing the Zoom thing. It’s hard because this is new to me.” For additional

support in his recovery from substance use, he utilizes his collegiate recovery coordinator. He also has worked to connect with peers in recovery regularly on his university campus for an average of 15 weeks during the academic semester.

### ***Matt's Structural Description***

The primary structure of Matt's lived experience as an African American student in recovery from his substance use disorder is derived from three components consisting of: 1) CRP active involvement, 2) his recovery identity, and 3) pioneer in recovery.

***CRP Active Involvement.*** Matt is actively involved in the process of working on expanding his CRP on his university campus. Matt is involved with his CRP coordinator in their plans to expand on how the CRP is accessible to students seeking recovery. He is a part of the foundational work of further establishing his CRP on his university campus and the greater community. His CRP values his insight and will often ask Matt what his thoughts are on events and programs that will take place through the CRP.

***Recovery Identity.*** Matt shared his personal growth while in recovery and detailed how his new life in recovery is now a part of his recovery identity. He stated he has gone to personal therapy to address his concerns with his family, past traumas, and developing strategies for healthy coping mechanisms. Matt spoke about the value of his religion in his recovery and has a transformation that allows for him to have purpose-driven works towards his recovery, academics, and personal life. Matt's personal growth showcases his altruism and desire to help others in need as he helped in the past.

***Pioneer in recovery.*** Despite Matt's CRP not having a prominent African American representation on campus, he feels that his CRP operates in a way that respects his culture and uses language that is mindful of diverse populations. Matt realizes his presence at this CRP is

pioneering, and by being in attendance, he is making a difference. Matt addresses systemic challenges that African Americans may face in recovery and how this can be stressful for those considering recovery in CRPs.

#### Step Six: Composite Textural Structural Descriptions: Themes

The composite textural structural description presents the main themes of all African American college students in recovery from a substance use disorder following their participation in CRPs in the study. Three themes that emerged from the data include advocacy for recovery through the CRP, pro-recovery supports in the CRP, and recovery barriers and resiliency factors for African Americans in recovery in the CRP.

#### Theme 1: Advocate for Recovery Through the CRP

The theme of being an advocate for recovery through the CRP involved participants giving back their time, energy, or support in aiding the collegiate recovery program to grow on their college campus. Recovery advocacy speaks to the participants desire to be of aid to those in need pursuing recovery in a reciprocal manner. Participants spoke to their advocacy of recovery through their CRP by way of peer recovery education, acting as an ambassador for recovery, social justice activism, community service, and serving as a recovery mentor for those seeking recovery.

#### ***Peer Recovery Educator***

All nine participants expressed providing formal and informal peer-to-peer education and support within their CRP to other peers pursuing recovery. These nine participants self-identified as having lived experiences with overcoming their SUDS and/or mental health concerns through recovery and supporting another individual's recovery journey within their CRP. Danielle shared,



Right now, I'm a peer recovery specialist through my CRP and what I do is I basically work on a peer to peer basis with people in recovery and just share my experiences and let them know that there is hope.

She provided recovery support to students seeking recovery and lends herself to advocate and ultimately help students learn about her own recovery journey. Danielle is open and vulnerable to share her past addiction and current recovery experiences to personalize and foster conversation to show herself in a relatable way to her peers in recovery through her CRP. Mya also shared ways in which she works with her fellow peers in recovery to have an accountability partner to recovery meetings through her CRP. She stated,

A lot of the help was with the social aspect of the CRP was accountability. But a lot of people from recovery will be like, "Nope. You need to come. This is when you need it the most." And so, doing that with the accountability aspect and people checking in being like, "Hey, I haven't seen you at the meetings in a couple weeks, are you doing okay?" I've also been utilizing our Group Me for the CRP and being like, "Hey everyone. I don't feel like coming to a meeting but I'm putting this in here that I'm going to make it into two meetings this week and I want someone to hold me accountable if I don't.

Mya is able to make healthy decisions about her participation in the CRP based upon her desire to help in another peers' pursuit of recovery by holding them accountable and then in return holding her accountable to attend recovery meetings on campus.

### ***Ambassador for Recovery***

In the study, five of the nine participants served as ambassadors for recovery within their CRP. The term "ambassador" was used to emphasize the service component to their recovery efforts in their CRP by spreading the word to other entities and organizations on and off campus

about their CRP to increase exposure and to alleviate stigma and misperceptions others may have about recovery. Blake exemplified this in his recovery journey and shared in more detail,

Okay, so being involved, telling my story at my school, opens doors for them to open doors for me. So, they put me on the front cover of the magazine and they had me speak in an engagement which opened a door up for me to travel and speak on a panel at a national communications convention.

Blake was transparent and shared his story of recovery about what he has learned through his CRP, his route to recovery, and his personal experiences as an African American man affected by SUDs. Blake's confidence grows in himself and his public speaking through his role as a recovery ambassador and as a result he also serves as a motivational speaker and speaks of his past, current, and future lived experiences in active addiction and recovery.

### ***Social Justice Recovery Advocacy***

All nine of the participants identified as helping out the CRP through advocacy acts of social justice. These participants in recovery are seeking justice in terms of access to inclusive treatment for marginalized groups in recovery that exudes equity, opportunity, and fairness. There is not a one size fits all route to recovery and through these participants' personal narratives, we can have a deeper view at how important it is for them to have equitable, fair, and diverse opportunities for treatment inclusive to their needs while pursuing recovery. Rose shared her views on wanting to support those and stated,

It's like my duty to be a part of that, to get my voice out there, but for others to hear or know that we do exist and we are here ... I'm constantly finding myself fighting for a lot of things, or speaking up against a lot of things, or pushing back against things.

Rose spoke of how it is her duty to be vocal for her recovery rights and the rights of others and to let stakeholders know that her and others' needs are essential at her CRP. This ongoing advocacy speaks to the highs and lows Rose has experienced when trying to reach others to hear and understand her recovery experiences. Despite these challenges, she persists and knows the value of her presence and voice in her CRP and other recovery spaces on her college campus and in other environments.

### ***Community Service Advocacy***

In the study, seven of the nine participants expanded on the community service they are a part of through or related to their participation in their CRP on their college or university campus. The act of community service offered a sense of connectedness to the community the African American students in recovery reside within as an opportunity to volunteer their time towards the recovery community. Malcolm volunteers with community services at his CRP through facilitating recovery meetings on campus as well as with the needle exchange harm reduction program. He expanded on the value of the needle exchange increasing the availability of clean injection syringes and removing contaminated syringes from circulating among the needle exchange program participants. He shared more on his roles in this CRP and the needle exchange program and why more Black and Brown people should utilize this resource.

I was the facilitator for our weekly recovery meeting which is not the 12-step meeting, but it's like kind of more all-inclusive ... When I walk into a place ... when I go volunteer at a needle exchange, right? It's right in the thick of the inner city, right? And in the inner city there is a huge amount of Black and Brown people, all suffering from the same things. But when I walk into the needle exchange, it's 90-95% White people getting the help. Black and Brown people don't trust these sources of help. There's like a

disconnect between the people of color's community and almost every other community, whether it be recovery, whether it be collegiate recovery, whether it be criminal justice.

There's that disconnect that seems to never go away.

Malcolm has a good sense of how to productively use recovery and harm reduction services and he expanded on the disparities in terms of the lack of African American representation. He continues to volunteer because he knows the value of seeing someone there in his CRP that looks like himself and he understands he could be a resource. Malcolm feels connected to giving back because he was the recipient of individuals giving back to him early in his recovery.

### ***Recovery Mentor***

In the study, all nine of the participants expressed their experiences of sharing their time and experiences with someone just starting out in pursuing recovery or gaining support from a senior member in recovery through formal sponsorship through a 12-step recovery program or informal support within their CRP. The time in recovery gained from the participants aids in their ability to have a deep introspective perspective on their recovery journey thus far and as a result, they are insightful and want to lend themselves to those in need of a friend, resource, and peer in recovery. Blake also expanded on his ability to be a mentor to those pursuing recovery and stated, "I used the gifts I was given to help us come up out of this." His ability to share his past experiences to those who are within varying stages of their recovery are heard as relatable and inspirational. Blake holds active relationships with others pursuing recovery and is open to answering their questions and lending himself to support them during challenges they may face in their recovery.

## **Theme II: Pro-Recovery Supports in the CRP**

African American college students in recovery from SUDs using a CRP in the study refer to pro-recovery supports in the CRP as social (individual and group) supports and resources that encourage their recovery from their substance use disorders while in attendance in college or university. Within this second theme, African American college students reiterated how the use of mutual aid recovery groups and the inclusion of recovery cultural values (12-step meetings, Buddhist recovery meetings, and recovery cultural values), structured and supportive CRP activities (positive social supports and experiences in the CRP, CRP active involvement), CRP coordinator support (leadership in the CRP), and tangible pro-recovery support resources through the CRP, aided in their recovery efforts.

### ***Mutual Aid Recovery Support Groups***

In the study, eight of the nine African American college students in recovery from SUDs stated how the use of mutual aid recovery groups such as AA or NA reiterated a sense of community and support while pursuing their recovery in the CRP. The primary purpose of these meetings is to provide social support to those pursuing recovery from SUDS. These meetings are usually attended by current CRP students and are closed meetings. There are some meetings that are open to the general public in surrounding communities.

### ***12-Step Meeting Attendance***

At the time of the interview, eight of the nine African American college students in recovery were starting to attend online 12-Step meetings. Danielle stated, “Yes. 12-step meetings are a part of my CRP community as well. That's where mainly I built my network from.” Stella also reiterated the use of 12-step recovery programming, “I use the AA meetings. I also work at my CRP so I really do spend a lot of time there. And they've given me a lot of opportunities so I could intern for ARHE.” Izzy expanded more on her use of 12-step meetings,

Okay, so the biggest support system is Alcoholics Anonymous. Right now, it's Zoom meetings but it still works. And I have a sponsor and I really just want to emphasize that the 12 steps is what has relieved my obsession to drink by working them continuously.

### ***Buddhist Recovery Meetings***

In the study, three out of the nine participants mentioned using Refuge Recovery program meetings within their CRP. Refuge Recovery is a Buddhist-orientated mindfulness-based addiction recovery program that works to help those in recovery from SUDs find freedom from their addiction and does not require members to be Buddhist. In the study, two of the three African American college students in recovery mentioned still using 12-step meetings such as AA or NA while using the Refugee Recovery program while one African American college student in recovery exclusively used Refuge Recovery. Danielle, who uses the 12-Step AA program and also uses Refuge Recovery, shared her experience:

Yeah, the meetings are definitely helpful and I do believe in all pathways to recovery, even though my primary is 12-steps, I've branched off and started going into refuge because it practices more on Buddhist principles, not actually Buddhism, but more about peace in a holistic approach to recovery, so.

Blake who uses traditional 12-Step AA and NA meetings also uses Refugee Recovery and also shared his insight on his experience: "Number one is Refuge Recovery, which is based on Buddhist principles. That's how much my mind is opened up." Malcolm exclusively uses Refugee Recovery for his recovery program and shared,

Not necessarily. I actually mainly don't really use 12-step or the 12-step program. It's more like meditation style meetings or like non-secular kinds of meetings that are based in the teachings of Buddhism. And then aside from that, just friends and family support,

just trying to work on self-care and collegiate recovery. Actually, I would include that. I actually, before this whole pandemic thing, I was hosting the weekly meetings at my university.

These three students expressed an openness to Refuge Recovery and as a result they have another means of recovery through their CRP. These three students also exhibited heightened levels of compassion and understanding towards working through their SUDs which they contribute their involvement in Refuge Recovery for helping them reach that point in their own recovery.

### ***Recovery Cultural Values***

In the study, five African American college students in recovery also expressed the importance of recovery cultural values within their CRP were to their recovery journey. Passages from the Big Book, recovery phrases such as “one day at a time,” daily devotionals, prayers, and meditations helped to support the recovery of the African American college students. Stella shared,

The Big Book, because I could not afford The Big Book at first. And they just happened to have a lot of them, so they just gave me one. And the chip ceremonies. I find those to be really special. I literally have them on my night stand, because when I wake up I just see them I'm like, "Yes, okay cool." And also, the different prayers.

Stella's incorporation of these important recovery cultural values works to uplift her and offer her tools to sustain her ongoing recovery from her SUDS. She now has access to the Big Book which is an essential resource within the 12-step program and expanded on her appreciation of the chip ceremonies to commemorate time in sobriety from their SUDs. Mya also shared the ways she incorporates the recovery cultural values into her recovery journey,

I've taken stuff from NA literature and stuff like that that I see it with my life and my lifestyle and stuff that work for me. One of the biggest things in recovery is to keep going just for today. And that's one of the biggest reasons I'm able to get through 17 months of sobriety, it's because I tend to be like, "Okay, well what happens tomorrow and the day after that and the day after that?" And catastrophizing but now in recovery and outside of recovery I'm like, "Okay. Let's just deal with this for today. We'll deal with tomorrow." So that's helped a lot.

### ***Structured and Supportive CRP Activities and Guidance***

In the study, all nine of the participants emphasized the importance of structured CRP group activities and events for African American college students in recovery. Students in recovery expressed how things like sober bars, sober spring breaks, sober study lounges, and motivational speakers in recovery coming to speak at their college or university aided in their ability to continue to pursue their own recovery. These structured and supportive CRP activities allow for the African American college students in recovery to gain meaningful and rewarding experiences on- and off-campus that do not jeopardize their recovery but enhance their collegiate experience.

### ***Positive Social Supports and Experiences in the CRP***

Within these structured and supportive CRP activities and guidance component, all nine of the African American college students in recovery experienced positive social supports and experiences in the CRP. These positive social experiences consisted of instances where all nine participants had felt supported and expressed feeling unity with their peers in recovery and the CRP as a whole. Lucious stated,



I've gained a lot of more supportive friends. I've gained a better understanding of what I'm comfortable with and uncomfortable with and how to actually stand ground on that and feel okay with it, as weird as that may sound for a 20-year-old.

Mya reiterated the forming of new friendships which ultimately offered her support and motivation through her recovery. She stated, “Definitely a lot of friendships that have come from it and being able to talk to people that I wouldn’t typically see myself as friends with.” Malcolm shares the similar sentiments and said,

That's been great. I've found a lot of friends; a lot of like-minded people and they don't all even identify me as in recovery or if they do identify me ... So that's kind of one of the best parts of it, is just finding a network and finding people that I can identify with, and share with, and not feel like I'm being judged because that's just part of life, and it's that stigma that we deal with that prevents a lot of us from getting the help that we need and just kind of works to keep you down.

The nine participants all emphasized the value of having gained new friendships, accountability partners for recovery meetings, or even when a compliment was given about their recovery and personal or academic accomplishments, support was expressed from a peer in recovery or their CRP coordinator, all while students are forming their new recovery identity. All nine of the participants in the study felt as though these positive social experiences helped to improve and better their lives in order to form healthy friendships that would honor their recovery.

### ***CRP Active Involvement***

Within the area of positive social supports and experiences in the CRP held the area of CRP active involvement. All nine participants spoke to being actively involved in their CRP on their college or university campus. Active involvement is distinguished by ongoing participation

in events and recovery-based activities such as 12-step meetings, recruitment of new CRP members, presence in the CRP space, utilizing their CRP coordinator or staff for support, or identifying as being affiliated with the CRP. Danielle shared she attends a CRP meeting “about three times a week” on her university campus. She also has an active role with facilitating recovery ally trainings through her employment position through the CRP. Matt also has active involvement in his CRP and stated, “Before the virus, I was going probably about at least two a week, two or three a week.” He also shared a conversation had between himself and his university drug and alcohol coordinator about ways he could assist with his CRP and stated,

I felt I asked the drug and alcohol coordinator. I was like, "Hey, what can I do to really grow to recover on campus?" I said, "I want us to have a wing or a dorm on campus that's sober free. I mean, sober, and substance free.

All nine participants spoke to attending recovery meetings upwards to two to three times a week, sometimes more depending on their schedule availability. All nine participants take their attendance in their CRP seriously and commit to various areas of their CRP. These areas range from facilitating recovery meetings, outreach, or transitioning to web-based meeting attendance due to COVID-19 the involvement appears to grow in duration and type for the participant which speaks to their investment in their recovery and CRP.

### ***CRP Coordinator Support***

In the study, eight out of the nine participants shared how their CRP coordinator was instrumental in their recovery on campus. The CRP coordinators are essential to these structured activities or social supports being formed for these African American students pursuing recovery. They are often the first point of contact for African American college student's road to

recovery as many of the students in the study had no prior treatment before their time in their CRP. Lucious shared more about the role of his CRP coordinator,

When I was first starting, she knew how I was feeling about it, but she wanted me to come because she thought I'd really benefit from it. So, she always made an effort to check in with me, check up on me.

Mya noted similar insight on her CRP coordinator, she said,

The CRP coordinator, for sure. I came into recovery because of her and she's one of the biggest reasons I'm still coming back to the CRP space just because she's very relatable. I can't count how many times I've walked into her office just angry about something and left feeling comforted. So, I guess a lot of it has to do with her.

The CRP coordinator's one-on-one interactions that validate and honor the student's journey, level of approachability, and candidness set the tone as to how African American students do or do not feel welcomed to join the CRP on their college or university campus. The African American students in recovery shared ways in which the CRP coordinator has contributed to their personal and academic growth on campus.

### ***Leadership in the CRP***

In the study, all nine participants mentioned having some sort of leadership through their CRP. These leadership roles ranged from formal employment through their CRP or opportunities to assist their CRP coordinator in planning or coordinating events for the CRP. Rose relayed that just by sharing her input on her experiences in the CRP she has become a leader in her university CRP and recovery community. She added, "I thought it's like my duty to be a part of that, to get my voice out there, but for others to hear or know that we do exist and we are here." Stella has taken on a leadership role in her CRP and speaks to that in more detail and says,

So, through the CRP, I joined there. It's now a student organization and it's really focused on being able to provide sober events and education for students and staff and everybody on campus so that it's a safe space for everybody and everybody has an opportunity for the full collegiate experience and stuff like that. And I'm currently Vice President.

For all nine participants, formal and informal leadership roles in their CRP provide a sense of courage and pride. All nine participants also work diligently to fulfill the mission of their CRP and ultimately grow in their own recovery. These leadership skills gained through their CRP are transferable to other areas of their life such as their academic goals, career aspirations, and personal goals.

### ***Tangible Pro-Recovery Resources***

Within the theme of pro-recovery supports, all nine of the African American participants in recovery mentioned having financial support by way of scholarships or grants and counseling services through the CRP. Lucius shared, “I for sure have used the CRP space. I have also used the scholarships that have come up or the different opportunities like the conference.” Mya also commented,

I've used the study halls. We also have a meditation room so I use that a lot ... But yeah, we have snacks and coffee and stuff like that and we have catered food a lot, almost every other week we have someone catering some kind of meal. I think that's about it.

The students were vocal about the importance of their accessibility to these resources and how just knowing that these resources were available on campus worked to alleviate their stress and anxiety.

### **Theme III: Recovery Barriers and Resiliency Factors for African Americans**

The third theme, recovery barriers and resiliency factors, has two-parts. The first part of this theme reflects the discrimination and racism that African American students in recovery faced while in recovery at the CRP. Challenges faced included lack of African American representation in their CRP, tokenism as an African American student in recovery at their CRP, role as a pioneer as an African American student in recovery, identity issues consisting of double stigma, and intersectionality identity challenges in recovery. The second part within theme III showcased ways in which the African American students in recovery exhibited personal growth by showing their resiliency and strength despite encountering challenges in recovery. Resiliency described from the students included their recovery identity, academic achievement (grades, study skills, academic accountability), improvement in integrated holistic health, introspective growth through recovery, and re-invention of self through recovery. Despite the challenges being in place for the students, it is still important to address ways in which the students exhibited strength and tenacity while pursuing their recovery on a college campus.

### ***Discrimination and Racism in the CRP***

In the theme of recovery barriers, the area of discrimination and racism emerged as a barrier and challenge that African American college students in the CRP faced when pursuing recovery. In the study, five out of the nine participants shared instances where they had faced discrimination or racism in CRPs. These participants expressed how it was challenging in itself to be pursuing recovery and how added concerns of discrimination detracted from their pursuits of recovery. Some participants expressed how their past lives in active addiction or criminal history connected with their substance use inhibited them from seeking recovery, or even treatment to express to others they needed help. Rose shared, “With microaggressions in those spaces that are dominated by cis-gender White people, or White people period. My presence is

met with microaggressions.” Microaggressions are verbal and behavioral exchanges, sometimes subtle and covert, that send denigrating messages to people of color (Sue et al., 2007). Rose identifies as an African American transwoman in recovery while pursuing higher education and expanded on feeling uncomfortable and experiencing discrimination while in recovery spaces such as the CRP. Rose specifically detailed the systemic forms of discrimination woven in the CRP and ultimately how this system needs to be more inclusive for those with marginalized identities in recovery and shared,

My experience with the collegiate recovery community honestly has been very rocky because these systems that collegiate recovery's built upon is normal, cis-gendered, heterosexual, White men. So, coming in there as a person of not having that privilege that they have, it's honestly been a struggle. It's been an up and down battle.

Stella also expressed experiencing discrimination in a CRP Zoom meeting, where she recalled a racial slur during a Zoom bomb. A zoom bombing is described as an uninvited guest hijacking a Zoom meeting with disruptive or unwanted audio or visual messages. Stella shared,

Well, I am the only African American in this room. And that even has its own challenges, too, because I'm aware of it so I know that they're also aware of it. And then Zoom bombers are a thing and I got Zoom bombed and so it was like a chord was struck because I was called the N word in front of everybody in the recovery chat.

This uncomfortable and hurtful experience was not pleasant for Stella and as result she refused to share in the web meeting that day due to feeling uncomfortable. Stella also reiterated how the energy in the room changed, becoming awkward and even more uncomfortable for her and the remaining participants. These instances of discrimination in recovery spaces are worth noting to

gain insight on how participants process what has occurred and what can be done to be improved for future meetings.

### ***Lack of African American College Students in the CRP***

In the theme of recovery barriers, the lack of African American college students in the CRP emerged as a barrier and challenge that African American college students in the CRP faced when pursuing recovery. In the study, seven out of the nine participants highlighted the lack of African American college students represented in their CRP spaces. Lucious shared,

At those first couple meetings, I was one of one ... not that I've noticed specifically just because, as far as I've seen, I just met like the third black person at the CRP the other day through a video call.

Danielle noted similar sentiments about the lack of African American representation in the CRP and also spoke to gender, “Well, some experiences for me are there aren't too many people of color, especially women. And then in AA, I've seen most of them go to NA.” Izzy also shared her similar observation, “there's only one other person of color who's also doing the collegiate recovery program and he's a male and I think he has around 6 years of sobriety.” Their attention to this may speak to the students looking for representation and ultimately inclusivity in these recovery spaces for themselves and other African American college students. All but Matt and Blake spoke to their heightened sense of awareness regarding lack of African Americans in CRP.

### ***Tokenism in the CRP***

In the theme of recovery barriers, tokenism experienced by African American college students in the CRP emerged as a barrier and challenge to African American college students when pursuing recovery. In the study, six out of the nine participants shared instances of experiencing tokenism in the CRP. As discussed earlier, there is a lack of African American

representation in the CRP and tokenism can unintentionally and intentionally take place when few numbers of African Americans are present at CRP events and meetings. Mya shared in terms of her representative role she faces in the CRP that lends itself to tokenism, “Me and the two other African Americans are seen as spokespeople for Black people in recovery.” This undesigned role placed on participants in the study highlights the added pressure and obligation and potential pressure to represent African American culture in CRPs.

### ***Pioneer in Recovery***

In the theme of recovery barriers, being a pioneer in recovery in the CRP emerged as a barrier and challenge that African American college students in the CRP faced when pursuing recovery. In the study, five of the nine students spoke to being pioneers in recovery spaces. This was characterized by African American students being among the first to help with creating their CRP, facilitating CRP meetings, or mentoring those in recovery. The act of pioneering can be filled with challenges due to lack of funding, on campus recovery spaces, and an inclusive culture to the African American students. Izzy shared more on her pioneering role in recovery,

I used to always be sad about, “I need someone to identify with. I need someone in the rooms, on campus to tell me they're in recovery and on the outside look like me. I need it. I cannot go on.” And now I'm like, “You need to be that person for yourself, Izzy. You have to be it, you have to own it.” And I think that the CRP has really helped me gain that in a more professional social way.

Izzy expanded on how she initially would have liked to have more African Americans or other college students of color in recovery in her CRP, but understands by her being present in her CRP, she is pioneering and realizes this could help another African American college student interested in seeking recovery from their SUDs. Matt is also a part of a CRP in the early stages of



development and active in terms of its formation and his role as one the few African Americans in recovery. He stated,

Well, just to help, and I know that African Americans are a misrepresented and underrepresented population, and even smaller in the recovery field. And even smaller in the college recovery field. It's like a minuscule amount, you know? I want to do what I can to be a voice for that and to be a representation for that. And as a social worker, I know the importance of research and understanding populations, I want to be able to help in that.

These participants know the value of their presence at their CRP and are willing and active participants despite being one of a few African American college students in recovery at their growing CRPs. Their presence at their CRPs lets others know that recovery from SUDs can be achieved for African American college students. These students also hope to impact others in a positive way by giving back and lending themselves to the betterment of their CRP and recovery efforts.

### **Identity Issues in Recovery**

This next section is divided into two sections highlighting identity issues and concerns for African American college students in recovery from SUDs. The first section is characterized as double stigma and the second section is characterized as intersectionality challenges. These two will be expanded on in greater detail in the following sections.

#### **Double Stigma**

In the study, eight of the nine participants shared they had experienced double stigma as an African American college student in recovery from SUDs. Double stigma is described as African American college students in recovery experiencing stigma based upon their racial and

ethnic identity as well as substance use stigma. Blake shared his frustrations with experiencing double stigma first hand,

For some reason in our culture, I don't know where the hell this started, but it only counts if it looks a certain way. People will automatically assume ... I can't tell you how many people were cool to me until they found out I had mental health, substance abuse. No matter what positive I've done, no matter how much good I've done, no matter how many homeless I feed, no matter how many schools I speak at, as soon as they found out I'm one of them three things it's a wrap.

Blake's cautious accounts of talking about his recovery status within the African American community details the issues of stigma and how challenging it can be for others to accept and ultimately understand and support. Blake ultimately expressed how he felt as though he was viewed differently and less positively than others in recovery based upon his race, past substance use, and criminal background. Danielle also shared her experience with double stigma and stated, "They just don't believe in it. As an African American, they're just like, "What?" From alcohol, especially." The area of double stigma hurts African Americans particularly due to the long history of individuals who identify as African American being subjected to discrimination and overt racism. When an additional stigma of former active addiction is applied, these stigmas can weigh heavily on the African American college student in recovery from SUDs. The next section focuses on the role of the intersectionality of identities for African American college students in recovery and how this can present as an additional challenge for those using their CRP.

### **Intersectionality Challenges**

In the study, five out of the nine participants detailed experiencing challenges in recovery based upon their intersecting identities. Race, gender, sexual identity, type of past drug used, and

recovery status impacted their experiences in their CRPs. Rose shared how her experiences in the CRP are rocky and often met with discrimination due to her varying identities. She remarked, “Just thinking about it honestly I don't think my identity or needs as an African American person is seen or me.” Rose identifies as an African American transwoman and shared how the CRP structure could be improved to be more supportive, welcoming, and ultimately culturally sensitive to her identities. She spoke about how some CRP structures say they are not colorblind but still work from a colorblind standpoint and ultimately do more harm than good by failing to validate and acknowledge racial differences in recovery spaces. Mya also shared her intersectionality identity challenges as an African American woman who identifies as Muslim in recovery from SUDS. She stated,

Like the idea when I came into recovery of me being like, Oh, I need recovery because I can't be in active addiction because I'm Black or because this is a Black issue, and whatever. Is something that's ... there's a lot of people in recovery that believe that and this isn't a Black woman Muslim space to be in because this isn't.

Mya faced skeptics about her recovery journey from others based upon her mentioned identity which detracts from her recovery experiences. She is allowed to have various identities that do intersect and still be able to identify as being in recovery without question or scrutiny. Therefore, it is important to explore how the experiences of multiple identities interact and inform one another for African American college students in recovery using CRPs to alleviate them feeling isolated and judged.

### **Personal Growth for African American College Students in Recovery**

The second part of the theme III focused on personal growth for African American college students in recovery in their CRP. Personal growth refers to varying degrees of

improvement in their mental, academic, spiritual, physical, professional, and personal health.

Within this section African American students spoke specifically on ways in which these were improved through their participation in the CRP while pursuing recovery from SUDs. The areas within this section include belief in the recovery identity, academic achievement through the CRP, and mental health improvement.

### **Recovery Identity**

In the study, eight out of the nine African American college students in recovery would express their belief in their abilities to stay sober from substance use while participating in the CRP to form a new recovery identity. Rose shared, “So, the support around abstinence helped me realize that I could stay abstinent. But also, gaining the tools that I need to stay abstinent.” Blake reiterated similar sentiments and stated, “So, the best thing about me that's happened since I've been sober is I've accepted who I am.” Izzy also added her gained reassurance in herself surrounding her sobriety and mentioned,

Getting sober and finding my place on a college campus somewhere to feel safe and feel like I matter has been really important for me because that's the foundation of how I can see the world and can continue on one day at a time, not drinking.

This section highlighted their self-efficacy in their recovery process during their time at the CRP. The participants reiterated current and future desire to continue to grow while in attendance at their CRP. The participants are enthusiastic and motivated to continue their recovery while within the CRP.

### **Academic Achievement through the CRP**

In the study, seven out of the nine African American college students expressed experiencing academic accomplishments during their time in their CRP. Mya spoke to her

positive academic strides and said, “Ever since the semester where I started recovery I've been getting A's in every single class.” Another aspect in academic achievement was a change in mindset. Danielle also shared her proactive mindset and approach to attending to academic tasks and stated, “When I get an email that something's due next week, I'm starting on it now. Because that gives me time to sit on it and do it and reread it and things like that. I don't procrastinate anymore.”

### **Mental Health Improved**

Within the area of personal growth for African American college students in recovery, five out of the nine students shared using various forms of healthcare ranging from mental health therapy, spiritual or religious practice, yoga, physical exercise, and other forms of healthcare that focus on their mental health and wellness. Rose shared her use of integrated holistic healthcare, “Pretty much 12-step meetings is my main support group. I do some therapy, and of course my CRP. I use that as support.” Blake expressed similar sentiments to his approach to integrated holistic health, and stated, “I do obviously the AA, the NA, CA, the therapy, the meds. The medication is important. Me and my psych doctor have a really good relationship.” The African American college students in recovery used the CRP actively to access a multitude of resources within their CRP to aid in their personal growth and the CRP can be the first stop for many of the participants with getting help for mental health and SUDs concerns. African American college students in recovery from SUDs in the study have utilized their university counseling centers, campus health, and wellness centers for help has been more accessible and less stigmatized.

### **Summary**

The African American college students' narratives revealed that the road to recovery from SUDs requires tenacity and determination while participating in their CRP to move from

their past lifestyle of active addiction to a new recovery lifestyle in order to obtain and maintain their recovery. The participants' involvement in their CRP offered a deeper depiction as to what their lived experiences have been like while pursuing recovery on a college or university campus as a college student. The composite description (themes) of this study—advocacy for recovery in the CRP, pro-recovery supports in the CRP, and recovery barriers and resiliency factors—were confirmed by the experiences that each of the African American college students in recovery shared. Chapter 5 presents how study participants' narratives reiterate and confirm existing literature. Implications of this current research, implications for African American college students in recovery using CRPs, limitations, and recommendations for future research are explored.

## CHAPTER 5: DISCUSSION AND CONCLUSION

A comprehensive review of the existing literature indicated a void in the inclusion of African American college students' lived experiences in recovery from substance use disorders (SUDs) while in attendance in college utilizing a collegiate recovery community. The purpose of this transcendental qualitative study was to explore the role of collegiate recovery communities in the recovery process for African American college students who identify as being in recovery from substance use disorders. Interview questions in the study focused on participants feelings, behaviors, and thoughts, and their recovery journey thus far within their CRP. Semi-structured phenomenological interviews conducted with nine African American college students in recovery explored how they experienced the phenomenon in the study. The research questions that guided the study were: (1) How does engagement in collegiate recovery programs promote recovery for African American college students in recovery from substance use disorders?; (2) How do collegiate recovery programs enhance the recovery capital of African American college students in recovery from substance use disorders?; and (3) How does racial identity affect recovery capital for African American college students in the CRP pursuing recovery?

After analyzing the African American college students in recovery experiences, the following overarching themes directly answered the research questions. Findings indicated that three major themes emerged from the data included the following: (a) being an advocate for recovery in the CRP, (b) pro-recovery supports in the CRP, and (c) recovery barriers and resiliency factors for African Americans in recovery in the CRP. The remaining sections in this chapter are organized into the following sections: (a) discussion of the findings, (b) implications of the findings, (c) limitations of the study, (d) recommendations for the future research, and (e) conclusion.

### Findings Compared to Literature

The following section provides a discussion of the research findings based on each research question comparing the findings against the review of literature in Chapter 2 of this dissertation. Connecting the findings of this study to the literature review will offer insight on what pre-existing research was aligned or reiterated by this current study, as well as points of inquiry and current trends that have developed in the research. While the overall lived recovery experiences for African Americans college students participating in CRPs in recovery from SUDs vary in experiences for each participant, each one of the three themes were notable factors in lived recovery experiences for all of the nine African American college students in recovery interviewed for this study. While these three themes have a unique aspect to them, they varied when they occurred within the recovery journey for each participant over the course of time within their involvement in their CRPs. The section below provides a general overview of research questions and emergent themes developed from participants' interviews.

Table 11

#### *Research Questions and Emergent Themes*

Research Questions	Emergent Themes
1. How does engagement in CRPs promote recovery for African American college students in recovery from substance use disorders?	<ul style="list-style-type: none"> <li>● Theme I: Advocate for Recovery</li> <li>● Structural Descriptions: <ul style="list-style-type: none"> <li>○ Peer recovery advocate</li> <li>○ Social Justice Recovery Advocate</li> <li>○ Community Service Recovery Advocate</li> </ul> </li> <li>● Theme 2: Pro-Recovery Supports</li> <li>● Sub-theme 2A: Structured and Supportive CRP Activities, Guidance, and Resources</li> <li>● Structural Descriptions: <ul style="list-style-type: none"> <li>○ CRP coordinator</li> <li>○ Positive Social Supports</li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>● Theme 2: Pro-Recovery Supports</li> <li>● Sub-theme 2B: Mutual Aid Recovery Support Groups</li> <li>● Structural Descriptions: <ul style="list-style-type: none"> <li>○ 12-Step Recovery Program (AA, NA, etc.) Attendance</li> <li>○ Buddhist Recovery Program Attendance</li> </ul> </li> </ul>
2. How do CRPs enhance recovery capital (social, physical, human, and cultural) of African American college students in recovery from substance use disorders?	<ul style="list-style-type: none"> <li>● Theme 2: Pro-Recovery Support (Social Capital)</li> <li>● Sub- theme 2A: Mutual Aid Recovery Support Groups</li> <li>● Structural Descriptions: <ul style="list-style-type: none"> <li>○ 12 Step Recovery Program (AA, NA, etc.) Attendance</li> <li>○ Buddhist Recovery Program Attendance</li> </ul> </li> <li>● Sub-theme 2B: Supportive CRP Activities, Guidance, and Resources (Social Capital)</li> <li>● Structural Descriptions: <ul style="list-style-type: none"> <li>○ Positive Social Supports and Experiences in the CRP</li> <li>○ Leadership in the CRP</li> </ul> </li> <li>● Theme 2: Pro-Recovery Support (Physical Capital)</li> <li>● Sub-theme 2B: Supportive CRP Activities, Guidance, and Resources</li> <li>● Structural Description: <ul style="list-style-type: none"> <li>○ Tangible Pro-Recovery Resources in the CRP</li> </ul> </li> <li>● Theme 3: Recovery Barriers and Resiliency Factors (Human Capital)</li> <li>● Sub-theme 3B: Personal Development</li> <li>● Structural Descriptions: <ul style="list-style-type: none"> <li>○ Mental Health Improved</li> </ul> </li> <li>● Theme 2: Pro-Recovery Supports in the CRP (Cultural Capital)</li> <li>● Subtheme 2a: Mutual Aid Recovery Support Groups and Recovery Cultural Values</li> </ul>

	<ul style="list-style-type: none"> <li>● Structural Description: <ul style="list-style-type: none"> <li>○ Recovery Cultural Values in the CRP</li> </ul> </li> </ul>
3. How does racial identity affect recovery capital for African Americans in the CRP pursuing recovery?	<ul style="list-style-type: none"> <li>● Theme 3: Recovery Barriers and Resiliency Factors</li> <li>● Sub-theme 3A: Discrimination and Racism</li> <li>● Structural Descriptions: <ul style="list-style-type: none"> <li>○ Lack of African American Representation in CRP (Social, Physical, Human, and Cultural Capital)</li> <li>○ Tokenism (Social, Physical, Human, and Cultural Capital)</li> </ul> </li> <li>● Theme 3: Recovery Barriers and Resiliency Factors</li> <li>● Sub-theme 3B: Personal Development</li> <li>● Structural Descriptions: <ul style="list-style-type: none"> <li>○ Recovery Identity (Human Capital)</li> <li>○ Academic Achievements (Human Capital)</li> </ul> </li> </ul>

#### Research Question 1

This question asked: How does engagement in the CRPs promote recovery for African American college students in recovery for substance use disorders? Based on the findings from this study, CRPs promote recovery through providing a platform to help others, proactive and culturally responsive involvement of the CRP staff and with positive peers, and encouraging involvement with external organizations. In this study, this engagement process is seen throughout theme 1: advocacy for recovery and theme 2: pro-recovery supports (sub theme 2A: mutual aid recovery groups and subtheme 2B: structured and supportive CRP guidance and resources: structured descriptions of CRP coordinator support, positive social supports and experiences in the CRP) within the study.

#### *Advocacy for Recovery*

Within theme 1: advocacy for recovery, African American college students in recovery grew even more involved in their CRP when their focus moved from themselves to the concerns and welfare of other college students pursuing recovery. All nine African American college students in recovery shared how they valued being helped early on in and throughout their recovery journey and how they ultimately wanted to return the favor to their peers seeking recovery. Some African American college students in recovery spoke specifically about supporting college students in recovery who identified as African American. An example of this type of advocacy was seen through Rose highlighting her *social justice activism* in the study. She shared how she used her experiences to help illuminate the voices of those similar to herself who are marginalized in society in general and recovery spaces. Advocacy in recovery was a unique contribution of the study and was only somewhat evidenced in a qualitative study by Gueci (2018). Gueci's study of students in recovery revealed how student employees of the CRP described their role as one of reaching out and providing one-on-one support to college students in recovery in addition to assisting in the strategic CRP planning.

Uniquely, this study revealed the power of volunteerism for aiding in recovery. African American college students in recovery exhibited acts of advocacy while pursuing recovery by volunteering. These volunteer roles in the CRP were seen through Malcolm's narrative in which he described being a community service advocate. His role within his current CRP expands out to his desire to help his community at-large by way of volunteering at the needle-exchange program. The African American college students in recovery actively volunteered their time and energy to give back to their CRP and community environment in order to stay active and present in their recovery while on campus. This speaks to the African American college students pursuing higher education. All of the nine African American college students spoke to how

SUDs disproportionately impacted African Americans in active addiction and access to treatment can be complicated, therefore, their advocacy efforts lend itself to advancing and supporting other African Americans college students in recovery who are attending higher education.

Being of service was also seen in an unlikely way: employment roles. In this study, African American college students in recovery discussed how their employment role as a peer educator became an outlet for helping others and being an advocate for recovery. Peer education was not just about transferring or providing information but it also was recognized as a way to support their peers who were in recovery. This is seen through Danielle's story. She shared that her position in the CRP is a paid employment position that allowed her to be of service to those in recovery. She valued the opportunity to be of service which ultimately also supported her own recovery. The act of engagement in recovery through the CRP was ubiquitous in the lives of African American college students pursuing recovery in their CRP. This ongoing participation can be seen specifically through the structural descriptions developed for all nine of the African American college students in recovery: peer recovery advocate, social justice recovery advocate, and community service recovery advocate.

### ***CRP Coordinator and Peer Support***

The second way engagement in the CRPs supported recovery was through the CRP coordinator and peer support. The process of engagement into the CRP started with the African American college students in recovery sharing their initial thoughts, feelings, and behaviors around the CRP within their interview responses. Throughout the study, seven of the nine African American college students in recovery initially expressed their uncertainty or ambivalence towards participation or membership in the CRP. Their initial apprehensions ranged from fear of judgment, stigma, thoughts of not fitting in with the existing group due to difference

in past active addiction experiences, and the lack of African American representation. Despite these initial apprehensions, the African American college students in recovery in the study overcame those apprehensions through the support from their CRP coordinator and peers, expressing how they valued their burgeoning recovery and appreciated those types of recovery support while in college. Engagement through the CRP as members offered an opportunity for interconnection with the CRP coordinator who provided significant support and resources in their collegiate experience.

CRP coordinators aided in their engagement within the CRP by connecting with them as African American college students in recovery and other students in recovery. For Mya, this engagement process involved the CRP coordinator connecting with the student in recovery by utilizing collaboration as a means to building rapport and hearing Mya tell her story in her language. The CRP coordinator works to strengthen relationships, forming a therapeutic alliance in order to assist with laying the foundation for encouraging conversations about ways in which they can support, guide, motivate, and ultimately aid in African American college student's recovery and academic and professional aspirations while in the CRP. According to Miller and Rollnick (2013), engagement is the "process of establishing a mutually collaborative, trusting, and respectfully helping relationship" (p. 47). To aid in the engagement process, White (1996) emphasized how many individuals seeking recovery from SUDs can often benefit from having a guide or liaison who aides in their transition from active addiction and extends a new road to recovery and how challenging this can be for one to do on their own. This study affirms Miller and Rollnick's (2013) and White's (1996) articulation of engagement.

The African American college students in recovery in this study shared stories that spoke to the trust and cultural sensitivity expressed by their CRP coordinator and, as a result, the

African American college students in recovery felt safe and supported to confide in the coordinator, sharing their accomplishments and challenges faced in recovery while pursuing higher education. This type of pro-recovery support aligns with Iarussi's (2018) study which reiterated the value of having CRP counselors understand SUDS and their college students' experiences of active addiction, relapses, recovery maintenance, and academic pursuits.

Ultimately, CRP coordinators were the first point of contact for recovery services on campus for African American college students working on their recovery from SUDs in the CRP and were vital in providing a multitude of recovery supports that aid college students in obtaining and protecting their recovery from SUDS. These staff are essential as guides and liaisons for African American college students interested in pursuing recovery in this study. It is important to mention that not all CRP coordinators are licensed or trained clinicians in addictions, though many of the directors do have formal training in addictions or are in recovery themselves from SUDs (ARHE, 2021). CRP coordinators can play a pivotal role in promoting engagement.

Peer groups were also a significant source of support. Once African American college students in recovery reported feeling more comfortable and safer in their CRP, their engagement increased significantly through positive peer group affiliation which encouraged them to seek SUDs treatment, and become active in mutual support groups such as AA or NA. The African American college students in this study began making healthy decisions to uphold their recovery. The current findings in this study directly aligned with existing research. All nine African American college students pursuing recovery in the CRP shared ways in which being around positive peers in their CRP helped to limit relapses and have a sense of community that encouraged their recovery. Existing research reiterated how college students pursuing recovery have difficulty working on their sobriety when in an environment that perpetuates alcohol and

substance use (Goodman et al., 2011; Iarussi, 2018). This environment can hinder their recovery and can trigger a relapse of substance use and counterintuitive behaviors to their recovery such as binge drinking, lack of attention to academics while pursuing higher education. All nine of the African American college students in recovery expressed how their past active addiction lifestyle was exacerbated by their past peer groups that encouraged substance use, which ultimately served to be detrimental to their academic and professional aspirations in life.

Conversely, as seen in the extant literature (Buckingham et al., 2013; DePue & Hagedorn, 2015; Goodman et al., 2011; Perron et al., 2010) their involvement in the CRP and campus community served as an engaging and empowering force that aided them in their personal confidence and maintenance of their recovery while pursuing higher education. Specifically, this is seen through the narrative of Lucious. He expanded on how important it was to have peer support in recovery through his CRP and detailed how it made him feel a sense of belonging while on campus. His sentiments strongly coincide with the other African American college students who participated, each expressed an expanded sense of community and support and did not feel influenced or triggered to return to their substance use within their CRP.

### ***Attendance in Mutual Aid Support Groups***

The final way CRP engagement positively influenced recovery was through giving the African American college students confidence and encouragement to attend mutual aid support groups. Once the participants felt connected in their CRP, their engagement in 12-Step program meetings and/or recovery groups such as Buddhist recovery and AA, use of sponsorship, and active-led member facilitation in the group meetings became more regular. A unique finding in this study was that African American college students were open to and in attendance at the Buddhist recovery mutual aid support groups on campus. This finding was interesting because

existing research does not speak directly to African Americans subscribing to Buddhist tenets as a route of recovery. Existing research (Uecker et al., 2007) expanded on how African American college students have adopted the culture and norms of their immediate surroundings on campus and this could explain why the African American college students in recovery were open to these Buddhist recovery meetings on campus

More consistent with the literature was attendance and participation in mutual aid recovery support groups such as AA Researchers highlighted how attendance and active participation were essential in forming social connection and support, which aided in recovery (Cleveland et al., 2014; Granfield & Cloud, 1996; Iarussi, 2018). Eight participants in this study expressed ways in which it was helpful to connect with like-minded peers pursuing recovery on campus and seeking social support. Specifically, Matt detailed how essential his attendance was within these recovery meetings hosted by his campus to his overall recovery journey.

These findings—advocacy, support, and involvement—as a whole dovetail with existing CRP literature that indicated prominent determinants of engagement for student members in CRPs were levels of participation and interconnectedness in their CRP. Additionally, ARHE (2021) also emphasized how engagement in a CRP “reinforces the decision to engage in a lifestyle of recovery from SUD” (p. 1), which ultimately impacts how engaged college students in recovery in CRPs value their health and wellness on campus which continues even once they become alumni. As a whole, advocacy and support promote the participation and interconnectedness needed in recovery from SUDs, as well as for being successful academically, personally, and in post-graduation (ARHE, 2021; Cleveland et al., 2007; Cleveland, 2010; Davidson et al., 2010; Lovett et al., 2015; Smock et al., 2011). The next section will expand on the response to research question 2 in the study.



## Research Question 2

Research question 2 asked: How do CRPs enhance the recovery capital for African American college students in recovery from substance use disorders? CRPs enhanced the recovery capital for African American college students in several ways. Recovery capital is defined as, “The sum total of one’s resources that can be brought to bear on the initiation and maintenance of substance misuse cessation” (Cloud & Granfield, 2009, p. 1972). In spite of recovery capital not being equally distributed across individuals and social groups, African American college students in this study overcame the challenges resulting from lack of privilege in seeking treatment and maintaining their recovery. Each factor—social, physical, human, and cultural—was seen through the participants’ recovery journeys. Recovery capital was evident through the African American college students’ use of pro-recovery supports and volunteerism in the CRP, as well as the ability to recognize the value of safe space embodied in the CRP while acknowledging its need to be more culturally inclusive.

The main focus of this research study explored the role of collegiate recovery communities in the recovery process. It is important to consider that recovery capital is not equally distributed across individuals and social groups. It is challenging for members of marginalized groups such as African Americans to acquire recovery capital due to their lack of privilege in seeking treatment and maintaining their recovery (Cloud & Granfield, 2009). Despite these noted disparities and challenges to acquire recovery capital while in college, African American college students in this study worked diligently to access recovery capital in their CRPs. The next section showcases ways in which African American college students in recovery pull from their internal and external resources to maintain and sustain their recovery from SUDS (Cloud & Granfield, 2001; Perron et al., 2011).

***Social capital.*** According to Cloud and Granfield (2008) social capital is defined as social relationships and affiliations that encourage sobriety. This form of social capital was seen throughout all nine of the African American college students' recovery narratives. The most prominent way demonstrated was participation in mutual aid recovery support groups. The description of the *12-Step recovery* program from Izzy showcases ways in which she worked to redefine her purpose in life. Her attendance in these meetings helped to reaffirm her decision to work on her sobriety while pursuing higher education. The endorsement of theme two, pro-recovery supports, by each participant illustrates the various ways the CRC enhanced the acquisition of recovery capital. The findings align with existing research supporting that social capital can be obtained through interactions and 12 step recovery fellowship programs (Blount, 2018; Cheney et al., 2016).

The participants in this study also acquired social capital through the activities, guidance, and resources provided by the CRC. The CRC offered a pathway for supportive social connections both within and outside of the CRC to occur. The students spoke of reconnecting and improving existing personal relationships with friends and family as well as making new connections inside and outside of the CRC with others who were in support of their recovery lifestyle. These findings mirror existing research on social connections in recovery. For instance, Cloud and Granfield's (2001) findings expanded on the concept of social capital suggesting that it consisted of platonic, romantic, familial, or social relationships that encouraged sobriety from SUDS. These can be newly established or current and can help individuals in recovery find ways in which their friends, family, and other social networks can be supportive in their recovery pursuits (Bilus, Best, Iqbal, & Upton, 2017; Cloud & Granfield, 2001; Groshkova, Best, & White, 2013; White & Sanders, 2008).

An additional component of social capital evidenced through participation in the CRC was volunteering. Students in this study assumed a variety of leadership roles, most were voluntary. Stella, for instance, credited being the president of her CRC with enriching her social interactions with her peers in recovery. Others served as a recovery meeting facilitator, presented conference presentations, or found time in their schedule to take part in sober tailgates and dinners, pursue employment in helping professions such as social work and counseling, and connect with like-minded peers in recovery through professional organizations that upheld recovery tenets and beliefs. These findings aligned with existing research on social capital in recovery capital what indicated that making a voluntary commitment to a sober lifestyle and activities such as sober outings, leadership and employment opportunities, professional and social networking with others in recovery, and group therapy and counseling for those seeking recovery from SUDS contributed to recovery from SUDS (Cloud & Granfield, 2001; Perron et al., 2011).

### ***Physical Capital***

Physical capital involves tangible assets such as money, land, or property that can add recovery options, such as being able to relocate for treatment services or pay for addiction counseling (Cloud & Granfield, 2009). CRPs facilitated recovery capital by providing a physical space and access to resources for recovery. Theme two highlights this. The African American college students in this study spoke of how physically being within the CRP space felt transformative in their recovery and described how the physical act of stopping by their CRP space during the week was essential to their recovery because it provided an opportunity to touch base with their CRP coordinators and peers in recovery, and to utilize physical resources such as printers and computers for academic assignments or food provided as snacks, lunches, and

dinners. African American college students even described spending time in between classes in the CRP drop in spaces or lounges as a way to socialize and connect to avoid experiencing isolation on campus.

The CRP represents a physical space on campus where two of their salient identities, college student and a person in recovery, can co-exist. The results from this study are consistent with existing research literature that found the tangible physical space of the CRP was essential creating safety, a sense of belonging, and a space for active involvement while pursuing their recovery (Ashford et al., 2018; Cleveland et al., 2007; Harris et al., 2014, Gueci, 2018; Laudet et al., 2014). The CRPs role in recovery capital was instrumental for participants in this study as it contributed to the needed physical capital that facilitated safety, connection, and comradery for African American college students in recovery while pursuing higher education.

### ***Human Capital***

CRPs contributed to the human capital reserve of the African American college students in recovery by supporting efforts that bolstered their hopes, goals, and good health that allowed for their successful and sustained recovery (Granfield & Cloud, 2009). Some examples of human capital are skills, education acquired, mental health, aspirations, problem-solving skills, and personality attributes which are intangible assets that will enable the participant to flourish in recovery. Often, individuals can utilize components of their human capital as ways to aid in navigating through challenges in their recovery (Granfield & Cloud, 2009). This was most clearly seen in theme three which highlighted personal development as a resiliency factor engaged to intentionally improve their mental health. Blake provided a glimpse of this in his narrative when he expanded on ways in which he took a proactive approach to his health and wellness to aid in his recovery journey from SUDs. Blake and the other African American

college students in recovery expressed how their mental health improved through various actions such as going to personal therapy for their mental health and SUDS, pursuing higher education, and gaining confidence in their recovery journey and belief in their abilities which contributed positively to the increase of their human capital. Existing research literature reiterates how human capital allowed for African American college students in recovery to thrive in their communities by gaining internalized skills and resources to aid in their recovery journey (Blount; 2017; Cloud & Granfield, 2009).

### ***Cultural Capital***

Cultural capital involves thoughts, beliefs, perceptions, and values which help with its adoption into mainstream social environments (Cloud & Granfield, 2009). Recovery resources in CRPs aided the African American college students in acquiring cultural capital. The majority of the participants expressed appreciation that their recovery resources in the CRP aligned with aspects of their spiritual or religious identity. Matt's narrative described how important his higher power was to him in recovery and how this pulled from his childhood faith. Within his CRP, he feels comfortable and open to talk about his faith with his CRP coordinator and peers. His sentiments were similar to all other eight African American college students in recovery who expressed how they appreciated being able to incorporate components of their faith into their CRP and recovery process. Findings from this study highlighted how African American college students in recovery utilized prayer, reading religious and spiritual text, meditations, and daily devotions within their AA, NA, CA, or BR groups in their CRP. Consistent with existing research literature, this study highlights the value of spirituality and religion as a harm reduction approach to decrease substance use for African Americans working on their recovery (Amey et al., 1996; Carter-Edwards et al., 2009; Kapner, 2008).

While the African American college students in recovery took comfort in the cultural capital congruency between CRP resources and their spirituality, they were less likely to see a fit in terms of the racial or ethnic identity. Some of the African American college students detailed wanting more representation from their culture in their CRP by way of honoring African American culture, history, and physical representation in terms of staff members who were African American. Culturally inclusive and sensitive approaches to treatment and recovery for marginalized groups and adaptations in recovery spaces are essential to meet the specific needs of diverse ethnic and racial groups such as African Americans as it promotes inclusion within the CRP (Granfield & Cloud, 1999; White & Sanders, 2008). The results from this study reveal the necessity of CRPs being conscious of the need to develop and affirm the cultural capital of racially diverse students in recovery.

### Research Question 3

Research question 3 asked: How does race affect recovery capital for African Americans in the CRP pursuing recovery? What is clear is that recovery capital is important for recovery success and CRPs can play a key role in helping African American college students in recovery to acquire needed recovery capital, but African American college students face additional barriers to recovery as a result of discrimination and racism. This section highlights the role of race in recovery capital. Theme three highlighted how the racial identity of African American college students impacted their pursuit recovery. Prominent ideas included the lack of representation and personal development. The narratives of the participants provided insight regarding the barriers to recovery capital for African American students based upon racial identity.

#### ***Lack of African American Representation***

As racial minorities, the African American students in recovery were very aware of their race when participating in the CRP. They were acutely cognizant that they were often the only or one of a few African American members of the CRP. Lucious and the other African American college students shared how they were one of the few African Americans on their college campus in recovery who used a CRP. They also indicated few staff were African American. These experiences are consistent with existing research literature, which also demonstrates that African American college students are less often represented in research and writing about CRPs (Iarussi, 2018; Sussman, 2010). This lack of representation impacts their social capital and cultural capital as it results in a lack of opportunities to connect with other African American college students in recovery at their CRP or African American CRP staff. Not seeing their culture represented in their CRP due to the overall lack of African American presence in the CRP was discouraging. Their physical capital is impacted due to African American college students having opportunities to obtain scholarship opportunities focused on their racial identity, academic accomplishments and their recovery status due to their limited representation in the CRP to pursue their higher education. Racial identity influenced their perception of support resulting in loss of exposure which could create greater human capital. African American college students worried about not receiving support that was sensitive to their culture as they worked toward their goals, aspirations, and educational attainment in the CRP and higher education.

Tokenism, a unique finding that stems from lack of representation, provided deeper insight to the experience of being one of the few African Americans in recovery in predominantly White CRP university and college spaces. Tokenism resulted in a palatable feeling of hypervisibility in the CRP spaces, which African American college students in the study described as having a “spotlight” on them, resulting in feeling pressure to perform for an

audience. This pressure to perform and these experiences of being tokenized decreased their recovery capital attainment in the CRP. Many of the African American college students in recovery such as Mya expressed this. The influence of tokenization was evidenced in the following ways. The human capital of African American college students in the study was affected by those students' experiences of being obligated to speak on behalf of the African American population in recovery spaces. This took a psychological and emotional toll on them, piling one more thing they have to contend with on top of having to work on their recovery. These additional responsibilities were perceived as weighty. The constant need to educate their peers about their racial identity and African American experiences in recovery spaces wore them thin and made them apprehensive about affiliating with their CRP. The African American college students also believed they were being held up against majority culture standards and expectations of what recovery should look and feel like. When their recovery experiences differed, they risked being characterized by racial stereotypes.

With so few African Americans pursuing recovery through CRPs, it makes it more challenging to function as their authentic selves, forcing them to assume and adopt strategies and understandings that may not be culturally sensitive. Avoiding the CRP while decreasing anxiety about needing to perform African American students in recovery identity limited the African American students' social capital opportunities to connect with their peers and opportunities to take advantage of the safe haven of physical capital offered by the CRP. This performance was expected in varied ways such as feeling pressure to be in photo or web opportunities and the pressure to be public with their recovery journey from SUD by having such physical visibility in their recovery status. Tokenism highlighted for the participants that CRPs had the capacity to be



self-serving as their “Blackness” was critical to creating the impression that their CRP was inclusive when it may not consistently or at all have engaged culturally inclusive practices.

### ***Personal Development***

Finally, race impacted the attainment of recovery capital through the way it influenced their personal development. The racial identity of African American college students pursuing recovery highlighted the resilient nature of these African American students in recovery. Malcolm’s story described his transformative recovery experiences and how much he valued his newly formed recovery identity. Part of the recovery journey for each of the nine participants was captured in the sense of evolving to embody a new recovery identity such that their recovery was paramount and they no longer identified as being in active addiction from SUDs. Despite challenges in recovery as a result of race, these African Americans students did obtain some human capital in the form of abstinence self-efficacy, confidence in their new lifestyle, and academic achievement. Mya and other African American college students in recovery in this study spoke to how their academics had improved, they were able to advance, and ultimately the CRP helped to build their confidence as well as ability to apply appropriate study skills. Existing research aligns with the current study, emphasizing how CRPs work to aid its members in informing and maintaining their recovery identity (Best et al., 2017; Harris et al., 2014) and how the CRPs aid in the academic journey for students in recovery by providing specific support, creating an environment that fosters connectedness to others while being sober (Iarussi, 2018).

### **Implications for Practice**

Findings from this study have implications for practice and application for higher education CRP staff as well as counselors and counselor educators working in addiction within the realm of higher education. This study shared novel and thought-provoking insight of how

African American college students in recovery pursued recovery within a CRP, and how participation and active involvement in CRPs for this population are small. Despite these small participation numbers within the individual CRPs for African American college students in recovery, their recovery journey is still illuminated through their ability to actively share their narrative and showcased the ways in which they advocated for recovery in their CRP and outside environments, utilized pro-recovery supports, and showed how the African American college students exhibited resilience to gain recovery capital despite being faced with substantial challenges to acquire recovery capital in their CRP. Findings from this study speak to the need for strategic outreach services to African Americans in recovery on college campuses and treatment facilities, integrated health services on campus or surrounding areas, staffing of African American CRP staff and culturally inclusive programming in the CRP.

#### Strategic Outreach

African Americans in recovery from SUDs within the CRP expressed initial reservations and reluctance when visiting the physical CRP space and before they decided to join the CRP. Some students expressed fear of judgement of their recovery, a desire to feel safe, busy schedules, or just unfamiliarity with how the CRP will work for them as they move forward in their recovery on campus as a college student. Therefore, strategic outreach from the CRP would allow for a more direct approach to target African American college students interested in pursuing recovery on campus. One approach to aid in the outreach of African American students experiencing challenges related to SUDs would be to outreach to existing campus resources such as African American student union, African American faith services, African American fraternities or sororities, and new student orientation tabling with the campus health and wellness center can work to mitigate these challenges for African Americans feeling nervous or anxious

about physically going into a recovery space. Existing African American students in recovery could go out to target frequently accessed locations such as the library, student unions, and campus gyms to connect directly with students considering recovery. There could also be a direct outreach to treatment facilities in the area to advertise their CRP services and how they welcome African Americans seeking recovery and speak to how they are culturally inclusive in the CRP; this in itself could work to alleviate concerns by the African Americans interested in attending that college or university to reassure them there are services available that will work to meet their recovery and academic needs. With the challenges of COVID-19, there could be the allocation of recovery programming drop-in sessions where an African American could enter a one-on-one meeting where they meet with CRP staff privately to discuss challenges they are facing in recovery.

### Integrated Health Care

All nine of the African American students in recovery participating within the CRP experienced comorbidity with mental illness and SUDs. These challenges caused frustrations and tensions in pre-existing relationships with friends and family. Ultimately, these issues disrupted the development and progression of African American young adults' social interactions and engagements in the pursuit of higher education, personal and professional opportunities to progress into adulthood. Many of the African American college students in recovery expressed how vital resources such as counseling, nutrition, social support, housing, health services, food assistance, and childcare were in their recovery journey but how challenging it was to find and access these services in one location. Therefore, having one stop locations that African American students in recovery can visit to access services would help in terms of integrated healthcare services to aid in accessibility and to diminish stigma in help seeking.

A free web-based directory of health and wellness care providers could also be created to aid in African American students in recovery being able to find care from health providers who have expertise in African American health care while pursuing recovery. CRP coordinators could aid by providing referrals to their African American students in recovery, since this current research and existing research spoke to African Americans having apprehensions when seeking help for mental and medical health professionals due to fear and general mistrust based on systemic and oppressive systems of care within the United States (Grier-Reed et al., 2016; Henson et al., 2013; McCabe, 2009). Also, within this integrated healthcare for African American students in recovery could be the incorporation of their immediate families and friends. Family is important to the African American students pursuing recovery within the study, and many participants expressed staying in contact with family while they were experiencing active addiction on their road to recovery. This finding aligned with existing research that stated how African Americans were “more likely to stay connected with their families throughout their addiction” (SAMSHA, 2014, p. 111). Existing research expanded on how mental health clinicians serving African Americans pursuing recovery could find work to incorporate African American families into family therapy. This approach would work to provide psychoeducation to the family on substance abuse to address stigma and how it affects their family and as a way to support their African American college student in recovery receiving treatment (Blount, 2018; Bowser & Bilal, 2001; Boyd-Franklin, 2003).

### Strengths Based Approach to Recovery

There is currently a change happening where the problem saturated deficit narrative within African American recovery is changing to represent a strengths-based approach to represent what is working for African Americans in recovery from SUDS. Specifically, how

racial and ethnic identity can work as protective factors for African Americans (Hoggard et al., 2012; Kapner, 2008). Therefore, it is immensely important to expand on the concepts of non-deficit resiliency and strength-based approaches that aid in the personal development of African American students in recovery and foster a healthy recovery identity and academic achievements in higher education as evidenced in theme three recovery resiliency factors within the study.

### ***Solution Focused Brief Therapy and Motivational Interviewing***

In terms of clinical practice, solution focused brief therapy (SFBT) and motivational interviewing (MI) has gained significant acknowledgement and popularity within recent years. Many of the African American college students in the study expressed resistance or reluctance early on in joining the CRP and SFBT and MI could work as bridges for CRP coordinators and staff to connect and support their recovery. Beutler et al. (2002) revealed supportive or non-directive therapeutic interventions typically do better for clients who exhibit high levels of resistance in counseling sessions. The helping styles of motivational interviewing and solution focused brief therapy portray a non-directive, humanistic, client-centered collaborative philosophy in psychotherapy that is beneficial for African Americans pursuing recovery who initially are resistant or skeptical to counseling and the CRP.

Both approaches have a non-pathological/salutatory focus, utilize the incorporation of choice, are immersed in a focus on change, utilize the client's strengths and resources, reframe resistance, involve client and counselor collaboration, and are sensitive to time (Ames & Atkinson, 2007; Kim et al., 2019; Lewis & Osborn, 2004). Additionally, these two approaches include being effective interventions for medication adherence, alcohol and substance use treatment, and useful applications for African American college students and integrated

healthcare for medical family therapy (Barnett et al., 2012; Brown & Stermensky, 2014; Longshore & Grills, 2000)

In order for CRPs to foster and promote recovery, they must work to understand what is in place aiding the recovery journey for the African American student to succeed in order to gain a better understanding as to what has worked and what could be improved in CRPs. This type of assessment could be done within an initial intake, midpoint participation in the CRP, and an exit assessment when the African American college students are graduating from their college and CRP program. This insight will be beneficial to CRP staff, faculty, and coaches, in program evaluation and execution, prioritizing, and adjusting or creating academic policy in higher education environments to holistically serve and engage African American college students in recovery from SUDs.

#### Peer Educator

African American college students in recovery shared how they enjoyed their role as peer educators. Some students expressed how they valued sharing their stories and ultimately wanted to give back to other students seeking recovery. Many African American college students in recovery also felt that being a peer educator kept them connected to their CRP. Peer educator roles within the CRP would aid CRP programming and allow for African American students in recovery to have an active voice in their own recovery process and ultimately help with building connections and ongoing engagement in their CRP with their peers in recovery. A manualized training program within CRPs would provide structure, leadership, cultural sensitivity components, accountability, and ongoing engagement for African American college students in recovery in their CRP. These African American college students in recovery have experienced challenges in their recovery journey and offer inspiration, approachability, and relatability of

how recovery is possible in their lives while pursuing higher education. These study findings aligned with existing research that reiterated how young adults who utilize peer support systems reported greater satisfaction with peer support services (Jackson et al., 2015), increased inspiration and hope (Ratzlaff et al., 2006), and were actively engaged in their health and wellness that aided their self-care in life (Davidson et al., 2012).

#### African American CRP Staff and Culturally Relevant Programming

Many of the African American college students in recovery spoke specifically to wanting someone within their CRP staff to be African American or to be in touch with what this lived experience was like as an African American in recovery. Existing research aligned with the current study and emphasized how African Americans seeking mental health or substance use treatment shared their preference for African American clinicians (Hayes et al., 2011; Meyer & Zane, 2013 ). In order for this to happen, colleges and universities hosting CRPs should be intentional with recruiting, hiring, and ultimately retaining CRP coordinators and staff who represent Afro Caribbean, African Americans, Africans, Afro-Latinas, and other racial ethnic identities within the Black community.

Culturally relevant programming is essential for African American college students in recovery utilizing a CRP. Different groups of African American college students in recovery have different needs. African American college students in recovery in their CRPs shared how important it was for them to have their culture taken into consideration while receiving treatment for their SUDs and participating in the CRPs. African American college students in recovery shared how cultural values within their recovery were vital to their time in their CRP such as religion, spirituality, and family connections. Existing research aligns with the current study, emphasizing how incorporating spirituality and religion into SUDs treatment aided in their AA

meetings and recovery experiences African Americans (Blount, 2017; Roland & Kaskutas, 2002). Conversely, some African American college students in recovery expressed how AA did not align with their cultural beliefs and spoke to how they sought recovery meetings with Buddhist or African American specific recovery groups that upheld their ethnic recovery cultural values. Existing research aligns with the current study findings, and revealed that African Americans who did not subscribe to AA seeking recovery would seek treatment through African American recovery groups in a more culturally specific way (Boyd-Franklin, 2003; Durant, 2005) and felt as though AA was too individualistic and ultimately does not coincide with African American collectivist culture (Smith et al., 1993).

ARHE (2020) has been extremely responsive to the needs of African American college students seeking recovery and within their National Collegiate Recovery Conference (NCRP) has included conference sessions to be culturally sensitive and inclusive to African Americans seeking recovery. Their opening keynote address was entitled, “Healing and Liberation start with Knowledge and Accountability Racism’s Impact on Black-identified students.” Within this address, a student panel who identified as Black shared their experiences in recovery, higher education, and their CRP. This open dialogue style of platform is pioneering within CRP spaces. This session allowed for education and visibility in a safe space and lends itself for ways to hear directly about the barriers encountered and strengths exhibited by Black students in CRPs. Racism, microaggressions, and prejudice were prominent components of the shared experiences of African American students in recovery participating in CRPs in the study; and this panel reiterated the need to address these challenges for African American participants to ensure they can have an inclusive safe space to work on their recovery without discrimination. A Black Lives Matter All recovery meeting would also be a part of this ARHE conference itinerary. An



additional session was entitled, “Help a Sista Out: How You Can Help Make Space for Black Women Administrators in the Collegiate Recovery Field” (Smith, 2020). This session expanded on experiences of African American women working within CRPs in higher education environments and topics ranging from racism, intersectionality, and effective strategies to recruit Black women staff to work within CRPs was discussed from the presenter’s dissertation research. Within 2021, a Black Students in Recovery panel was hosted and presented an opportunity to hear directly from African American students utilizing CRPs. An Equity and Justice discussion series hosted a webcast entitled, “Understanding Equity, Diversity, and Inclusion In Collegiate Recovery using an Intersectional Lens” (De Jesus, 2021). This topic discussed how imperative it is to have CRPs work to promote equity and discussed how privilege, intersecting identities, and power can benefit or detract from experiences of CRP participants. This webcast aligns directly with ways in which African American college students in recovery discussed having intersecting identities and how their identities were challenged or not validated in CRP spaces and a desire to have equitable treatment.

### Limitations

The focus of this study addressed the diverse experiences of African American college students in recovery from SUDs participating in a CRP. However, there were some limitations that were noted once the study concluded that will be addressed related to CRP involvement, COVID-19, lack of African American representation in CRPs, and sample size. The recruitment criteria called for African American college students in recovery from SUDS participating in a CRP in the United States. African American college students in recovery were CRP members and had a shorter duration of time such as 6 months in their CRP due to it just starting on their campus. Therefore, these African American college students in recovery could not share in-depth

and a wide breadth about their CRP experiences in comparison to those in participation for several years. Another limitation was the onset of the COVID-19 pandemic and all interviews happening using video conferencing technology in varying time zones. At times, it was challenging to schedule times and dates for their interviews based upon a majority of the African American college students in recovery starting to work from home and having to adjust their schedules in order to participate in an interview. African American college students in recovery also had varying levels of proficiency with utilizing the web conferencing platform, which also presented as a limitation with accessing the video calls at times.

There currently is a lack of African American representation in the CRPs, which resulted in me having to utilize several recruitment strategies to gather African American college students in recovery for the study. I utilized my social network, word of mouth, snowball sampling, and networking with recovery organizations by using personal and professional contacts. Snowball sampling aided immensely in the recruitment of African American college students in recovery in the study. At the time of recruitment, many of the CRP coordinators were in the early stages of finding the best ways to transition to web-based recovery services due to in-person recovery meetings coming to a halt from COVID-19 and may have felt overwhelmed having to adjust to these changes. Therefore, the dispersal of the recruitment flyer for the study to CRP members may not have been a priority given their other pressing tasks and priorities in their CRPs.

Despite this outreach from me, challenges arose again, due to COVID-19 in terms of African American college students in recovery keeping their interviews. The data collection started during the second week of quarantine for several of the African American college students in recovery across the United States and that in itself was challenging for African American college students in recovery in terms of them expressing concerns about their safety

and new normal within the pandemic. I allowed for African American college students in recovery to express their concerns about COVID-19 in the interviewing process which ultimately allowed for deeper insight on their recovery experiences.

#### Future Research

The study focused specifically on participants who identified as African American students in recovery using a CRP. This allowed for an in-depth investigation to learn about their past active addiction and recovery journey. A similar approach with more diverse racial and ethnic and sexual minority populations such as Latinx, Asian, Biracial, or Multiethnic or members of LGBTQI+, graduate students, military veterans, students who identify as having a disability, international students, and groups in recovery could expand on existing research. There is a small body of research focusing specifically on these racial and ethnic groups and understanding their lived recovery experiences could work to inform outreach and treatment from SUDS on college campuses and treatment facilities (Brown et al., 2018b; Iarussi, 2018).

Future research on African American college students in recovery could explore recovery after graduation for CRP members, and how CRP membership aids in a healthy transition to recovery as a working professional or graduate student. Also, what resources are available through the CRP to aid in the transition in recovery once the students graduate? Or what connections from CRP alumni and current CRP African American students can be formed as a means for recovery mentorship? These potential future research studies could be explored over an extended course of time through a longitudinal study and provide an in-depth look into accomplishments, significant markers, and notable moments in the post-graduation recovery experiences of CRP graduates.

From an institutional level, research is required to identify factors that warrant and derail implementation of on campus support of CRPS (Laudet et al., 2016). There is also a need for more qualitative studies focusing on the narrative and explorative journey to remove the stigma of CRP participants in recovery to balance the influx of statistics and quantitative studies within the literature. There is also a lack of rigorous studies to examine the usefulness of the CRP models over time, in particular in the areas of substance abuse and academic outcomes (Laudet et al., 2016).

This study started its data collection during the start of the COVID-19 global pandemic quarantine. As a result, all nine African American college students in recovery of the CRP quickly transitioned to the online use of mutual aid support groups and recovery meetings via Zoom or other web-based platforms with their CRP coordinator and CRP peers. Future research could explore how African American college students in recovery work to pursue and maintain their recovery through online support groups to provide insight on what is or is not working in the area of online support.

### Conclusion

In response to Iarussi's (2018) qualitative study and Brown's (2018b) quantitative study call to conduct research with diverse individuals with consideration to intersectionality, this study explored the lived experiences of African American college students in recovery from SUDS utilizing CRPs. This study is the first of its kind within the CRP literature to focus specifically on the lived experiences of African American students pursuing recovery from SUDs through CRPs and offers thought provoking and enlightening insight on their past lives in active addiction and steadfast recovery while pursuing higher education. Recovery capital (RC) provided the theoretical framework to understand how African American students in recovery

who participate in CRPs obtain and maintain their sobriety. The data analysis of the African American college students in recovery interviews provided a deeper perspective into how CRPs promote recovery and essentially enhance recovery capital. Finally, this study highlighted the ways in which race can affect how African American students in recovery experience challenges and garner resiliency while participating in their CRPs.

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## APPENDIX A: EMAIL RECRUITMENT LETTER

Dear Collegiate Recovery Community Coordinators and Specialists,

I hope all is well. My name is Marie Huggins. I am a doctoral candidate in the Counselor Education and Supervision program at the University of North Carolina at Charlotte. I am collecting data for my qualitative dissertation focused on the experiences of African American college students in recovery from substance use who participate in a collegiate recovery community. Please share this invitation email below and flyer attached to this email with your students in recovery via email or listserv. Eligible and interested students can outreach to me directly at mhuggi10@uncc.edu or (919) 706- 6076 . I am available to provide any additional information. I appreciate all your help and consideration.

Thank you very much,

Marie Huggins, M.Ed., LCMHCA, NCC, GCDF

Doctoral Candidate- Counselor Education & Supervision

Greetings!

My name is Marie Huggins, and I am a doctoral candidate of the Counselor Education and Supervision program at the University of North Carolina at Charlotte. You are invited to participate in a dissertation study focused on the recovery experiences of African American college students in recovery from substance use disorders participating in collegiate recovery programs.

Findings from this study may help improve services at collegiate recovery programs and will provide insight into further research about ways in which African American college students recover from substance use issues. Your participation in this study is entirely voluntary and you may withdraw your consent and terminate participation without consequence at any time.

As a ‘thank you’ for your participation, you will receive one \$20.00 Amazon gift card upon the completion of your one 60- 90-minute interview.

You are eligible to participate in this study if you meet the following criteria:

- i. You self-identify as African American and are at least 18 years old
- ii. You are enrolled as either a part- or full-time college student
- iii. You self-report being in recovery from substance use for at least 6 months
- iv. You are an active participant in a collegiate recovery community or program.

If you would like to proceed with scheduling a time to meet for a 60-90-minute web interview (Skype, Zoom, etc.) to further explore how you have been able to attain recovery, I am available

to meet online at a time and date that is convenient for you. Please feel free to contact me at 919-706-6076 or mhuggi10@uncc.edu

I've attached an informed consent form within this email for your review to provide an overview of the dissertation study. If you decline participation, I ask that you please share this invitation with other African American students in recovery utilizing CRPs who may be eligible.

Thank you in advance for your time and participation! Your time is greatly appreciated.

Sincerely,

Principal Investigator:

Ms. Marie Huggins, M.Ed., LCMHCA, NCC, GCDF

Doctoral Candidate of Counselor Education & Supervision

The University of North Carolina at Charlotte

9201 University City Blvd. Charlotte, NC 28223

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Under the Faculty Advisor Supervision of:

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9201 University City Blvd

Charlotte, NC 28223-0001

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## APPENDIX B: RECRUITMENT FLYER

## ARE YOU AN AFRICAN AMERICAN STUDENT ENROLLED IN COLLEGE AND IN RECOVERY FROM ALCOHOL OR OTHER DRUG USE?

To qualify, participants must:



- ✓ Be at least 18 years old
- ✓ Self-identify as African American
- ✓ Be enrolled full or part time in a college or university
- ✓ Be in recovery for the past 6 months
- ✓ Active within a collegiate recovery community or program
- ✓ Participants who complete one, interview lasting 60 -90 minutes interview will be compensated 1-\$20.00 Amazon Gift Card.



I'm a doctoral candidate in Counselor Education and Supervision at UNC Charlotte conducting research on the lived recovery experiences of African American college students utilizing collegiate recovery programs through semi-structured interviews.

If you are interested in taking part in this study, or have further questions, please contact **Marie Huggins** at [mhuggi10@uncc.edu](mailto:mhuggi10@uncc.edu) or (919) 706-6076

UNCC IRB #19-0642

## APPENDIX C : INFORMED CONSENT



Department of Counselor Education and Supervision  
 9201 University City Boulevard, Charlotte, NC 28223-0001  
 t/ 704-687-8960 f/ 704-687-8960 <http://education.uncc.edu/counseling>

**Consent to Participate in a Research Study**

**Title of Project:** A Phenomenological Study of African American College Students' Lived Experiences in Recovery from a Substance Use Disorder

**Principal Investigator:** Ms. Marie Huggins, M.Ed., LCMHCA, NCC, GCDF  
 Doctoral Candidate in Counselor Education & Supervision  
 The University of North Carolina at Charlotte  
 9201 University City Blvd. | Charlotte, NC 28223  
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**Faculty Advisor:** Dr. Pam Lassiter  
 Professor  
 Department of Counselor Education and Supervision  
 The University of North Carolina at Charlotte  
 9201 University City Blvd  
 Charlotte, NC 28223-0001  
 plassiter@uncc.edu

Dear Participant,

You are invited to participate in a qualitative research study conducted as part of the requirements for a doctoral degree. Participation in this research study is voluntary. The information provided is to help you decide whether or not to participate. If you have any questions please ask.

**Important Information You Need to Know**

- The purpose of the study is to explore the role of collegiate recovery programs in the recovery process for African American college students who identify as being in recovery from substance use disorders (SUDs).
- I am asking African American college students in recovery who are 18 and older and enrolled in college and participate in a collegiate recovery program, to complete a

demographic survey and participate in a 60-90 minutes interview about their experiences in recovery from substance use. Once you complete the informed consent, I will contact you via email to set up a time for our individual interview time. The interview will take place in a private location on a date, time, convenient for you. I will ask you demographic and interview questions in person or via Skype. Only you and I will be present during the interview.

- Some of the questions I'll ask you are personal. For example, I'll ask you about: What were the primary drug (s) you used in the past? (ex. Alcohol, Marijuana, etc.) This question is personal and you might experience some mild discomfort. You may choose to skip a question if you do not want to answer. You will not personally benefit from taking part in this research but my study results may help me better understand the experiences of African American college students in recovery and participating in collegiate recovery programs.
- Please read this form and ask any questions you may have before you decide whether to participate in this research study.

### **Why are we doing this study?**

The study will provide African American college students in recovery who are participants of collegiate recovery communities or programs an opportunity to share their individual stories of how the collegiate recovery program or community has played a role in their recovery despite challenges or barriers that exist.

### **Why are you being asked to be in this research study?**

You are invited to participate in this study if you (a) self-identify as African American at least 18 years old, (b) are enrolled as either a part- or full-time college student, (c) self-report being in recovery from substance use for at least six months (d) are an active member of a collegiate recovery program or community.

You may not participate in this project if you do not (a) self-identify as African American at least 18 years old, (b) are not enrolled as either a part- or full-time college student, (c) do not self-report being in recovery from substance use for at least six months, and (d) are not an active member of a collegiate recovery program or community.

### **What will happen if I take part in this study?**

Participants are recruited through email and word of mouth. As a participant, If you agree to participate in this study, you will be asked to provide demographic data and the principal investigator will review this informed consent form with you and answer any questions you may have. You will be asked participate in one semi-structured interview lasting between 60 – 90 minutes in length. The interview will take place in a private location on a date, time, convenient for you. Your interview will either be in person or via Skype.

All face to face interview participants will be provided with a written hard copy of the consent form in person to sign in order to consent. The principal investigator will confirm that the participant has reviewed the consent form and ask for the participant's email. Next, the principal

investigator will ask the participant if they have any questions about the information in the consent form and ask if the participant is willing to participate under the conditions described in the consent form. Once participants read through the informed consent they will sign to consent to participate in the study and the interview will begin with the participant and be recorded by the principal investigator. The participant will be asked to create and share their pseudonym at the start of the interview that will be assigned to all research notes and interviews.

For Skype interviews, participants will be provided a typed copy of the consent form in advance of the interview via email. The principal investigator will ask the participant if they have any questions about the information in the consent form and ask if the participant is willing to participate under the conditions described in the consent form. Once the participant gives oral consent the principal investigator will start the interview process.

The interview will be audio recorded on a digital recorder and the principal investigator will transcribe the interview. Your interview will remain confidential and secure. After you have completed the interview, you will be asked to review the transcript for accuracy of the information shared. Transcripts will be stripped of any identifying information, as pseudonyms will be given in order to maintain confidentiality.

### **What benefits might I experience?**

Although there is no direct benefit to you as a participant, the benefits of your participation in this human subject study include a better understanding of the African American college students' lived experiences in recovery from substance use disorders, which requires a multifaceted approach to understanding their experiences at colleges and universities. This study also seeks to expand on the current literature that examines recovery of African American college students' in the United States.

### **What risks might I experience?**

There are potential risks associated with this study. Sharing personal information about past substance use and the current recovery journey may induce mental and emotional distress for participants. In order to minimize any potential mental or emotional distress support will be offered: (a) each participant may decide to withdraw from the study at any point in time; (b) at the beginning of each interview, participants will be asked if they feel comfortable participating in the interview at the specific time and day; (c) participants have the option to delay and reschedule their interview for any reason; (d) participants may choose what questions they feel comfortable answering, and (e) at the conclusion of the interview the principal investigator will ask how the participant felt about the interview process; (f) if and when participants experience mental or emotional stress they will be provided a mental health resource provider listing particular to their region.

### **How will my information be protected?**

Any identifiable information collected as part of this study will remain confidential to the extent possible and will only be disclosed with your permission or as required by law. The data will be stored securely in a secure drive folder. Data will be stored securely in a password-protected folder on the researcher's password protected desktop, which will be kept in a locked location when not in use. Hard copy data such as consent forms, demographic questionnaire, recording of

interviews, reflexive journals, and transcribed interviews will be kept in the principal investigator locked file cabinet in the principal investigator's home office.

Audio-recorded interviews will receive a pseudonym rather than your actual name. All audio files and field notes will remain secure and will only be used to transcribe and validate interview data. Audio files will be deleted after data analysis has been completed. You will not be asked to write your name on any study materials so that no one can match your identity to the answers that you provide.

**How will my information be used after the study is over?**

After this study is complete, study data will be used as part of publishing results. The data will NOT include information that could identify you. Your identity will not be disclosed unless it is authorized by you, required by law, or necessary to protect the safety of yourself or others. There is always some risk that even de-identified information might be reidentified.

**Will I be paid for taking part in this study?**

You will receive a \$20.00 Amazon gift card via email for completing the demographic survey and the interview. If you withdraw from the research study prior to the completion, there will be no compensation for participants that withdraw prior to completing the in-depth interview.

**What are my rights if I take part in this study?**

You are a volunteer. The decision to participate in this study is entirely up to you. If you decide to be in the study, you may stop at any time. You will not be treated any differently if you decide not to participate in the study or if you stop once you have started.

**Who can answer my questions about this study and my rights as a participant?**

If you have questions at any time about this study, or you experience adverse effects as the result of participating in this study, you may contact the principal researcher Marie Huggins [mhuggi10@uncc.edu](mailto:mhuggi10@uncc.edu) whose contact information is provided on the first page. If you have any questions regarding your rights as a research participant contact the Office of Research Compliance at (704) 687-1871.

If problems arise which you do not feel you can discuss with the Primary Researcher, please contact the supervising faculty member, Dr. Pamela S. Lassiter at [plassiter@uncc.edu](mailto:plassiter@uncc.edu).

If you have any questions about your rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher (s), please contact the UNC Charlotte Office of Research Compliance at 704-687-1871 or [uncc-irb@uncc.edu](mailto:uncc-irb@uncc.edu).

**Consent To Participate**

I have read and understand the above information and have had the opportunity to ask questions. I understand that I will be given a copy of this consent form. I voluntarily agree to participate in this study with the understanding that I may choose not to participate or to stop participating at any time without penalty or loss of benefits to which I am otherwise entitled."

Subject's signature \_\_\_\_\_ Date \_\_\_\_\_  
Investigator's signature \_\_\_\_\_ Date \_\_\_\_\_



## APPENDIX D: BACKGROUND AND DEMOGRAPHIC QUESTIONNAIRE (BDQ)

Directions: Please answer all the following background and demographic questions. The principal researcher will not attempt to identify individuals in the study based upon responses to the BDQ.

In order to help protect your identity, I would like to utilize pseudonyms (also known as a fictitious name), please list your fictitious name: \_\_\_\_\_

1. What is your age?: \_\_\_\_\_
2. What is your gender identity?: \_\_\_\_\_
3. What is your marital /partnership status?: \_\_\_\_\_
4. Please list your religious/spiritual affiliation: \_\_\_\_\_
5. What is your enrollment status in college now? Full-time \_\_\_\_\_ Part-time \_\_\_\_\_
6. Current School Type: Community College \_\_\_\_\_ 4-year public \_\_\_\_\_ 4 year private \_\_\_\_\_
7. Type of degree program: Associate \_\_\_\_\_ Bachelor \_\_\_\_\_ Master \_\_\_\_\_ PhD/EdD \_\_\_\_\_

I would now like you to answer some questions pertaining to your substance use in the past:

8. What were the primary drug (s) you used in the past? \_\_\_\_\_  
(ex. Alcohol, Marijuana, etc.)
9. What substance use treatment have you had prior to your time in the CRP?  
 Outpatient \_\_\_\_\_  
 Inpatient/Residential \_\_\_\_\_  
 Detoxification \_\_\_\_\_  
 12 Step Meetings \_\_\_\_\_  
 Other \_\_\_\_\_  
 None \_\_\_\_\_

I would now like you to answer some questions pertaining to your current recovery:

10. How long have you been in recovery/abstinent? \_\_\_\_\_

11. What is your current type of support system used to abstain from substances while in recovery? (Check all that apply)

Collegiate Recovery Program (CRP): \_\_\_\_\_

Alcoholics Anonymous: \_\_\_\_\_

Narcotics Anonymous: \_\_\_\_\_

Friend \_\_\_\_\_

Family \_\_\_\_\_

church members \_\_\_\_\_

spirituality \_\_\_\_\_

religion \_\_\_\_\_

other: \_\_\_\_\_

12. Do you regularly attend recovery- based meetings? Yes / No

13. How often do you go to the CRP or CRP events? \_\_\_\_\_ (per semester)

14. What programs or resources at the CRP do you use the most?

## APPENDIX E: AFRICAN AMERICAN COLLEGE STUDENTS' IN RECOVERY AT CRPS INTERVIEW PROTOCOL

Participant's Pseudonym: \_\_\_\_\_

Interviewer: Marie Huggins

Date: \_\_\_\_\_

Interview Start Time: \_\_\_\_\_

Interview End Time: \_\_\_\_\_

Location: \_\_\_\_\_

### Introduction Pre-Interview Statement:

The purpose of this study is to explore the role of collegiate recovery programs in the recovery process for African American college students who identify as being in recovery from substance use disorders (SUDs). Please feel free to ask the interviewer for questions for clarification at any time during the interview. This interview will last approximately 60 to 90 minutes.

### Introduction and general history of substance use

1. Tell me a little about yourself.
2. What made you want to participate in this study?
3. Tell me about your substance use history.
  - a. Probe: Upon the start of use, what has that journey been like for you?

### Recovery

4. Tell me about the time you first thought about getting help for your substance use.
5. What is different about you since you are now sober/not using?
  - a. Probe: In what ways has sobriety impacted your college experience?

### Recovery Capital and Collegiate Recovery Programs

6. Tell me about your experience with the CRP.
  - Follow up: Length of time, how you use it, and events/activities you attend.

Physical Capital (transportation, recovery on campus student lounge, employment, healthy meals, academic scholarships, sober housing, etc.)

7. Describe the tangible supplemental resources you have used at the CRP?

- Follow up: What were some helpful tangible supplemental resources from the CRP?
- Follow up: What were some areas of improvement for tangible supplemental resources from the CRP?

Social Capital (sober friends, supportive friends and family, sober support groups, sponsors, etc.)

8. Describe the social resources you have used at the CRP.

- Follow up: What were helpful social resources from the CRP?
- Follow up: What were some areas of improvement for social resources from the CRP?

9. As an African American student what have your social experiences been like in the CRP?

- a. Probe: How do you navigate as an African American in the different social spaces you've described?

Cultural Capital (recovery values, beliefs, attitudes, recovery traditions, etc.)

10. Describe your cultural experience in the CRP as an African American student in recovery.

- Follow up: What were helpful cultural resources from the CRP?
- Follow up: What were some areas of improvement for cultural resources from the CRP?

11. How has the CRP been responsive to you as an African American student?

Human Capital (internal problem-solving skills, self-efficacy, confidence, etc.)

12. Describe some of the internal/intangible resources that the CRP has provided you in your recovery as an African American.

- Follow up: What were helpful internal/intangible skills you developed from the CRP?
- Follow up: What were some areas of improvement for internal/intangible skills you developed from the CRP?

Conclusion

13. Is there any additional information that you would like to add? Also, is there anything that we have not discussed that you would like to talk about?

## APPENDIX F:

**Table 2:**

*Full Examples of Significant Statements of African American College Students in Recovery from Substance Use Using CRPs, Related Formulated Meanings, and Meaning Units or Themes*

Significant Statements	Formulated Meaning	Meaning Units or Themes (Lucious)
It was just something to help the CRPs that are in the area developing. So, I thought it'd be really beneficial for me to just do what I could to help with that, especially since I'm involved in the community. Honestly, just doing things to help others, especially when it comes to stuff like this. Just rewarding.	Student refers to giving back their time, energy, or support to aiding the collegiate recovery program grow on their college campus.	Helping out the CRP
Or with my director, specifically, when I was first starting, she knew how I was feeling about it, but she wanted me to come because she thought I'd really benefit from it. So, she always made an effort to check in with me, check up on me.	Student refers to their CRP coordinator as a source of support during their time in recovery within the CRP.	CRP Coordinator Support
Not that I've noticed specifically, just because, as far as I've seen, I just met like the third black person at the CRP the other day through a video call.	Student refers to there being little to none African American representation in the CRP.	Lack of African American representation at the CRP meetings
I'd say in general, the experience has been pretty positive, now that it's like settled in and I've gotten more established, well not established, more comfortable with the group. Even when I met the other CRPs from the area over this one weekend at this camp, that was a really positive experience. Just meeting all these people who you've never seen before. It's like even though y'all haven't talked, you all know that y'all have some type of similar experience. I guess that makes it easier to form a connection once y'all do start talking, even though there's that nervous feeling off the bat.	Student explains their positive social experiences with the CRP.	Positive Social supports and experiences in the CRP
It'd be the CRP and then I went to a couple of NA meetings, but mostly the CRP	Student refers to attending 12 steps	12 Step Meetings

meeting that are hosted  
by the CRP.

through the  
CRP

**Table 3**

*Selected Examples of Significant Statements of African American College Students in Recovery from Substance Use Using CRPs, Related Formulated Meanings, and Meaning Units or Themes*

Significant Statements	Formulated Meaning	Meaning Units or Themes (Rose)
I've been involved with the CRP for two and a half years I was involved there before I became a student. Doing volunteering with a Federally funded program there. So yeah, I was involved with collegiate recovery at ARHE before I actually was a part of a CRP as far as a student. But I've always been a part of that program.	Student refers to giving back their time, energy, or support to aiding the collegiate recovery program grow on their college campus.	Helping out the CRP
With microaggressions in those spaces that are dominated by cis-gender white people, or white people period. It's met with microaggressions.my sharing. Because after that, the whole vibe is just change.	The student details discrimination, feeling uncomfortable or uneasy in the CRP.	Discrimination in the CRP
My early experience with the collegiate recovery community honestly has been very rocky because these systems that collegiate recovery's built upon is normal, cis-gendered, heterosexual, white men. So, coming in there as a person of not having that privilege that they have, it's honestly been a struggle. It's been an up and down battle. Meetings that are catered towards marginalized communities I think would be helpful.	Student refers to there being little to none African American representation in the CRP.	Lack of African American representation at the CRP meetings
What's different about me is that I'm actually learning myself. So, I'm actually I'm experiencing life and figuring out who I am. But also living life.	Student refers to personal growth in their time in the CRP.	Personal Health improved through the CRP
Having a CRP on campus, it gives me a group of people that I can lean on when I need support. And	Student explains their positive social	Positive Social

also, just a sense of community within that community.	experiences with the CRP.	Interactions in the CRP
Even those who think they know, if they don't live this life or been through this, they don't understand. So, navigating that and also letting people know the different cultural norms, and what's okay and what's not okay, and stuff in social groups is pretty challenging.	Student refers to being a token in the CRP as the only African American student and essentially a non-threatening “good” Black person who also educates non-African American on their culture and lived experiences.	Tokenism for African Americans in the CRP
Pretty much 12 step meetings is my main support group. I do some therapy, and of course my CRP. I use that as support.	Student refers to attending 12 steps meeting that are hosted by the CRP.	12 Step Meetings through the CRP
So yeah, technically I'm a student worker through our CRP. Through full employment. We do have a scholarship program, so I am a part of that program. Receiving that. And we do things like community meals and stuff like that. But our CRP also buys food, so when we're on campus we can stop through and have snacks, or have lunch sometimes, or breakfast, and things like that.	Student refers to tangible resources of support during their time in the CRP.	Tangible pro-recovery resources through the CRP (Scholarships, Room Space, Food)

**Table 4**

*Selected Examples of Significant Statements of African American College Students in Recovery from Substance Use Using CRPs, Related Formulated Meanings, and Meaning Units or Themes (Mya)*

Significant Statements	Formulated Meaning	Meaning Units or Themes (Mya)
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It's been amazing. In the past year, we had lost our old CRP space because it was getting demolished or something like that and then... yeah. And so, we were pretty much couch surfing across campus for two semesters waiting for our new space to get built, which it did.	Student refers to giving back their time, energy, or support to aiding the collegiate recovery program grow on their college campus.	Helping out the CRP
The CRP coordinator, for sure. I came into recovery because of her and she's one of the biggest reasons I'm still coming back to the CRP space just because she's very relatable. I can't count how many times I've walked into her office just angry about something and left feeling comforted. So, I guess a lot of it has to do with her.	Student refers to their CRP coordinator as a source of support during their time in recovery within the CRP.	CRP Coordinator Support
The first couple months was awful just because, like I mentioned, there was literally not a single person in the room that looked like me and it was either all white dudes or one white woman in the room was the coordinator and that was like it. And so, it was very hard to relate to people and I was still in the mindset of, well, I didn't do that so I'm better. I don't have an addiction because I didn't do this and I didn't have to go through that.	Student refers to there being little to none African American representation in the CRP.	Lack of African American representation at the CRP meetings
Honestly everything has changed. I'm a lot more in tune with my emotions. I used to be but now it's more like I'm okay with feeling bad and stuff.	Student refers to personal growth in their time in the CRP.	Personal Health improved through the CRP
But now ever since the semester where I started recovery I've been getting As in every single class.	Student shares their academic progress while sober. This could be through grades, focus on academics, study skills, etc.	Academic Achievement in Recovery through the CRP (Izzy
Definitely a lot of friendships that have come from it and being able to talk to people that I wouldn't typically see myself as friends with... There's some people in the CRP space that could be as old as my parents that I'm friends with and it's not something that would typically happen. And so, I guess stuff like that. A lot of us have different interests so we wouldn't be found in the same activity circles	Student explains their positive social experiences with the CRP	Positive Social Interactions in the CRP



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outside of the CRP. CRP kind of brings us together.

I like it. I've taken stuff from NA literature and stuff like that that I see it with my life and my lifestyle and stuff that work for me. One of the biggest things in recovery is the keep going just for today. And that's one of the biggest reasons I'm able to get through 17 months of sobriety, it's because I tend to be like, Okay, well what happens tomorrow and the day after that and the day after that? And catastrophizing but now in recovery and outside of recovery I'm like. Okay. Let's just deal with this for today. We'll deal with tomorrow. So that's helped a lot.

Student refers to attending 12 steps meeting that are hosted by the CRP

12 Step Meetings through the CRP

I've used the study halls. We also have a meditation room so I use that a lot. What else do I have? I know they're working on scholarships for the next semester but we don't have them yet. But yeah, we have snacks and coffee and stuff like that and we have catered food a lot, almost every other week we have someone catering some kind of meal. I think that's about it.

Student refers to tangible resources of support during their time in the CRP

Tangible pro-recovery resources through the CRP (Scholarships, Room Space, Food)

But it's outside of the CRP, me and the two other African Americans are seen as spokespeople for black people in recovery

Student refers to being a token in the CRP as the only African American student and essentially a non-threatening "good" Black person who also educates non-African American on their culture and lived experiences.

Tokenism for African Americans in the CRP

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**Table 5**

*Selected Examples of Significant Statements of African American College Students in Recovery from Substance Use Using CRPs, Related Formulated Meanings, and Meaning Units or Themes*

Significant Statements	Formulated Meaning	Meaning Units or Themes (Danielle)
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Right now, I'm a peer recovery my CRP through a federally funded program. And what I do is I basically work on a peer to peer basis with people in recovery and just share my experiences and let them know that there is hope.	Student refers to giving back their time, energy, or support to aiding the collegiate recovery program grow on their college campus.	Helping out the CRP
And then I came out and I kept pushing forward and then once I came out, I met with the guy who is in charge of my CRP. He got me involved with them. Learned a lot more about recovery, started working with them. Got back in school, now I'm in the grad program, the rehabilitation and mental health counseling program at my university. Making my way to get my LPC.	Student refers to their CRP coordinator as a source of support during their time in recovery within the CRP.	CRP Coordinator Support
Well, some experiences for me are there aren't too many people of color, especially women. And then in AA, I've seen most of them go to NA.	Student refers to there being little to none African American representation in the CRP	Lack of African American representation at the CRP meetings
Oh, a lot. I take care of myself. I'm dependable, I'm consistent, I'm happier. And when I say I take care of myself, I mean that in many ways. Like, I actually physically take care of myself. Like exercise. I wash myself. Spiritually I pray and stuff. What else? I eat healthier. I take my medicine like I'm supposed to..	Student refers to personal growth in their time in the CRP.	Personal Health improved through the CRP
Now, when we get an email that something's due next week, I'm starting on it now. Because that gives me time to sit on it and do it and reread it and things like that. I don't procrastinate anymore	Student shares their academic progress while sober. This could be through grades, focus on academics, study skills, etc.	Academic Achievement in Recovery through the CRP (Izzy
Yeah, the meetings are definitely helpful and I do believe in all pathways to recovery, even though my primary is 12 Steps, I've branched off and started going into refuge because it practices more on Buddhist principles, not actually Buddhism, but more about peace in a holistic approach to recovery, so.	Student refers to attending recovery meetings that are led with Buddhism principles through the CRP.	Buddhism Recovery Meetings through the CRP

Well we (CRP) do them all community meetings every third Sunday, that's very helpful. I do have sober friends and non-sober friends and the reason why I highlight that is because I think it's important to have non-sober friends.	Student explains their positive social experiences with the CRP.	Positive Social Interactions in the CRP
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**Table 6**

*Selected Examples of Significant Statements of African American College Students in Recovery from Substance Use Using CRPs, Related Formulated Meanings, and Meaning Units or Themes (Blake)*

Significant Statements	Formulated Meaning	Meaning Units or Themes (Blake)
Oh, right now there's a gap between colleges, treatment centers, and AA, NA, CA. That bothers me. Another connection I made is a guy, he has a high political position in the state of Pennsylvania, and he has to be on this national committee, where writing legislation to make it so every college and high school got to have a Collegiate Recovery Program. I'm a part of that committee.	Student refers to giving back their time, energy, or support to aiding the collegiate recovery program grow on their college campus.	Helping out the CRP
I do obviously the AA, the NA, CA, the therapy, the meds. The medication is important. Me and my psych doctor have a really good relationship. That's important because I started 100 milligrams and I started moving down. So now I'm at 25. But I would have never even went that route hadn't I had somebody that was so transparent	Student refers to personal growth in their time in the CRP.	Personal Health improved through the CRP
What school did for me is it taught me that I have to be healthy before I enter the classroom. So, I learned with school the yoga, the prayer, the diet, the exercise, that's all... School taught me this, it taught me to love the labor more than the fruit, because the labor's not going nowhere..... Okay, so being involved, telling my story at my school, open doors for them to open doors for me. So, they put me on the front cover of the magazine and they had	Student explains their positive social experiences with the CRP.	Positive Social Interactions in the CRP through the CRP

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me speak in an engagement which opened a door up for me to travel and speak on a panel at a national communications convention.		
I just received a scholarship. I made all-state P academic team, which will put me a full ride to XYZ school in the fall.	Student shares their academic progress while sober. This could be through grades, focus on academics, study skills, etc.	Academic Achievement in Recovery through the CRP
I used to count my meetings, now I make my meetings count. Is that a better way of saying it?	Student refers to attending 12 steps meeting that are hosted by the CRP.	12 -Step Meetings through the CRP
I've gotten 10 scholarships because of my story. I've been in recovery campus national magazines, I've been on podcasts. My resume now, by God's grace, is two pages deep.	Student refers to tangible resources of support during their time in the CRP.	Tangible pro-recovery resources through the CRP (Scholarships, Room Space, Food)
Number one is Refuge Recovery, which is based on Buddhist principles. That's how much my mind is opened up.	Student refers to attending recovery meetings that are led with Buddhism principles through the CRP.	Buddhism Recovery Meetings through the CRP
That's the one thing. Yeah, I haven't seen... They've been more than uplifting. Matter of fact, they've actually told me that it's important for me to use my voice because I'm an African American.	Student explains their positive social experiences with their CRP.	Positive Social Interactions in the CRP
One of the things that's been real disheartening is seeing that our community don't want to talk about mental illness and drug addiction	Being African American and In Recovery from a SUDs): Stigma is faced within the African American Community based upon the factors of	Double Stigma (Being African American and In

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their racial identity and  
SUDs.

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Recovery  
from SUDs)

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**Table 7**

*Selected Examples of Significant Statements of African American College Students in Recovery from Substance Use Using CRPs, Related Formulated Meanings, and Meaning Units or Themes (Stella)*

Significant Statements	Formulated Meaning	Meaning Units or Themes (Stella)
So, through the CRP, I joined there. It's a now student organization and it's really focused on being able to provide sober events and education for students and staff and everybody on campus so that it's a safe space for everybody and everybody has an opportunity for the full collegiate experience and stuff like that. And I'm currently Vice President.	Student refers to giving back their time, energy, or support to aiding the collegiate recovery program grow on their college campus.	Helping out the CRP
Very responsive. They are very into social justice. So literally I could go to my CRP coordinator just to complain about something racist that had happened while I was walking on my way there. She was like, Oh, my gosh. No, this is not okay. You know what? I know you like to file complaints, because I like to file complaints. And she actually gave me the resource thing where I could actually submit concerns and complaints regarding things that happened on campus, which I thought was really useful. Definitely the coordinator and supervisor. They really have their offices open all throughout the day so that if you ever have something you need to talk about, you can talk about them. Because I actually had wrist surgery at beginning of this semester. They gave me narcotics because it's surgery and stuff and I was really nervous about it. Because even though that's not my DOC, it could become it. So, they really left their doors open so I could literally talk	Student refers to their CRP coordinator as a source of support during their time in recovery within the CRP.	CRP Coordinator Support

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to them every single day before my surgery even happened.

Also, with recovery meetings being online (due to COVID-19), it was a very interesting change. And even online I still find myself to be the only African American person in the group. So, it's been a challenge in that way because I feel like physically when I'm in a room and I'm the only African American in there I don't think about it as much because I'm not looking at everybody in their face. But on a Zoom call and I'm the only person, I look and I'm like, Well, I am the only African American in this room." And that even has its own challenges, too, because I'm aware of it so I know that they're also aware of it. And then Zoom bombers are a thing and I got Zoom bombed and so it was like a chord was struck because I was called the N word in front of everybody in the recovery chat. So, it was a very awkward moment, because not everybody knows what to do in that situation. There's really no right answer for that situation. It's okay. But it was so awkward and everybody was just quiet and I was quiet. And I was like, Okay well that's the end of my sharing. Because after that, the whole vibe is just change.

The student details discrimination, feeling uncomfortable or uneasy in the CRP.

Discrimination in the CRP

I am the only African American in recovery at my CRP. but we do have another female African American who is an ally. And so, we are very, very close. She is like my younger sister. We both grew up in Hawaii as well, so we're really close. We have a lot in common. I haven't really... Yes, there have been situations which I wish I didn't have to be part of because I am literally the only Black person there. But in a way, it's kind of helped me speak up more for myself. Because there was a situation one time during a meeting where there was an individual who was recalling something that had happened with somebody else and what they were saying. And she used the N word because that's the person said, but they were African American and she was just quoting them. But I was like, at the same time that's still not acceptable because there's a history. And so, I had

Student refers to there being little to none African American representation in the CRP.

Lack of African American representation at the CRP meetings

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to explain that to her and she apologized. And it was an interesting conversation.

I have gained a lot more confidence and I think I've gotten better with my words as to what it is that I need. Because usually when somebody asks me, What is it that you need from me? I'm like, I don't know, I'm fine. I try and pretend like there's nothing wrong or either my mind literally blanks out because I can't think about anything because my anxiety just get so high because they're asking for my input. I'm like, I don't know, please leave me alone." And also, I would say that I have a better resistance to things. So, if anybody ever offers me anything like, "No I'm good, thank you. Because there have been situations where I've been asked out by somebody but then I find out that they smoke and I'm like, Yeah, I don't do that. And they're like, "Well, don't worry, everything's going to be fine. I can be on my level and you can be yours. I'm like, No, you don't understand. It's me, it's not you. I can't. And so, I have really good boundaries about it too.

Student refers to personal growth in their time in the CRP.

Personal Health improved through the CRP

Now I have a better friend group. Because, for the most part, all of my friends are in recovery. When I really think about it, that's my main friend group. And it's more relieving and helpful. Because when I look at all of my friends from my past, even those we're still friends and we still talk, they all still use, they all still drink and everything. But it's like the friend group that I have now that's physically around me and readily available, they're all like, We're in this together. We're not going to use, we're not going to drink. We're just going to stay here together, have Taco Tuesday, and tell jokes.

Student explains their positive social experiences with the CRP.

Positive Social Interactions in the CRP through the CRP

I've also noticed that even within recovery and outside of recovery, in my classrooms when I am the only African American in there, especially in social work classrooms, whenever race comes up, everybody becomes silent and they look at me because I am the only African American in the room. It's interesting because, yes, I do have a voice, but I don't want that voice to be mistaken for every other African American in the world

Student refers to being a token in the CRP as the only African American student and essentially a non-threatening "good" African American who also educates non-blacks on their culture and lived experiences.

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Tokenism for African Americans in the CRP

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Really, I use the AA meetings. I also work at my CRP so I really do spend a lot of time there. And they've given me a lot of opportunities so I could intern for ARHE.	Student refers to attending 12 steps meeting that are hosted by the CRP.	12 -Step Meetings through the CRP
So, there is indeed a study lounge that we have, which is very useful for me because I do study a lot. And sometimes when I go to the campus library, there are people there but they're not studying. So, it really does give me somewhere to go that I know is going to be limited in conversation if they know you're studying. Also, I did get a job with them and I still work with them. And we found ways through the whole pandemic to continue keeping hours and stuff, which is really useful. They got me in touch with ARHE so I could have an internship, which is amazing. And then they are very mindful about any restrictions you have regarding dietary needs because I personally cannot really eat red meat because I can't digest it. So, whenever we have a banquet or have another CRP come over and we have meals, they always have a variety. And sometimes they even have vegetarian or vegan options, which is really nice. And gluten free, because I do know a friend that's also gluten free.	Student refers to tangible resources of support during their time in the CRP.	Tangible pro-recovery resources through the CRP (Scholarships, Room Space, Food)
Well, I am the only African American in this room. And that even has its own challenges, too, because I'm aware of it so I know that they're also aware of it.	Being African American and In Recovery from a SUDs): Stigma is faced within the African American Community based upon the factors of their racial identity and SUDs.	Double Stigma (Being African American and In Recovery from SUDs)

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**Table 8**



*Selected Examples of Significant Statements of African American College Students in Recovery from Substance Use Using CRPs, Related Formulated Meanings, and Meaning Units or Themes*

Significant Statements	Formulated Meaning	Meaning Units or Themes (Izzy)
I'm part of an opioid prevention peer education grant for my school....we just do a lot of prevention programs on campus. And that's kind of where this collegiate recovery has started off, has branched off from this which has been beautiful but we're in the beginning stages of that. So, we're still trying to figure out some space once we get back on to campus. And really hoping that some students identify on campus.	Student refers to giving back their time, energy, or support to aiding the collegiate recovery program grow on their college campus.	Helping out the CRP
But I guess the two people guiding this CRP, is head of the AOD office and he just has never made me feel uncomfortable or less than because of the color of my skin. And so, I think that also just being a woman of color on campus, we can't define ourselves just because we're women of color on campus. There's no specific group, because we are humans and we are women and we take up so many different facets and spaces. And so, I think that Shippensburg and the collegiate recovery program has offered me just to enter into a new space and be part of one..	Student refers to their CRP coordinator as a source of support during their time in recovery within the CRP.	CRP Coordinator Support
There's only one other person of color who's also doing the collegiate recovery program and he's a male and I think he has around six years of sobriety.	Student refers to there being little to none African American representation in the CRP.	Lack of African American representation at the CRP meetings
During this time, it has allowed me to identify as a woman of color and recovery on campus. And I think that, just to even say that has been a really big moment for me, just because I didn't always see it as something that I was proud of, that I thought, I don't always feel okay in my skin. Being able to know too that I might be the only one in the room, it was hard at first, but now I feel like I'm becoming and unbecoming. And I think that the	Student refers to personal growth in their time in the CRP.	Personal Health improved through the CRP

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CRP has given me some tools such as just being able to talk about recovery in a professional way. Things they educate us on, women lack an enzyme that men produce more of for alcohol. I never knew that. I'm like, Oh my gosh, thank you for that. Just these little things that they make me like, Okay, this is why this happened. They give me some factual information, which helps make me feel more comfortable in my skin. That it's possible and that it's okay to be the only woman in the room. Maybe in recovery. It's okay to be the only woman in the room of color in recovery. And always am like, someone else will come. I used to always be sad about, I need someone to identify with. I need someone in the rooms, on campus to tell me they're in recovery and on the outside look like me. I need it. I cannot go on. And now I'm like, You need to be that person for yourself, Izzy. You have to be it, you have to own it. And I think that the CRP has really helped me gain that in a more professional social way.

Okay. So, I can go to class, I can take notes, I can read my notes. I know my professor's names. I know where my classes are at. I know the building they're at. I just pay attention now. I'm actually excited about what I'm learning. So, it's allowed me to really be present in my studies and to take that education and hopefully do something of service with it really

Student shares their academic progress while sober. This could be through grades, focus on academics, study skills, etc.

Academic Achievement in Recovery through the CRP

So, this year on campus I have been able to be part of my University Opioid Prevention peer education team. And I just think that's due to having a community of people who are sober because I got the interview by someone on campus telling someone else that I know this girl who's sober, so that was amazing. I've also had friends. I've met some awesome people, women in recovery. I have a friend who is African-American who's a male on campus and he's in recovery and it's been... Just he's one of the only males in my life that I genuinely feel comfortable around. Yeah. And so, I'm super grateful for him.....

Student explains their positive social experiences with the CRP.

Positive Social Interactions in the CRP.

Student refers to being a token in the CRP as the only African American

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Tokenism for African

	student and essentially a non-threatening “good” African American who also educates non-blacks on their culture and lived experiences.	Americans in the CRP
My friend and I sometimes are the only two at the AA meeting on campus, but if I didn't go to my university, I probably would've never met her because she's also in recovery and she's a non-traditional student as well. So, she has a family and kids and it's just been great to connect with different walks of life and just to see us come together on this common... We have alcoholism but we're here to tell you that it's possible and we're here for you. So, yeah.”	Student refers to attending 12 steps meeting that are hosted by the CRP.	12 -Step Meetings through the CRP
Okay. So, the biggest support system is alcoholics anonymous. Right now, it's Zoom meetings but it still works. And I have a sponsor and I really just want to emphasize that the 12 steps is what has relieved my obsession to drink by working them continuously and then I also attend... I'm part of an opioid prevention peer education grant for my school....So, thus far, I hope to look at an internship with the AOD office on campus, which is the Alcohol and Other Drugs department. That would be my junior year. So, next fall or next spring. And I think actually it's apply for it in the fall and then hopefully get it in the spring. But that's an opportunity and then it's just helped me to see on campus, I guess what is safe and what is unsafe for students. And to see that there are spaces on campus that I do feel safe, but being in the infancy of our program, we don't have a space yet to call our own. And we're working on it though	Student refers to tangible resources of support during their time in the CRP	Tangible pro-recovery resources through the CRP (Scholarships, Room Space, Food)
I was super angry for a while because I felt like injustice and the way systems work in America. I was like, There's no answer. What is the answer to this? Okay, so I'm just supposed to go to school and get all this great education and then do what	Being African American and In Recovery from a SUDs): Stigma is faced within the African American Community	Double Stigma (Being African American

with it? It's still going to exist. How do I live with this every day? How do I combat these comments? How do I combat the way people think about me? Then I felt like being sober then too, it created this other barrier. So, I was like, There's this box in life," and I just kept moving away from it. I didn't share it with my sponsor for a long time. It was super uncomfortable. She is a Caucasian woman and after I relapsed, I shared it with her and she was just as compassionate and understanding and gave me some numbers of African American women in the program that I could call.	based upon the factors of their racial identity and SUDs.	and In Recovery from SUDs)
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**Table 9**

*Selected Examples of Significant Statements of African American College Students in Recovery from Substance Use Using CRPs, Related Formulated Meanings, and Meaning Units or Themes*

Significant Statements	Formulated Meaning	Meaning Units or Themes ( <i>Malcolm</i> )
I was the facilitator for our weekly recovery meeting which is not the 12-step meeting, but it's like kind of more all-inclusive.... Yeah. I mean also even just simply even volunteering, especially places that facilitate either recovery or are involved in helping people involved in substance abuse keeps me... It keeps me grounded. A lot of people saying like, Well, doesn't that kind of bring you back to it? But for me it more like keeps me away because it just reminds me of the struggle that people are going through that... Like a lot of times in the past what would happen is I would slowly forget about the negatives and all of the BS that comes with that life. Like this really... It forces me to not forget.	Student refers to giving back their time, energy, or support to aiding the collegiate recovery program grow on their college campus.	Helping out the CRP
People like me, my CRP staff, other basically leaders at my university. If we weren't insisting on holding this weekly meeting every week, there would be no meeting. There would be no university recovery network for anyone.	Student refers to their CRP coordinator as a source of support during their time in recovery within the CRP.	CRP Coordinator Support

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There's only one other person of color who's also doing the collegiate recovery program and he's a male and I think he has around six years of sobriety.

I would say mainly that and also just being more inclusive towards marginalized communities. Like people of color, people of different gender identities, women, other gender identities and non-binary people. I feel like these are the people that I see very, very little of and hear even less from.

Student refers to there being little to none African American representation in the CRP.

Lack of African American representation at the CRP meetings

So that's why you don't see them in this place of recovery because the help was not accessible. When I walk into a place... when I go volunteer at a needle exchange, right? It's right in the thick of the inner city, right? And in the inner city there is a huge amount of black and brown people, all suffering from the same things. But when I walk into the needle exchange, it's 90 95% white people getting the help. And this is not for just one reason. It's not like that organization. Black and brown people don't trust these sources of help. There's like a disconnect between the people of color's community and almost every other community, whether it be recovery, whether it be collegiate recovery, whether it be criminal justice. There's that disconnect that seems to never go away.

The student details discrimination, feeling uncomfortable or uneasy in the CRP.

Discrimination in the CRP

Yeah, that's actually, yeah, that's been a huge dream. You know, just gaining that self-confidence to know that I can put this behind me and I can make some changes that at some point I didn't think I could make. Because when you try something over and over and over, eventually you feel enough where you're just like, all right, well this is never going to change. Well it turns out that wasn't true." "And it teaches you stuff like you just mentioned, the problem solving and being able to approach things from different angles and from different perspectives.

Student refers to personal growth in their time in the CRP.

Personal Health improved through the CRP

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<p>Well, I think it's allowed me to ... Not everything is perfect right now for me school wise, but I have a chance, I have an opportunity to be able to ... I think I never really learned how to be a good student. And with the substance abuse, it wasn't going to happen. And it's a little frustrating because you take the drugs away, that doesn't automatically mean, even if you're smart, that doesn't automatically mean you're going to start doing well.” “Because you're still starting from step one. I was never a good student in high school. It’s allowed me to focus on it, and learn from mistakes, and try to figure out what my strengths and weaknesses are without this huge monkey on my back, which wasn't letting me do anything basically.</p>	<p>Student shares their academic progress while sober. This could be through grades, focus on academics, study skills, etc.</p>	<p>Academic Achievement in Recovery through the CRP</p>
<p>The CRP, I think it's just like almost any community of people where you find people with different motivations. I think as a whole it's been, I'll say a great experience. The majority of people I've found are selfless, and it's certainly interesting to me because I think the obstacles and challenges faced by those in recovery, who are also involved in higher education, it's a unique set of circumstances and that kind of brings us all together. It's been really cool because you find people who just like to dedicate their lives to this without expecting anything in return, money, praise. It's just really cool. It's a little different than what I found in other recovery communities.... That's been great. I've found a lot of friends, a lot of like-minded people and they don't all even identify me as in recovery or if they do identify me, recovery is not always substance. So that's kind of one of the best parts of it, is just finding a network and finding people that I can identify with, and share with, and not feel like I'm being judged because that's just part of life, and it's that stigma that we deal with that prevents a lot of us from getting the help that we need and just kind of works to keep you down. “I've found dozens of friends from the program that we've built on campus through organizations like SAFE, finding great friends through there, finding great people, doing great things, such as yourself. It's awesome.</p>	<p>Student explains their positive social experiences with the CRP.</p>	<p>Positive Social Interactions in the CRP</p>

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In a way, it's a little frustrating for us because we feel that if it wasn't for the core people, and the people who are just students who are really pushing and building and growing this thing, well then it would probably disappear. And that's not how it should be because not everyone has the ability to dedicate time and energy to build something like this where the support should be there whether...

Not necessarily. I actually mainly don't really use 12 step or the 12-step program. It's more like meditation style meetings or like non-secular kind of meetings that are based in the teachings of Buddhism. And then aside from that, just friends and family support, just trying to work on self-care and collegiate recovery. Actually, I would include that. I actually, before this whole pandemic thing, I was hosting the weekly meetings at my university.

Student refers to attending recovery meetings that are led with Buddhism principles through the CRP.

Attendance in Buddhism Recovery Meetings through the CRP

My fellowship (through my involvement with CRP) has been awesome. At that conference in DC. They fed us, they housed us. That hotel was the nicest hotel I've ever been in.

Student refers to tangible resources of support during their time in the CRP

Tangible pro-recovery resources through the CRP (Scholarships, Room Space, Food)

I hate it when they call it the opioid epidemic because it's only the opioid epidemic now, because now it's reached out to the suburbs and the people of privilege are now suffering from it. Whereas before, when it was black and brown people dying from it, it was not an epidemic. So, it's sad because the same problems that we face as black people outside of CRP, it's the same problems that we face inside of it. And there's... It's a disproportionate number of people. I feel like when you look at the disproportionate people who are incarcerated, they're people of color. It's the same thing in the recovery community. But just like with the incarceration in recovery, it's not something that's really acknowledged. And a lot of times I feel like

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Being African American and In Recovery from a SUDs): Stigma is faced within the African American Community based upon the factors of their racial identity and SUDs.

Double Stigma (Being African American and In Recovery from SUDs)

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what ends up happening is the people of color don't even reach the help in order to get the help.

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**Table 10**

*Selected Examples of Significant Statements of African American College Students in Recovery from Substance Use Using CRPs, Related Formulated Meanings, and Meaning Units or Themes (Malcolm)*

Significant Statements	Formulated Meaning	Meaning Units or Themes (Malcolm)
I haven't had... I mean, it's been really positive. Because I don't know if I... I don't want to say I leave that at the door, but I think I come with the... I think I come with just support. I want to help everybody. And I guess I haven't thought about it in terms of African American male so much as just like hey, I'm here to help. What can I do?..... I felt I asked the drug and alcohol coordinator. I was like, Hey, what can I do to really grow the recovery on campus?" I said, I want us to have a wing or a dorm on campus that's sober free. I mean, sober, and substance free."	Student refers to giving back their time, energy, or support to aiding the collegiate recovery program grow on their college campus.	Helping out the CRP
I think that my coordinator and the staff, I think they have a real appreciation for the struggles that those minorities, those less well off, those that come from a place of less privilege, what they go through... I just think that they're mindful of the wording and the language that they use. I think around substance use and substance abuse, they're mindful of the resources that are available. You know what? I think they're mindful of the inequalities that exist that lends itself to drug use and abuse. Poverty that exists and I'm real appreciative of that....And I think that had a lot to do with the opioid epidemic that has ravaged all this entire country. I think that the sensitive to what it means to have this addiction ravage green, white, black, yellow and blue, everybody. They don't just	Student refers to their CRP coordinator as a source of support during their time in recovery within the CRP.	CRP Coordinator Support

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think it's just an inner-city problem, or a poor man's problem, or a poverty problem. They know now that it's everybody's problem. It wasn't like that 10 years ago. That was not the conversation

Oh man. I can think through a situation now. If something happens, I don't have to pry off the handle. Or if somebody says something I don't like, I don't have to call and cuss them out. If someone says something I don't want to hear, you know, I can just, I'll just call somebody and say, Hey, what do you think about this?" I can bounce it off somebody instead of just I don't have to react right away....Just my... my ability to have to stand up in a crowd and speak. But just in speaking and having the confidence to yeah, what do you need me to do? I got it.

Student refers to personal growth in their time in the CRP.

Personal Health improved through the CRP

Oh, my goodness. It's amazing. I couldn't get through a year, and I went to another university, I couldn't... They said, You got to get out of here. No, I mean, the semester, I could not finish a semester at my prior university because I couldn't do it. But man, I graduated from a Community College with my associate's, and now I'm working towards a bachelor's here. And now after that, I'm going to get my master's program in social work. It's just the sky's the limit. I mean, I am on the honor society for social work, and I'm eligible for so many scholarships because my grades are so good. I mean, it's phenomenal. Phenomenal.... Yeah, because now I can sit and study, and think, and do the work. I couldn't do that drunk. Hell, I wouldn't open the book when I was drinking. I'd come into a test and say, look at the person beside me, and say, "Did you read the book? That kind of thing.

Student shares their academic progress while sober. This could be through grades, focus on academics, study skills, etc.

Academic Achievement in Recovery through the CRP

It's been so good. And we're just communicating through mass texts and email. And I haven't seen too many hiccups.... Well, within the CRP, there's a lot of people. Well, it's like six of us. But I have another peer educator, she's in recovery. It's good that I bounce things off of her. And the rest of them are really supportive of recovery. Even if I feel

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Student explains their positive social experiences with the CRP.

Positive Social Interactions in the CRP

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squirrely in my head, I know I can mass text them and tell them hey. It's all supportive. Everyone's so supportive of recovery, and the journey it takes, and I mean it's just... it really is another support system.

I know that we, like I said, the 10:37 meeting on Fridays has been great. It's a meeting inside, the central location. But on Friday, that's been really great just to go and hang out and do our little 12-step meeting. That's been phenomenal. Man. I do a lot of like... from a higher power. I've really dug back into my childhood faith. That was a really big one for me. That was a huge one for me. Kind of getting back to my higher power. That really helped me overcome my alcoholism. I go to 12-step meetings, NA, and AA as well. I have a lot of friends that are in a 12-step program at the university and surrounding community that I hang out with.....

Student refers to attending 12 steps program meeting that are hosted by the CRP.

12 Step Program Meetings through the CRP

There's like a sober bar here, so we go, well, for the writers. We would go and go to meetings, and just hang out, have sodas and stuff like that. I would say primarily going to meetings, a higher power, and getting back into my faith, and... I think those are the two really big ones that really motivated me to where I'm at today.

Student refers to tangible resources of support during their time in the CRP

Tangible pro-recovery resources through the CRP (Scholarships, Room Space, Food)

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