

11-20-2025

## Parents' Sustained Recovery From Substance Use During the Coronavirus Pandemic

Amanda Antis  
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# Walden University

College of Psychology and Community Services

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Amanda Antis

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Walden University  
2025

Abstract

Parents' Sustained Recovery From Substance Use During the Coronavirus Pandemic

by

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MA, Walden University, 2022

MA, John F. Kennedy University, 2009

BA, Holy Names University, 2004

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

November 2025

## Abstract

Parents in recovery from substance abuse rely on social support and programs to maintain their sobriety consistently. However, specific programs crucial for their social and mental well-being, such as most 12-step groups and recovery centers, were shut down during the COVID-19 pandemic. Despite some research on the impact of substance abuse during the pandemic, little attention has been given to sustained recovery. Therefore, the purpose of this descriptive qualitative study was to explore how parents maintained recovery from substance use amid the COVID-19 pandemic. Schlossberg's transition process model served as the theoretical framework for this study. Semistructured interviews with nine parents provided the data for analysis. Thematic analysis was employed to analyze the collected data. The results of the study indicate that participants were grounded in connection through structured recovery programs before the pandemic and later adapted to disruptions by strengthening family bonds, developing new coping strategies, and deepening their self-awareness. Although isolation increased vulnerability to relapse, participants reported personal growth, independence, and resilience that supported their long-term sobriety. The results of this study can have implications for positive social change by informing the development of more inclusive and adaptable recovery frameworks that emphasize family engagement, flexible service delivery, and community-based support. Strengthening awareness of the vital role of family and social connection in sustaining recovery may help professionals, policymakers, and communities design more effective interventions that support long-term sobriety and overall well-being.

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## Dedication

This research is dedicated to every person who has recovered and broken free from the grips of addiction. I also want to dedicate this research to all those who continue to battle with substance abuse or struggle with mental illness that impacts their lives and relationships. To my husband, children, and family who have supported me and patiently awaited the day of completion. Finally, this study is dedicated to the memory of my brother, who inspired me to continue helping all those who struggle and to always remain hopeful.

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## Chapter 1: Introduction to the Study

### **Introduction**

There is a substantial amount of research on substance abuse and how its use impacts the individual and their children. Substance abuse affects not only the user but also their family and community, causing relationship conflict, financial hardship, employment problems, and emotional stress on the entire family (Inanlou et al., 2020; Kelley et al., 2017; Lipari & Van Horn, 2017). Chronic untreated substance use can lead to emotional, physical, social, legal, and financial harm (McCann et al., 2019). With community recovery support, individuals with substance use disorder (SUD) can sustain positive behavior changes and achieve sustained recovery (Jason et al., 2021). Many children from these homes can find a positive and nurturing environment and the support they need at school, though the family remains the primary influence on the child's life (Jesuraj, 2012). If schools can recognize an emotional problem that is impacting their school functioning, they can receive the support they need in that environment as well as resources for parents.

During the COVID-19 pandemic, most recovery centers, treatment facilities, and peer recovery meetings and groups were abruptly shut down without a foreseeable plan in place to support individual recovery. Most schools and childcare facilities were also shut down, and children were forced to learn at home, putting a large responsibility for their education primarily on the parents. This situation generated increased stress on parents. Initial research at the outbreak of the pandemic indicated that parents with children under age 18 tended to experience a deterioration of their mental health, including higher levels

of stress, and changes in substance use patterns (Gadermann et al., 2021). Most research on substance use during the COVID-19 pandemic focused on the initiation of consumption (Rogers et al., 2020) or on the increased consumption (Dodge et al., 2021). However, there has been scant attention to explore how parents sustained recovery from substance use in the context of the shutting down of social support and recovery programs while they handled the parenting demands.

This study explored how parents sustained recovery from substance use in the context of the COVID-19 pandemic. Results of this study shed light on the barriers and challenges parents faced, as well as the successful strategies they used to overcome these challenges. This chapter includes the background, the problem, the purpose, and the significance of this study. The research question, nature of the study, theoretical framework, as well as the definition of key terms are also presented. A discussion of the assumptions, scope, delimitations, and limitations of this study is also described in this chapter.

### **Background**

Research indicates that sustained recovery from substance abuse is a challenging endeavor, with only a small fraction of individuals seeking treatment and maintaining sobriety successfully (Leonard et al., 2021). Factors such as relational dynamics, limited resources, and untreated mental health issues often hinder parents' access to and motivation for active recovery. Financial repercussions of substance abuse, including unemployment and difficulty finding employment, compound the challenges faced by those in recovery. Newly recovered individuals may encounter barriers such as lack of

qualifications, low self-esteem, and criminal convictions, making it challenging to secure stable financial means (Duffy & Baldwin, 2013). Moreover, the co-occurrence of mental health disorders exacerbates substance abuse, heightening the risk of homelessness, suicide, and relapse, underscoring the importance of integrated treatment approaches (Duffy & Baldwin, 2013).

The COVID-19 pandemic introduced unprecedented challenges for parents navigating recovery from substance abuse (Kumar et al., 2022). Isolation, disrupted access to treatment and support services, increased parental demands, and heightened economic strain compounded the already complex landscape of recovery. The pandemic exacerbated trauma, stress, depression, and anxiety among individuals with SUD, leading to increased substance use and relapse rates (Estreet et al., 2022). Limited access to treatment resources further exacerbated the association between negative emotions and relapse, highlighting the critical need for comprehensive support systems during times of crisis (Ornell et al., 2020).

Amid the pandemic, parents faced heightened stress and strain due to concerns about their children's well-being and the economic uncertainties brought about by COVID-19 (Goldberg et al., 2021). Despite widespread unemployment, there was an alarming increase in cannabis and alcohol consumption, reflecting coping mechanisms in response to pandemic-related stressors (Kumar et al., 2022). Economic downturns historically correlate with elevated rates of substance use and relapse, highlighting the urgent need for targeted interventions to support at-risk populations during times of crisis (Ornell et al., 2020).

There are key aspects found to increase the probability of sustained recovery among people with SUD by facilitating the adaptation to life transitions that impact the substance user (Stokes et al., 2018). Support strategies and recovery support services help sustain recovery by creating positive behavior changes and healthy ways to cope (Jason et al., 2021). With the sudden lack of support and services during the COVID-19 pandemic, individuals had to create and adapt to new strategies to deal with life stressors and problems (Stokes et al., 2018). Increased research in the area helps to better understand and support this population to cope with life difficulties. Knowledge of active processes to manage SUD and maintain recovery is essential to the care of these individuals (Bjornestad et al., 2019).

### **Problem Statement**

Parents recovering from alcohol or drug use struggled socially and emotionally during the COVID 19 pandemic (Marzilli et al., 2021). Parents in recovery for substance abuse depend on social support and programs to continuously work on maintaining their sobriety. Specific programs that people depended upon for their social and mental well-being through recovery were shut down during this time including most 12 Step groups and other recovery centers (Substance Abuse and Mental Health Services Administration [SAMHSA], 2021). On top of this, schools were shut down, which forced parents to supervise or actively engage in helping their children learn from home. It is unclear how parents sustained recovery considering the shutting down of recovery services and the extra time spent on children's education and parenting. During early COVID 19, some parents experienced heightened levels of stress due to increased demands and

confinement (He et al., 2022; Wu et al., 2020); and those in substance-use recovery struggled to maintain sobriety.

### **Purpose of the Study**

The purpose of this descriptive qualitative study was to explore how parents sustained recovery from substance use in the context of the COVID-19 pandemic. The central concept of this study is parents' sustained recovery from substance use when recovery programs were shut down due to pandemic restrictions. Following the American Society of Addiction Medicine's definition, recovery from substance use refers to complete abstinence from all psychoactive substances paired with a satisfactory quality of life (Glenn & Wu, 2009). Sustained recovery implies abstinence from all altering substances and sustained changes to live a balanced life. Participants in this study were parents having at least one child younger than 18 years and living in the same home, who were in recovery from substance use at the time of the pandemic.

### **Research Question**

The following research question guided this study: How did parents sustain recovery from substance use in the context of the shutting down of recovery programs while they handled the parenting demands during the COVID 19 pandemic?

### **Theoretical Framework**

Schlossberg's transition process model served as the theoretical framework for this study. Utilizing Schlossberg's (1981, 2011) conceptualization of transition highlights how parents sustained recovery from substance use while navigating their roles as caregivers during closures related to the COVID-19 pandemic. When individuals undergo

transitions triggered by events that alter their lives, including roles, relationships, and routines, significant changes may occur that are often unpredictable or unprepared for in advance.

The three elements of this theory involve first identifying the transition of focus, second assessing coping resources, and finally facing the identified transition (Schlossberg, 1981, 2011). During transitions, individuals who are more prepared to deal with the transition tend to navigate change more successfully. Schlossberg defines the four major factors of this theory as follows: situation, self, support, and strategies. The situation refers to the triggering event or experience that initiates the transition and determines whether the individual experiencing the transition has control over it. The self pertains to the individual experiencing the transition and encompasses specific traits and demographics. Support includes the communities and networks, such as families, friends, and peers, that the individual identifies and that may potentially be impacted. Strategies encompass specific personal skills that may be employed when considering the transitional experience or event.

For this study, the COVID-19 pandemic represented the event or situation experienced, with subsequent identified factors being impacted or created by this transition. These changes created a transition for the individuals involved. Schlossberg's conceptualization, originally developed in the context of life and work-related transitions, is applicable to individuals in substance use recovery (Stokes et al., 2018). This model has been extensively used in studies related to understanding COVID-19-related transitions (e.g., Roybal et al., 2021; Ziegenfuss, 2020). The focus of this study was how

parents sustained recovery during the COVID-19 pandemic and subsequent shutdowns, and this theoretical framework explored the transition they experienced while adjusting to the changes imposed by COVID-19 restrictions. Chapter 2 provides a more thorough exploration of the principles of Schlossberg's transition process model.

### **Nature of the Study**

The nature of this study was qualitative, and a descriptive qualitative research approach was employed to address the research question (Merriam & Tisdell, 2016; Percy et al., 2015). Through qualitative inquiry, I aimed to uncover meaningful experiences, identify themes, and evaluate emerging insights (Patton, 2015). I conducted interviews with participants who met the study criteria using semistructured interview questions. The purpose was to explore the experiences and perceptions of parents who maintained recovery from substance use during COVID-19 closures, aligning with the study's objectives. Understanding how individuals navigated life during this time, coping with limited resources and the added stress of children being home during closures, provided insights into the barriers they faced and the coping strategies they employed.

To recruit participants, I used social media platforms to reach out to individuals who fit the study criteria. Recruitment flyers were posted on Facebook targeting groups created for individuals in recovery. Additionally, I requested chairpersons of Alcoholics Anonymous (AA) meetings to distribute flyers at their meeting locations to recruit volunteers from the community. Participants were parents with school-age children who experienced the shutdown of support services and maintained sobriety throughout the pandemic. Interviews were conducted via the Zoom web-based platform to ensure

privacy and offer flexibility in scheduling. Utilizing social media and local groups enabled me to recruit participants from both the local community and other areas, thereby broadening and diversifying the recruitment pool.

### **Definitions**

*COVID-19 closures:* The coronavirus disease in 2019 was declared a pandemic, leading to worldwide closures, including the shutdown of schools (Cucinotta & Vanelli, 2020). This resulted in an abrupt interruption in education as parents were mandated to homeschool their children for an extended period (Deacon et al., 2021). The announcement of COVID-19 as a global public health emergency brought significant challenges, impacting individuals' stress levels, mood, and substance usage. Mandatory quarantines, lockdowns, and business closures left communities with a lack of resources (Emery et al., 2021).

*Substance use disorder (SUD):* A key characteristic of SUD involves a set of cognitive, behavioral, and psychological manifestations, indicating that the individual persists in substance use despite experiencing significant substance-related issues (American Psychiatric Association, 2022). SUDs are defined by recurrent use of alcohol and/or drugs resulting in problematic behaviors, uncontrollable substance use, inability to cease usage without negative physical or psychological side effects, and failure to fulfill obligations at home, work, school, or in relationships (Lipari & Van Horn, 2017). SUD, also known as addiction, is a disease that affects the brain and behavior, leading to an inability to control substance use (Wakefield, 2017).

*Sustained recovery*: Recovery or sobriety from substances leads to sustained abstinence from substances, improved physical and psychological health, enhanced quality of relationships, increased life satisfaction, and the ability to be a productive member of society (Inanlou et al., 2020). Addiction recovery from substance abuse can be achieved through treatments such as formal outpatient programs, inpatient detoxification and recovery programs, or self-help support groups that facilitate maintained sobriety (Spinelli & Thyer, 2017). Sustained recovery implies abstinence from all altering substances and enduring changes over time to live a balanced life (Glenn & Wu, 2009).

### **Assumptions**

There are several philosophical assumptions related to choosing qualitative inquiry (Creswell & Poth, 2017). These assumptions include ontology, epistemology, axiology, and methodology. Ontology questions the nature of reality through multiple viewpoints. I created themes based on the individual perspectives and reality of parents in recovery during COVID-19 and how they maintained sobriety. Specific experiences were noted within the results to provide evidence of the developed themes. It was assumed that participants were honest and forthcoming with their experiences during interviews because they wanted to contribute to the accuracy of findings. Because some participants may have felt uncomfortable discussing sensitive parts of their life experience during this unprecedented time, I maintained professionalism and provided a safe, nonjudgmental space for them to share accurately.

Epistemology assumptions question what counts as knowledge and how knowledge is justified (Creswell & Poth, 2017). There is an assumption that the researcher has developed a relationship with the subject being studied, and the participants' voices are represented throughout the study. I provided quotes to ensure authenticity of the experiences shared by participants and stayed true to their recovery experiences. As I immersed myself in this field of knowledge, I minimized the distance between myself and the research.

Axiological assumptions refer to the values in the research (Creswell & Poth, 2017). In qualitative inquiry, the researcher is aware that the research is value-laden and acknowledges the presence of bias. Bias can be present at any point in a study and may develop or change within the research process. I was aware of potential bias as the researcher and ensured the study was not influenced. In chapter 3, I describe how I addressed and minimized bias during this study and limited personal bias, only generating meaning based on the participants' experiences and not my own. Because the findings are an interpretation of the responses and experiences, I diligently stayed true to and represented the participant's voice.

Methodological assumptions refer to the process and language of the research by using inductive logic, studying the topic within its context, and using an emerging design (Creswell & Poth, 2017). Participants provided details of the context of the study. The semistructured interviews with parents were vital to the meaningfulness of the findings for this study. During the study, I reworded and asked follow-up questions based on the

participants' responses to better understand and answer the research question presented in this study.

### **Scope and Delimitations**

This study aimed to understand the experiences of parents who sustained recovery from substance use within the context of the COVID-19 pandemic. Criteria for participation included (a) being a parent of a child age 18 or younger who attended school outside of the home during closures due to the pandemic, (b) maintained recovery from substance abuse throughout the COVID-19 pandemic to the present, and (c) participated in a recovery-based service, program, or support at the beginning of the pandemic. Parents with children who were not of school age or did not experience school closures were not included in this study. Additionally, parents who had periods of relapse in their recovery during the pandemic or afterward were not included. The focus of this study was on how participants maintained sobriety and the barriers and impact that closures had on their recovery experience. While the history of their substance use provided context to their experiences, it was not the primary focus of this study.

Some individuals struggle with disclosing sensitive information about their substance use due to feelings of shame and stigma (Chen, 2022). However, sharing stories and experiences has been shown to be an important part of the recovery process for many people with histories of SUD, improving the quality and strength of the process (Anand et al., 2022). Although participants could have withheld information or details, the information I received appeared to be accurate, as the participants presented themselves as open, honest, and comfortable in the interviews. Because this population

values confidentiality; obtaining the necessary number of participants took time but was achieved. Ensuring confidentiality and privacy was of utmost importance to this participant population.

The transferability of this study has the potential to extend to populations of individuals with addictions other than substances during significant life transitions. Transferability refers to the degree to which the results of the research can be applied to different contexts or settings and replicated among other participants, and it is suggested to be equivalent to reliability when replicating research (Lincoln & Guba, 1985). The contextual description from my findings allow for comparisons to other contexts when designing future studies.

### **Limitations**

Because this was my first empirical study using interview skills for research purposes, I had predicted this may have been a limitation. While I have been conducting therapeutic and clinical interviews for many years, I ensured that I focused solely on the research aspect during this study. As my interview skills improved throughout my study, it became evident that each interview provided more detailed information. Another limitation was that I only interviewed parents who had become sober before the pandemic and maintained sobriety throughout the pandemic with no relapses. The data solely reflected and limited me to the experiences of those who maintained sobriety during the entirety of this significant life transition and not of those going into recovery at this time. Therefore, I could not gain information on the services, interventions, and support for that part of the recovery population.

Another challenge I had predicted was finding enough participants willing to participate in the study and being able to achieve data saturation. It was crucial that participants were willing to be honest and provide thorough responses to my questions, thereby supplying enough data to complete my research and yield significant and helpful information. Participant follow-through was sometimes challenging for me during this study. Some potential participants did not continue through the interview process after contacting me during recruitment or after. Participants had to be willing to allocate enough time to provide all the necessary information during this process.

Lastly, when working with individuals with histories of substance abuse, it was important to maintain boundaries and ensure clarity with informed consent. Regarding reporting and informed consent, I had prepared for potential issues related to safety or child abuse arising during the interviews. These issues did not come up during this study, but if they had, I would have contacted my chair members to fulfill my ethical obligations and handled this information responsibly. Participants disclosed sensitive information that was kept private, adhering to laws, ethics, and policies regarding sensitive information. Additionally, I handled potentially triggering questions carefully and appropriately.

### **Significance**

The findings of this study aimed to offer insights into the experiences, challenges, and obstacles faced by parents in recovery during the pandemic. They have the potential to highlight the significance of the recovery journey and to pinpoint both the existing and deficient resources within the community. Psychologists, mental health workers, and

other professionals in the mental health field may use this research to gain knowledge and provide more adequate care to people in recovery. Communities may understand where there are gaps in resources for families in recovery and identify how to help families maintain sobriety and healthy family dynamics.

Within the context of COVID-19, this study can aid other researchers and practitioners in comprehending the effects of unforeseen challenges, traumatic events, and isolation on this population. The results of this study can contribute to positive social change by raising awareness of the significance of support, programs, and policies in this realm.

### **Summary**

This chapter provides a comprehensive overview of the study's background, purpose, and significance, addressing the gap in research regarding how parents sustained recovery from substance use during the COVID-19 pandemic. It begins by discussing existing literature on substance abuse and its impact on individuals and families, emphasizing the challenges faced by parents in recovery, particularly with the closure of support services and increased parental responsibilities during the pandemic. The problem statement identifies this gap in research and highlights the need to explore how parents navigated recovery amidst these unprecedented circumstances.

The purpose of the study aimed to understand how parents maintained recovery during the pandemic, focusing on their experiences, challenges, and coping strategies. This study holds significance in shedding light on the recovery journey of parents, identifying existing and deficient resources within communities, and informing mental

health professionals and policymakers on how to better support families in recovery. By exploring the effects of unforeseen challenges and isolation on this population, the study contributes to positive social change by raising awareness of the importance of support, programs, and policies in facilitating sustained recovery. Overall, this chapter provides the foundation for the subsequent qualitative exploration of parents' experiences during the COVID-19 pandemic. Chapter 2 will dive deeper into the relevant existing literature.

## Chapter 2: Literature Review

### **Introduction**

Parents recovering from alcohol or drug use encountered significant social and emotional challenges during the COVID-19 pandemic (Marzilli et al., 2021). Relying on social support and programs is crucial for individuals in substance abuse recovery to maintain sobriety (Coleman et al., 2021; Duffy & Baldwin, 2013; Laudet & Stanick, 2010). However, many essential programs, such as 12 step groups and recovery centers, were closed during this time (SAMHSA, 2021). Early in the pandemic, some parents experienced heightened stress due to increased demands and confinement, further complicating the task of maintaining sobriety (He et al., 2022; Murthy & Narasimha, 2021; Wu et al., 2020). Additionally, the closure of schools necessitated parents to take on the responsibility of supervising their children's education from home, adding further strain.

The purpose of this qualitative study was to investigate how parents sustained recovery from substance use during the COVID-19 pandemic. Central to this inquiry was understanding how parents maintained sobriety when traditional recovery programs were unavailable due to pandemic restrictions. Following the definition of recovery by the American Society of Addiction Medicine, sustained recovery entails complete abstinence from psychoactive substances, accompanied by a balanced quality of life (Glenn & Wu, 2009). Participants in this study were parents with at least one child under the age of 18 living in the same household who were in recovery from substance use at the onset of the pandemic. In this chapter, I outlined the literature search strategy employed, discussed

the theoretical framework guiding the study, provided an overview of relevant topics such as substance abuse challenges and the impact of the COVID-19 lockdown on recovery and parenting stress.

### **Literature Search Strategy**

The search engines I used for my literature research included topics supporting my research problem. I used different databases for my search such as SocINDEX, Academic Search Complete, Directory of Open Access Journals, SAGE Journals, ScienceDirect, Frontiers in Psychiatry, American Psychological Association PsychArticles, Education Source, and Business Source Complete. I focused my search on the most current and relevant peer reviewed documents related to my research topic. Key terms that I used within my searches alone and in combination with others included *SUD, treatment, sustained recovery, recovery programs, treatment centers, COVID-19, pandemic, corona virus, abstinence, motivation, addiction, long-term recovery, parenting, mental health, and school closure*

### **Theoretical Foundation**

#### **Schlossberg's Transitional Model**

The theoretical framework for this research was grounded in Schlossberg's transition process model, which offers insights into sustaining substance abuse recovery. This model establishes logical connections with the nature of my study by utilizing Schlossberg's (1981, 2011) conceptualization of transition to elucidate how parents maintained recovery from substance use while parenting their children during the COVID-19 pandemic. Transitions triggered by events that alter one's life, such as roles,

relationships, routines, and assumptions, are common experiences for most individuals. Schlossberg's model comprised three main components: identifying a transition, assessing coping resources, and taking charge by confronting the transition (Schlossberg, 1981, 2011).

To navigate transitions effectively, Schlossberg outlines four major factors, known as the 4 S's: Situation, Self, Support, and Strategies. Situation pertains to the event or circumstance that precipitates the transition and evaluates the individual's control over it. Self encompasses personal characteristics such as age, gender, and socioeconomic status that influence how the transition is experienced. Support refers to the networks and communities, including family, friends, and peers, that provide assistance during the transition. Strategies encompass the personal skills and resources employed to cope with the transition. The onset of the COVID-19 pandemic represented a significant transition for individuals worldwide.

Parents in recovery transitioned from relying on their regular support programs and social networks while their children attended school to confronting the closure of these programs and schools. These changes constituted a transition that required adaptation. Although Schlossberg's model was originally developed to understand life and work-related transitions, its application has extended to individuals in substance use recovery. Moreover, the model has been widely used to comprehend COVID-19-related transitions across various events and contexts. Given the aim of this study was to explore how parents sustained recovery during the pandemic, this theoretical framework provides

valuable insights into the transition experienced by parents as they adjusted to the changes brought about by COVID-19 restrictions.

### **Application of Schlossberg's Transition Model for Sustained Recovery From SUD**

This model served as a theoretical framework for comprehending various aspects of life transitions in substance abuse research. Stokes et al. (2018) applied Schlossberg's model in their qualitative research, utilizing narrative and phenomenological research design. Their investigation revealed a significant gap in the literature regarding sustained recovery from SUD. Consequently, Stokes et al. (2018) sought to delve deeper into how individuals in SUD recovery sustain their recovery and their profound experiences. Their findings illuminated the necessity for individuals to adopt a change mindset and commit to a new way of life throughout numerous transitions. Regardless of the recovery paths taken by individuals, Stokes et al. (2018) identified key aspects that appeared crucial for sustaining recovery, aligning with the four Ss in Schlossberg's theory.

Schlossberg (2011) perceived transitions as profoundly meaningful in life due to their inherent complexity. His transition model encompassed understanding and gaining insight into transitions, learning to cope with them, and applying the model to real-life situations. The first step for individuals to grasp transitions is to confront change. According to Schlossberg's model, transitions manifest in various forms: anticipated transitions stemming from life events, unanticipated transitions often disruptive and unexpected, and nonevent transitions, which are expected events that do not materialize (Schlossberg, 2011). Stokes et al.'s (2018) research, based on data analysis from participant narratives, identified six main themes. These themes included the transitions

that propel individuals onto the journey of sustained recovery, adopting a psychological mindset as a strategy to support recovery, the significance of social support, the transformative impact of helping others, and the influence of the work environment. The study underscored the crucial role of committing to a new way of life amidst the multitude of transitions faced by individuals with SUD during their recovery journey to sustain recovery effectively.

### **Relevance of Schlossberg's Transition Model to Current Research**

According to Schlossberg's transition model (2011), the four concepts that facilitate the ability to cope with the transition from active addiction to sobriety are self, situation, strategies, and support. In terms of self, the need for internal and spiritual connection; situation, avoiding and coping with triggers in high-risk environments; strategies, combating cravings and dealing with life problems; and support, from family, peers, and other community or professional connections, parents transitioning from active use to sobriety can be successful and long-term.

SUD is a physical, mental, and emotional compulsion that alters mood and mind, creating a tolerance to the substance and withdrawal when discontinued (Lipari & Van Horn, 2017). Because this physical and psychological phenomenon is life altering, coping with change and transition is immensely difficult. Cognitive, social, and behavioral changes must be made to sustain sobriety and improve quality of life. This model provides a structure for analyzing and planning transitions, which has been shown to improve outcomes in sustained recovery.

According to Schlossberg (2011), the self refers to one's inner strength that enables the ability to cope with different situations. Qualities such as optimism, resilience, and the ability to cope with ambiguity are crucial aspects of the self. This model emphasizes psychological responses to the self and beliefs about oneself that impact outcomes in life. Attitude can influence the quality of life and the ability to survive (Schlossberg, 2011).

Situation refers to the events at the time of the transition (Schlossberg, 2011). Other life situations, in combination with beginning the recovery journey, can add an increase in stress and other obstacles, intensifying the difficulty of this life transition. These additional life situations that coincide with recovery increase the need for coping skills and support. If individuals can prioritize smaller life situations to decrease stress, they can then focus on addressing the more significant transitions and changes.

Strategies are the coping mechanisms Schlossberg's model (2011) focuses on. They are classified as those that attempt to change the situation and take action, those that seek to reframe the situation and find opportunities for growth, and those that reduce stress and increase well-being. When individuals find it challenging to cope with change, it is valuable to explore multiple strategies to help cope. The support the individual receives during times of transition and change is central to their well-being and recovery. Schlossberg's (2011) findings suggest that peer, family, and community support are of critical value to the recovery process and the transitions and changes the individual will need to navigate.

In summary, Schlossberg's transitional model offered a comprehensive framework for understanding and addressing the challenges faced by parents sustaining recovery during the COVID-19 pandemic. It underscored the importance of recognizing transitions, assessing resources, and implementing effective coping strategies to navigate change successfully. The model provided a structured approach to analyzing and planning transitions, facilitating improved outcomes in sustained recovery. Key aspects identified in research align with the four components of the model: self, situation, strategies, and support. Internal strength, avoidance of triggers, coping strategies, and community support are vital for successful transitions from active addiction to sobriety. Self encompasses qualities such as resilience and coping abilities, which influence outcomes in life. Situation refers to external events coinciding with the transition, adding stress and obstacles. Strategies involve coping mechanisms to address the situation, including reframing and stress reduction techniques. Support from peers, family, and communities plays a crucial role in aiding individuals through transitions and sustaining recovery

### **Literature Review Related to Key Concepts**

There were a variety of key concepts that addressed the focus of this study. This literature review section includes key factors related to substance abuse, treatment for individuals with SUD, barriers to maintaining sobriety, the social and emotional impact of COVID-19, and how all these factors are unique to parents with SUD during this period.

## **Factors Related to Substance Abuse**

SUD presents a significant health challenge in the United States, with over 20.3 million people ages 12 and over diagnosed (Estreet et al., 2022). These individuals face adverse outcomes such as multimorbidity and mortality, increased stigmatization, and a heightened risk of poor treatment outcomes when co-occurring with COVID-19 (Estreet et al., 2022). In addition to these outcomes, substance use has specific consequences for individuals with SUD, including mental and physical health problems, issues in social and interpersonal relationships, diminished parenting skills, and financial burdens.

The abuse of substances carries various health-related consequences that not only affect the individual with SUD but also impacts their family and community. Studies have shown that parents with SUD and mental health issues are correlated with internalizing problems in their children (Kelley et al., 2017). Many individuals fail to recognize the consequences of their substance use and related behaviors on their own health and that of their family while actively using substances, often due to a lack of insight. Achieving insight into one's self-concepts and behaviors can be especially challenging for those with SUD (Raftery et al., 2020). Individuals struggling with substance abuse and mental health issues face particular difficulties in employment, education, parenting, completing treatment, engaging in healthy problem-solving, and coping (Guastafarro et al., 2020).

Mental health complications often lead to problems in relationships. Substance abuse significantly impacts not only the individual but also children, family, friends, partners, and other meaningful relationships. Living with the psychological stress related

to substance use and coping with its challenges can lead to emotional and financial insecurity, fear of instability and unpredictability, and a lack of trust in current and future relationships (Johannessen et al., 2022). Consequently, parenting may also be compromised among individuals with SUD. Parents with SUD often face increased challenges and stressors, which can have detrimental effects on their ability to parent effectively. Studies indicate that increased stress and compromised parenting can place children at risk of abuse and neglect (Brown et al., 2020). Therefore, focusing on decreasing stressors and coping with life transitions and obstacles is crucial for a strong recovery. When parents lack the resources needed to handle stress, they may experience burnout, characterized by emotional exhaustion, loss of pleasure in parenting, and emotional distancing, all of which impact the family structure (van Bakel et al., 2022).

Finally, economic burdens are also associated with individuals with SUD due to their substance use and related behaviors, and these financial expenses significantly impact the family. The financial consequences of spending money on substances may range from covering past debts, rehabilitation costs, and court-related expenses, to the obvious economic impact on the family's survival needs due to this loss (McCann et al., 2019).

### **Treatment for SUD**

According to SAMHSA (2023) and the American Society of Addiction Medicine (Glenn & Wu, 2009), recovery from substance abuse is defined as a process of change in which an individual achieves abstinence and improved health and quality of life. Complete abstinence from all psychoactive substances is coupled with a satisfactory

quality of life (Glenn & Wu, 2009). The recovery process often involves some form of medical and psychological treatment (Duffy & Baldwin, 2013).

Various methods of support and treatment are available for individuals with SUD, including inpatient and outpatient recovery programs, self-help recovery, peer support, and programs specifically tailored for parents (Duffy & Baldwin, 2013; Paquette et al., 2022). Because parents who abuse substances may have higher involvement with the criminal justice system, they may be sentenced to court-ordered inpatient or outpatient programs as well (Guastaferrero et al., 2020).

### ***In-Patient and Out-Patient Recovery Programs***

According to Laudet and Stanick (2010), among patients in the outpatient setting, commitment to abstinence at intake improves the odds of completing treatment, as well as sustaining recovery after treatment ends. Outpatient family-based treatment is also an option. This treatment modality has been shown to increase motivation and commitment to recovery treatment (Lookatch et al., 2019). Recovery homes or residential treatments are also an option, often for individuals who have undergone drug rehabilitation or incarceration and wish to continue their treatment in a home setting (Jason et al., 2021). These homes emphasize supportive social networks, employment, and participation in external programs such as 12-step programs. Community-based and funded resources can include social workers who help provide a treatment plan and long-term treatment goals (Hensley & Dawson, 2017).

Because of the uncomfortable and unpleasant physical and psychological symptoms one may experience when eliminating substances and beginning recovery,

many inpatient settings focus on detoxification while residents live in the facility (Worley, J., 2021). Recovery from substance use in these settings can be facilitated by healthcare providers using harm reduction strategies, referrals to aftercare treatment, and, in some cases, the use of medications. Ongoing aftercare treatment is recommended as a crucial part of sustainable recovery (Worley, J., 2021).

### ***Self-Help Recovery***

Some self-help recovery options can include peer support groups, recovery-based literature, and psychotherapy. Other methods include spirituality, religion, and prayer, which are often used in conjunction with recovery programs. Self-help recovery-based methods have become increasingly popular for mental health and addiction services. 12-Step programs are a common method of self-help that has been shown to be effective treatment (Parsons, A., 2022). These programs, such as AA, were created to help individuals view addiction as a disease and spiritual malady affecting the mind, body, and spirit (Parsons, A., 2022). This core concept of the program has helped many to recover based on the principles of unity, service, and recovery of the physical, mental, and spiritual self. Through community, repetition, and a commonality that binds them through their recovery journey, they come together and help each other achieve lasting abstinence from substances. Many self-help options are most effective when used in conjunction with others rather than alone.

Having supportive peers, family, and community relationships is vital for ongoing recovery from substance use (Duffy & Baldwin, 2013). Peer-based recovery groups, which are widespread worldwide, focus on these types of support. Recovery programs

centered around healthy relationships and support are reported to have high success rates (Duffy & Baldwin, 2013). Social networks that support recovery lead to greater treatment outcomes regardless of the source of support when there is a commitment to change (Lookatch et al., 2019). 12-step groups provide abstinence-specific support that promotes recovery and encourages these types of relationships and healthy coping strategies. These programs also have a strong service component that focuses on helping others, leading to psychological and social benefits associated with long-term sobriety (Lookatch et al., 2019).

Another significant aspect of recovery is support for families. Children are impacted by the effects of parental substance abuse, which can have lifelong consequences. Children in these environments may face challenges such as family conflict and stress, abuse, neglect, inconsistent or inadequate structure and discipline, parentification, disruption in routine and family rituals, distortion of reality, and isolation (Hagström, 2019; Wilson & Blocher, 1990). There is often a strong sense of loyalty to the family, secrecy within the family, and trust issues in children from these homes due to fear (Hagström, 2019). Many of the individuals that children encounter daily at school or other community activities are mandated reporters, so often children are taught to keep family secrets out of fear of betraying their parents or causing them harm. The use of services such as Al-Anon and Alateen family 12-Step recovery groups has shown to be valuable for families who are ready to seek help.

## **Barriers to Sustained Recovery**

Studies show that substance abuse recovery outcomes are not high. The rates of those who seek treatment for SUD are only 2% of the 8%–9% of the adult population in the United States, and even fewer complete treatment and maintain recovery (Leonard et al., 2021). Challenges and barriers to sustained recovery include relational factors, lack of resources, and untreated mental health issues. These challenges can impact a parent's access, ability, and motivation for sustained sobriety through active recovery. Substance use can be detrimental to an individual's support system, leading to isolation or connection only with others in active substance use. In contrast, peer support has been correlated with the intent to change substance use behavior, improve functioning, and enhance overall quality of life (Duffy & Baldwin, 2013).

Substance users face a range of serious financial consequences due to loss of employment and difficulty finding new employment (Duffy & Baldwin, 2013; Farhoudian et al., 2022). Many individuals in early recovery may struggle with lack of qualifications and experience, low self-esteem, other health problems, and criminal convictions, all of which can hinder their ability to secure legitimate and legal means of financial support.

The co-morbidity of mental health issues and substance abuse is a common barrier that can perpetuate continued substance use, increase the risk of homelessness, and elevate the risks of suicide, relapse, and incarceration (Duffy & Baldwin, 2013; Farhoudian et al., 2022). Without adequate mental health treatment, sustaining recovery can be even more challenging.

### **Challenges During the COVID-19 Pandemic**

Significant life changes and transitions during COVID-19 were extremely difficult for many parents who have come to rely upon their recovery support and treatment to maintain sobriety. During this time, there were significant challenges due to isolation, lack of access to treatment and support, increased parental demands and stress, increased relationship stress, and economic strain. Individuals with various forms of substance abuse issues and in various stages of their recovery were more likely to be impacted by COVID-19 due to reasons such as stigma, lack of services, structural barriers, and reduced access to medication (Kumar et al., 2022). This was a crucial time for encouraging effective coping strategies to overcome the factors that contribute to parental stress (Kandula & Wake, 2022).

Trauma, stress, depression, and anxiety related to COVID-19 increased for people experiencing SUD (Estreet et al., 2022). It was found that the isolation and increased exposure to trauma increased and/or initiated substance use and relapse. Because of this increase in trauma causing structural changes to the brain, many individuals' ability to sustain sobriety during this time was negatively impacted, according to Estreet et al. (2022). Studies show that social isolation and loneliness during quarantine suggested that substance use and abuse were collaterally impacted by COVID-19 (Jager & Keyes, 2021).

Detailing access to treatment for substance use and the disruptions to treatment was a key challenge during this period. These barriers during the COVID-19 pandemic created difficulty in understanding the relationship between COVID-19 and substance

use, as well as its impact (Kumar et al., 2022). There was a strong correlation between the lack of resources and treatment and the association between negative emotions such as anxiety, fear, sadness, anger, and boredom, triggering relapse, even in individuals who had previously abstained from substance use (Ornell et al., 2020). Because so many resources targeted the COVID-19 pandemic, there was a lack of resources available for substance use treatment, increasing the chance of withdrawal symptoms with the lack of access to medication and medical services, leading individuals back to coping with substances.

### ***Increased Parental Demands and Stress***

Stress has a significant impact on families' mental and physical health, as well as the quality of the relationships within the family. During the COVID-19 pandemic, parents faced heightened concerns and worries about their children's emotional, social, and physical well-being, as they navigated the social, economic, and mental health implications of schooling from home (Goldberg et al., 2021). During this time of change, transition, and uncertainty, parents with SUD experienced increased stress and strain on their recovery.

Though there were significant economic strains on many families due to unemployment during COVID-19, studies show that there was an increase in cannabis and alcohol sales and consumption (Kumar et al., 2022). Concerns related to COVID-19, such as fear and worry about financial implications, may be linked to increased rates of substance use as a coping mechanism. Economic studies have shown that past crises have impacted vulnerable populations leading to an increase in substance use and relapse;

therefore, as expected, the at-risk substance use population progressed to more severe use in many cases (Ornell et al., 2020).

### **Summary and Conclusions**

This literature review provided insights into various key concepts concerning substance abuse, particularly among parents facing SUD amid the COVID-19 pandemic. Substance abuse poses significant challenges, affecting over 20.3 million individuals in the United States alone, leading to adverse outcomes like multimorbidity, increased stigmatization, and exacerbated treatment complications during the pandemic (Estreet et al., 2022). Substance abuse not only impacts the individual's mental and physical health but also strains familial and social relationships, hampers parenting abilities, and imposes economic burdens on families (Kelley et al., 2017; Lipari & Van Horn, 2017).

Treatment for SUD involves multifaceted approaches, including in and out-patient recovery programs, self-help initiatives, and peer support networks. Inpatient settings often prioritize detoxification, while outpatient programs emphasize family-based treatments and community resources (Duffy & Baldwin, 2013; Paquette et al., 2022). However, sustained recovery faces numerous barriers, such as limited access to resources, untreated mental health issues, and relational strains. Additionally, the COVID-19 pandemic intensified challenges by exacerbating parental stress, increasing economic strains, and disrupting treatment access, underscoring the need for tailored interventions and support mechanisms during such crises (He et al., 2022; Murthy & Narasimha, 2021; Wu et al., 2020).

Early investigations conducted at the onset of the pandemic revealed that parents with children under the age of 18 faced worsening mental health conditions, characterized by increased stress levels and alterations in substance use behaviors (Gadernann et al., 2021). Despite this, there has been limited exploration into how these parents managed to maintain their recovery from substance use amidst the closure of social support networks and recovery programs, all while navigating the demands of parenting. The purpose of this qualitative study was to explore how parents sustained recovery from substance use in the context of the COVID 19 pandemic.

## Chapter 3: Research Method

### **Introduction**

The purpose of this study was to explore how parents sustained recovery from substance use during the COVID-19 pandemic. The focus of this study was on parents' sustained recovery from substance use when recovery programs were shut down due to the pandemic restrictions. Results of this study can help professionals, and the community provide better care and support to those in recovery. Using this timeframe can help researchers and practitioners better understand how unforeseen stress and isolation impact this population. This chapter includes a discussion of the approach I used and the reasons why I selected this method to address the study's objectives. It also provides an overview of the participants and how they were selected for the study, as well as descriptions of how the data were collected and analyzed. Additionally, the chapter discusses how ethical violations were minimized and how the trustworthiness of the study was ensured.

### **Research Design and Rationale**

I used the following research question to guide this study: How did parents sustain recovery from substance use in the context of the shutting down of recovery programs while they handled the parenting demands during the COVID 19 pandemic?

This qualitative inquiry adopted a descriptive methodology (Merriam & Tisdell, 2016; Percy et al., 2015) to explore the experiences of parents' sustained recovery from substance use amidst the cessation of recovery programs, against the backdrop of managing parenting responsibilities during the COVID-19 pandemic. Descriptive

qualitative methodology was a good fit for this study, as it aimed to elucidate phenomena, processes, or the perspectives of the individuals involved (Merriam & Tisdell, 2016; Percy et al., 2015). This methodology involved interpreting subjective viewpoints, attitudes, beliefs, or reflections on experiential domains.

While alternative methodologies such as phenomenology were considered, the descriptive approach was preferred in this context to enable an in-depth exploration of parents' experiences and to capture insights into their strategies for sustaining substance use recovery. Semistructured interviews were conducted with parents navigating recovery amidst the pandemic-induced shutdowns of conventional recovery programs. This approach facilitated a comprehensive examination of the challenges inherent in this scenario.

### **Role of the Researcher**

In my role as the principal investigator for this research endeavor, I was responsible for designing the descriptive qualitative study, securing approval from the institutional review board (IRB), identifying and screening prospective participants, conducting the analysis of study outcomes, and ultimately compiling and presenting the findings in a comprehensive final report.

In qualitative data, it is the role of the researcher to collect and analyze data to provide a thick description with contextual information that will communicate experience like a story (Patton, 2015). The researcher is both an observer and interviewer; this can potentially develop into a conflicting relationship with participants if not addressed (Merriam & Tisdell, 2016). To ensure credibility, validity, and reliability, it is important

in qualitative research to be explicit about the role of the researcher and the relationship with those being studied, to be clear about how the study was done, and to provide convincing evidence (Merriam & Tisdell, 2016).

As the instrument of data collection, it is vital for the researcher to carefully reflect upon and immediately address any potential bias. I work as a mental health clinician with children in the educational system, often assisting families whose parents struggle with substance abuse and maintaining sobriety. Based on this personal experience, consultation with my chair and communication to bring feelings into awareness was employed. I also kept personal notes to process feelings related to this personal experience during my research to ensure I was monitoring my feelings and maintaining clear separation between my mental health services at work and my research in this study.

## **Methodology**

### **Participant Selection Logic**

A purposive sampling approach was used, as described by Patton (2015). The initial step involved clearly defining the study population to identify suitable participants and devising optimal recruitment strategies. For this study, I recruited nine participants through Facebook recovery groups online. I also requested permission to leave flyers for the study at support group meetings. For example, AA has Facebook groups where announcements of meetings, activities, and social events are made. In-person meetings provide time for non-AA related announcements and an announcement board to post flyers and posters.

When conducting a descriptive qualitative study, it is recommended to use a range of 10-12 participants or enough to gather sufficient data until no new insights are revealed (Creswell & Creswell, 2018; Merriam & Tisdell, 2016). Although, data saturation was reached within the interviews that were conducted with the nine participants in this study. In recruiting participants, snowball sampling was also used. Snowball sampling involves discovering the first participant, interviewing them, and then inquiring if they know other people who have gone through the same experience (Patton, 2015). Individuals who participated shared the study flyer and information with others they know may have fit the research criteria

In qualitative research, saturation serves as a benchmark for terminating data collection or analysis. It is frequently emphasized as a crucial methodological aspect in qualitative inquiries (Fusch & Ness, 2015). Saturation is achieved when there is adequate information and data to replicate the study, and all possible coding and analysis avenues have been explored. Guest et al. (2006) suggests that a sample size of 10-12 participants is suitable when utilizing a semistructured interview guide, with most coding variations observed between the first and 12th interviews. Given this information, I aimed to recruit the suggested 10-12 participants for my study and was able to recruit nine, and saturation was attained with this sample size.

Individuals were selected for this study based on the following criteria: (a) Be a parent of a child 18 or younger who attended school outside the home during school closure due to the pandemic. (b) Have maintained recovery from substance abuse

throughout the COVID-19 pandemic until the present. (c) Have been participating in a recovery-based service, program, or support at the start of the pandemic

Exclusion criteria included: (a) Being a parent of a child who did not attend school outside the home before the COVID-19 pandemic, (b) Not having maintained recovery from substance abuse throughout the COVID-19 pandemic until the present, and (c) Having been in other types of recovery services, such as inpatient treatment for substance use, at the start of the pandemic.

### **Instrumentation**

Begin text here. To ensure all the necessary information was obtained from each participant, the interviews were approximately 40 minutes to an hour depending on each personal experience and depth they went into. Recovery experiences can be sensitive to talk about for many people, inducing emotional responses. It was important to allow adequate time to gather all the information needed to address the study's purpose. Before interviewing each participant, I gathered information by asking questions related to the research study and interview guide. First, I began by asking a set of demographic questions to get a detailed picture of who my participants were and their context. This also helped when building trust and rapport, ensuring an open and honest sharing of information during the interview.

### ***Semistructured Interview Guide***

The semistructured interview guide (see Appendix) facilitated engaging conversations and connections with participants. This interview format provided structure as well as flexibility for follow-up questions. Follow-up questions are crucial in the

interview process because participants will provide responses based on their unique experiences and contexts that cannot be predicted and may require further exploration (Merriam & Tisdell, 2016; Schostak, 2006). The interview questions I developed were based on relevant literature and related studies (Table 1).

**Table 1***Key Concepts, Associated Literature, and Sample Interview Guide Questions*

Key concepts	Resources	Example questions
Impact of closures on recovery and experiences with the changes in supports and services	Estreet et al., 2022; Dodge et al., 2021; Jason et al., 2021; Kumar et al., 2022; Lookatch et al., 2019; Ornell et al., 2020; Parsons, 2022; Spinelli & Thyer, 2017	<p>What types of recovery supports or services did you utilize prior to COVID-19 closures?</p> <p>What recovery services or supports helped you most prior to shutdowns?</p> <p>How did your recovery resources change during shutdowns?</p> <p>How did the COVID-19 closures directly impact your recovery?</p> <p>What were the most significant barriers you found during shutdowns?</p> <p>What do you feel was most important to your recovery prior to closures?</p> <p>What are the ways you cope with day-to-day stress?</p> <p>What was your social or family support system before COVID?</p> <p>How did relationships play a part in your recovery?</p>
Parenting experiences during closures (school, work, recovery)	Brown et al., 2020; Deacon et al., 2021; Emery et al., 2021; Jesuraj, 2012; Kandula & Wake, 2022; Marzilli et al., 2021	<p>How did your children receive academic instruction during shutdowns?</p> <p>What are some of the challenges you faced during school shutdown?</p> <p>How did the school shutdowns impact your recovery?</p> <p>What are some of the ways the shutdowns in school impacted your recovery?</p> <p>How did these changes impact your stress and coping?</p> <p>How did your social and family relationships change, if at all, during this time?</p> <p>Were there any positive changes that occurred with your recovery during this time?</p>
Sustained recovery experience during COVID-19	Schlossberg, 1981, 2011; Stokes et al., 2018; Duffy & Baldwin, 2013; Nyar, 2021	<p>What resources did you use during shutdown?</p> <p>How did you find support and resources?</p> <p>Which resources did you find helpful in your recovery?</p> <p>How did you find support to help your sobriety?</p> <p>What do you feel was most important to your recovery during closures?</p> <p>What supports are you using most now for your recovery?</p> <p>Talk about the different transitions you faced during this time and how they impact your recovery today.</p> <p>If your recovery supports are different now, what do you feel is most important and did it change after COVID closures?</p> <p>Are there barriers that are impacting your recovery currently related to these transitions?</p> <p>Are there positive changes that impacted your recovery looking back at your experience?</p>

## **Procedures for Recruitment, Participation, and Data Collection**

I obtained Walden University IRB approval of the research. Once IRB approval was achieved, recruitment of participants commenced. For participant recruitment, I obtained permission from administrators of online support groups to post flyers about my study. Some individuals from these groups suggested other similar online groups for recruitment, and I was able to expand my search.

The second major recruitment method involved requesting permission to distribute flyers in person at AA groups. In preparation for this, I gathered information from the chairpeople of various AA groups both locally and beyond to distribute flyers at their meeting sites. They also offered to include recruitment information in the non-AA announcement sections of meetings and to post on flyer boards. Non-AA related information pertains to recovery-related matters not directly affiliated with the AA organization. Establishing connections and obtaining meeting information for professionals and recruitment for studies involved reaching out to area representatives by phone. AA conducts 'open' meetings where community members are welcome.

Finally, I employed snowball sampling to recruit participants. Snowball sampling, sometimes referred to as *chain sampling*, begins by asking an initial study participant if they know anyone who fits the study's criteria (Patton, 2015). If the referral met the study's requirements, they were interviewed and asked about acquaintances in the community who also meet the criteria, thus continuing the process. This method results in a growing number of participants, like a chain reaction or snowball effect.

Potential participants contacted me via email or phone. At that point, I checked if they meet the search criteria. If they met the criteria and expressed continued interest, I emailed them a copy of the informed consent. The informed consent included a detailed description of the study, information about the researcher, the affiliate institution, the study's purpose, expectations, potential benefits, and risks. Participants who agreed to participate, met the eligibility requirements, and agreed to the contents of the consent, replied to the email with the statement "I consent" and their name as a signature. Participants were assured of their right to terminate participation at any time during the research (Creswell & Creswell, 2018).

As interested participants sent me consent forms, I scheduled and conducted interviews via the Zoom platform. Following each interview, I secured my notes, interview sheets, and other confidential documents in a locked filing cabinet in my office. I ensured participants were comfortable, understood the process, and built rapport by creating a safe space for sharing information. Each participant received a \$25 gift card as a token of appreciation and to signify that their time was valued.

### **Data Analysis Plan**

Thematic analysis helps to develop and make sense of shared meanings and experiences (Braun & Clarke, 2006). The interviews provided qualitative data that would be synthesized through the extraction of themes, aiding in the exploration and understanding of participants' experiences. Thematic analysis assisted in identifying patterns and connections within the data, thereby illuminating insights relevant to the research question. According to Braun and Clarke (2023), thematic analysis comprises

six phases that provide researchers with deeper insight into the data, facilitate quicker and easier coding early on, and ensure greater confidence in the developed themes. These phases include:

1. Familiarizing yourself with the data: This initial phase involves transcribing the interviews verbatim, immersing oneself in the information found within the transcriptions, and noting emerging themes through rigorous notetaking for review.
2. Coding the data: This phase entails creating a systematic coding framework for the entire data collection, including accurately capturing semantics and conceptualizations, collating, extracting relevant data, and identifying differences and similarities.
3. Generating the initial themes: In this phase, coherent, meaningful patterns relevant to the research questions are identified and organized into potential themes and subthemes, creating a thematic map to highlight emerging trends.
4. Reviewing and developing the themes: Reflecting on the accuracy of codes and themes in relation to the data set and story, refining, defining, and distinguishing differences between themes are undertaken in this phase.
5. Defining and naming the themes: Detailed analysis, naming, and identifying themes are conducted to connect them to the overall meaning and story conveyed by the data.
6. Producing the final report: This concluding phase involves weaving together the analytic narrative into a coherent and persuasive story or scholarly report. Here,

the final names of the themes are created, and the participants' voices are amplified through examples provided. These results are then related back to the research questions within the context of the study and literature reviewed.

These six steps culminated in the analysis of the data extracted from the interviews, providing the foundation for a cohesive and coherent report. Recognizing that not all evidence may fit the codes or themes, documentation of negative data is provided to ensure the credibility of the study (Braun & Clarke, 2006).

### **Issues of Trustworthiness**

Trustworthiness is essential to ensuring quality research. The four criteria that are considered to ensure the trustworthiness of a study are credibility, transferability, dependability, and confirmability. They are essential to the internal and external validity, reliability, and objectivity of the study (Shenton, 2004). I followed these recommendations to ensure the quality of my study.

#### **Credibility**

According to Shenton (2004), credibility is one of the most important factors in ensuring trustworthiness. Credibility pertains to the congruency of the findings with reality (Creswell & Creswell, 2018). To establish credibility, extensive interviews were conducted, employing prolonged engagement, negative case analysis, and debriefing. These strategies were utilized in my study and are described as follows:

- Conducting in-depth interviews: Interviews lasted approximately 35 minutes to 1 hour to gather all necessary details to thoroughly address the research question and follow-up questions that support it.

- Prolonged engagement: I invested a significant amount of time working on all aspects of the study to gather relevant data and develop a deep understanding of the information.
- Negative case analysis: I examined any data that did not support the emerging themes to understand any contradicting information found.
- Debriefing: I consulted with my chair and committee member to discuss the data and my responses during data collection and analysis.

### **Transferability**

Transferability concerns the extent to which the findings of a study can be applied to other similar situations or contexts (Shenton, 2004). Demonstrating that results can be applied to a broader population or other situations speak to the transferability of the study. Although qualitative research often focuses on a smaller population, it is possible to show that the outcomes apply to other situations and populations. According to Lincoln and Guba (1985), it is the responsibility of the researcher or practitioner to gather enough contextual information to ensure transferability. I ensured the transferability of my study by providing comprehensive explanations of the context and significance of the participants involved. Through thorough coding and analysis of the data, I facilitated a comprehensive understanding. By using direct quotes, I portrayed the voices of the participants. Ultimately, readers have enough information to make decisions regarding the applicability and transferability of the results.

**Dependability**

Dependability refers to the consistency and stability of the procedures and methods used in the study (Shenton, 2004). To ensure dependability in my study, I provided a description of the research design and implementation, detailing how I gathered data in the field, and reflected on the research process overall. I utilized field notes, interview information, and journaling to create an audit trail that enabled me to track this process and ensured the dependability of the research results.

**Confirmability**

In qualitative research, confirmability refers to a comparable concern for objectivity by the researcher (Shenton, 2004). As the researcher, I assured, as much as possible, that the findings were based on the experiences of the participants in the study and not my own. To reduce the effect of researcher bias, it is important for the researcher to acknowledge their own predispositions. Using the audit trail demonstrated the course of the research step-by-step, including the decisions made and procedures described. My notes taken throughout the study help the reader gain a clear understanding of the entire study process. My chair reviewed my findings to ensure transparency and help identify any bias or personal feelings that may have conflicted or interfered with the findings.

**Ethical Procedures**

This research followed the guidelines for approval by Walden University's IRB and upheld the ethical standards of trustworthiness, credibility, transferability, dependability, and confirmability. Due to the sensitive nature of the topic, there was potential risk of participants' emotional distress recalling memories related to this study's

exploration. This was addressed by thorough preparation and information given to participants prior to interviews and assurance that the participants were in fact in a stable sustained level of recovery from substances per their report and agreement to the study. There were no emotional, verbal, or physical symptoms or signs of distress during the interviews. If I had seen emotional distress or otherwise, I would have concluded and provided resources and follow-up as stated in the consent form.

Each participant was provided with the informed consent prior to interview and given a copy of this form. The consent form included what the research process looked like and how the research was used, including the study's purpose, expected duration of time the interview would take, and the methods that were to be used. Participants had the opportunity to ask questions after reviewing the consent form for an adequate amount of time to understand the content entirely before scheduling the interview. The consent was sent to them via the email they provided. A summary of results was provided to the participants via email once data were analyzed and report was written.

To ensure all possible measures were taken to provide confidentiality to my participants the interview names were changed and coded, demographic information generalized, and necessary information only provided to my Walden dissertation committee. All data are saved on a removable drive stored in a locked cabinet in my locked and alarmed work office including emails, field notes, transcripts, and other documents related to this study.

## **Summary**

In this chapter, the research selection and implementation of my qualitative study was discussed. The approach and rationale were clearly defined as well as the way data were collected and analyzed. The participant selection process was discussed in this chapter with the criteria for selection. I discussed my role, ethical considerations, and how they were addressed. The steps to ensure the quality of the data outcomes were described in detail. In Chapter 4, I focus on the findings and results of my research outcomes

## Chapter 4: Results

### **Introduction**

The purpose of this qualitative study was to explore the perceptions and experiences of parents who maintained recovery from substance use during the COVID-19 pandemic. A descriptive qualitative approach was employed, using semistructured questions in virtual interviews with nine individuals in recovery. The research question that guided this study was: How did parents sustain recovery from substance use in the context of the shutting down of recovery programs while they handled the parenting demands during the COVID-19 pandemic?

In this chapter, the research setting, participant demographics, data collection procedures, and data analysis process are described. Additionally, evidence of trustworthiness including credibility, transferability, dependability, and confirmability is presented. The results section outlines the research question and presents the data collected to address it. The chapter concludes with a summary of the findings.

### **Setting**

Participants were recruited through purposeful and snowball sampling without regard to gender or type of substance use history. Parents of school-age children who maintained recovery from substance use throughout the COVID-19 pandemic were selected for participation. Virtual interviews were scheduled according to participants' preferred timeframes to avoid interference with personal schedules and to ensure privacy. An interview guide with semistructured questions was used for all interviews, which

were conducted in a private office setting. Each interview was recorded, transcribed, and securely stored on a designated drive.

### **Demographics**

All participants were parents of school-age children and were in recovery from substance use. Initially, 10 participants were recruited; however, one participant's child did not meet the requirement of being school-age during the COVID-19 closures. As a result, nine participants met the study criteria. The sample included six female and three male participants. Participants' continuous years of sobriety ranged from 5 to 14 years. All participants attended AA; one also participated in Narcotics Anonymous, another in Celebrate Recovery, and one in both AA and Al-Anon. All participants maintained sobriety throughout the COVID-19 pandemic and at the time of the interviews. Table 2 presents the participant demographics collected during the interviews.

**Table 2**

*Participant Demographics at Time of Interview*

	Sex	Age	Numer of children	Marital status	Yrs. of sobriety	Recovery program
P1	M	45	3	Married	6	AA
P2	F	40	1	Married	6	AA
P3	F	32	2	Married	10	AA
P4	M	30	3	Married	7.5	AA
P5	M	38	2	Married	11	AA
P6	F	45	3	Married	9	NA
P7	F	35	1	Single	4	AA/CR
P8	F	40	1	Single	14	AA/Al-Anon
P9	F	42	3	Married	6	AA/CR

*Note.* AA = Alcoholics Anonymous; CR = Celebrate Recovery; NA = Narcotics Anonymous

## Data Collection

This qualitative study included nine virtual interviews with parents who maintained sobriety during the COVID-19 pandemic. Participants were recruited by distributing flyers at recovery meetings and through virtual recovery groups. The flyers were shared within the recovery community, and interested individuals contacted me via email or the social media platform Facebook Messenger. Informed consent forms were emailed to participants who met the inclusion criteria. Participants were instructed to read the consent form and, if they agreed to participate, to reply to the email with the statement “I consent.” After receiving their responses, virtual interviews were scheduled.

Interviews were conducted using the questions outlined in the interview guide. As participants shared their experiences, natural opportunities arose to ask both the listed and additional open-ended questions to encourage elaboration when appropriate. The interview process was designed to foster comfort and safety, and the order of questions varied based on each participant’s responses and the natural flow of the conversation. Participants were informed that interviews would be recorded via Zoom and transcribed for data collection. Participants were also reminded of their right to withdraw from the interview or the study at any time.

Initially, the goal was to obtain 10 to 12 interviews; however, some interested individuals did not follow through with the interview process or respond to rescheduling requests, and one individual did not have a child attending school during the COVID-19 closures. Sufficient data were gathered from the nine participants who completed the interviews. Each interview lasted approximately 35 to 60 minutes.

After reviewing the audio recordings and verifying the accuracy of the transcriptions, the data were examined to ensure there were no discrepancies. Notes and reflexive journal entries were completed as needed following the interviews. Each participant was assigned a numerical identifier, and all personal names were removed. All data were securely stored in a locked cabinet accessible only to the principal investigator.

### **Data Analysis**

To analyze interview content, thematic analysis principles were applied to identify recurring themes and patterns across interviews (Braun & Clarke, 2006). Each interview was transcribed using the Zoom application, then transferred to a secure document and reviewed for accuracy. Audio recordings were listened to carefully and compared with the transcripts to ensure precision and capture the intended meaning of participants' responses. Once verified, the transcripts were removed from the Zoom application and securely stored on a protected drive.

Line-by-line hand coding was conducted using key words and phrases drawn directly from the interviews. Following this stage, focused coding was employed to develop well-defined categories that reflected emerging themes. Each coded interview was shared with the assigned faculty member for review and feedback. This iterative process contributed to the creation of a comprehensive codebook that captured the depth and richness of the data. Through this systematic process, seven overarching themes were identified, each aligning with the research question. The themes are presented in Table 3.

**Table 3***Themes Based on Family of Codes*

Research question	Emerging themes
How did parents sustain recovery from substance use in the context of the shutting down of recovery programs while they handled the parenting demands during the COVID-19 pandemic?	<ol style="list-style-type: none"> <li>1. Grounded in connection recovery strategies before the pandemic</li> <li>2. Disruption and adaptation of recovery support networks</li> <li>3. Family as a central support system</li> <li>4. Increased vulnerability to isolation and relapse</li> <li>5. Loss and transformation of social relationships</li> <li>6. Adaptation to transition and change</li> <li>7. Personal growth and self-awareness</li> </ol>

Thematic data analysis followed Braun and Clarke's (2006) framework to ensure a rigorous and reflective approach. The process began with immersion in the data through multiple readings of the transcripts and repeated listening to the recordings to enhance familiarity and accuracy. Notes and reflexive journal entries were examined to document impressions and contextual insights. Each transcript was formatted into three columns: the first containing the verbatim data, the second for semantic (surface-level) codes, and the third for latent (underlying meaning) codes. Line-by-line coding enabled both descriptive and interpretive analysis. After coding, the latent codes were organized into families or categories to identify broader patterns and conceptual linkages. These groupings were then visually mapped to examine relationships among themes, refining them through ongoing comparison across interviews. This analytical process ensured that themes were not only representative of participants' shared experiences but also reflected deeper meanings embedded within the data. Negative case analysis involves examining

data for perspectives or experiences that contrast with the dominant patterns identified in the findings. No negative cases were identified in this study.

### **Evidence of Trustworthiness**

The goal was to maintain the quality of this qualitative study by capturing authentic findings that ensured credibility and overall trustworthiness (Shenton, 2004). To establish trustworthiness in qualitative research, four criteria should be observed: credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). These principles served as the foundation of this study.

#### **Credibility**

Credibility in qualitative research refers to confidence in the truth of the data and the believability of the findings. To ensure credibility, nine in-depth interviews were conducted, each lasting between 35 and 60 minutes, allowing participants sufficient time to fully articulate their responses. Participants were encouraged to share their thoughts as openly and deeply as they felt comfortable.

Credibility was established from the outset by ensuring that participants understood their right to voluntary participation and withdrawal without penalty. After providing consent, participants were reminded that they could withdraw from the interview at any time or decline to answer specific questions (Shenton, 2004). To build rapport and enhance the authenticity of responses, I demonstrated genuine interest in participants' experiences through attentive listening and clarifying or follow-up questions. This approach fostered a comfortable and trusting environment, encouraging openness and supporting the collection of accurate, meaningful data (Shenton, 2004).

**Transferability**

Transferability refers to the applicability of a qualitative study's findings to other similar settings or contexts. The thick descriptions provided in this study establish the context and significance of the data, allowing future researchers or scholars to draw comparisons in similar environments. By presenting participant demographics, coding procedures, and the evaluation of emerging themes, the study's transferability was strengthened. Rich, detailed descriptions were included to enable readers to assess the applicability and relevance of the findings to other contexts.

**Dependability**

Dependability in qualitative research refers to the consistency and reliability of the data. Credibility cannot be achieved without dependability. To ensure dependability, the data collection process and all related procedures were described in detail. An audit trail was created to document each step of the research process, including data gathering, organization, and analysis. Data were obtained, recorded, analyzed, and documented accurately by repeatedly reviewing transcripts, field notes, and reflective journal entries to maintain accuracy and consistency throughout the study. This systematic approach enhanced transparency and ensured that the study could be replicated under similar conditions to produce comparable results (Shenton, 2004).

**Confirmability**

Confirmability ensures that the data accurately represented in the information provided by participants and that interpretations are objective rather than influenced by bias or personal assumptions (Lincoln & Guba, 1985). Reflexive journaling was used to

process thoughts and emotions after each interview and to monitor and manage potential biases throughout data collection and analysis. In addition, the dissertation chair reviewed each transcript and provided feedback at every stage of the coding and thematic analysis process to help ensure accuracy, transparency, and objectivity.

### **Results**

Seven themes emerged from this study. The first theme focused on the interconnected recovery strategies before the pandemic. Participants commonly described being grounded in connection through recovery meetings, sponsorship, social support and activities, and community involvement. The second theme focused on the disruption and adaptation of recovery support networks. Participants described the disruption in routine and structure and adapting to the loss of their meaningful connections. They described various means to adapt and adjust. The third theme focused on family becoming a central part of their support. Isolation commonly triggering fear led them to become closer and rely more upon family and healing relationships in the home. The fourth theme focused on increased vulnerability to isolation and relapse. The feeling of fear and danger from isolation was a common theme across participants. The fifth theme focused on the loss and transformation of social relationships due to social isolation and political and ideological divides. The sixth theme focused on adaptation to transition and change. As they adapted and adjusted participants commonly described acceptance and motivation in recovery and within themselves. Lastly, the seventh theme focused on personal growth and self-awareness. The participants described feelings of gratitude after the pandemic closures and increased self-awareness and self-growth overall as individuals.

**Theme 1: Grounded in Connection, Recovery Strategies Before the Pandemic**

In the period prior to COVID-19, participants described their recovery routines as grounded in program-based engagement, relational support, and spiritual connection. Regular attendance at AA or Narcotics Anonymous meetings was often cited as the anchor of daily and weekly routines. For many, these meetings were more than obligations, they represented safe spaces where participants could connect, share openly, and receive validation and accountability. Together, these elements formed a comprehensive and stable framework that provided emotional, psychological, and practical support.

A critical relational dimension emerged through sponsorship, gender-specific groups, and social activities tied to the recovery community. Sponsoring others and being sponsored were viewed as vital reciprocal processes that deepened participants' sense of purpose and belonging. Likewise, men's and women's groups, book studies, service work, and sober social activities (e.g., softball, family events) facilitated strong interpersonal bonds that protected against isolation. Meetings in support groups were a major helping source. P9 said:

I went to meetings every single day. Sometimes a few a day if I could. I got really close to some people there and started getting into service right away. I asked someone to be my sponsor and met with her and called her all the time. Even for stuff that wasn't about drinking, I just needed help getting my life back on track like emotionally really. I needed support and they didn't judge me at all.

In a similar way, P7 indicated,

It was just being able to share my experiences and things that I had gone through. The connection, just being able to feel more open and be willing to be vulnerable, to share those things, and not feel judged. Having people in that room that could relate to you, and kind of give their feedback and their experience and their thought process and stuff like that really helps. It helps just kind of building that rapport and then the connection. Just being able to feel more open and be willing to be vulnerable, to share those things, and not feel judged. That was primarily one of the things I felt that was important.

Further reinforcing sobriety was the spiritual component of recovery. Participants frequently discussed the importance of working the 12 steps, cultivating a relationship with a higher power, and integrating spiritual practices (such as prayer, reflection, and reading recovery literature) into daily life. This spiritual grounding provided inner strength, fostered resilience, and supported identity transformation from substance user to person in recovery. As P7 indicated,

I did not really feel a connection to a higher power or God until recovery. Even then my relationship is a work in progress. The longer I am sober the more I feel like I have a connection with God.

P3 also shared:

In sobriety my relationship with my higher power has gotten a lot stronger and, in those times, where I feel like I have to keep going, and I can't give up, I get on my knees and pray and ask God for the strength.

## **Theme 2: Disruption and Adaptation of Recovery Support Networks**

The sudden onset of the COVID-19 pandemic caused major disruptions to participants' established recovery routines. Central to many individuals' sobriety was the opportunity to attend in-person recovery meetings, which provided both structure and meaningful human connection. When these meetings transitioned to online formats, many participants expressed a profound sense of loss. Although virtual platforms such as Zoom allowed continued access to recovery support, participants frequently described these interactions as impersonal and lacking the sense of belonging they experienced in face-to-face gatherings. P5 and P7 compared virtual and face-to-face meetings. P5 stated, "It's not as personal. Like you don't get to look people in the face and hug and just be together and really feel each other's energy or pain or whatever." And P7 indicated,

I tried the online meetings, but they don't have the same effect as when I was in the meetings, hearing people speak, being able to talk, and being within close proximity of them. There is something different with having an actual person there that you can talk to and relate to. I didn't find like a real connection through that.

Although virtual meetings were not ideal, some participants preferred them over having no meetings at all. P2 expressed,

More and more meetings started being offered, and then I kind of realized at first the meetings online and stuff were so weird. And I was like, not really into it. But then actually, over time, I think I realized how convenient they were, and it kind of made it more accessible, like I think sometimes it's easier because people can

choose the convenience and not have to worry about childcare. But it definitely removes some of the social aspect and that support which is weird cause it is important for sobriety.

Participant 8 took advantage of the flexibility and was able to attend meetings not only locally but also in other locations, expressing, “I went to meetings from all over and it was really convenient. Actually, it was the best thing that could have happened for me because I was able to Zoom meetings from my house when my daughter slept.”

Distractions at home, discomfort with online formats, and limited interaction further diminished the perceived value of these meetings. Many parents struggled to maintain the anonymity of others because of the increased needs of their children and issues with privacy. Some adapted to this new mode by participating regularly and even helping to organize virtual spaces for others, while others withdrew or became less engaged, revealing mixed levels of adjustment across participants. P1 described the problems with virtual spaces,

Like the Zoom meetings were not as personal as the in-person meetings, so it put up a barrier in that aspect, and also it also put up a barrier of you know, you have family at home. You want to join a Zoom Meeting, and then there’s you know, kids running around yelling, asking for food and stuff like that so you couldn’t stay focused on it 100% like as if you were in the in-person meeting where you could stay focused a lot easier. Or if you’re on a Zoom Meeting, you may tend to start glancing at your phone.

### **Theme 3: Family as a Central Support System**

As social and recovery networks contracted, family members became indispensable sources of support. With many participants spending more time at home, relationships with spouses, children, and extended family deepened. These relationships provided emotional grounding during a time of widespread uncertainty and social isolation. For many, family became intertwined with recovery, serving as both motivation and accountability to remain sober. P4 expressed, “Being with family also helps with having a support system” and “spending time with the kids and family more helped.” P5 described how COVID isolated him and found support in his wife and child,

I started to isolate myself and people stopped talking to me. So, during COVID, I thought about that. It can be dangerous. I had my wife and my boy... It was easy for me to get out of my meeting routine and if she didn't keep on me. I could have isolated a lot more.

Participants described how the demands of parenting and household responsibilities filled the void left by reduced social interaction and recovery meetings. However, this centrality of family was not without stress. Some participants struggled to balance caregiving with their own recovery needs, particularly when children required assistance with remote schooling or were experiencing emotional and behavioral challenges. The intersection of parenting and recovery was especially prominent as participants navigated their children's academic, emotional, and social challenges during school closures. Parents reported a range of impacts on their children, from anxiety,

depression, and social withdrawal to difficulties in adapting to online learning environments. P2 described this stress,

It was stressful trying to help her in school and finding other people to help when I was at work. I feel like it kind of changed my priorities about work and AA and everything else going on just because she wasn't at school in our normal routine.

Participants reported how their children showed signs of psychological distress. P6 described,

If the kids needed help with school, it was me. It was a lot of juggling. It was a bit stressful, but we made it work. My oldest started to get depressed and anxious and is still going to therapy.

And P2 added,

She had a really hard time when she went back to school because she didn't want me to leave her. She worried all the time that I would be gone or die or something awful, so it gave her anxiety, and she got really clingy. She has been that way still, not as bad as before, but she always wants to be with me and doesn't like to go anywhere without me, or she will call a bunch of times. It was hard for all of us adjusting both ways I guess.

Being cut off from friends and their usual environment caused children to suffer. P9 described: "It was hard sometimes for them to stay motivated and not distracted at home. The worst part was not seeing friends. They lost touch with a lot of friends pretty much."

These concerns often intensified participants' stress and feelings of helplessness while testing their emotional resilience. At the same time, they served as a motivating

factor to remain sober and emotionally present, as parents recognized that their children needed stability more than ever. Although some participants reported positive family bonding experiences, managing children's disrupted routines generally added another layer of complexity to their recovery during the pandemic.

#### **Theme 4: Increased Vulnerability to Isolation and Relapse**

A recurring concern across interviews was the danger of isolation, which participants identified as a known trigger for relapse. Without the routine and accountability provided by in-person meetings and community gatherings, many described slipping into patterns reminiscent of their substance-using pasts. Isolation reactivated old thought patterns, including feelings of loneliness, self-doubt, and cravings, which participants recognized as threats to their recovery. Some were candid about how easily they could have relapsed during this period had they not relied on recovery tools or family responsibilities to anchor them. Although they maintained sobriety, participants noted that the pandemic represented one of the most precarious phases of their recovery journeys. P5 expressed,

I used to isolate a lot when I drank. I was social, like the party guy, always somewhere. But I made so many bad choices then. I started to isolate myself and people stopped talking to me. So, during COVID I thought about that. It can be dangerous.

And P4 stated,

I can't isolate like that, or I could go back to my old behaviors and start listening to my illness. It will start telling me it's okay to drink or nobody would ever

know. I can't be comfortable with being on my own again because that's dangerous.

### **Theme 5: Loss and Transformation of Social Connections**

Beyond formal recovery spaces, participants discussed the erosion of their broader social networks. Prior to the pandemic, many cultivated friendships and a sense of belonging through recovery-related social events such as barbecues, softball games, informal get-togethers, and sponsorship relationships. Some participants expressed that their children also experienced loss of friendships and belonging with the closure of schools and differing opinions and parenting choices. The pandemic fractured these connections, with social distancing and opposing views on public health measures introducing tension and distance into previously supportive relationships. P1, P3, and P2 expressed the loss of social networks. P1 said:

We were worried about getting sick and it's like if you stay home some people judge you. But if you go out other people judge you. I felt like the country was so split on that. Just like the mask thing. I'm pretty sure that's why their friends changed and why we were left out of things or out of touch I guess during COVID.

P3 shared,

A huge barrier was losing that social connection with a lot of people, and everyone being at different levels of comfort with socializing, the judgment of like, you're going back to in person meetings, and they don't even wear masks down there.

And P2 added:

I wouldn't go to meetings in person because I was scared that we would get sick. I know some places stayed open...Some people wanted to keep going and there was a lot of division between the people who masked and isolated and the people who ignored the regulations and guidelines. I started to know more about people's political beliefs...and I really felt anxious about being involved in that stuff, so I didn't get involved. But because I didn't ever go to meetings in-person I'm sure people assumed how I felt about COVID. Oh well, I mean there are people who just don't even talk anymore over all of that. I really try to stay out of all that stuff, so it was better to be a little distant for me anyway.

Some participants recounted how political and ideological divides—whether related to mask-wearing, vaccinations, or pandemic restrictions—caused rifts in their social groups. This transformation left many feeling alienated and disconnected from the very communities that once formed the backbone of their recovery journeys. Many described a longing for social connection that was once integral to their sobriety and hoped to find those connections again. Only two participants, P6 and P7, though expressing similar feelings of alienation, judgment, and disconnection, shared fears of relapsing outweighing health and political factors related to the pandemic.

After the closures were lifted, many participants described their relationships as never being the same, having shifting views about people they once knew, and not returning to meetings and groups they once found to be integral to their recovery. P6 expressed, “We would go but it was like secret and stuff, right. Then it felt almost like the

government turned it into like, the government's not gonna tell me what I can and can't do. It got really political." And P3 expressed,

Losing that social connection with a lot of people and everyone being at different levels of comfort, with socializing, the judgment, it was completely toxic. And then it was like people just at war with each other. And I'm like, okay, this is not good.

And P5 expressed the changes in social life:

I kind of stopped being as social during COVID. It was hard to keep in touch cause people had different levels of comfort and stuff with being around people. I know I did better and was happier before when I had my group all together and met up all the time.

### **Theme 6: Adaptation to Transition and Change**

As participants described their adjustment to the experience of increased isolation and loss of connection as challenging but found acceptance within this time of transition and change. Many participants reflected on how the pandemic reshaped their sense of recovery and what it means to stay sober. Not only had they experienced significant loss of their social connections, the loss of their routine and structure relied upon to maintain sobriety had shifted and altered forcing them to use the coping strategies they had used prior to COVID closures that were still available to them such as reading literature, connection with their higher power through prayer and meditation, and reliance upon family connection . These adaptive behaviors represented a shift from externally

structured recovery supports to more individualized and internally motivated coping mechanisms.

Some participants found new ways to support their recovery and manage their feelings by finding new hobbies, focusing more on work or education, as well as providing their children with more support for their educational or mental health needs. Some joined new recovery groups or churches to help support their personal development and sobriety. The participants created new routines and structures to feel safe from the fear of relapses and regression to past behaviors and thoughts. This journey led many of them to a deeper spiritual connection and self-reflection. P8 and P7 reflected on these changes. P8 said,

So, we talk about it in AA, like emotional sobriety, but I feel like there's really not a lot of work done on that to really help my relationships as much as Alanon has. I feel like I've grown so much in the 4 years since going. I'm concerned about my behavior and my relationships with other people now. Learning to not be the victim and less of a need to like fix things.

P7 shared,

Being able to go hiking or kayaking, or anything that had to do with the outdoors had a completely different feel compared to before when I tried to do it. You know, in my disease I was just not physically, mentally, or spiritually fit and I would have to be kind of under the influence and that really wasn't too enjoyable unless I had something.

For most, relying upon themselves to remain sober had not worked for them in the past, leading some to multiple relapses before finally maintaining sobriety and living a healthy recovery. Adapting to these changes led some to seek out a sense of normalcy by staying involved in online meetings or contacting their support system in recovery on the phone. Some stayed more isolated from the support system they once relied upon, accepting this new normal, seeking replacement strategies available to them. In response to these challenges, participants described developing alternative coping strategies and support to sustain their recovery leading to long-term sobriety. P5 stated, “Mostly tried to keep working” and further explained “I have a hard time being cooped up a lot. I just focused on keeping myself busy.” P2 also stated that staying busy helped avoid triggers and unhealthy behaviors:

For me, staying busy around the house helped. Like literally from top to bottom I cleaned out every single thing in my house and started kind of putting a lot of time into that, because at that time, everything was so shut down that I didn’t really feel like I was missing out on anything. There wasn’t much more I could do. I guess healthier things, like lots more walks with the dogs, cleaning the yard, making things look nice and then I ended up also moving at that time, anyway. So, I think a lot of my time just was focused on that stuff.

### **Theme 7: Personal Growth and Self-awareness**

Participants described a range of emotional experiences throughout the interview process. Personal growth, increased self-awareness, and independence were common themes in their narratives. Many reflected on the seriousness of their addiction and

recognized how far they had come in their recovery journeys. For several participants, this period of self-reliance strengthened their resilience and offered new perspectives on sustaining recovery outside traditional support settings.

At the onset of the COVID-19 closures, many participants reported feelings of loss, anxiety, stress, and loneliness as they longed for the connections they once considered indispensable support. Over time, they learned to rely more on their families and to overcome the loneliness and isolation they had previously feared. Some participants leaned into the spiritual aspects of their recovery, which fostered increased feelings of gratitude. Others focused on their relationships with their children and described gaining greater confidence in their parenting abilities.

To maintain their sobriety, participants reported that they needed to find ways to accept unexpected transitions and new circumstances. This process led to greater self-reliance and independence than they had previously experienced. Most participants noted increased confidence and security in their sobriety and were able to sustain long-term recovery despite the significant challenges of the pandemic. The support systems they had relied on before COVID-19, primarily structured recovery meetings, shifted toward more flexible strategies that extended beyond formal program frameworks. Overall, the pandemic served as a catalyst for many participants to reassess their recovery needs, pathways, and long-term commitments, highlighting both the adaptability and diversity of recovery experiences. P1 expressed,

I think it kind of gave me the opportunity to utilize these tools, rather than relying heavily on the meetings. As we're in early recovery, you rely heavily on the

meetings, so I think it kind of gave me the tools to stay sober and do my recovery and know what I need to do in order to stay sober with or without the meetings.

And P4 reflected on the ongoing nature of recovery and the personal growth that emerged from navigating the challenges of the pandemic, emphasizing the importance of self-efficacy and continuous learning. P4 said,

I learned that I have all these tools I learned in AA that I know I can use in my life now and stay sober. I didn't think I could do that thinking back. I don't know how I made it sometimes... There're tools out there that I probably don't even know exist yet... But as long as I keep trying to do what I have to do for my recovery, that's the most important thing. Now I can look back and say, you know I have another tool added to my recovery... but there has to be more. I have a lot to learn. But it really comes down to me, and my willingness to do whatever it takes to stay sober.

Reflecting on the evolving role of recovery meetings during the pandemic, P6 described a shift toward greater personal responsibility and internalization of recovery principles. P6 said:

People aren't going to meetings... People found other means or found out they don't need meetings anymore. I just stopped going too. We got used to it... We do go once in a while... But at the same time, you know, at some point you need them to survive. You do, because you don't know what to do with your time or you don't know how to handle certain feelings or how to handle certain relationships. The difference is now I can actually do the steps without a

meeting... Just knowing when things are hard you just go through the steps... You can do the steps around anything. It's just a way of healing and it's a lot of what therapy does. Like admitting the problem, talking about it, making amends... The minute I say I'm not an addict... the minute I stop reminding myself that, then I come complacent, and I don't ever want to come complacent.

Emphasizing the importance of self-awareness and spiritual grounding in maintaining recovery, P7 described how they relied on personal tools, faith, and close relationships to prevent relapse and sustain emotional balance. P7 said,

Meetings have definitely taken a step back for me. I don't go as I should. If I start to feel off, I have to remember I need to plug into my recovery more. That can get scary really fast if I start to isolate or go back to old behaviors. I've built up enough tools... My relationship with God, keeping a close-knit circle of friends that I've developed in AA to turn to for whenever I have challenging moments. Reading the literature in the 12 and 12, and then other little things that I try to do on a daily basis. I have a Bible app and devotional. And then just the thought of going back. And I mean when those moments ever, you know, when they arise, it's just not worth it, because I see where I am today with my son and in my life. I started to feel more confident in myself and my ability to do these things. All the tools and things I've learned about myself. I slowly started to develop more of an understanding where I could handle situations and thoughts in my head that took me to places where I was before. But I've learned how to handle and manage those things. I am really grateful that I have AA.

## Summary

The results of this study provided the data needed to answer the research question: How did parents sustain recovery from substance use in the context of the shutdown of recovery programs while managing parenting demands during the COVID-19 pandemic? This chapter presented the study's setting and participant demographics, as well as the methods of data collection and analysis. It also detailed the procedures implemented to ensure trustworthiness and introduced the study's key findings.

The data revealed seven themes that illustrated how parents sustained recovery from substance use amid the closure of recovery programs and the heightened parenting demands during the COVID-19 pandemic. The findings indicated that recovery strategies were grounded in connection. Before the pandemic, participants relied heavily on relationships and networks formed within their recovery programs for support, accountability, and socialization—crucial elements in avoiding isolation and other triggers that could lead to relapse. They described close bonds with sponsors and peers, participation in same-sex support groups, and structured routines that prioritized their recovery.

During the pandemic, participants described the disruption of their recovery routines and support systems, coupled with increased parenting responsibilities, as stressful and isolating. The shift to online recovery meetings and virtual schooling required significant adjustment. While some participants adapted successfully, many expressed a sense of loss and disconnection from the support they once experienced in face-to-face settings. Fearing relapse due to isolation and emotional strain, participants

sought alternative coping strategies such as self-care, exercise, work engagement, spirituality, and strengthening family connections. These approaches fostered greater self-awareness, deepened family relationships, and enabled participants to maintain sobriety throughout the pandemic. In Chapter 5, the interpretation of findings, discussion of limitations, and recommendations of the study will be presented. This chapter will also outline the study's implications, including its potential contributions to positive social change, and conclude with a summary of the overall findings.

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

The purpose of this study was to explore how parents sustained recovery from substance use during the COVID-19 pandemic. This qualitative design allowed participants to share their experiences of maintaining sobriety when recovery programs were shut down due to pandemic restrictions. Research suggests that during periods of isolation, individuals with SUDs or histories of addiction may attempt to cope with stress and uncertainty by increasing substance use, which can lead to relapse or setbacks among those with sustained sobriety (Fabelo-Roche et al., 2021). Parents in recovery faced multilayered challenges during the pandemic related to both recovery and parenting, which created significant barriers due to the intersection of these experiences (Yang et al., 2025). This study offers insights and perspectives on how parents overcame these barriers and sustained sobriety amid the disruptions caused by the COVID-19 pandemic closures.

This study included nine parents in recovery from substance use who maintained sobriety throughout the COVID-19 pandemic. Data were collected through semistructured interviews and analyzed to reveal seven main themes. The first theme addressed recovery strategies before the pandemic and the importance of connection. The second theme examined the disruption and adaptation of recovery support networks during the closures. The third theme explored how family became the central support system while participants coped with the loss of recovery-based connections. The fourth theme focused on increased vulnerability to isolation and relapse. The fifth theme

discussed the loss and transformation of social connections and relationships in recovery. The sixth theme highlighted how participants adapted to transitions and change throughout their experiences. The seventh and final theme described participants' personal growth and increased self-awareness during this period. The following sections of Chapter 5 present an interpretation and discussion of the findings, limitations of the study, recommendations for future research, implications for positive social change, and the conclusion.

### **Interpretation of the Findings**

The findings of this study confirm and extend existing knowledge regarding individuals with a history of substance use and the barriers they must overcome to maintain sobriety. The COVID-19 pandemic affected substance use and recovery by limiting movement and social gatherings, restricting access to in-person treatment and peer support, and disrupting employment and other meaningful activities (Martinelli et al., 2023). In this study, participants described their experiences of sustaining recovery and maintaining sobriety while parenting during the COVID-19 closures. Although all participants remained in recovery throughout the pandemic, previous research indicates that individuals experiencing greater COVID-related stressors were at higher risk of increased alcohol use and relapse (Na et al., 2021).

The themes that emerged from this study are consistent with Schlossberg's transition model for sustained recovery from SUD (Schlossberg, 2011; Stokes et al., 2018) and align with findings in existing peer-reviewed literature. By focusing on parents, this study offers valuable insights into sustaining recovery under complex,

unpredictable, and stressful circumstances. It also underscores the importance of developing more effective support systems and fostering stronger collaboration among community resources to aid long-term recovery.

### **Theme 1: Grounded in Connection, Recovery Strategies Before the Pandemic**

The first theme highlighted participants' recovery experiences before the onset of the COVID-19 pandemic as being rooted in structure, consistency, and socially interconnected strategies. Regular attendance at 12-step and related recovery program meetings supports individuals with SUD in developing self-efficacy, preventing relapse, and maintaining long-term sobriety through in-person meetings and direct social connection (Bulumac, 2024). Sobriety was sustained through ongoing engagement in formal recovery meetings, the practice of spiritual principles, and active participation in recovery-oriented social relationships, forming a comprehensive and stable framework that provided emotional, psychological, and practical support.

Although some individuals with SUD do not receive formal treatment, most who achieve lasting remission do so through structured, program-based approaches (Spinelli & Thyer, 2017). Recovery requires a lifestyle shift that includes forming new relationships with supportive individuals, participating in activities that reinforce sobriety, and cultivating a sense of purpose and belonging outside of substance use (Jean-Berluce, 2025). Many participants disclosed experiencing prior relapses and less stable sobriety before engaging consistently in structured recovery programs that emphasized accountability and routine.

Social support from peers in recovery has been identified as essential to sustaining sobriety among individuals with SUD, as it strengthens social connection and builds coping skills (Lookatch et al., 2019). Participants described isolation as a significant emotional trigger, often leading to loneliness and fear of relapse. These social groups and recovery-based relationships were characterized as foundational to their ability to maintain sobriety. Consistent with previous research, long-term recovery is closely associated with regular meeting attendance, engagement with recovery literature, having a sponsor, completing the Twelve Steps, self-identifying as an alcoholic or addict, and experiencing the transformative realization often described as *hitting bottom* (Bulumac, 2024).

## **Theme 2: Disruption and Adaptation of Recovery Support Networks**

The sudden disruption of established recovery routines caused by pandemic-related closures significantly affected participants' recovery structures and the meaningful human connections that supported their sobriety. One of the most notable changes in substance use treatment since the onset of the pandemic has been the expansion of online and digital recovery services, which sought to compensate for the lack of face-to-face support and continue to play a prominent role in clinical and community practices (Martinelli et al., 2023). The absence of in-person connection left many participants in this study with a profound sense of loss that could not be replaced by virtual meetings. Individuals with SUD are particularly vulnerable to adverse emotional responses when adapting to new technologies, along with heightened stress

resulting from disrupted social connections and changes to recovery routines (Estreet et al., 2022).

Although most participants found virtual meetings impersonal and difficult to adjust to, several were able to adapt and develop new ways to engage over time. Existing research suggests that many individuals expressed gratitude for the availability of virtual meetings, even if they were not their preferred form of recovery support (Hassett-Walker, 2025). Some participants reported that virtual platforms provided more convenient access to meetings and helped them maintain contact with peers in recovery. Others, however, described feeling uncomfortable online, citing concerns about privacy and a lack of the emotional connection they once experienced during in-person gatherings. Consistent with previous literature, participants in recovery services have identified concerns regarding the quality of online support, difficulties with technology or internet access, and privacy issues when using digital platforms for recovery (Rishworth et al., 2024).

### **Theme 3: Family as a Central Support System**

As social and recovery networks shifted, family support became a vital component of many participants' recovery, intertwining family life and the recovery process. At the onset of the COVID-19 pandemic, approximately half of working parents transitioned to remote work (Chen, 2022). Parents spent significant time balancing employment, parenting, assisting with their children's schooling, and maintaining their recovery. During the pandemic, many parents reported heightened difficulties and negative emotions due to the stressors and disruptions caused by COVID-19, which likely affected their parenting (Yang et al., 2025). As participants in this study adjusted,

many described taking on new parenting demands, strengthening their parenting skills, and deepening family relationships. Some had to address emerging mental health or educational concerns among their children, while others worked to maintain routine and predictability as much as possible. Because of school closures and social distancing regulations, family routines required ongoing adjustment, and parents sought to preserve a sense of normalcy while adapting to constant change (Swank et al., 2021).

Throughout the pandemic, relationships and social connections were essential to maintaining mental health amid increased parenting demands and heightened stress (Daari et al., 2024). For many participants, the additional time spent at home deepened family relationships and provided emotional grounding during a period of uncertainty and social isolation. Consistent and open communication within the family has been shown to enhance the quality of family relationships (Evans et al., 2025). Although many participants described positive family experiences and relational growth, they also reported multiple stressors. Fears of illness, financial strain, childcare challenges, and emerging mental health concerns placed significant pressure on families while simultaneously bringing them closer together through increased communication and mutual support.

#### **Theme 4: Increased Vulnerability to Isolation and Relapse**

Social isolation, quarantine, and stay-at-home orders, along with the emotional distress they caused, suggest that substance use and relapse patterns were significantly affected by the COVID-19 pandemic (Jager & Keyes, 2021). Participants expressed feelings of vulnerability that triggered memories of their past substance use. The

loneliness resulting from the loss of connection with others reminded them of the isolation and fear they had once experienced before recovery. Research indicates that the absence of consistent routines, in-person accountability, and increased isolation during the pandemic heightened fears of relapse and reawakened prerecovery thoughts, emotions, and behaviors (Hassett-Walker, 2024). Many participants described these experiences as triggering, motivating them to find new ways to connect with others and to seek positive distractions from the resurfacing of old memories and behaviors that had once led to substance use.

The isolation brought on by the pandemic led to feelings of loneliness and cravings, which participants recognized as threats to their sobriety. Despite varying levels of resilience, all participants shared a strong commitment to continue their recovery journey and to replace their pre-pandemic recovery supports with healthy alternatives rather than returning to substance use. Research suggests that individuals who had developed higher levels of resilience and coping skills prior to the pandemic were more likely to sustain sobriety during this period of extreme isolation (Lewandowski et al., 2024). Several participants acknowledged that without family connections and responsibilities grounding them in recovery, maintaining sobriety might have been more difficult. Healthy family relationships characterized by open communication and mutual awareness can reduce the likelihood of engaging in risky behaviors such as substance use (Ólafsdóttir et al., 2021). For participants in this study, being open and honest about their thoughts and emotions proved to be a key factor in sustaining recovery during this challenging time.

### **Theme 5: Loss and Transformation of Social Relationships**

Participants experienced the erosion of their broader social networks in recovery during the COVID-19 closures. Having once relied heavily on a sense of belonging through social activities, recovery-related groups, and community events, they now faced a profound sense of loss that deeply affected their recovery. Human beings have an inherent need to belong and to maintain stable social relationships and connections (Wesselmann & Parris, 2021). The pandemic disrupted many of these relationships, with differing opinions about public health measures creating tension and distance within previously supportive networks. During this period, social isolation posed a significant risk factor for individuals in recovery, leading some to choose the risk of contracting COVID-19 rather than remain isolated (Jeffers et al., 2022). In this study, participants expressed mixed feelings and conflicting beliefs about social distancing and isolation, which strained or ended several of their relationships with recovery peers.

Participants also noted that their children experienced similar feelings of loneliness and social loss as friendships were fractured by political and ideological differences between families. Although social interaction is central to human experience, it is not always positive and can lead to exclusion, both physical and emotional, resulting in unsettling emotions that affect self-esteem and perceived meaning in life (Wesselmann & Parris, 2021). The transformation of social connections left some children feeling anxious and excluded, while many parents felt alienated from those they had once depended on in recovery meetings and groups. Participants revealed that family dynamics shifted considerably, with both parents and children struggling to adapt to these changes.

Existing literature has similarly identified negative effects among adolescents, including increased loneliness and decreased activity, underscoring the critical role of family dynamics in overall well-being during this period (Bagheri Sheykhangafshe et al., 2022).

### **Theme 6: Adaptation to Transition and Change**

Though challenging, many participants found strength, transformation, and acceptance through the difficult transitions associated with increased isolation and loss of connection. They were able to reflect on their experiences, redefine their understanding of recovery, and find new meaning in their sobriety. Research has shown that overall well-being, defined as feelings of inner ease, connection, and peace, declined during the pandemic due to heightened levels of isolation, stress, anxiety, and depression (Park et al., 2025). Before the pandemic, participants often viewed sobriety as dependent on the structured spiritual foundation provided by 12-step meetings, program-based groups, and sponsors. As their sense of well-being declined, they sought new ways to reestablish the peace and stability they had once found within the structured recovery framework, this time drawing from internal motivation and self-reflection. Studies indicate that individuals are more likely to maintain sobriety when affiliated with and actively participating in structured 12-step programs (Cleveland et al., 2007). Over time, the skills and behaviors learned from these recovery programs began to evolve, transforming into more intrinsically motivated coping strategies that participants integrated into their daily lives.

Connection with social communities' foster improved interpersonal skills, a sense of belonging, and social dignity—all of which play critical roles in the recovery process

for individuals with SUD (Vigdal et al., 2022). To fulfill this need, participants redirected their energy toward work or education, joined new social communities such as churches or alternative recovery programs, and focused on supporting their children and families to sustain purpose and stability during and after the pandemic closures. In the absence of pre-pandemic routines and structures, some studies found that individuals in recovery adapted to this period by engaging in alternative or potentially compulsive behaviors (Hassett-Walker, 2024). Several participants described immersing themselves in work, household activities, or other structured tasks. For many, embracing these changes provided a renewed sense of order and security, helping them feel grounded and protected from the fears and uncertainties that might have otherwise triggered a return to substance use or maladaptive coping patterns.

### **Theme 7: Personal Growth and Self-Awareness**

Recovery is a process of restoring a sense of belonging, meaning, and identity, while rebuilding life with an awareness of the limitations that SUD can impose on an individual (Vigdal et al., 2022). Throughout the interviews, participants reflected on their recovery journeys, describing a renewed sense of strength, resilience, and self-reliance they had discovered within themselves. Several participants appeared to be in what Nixon and Solowoniuk (2008) refer to as the second stage of recovery, a stage in which individuals find their own path to sustained sobriety after leaving the traditional 12-step framework and assume full responsibility for their recovery process.

At the onset of the COVID-19 pandemic, participants commonly experienced feelings of loss, stress, fear, and loneliness. Upon reflection, many shared that these

challenges ultimately strengthened their recovery process and contributed to their long-term sobriety. Expressions of gratitude were frequent across interviews, with participants citing various sources of appreciation, including strengthened family relationships, access to virtual meetings when in-person gatherings were unavailable, and the personal growth they achieved through self-reflection during this period. Jean-Berluche (2025) describes posttraumatic growth as profound emotional healing, a heightened appreciation for life, spiritual transformation, and increased personal strength following significant adversity or trauma. Participants' accounts of growth and self-awareness closely aligned with this conceptualization.

Recovery from SUD is an active and ongoing process that fosters empowerment, self-esteem, social connection, and improved coping strategies (Bjornestad et al., 2019). During this unprecedented period, participants developed greater confidence in their ability to adapt to change and to diversify the supports and strategies sustaining their sobriety. These adaptive capacities contributed to maintaining long-term recovery and enhancing the overall quality of their recovery experience. A sustained sense of purpose and belonging emerged as a critical component of continued sobriety and personal well-being.

### **Theoretical Framework**

This study aligns with Schlossberg's transitional process model (Schlossberg, 1981, 2011), which asserts that transitions triggered by life-altering events are inherently complex and unique, yet often involve shared emotional and behavioral experiences. Research suggests that an individual's decision to enter recovery from substance use is

typically prompted by either an internal or external crisis, leading them to embrace change and commit to a new way of living (Stokes et al., 2018). The model posits that, to maintain sobriety, individuals must transform their mindset and fully accept this new lifestyle. According to Stokes et al. (2018), acceptance and commitment to recovery may involve acknowledgment of the disease model of addiction, adherence to the 12-step program, the development of spirituality, and continued connection and support within the recovery community. All participants in this study described clear and consistent recovery routines prior to the pandemic.

Within this framework, transitions may be anticipated transitions, unanticipated transitions, or nonevents, expected changes that never occur. The COVID-19 pandemic represented an unanticipated transition that participants had to navigate, accept, and adapt to in order to sustain their sobriety. According to Schlossberg's model, four key factors contribute to successful adjustment during transitions, all of which align with the findings of this study.

The first factor, situation, refers to the unique circumstances surrounding each participant's experience at the time of the transition, including the sudden closures and stay-at-home orders resulting from the pandemic. Beyond their recovery efforts, participants faced situational challenges related to employment, childcare, relationships, social interaction, education, and parenting responsibilities.

The second factor, self, pertains to the personal characteristics, inner resources, and coping abilities that influence an individual's capacity to handle change. Participants reported initial struggles with the loss of routine, structure, predictability, and connection

that had supported their recovery. Over time, they adapted the coping skills and tools learned in recovery to fit their new circumstances, discovering inner strength and resilience that they had not previously recognized.

The third factor, supports, involves the availability and quality of social and emotional resources during the transition. These supports play a vital role in maintaining an individual's sense of stability and well-being. Participants frequently discussed the disruption of their recovery relationships and social connections due to pandemic restrictions, which forced the closure of meetings, groups, and schools. The loss of these networks created emotional isolation for both parents and children. Without support, adaptation to change can be slow and difficult. Many participants shifted their primary sources of support from recovery peers to family members during this period, leading to significant changes in family dynamics—some relationships were permanently strained, while others grew stronger.

The fourth factor, strategies, refers to the coping mechanisms individuals employ to manage or reframe challenging circumstances. Participants described using problem-solving skills, flexibility, and positive thinking to regain a sense of control over an unpredictable situation. These strategies helped them manage stress, maintain emotional balance, and sustain their recovery despite the ongoing uncertainty of the pandemic.

### **Limitations of the Study**

Reasonable efforts were implemented to ensure the accuracy and trustworthiness of this study. One limitation of the study was the sample size. The original plan proposed 10 to 12 participants; however, only nine participants completed the interview process.

Ten of the 14 individuals who responded to the recruitment flyer continued through the eligibility screening process. Of those 10, nine met the inclusion criteria and completed the interviews. Data saturation was achieved during data collection, as no new themes emerged, confirming that the sample size was sufficient to draw meaningful conclusions.

Another limitation of this study was the reliance on technology. Each interview was conducted using Zoom Pro to provide flexibility in scheduling, convenience of location, and access to recording and transcription features. Participants were informed of the platform in advance and were asked to ensure that interviews were conducted in a private, quiet, and secure setting. Each participant provided consent to use Zoom and expressed a preference for this online format. Participants also had the option to use or disable their cameras based on their comfort level.

Three of the nine participants chose not to enable their cameras, which limited nonverbal communication and reduced opportunities to build rapport and connection. Additionally, without camera access, there was no way to fully verify the privacy of the interview setting from my perspective. Technical issues also posed a challenge; four participants experienced internet connection problems, which occasionally required questions or responses to be repeated, disrupting the flow of the interview.

Finally, steps were taken to minimize personal bias as a potential limitation. As a mental health clinician working with families and school-age children, I had an inherent interest in the research topic and population. To mitigate bias, reflexive journaling was employed after each interview and throughout data collection and analysis to monitor personal reflections and prevent them from influencing participants' expressions of their

experiences. In addition, all transcripts were reviewed and shared with the dissertation chair for oversight and feedback throughout the process.

### **Recommendations**

This study explored the experiences of parents who sustained recovery from substance use during the COVID-19 pandemic. Significant life transitions and disruptions, such as the closure of recovery supports and services, school shutdowns, and widespread social isolation, created substantial barriers to maintaining sobriety. Social support has been consistently identified as a critical component of sustained recovery (Lookatch et al., 2019). The findings of this study emphasized the importance of interpersonal relationships and connections with close support networks for long-term sobriety, as well as the value of strengthening and repairing family relationships. The results also indicated that a strong foundation in a recovery program enhanced participants' ability to maintain sobriety and cope with major life transitions.

Further research examining the experiences of family members who serve as primary sources of support could deepen understanding of how they assisted loved ones in recovery during unexpected or significant life changes. Exploring how these family members were impacted by suddenly becoming the primary source of support, and what their roles and coping mechanisms looked like during this period, could offer valuable insight for families and friends outside the recovery community. Previous research has shown that families of individuals with SUDs are profoundly affected both emotionally and socially (McCann et al., 2019). The experiences of children, including their sense of loss, disconnection from peers, and the effects of these experiences on their relationships

with parents in recovery, were not directly captured in this study. Participants often described their children's experiences through their own perspectives as parents who were simultaneously managing significant personal and family challenges.

Despite the importance of 12-step programs and the foundational tools they provided, many participants in this study chose not to return to formal meetings once pandemic restrictions were lifted. Others reported reduced participation for a variety of reasons. Some cited political disagreements and interpersonal conflicts within groups that led to resentment or disengagement. Others explained that spirituality, coping strategies developed during the pandemic, and family support helped them sustain sobriety, reducing their reliance on the structure of traditional 12-step programs.

Further research into the specific supports and coping strategies individuals now rely upon—such as spirituality, self-reflection, or other independent methods—could enhance understanding of sustained recovery during major life transitions. Given that most participants described shifting perspectives on 12-step meetings and support networks, exploring what factors now contribute to recovery outside of these programs, as well as what challenges have discouraged continued participation, could provide valuable insights for professionals and service providers working with individuals with SUDs. Research continues to show that engagement in 12-step recovery programs, such as AA, is strongly associated with maintaining long-term sobriety (Lookatch et al., 2019).

### **Implications**

The COVID-19 pandemic introduced sudden and unprecedented challenges for parents with SUD as they navigated recovery program closures, increased parenting

demands, and social isolation (Kumar et al., 2022). Isolation and disrupted access to support services led to significant changes in social support systems, resulting in greater reliance on family support. Limited access to treatment resources intensified fears of relapse, underscoring the need for a broader examination of available supports for parents with SUD, particularly during abrupt and unpredictable life changes. Exploring these individuals' experiences provided an opportunity to identify areas where communities and systems can promote meaningful social change.

Community awareness and education targeting families, practitioners, and service providers are essential for enhancing understanding of the strategies and supports that contribute to sustained recovery. Recognizing the critical role of social connection and family involvement during periods of stress is vital to long-term sobriety, overall well-being, and family functioning. Strengthening and maintaining consistent recovery supports can foster healthier family systems and improve individual outcomes.

The results of this study may contribute to positive social change by informing the creation of more inclusive and adaptable recovery frameworks that prioritize family engagement, flexible service delivery, and community-based support systems. By expanding access to virtual and in-person recovery resources, developing culturally responsive programs, and integrating family education into treatment planning, communities can empower individuals in recovery while reducing stigma and relapse risk. Such efforts can enhance resilience among families affected by SUD, contribute to stronger support networks, and promote sustained recovery, ultimately fostering healthier and more connected communities.

## Conclusion

This study examined how parents sustained recovery from substance use during the COVID-19 pandemic restrictions. The results revealed the barriers and challenges parents faced, as well as the successful strategies they used to overcome them. Before the pandemic, parents relied on structured, consistent, and socially interconnected strategies to maintain their recovery. Sobriety was supported through regular participation in formal recovery programs, the practice of spiritual principles, and active involvement in recovery-oriented social relationships and activities. These recovery routines provided stability through structured program engagement, relational support, and spiritual connection, creating safe spaces where participants could connect with like-minded individuals, share openly without judgment, and receive encouragement, validation, and accountability.

Findings indicated that the sudden disruption of these routines and relationships left many parents with a profound sense of loss, triggering isolation and fear of relapse. However, as parents spent more time at home, their relationships with children and family members deepened, providing the emotional grounding needed during a period of uncertainty and social isolation from those they had once relied upon to remain sober. Through this process, parents reflected on how the pandemic redefined their recovery and relationships, as well as their self-perceptions. They described experiences of internal growth and self-reflection that fostered greater independence and confidence in their ability to maintain sobriety.

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## Appendix: Interview Guide

### Questions

Sex

Relationship status

Number of children in school at the time of COVID-19 pandemic

Length of time in recovery

### Interview Questions

1. What recovery supports or services you were using prior to COVID-19 closures.
2. What recovery services or support helped you most prior to shutdowns?
3. How did your recovery resources change during shutdowns?
4. How did the COVID-19 closures directly impact your recovery?
5. What were the most significant barriers you found during shutdowns?
6. What do you feel was most important to your recovery prior to closures?
7. What are the ways you cope with day-to-day stress?
8. How did your children receive academic instruction during shutdowns?
9. What are some of the challenges you faced during school shutdown?
10. How did the school shutdowns impact your recovery?
11. What are some of the ways the shutdowns in school impacted your recovery?
12. How did these changes impact your stress and coping?
13. What resources did you use during shutdown?
14. How did you find support and resources?
15. Which resources did you find helpful in your recovery?

16. How did you find support to help your sobriety?
17. What do you feel was most important to your recovery during closures?
18. Talk about different transitions you experienced and how they impacted you.