2019

Positive Experiences Among DUI Offenders in Court-Mandated Substance Abuse Treatment

Katarzyna Blanka Pilewicz
Walden University

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Katarzyna Pilewicz

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Anthony Perry, Committee Chairperson, Psychology Faculty
Dr. Eric Hickey, Committee Member, Psychology Faculty
Dr. Valerie Worthington, University Reviewer, Psychology Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2019

Abstract

Positive Experiences Among DUI Offenders in Court-Mandated Substance Abuse Treatment

by

Katarzyna Pilewicz

MA, Adler University, 2009

BS, Polish Open University, 1999

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

General Psychology

Walden University

February 2019

Abstract

Driving under the influence (DUI) of alcohol and other drugs puts communities' and individuals' safety at tremendous risk. The excessive use of alcohol, illicit drugs, and/or some prescribed medications causes cognitive impairment and the physical incapability of operating a vehicle. The court system penalizes drunken driving behaviors by placing DUI offenders in a variety of mandated interventions to minimize the risk of reoffense. The purpose of this phenomenological study was to explore DUI offenders' positive experiences and perceptions derived from DUI programs and how they impacted well-being and commitment to positive change using Seligman's well-being theory as a conceptual framework. In-depth, face-to-face interviews were conducted with a purposeful sample of 11 DUI offenders participating in court-mandated treatment in a northern U.S. state. The interviews were manually transcribed and then coded for themes using a typology classification system based on key terms, word repetitions, and metaphors. The findings highlighted positive consequences and outcomes resulted from DUI arrest including resilience, engagement in treatment, and well-being. The findings of this study could be useful because addiction professionals might incorporate concepts related to positive psychology into the addiction treatment. The issues described by the participants may be used to enrich the quality of existing DUI interventions with the promotion of positive factors supporting health, thus shifting existing negative focus on disease, weakness, and damage into positive interventions based on strengths and virtues.

Positive Experiences Among DUI Offenders in Court-Mandated Substance Abuse Treatment

by

Katarzyna Pilewicz

MA, Adler University, 2009

BS, The Polish Open University 1999

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

General Psychology

Walden University

February 2019

Dedication

This dissertation is dedicated to my loving husband, Zbyszek, who is a constant source of strength, and motivation and who insisted I never stop. It was your love, help, and understanding that allowed me to focus. Thank you for being there for me and taking this long arduous journey with me; I would not have been able to do it without you. I love you.

To my daughters Aleksandra and Julia, who, although so young at the time were always understanding and encouraging me to keep going. Your mom now showed you that everything is possible!

Acknowledgments

To my Dissertation Chairperson, Dr. Anthony Perry, your knowledge, patience, focus, and keen eye for detail provided timely thorough reviews that were combined with a wit that eased the burden of the numerous tasks required to complete this journey. Thank you, your positive influence was meaningful and profound. Without your guidance and persistent help this dissertation would not have been possible. Thank you for your unwavering support and encouragement over the years!

To my Committee Member, Dr. Eric Hickey, thank you for your input and your attention to detail. Thank you. I would also like to thank Dr. Valerie Worthington, my URR, for guiding me in the right direction. Your rapid reviews and specific feedback made me feel like a priority.

Table of Contents

List of Tables

Chapter 1: Introduction to the Study

Driving under the influence (DUI) of alcohol and other drugs continues to be a problem that puts public safety at risk (National Highway Traffic Safety Administration, 2015). In 2015, the National Highway Traffic Safety Administration reported drivers with a blood alcohol content of .08 or higher were the primary cause of 10,265 deaths, constituting 31% of total traffic mortalities that year. Arrests for DUI result from excessive use of alcohol, use of illicit drugs, and/or use of some prescribed medications that cause cognitive impairment. It is commonly known that alcohol and other mood-altering substances contribute to an increase of risky behaviors due to psychoactive properties that reduce self-consciousness while intensifying irrational decision-making (Kasar, Gleichgerrcht, Keskinkilic, Tabo, & Manes, 2010).

The court system penalizes drunken driving behaviors by placing DUI offenders in a variety of mandated interventions monitored and supervised by courts to enforce obedience (Dill & Wells-Parker, 2006). Researchers have suggested that educational programs and even cognitive-behavioral approaches for the reduction of DUIs are not particularly effective for many DUI offenders due to the range of substance use and mental health problems prevalent in this population (Miller, Curtis, Sønderlund, Day, & Droste, 2015; Nelson & Tao, 2012). According to DiStefano and Hoffman (2010), DUI offenders have high rates of co-occurring psychiatric disorders, various levels of severity of alcohol and other drugs (AOD) problems, and various environmental stressors.

Consistent with positive psychology concepts, I attempted to examine the accounts of participants' experience of DUI arrest and participation in court-mandated

treatment for substance use, their perceptions of problematic substance use, and how they made sense of those events. The purpose of this study was to gain an understanding of the meaning of possible positive consequences and outcomes resulting from DUI arrest including resilience, engagement in treatment, and well-being using the theoretical framework of positive psychology (McCoy, 2008; Seligman, 2011).

The findings of this study could be useful because addiction professionals will be able to incorporate concepts related to positive psychology to addiction treatment. The issues described by the participants might enrich the quality of existing DUI interventions with the promotion of positive factors supporting health, thus shifting existing negative focus on disease, weakness, and damage into positive interventions based on strengths and virtues (Peterson & Seligman, 2004; Seligman, 2002). Ultimately, this study has the potential to assist substance abuse professionals in adopting a different approach to treatment that focuses on human potential and moving away from the more traditional disease model of addictions.

This chapter briefly summarizes research literature related to the scope of the study and the justification for the literature and approach to the research problem. The background section briefly portrays DUI offenders as distinctive from the general driving population and summarizes the current research related to the effectiveness of treatment which identifies the gap of knowledge regarding positive aspects of treatment experience. In this chapter, the qualitative nature of the study and theoretical framework is delineated along with related research questions to be addressed. To provide a clear understanding

of terminology employed in this study, definitions are provided. The chapter concludes with a section on the significance of the inquiry and its impact on social change.

Background

DUI offenders are, in many respects, a unique, heterogeneous, group that is different not only from the general driving population, but also from exclusively alcohol abusing individuals who do not drink and drive. Researchers have shown that factors such as impulsivity (Curran et al., 2010; Klimkiewicz et al., 2014), poor behavioral self-regulation (Van Dyke & Fillmore, 2014), substance use disorders (Carlson et al., 2011; DiStefano & Hoffman, 2010) and mental health problems (Lapham et al., 2001; Lapham, et al., 2006; McMillan et al., 2008) are prevalent in this population. Researchers have suggested that educational programs and even cognitive-behavioral approaches for the reduction of DUIs are not particularly effective for many DUI offenders due to this diversity (Miller et al., 2015; Nelson & Tao, 2012). In recent years, the application of positive psychology concepts to substance abuse treatment curricula has begun to occur (Krentzman, 2013). The theory of well-being that focuses on positive emotions, engagement, relationships, meaning, and accomplishments with the final goal of discovering what works for the well-being of people as opposed to focusing on pathology and adversity (Petersen & Seligman, 2004; Seligman, 2002; Seligman, 2012; Sheldon & King, 2001) could be effectively implemented in court-mandated treatment to promote sobriety and responsible driving among DUI offenders.

Currently, no research studies were identified that examine DUI offenders' lived experiences of positive aspects of court-mandated treatment. The results can be used in

the formation of positive interventions that encourage active participation in treatment planning and will motivate DUI offenders to make necessary changes in drinking and driving behaviors.

Problem Statement

Driving under the influence (DUI) of alcohol and other drugs is a serious problem with many social implications (National Highway Traffic Safety Administration, 2015). Studies have suggested that individuals who commit that crime are, in many respects, a unique, heterogeneous, group that is different not only from the general driving population, but also from exclusively alcohol abusing individuals who do not drink and drive (Nochajski & Stasiewicz, 2006). Positive psychology emphasizes the role of positive emotions, engagement, meaning, resilience, optimism, self-esteem, and positive relationships in improving the overall well-being (Duckworth, Steen, & Seligman, 2005; Seligman, 2011). The central belief is that people want to lead meaningful and fulfilling lives, to cultivate what is best within themselves, and to enhance their experiences of love, work, and play. There is a gap in the literature regarding the understanding of how DUI programs affect the positive aspects of persons arrested for DUI including positive affect, hopefulness, optimism, emotional vitality, enjoyment of life, and other measures of psychological well-being.

Purpose of the Study

The purpose of this study was to explore DUI offenders' positive experiences and perceptions derived from a typical DUI program and how they impacted well-being and commitment to positive change. Most individuals arrested for DUI are mandated to

complete a DUI programs to satisfy court sentencing. These programs consist of education classes and process groups that are didactic in nature incorporating lectures and films about consequences of drunk driving. In Illinois, DUI programs must be approved by Department of Human Services (DHS). An interpretative phenomenological analysis approach was used to examine the accounts of participants' experience of substance use, from prior to DUI arrest to their current life circumstances, to gain an understanding of the meaning of possible positive consequences and outcomes resulting from DUI arrest including resilience, engagement in treatment, and well-being using the theoretical framework of positive psychology (McCoy, 2008; Seligman, 2011; Smith, Flowers & Larkin, 2009).

In this study I explore the significant gap in the literature, because there is no research to date that focuses on positive experiences in mandated DUI programs that might promote resilience, well-being, and positive change among DUI offenders.

Research Questions

1. What are DUI offenders' experiences and personal views of a court mandated DUI program that might lead to enhanced well-being and positive change?
2. How do participants describe their experiences and personal views in terms of whether a court mandated DUI program fosters engagement in the process of change?
3. What is the meaning of resilience to individuals in a court mandated DUI program?

Theoretical Framework

The theoretical framework for this study was well-being theory, a construct of positive psychology. The goal of positive psychology is to stimulate human potential by maintaining a strengths-based perspective (Seligman, 2012). The well-being theory has five basic elements: positive emotions, engagement, meaning, positive relationships and accomplishment (PERMA). Because this relatively new theory addresses ways to measure what people do to get well-being, Seligman's theoretical work has been used in all aspects of human psychological and physical health albeit more frequently with the general population than substance abusers. The approach provides details on what makes a good life for individuals and communities. Further, subsequent research and application of Seligman's theory offer guidance of ways to facilitate well-being, thus allowing for insight into human strengths and positive experiences (Grant & Palmer, 2015; Lambert, Passmore, & Holder, 2015). The findings could be applied to promote sobriety and responsible driving. A more detailed analysis was provided in Chapter 2.

The way the individuals made sense of the adverse experiences and the positives they derived from them were central to this study and were informed by Seligman's (2012) theory of PERMA, which directly informed Research Question 1 and 2. The meaning of resilience and how individuals adapt and cope in order to improve well-being informed Research Question 3.

Nature of the Study

The nature of the study was qualitative. Qualitative research is conducted when the problem or issue needs to be explored (Creswell, 2007). It is used when the

researcher wants to dive deeper into the problem to gain thorough understanding of underlying reasons and motivations. A phenomenological approach was appropriate for this study purposes for the following reasons: First, it created an understanding of how participants were impacted by the program by exploring their realizations from lived experiences that transformed their lives. Knowing how participants experienced the program was helpful to better understand what meaning they gave to their experiences (Creswell, 2008). Second, by employing phenomenological approach, participants were given a voice in the research process, which was empowering (Creswell, 2008). The study intended to examine the strengths and positive experiences of DUI offenders in mandated treatment for substance abuse through an interpretative phenomenological analysis (Larkin & Thompson, 2012). Interpretative Phenomenological Analysis (IPA) is an approach to qualitative analysis with a particularly psychological interest in how people make sense of their experiences (Smith, Flowers, & Larkin, 2009). IPA researchers' focus is to build an understanding of how people experience major events in their lives. IPA is firmly situated in qualitative research, as experiences are not easily translated into quantifiable data and much would be lost in translation (Oxley, 2016). The main goal is to identify what matters to participants and then explore what these things mean to them, given their context and the interest of the study (Larkin, 2015). According to Smith (2017), IPA is particularly well suited to positive psychology concepts and can support detailed explanations of positive psychological phenomena.

My analysis begins with a description of my experiences with treating DUI offenders, recognizing that the I cannot completely remove myself from the

interpretation. Then, after reading through transcribed statements I located specific quotes about participants' meanings of experience. Finally, the formulated meanings were clustered into themes, allowing for the emergence of broader themes. If new relevant data emerged they were included. As a final point, the results were integrated into an in-depth description of how DUI offenders approached the "good life" concepts and the process of bouncing back from legal consequences of their behaviors. Keeping the focus on positive PERMA should be consistent with well-being theory (Seligman, 2011).

Definitions

Court-mandated treatment: The enforced-by-courts treatment for DUI offenders, which include education about risks of drinking and driving and abstinence based curricula for substance use (Dill &Wells-Parker, 2006).

Driving under the influence (DUI): The offense of driving while under the influence of alcohol or drugs. It is illegal to drive at or above 0.08 BAC (National Highway Traffic Safety Administration, 2015).

Flow: The state of mind in which a person performing an activity is fully engaged, energized, focused and experiencing pleasure to the point of losing sense of space and time (Csikszentmihalyi, 1991).

Good life: Positive psychology concept of living life according to one's values, using strengths, and achieving flow (Seligman, 2002).

Positive psychology: A scientific approach in psychology that is focused on human strengths and virtues (Seligman, 2002).

Positive interventions: Therapeutic interventions facilitated in clinical and non-clinical populations at therapeutic settings with a goal to increase positive feelings, behaviors, and thinking (Bolier, Haverman, Westerhof, Riper, Smit, & Bohlmeijer, 2013; Layous, Chancellor, Lyubomirsky, Wang, & Doraiswamy, 2011; Sin & Lyubomirsky, 2009).

Well-being theory: The construct of positive psychology that includes five measurable elements: positive emotion, engagement, relationships, meaning and accomplishment (PERMA) (Seligman, 2012).

Assumptions

This study relied on the credibility of individuals undergoing court-mandated treatment for DUI offense. It was assumed that participants were honest in their responses. The inclusion criteria of a minimum of high school diploma with preferable college experience and steady employment prior to DUI arrest relied on the presumption that individuals functioning in society at the required level are able to communicate experiences and opinions in an articulate, expressive, and reflective manner (Palinkas, Horwitz, Green, Wisdom, Duan, & Hoagwood, 2015). In this qualitative research the participant was placed in the role of expert. It was further assumed that participants were willing to discuss their thoughts in detail which provided new and relevant material for enhancing DUI treatment.

The main goal of typical DUI program is to create conditions where DUI offenders would gain insight into problematic behaviors that led to the arrest and accept full responsibility for it. It was assumed that DUI program utilized to access participants

would foster such objective. Furthermore, it was assumed that during the study, participants were able to meet that objective and internalize their own behaviors, gain insights, and make sense of the consequences.

Scope and Delimitations

The purpose of this study was to explore DUI offenders' positive experiences and perceptions derived from DUI programs and how these experiences and perceptions impacted well-being and commitment to positive change and to identify strategies and behaviors DUI offenders in court-mandated treatment developed to cope with DUI experience to improve their wellbeing. Making sense of the experiences of DUI offenders will help to inform future studies and enhance treatment for this population.

A sample of 11 DUI offenders participating for the first time in court-mandated DUI program in Lake County, Northern Illinois was the focus of the inquiry. Purposive sampling followed specific criteria, including being convicted of a DUI offense, being between 26 and 65 years of age, having a minimum of a high school diploma and preferably college experience, and having steady employment prior to the DUI. The number of participants for this study was based on the premise of deriving quality material from participants and meeting homogeneity criteria while maintaining transferability of the findings.

Transferability of the results from this study may be useful to future studies that incorporate positive psychology concepts to addiction treatment. The issues described by the participants might enrich the quality of existing DUI interventions with the promotion of positive factors supporting health, thus shifting existing negative focus on disease,

weakness, and damage into positive interventions based on strengths and virtues (Peterson & Seligman, 2004; Seligman, 2002). Ultimately, this study has the potential to assist DUI treatment providers in adopting a different approach to treatment that focuses on human potential and moving away from the more traditional disease model of addictions.

Limitations

The main limitation of the study was the small number of participants which affected transferability to the larger population. As interpretative phenomenological analysis is primarily concerned with details of the narrative of the lived experience under study, the focus is on the quality and depth of the narrative rather than the number of participants (Smith, 2015; Smith et al., 2009). As such, a small number of participants or interviews is preferred. Participants were included in member checking to ensure the credibility of results. By member checking, participants were given an opportunity to assess interpretations, to correct misinterpretations, and to volunteer additional information that has been stimulated through the member checking process itself (Chung, 2014). The researcher might not achieve saturation of data if the number of participants is fewer than 10 cases.

This study was limited to geographical location in northern Illinois due to accessibility of participants. This geographical limitation may not allow for generalization of results to other states or counties. Another limitation of the study rested in the stigma and shame that was surrounded around DUI offense which could affect the willingness of this population to voice their experiences. Moreover, the participants

might not be completely honest in their responses due to current participation in treatment. They could assume that the answers might affect their status in the DUI program. To eliminate this, they were informed about the sensitive nature of the subject matter and assured that the information would be kept confidential and not shared with the treatment facility and courts.

Significance

The court mandated clients are typically resistant to treatment, unmotivated to change, noncompliant with treatment recommendations, likely to terminate treatment prematurely, and unlikely to achieve positive outcomes (Snyder & Anderson, 2009). The findings of this study could be useful because addiction professionals might incorporate concepts related to positive psychology to the addiction treatment. The issues described by the participants, might enrich the quality of existing DUI interventions with the promotion of positive factors supporting health thus shifting existing negative focus on disease, weakness, and damage into positive interventions based on strengths and virtues (Seligman, 2002). Ultimately, this study has the potential to (a) stimulate additional research in the areas of positive psychology and, (b) assist DUI treatment providers in adopting a different approach to treatment that focuses on human potential and moving away from the more traditional disease model of addictions.

Summary

Chapter 1 provided background information on the rationale for conducting research about the positive experiences of DUI offenders in court-mandated treatment. DUI offenders are, in many respects, a unique, heterogeneous, group that is different not

only from the general driving population, but also from exclusively alcohol abusing individuals who do not drink and drive (Enos, 2006; Nochajski & Stasiewicz, 2006). The educational programs and other cognitive-behavioral approaches for the reduction of DUIs are not particularly effective for many DUI offenders due to this diversity (Miller et al., 2015; Nelson & Tao, 2012). This study is designed to determine how DUI offenders make sense of their DUI arrest and treatment to stimulate additional research in areas of positive psychology, and to shift the negative focus of disease, pathology, and weaknesses into positive aspects and character strengths. Chapter 2 begins with the theoretical framework of positive psychology and well-being theory. It continues with information regarding positive psychology interventions and their effectiveness with clinical and nonclinical populations. Further, the synopsis of current research on DUI offenders, applicable laws, and various interventions designed for this population to minimize the risk of reoffense is provided.

.

Chapter 2: Literature Review

The purpose of this study was to explore the positive experiences of DUI offenders in court-mandated substance abuse treatment to assist substance abuse professionals in enriching the quality of existing DUI interventions with the promotion of positive factors supporting health and well-being. In order to develop an understanding of the ways in which DUI offenders perceive the experience of DUI arrest and its consequences, several areas of the literature were reviewed.

This chapter begins with a description of the literature search strategy. The review of the literature begins with an exploration of Seligman's (2000) theory of well-being and how positive human strengths and experiences could promote sobriety and responsible driving. Although several researchers examined the phenomenon of driving under the influence of mood altering substances and characteristics and features of individuals who commit that crime (Alonso, Pastor, Montoro, & Esteban, 2015; Carlson, Sexton, Hammar, & Reese, 2011; Cavaiola, Strohmetz, & Abreo, 2007; McCarthy, Niculete, Treloar, Morris, & Bartholow, 2012), relatively few studies have addressed positive psychology principles applied to substance use, addiction, and recovery (Krentzman, 2013). DUI offenders are, in many respects, a unique, heterogeneous, group that is different not only from the general driving population, but also from exclusively alcohol abusing individuals who do not drink and drive (DiStefano & Hoffman, 2010). A review of studies will show that educational programs and even cognitive-behavioral approaches for the reduction of DUIs are not particularly effective for many DUI offenders due to this diversity (Miller, Curtis, Sonderlund, Day, & Droste, 2015; Nelson & Tao, 2012).

Literature Search Strategy

Literature for this study was identified using the following search terms with a focus on the past ten years: *positive psychology, positive interventions, positive psychology therapy*, *court mandated treatment, drunk driving, DUI, substance abuse, DUI offenders, well-being, recovery, addiction, resilience, substance abuse treatment, driving under the influence, DUI intervention, coerced treatment*. *Positive psychology* was combined with the other terms related to substance abuse and substance abuse treatment, and all the related results were reviewed. In addition, *positive psychology* along with similar phrases such as *positive emotions, positive experiences, well-being* were combined with the terms *substance abuse* and *driving under the influence.*

The Walden University Thoreau Library portal served as the primary gateway for accessing the following databases: PsycINFO, PsycARTICLES, Academic Search Complete, ERIC, ProQuest, the Dissertation and Theses Database, Psychology: A SAGE Full Text Collection, SocINDEX with Full Text. In Google Scholar, all articles from 1998 to present containing the phrase *positive psychology* in the title were reviewed. Google Scholar was used to cross reference articles and find the most current literature. In Thoreau and ProQuest all articles that contained the exact phrase *positive psychology* in the abstract or as a key term were reviewed, as well. In order to maintain and establish the academic rigor of the literature review, articles were limited to those that were refereed or peer reviewed.

Theoretical Foundation

This research was based on Seligman's well-being theory (2011). Well-being theory derived from Seligman's (2002) authentic happiness work. His theory recommends that happiness could be perceived from the perspective of positive emotions, engagement, and meaning. Positive emotions involve energizing a mix of joy, content and ecstasy. Engagement is a state of deep involvement in an activity that is considered important, interesting, and enjoyable. It is a loss of self in which a person remains focused on the experience and open to novelties it brings. Seligman (2011) stated that it is possible for everyone to develop engagement in activity considered enjoyable once it is discovered and pursued. The last element, meaning, exists in the context of the search of purpose in life. Living a meaningful life is serving a purpose and belonging to the community (Seligman, 2012). In order to provide sustenance for this search people create positive institutions such as family, religious organizations, unions, supportive facilities, social and political groups.

In 2012, Seligman revised his concept of well-being which resulted in the theory of PERMA (Seligman, 2012). The theory adds to positive emotion, engagement, and meaning two more pillars: positive relationships and achievement. Positive relationships emphasize the importance of having positive support and healthy associations to achieve well-being. Meaningful, strong relations provide support during difficult times and an outlet for sharing joy. Previous researchers argued that people who consider themselves lonely, with no sense of belonging to the wider community, tend to report lower levels of well-being as opposed to those who emotionally connect to others in intimate relations,

companionships, and through family bonds that allow them to develop healthy and adaptive strategies in the face of adversity (Vaillant, 1995). Vaillant (1995) found that people who are in good relationships tend to live longer and have fewer health problems than single individuals.

The last element, accomplishment (also known as achievement) highlights the purpose of positive psychology and its practical approach to influence behavior in an effective way to accomplish a goal (Seligman, 2011). Accomplishment is seen as a process of implementing one's skills and efforts toward a specific and fixed goal (Lambert, Passmore, & Holder, 2015). The process involves self-control and grit, which positive psychologists define as following through on commitments and working hard and passionately to accomplish goals in the future (Duckworth, Peterson, Matthews, & Kelly, 2007). The authors state that grit is an essential element required for an achievement because individuals with grit can sustain stable effort over long period of time despite adversity, failures, and lack of progress. The gritty individuals are able to maintain an interest, and commitment for achievements. The well-being theory provides adequate support for exploration of positive experiences and perceptions derived from DUI programs and how they may impact well-being and commitment to positive change.

Positive Psychology

Positive psychology is a term coined by Martin E. P. Seligman in the late 1990s during his presidency of the American Psychological Association to a feature new theoretical approach in psychology recognizing the human being from the perspective of authentic happiness (Krentzman, 2013). Positive psychology focuses on human strengths

and virtues with the final goal of discovering what works for the well-being of people as opposed to focusing on pathology and adversity (Petersen & Seligman, 2004; Seligman, 2002; Sheldon & King, 2001). Seligman and Petersen (2004) described six universal virtues: wisdom, courage, humanity, justice, temperance, and transcendence, with 24 character strengths classified under them. The purpose was to shift the focus from treating psychopathological symptoms and weaknesses to discovering the core strengths that can be used to alleviate those symptoms and improve well-being.

Positive psychology emphasizes the role of positive emotions, engagement, meaning, resilience, optimism, self-esteem, and positive relationships in improving overall well-being (Duckworth, Steen, & Seligman, 2005; Seligman, 2011). The central belief is that people want to lead meaningful and fulfilling lives, to cultivate what is best within themselves, and to enhance their experiences of love, work, and play. The intent is to highlight the positive experiences in a person's life, translated by positive emotions; individual character strengths and virtues; and positive institutions (Park & Peterson, 2007; Peterson & Seligman, 2003; Seligman, 2002).

Positive experiences contribute to the flourishing or optimal functioning of people, groups, and institutions (Csikszentmihalyi, 1991). Csikszentmihalyi (1991) conducted studies on the flow state. Flow is defined as a state of intensive experience when the individual is fully engaged in a task or activity involving challenge and skills. The level of challenge and skills used to perform the task needs to be balanced to keep the individual in the flow. If the task is too challenging individuals become fearful and try to avoid it, but if the task is not challenging enough, individuals find it dull. The state of

flow exists when both internal and external conditions are met. External conditions involve the task itself; internal conditions include the person's ability to focus on it and self-discipline to continue performing it. (Csikszentmihalyi, 1991; Scorsolini-Comin, Fontaine, Koller, & Santos, 2013).

The flow experience appears to have broad behavioral implications. Massimini, Csikszentmihalyi, and Carli (1987) found that individuals low in ability to experience flow have more mental health problems as opposed to those who are experiencing flow frequently and intensely in daily activities (Rathunde & Csikszentmihaly, 1993). Flow theory constitutes a synthesis of hedonic and eudaimonic approaches to subjective well-being (Moneta, 2004). Consistent with the hedonic perspective, flow theory states that flow has a direct impact on subjective well-being by fostering the experience of happiness in the here and now. Consistent with the eudainomic perspective, flow theory states that flow has an equally important indirect effect on subjective well-being by fostering the motivation to face and master increasingly difficult tasks, thus promoting personal growth (Moneta, 2004).

Positive psychologists call for creating positive environments, which include institutions like government, churches, organizations, and facilities where individuals are able to acknowledge their strengths and capacities and learn how to enhance them and use in a daily life (Krentzman, 2013; Peterson, 2006). Peterson (2006) argued that positive institutions should be associated with positive emotional states and positive interactions. People are more likely to take care of themselves, which favorably impacts their psychological and physiological health, when they sustain positive interactions with

others (Salovey, Rothman, Detweiler, & Steward, 2000). The likelihood of developing supportive interactions depends on positive mood and openness to the experience; therefore, institutions that provide a sense of safety, predictability, and stability are strongly associated with the provision of social support and enhancing well-being (Salovey et al., 2000).

Positive organizations provide the environment where individual character strengths and positive emotions can flourish (Krentzman, 2013). The author proposed that various institutions that serve the purpose of fighting addictions, including Alcoholic Anonymous (AA), other recovery-oriented programs (SMART Recovery), and evidence-based treatment facilities may assume that role. This is particularly important in the premise of this work to contribute to the treatment of DUI offenders to establish such positive, rehabilitative institutions and programs.

Positive Psychology Interventions

Positive psychology interventions (PPI) have been developed within the field of positive psychology and facilitated with clinical and nonclinical populations in therapeutic settings with a goal to increase positive feelings, behaviors, and thinking (Bolier et al., 2013; Layous et al., 2011; Sin & Lyubomirsky, 2009). The primary goal is to promote individual strengths; generate positive emotions and experiences; and enhance well-being while alleviating negative symptoms. PPI do not focus on the problem but emphasize positive elements in the lives of individuals. The strategies are vital in mobilizing the inherent abilities in individuals to change their lives and provide them with a sense of control. These interventions provide resources for coping with presently

identified challenges and initiate self-growth over time, which enhances overall well-being (D'raven, & Pasha-Zaidi, 2014). Gander, Proyer, and Ruch (2016) conducted a preliminary study of the positive psychology intervention comprising all five components of well-being and provided the first evidence for the following outcomes: (a) interventions based on accomplishment and positive relationships worked effectively for increasing happiness; (b) positive relationships interventions improved depressive symptoms; (c) the study confirmed previous research that interventions based on those components are effective across different cultural settings; and (d) the study provided opening grounds for the notion that individuals in the middle range of the well-being continuum benefit from positive psychology interventions based on the PERMA model the most.

PPIs vary widely in their format, duration, and modality of dissemination, but most consist of one or more activities from the following categories: (a) savoring, (b) gratitude, (c) kindness, (d) empathy, (e) optimism, (f) strengths, and (g) meaning (Parks & Layous, 2016). Some of those categories have been applied to examine their effectiveness for specific clinical conditions, such as gratitude in reducing symptoms of depression (Kwok, Gu, & Kit 2016; Wood, Maltby, Gillett, Linley, & Joseph, 2008), self-compassion in reducing symptoms of depression (Pietrowsky, 2012), hope for PTSD (Gilman, Schumm, & Chard, 2012), positive emotions to treat alcohol and drug abuse (Akthar & Boniwell, 2010), as well as symptoms of schizophrenia (Johnson et al., 2009; Meyer, Johnson, Parks, Iwanski, & Penn, 2012), and social anxiety (Kashdan, & Breen, 2008; Kashdan, Julian, Merritt, & Uswatte, 2006). Researchers also found that

forgiveness may help in anger management (Enright, & Fitzgibbons, 2015; Harris et al., 2006).

The associations between strengths and specific clinical conditions have also been explored, including creativity and bipolar disorder (Johnson et al., 2016; Johnson et al., 2012; Murray & Johnson, 2010), positive psychology, rehabilitation medicine, and brain injury (Bertisch, Rath, Long, Ashman, & Rashid, 2014; Evans, 2010). Researchers found a significant link between social relationships and depression (Oksanen, Kouvonen, Vahtera, Virtanen, & Kivimäki, 2010), various aspects of diminished well-being and psychosis (Drvaric, Gerritsen, Rashid, Bagby, & Mizrahi,2015; Schrank et al., 2013), and war trauma (Al-Krenawi et al., 2011). Some evidence has suggested a significant therapeutic role of spirituality and meaning in psychotherapy (Steger & Shin, 2010) and the importance of using character strengths and mindfulness to increase well-being (Niemiec, Rashid, & Spinella, 2012).

PPIs are cost-effective and convenient to deliver in a nonstigmatized manner, and easy to administer, which can also help lessen the gap between treated and untreated populations and accessibility to care (D'raven, & Pasha-Zaidi, 2014; Layous et al., 2011). It is further believed that these interventions will contribute to improvements in treating different populations depending on personalities, age, culture, and gender and under different conditions (e.g. grief, divorce, unemployment, etc.). Rashid (2009) called for new positive interventions discovering individual strengths and developing positive emotions, gratitude, and optimism to accomplish goals of psychotherapy. He noted that past therapeutic interventions for specific clinical problems including depression, anxiety,

loss and grief were focused too much on deficits, disorders, and weaknesses without recognizing that strengths need to be discovered.

Positive Psychology and Addiction Research

The application of positive psychology constructs to the substance abuse treatment and recovery research appears to be minimal (Krentzman, 2013; Krentzman, & Barker, 2016). However, there is emerging evidence that concepts of positive psychology had begun to be applied to theory, research, and interventions of substance use disorders. The concept of the meaningful life as the life of service to, and membership in, positive organizations relates to organizations that provide an environment in which character strengths and positive emotions flourish. According to Krentzman (2013), Alcoholics Anonymous (AA), other 12-step groups, and recovery-oriented treatment facilities are more likely to be viewed as positive organizations that promote a high quality of life and flourishing.

Akhtar and Boniwell (2010) were the first authors who applied positive interventions that promoted positive emotions, savoring, gratitude, and optimism to substance abusing adolescents in the United Kingdom. The findings revealed increases in happiness, optimism, and positive affect and decrease in alcohol and drug consumption. Eight out of 10 participants reported feeling happier and experiencing more positive emotions at the follow up. Among positive emotions most frequently mentioned were feeling grateful, calm, positive, hopeful, optimistic, enthusiastic, confident, and proud. A third of the group said they felt more in control of their emotions. Participants also reported being less stressed, depressed, angry, anxious and paranoid. A decrease in the

use of alcohol and drugs was connected with the perception that problematic use might be actually a block to well-being.

Since the founding of positive psychology, researchers have developed and tested positive interventions on various populations including the emphasis that it could help individuals with addictions to build positive sober experiences and sober lives (Kretzman, 2013). Webb, Hirsch, and Toussaint (2015) found that the positive psychology principle of forgiveness can be a potentially a successful therapeutic technique for substance abuse clients and suicidal behaviors. In relation to any past offenses, forgiveness is not designed to minimize the act or deny responsibility for it but is a process that allows clients to leave behind past animosities and drawbacks. Galanter (2007) highlighted the role of positive experiences and achievements in spiritually grounded recovery. He acknowledged the usefulness of positive psychology concepts in promotion of resiliency and life improvement in the AA movement. Logan, Kilmer, and Marlatt (2010) examined the relationship between alcohol use and character strengths among college students. They found that temperance, transcendence, and justice is higher among students who abstain from alcohol. The character virtue of temperance, which comprises forgiveness, humility, prudence, and self-regulation is marked by behavioral regulation, which would be contrary to excessive drinking (Peterson & Seligman, 2004). The most protective factor is a self-regulation that combines self-control in the amount of consumed alcohol, setting goals for responsible drinking in moderation, and practicing coping skills to deal with stress (Logan et al., 2010). The virtue of courage includes bravery, persistence, integrity, and vitality (Peterson & Seligman, 2004). Because the common expectation

from alcohol is “liquid courage” it is anticipated that college students who naturally possess that virtue will not seek it from alcohol (Logan et al., 2010). The virtue of wisdom comprises the following: open-mindedness, perspective, love of learning, creativity, and curiosity (Peterson & Seligman, 2004). While open-mindedness and perspective are associated with increased judgement and goal-oriented thinking, which are believed to be protective factors, creativity and curiosity are considered a risk due to their motivational and attitudinal propensities (Logan et al., 2010).

The major hallmark of substance use disorder is a great loss of functionality in various areas of life, including activities that one once enjoyed (American Psychiatric Association, 2013). Hoxmark, Wynn, and Wynn (2011) conducted a study among inpatient residents of substance abuse treatment who reported a significant loss of activities comparing to the period of life when they did not use substances problematically. They found that significant decrease in activities and refraining from various life areas impacted their overall well-being. Heavier use of alcohol and other drugs was associated with reduction in well-being. McCoy (2008) examined the relationship between hope and positive sober experiences, including flow, spiritual transcendence, social support and abstinence self-efficacy. Her findings suggest that positive psychology constructs may have a significant part in successful recovery for adult substance abusers. She found that hope is fostered by positive sober experiences such as flow and spiritual transcendence, which in turn contributed significantly to factors associated with relapse prevention (self-efficacy, attitudes toward sobriety, social support, leading meaningful life, psychiatric symptoms, and longevity of abstinence).

Mojs, Stanisławska-Kubiak, Skommer, and Wójciak (2009) emphasized the role of happiness and emotionality in addictions. They examined smokers, nonsmokers, and former smokers and their sense of happiness and positive and negative affect. The results show significantly higher levels of happiness and positive affect in former smokers compared to other groups. The authors suggest that the sense of happiness in the group of people who quit smoking derives from the process of becoming nonsmokers and meeting their own goals and expectations.

In recent years, implementation of positive psychology concepts to the substance abuse treatment curricula has increased. Closely associated with positive psychology, meaning-centered therapy (MCT) is a positive existential approach to substance abuse treatment (Thompson, 2012). MCT pays special attention to helping addicted individuals find meaning in life, while in the environment clients were free to be themselves and could connect on the interpersonal level with others. Ley (2015) presented the roadmap for the new treatment project containing selective components of positive psychology with components of treatment as usual and twelve steps. The purpose was to acknowledge the positive aspects of clients' experiences and their strengths to provide tools that can be utilized in early recovery. Krentzman and Barker (2016) reviewed perspectives on positive psychology interventions among outpatient and inpatient substance abuse counselors and the integration of positive principles into treatment. They concluded that counselors in residential settings utilized a higher ratio of positive themes to total themes than counselors in the outpatient setting. The study also suggests that as counselor's years of practice increases his or her emphasis on positive themes in therapy.

From the analysis of qualitative data on counselors' perspectives, four major themes emerged: (a) treatment should go beyond initiating abstinence and help clients develop a good life in recovery, (b) counselors are already using variations of positive and weakness based interventions, (c) positive interventions would be useful because of their potential for countering negative thinking and negative mood (by increasing hope and optimism, improving relationships, elevating self-esteem, increasing confidence in the ability to solve problems and work toward goals, and offering substitutes for drinking/drug use), and (d) reservations for using positive psychology interventions.

There is a need for more research to evaluate the outcomes of implementing PPIs into substance abuse treatment (Kretzman, 2013; Kretzman & Baker, 2016). The recovery movement has its grassroots in a disease model of addictions therefore focusing on deficits, which is commonly seen in treatment plan goals targeting pathology (Shaffer, 1991). Positive interventions might work by countering the underlying negative patterns of thought, affect, and behavior that pervade individuals in substance abuse treatment during this vulnerable time in life (Kretzman & Baker, 2016).

Driving Under the Influence

DUI is recognized in every state as a crime when the blood alcohol concentration (BAC) is at or above 0.08 (Governors Highway Safety Association, 2016). Unlike the laws for alcohol-impaired driving, those that address drug-impaired driving are not that clear, difficult to enforce and prosecute, and vary substantially by state. Forty-two states, the District of Columbia, the Northern Mariana Islands and the Virgin Islands legislate administrative license suspension on the first offense, which allows law enforcement to

suspend a driver's license if the driver fails a chemical test. DUI continues to be a problem that puts public safety at risk (National Highway Traffic Safety Administration, 2011). In 2011, the National Highway Traffic Safety Administration reported drivers with a blood alcohol content of .08 or higher were the primary cause of 9,878 deaths, constituting 31% of total traffic mortalities that year.

Arrests for DUI result from excessive use of alcohol, use of illicit drugs, and/or some prescribed medications that cause cognitive impairment. It is commonly known that alcohol and other mood-altering substances contribute to an increase of risky behaviors due to psychoactive properties that reduce self-consciousness while intensifying irrational decision-making (Kasar, Gleichgerrcht, Keskinkilic, Tabo, & Manes, 2010). However, knowing how those substances impair safe driving and driving skills, being knowledgeable of the associated risks, and traffic regulations concerning DUI, are not enough to prevent many people from driving under the influence (Alonso, Pastor, Montoro, & Esteban, 2015).

In the past decade, researchers noted an increase in motor vehicle accidents due to prescription drug impairment (Sigona & Williams, 2015). Impairment was typically related to the use of opiates and benzodiazepines, medications known for such side effects as excessive drowsiness, and motor impairment. However, in recent years, the scope of drug- related DUI arrests reached into other medications, such as antipsychotics, antiepileptics, and mood stabilizers (Sparks, 2014). Data collected from 7,422 individuals enrolled in the court-mandated Mississippi Alcohol Safety Education Program indicated that 15.6% of the sample reported using medications for the treatment of anxiety,

depression, and sleep problems, most of them in conjunction with alcohol (68.7%). Additionally, female, Caucasian, and unemployed people were more likely to combine prescription medications with alcohol. These results highlight the need to counsel patients on the implications of medication impairment, combining medication with alcohol, and impaired driving on agents typically not thought of as impairing.

As it was initiated in 1980s by citizen advocacy groups such as Mothers Against Drunk Driving (MADD) and Remove Intoxicated Drivers (RID), there is a continuing effort to increase public awareness towards drunk driving and to enforce stricter laws (Durna, 2005; Nochajski & Stasiewicz, 2006). Activists from both organizations contributed significantly to the perception of a victim in an alcohol-related crash as an innocent party. Drunk driver is viewed as always delinquent and should be prosecuted in the criminal justice system.

Characteristics of DUI Offenders

This section provides information related to the characteristics of first-time and repeat DUI offenders. According to the literature, DUI offenders are, in many respects, a unique group that is different not only from the general driving population, but also from exclusively alcohol abusing individuals who do not drink and drive.

Demographic Characteristics and Diversities.

Nochajski and Stasiewicz (2006) reviewed the empirical literature related to relapse into DUI and described characteristics of DUI offenders. They defined a relapse into DUI as driving on any amount of alcohol or drugs following a first offense. The authors found significant relationships between social status, gender, age, ethnicity,

education, employment status, income, marital status and driving under the influence. Repeat DUI offenders are more likely to be divorced or separated, be under the age of 30, have less college education, be unemployed, and have less income. The majority of repeat DUI offenders are White, biracial or Native American (Chodrow &Hon, 2011; Dickson, Wasarhaley, & Webster, 2013; Nochajski & Stasiewicz, 2006). In addition, there is evidence that DUI offenders are likely to be poor drivers. which may make them a target of law enforcement regardless of drinking behavior (Nochajski & Stasiewicz, 2006). Carlson et al., (2011) examined imprisoned, notorious DUI offenders. They identified a high degree of criminality, violent behaviors, low socioeconomic status, and low parental involvement in the childhood experiences of those who have five or more DUI arrests.

The level of education is highly associated with the access to information and making a use from it therefore highly educated individuals are less likely to suffer from negative consequences of drinking behaviors because they can anticipate consequences, not letting problems to occur (Huerta & Borgonovi, 2010). Having more education also means better access to health enhancing services and products, fewer financial difficulties, lower unemployment rates, and better social support. A strong social network may increase the likelihood of drinking more often. Some authors suggested that the results of various empirical studies related to education level and alcohol consumption are inconsistent, stating that alcohol consumption among people from low social-economic backgrounds is more prevalent than in better off individuals, while others suggest the opposite may be true (Dickson, Wasarhaley, & Webster, 2013; Huerta &

Brgonovi, 2010). The same is true with rural consumption of alcohol and DUI. In the past, researchers identified residing at the countryside as a preventive factor for substance use, however recent research indicates it is no longer associated with lower rates of substance use (Van Gundy & Duncan, 2006).

Impulsivity is well known to cause troubled behaviors and might be particularly relevant to driving under the influence (Curran, Fuertes, Alfonso, & Hennessy, 2010; Klimkiewicz, Jakubczyk, Wnorowska, Klimkiewicz, Bohnert, Ilgen, & ... Wojnar, 2014). These results have shown that DUI arrestees have higher levels of sensation seeking and impulsivity and are more likely to engage in interpersonal violence than those who do not drink and drive.

The effect of alcohol that impairs inhibitions also seems to be a factor in deciding to drive after drinking. McCarthy, Niculete, Treloar, Morris, and Bartholow (2012) found that under the influence of alcohol, those who drink and drive are more prone to pursue the immediate reward of convenience in traveling home, traveling to the liquor store to get more alcohol, or traveling to the next bar than those who do not drink. Chodrow and Hora (2011) reported that on the average, drivers arrested for DUI drove impaired approximately 400 times before being caught for the first time.

According to Van Dyke and Fillmore (2014), individuals with a previous history of drinking and driving have poor behavioral self-regulation as indicated by traffic violations, vehicle crashes, moving violations, and reckless and impulsive driving. When under the influence of alcohol, as compared with controls, they reported greater willingness to drive and greater conviction that they were fit to drive. The decision

making that leads to driving under the influence is dominated by mental processes that include biases, reason, emotions and memories. Fry (2008) found that motivation to drive while intoxicated was influenced by degree of entitlement (driving as a right not a privilege); and fear versus foreseeing negative consequences. Alonso, Pastor, Montoro and Esteban (2015) surveyed drivers for frequency and reasons of potentially driving under the influence. Approximately 60 percent of respondents perceived driving under the influence of alcohol as a risky behavior. Nearly all of the sample (90.2%) denied driving under the influence of alcohol. The reasons for not driving included avoiding accidents (28.3%) and avoiding sanctions (10.4%). The remaining 9.7% acknowledged they had driven after consuming alcohol. They reported that the main reason for illegal driving was to get home due to the lack of other means to do so (24.5%) and excessive alcohol consumption during social events and meals (17.3%). The FBI statistics from 2003 recognize 1.2 million individuals were arrested for DUI, however 30.7 million adult drivers admitted using alcohol and driving.

Cavaiola, Strohmetz and Abreo (2007) identified risk factors found at the first DUI arrest to predict re-offense. They concluded that first time DUI offenders who had high scores on presenting themselves in a more favorable light during the DUI assessment as well as those who had prior reckless driving convictions or accidents were more likely to re-offend.

Substance Use Disorder

DUI offenders are more likely to meet diagnostic criteria for severe alcohol use disorder and more likely to show heavy patterns of mixing alcohol with drugs and having

psychiatric distress (Carlson, Sexton, Hammar, and Reese, 2011; DiStefano & Hoffman, 2010). Other research studies found most participants arrested for DUI had a high level of tolerance for alcohol, impairment in various areas of functioning, and lack of control over drinking, which predicts severe use disorder (Chodrow & Hon, 2011). According to authors, 85-90% of multiple DUI offenders and 40-50% of first time DUI offenders have substance use disorders. Some reported additionally extensive patterns of poly-substance use. The authors pointed that 31% of DUI arrestees reported drinking daily as do 40% of those who are incarcerated for the offense. The interesting is fact that most people arrested for DUI have a BAC at twice the legal limit at the time of arrest.

Comorbidity

DUI offenders have high rates of co-occurring psychiatric disorders, wide range of the severity of alcohol and other drugs (AOD) problems, and various environmental stressors (DiStefano & Hoffman, 2010; Lapham, C'de Baca, McMillan, & Lapidus, 2006; Lapham et al., 2001; McMillan, Lapidus, C'de Baca, Lapham, & McNeal, 2008). These researchers agree a high rate of psychiatric conditions is being underdiagnosed during mandatory treatment, which represents a missed opportunity to improve treatment.

Lapham et al (2001) conducted a study to assess alcohol- and drug-use disorders and other psychiatric disorders in a sample of first time DUI offenders. Their study has found that overwhelming number of the female (85%) and male (91%) offenders had met criteria for an alcohol use disorder at some point in their lives. Thirty two percent of the female and 38 percent of the male DUI offenders had met criteria for another drug use disorder. Among the offenders with alcohol use disorder, 50 percent of females and 33

percent of males had also at least one psychiatric disorder, most often being Post Traumatic Stress Disorder (PTSD) and Major Depressive Disorder (MDD). Comorbid substance use disorder and PTSD is associated with greater symptom severity, worse treatment outcomes, and increased medical and legal problems than with PTSD alone (Peller, Najavits, Nelson, LaBrie, & Shaffer, 2010). Repeat DUI offenders evidenced higher lifetime and 12-month prevalence of alcohol use and drug use disorders, conduct disorder, posttraumatic stress disorder, generalized anxiety disorder, and bipolar disorder compared with the general population (Lapham, C'de Baca, McMillan, & Lapidus, 2006; Shaffer, Nelson, LaPlante, LaBrie, Albanese, Caro, 2007). Lapham et al. (2006) reported the most prevalent lifetime non-substance-use disorder was major depressive or dysthymic disorder (30.9%) followed by PTSD (15.3%). Approximately 40% of subjects reported meeting criteria for lifetime drug abuse for at least one drug type, and 30% were drug dependent for at least one drug type. McMillan et. al (2008) screened 233 subjects for comorbid psychiatric conditions and compared those findings to the psychiatric conditions identified during the mandatory DUI treatment by independent providers. They found the adjusted rates of underdiagnosed psychiatric conditions among participants in DUI treatment reached 97.2% of bipolar disorder cases, 67.5% of major depression cases, 100% of obsessive-compulsive disorder cases, and 37.3% of drug use disorder cases.

There also appear to be important gender patterns (Lapham et al., 2001). For example, McCutcheon et al. (2009) found that women DUI offenders reported more lifetime psychiatric diagnoses than men DUI offenders and greater severity of substance

dependence. In light of those factors, there is a need to include overall well-being of DUI offenders to address the full complexity of DUI behaviors, including drug-use disorders and other psychiatric problems.

Substance Abuse Treatment and Recovery for DUI Offenders

The court system penalizes drunken driving behaviors by placing DUI offenders in a variety of mandated interventions (Dill & Wells-Parker, 2006; Governors Highway Safety Association, 2016). Since the early 1980s, when citizen advocacy groups against drunken driving were established, sanctions became increasingly more severe (Durna, 2005). These interventions may consist of generic substance abuse treatment programs accessible in local communities, or referral to support groups such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). Rehabilitation-focused programs for the DUI population have run the gamut from risk reduction education to cognitive-behavioral therapy to treatment that focuses on individuals' readiness for change (Dill & Wells-Parker, 2006). Some interventions, such as victim impact panels in which an offender listens to presentations from people who have suffered harm from the actions of a DUI offender, designed to increase the internalization of committed act, increase the empathy for victims of DUI and awareness for the negative or fatal consequences that impaired driving can cause, generally have been shown to have little impact on recidivism (Chodrow & Hon, 2011; Enos, 2006). An average 400,000 DUI offenders are mandated to complete this program annually (Chodrow & Hon, 2011).

Research conducted on the effectiveness of psychosocial alcohol programs in substance abuse settings has identified several successful treatments (Dill & Wells-

Parker, 2006). The following treatments stress abstinence or moderation in drinking and comprehensive social support.

Motivational enhancement therapy (MET) adopts an assumption that individuals can change their drinking habits with the professional support and encouragement of substance abuse counselors (Beadnell, Nason, Stafford, Rosengren, & Daugherty, 2012; Donovan, Kadden, DiClemente, Carroll, Longabaugh, Zweben, et al., 1994). MET assumes that an individual is able to modify and use his or her own strengths coupled with self-determination to stop or change drinking behaviors. The therapist presence in this process is conditioned by providing feedback, reviewing progress, and reinforcing the client's motivation. Findings suggest that a motivation-enhancing approach can be effective in producing short-term change in factors that can help facilitate and sustain behavioral change (Beadnell et al., 2012).

Cognitive-behavioral coping skills training embraces the idea that excessive drinking is used as a coping mechanism; therefore people will be less likely to use it when they learn healthy ways to cope with problems (Donovan et al., 1994; Moore, Harrison, Young, & Ochshorn, 2008). The desired outcome of cognitive-behavioral therapy is to prepare individuals to cope with the stress of high-risk situations that may trigger heavy drinking. The sessions evolve around educating clients about coping skills to prevent relapse, recognizing and avoiding triggers to drink, controlling urges, developing problem solving skills and drink refusal skills.

Twelve Step peer support programs are based on the disease model of addiction, emphasizing powerlessness over alcohol and loss of control due to physiological changes

in brain chemistry (Ouimette, Finney, & Moos, 1997). Twelve-step programs focus on (1) getting individuals to admit and accept their powerlessness over alcohol; (2) implementing the 12 steps, the program's value and belief system into the lives of individuals; and (3) acknowledging that abstinence can be achieved by participating in the fellowship of Alcoholics Anonymous, recognizing a higher power, and working in a 12-step program.

The use of legal sanctions, that stem from deterrence theory, highlighting that risky behavior is less likely to be repeated if there is a perception of severe punishment of that behavior appears to be practical in treating DUI offenders (Gibbs, 1986). In past decades, license suspension or revocation have been the most common and effective sanctions for impaired driving. Studies researching the effects of those sanctions have shown them to be a universal deterrent (Wagenaar, & Maldonado-Molina, 2007). However, some research finds sanction-based approaches deficient because relapse rates tend to increase after sanctions are removed (Chodrow & Hon, 2011; Enos, 2006). The most immediate and straightforward method for preventing impaired driving by DUI offenders is to install a BAIT (Breath Alcohol Ignition Interlock Device) device, a specially designed device that requires drivers to test their alcohol levels before starting the engine (Chodrow & Hon, 2011; Fulkerson, 2003). As of 2017, all 50 states had enacted laws providing for interlock devices (NCSL, 2017). Twenty- five states—Alabama, Alaska, Arizona, Arkansas, Connecticut, Delaware, Hawaii, Illinois, Kansas, Louisiana, Maine, Maryland, Mississippi, Nebraska, New Hampshire, New Mexico, New York, Oregon, Pennsylvania, Tennessee, Texas, Utah, Virginia, Washington and West

Virginia—have mandatory ignition interlock provisions for all offenses. A pilot program was facilitated in California's four largest counties. Colorado and Maine's laws are not mandatory for a first conviction, but there are strong incentives to install an interlock device on the first conviction.

Due to consistently large numbers of drivers driving on suspended licenses and insufficient resources to enforce the law, many states have begun to seize vehicles used by offenders as a reinforcement of reducing illegal driving (DeYoung, 2000). In addition to the ignition interlock system discussed above, two other vehicle sanctions are programs that confiscate or impound the vehicle and programs that confiscate the vehicle plates and vehicle registration and/or require special plates on the vehicles of DUI offenders (Voas, Tippetts, & Fell, 2000).

In 1995, the United States Congress required all states to incorporate zero-tolerance laws designated for drivers younger than 21 years (NHTSA, 1996). Zero tolerance for alcohol or other drugs is a policy created to reduce the high number of car accidents by young and unexperienced drivers. Research provides substantial support for the effectiveness of zero tolerance laws (Fell, Fisher, Voas, Blackman, & Tippetts, 2009). Voas, Tippetts, and Fell (2003) elaborated data on those American drivers younger than 21 who were involved in fatal crashes from 1982 through 1997. Despite differences among the states in demographic, economic, and background factors, results indicated a 24.4% reduction in crashes associated with enforcing zero-tolerance laws for intoxicated drivers younger than 21 who were involved in fatal crashes.

Other sanction-based approaches include fines and jail time. Imprisonment does not reduce the probability of repeating the offense of drunk driving, and it is costly to the community (Chodrow & Hon, 2011). However, the possibility of a considerable jail sanction can prompt offenders to comply with treatment programs and other sanction requirements. Researchers are calling for pairing sanctions and treatment and matching DUI offenders with rehabilitation programs appropriate to their level of severity (Dills & Wells-Parker, 2006; Nochajski & Stasiewicz, 2006).

Current rehabilitation programs and interventions are standardized and conventional due to their obligatory character; which means they disregard any internal motivation for change that might be produced by the DUI event itself (Dill & Wells-Parker, 2006). Studies have suggested that educational programs and even cognitive-behavioral approaches for the reduction of DUIs are not particularly effective for many DUI offenders due to the range of substance use and mental health problems prevalent in this population (McMillan, Timken, Lapidus, C'de Baca, Lapham, & McNeal, 2008; Miller, Curtis, Sonderlund, Day, & Droste, 2015; Nelson & Tao, 2012).

Maximizing the effectiveness of interventions designated for impaired drivers is important (Dill & Parker, 2006). While there is an extensive research body regarding effectiveness of substance abuse treatment, existing evaluations of the outcomes of interventions designed for DUI offenders have reported mixed results (Miller et al., 2015). Some researchers focused on this population found greater benefits from a Brief Motivational Interviewing (BMI) approach compared to traditional educational sessions (Brown et al., 2010). The authors found that individuals who completed BMI continued

reduction in risky drinking behavior at 6 months follow up. The study also indicated that providing an intervention shortly after the arrest for DUI is most beneficial.

Beadnell et al. (2012), compared the motivation-enhancing program PRIME for Life (PFL) with Intervention as Usual (IAU). They found a lack of statistically significant differences between groups in regards to intentions of not using alcohol and drugs. Both groups reported a desire to use significantly less alcohol and fewer drugs following an intervention. PFL showed greater benefit than IAU in predicting symptoms of addiction, risks for it, internalization of addiction, and program satisfaction.

Moore, Harrison, Young and Ochshorn (2008) conducted a study with repeat DUI offenders utilizing two components: a psychoeducational group and individual counseling focused on identifying and correcting cognitive distortions used to rationalize drinking and driving through cognitive-behavioral therapy (CBT) and motivational enhancement treatment (MET). The outcomes were not promising- fifteen percent of treatment participants were rearrested for DUI during treatment and 35 percent rearrested after treatment.

Mandatory treatment is itself controversial. Some researchers argue that mandatory character negatively influences therapeutic relationships and increases feelings of anger and frustration related to being forced into therapy, financial burden, and involuntary time commitment of participants (Kumari, 2011). Some researchers state that coercion is an effective strategy in the treatment of substance abusers resulting in reduction in re-offending and reductions in alcohol use, which is similar to clients who

had entered treatment voluntarily (Oreŝković, Bodor, Mimica, Milovac, & Glavina, 2013; Powell, Christie, Bankart, Bamber, & Unell, 2011).

The ethical dilemma posed by mandatory substance abuse treatment is complex from a public health perspective (Urbanoski, 2010). Since substance abuse poses real threats to public health and societal well-being, the government and other formal institutions are compelled to intervene in the lives of those with addiction and criminal justice problems. The justification of public health intervention refers to factors such as effectiveness of treatment and necessity of protecting the overall health.

Summary and Conclusions

Chapter 2 began with the theoretical framework of positive psychology and well-being theory. It continues with information regarding applicable positive psychology interventions and their effectiveness to clinical and non-clinical populations, including one study provided on substance abuse population. In reviewing literature, DUI offenders are, in many respects, a unique, heterogeneous, group that is different not only from the general driving population, but also from exclusively alcohol abusing individuals who do not drink and drive. Research has shown that factors such as impulsivity (Curran et al., 2010; Klimkiewicz et al., 2014), poor behavioral self-regulation (Van Dyke and Fillmore, 2014), substance use disorders (Carlson et al., 2011; DiStefano & Hoffman, 2010) and mental health problems (Lapham et al., 2001; Lapham, et al., 2006; McMillan et al., 2008) are prevalent in this population. Studies have suggested that educational programs and even cognitive-behavioral approaches for the reduction of DUIs are not particularly

effective for many DUI offenders due to this diversity (Miller et al.,2015; Nelson & Tao, 2012).

This chapter supports the rationale behind integration of positive psychology concepts with addiction treatment. Currently, no research studies were identified that examine DUI offenders lived experiences of positive aspects of court-mandated treatment. In the next chapter, the research approach, interpretative phenomenological analysis is explained. The sections are organized based on the research design, the characteristics of the approach, and the way in which the study was conducted.

Chapter 3: Research Method

The purpose of this qualitative study was to explore DUI offenders' positive experiences and perceptions derived from DUI programs and how these impacted well-being and commitment to positive change. An interpretative phenomenological analysis approach was used (Larkin & Thompson, 2012). This approach allowed me the opportunity to listen to the perspectives of the participants regarding their understanding of DUI arrest and how it impacted positive change.

Consistent with positive psychology concepts, this research study attempted to examine the accounts of participants' experience of substance use, from prior to DUI arrest to their current life circumstances, to gain an understanding of the meaning of possible positive consequences and outcomes resulted from DUI arrest including resilience, engagement in treatment, and well-being using the theoretical framework of positive psychology (McCoy, 2008; Seligman, 2011).

The findings of this study could be useful because addiction professionals might incorporate concepts related to positive psychology into addiction treatment. The issues described by the participants might enrich the quality of existing DUI interventions with the promotion of positive factors supporting health, thus shifting existing negative focus on disease, weakness, and damage into positive interventions based on strengths and virtues (Peterson &Seligman, 2004; Seligman, 2002). Ultimately, this study has the potential to assist substance abuse professionals in adopting a different approach to treatment that focuses on human potential and moving away from the more traditional disease model of addictions.

In this chapter, I explain the rationale for the qualitative design. I begin by restating the research questions, reintroducing the central phenomenon being studied, and identifying and justifying the research tradition being utilized. I also explain the role of the researcher in collecting and interpreting the data. A description of the data collection and data analysis procedures following in section three. I conclude with a section delineating issues of trustworthiness and ethical concerns.

Research Design and Rationale

The tradition of Interpretative Phenomenological Analysis was used to explore the following research questions:

1. What are DUI offenders' experiences and personal views of a court mandated DUI program that might lead to enhanced well -being and positive change?
2. How do participants describe their experiences and personal views in terms of whether a court mandated DUI program fosters engagement in the process of change?
3. What is the meaning of resilience to individuals in a court mandated DUI program?

The nature of the study was qualitative. Qualitative research is conducted when the problem or issue needs to be explored (Creswell, 2007). The main goal is to understand the reality of participants, interpretations of events, feelings and behaviors from their own perspective. Qualitative research uses data that are not in the form of numbers, it involves an interpretative and naturalistic methods in the natural settings in attempt to grasp meanings that people attribute to various experiences (Denzin &

Lincoln, 1994) The study intended to examine the strengths and positive experiences of DUI offenders in mandated treatment for substance abuse through an interpretative phenomenological analysis (Larkin & Thompson, 2012). Interpretative Phenomenological Analysis (IPA) is an approach to qualitative analysis with a particularly psychological interest in how people make sense of their experiences (Smith, Flowers & Larkin, 2009). IPA researchers' focus is to build an understanding of how people experience major events in their lives. IPA is firmly situated in qualitative research, as experiences are not easily translated into quantifiable data and much would be lost in the translation (Oxley, 2016). The main goal is to identify what matters to participants and then explore what these things mean to them, given their context and the interest of the study (Larkin, 2015). According to Smith (2017), IPA is particularly well suited to positive psychology concepts and can support detailed explanations of positive psychological phenomena.

There are three main theoretical foundations to IPA methodology: phenomenology, hermeneutics, and idiography (Smith et al., 2009). Phenomenology is used to refer to philosophical movements as well as research methods. Phenomenological methods can be used to explore the meaning of any experience which is significant for the participant, in any situation where the participant is able to express those meanings (Patton, 2002). Phenomenology was first developed by Edmund Husserl and his followers Martin Heidegger and Maurice Merleau-Ponty in the early 20th century and focuses on the study of 'being' to address major questions at the conceptual level: how we relate to others; how our embodied state shapes our subjective experience; what

matters to us and motivates us; what consciousness is (Larkin, 2015). Many applied phenomenological studies involve exploring participants' perspectives on important events (e.g. DUI arrest) and process (e.g. consequent treatment for DUI offenders).

Hermeneutics makes the shift away from description to interpretation of a phenomenon, with much more emphasis on the contextual meanings present (Oxley, 2016). Hermeneutic phenomenology is oriented toward interpreting the participants' story and recognizes that the researcher's views of the world are inextricably intertwined with the way in which they interpret the participant's experiences (Van Manen, 1990). Heuristic inquiry focuses on intense experiences from the point of view of participants and the researcher who must have personal knowledge and interest in the phenomenon under the study (Patton, 2002). It challenges the traditional scientific concerns about researchers' objectivity and detachment (Smith et al, 2009).

Idiography indicates a focus on the particular experience in a particular context (Oxley, 2016). The idiographic approach of IPA derives from the underlying assumption that each case is studied independently as individual and unique followed by a cross examination of what is common and distinct in the entire group. There is no attempt made to generalize findings more widely.

Various qualitative approaches would be suitable for exploring living experiences of DUI offenders and how they make sense of their arrest phenomena. The selection of interpretative phenomenological analysis was based on the purpose of the research and the nature of the research questions. The purpose of this research was to discover

positives and successful strategies and behaviors that DUI offenders developed to cope with their DUI experience and to improve their wellbeing.

Role of the Researcher

In qualitative inquiry, the researcher is engaged in the study during every aspect of data collection and data analysis (Maxwell, 2013; Miles et al., 2014). In this study, I conducted the interviews personally to be able to enter participants' worlds (Patton, 2002). While IPA is experientially focused, there is a recognition that the researcher can only gain an understanding of the participant's experience through what the participant says, as the researcher cannot directly share that experience (Smith, Flowers, & Larkin, 2010). Participants are considered experts with regards to their own experiences, and IPA affords them the opportunity to tell their own stories, in their own words (Smith et al., 2009).

I do not have any professional or personal relationship with any of the participants from Northern Illinois Council on Alcoholism and Substance Abuse (NICASA), the proposed site for recruitment. As a substance abuse counselor who has treated the DUI offenders' population in the past my personal experiences might be perceived as biased. However, I did not experience DUI arrest myself nor did I have a substance abuse problem. My motivation for pursuing this topic stemmed from professional encounters with this population. As a result, I felt the need to explore and understand perspectives of DUI offenders and how they had made sense of these experiences. This motivation strengthened my approach to the topic (Maxwell, 2013).

The main challenge for the researcher embarking on phenomenological analysis is to bracket the knowledge derived from her experiences and find a way to remain open to new understandings (Finlay, 2014). To minimize my bias, I documented my experiences in a separate reflective journal in order to bracket off my preconceptions. Keeping a journal is especially important in the data collection and analysis phases of IPA (Smith et al., 2009).

The study was performed on a vulnerable population: DUI offenders in court-mandated substance abuse treatment. Participation was voluntary, and I assured participants that their responses to research questions would be confidential and would not be shared neither with the facility where they were undergoing treatment nor with the court. The voluntary nature of the participation and ability to withdraw from the study at any time minimized my power over them, giving them a choice. They were also informed that no preferential treatment would be given to them in their current treatment program because of their participation.

The compensation of one $15 gift card per participant was given for the time and effort devoted to participation. The payment amount was based on the average hourly wage in the location where the research was conducted. It was deemed an acceptable payment that did not exert undue influence. The level of payment was not high enough to cause participants to accept risks that they would not otherwise accept or participate in a study to which they would otherwise strongly object based on personal values and beliefs.

Methodology

The organization of this section includes the rationale for the selection of participants for the study, instrumentation, and procedures for recruitment, participation and data collection, issues of trustworthiness, and ethical procedures. Each section includes supporting information in sufficient detail to provide the reader with the procedures and processes necessary to recreate or extend the study. The section concludes with a comprehensive data analysis plan.

Participant Selection Logic

DUI offenders who have been convicted at least one time and who were participating in court-mandated treatment in a local agency were purposefully selected to participate in this inquiry. According to Van Manen (1990), individuals who have gone through the event personally are able to detect the meaning of a phenomenon therefore they were included in the study.

The proposed age group included adult individuals between the ages of 26 and 65. This study was conducted on individuals living in the northern suburbs of Chicago, particularly in the Lake County court district. The individuals were recruited at Department of Human Services (DHS) licensed facilities where court-mandated treatment was provided. The counselors who facilitated treatment program have informed participants of the opportunity to take part in the study. Detailed information about the nature and logistics of the study and of the participants' involvement was also provided in the form of flyers. The inclusion criteria included a minimum of a high school diploma with preferable college experience and steady employment prior to the DUI arrest. This

demographic was chosen to ensure the homogeneity of participants, which was important in conducting IPA inquiry (Pietkiewicz & Smith, 2012). It was calculated that individuals functioning in the society at the sufficient level including cognitive, social, and occupational abilities would be communicating experiences and opinions in an articulate, expressive, and reflective manner (Palinkas, Horwitz, Green, Wisdom, Duan, & Hoagwood, 2015).

Each participant was selected from NICASA's court-mandated DUI program. NICASA is the largest DUI treatment provider and has several facilities in Lake County. Participants for this study were recruited at Round Lake office. Participants must have experienced at least one DUI arrest to be qualified to answer the research questions sufficiently. Participation was voluntary, implied no promise of preferential treatment in participants' treatment programs, and caused no risk of detriment to livelihood. Refreshments were provided during the interview. Interviews took place at the convenient, separate room at the treatment facility, ensuring confidentiality.

Following IPA researchers' recommendations, eleven individuals were selected to participate (Pietkiewicz & Smith, 2012). As IPA is primarily concerned with the details of the narrative of the lived experience under study, the focus is on the quality and depth of the narrative rather than the number of participants (Smith, 2015; Smith et al., 2009). As such, a small number of participants or interviews is preferred. Smith et al. (2009) recommended three to six participants with no more than 10 interviews conducted with them. They posited that, with a smaller number of participants, the interviewer is able to delve more deeply into the detailed stories to explore the phenomenon and is not in

danger of being overwhelmed by the amount of data generated from a large number of interviews. The justification for this sample size was the quality of data analysis, availability of the participants, and available time and resources. This exceeded Pietkiewicz and Smith (2009) recommendation of 3-6 participants for an in-depth phenomenological study but reflected the purpose of the study to capture details of the lived experiences.

Purposeful sampling relies on the concept of saturation (Guest, Bunce, & Johnson, 2006). Saturation is defined as a point in which no new data emerge (Kerr, Nixon, & Wild, 2010). The saturation point varies; Guest et al (2006) conducted 60 interviews, and they achieved the saturation point after 12 interviews with most of the themes emergent after just six. Hennink, Kaiser, & Marconi (2017) examined 25 in-depth interviews, and found that code saturation (data repetitiveness) was reached at nine interviews, although meaning saturation (understanding of themes) was reached at 16 to 24 interviews. The greatest strength of interpretative phenomenology is the depth and richness of participants' responses that can describe the experience rather than the number of participants interviewed (Moustakas, 1994; Pietkiewicz & Smith, 2012; Smith et al., 2009; Van Manen, 1990). The number of participants for this study was based on the premise of deriving quality material from participants and meeting homogeneity criteria (Appendix B) while maintaining transferability of the findings.

Instrumentation

The primary goal of IPA researchers is to elicit rich, detailed, and first-person accounts of experiences and phenomena under investigation (Pietkiewicz &Smith, 2012;

Smith et al., 2009). Once the overarching question was established the development of sub-questions evolving around PERMA theory initiated the process of data collection. The purpose of the theoretical framework was to embrace particular ideas that can move an inquiry forward toward deeper levels of understanding (Agee, 2009). Recorded, semi-structured, one-on-one interviews were the primary sources of data (Appendix A). Semi-structured interviews allowed the researcher and the participants to engage in a comfortable dialogue, raising questions in a convenient manner. As Van Manen (1990) noted, the instruments used by IPA researchers are flexible and allow unexpected and spontaneous issues to arise. The duration of an IPA interview is one hour or longer to allow the development of close rapport and trust between interviewer and interviewee (Pietkiewicz & Smith, 2012).

Procedures for Recruitment, Participation, and Data Collection

Researchers who conduct qualitative studies with vulnerable populations have specific challenges (Ellard-Gray, Jeffrey, Choubak, & Crann, 2015). Discussing sensitive topics may pose a concern for participants about their anonymity and confidentiality (Kaiser, 2009). Namageyo-Funa, Rimando, Brace, Christiana, Fowles, Davis, Martinez, and Sealy (2014) suggested certain strategies when recruiting participants from vulnerable populations which include: building rapport with potential participants prior to recruitment; individual, face-to-face contact; giving participants a sense of ownership in the process; collaborating with community partners who represent the population (e.g. gatekeepers) who provide access to potential participants; and building trust with participants by using less threatening language and avoiding labelling.

The participants were recruited at the treatment site. All participation was voluntary. Interested individuals were contacted by the researcher using the contact information provided by substance abuse counselors who facilitated program for DUI offenders or using the information in the flyer that was posted at the facility (Appendix E). During the initial contact between the researcher and every prospective participant, inclusion criteria were verified (Appendix B). The individual meetings with each participant was scheduled to review details of the study, read and sign the informed consent form, and proceed with the interview. Participants were informed of all procedures for data collection so they knew what to expect. As Moustakas (1994) highlighted, the selection process for qualitative inquiry must include predetermined selection criteria and confidentiality protection.

At the termination of each interview, participants were debriefed. The purpose of debriefing was twofold: ethical, to uncover any possible harm, and distress; and educational, to further inform participants about the study and clear up any confusion (Tesch, 1977). The participants were welcomed to provide any feedback and voice any concerns that might have emerged. A list of counseling treatment providers was provided to use by participants in any case of experiencing possible uncomfortable feelings evoked during interviews. At the end, the participants were also assured that their names and identities remained protected at all times, and their participation would not adversely affect their current treatment or court proceedings. Additionally, a follow up interview was scheduled to ensure cross checking.

Data was collected through a semi-structured interview, with data collected personally by the researcher. The length of the interview was scheduled for 60 minutes; however, the researcher allowed more time depending on the nature of the data being gathered and the participant's willingness. Permission from participants to record the interview was required because they shared deeply personal experiences (Appendix D).

All interviews were recorded with the permission of each participant and transcribed by me. I also verified accuracy by listening to each audio recording and reading through the transcribed text line-by-line. Then I coded each interview.

Data Analysis Plan

A semistructured interview protocol was used to gather the data (Appendix A). Each interview was recorded and transcribed. In qualitative research, verbatim transcription was used in the process of coding (Smith et al., 2009). During the process of reading and rereading, the raw data were coded to let the themes emerge (Miles & Huberman, 1994). Consisntent with IPA plan, the researcher took notes to develop strong themes while searching for connections across themes and then to shift to the next interview (Smith et al., 2009).

Lincoln and Gruba (1995) outlined that discrepant cases analysis adds to the credibility of data. According to Onwuegbuzie & Leech (2007) the researcher is required to modify the hypothesis based on any single discrepant case. Any discrepant cases in this study were identified and explored during member-checking as a way to check for possible researcher bias (Maxwell, 2005). They were also documented in the final report

to allow readers to evaluate them and draw their own conclusions. Any inconsistencies in the information provided by the participants were explored further to gain understanding.

Trustworthiness

This section provides information about the trustworthiness and credibility of the study. Each subsection addresses specific elements that are appropriate for qualitative research as outlined in the qualitative research checklist. The section concludes with ethical procedures and possible concerns.

Credibility

The credibility of the study was ensured by adoption of well recognized research methods, the use of a theoretical framework in formulating research questions, member checking, prolonged contact, persistent participant observation and triangulation of the data (Agee, 2009; Morrow, 2005; Shenton, 2004). In this study participants were encouraged to be involved in member checking by reading the summary of the findings. The research questions were used as tools for data discovery to capture the nuances of perspectives and experiences of DUI offenders in court-mandated treatment (Agee, 2009). The triangulation collection method consisted of using reliable data sources gathered from the treatment center, gathering data from interviews, and repeating analysis and coding procedures. Self-reflection, an ongoing awareness of the researcher's personal influence on content and interpretation, enhanced credibility (Janesick, 1998).

Moustakas (1994) described a process of member checking by which participants review the researcher's initial findings as the most effective way to assess for possible misinterpretation of the findings. Through member checking, participants were given an

opportunity to assess my interpretations, to correct misinterpretations, and to volunteer additional information that has been stimulated through the member checking process itself (Chung, 2014). According to Chang (2014) member checking invites active participation in the research process.

Transferability

Transferability refers to the concept of transferring the findings into another setting (Lincoln & Guba, 1985). This was achieved when the researcher provided sufficient information about the self and the research context, processes, participants, and researcher-participant relationships to enable the reader to decide how the findings may transfer (Morrow, 2005).

To promote transferability, thick description was used to describe the lived experiences of participants' in the manner that deepen the understanding of the data (Patton, 2002).

Dependability

Dependability refers to the transparency and possible repeatability of the study (Morrow, 2005). This was assured through use of an audit trail, a secure database for storing, managing, and coding field notes, electronic records of the transcribed data, any influences on data collection and analysis, and analytic memos (Morrow, 2005).

Confirmability

Confirmability refers to objectivity and is based on the presumption that the integrity of any study results depends on objective analytic processes (Morrow, 2005). I was able to demonstrate neutrality in data analysis through a confirmability audit. An

audit trail for this study consisted of the raw data, the analysis plan and notes, personal notes kept in a field journal, and both manual and electronic records of transcripts. Those measures ensured the bracketing of any suppositions and bias that emerged during the interview phase.

Ethical Procedures

A DASA licensed service agency, also called NICASA, provided access to the participants. The participation was voluntary, and the participants were aware of their right to withdraw from the study at any time up to until the report writing phase. Information about the purpose of the study, the procedures, and matters of confidentiality and participant safety was discussed, and informed consent was collected after the participant opted to participate. The participants were informed about the sensitive nature of the subject matter and informed that all information would be kept confidential and not shared with the treatment facility and courts. Information about the risk of minor discomforts, such as becoming upset when recounting an unpleasant experience, was provided. Participants who experienced uneasy feelings or discomfort were offered a counseling session by NICASA counselors, at the site, if needed. I also prepared a list of options to seek support, (e.g. local 12 Step programs and professional counseling resources). Debriefing procedures were used at the termination of each interview. The debriefing process involved a conversation to identify and address any issues that arose during the interview.

The researcher was not affiliated with NICASA at the time of study. Her role was clearly communicated with each participant involved in the study. IRB approval was

obtained prior to collecting data. Approval number for this study is 0411180323756, and expiration date is April, 10, 2019. The consent form was read to participants to ensure the comprehension of the scope of the study and their rights. Each participant retained a copy of the consent form with my contact information.

Confidentiality was ensured by assigning a unique identifier and pseudonym to each participant. The actual names appeared only on the informed consent forms and were kept in the locked cabinet in my home office. All data was stored electronically in an encrypted file on an external drive and accessed through a secure laptop computer. No one else had an access to the data, and I will mechanically destroy the storage device after 5 years.

Summary

In this chapter, I described interpretative phenomenological analysis as the most appropriate research approach. I justified the choice and revealed the role of the researcher as the qualitative research instrument. The chapter outlined the recruitment, participant selection strategy, and instruments used for data collection. A semi-structured interview guide was described as a means to explore the past and present experiences of DUI offenders. The chapter concluded with addressing issues of trustworthiness and ethical concerns. Chapter 4 presents the findings from this research study.

Chapter 4: Results

The purpose of this study was to explore DUI offenders' positive experiences and perceptions derived from a typical DUI program and how they impacted well-being and commitment to positive change. For the purpose of the study, positive experiences are defined as personal experiences with a focus on increasing wellness and generating strengths and resilience in individuals convicted of DUI offense. A phenomenological approach was used to explore the lived experiences of DUI offenders in court-mandated program in order to gain insight into ability to transform negative consequences into positive change. Participants in this study were 11 DUI offenders participating in court-mandated program. Using a semistructured interview, I encouraged free and open discussion of their experiences regarding the phenomena of DUI and how they were able to bounce back and move forward with their lives. The study answered the following research questions:

1.What are DUI offenders' experiences and personal views of a court mandated DUI program that might lead to enhanced well-being and positive change?

2. How do participants describe their experiences and personal views in terms of whether a court mandated DUI program fosters engagement in the process of change?

3.What is the meaning of resilience to individuals in a court mandated DUI program?

Chapter 4 details recruitment, data collection process, secure data storage, data analysis, verification procedures, and presents findings of the study. Topical headings

are setting, demographics, data collection, data analysis, evidence of trustworthiness, results, and summary.

Setting

Nicasa is a not-for-profit behavioral health services organization in Lake County, Illinois, that is providing services in prevention, early intervention, treatment, and recovery. The mission is to empower and promote healthy lifestyles to prevent and treat substance abuse, addiction, and other risky behaviors. Nicasa was founded by members of a local Alcoholics Anonymous group as a one-employee organization in 1966. Its original mission was to provide advocacy and a more humane approach to the issues of recovering alcoholics and their families. Since then Nicasa developed some of the State's first Latino services, DUI programs, community awareness, public education campaigns, and prevention programming. In 1988, the judges of the 19th Judicial Circuit of Lake County and McHenry Counties ruled Nicasa as the sole provider of alcohol/drug abuse evaluations for those arrested for alcohol-related offenses in Lake County. Currently, Nicasa has five facilities in Lake County, Illinois. The study was conducted at the headquarters, in Round Lake.

Demographics

There were eleven participants in the study ranging in age from 26 years to 56 years old. Six were male (aged 26, 27, 28, 36, 44, and 56 years) and five were female (aged 38, 43, 47, 48, and 55). All participants had been convicted of at least one DUI offense within the last three years, all of them were participating in court-mandated program for DUI offenders at Nicasa, in Lake County, Illinois.

Table 1 offers the gender, age, ethnicity, marital status, and education level for all participants. Information in the table represents general demographic data collected from the interviews.

Table 1 *Participant Demographics Characteristics for Gender, Age, Marital Status, and Education*.

Participants	Gender	Age	Ethnicity	Marital status	Education level
Participant 1	Male	56	Caucasian	Divorced	Associate degree
Participant 2	Female	55	Caucasian	Divorced	Associate degree
Participant 3	Female	48	Caucasian	Divorced	Associate degree
Participant 4	Female	43	Caucasian	Separated	High school
Participant 5	Female	38	African American	Married	High school
Participant 6	Male	37	Hispanic	Separated	Associate
Participant 7	Male	27	Persian	Single	Bachelors
Participant 8	Female	47	Caucasian	Divorced	Masters
Participant 9	Male	44	Hispanic	Married	Bachelors
Participant10	Male	28	Caucasian	Single	Some college
Participant11	Male	26	Caucasian	Single	Some college

Note. The mean age of the participants was 40.8 years.

To be included in the study, all participants had to meet the following criteria: be at least 26 years old, have a minimum of high school diploma with preferable college experience and steady employment prior to DUI arrest. The 11 out of 13 research participants that reported to the researcher met inclusion criteria before participating in the study. All participants completed brief, qualifying interview which included age, ethnicity, education, marital status and confirmation that they were convicted of a DUI

offense and participated in court-mandated program at that time. To ensure confidentiality and maintain rigorous ethical standards, the names of participants were not used. Instead, I used alphanumeric identifiers for eleven participants (P1, P2, P3, etc.)

Data Collection

Recruitment of study participants was attempted through following venues: verbal and written information given by program facilitators to prospective participants at Nicasa, an invitation to participate in the study (Appendix F) that was widely distributed at the facility, and snowball sampling. All participants called researcher's confidential phone to complete qualifying demographic questionnaire and schedule in person interview at the confidential office within Nicasa's premises. The most successful strategy was snowball sampling that allowed to gather six participants.

Data were collected from one-on-one, semistructured interviews of eleven participants. Each participant signed Consent Form (Appendix E) prior to the interview. The consent form enclosed a summary of the study, confidentiality statement, Walden's University IRB contact information along with study's approval number and expiration date. The approval number is 0411180323756 and expiration date is April, 10, 2019. I answered all questions regarding the informed consent, confidentiality, and the purpose of the study. The interviews were conducted in a comfortable, quiet, and confidential office. The semistructured interview procedure permitted open-ended responses to the questions (see Appendix A). Some questions were asked out of order to maintain the flow. During, and right after each interview, I took notes to record my personal reflections, perceptions, and reactions relating to participants' stories. In general,

participants appeared to be motivated and willing to share deep, personal experiences. Some of them were able to share from the very beginning of the interview, others appeared to be more guarded in their responses and had to be prompted by additional, welcoming questions. Special attention was given to any behavioral changes, changes in volume and tone of voice to determine any potential areas that might be revisited later during the conclusion of the interview. At the close of each interview I scheduled a follow-up phone conversation to ensure the accuracy of the findings. Also, at the end, each participant was given $15 gift card as a token of my appreciation for their time.

The duration of interviews varied from 45 to 75 minutes. Each interview was audio recorded using a digital voice recorder. No technical difficulties were encountered during and following the interviews. Digital recordings were stored in my password protected computer. When all interviews were conducted I manually transcribed the recordings verbatim to the Microsoft Word documents that were saved on my computer. The print out versions along with digital recordings were placed in the locked cabinet, in my office. The recordings were played several times to ensure the accuracy of transcriptions. After transcriptions were complete, I called each participant to provide a summary of transcription and discuss themes identified from the data. None of participants verbalized any concerns of inaccurate interpretation. Three out of 11 participants were not involved in the follow up interviews because they were nowhere to be found. The phone numbers provided were disconnected at that time.

Data Analysis

All data was analyzed and coded according to Interpretative Phenomenological Analysis (IPA) as outlined by Smith et al. (2009). This method requires each transcript to be reviewed and analyzed individually, in detail, and then all transcripts to be analyzed together in order to see relationship between the datasets. The analysis was done manually developing matrixes to find similarities and differences in the experiences of DUI offenders. Beside the analysis, I engaged in Moustakas' epoché process to maximize objectivity of interpretations by bracketing my preconceived suppositions. As a substance abuse counselor who provided services for DUI offenders in the past I have some suppositions. I intentionally reflected upon and listed the following personal opinions and preconceptions:

1. DUI programs teach responsibility and minimize risk of drunk driving behaviors in the future.
2. DUI offenders minimize their substance abuse problems to receive lesser "punishment."
3. DUI offenders receiving services that are well tailored to their individual needs have better chances for positive change.
4. People usually learn from their mistakes.

The analysis was initiated by immersing myself into rich, descriptive original data. I was listening each recorded interview carefully while transcribing into Word document. As I typed each word I paused and replayed recording frequently to ensure accuracy and my understanding of the context of the statements. Then I read each

interview concurrently listening the recording and then read it again to gain an understanding of how the narratives can bind certain sections of interview together.

The second step was to make colored notes on each printed transcription. I was reflecting on participants' remarks concerning questions discussed during the interview. Pertinent remarks were highlighted and notes were made. There were many comments by participants that were not related directly to the research questions and those were not included in the analysis. At the end of each analysis, the notes were transferred into a matrix constructed in Microsoft Word for Mac 2018 to help manage data more effectively. This step was the most time consuming but it allowed me to examine the language and semantic content on an exploratory level.

Third step was to identify and develop emerging themes. New codes were added to the Word document as they emerged. The themes reflected not only participants' original words and thoughts but also my interpretations of their lived experiences.

Step four involved the search for connections across themes. I printed out the list of typed themes and cut each theme separately. Then I used a floor to move themes around. This helped me explore spatial representations of how emergent themes relate to each other. Those themes which represented similar understandings were placed together. Those themes which were opposite to each other were placed at the opposite poles of the spectrum. Smith et al. (2009) outline abstraction, contextualization, and polarization as main strategies to use in this step.

The fifth step was to repeat step one through four with each transcript, bracketing the ideas emerging from one case while working on another case. Finally, the sixth step was to identify the patterns across all cases.

Moustakas (1994) highlighted that once the meaning units are identified, themes can be extracted. The themes are labeled by grouping the related meaning units. When there was 65% or more of the DUI offenders' responding in a similar way the theme was identified. If within a theme over 50% of the participants verbalized specific thoughts or concerns I would label is as subtheme. The themes and subthemes were checked against hard copies of transcriptions to validate findings. A colleague reviewer was involved at this stage to confirm validation of findings. Smith et al. (2009) suggested to review the chain of evidence that leads from initial notes on the research questions, the research proposal, an interview schedule, audio tapes, annotated transcripts, tables of themes, drafts, and final report to ensure transparency.

Discrepant Cases

Discrepant findings were defined as the minority of participants' realizations that did not merge on any of the major themes. The discrepant findings in this study included: (a) not belonging to the program, "I feel I don't belong here, I perceive this place as place that just wants money. If I don't do 75 hours I won't get my license back" (P4); (b) not admitting that alcohol or drugs played role on the DUI arrest, "I actually did not drink at all, or used any drugs, I was plain tired going back home from work after midnight. They wanted me to blow but I refused and now I have consequences of that" (P10); (c) not accepting the fact that drinking and driving is a crime:

> If he is drinking too much I actually stop so he wouldn't notice it. I still would do a shot here and there with him but not too much so I could drive home. I know he could drive but I feel safer when I know I am sober then he is. So then I drive. (P4)

Evidence of Trustworthiness

In this study trustworthiness was verified using multiple methods including member checking, prolonged contact, persistent participant observation, reflective journaling, audit trail, and triangulation of the data. These methods demonstrated the study's credibility, dependability, transferability, and confirmability.

Credibility

Credibility is one of the key criteria in determining trustworthiness (Shenton, 2004). Credibility was established through prolonged engagement, triangulation, external audits, and member checking at the follow-up with participants. The summary of the findings was presented approximately three days following the interview to each participant via phone call scheduled at the end of each interview. The participants then confirmed the experience described earlier during the interview as their own. Eight out of 11 participants took part in this process. The remaining three were not available by phone to discuss the summary. To further increase credibility prolonged engagement was used to detect and eliminate any distortions that may have been accounted about just being a stranger to the community. To meet this requirement, I spent additional time building rapport with each participant and revealing some of my background working in this field in the past. Reflective journaling and field notes were used to help manage any researcher

bias. Writing enhanced an ongoing awareness of the researcher's personal influence on content and interpretation (Janesick, 1998). For this study, having 11 participants that constituted a homogenous sample produced triangulation. Triangulation is the use of two or more sources, methods, theories, and researchers to examine phenomena with as many perspectives as possible. I involved a colleague psychologist to review and discuss themes and subthemes and ensure deductive reasoning.

Transferability

Transferability refers to the concept of transferring the findings into another setting (Lincoln & Guba, 1985). This was achieved providing a thorough description of the research context, processes, participants, and researcher-participant relationships to enable the reader to decide how the findings may transfer. To support the development of themes and subthemes, exact words of participants were used.

Dependability

Dependability refers to the transparency and possible repeatability of the study (Morrow, 2005). This was assured through use of an audit trail, a secure database for storing, managing, and coding field notes, electronic records of the transcribed data, any influences on data collection and analysis, and analytic memos (Morrow, 2005).

Confirmability

Confirmability refers to objectivity and is based on the presumption that the integrity of any study results depends on objective analytic processes (Morrow, 2005). The confirmability was established through a confirmability audit. An audit trail for this study consisted of the raw data, the analysis plan and notes, personal notes kept in a field

journal, and both manual and electronic records of transcripts. Those measures ensured the bracketing of any suppositions and bias that emerged during the interview phase.

Results

The purpose of this qualitative study was to explore DUI offenders' positive experiences and perceptions derived from DUI program and how these impacted well-being and commitment to positive change. Consistent with positive psychology concepts, this research study attempted to examine the accounts of participants' experience of substance use, from prior to DUI arrest to their current life circumstances, to gain an understanding of the meaning of possible positive consequences and outcomes resulted from DUI arrest, including resilience, engagement in treatment, and well-being using the theoretical framework of positive psychology (McCoy, 2008; Seligman, 2011). The participants were asked questions related to their experiences leading to DUI arrest, their understanding of this experience, its consequences, and how all those circumstances have impacted their abilities to bounce back from adversities and make positive change.

There were approximately 15 questions. The examples are as follows: Can you tell me about the situation that led you to the DUI arrest? How do you describe your role in the arrest? What consequences did you suffer as a result of DUI arrest? How do you perceive the program you are in now? Please tell me what motivates you to stay in this program? How you could transform things learned in the program to make positive change? Please talk about some challenges you have had with DUI situation. How did you overcome_____? How you are adapting to your situation? What positives came from attending DUI program? All participants explained their experiences with DUI

arrest, how they felt, what consequences they had, how they cope with adversities, and what changes they can make to move forward with their lives. As shown in Table 2, five themes emerged as a result of data analysis. Themes included rationalization of DUI arrest, harsh consequences, learning experiences, positive program qualities, moving forward with life.

Table 2 *Themes and Subthemes*

Rationalization of DUI arrest	Harsh consequences	Learning experiences	Positive Program qualities	Moving forward with life
Family dynamics	Meaning derived from consequences	Identifying patterns	Support	Positive changes
On-going conflicts			Not being judged	Paying back
Coping with problems through alcohol			Belonging	Healthy lifestyle
			Opening up/Trust	Acceptance

Research Question 1

What were the DUI offenders' experiences and personal views of a court mandated DUI program that might lead to enhanced well-being and positive change?

Research Question 1 was designed to examine DUI offenders accounts of experience of substance use, from prior to DUI arrest to their current life circumstances, to gain an understanding of the meaning of possible positive consequences and outcomes that resulted from DUI. Two themes emerged that explained their experiences:

Theme 1: Rationalization of DUI arrest. All participants in this study were taking part in mandatory program for DUI offenders. The first theme that emerged relevant to their experience was to explain and rationalize what led to DUI arrest. In 10 out of 11 cases DUI arrest followed negative events that had happened in participants' lives. They tended to blame outside circumstances, other people, negative emotions, distress in making decision to drink and drive. When describing those circumstances, the following subthemes emerged from the data: family dynamics, ongoing conflicts, and coping with problems through alcohol and drugs.

Subtheme 1.1: Family dynamics. Participants discussed patterns of relating and interactions between family members that they associate with increased substance use and driving on the day of arrest.

> I had lots of arguments with my husband, it was my coping mechanism to drink. That day, we end up going to Chicago, he wanted to see his parents, I didn't like his mom or dad especially dad because he actually sexually assaulted my oldest daughter couple years back, so I didn't want to go, but my husband wanted me to go, so I went. We were there about 20 minutes, his dad was drunk, he got into an argument with my husband and trying to fight him. He picked up a bat trying to hit my husband with a bat so we left. We were driving here and my husband said 'Oh my god, I know that was a lot. I know you need a beer or something'. He stopped and got me a beer. Now I am tipsy, I want to go out to the bar like we always do on Friday night. He didn't want to go so now I am mad. I grab the keys I go to the Richards', it's a bar like down street from my house. I stay there until

they closed. I drink vodka, vodka, vodka until the last call. Then I leave, driving home, I am wasted so I don't see the police behind me. (P5)

Around October I started having problems with my fiancé, things really started getting bad, I am musician, you know, I play shows, stuff like that, I am a drummer, and this was a thing, we were a power couple in the music scene, we were together for 4.5 years. And things really started getting bad with us, you know textbook emotional struggles, so when things were really bad she left me. And all of the sudden she came to one of my concerts with another guy. She was trying to tell this guy to try to beat me up or something so that happened. This guy attacked me…. This was couple weeks before my arrest but this really screw me up not only her leaving but she came with that guy who wanted to beat me up. That set off the chain of events emotionally for me. It really put me on the downward spiral. (P7)

Before DUI I was living at my job with kids but because the drama my kids were causing I lost the place to live and I lost the job at the same time. I became homeless uhhh I went to pool tournament with my boyfriend, we were drinking, and at the end of the night I knew I had too much to drink but I drove a car. I took longer way to R because I was hungry. They pulled me over and when they said that they are taking my boyfriend's truck I kinda lost it. I said I am gonna to kill myself so they put me into a hospital. I did my three days there. In psych unit. I am not a big drinker. I did drugs - mostly meth, heroine and crack - I got off of

them a while ago. That night my boyfriend was too drunk to drive so I figured out that he cannot lose his license, so I drove. He was the only one working but he lost it any way. He broke his leg and they fired him. (P4)

I was going through a nasty divorce. I was depressed and anxious. Spending days in the empty house…I felt lonely. This relationship caused me to doubt in my skills, I was not myself, he robbed me of my self-esteem. I didn't know that my drinking got out of control, I have few glasses of wine and I decided to go to the store to pick up more wine. I don't remember how this happened but I hit the curb and I ended up at the pole. I could kill myself…or worse…I could kill someone else. (P8)

I was going through divorce, serious issues, he was abusive to me sexually, mentally, emotionally, there is still lots of resentments. I have two kids, they are unfortunately with him, they don't want to be with him. I learned I cannot change it. He is by every definition narcissistic. I can't fix him, I have to let it go. Kids know mom had problem, they are forgiving it makes me more comfortable. I don't want to lose my kids…

Before I was sober for almost 2 years, but because of divorce I decided to drink. I relapsed. I was upset, I didn't care, everything went wrong, I did not have results I wanted. I drunk the night before, I didn't sleep until few hours before work, I went to sleep and drove early in morning. I felt fine, I blew 2 something. I have my tolerance for alcohol! (P3)

Subtheme 1.2: Ongoing conflicts

The majority of participants mentioned ongoing conflicts within their family and social network.

> I have problems with my kids (twins) - one is addicted to crack cocaine and alcohol. They were out of control trying to be big drug dealers… angry and afraid that I am going to disappear again because of my past. (P4)

"My wife was nagging me about something… at that point I didn't want to come home too early so I don't hear that constant nagging" (P9).

"Don't get me wrong, my fiancé never supported me going out with my clients. Leaving at 6 PM to 11PM. She was always mad at me" (P1).

"My father was always disappointed in me. I was never good enough for him. I can't even sit and talk to him without raising voice" (P11).

I had three girls after my break up- all major alcoholics. My current one…we fight a lot. It is disgusting to me to be around my girlfriend when she gets so slashed. If things don't change with her soon I am going to break up with her. I am not going to be around that. What kind of connection is that? She is on the different level from completely different world. There is a complete mismatch there. (P7)

"I am not talking to my mother since she divorced my dad. It was very selfish" (P10).

"It is hard to feel supported when I talk to someone and you (are) drunk. I am trying to better myself, trying to get sober but it is hard when you are a sloppy

drunk and when you talk to me and swearing at me. It is messing up with my head" (P5).

Subtheme 3: Coping with problems through alcohol. The majority of participants reported drinking or using drugs to cope with adversities, loss, betrayal, depression, and legal problems resulting from DUI arrest.

"I was drinking to forget about my fallen marriage. I didn't want to be lonely". (P8)

"I was upset, I didn't care, everything went wrong so I decided to drink… I relapsed…I was always drinking by myself". (P3)

I got a breast cancer. When I was in the hospital he brought another woman to our house. She is in my shower, he let her wear my boots, leader coat…she was cocaine addict, I've never thought he would do this…I could not wrap my head around it so I relapsed after 9 years. I think to myself – I will drink, I will have one drink, just to relax…So when I had a drink I wanted to smoke some crack. So I had a crack and I went crazy. (P2)

"My cousin passed away and we went to his funeral in Indiana. I was upset, I didn't want to deal with his death. I was drinking for three days and I smoked some pot". (P11)

"I was drinking straight the whole week after DUI happened". (P7)

A lot of people, they have their reasons, they have their reasons why they drink. I feel like I have my reasons. I have been through a lot, as far as being molested…all types of stuff you know…physical, verbal, mental abuse. I know

people go through their issues…you don't have to resort to drinking and doing drugs. It dulls the pain for a moment but as far as with me…it dulled like for a minute when I am drunk but everything comes up to me again. Now I am emotional, I cry, I am angry, I am this, I am that, now I think about everything. (P5)

Theme 2: Harsh consequences and making sense from consequences.

Experiencing consequences of DUI arrest was the primary focus of participants. All of them reported that legal system "forced" them to change lifestyle and attend DUI program. All of them were unable to continue independent lifestyle with driving due to license suspension or revocation; they were not allowed to have even occasional drink either due to probation rules or Nicasa's requirements while in the program. Ten participants reported that repercussions of being caught violating those requirements were too harsh to risk it.

I am on 2 years of probation, meaning they can come by any time to my house, and if I am caught doing anything I am immediately going to jail for 60 days or more. I have IOP (program sic.) which is inconvenient, I could be working, but I have to do this instead, but unfortunately, I have to do this. I have court costs to pay which is almost 5 grant so… big financial hit…and I have to pay to get a bait device in my car so I can drive. I don't get my license back until December but even than is $500 to get it back so again…money… but I want to be able to drive. I have to pay because I want to drive. (P3).

The ramifications…it affects large… you know, attorney's fees, and courts, and time, anxieties, and all sorts of…you know the classes (sic. program). They want to see commitment financially and they looked at your records and they hit you accordingly. You sit at the victim impact class and you listen to the moms that had lost their daughters or you listen... you know father who lost his son or the wife who lost her husband or the child or the accident from drinking and driving – it's horrific, deep wrenching, gut wrenching and…my god… that's one thing that hit me. It's a lot…financially, emotionally, and professionally… you know I have a license, I am a commercial insurance broker in the state of Illinois, if you have a felony or any kind of charge with alcohol…You know I have reputation that goes on, this is public knowledge, you know…it's my character, I've got to take an ownership to it. I was overwhelmed, I took day by day. Now, I look at this as I needed this. I needed to stop that lifestyle. (P1)

I've got "reckless driving", lost my license for 6 months, pay almost 10,000 for everything, classes… And the lawyer had told me "the only way you will not get another one, even if its 10 years from now is to stay abstinent." So I quit drinking then… That's when I quit…I know it's weird…as I said I didn't drink a lot anyway, I was cocaine addict, so I could do it. (P2)

Consequences… well…losing my license, losing my boyfriend's truck…L. charges $500 to get the truck out of police hold and you still have to pay tow or whatever the fee was and the truck was not worth $500. Other than that…just going to court and shit…other than that I didn't really suffer too much. (P4)

They gave me 75 hours of this, 100 community services hours and 4 thousand fines. So …yeah…I am definitely will not going to drink and drive like this. I really had to go through tough stuff to learn my lesson…. Now obviously my license is suspended, I don't have my car anymore… it was totaled, it was destroyed, so I have no ability to get around, I am completely relying on other peoples' schedules. I had to move back home to my parents, it's embarrassing, it's like…But luckily, I still maintained my job in the law office, I work as paralegal so luckily, I still have that. It is completely demasculating relaying on the other people… like I am not independent at all, you know because I worked so hard in my life to build a life, you know…I just feel like completely relying on other people, I completely…I can't take care of myself. Now I accept the full responsibility for my actions. Now I know that I should had handled the loss of my fiancé better. You know, instead of getting as much drunk as possible and getting behind the wheel. (P7)

Participants focus on the meaning rather than purpose of DUI arrest aligns with their exposed aspiration to enable the enhancement of the quality of life. All participants who were interviewed looked into the arrest as a bad, negative, humiliating experience that brought negative consequences. They attempted to derive the meaning from the consequences looking into benefits and positives they obtained. For example, P5 did not change her lifestyle until she violated her court order twice by testing positive for alcohol at probation office. It was not

until she experienced the heaviest punishment possible (jail time) that made her reflect upon her behaviors and actions:

I got drunk the night before I went to court, and I was still intoxicated when I went to court but the judge didn't know I was intoxicated but once I accepted the plea deal I have to go straight to probation and set that up. So when I got there I still smelled like an alcohol, they made me take a breathalyzer and I blew 0.1…legally you can't accept the plea deal when you are intoxicated they made me come the next morning which was the 23rd. Before I went to see them I still got me a beer the night before…the 23rd. I go see probation officer, she made me take another breathalyzer, I blew dirty again, so when I went to court she told the judge I blew dirty twice in a row, and…he locked me up. They were mad at me so...that woke me up right there. My daughter, she was going to graduate out of 8th grade on the 29th, so I am in jail on 23rd, I didn't get out until 25th. So I am scared that I am gonna miss my kid's graduation. That was a wake-up call right there- drinking is not that serious that I am to miss important milestones in my kids' lives, that really hurt me, something needs to change I can't keep going like this…plus I am not eating, I am drinking, I grab me something to drink before I grab me something to eat, and I lost my 30 pounds. Once they processed me in a jail they weigh me and they give me a TB test, and I weight like 95 pounds. Damm, I am killing myself basically so I am like damm. Even I still have urges I tell myself, damm you are killing yourself, 95 pounds, you are tall…that's not a

healthy way...and plus I got 6 kids to leave behind, I got a husband to leave behind…so it is time for a change. (P5)

P8 was in a minor accident driving to a nearby grocery store to purchase more wine. “It was not me, I was not myself …drinking and driving…the amounts of drinking in the weeks before it happened…I am kind of happy it had happened…Maybe it saved my life, it certainly stopped me from going down that road. (P8). Other participant who lost his car due to an accident on the night of DUI arrest stated:” Through pain and hardship comes positive change. How am I supposed to know good if I never had bad. Now that I had bad I am thankful that I had a DUI, I am thankful that I had the worst pain I’ve ever felt in my life from my ex. It showed me what I need to appreciate in this life, it showed me who I need to surround myself with and it showed me that god gave me talents. I want to use all my talents to the best capacity I have before I die.” (P7)

Research Question 2

How do participants describe their experiences and personal views whether DUI program fosters engagement in the process of change?

The themes that were most relevant to this question were “learning experience” and “positive program qualities”. The participants experience and personal views of the DUI program they participate in had both unique and common aspects. The universal element was the knowledge participants were in a process of gaining while in the program. That increased knowledge about effects of drugs and alcohol, learning from stories of others, getting insight into own issues, taking responsibility for own actions

which have a potential to foster process of change. The content and structure of the program appeared to evoke awareness of unhealthy patterns including drinking and drug use, unhealthy relationships, and risky behaviors. Some of the words that participants used to describe experience in the program were enlightening, learning, insightful, self-aware, interesting, positive, good, structured, comforting, outlet, not being alone, non-judgmental, safe, and supportive. Positive program qualities described by participants potentially reinforced learning experience while fulfilling deeply rooted needs of acceptance, support, belonging and trust. Participants described the program as "it totally rearranged my thoughts" (P6), "it's like an outlet, I can get stuff off of my chest" (P5); "I feel not alone" (P1), "comforting" (P2), "non-judgmental" (P11, P8); "supportive" (P9); "safe" (P9).

Participant 1, a former marine, described his experience as "enlightening" by looking back at his life and discovering unhealthy patterns.

In this program, you learn about this. What alcohol does to your body, the type of patterns of drinking that you do. I always wondered how people drink because they are sad, depressed or alone…I was the opposite – I drunk to celebrate, in marines after the large campaigns – we celebrated, in life we celebrate, the weather, fun, companions, it was always warm and happy thing but can still be destructive. (P1)

He reported positive response to the program focusing on support, sense of belonging, and ability to open up with his issues.

In that program, it has been very enlightening experience. I will be honest I am with bunch of high riskers, we have the same patterns, some of them are younger some of

them are older than me but it's a good experience, going through this particular program because I am not alone with this. I have issues that I can address openly. Now it's time to live a pattern of sobriety for me. I've got a clarity. So this program has done well for me. It would be interesting what's next after you don't have to do this…(P1)

The resistance is apparent in Participant 3 responses however she reported some sense of belonging to the group and attempts to make sense from this experience.

I am still trying to see how it goes. Uhm, right now I, kind of see Arthur (counselor sic.) as little bit negative in the way he asks questions, in the way he approaches us. I don't need negativity, I stir away from negativity. So I kind of still processing it all. I think, if it's done right it can be helpful but this program will not force anybody to change. You have to do it yourself you have to put in the time, you have to put in the work. If you just don't want to be there, if you just sit there because court says you have to be here you will get nothing out of here. If you actually take this, the responsibility, you might actually get something out of there. It's all matter if you actually want to get something out of it. As far as other people here – I see their points, they screw as I did and we are all in this. (P3)

Participants focused on learning aspect of the program and positive interactions with counselors.

I like it, I like it because it gets you wake up and do something. It's something I can do, it teaches you things, it gives you lots of insight. I hear everybody's opinions, not opinions, but what is in their minds and I can see the differences like 3 weeks later, even myself, just because I am here along with other people, you are getting fed, your mind is getting

fed, you see, and you actually do some work with your mind and it's not…there is not right or wrong, you know, they don't judge, they give you positive feedback, they, counselors, they don't tell you shame, shame or nothing like that, so you are able to open your ears because you see the passion in their eyes. It's well structured, I like it. That's why I come three days a week, even though I don't have to. It's better then AA. It's almost comforting to get advice or direction and take it, use it. You know what is good about it? It's because smart people are telling me something… I am surrounded by… the demographics where I live, people are not very smart, they are good people, don't get me wrong but they are not educated so not everything that comes out of their mouths…opinions, I could put into an action. It's different here, Arthur (counselor, sic.), he is educated, I am going to listen. (P2)

It is a learning experience for me. I am going to take what I can from this. I am learning. People open up, they might be more comfortable to open up one on one. That whole drinking to excess thing does not work for me. (P6)

It's great, I love Nicasa, I was here before with family, as a teenager. My parents were not alcoholics but we had problems. Everything I learned about drinking was outside of home. We never talked about it at home. When my dad went to work in Iowa, it was difficult for me, it's when everything really started. I hold some resentments to Nicasa because they put me in high risk, they made me look bad in front of the judge, but at the same time they didn't put me in jail because I have a history of alcohol and drugs. I have mixed feelings about evaluation, but classes are great. Kevin (counselor) is great, I went to school with him. There are some bright people, they are nice guys. It's little stick to the

script, you got to be able to say some middle way staff, you know, you have truck drivers here, you have doctors, young people, abused people come to those sorts of classes. And a lot of internal struggles really come out when you come to those classes. And the real reasons people do drugs come out, not only celebratory reasons. I didn't have bad childhood, we were not poor, I had an education, I have every opportunity. I just loved to party. I got into it because everyone else around was doing it. It was escape for me at some point, it became escape from loss and pain. It changes your brain chemistry because that all I know to deal with problems, that all I know how to react, how to escape stress, how to deal with loss. (P7)

It's like an outlet, I can get stuff off of my chest, like I can tell my husband, but it's like I need somebody to listen and not cut me off. I don't want to feel that kind of judgement. Here people sit and listen and give me a feedback, I think it helps a lot because I keep lots of stuff bottled in, and sometimes I need somebody to listen instead of having opinion about me. (P5)

This program forced me to became self-aware. I didn't consider myself an alcoholic but definitely I have major problem with alcohol. I found an understanding here, I can relate to people, we are going together through this. I've never thought I would be able to open up in the group setting but it was easy because I didn't feel any judgement. (P8)

Research Question 3

What is the meaning of resilience to individuals in a court mandated DUI program?

While responding to the questions related to resilience, adaptation to DUI situation, and overcoming adversities, the participants spoke about main theme – the ability to move forward in life. The sub-themes of positive changes, paying back, healthy lifestyle, and acceptance emerged. *Sub-theme 5.1: Positive changes.* The majority of participants expressed desire in making positive changes following DUI arrest. They spoke about seeking support system, changing attitudes (P3), (P2), going back to school (P8), changing profession (P6, P10), seeking therapy (P9).

Once I realized that drinking is not getting me anywhere I surrounded myself with church functions, AA but mine is more Christian based 12 step program, it's not really affiliated with AA but have a lot of the same principles, it's just different set up. That's my thing I like it, I enjoy it because it's more personable, it's in my church. I don't need to do it – I chose to attend it. I have my sponsor now, I see her twice a week. She is a living proof that it works. It makes me feel better. (P3)

I overcame depression that DUI brought. I hear those stories, I can't complain, I have roof over my head, I have something to eat and dress, and I have a job. You know, when you start complaining, just shut up and think about people who don't have much. It took me lot of time to get that positive thinking, I used to be an angry person, and I realized how it's taking a toll on me. Physically, I have ulcers because I was angry and I have been drinking. I was very negative person but I became more positive, it feels good to be positive. I try to find a positive in negative. Some things I cannot change but I can move forward. (P3)

I want to focus on beauty of reality instead of escaping it and trying not to live the normal life. I need to be focus on why I have this need to escape and from what. I have a great life, family, health…I've been lucky enough to travel, to graduate. Why I have to cling to abusive women?

Here I am at 27… I came to reality that I wasted so much time just partying and drinking. I was taking away control of my life. It makes me feel like I am pathetic, week, dependent on other people. (P7)

Participant 2 reconciled with her family and sister she had not talked to for years.

She was mad at me all my life. Now she starts talking to me again, I prayed about it…Well, I learned here that resentments are making you sick. Last month I went to my mom on my birthday, she was there, she asked me 'are you at mom's at you birthday"? Well…I didn't want to celebrate, I wanted to stay there, it was safe. That day it flipped her switch, she realized that I don't want to drink. It's time to hang out with my sister, to reconcile. (P2)

She also referred to changes in her thinking.

I have more maturity in thinking. I am allowed to say that I am proud of myself – and they taught me that too. The big thing: if you can't take care of yourself you can't take care of anybody else – I got it from this program. Really, I should take care of myself first then. Maybe it is a blessing that I am here now. And who knows maybe without it I wouldn't be alive? So I am going to keep my ears open, writing notes, and ask for help.

Participant 8 responded with firm decision to get back to school and pursue long time intended master's program.

This all situation made me realize that I need to focus on my needs. Now, when I got divorced, I want to go back to school. I have already applied to Master's program. I am looking forward to it. (P8)

Other participants described their goals.

I came from family with father working for the union. I want to do the same thing. I want to secure my future to get pension. I work outdoors, I want to keep in shape. I used to run and bike for leisure and now I want to get back to it. (P6)

Before I die I want to get a law degree. (P7)

I do everything to be done with this. Lesson learned and move on. In terms of my goals…I don't want to work for someone else anymore. Moving forward for me means to open my own restaurant. (P10)

When discussing the ways to overcome current challenges P9 spoke about individual therapy.

I look for education for myself. I want to continue to dig deeper onto my childhood maybe I start with therapy. It could be healing to tell things I never talked about. You have to say it, get it all out. I see myself staying here after I finish. I feel safe here. I don't want to come back to drugs I am scared, it's so embarrassing. (P9)

Sub-theme 5.2. Paying back.

I am supposed to do it for myself but my main goal is to be the best parent. I have to pay back to my children. I can't be the best parent when I am a sloppy drunk, nobody can be a best parent. I was drinking on the daily basis but thank god I had nothing to drink since 23rd. I am just trying to keep focusing on me, take day by day, there always will be

triggers… I see a commercial…. oh my god…But it will help me in the long run (program sic.). It will help me achieve what I want. When I complete this program, I would like to work in this type of field showing people that I was in the same boat, I did the same thing. I want to show them that you can make a change you don't have to be in the same boat. (P5)

I want to help other people. I can tell them what I went through and be a living proof that you can change. (P3)

With my Master's I will be able to pay back to my community. (P8)

Sub-theme 5.3: Healthy lifestyle.

Decisions moving forward…I've made changes…I had to change patterns. You got to fill the gaps that you were doing that I was doing we are not going to party this year. With clients I don't do dinners, we go to lunches, I am more home now, I got a fiancé, we have been living together, we are going for walks, we do have a health club and fitness. I am really into my health now I got to manage my blood pressure, I looked what alcohol has done to me. I am much more aware of my health and my lifestyle choices. It took me 50 plus to realize that I was playing around with alcohol. (P1)

I started going to gym – I am thinking to myself: I don't want to drink today because I have gym tomorrow. If I drink I will feel like a crap. (P7)

I work out rigorously. I wake up at 5AM every day, I go to gym, I sweat. I am looking into healthy diet. I used to drink wine with the dinner, now I drink water. (P8)

Sub-theme 5.4: Acceptance.

Being in a military I learned to accept my punishment. I am going to learn something here, from other people' stories. I want to learn something. I hope I will learn something. (P6)

I am learning to accept, let it go off past. (P3)

You learn to accept the situation when you realize, I blew such a high number, means you drink to excess, that's dangerous, not healthy, lots of realizations, the triggers are always out there, happy staff, people, clients, meetings... I am a veteran I've seen lots of this. My dad deteriorated, became depressed, sad man. I don't want to be like him. I work with Kevin (counselor sic.) We will see what to do next. Sad but humbling when I sat in the class heard those stories… it could be me. It always could be worse. Bad lifestyle choices, ongoing drinking that leads to alcoholism. I have lot to lose, god forbid, I don't want to make another traumatic mistake. (P1)

Summary

The sample for this study consisted of eleven adult DUI offenders participating in court mandated DUI program. The participants were recruited at Nicasa, licensed DUI treatment provider, in Lake County, Illinois. Following a signed consent, semi-structured, in-depth interviews were conducted in person at the confidential office at Nicasa's premises.

Throughout the interview process four themes emerged related to the research questions.

Theme 1. DUI offenders spoke about circumstances leading to DUI arrest. All participants provided external circumstances, family dynamics, on-going conflicts in the

social network, and other problems that they were trying to deal with by drinking or using drugs. Most of them rationalized DUI arrest as a result of poor coping skills.

Theme 2. The participants discussed negative consequences resulted from DUI arrest and its implications. Ten out of eleven participants conformed to the legal restrictions of license suspension and abstained from driving. They attempted to derive a meaning from consequences by turning them into positives. The most common rationalization was that negative consequences bring positive change.

Theme 3. The participants referred to present attendance in the program as a learning experience. They discussed not only the educational part of the program but also the opportunity to learn about themselves, gaining insight and self- awareness. Theme 4 was related to positive qualities of the program that allow participants to achieve self-awareness, which included support, non-judgmental atmosphere, sense of belonging, and building trust.

Theme 5. The meaning of resilience was mostly related to moving forward with life. All participants discussed positive changes they want to make including career, family, education, lifestyle, sobriety, sharing experiences and working to pay back for their wrongdoings. The last sub-theme was the acceptance that follows DUI arrest.

Chapter 5 provides an interpretation of the results, limitations, implications for social change, recommendations, and conclusions. It also includes explanation of how findings can stimulate additional research in areas of positive psychology, and to shift the negative focus of disease, pathology, and weaknesses into positive aspects and character strengths.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this study was to explore DUI offenders' positive experiences and perceptions derived from a typical DUI program and how they impacted well-being and commitment to positive change. A phenomenological approach was used to explore the lived experiences of DUI offenders in court-mandated program in order to gain insight into ability to transform negative consequences into positive change. This type of inquiry allowed participants openly delineated their experiences. I developed a semistructured interview to encourage free and open discussion of the phenomena of DUI and how participants made sense of their experiences. I analyzed the answers using interpretative phenomenological analysis guidelines (Smith, Flowers & Larkin, 2009) and five common themes emerged. The themes were identified as follows: (a) rationalization of DUI arrest, (b) harsh consequences, (c) learning experiences, (d) positive program qualities, (e) moving forward with life.

Chapter 5 provides a summary of the results that developed from eleven semi-structured personal interviews of DUI offenders currently participating in a court-mandated DUI program. It presents the findings of the study that are applicable to the questions of the research. This chapter also provides elements of the basic qualitative design and the analytic process, expresses possible limitations related to the study, and interjects potential recommendations for associated future study. Chapter 5 is designed to guide the readers through the interpretation of the data, provide conclusions specific to the study, and serve as a reference for future scholarship.

Interpretation of Findings

Interpretative Phenomenological Analysis (IPA) is an approach to qualitative analysis with a particularly psychological interest in how people make sense of their experiences (Smith, Flowers, & Larkin, 2009). This approach was chosen to build an understanding of how people who drink and drive make sense from their consequences. IPA is firmly situated in qualitative research, as experiences are not easily translated into quantifiable data and much would be lost in the translation (Oxley, 2016). The main goal was to identify what matters to participants, how they view DUI arrest and its consequences and what is the meaning of resilience to them. According to Smith (2017), IPA is particularly well suited to positive psychology concepts and can support detailed explanations of positive psychological phenomena.

The first theme developed was *rationalization of the arrest.* It was almost natural for participants to start interview with their own explanation of what led to the DUI arrest. In 10 out of 11 cases DUI arrest followed negative events that had happened in participants' lives. They tended to blame outside circumstances, other people, negative emotions, distress in making the decision to drink and drive. The participants described in great details family dynamics, ongoing conflicts, traumatic breakups, inability to cope with life circumstances, and specific lifestyles that incorporated drinking and socializing in the bars. Most of them did not see their own role in the arrest other than unfortunate incident. For all of them relationships and issues related to the relationships, from husband's refusal to accompany to the bar, through spouse's nagging and arguing, to

breakups, death, and divorce caused a lapse in judgement. From this moment the spiral downward into maladaptive coping strategies involving abusing alcohol originated. According to well-being theory (Seligman, 2009), meaningful, strong, positive relations provide support during difficult times and an outlet for sharing joy. Previous researchers argued that people who consider themselves lonely, with no sense of belonging to the wider community, tend to report lower levels of well-being as opposed to those who emotionally connect to others in intimate relations, companionships and through family bonds that allow them to develop healthy and adaptive strategies in the face of adversity (Vaillant, 1995).

Consistent with positive psychology concepts, the second theme, *harsh consequences,* was reported as critical in positively impacting the change. Participants focus on the meaning rather than purpose of DUI arrest aligns with their exposed aspiration to enable the enhancement of the quality of life. All participants who were interviewed viewed the arrest as a bad, negative, humiliating experience that brought negative consequences. They attempted to derive the meaning from the consequences looking into benefits and positives they obtained. Even though, all of participants reported that legal system "forced" them to change lifestyle at this time enforced by legal monitoring both from courts and DUI program they discussed positive aspects of these circumstances. Some of them reported unexpected support they obtained from loved ones that strengthened relationships, one mother reported that she became more emotionally and physically available to her children once she stopped drinking. Three of female participants stated that enforced sobriety opened their eyes to pursuing new opportunities

both in professional and personal life. This aligns with a central belief of positive psychology that people want to lead meaningful and fulfilling lives, to cultivate what is best within themselves, and to enhance their experiences of love, work, and play (Park & Peterson, 2007; Peterson & Seligman, 2003; Seligman, 2002).

Most participants valued *learning experience* and *positive qualities of the DUI program* (Themes 4 and 5). They stated they appreciated how others shared about their DUI experience, the interaction with others, topics discussed with the program facilitator and fellow group members, and the group exercises. The universal element was the knowledge participants were in a process of gaining while in the program. That increased knowledge about effects of drugs and alcohol, learning from stories of others, getting insight into own issues, taking responsibility for own actions has a potential to foster process of change. The content and structure of the program appeared to evoke awareness of unhealthy patterns including drinking and drug use, unhealthy relationships, and risky behaviors. Participants appreciated that the sessions were interactive and practical to their lives. For example, one participant stated, "I learn about myself a lot…it will help me make better decisions." This theme was consistent throughout the interviews as many participants reported how helpful the skills were to their daily lives.

Some of the words that participants used to describe experience in the program were enlightening, learning, insightful, self-aware, interesting, positive, good, structured, comforting, outlet, not being alone, nonjudgmental, safe, and supportive. Positive program qualities described by participants potentially reinforced learning experience while fulfilling deeply rooted needs of acceptance, support, belonging, and trust.

Participants described the program as “it totally rearranged my thoughts,” “it’s like an outlet, I can get stuff off of my chest,” “I feel not alone”. Positive psychologists have called for creating positive environments, which include institutions like government, churches, organizations, and facilities where individuals are able to acknowledge their strengths and capacities and learn how to enhance them and use in a daily life (Krentzman, 2013; Peterson, 2006). Peterson (2006) argued that positive institutions should be associated with positive emotional states and positive interactions. People are more likely to take care of themselves, which favorably impacts their psychological and physiological health, when they sustain positive interactions with others (Salovey, Rothman, Detweiler, & Steward, 2000). The likelihood of developing supportive interactions depends on positive mood and openness to the experience; therefore, institutions that provide a sense of safety, predictability, and stability are strongly associated with the provision of social support and enhancing well-being (Salovey et al., 2000).

Moving forward in life, the fifth theme that evolved from the data, was related directly to resilience, adaptation to DUI situation, and overcoming adversities. Resilience is described as the ability to bounce back from adversity, it refers to positive adaptation following stressful experiences (Luthar & Cicchetti, 2000). The majority of participants discussed positive changes they want to make including career, family, education, lifestyle, sobriety, sharing experiences and working to pay back for their wrongdoings. They spoke about acceptance, seeking support system, changing attitudes, going back to school, changing profession, and seeking therapy. Researchers have indicated that people

who engage in positive activities aftermath a stressful event stimulate positive emotions that support adaptive coping (Lyubomirsky, Chancellor, & Layous, 2014; Seligman et al., 2006).

Limitations of the Study

The main limitation of the study was the small number of participants which affects transferability to the larger population. As interpretative phenomenological analysis is primarily concerned with details of the narrative of the lived experience under study, the focus is on the quality and depth of the narrative rather than the number of participants (Smith, 2015; Smith et al., 2009). Although the participants were diverse in terms of race and gender, those who did not speak English were eliminated because a valuable data could have been misunderstood during translation.

The study was limited to a small geographical location in northern Illinois due to convenience and accessibility of participants. This geographical limitation may not allow for generalization of results to other states or counties. The participants were asked to recall past DUI arrest and events from the past therefore there was a potential for recall error (Patton, 2002). More experiences related to the DUI arrest may exist than those found in the study.

As mentioned earlier, credibility was ensured through prolonged engagement, triangulation, external audits, and member checking at the follow-up with participants. I provided summaries of findings from the interviews to ensure the accuracy of data. However, eight out of eleven participants were able to take part in this process. Lastly, response biases could be a limitation. It is possible that participants were probably not as

honest as they should have been because of their coerced participation in DUI program and, in most cases, probation status.

Recommendations

The participants responses reflected insight through vivid memories of DUI experience. Several participants stated that the process of interview enabled further understandings. Comments such as: "I have never realized that such humiliating experience can turn my life around in a positive way," or "Now, I have a lot to think about," or "You always go through motions without taking a deep look into it. You got me…" suggested that in-depth interviews stimulated deeper reflection which was beneficial for participants providing justification for future research.

The interviews revealed how participants rationalize the cause of DUI. Most of them associated issues and problems related to close relationships with "spiral downward" into drinking to cope. Many of them reported that they were at the "wrong place at the wrong time" and just happened to be caught. Some of them revealed that they had been drinking and driving many times, and that their DUI arrest finally had triggered them to reevaluate their drinking and their social networks.

Several participants valued the personal disclosure in DUI program. They stated they appreciated how others shared about their DUI experience and the supportive interaction between program participants that created sense of belonging, not-judgmental atmosphere, and trust. Positive psychology research shows that good relationships with other people—friends, family members, and colleagues—are the single most important contributor to the psychological good life (Seligman, 2002). The strongest predictors of

happiness are social in nature, for example, extraversion, social support, number of friends, leisure activities, marriage (Peterson, 2006; Vaillant, 2002). Perceived social support is also related to resilience in the wake of adversity (Park, 2012).

Given that social support has an integral influence in determining people's level of well-being and happiness there is a need to examine its role in DUI programs. Future studies that focus on positive emotions, social support, and positive factors supporting health in providing interventions for DUI population may provide balance in understanding the phenomenon of drinking and driving and successful interventions to prevent those risky behaviors. It is also suggested to increase the size and diversity of the sample to explore if demographics and ethnic backgrounds reveal variations in making sense of DUI and its consequences. In addition, perspectives of experiences from multiple DUI program facilitators would be recommended to provide a broader understanding of the origin of positive experiences in DUI programs. Further studies that increase awareness of positive aspects in court-mandated programs for DUI offenders may help develop more effective intervention and treatment strategies that result in a reduction in risky drinking and driving behaviors.

Implications

Implications for Positive Social Change

Driving under the influence of alcohol and other drugs is a serious problem with many social implications (National Highway Traffic Safety Administration, 2015). Studies have suggested that individuals who commit that crime are, in many respects, a unique, heterogeneous, group that is different not only from the general driving

population, but also from exclusively alcohol abusing individuals who do not drink and drive (Cavaiola et al., 2007; Nochajski & Stasiewicz, 2006). This study was intended to serve as a catalyst for social change in understanding the lived experiences of DUI offenders in court mandated DUI program. The issues described by the participants might enrich the quality of existing DUI interventions with the promotion of positive factors supporting health, thus shifting existing negative focus on disease, weakness, and damage into positive interventions based on strengths and virtues (Peterson & Seligman, 2004; Seligman, 2002). Ultimately, this study has the potential to assist DUI treatment providers in adopting a different approach to treatment that focuses on human potential and moving away from the more traditional disease model of addictions.

Recommendations for the Practice

The findings of this study could be useful because addiction professionals might incorporate concepts of positive psychology to the addiction treatment. Ultimately, this study has the potential to (a) stimulate additional research in the areas of positive psychology, (b) stimulate research related to positive interventions in substance abuse treatment, and (c) assist DUI treatment providers in adopting a positive approach to treatment that focuses on human potential and moving away from the more traditional disease model of addictions.

Conclusion

This phenomenological study addressed a gap in the literature with regard to the understanding of how DUI programs affect the positive aspects of persons arrested for DUI including making sense of consequences, positive change, and resiliency.

Understanding the associated often painful reasons that led to drinking and driving as well as adaptation to adversity following an arrest, and deriving meaning from the experience was essential to this study. The emerging themes were related to the lived experiences of DUI offenders. The participants all indicated that DUI experience and its social and legal consequences forced them to change some aspects of their lifestyles. The themes of *rationalization of DUI arrest, harsh consequences, learning experiences, positive program qualities, and moving forward with life* were consistent with positive psychological adjustment following adversity (Hefferon & Boniwell, 2011). This includes appreciation of life and alternated sense of priorities; warmer, more connected relationships with others; a greater sense of personal strength; recognition of new possibilities or paths for one's life.

Participants reported that DUI and participation in court mandated program contributed to their increased awareness about themselves. Many described themselves as a "better person" now that they have undergone this wakeup call. They reported becoming stronger, more aware, open, mature, more confident, and humble. Increased awareness allowed to reflect on deeper issues such as spirituality, the meaning of, and purpose in life and motivated to make changes to their priorities, from how and with whom they decide to spend their leisure time to the importance of nature, family values, health, and education. Last theme, *moving forward with life,* covers the desire to bounce back from this negative, humiliating experience and turn their lives around into positive change, for example, re-enroll in schooling, obtain a degree or new skills, initiate therapy

to learn more about themselves and deal with early trauma, participate in support groups to help others.

References

Agee, J. (2009). Developing qualitative research questions: a reflective process. *International Journal of Qualitative Studies in Education*, *22*(4), 431-447.

Akhtar M, & Boniwell I. (2010). Applying positive psychology to alcohol-misusing adolescents: A group intervention Groupwork: An Interdisciplinary. *Journal for Working with Groups, 20*(3), 6–31.

Al-Krenawi, A., Elbedour, S., Parsons, J. E., Onwuegbuzie, A. J., Bart, W. M., & Ferguson, A. (2011). Trauma and war: Positive psychology/strengths approach. *Arab Journal of Psychiatry, 22*, 103–112.

Alonso, F., Pastor, J. C., Montoro, L., & Esteban, C. (2015). Driving under the influence of alcohol: Frequency, reasons, perceived risk and punishment. *Substance Abuse Treatment, Prevention, And Policy*, *10*doi:10.1186/s13011-015-0007-4

Beadnell, B., Nason, M., Stafford, P. A., Rosengren, D. B., & Daugherty, R. (2012). Short-term outcomes of a motivation-enhancing approach to DUI intervention. *Accident Analysis & Prevention*, *45*, 792-801.

Bertisch, H., Rath, J., Long, C., Ashman, T., & Rashid, T. (2014). Positive psychology in rehabilitation medicine: A brief report. *Neurorehabilitation*, *34*(3), 573-585.

Bolier, L., Haverman, M., Westerhof, G. J., Riper, H., Smit, F., & Bohlmeijer, E. (2013). Positive psychology interventions: A meta-analysis of randomized controlled studies. *BMC Public Health, 13*, 119. doi:http://dx.doi.org.ezp.waldenulibrary.org/10.1186/1471-2458-13-119

Brown, T. G., Dongier, M., Ouimet, M. C., Tremblay, J., Chanut, F., Legault, L., ... & Kwong, N. M. (2010). Brief motivational interviewing for DWI recidivists who abuse alcohol and are not participating in DWI intervention: a randomized controlled trial. *Alcoholism: Clinical and Experimental Research*, *34*(2), 292-301.

Carlson, R. G., Sexton, R., Hammar, L., & Reese, T. H. (2011). Driving themselves to drink: Qualitative perspectives from 'hardcore' DUI repeat offenders in Ohio. *Journal of Ethnicity in Substance Abuse*, *10*(4), 363-379. doi:10.1080/15332640.2011.623550

Cavaiola, A. A., Strohmetz, D. B., & Abreo, S. D. (2007). Characteristics of DUI recidivists: A 12-year follow-up study of first time DUI offenders. *Addictive behaviors*, *32*(4), 855-861.

Chang, D. F. (2014). Increasing the trustworthiness of qualitative research with member checking. *Increasing the Trustworthiness of Qualitative Research with Member Checking*, doi:10.1037/e530492014-001

Chodrow, B., & Hora, P. F. (2011). DWI/DUI interventions. In C. Leukefeld, T. P. Gullotta, J.

Gregrich, C. Leukefeld, T. P. Gullotta, J. Gregrich (Eds.) *Handbook of evidence-based substance abuse treatment in criminal justice settings* (pp. 103-122). New York, NY, US: Springer Science + Business Media. doi:10.1007/978-1-4419-9470-7

Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage Publications, Inc.

Csikszentmihalyi M. (1991). *Flow: the psychology of optimal experience*. New York: Harper Perennial.

Curran, M. F., Fuertes, J. N., Alfonso, V. C., & Hennessy, J. J. (2010). The association of sensation seeking and impulsivity to driving while under the influence of alcohol. *Journal of Addictions &Offender Counseling, 30*(2), 84-98. Retrieved from http://search.proquest.com/docview/194445448?accountid=14872

DeYoung, D. J. (2000). An evaluation of the general deterrent effect of vehicle impoundment on suspended and revoked drivers in California. *Journal of Safety Research*, *31*(2), 51-59. doi:10.1016/S0022-4375(00)00024-4

Dickson, M. F., Wasarhaley, N. E., & Webster, J. M. (2013). A comparison of first-time and repeat rural DUI offenders. *Journal of Offender Rehabilitation*, *52*(6), 421-437. doi:10.1080/10509674.2013.813616

Dill, P. L., & Wells-Parker, E. (2006). Court-mandated treatment for convicted drinking drivers. *Alcohol Research & Health*, *29*(1), 41-48.

DiStefano, G., & Hohman, M. (2010). Selecting strategic counseling interventions for DUI clients. *Journal of Social Work Practice in the Addictions, (10), 180-196.* doi:10.1080/15332561003738083

Donovan, D. M., Kadden, R. M., DiClemente, C.C., Carroll, K. M., Longabaugh, R., Zweben, A., et al. (1994). Issues in the selection and development of therapies in alcoholism treatment matching research. Journal of Studies on Alcohol Supplement,12, 138–148.

D'raven, L. L., & Pasha-Zaidi, N. (2014). Positive psychology interventions: A review for counselling practitioners. *Canadian Journal of Counselling and Psychotherapy*, *48*(4), 383-408.

Drvaric, L., Gerritsen, C., Rashid, T., Bagby, R. M., & Mizrahi, R. (2015). High stress, low resilience in people at clinical high risk for psychosis: Should we consider a strengths-based approach? *Canadian Psychology/Psychologie Canadienne*, *56*(3), 332-347. doi:10.1037/cap0000035

Duckworth, A.L., Peterson, C., Matthews, M.D., & Kelly, D.R. (2007). Grit: Perseverance and passion for long-term goals. *Journal of Personality and Social Psychology*, *92(*6), p. 1087.

Duckworth, A., Steen, T. A., & Seligman, M. E. (2005). Positive psychology in clinical practice. *Annual Review of Clinical Psychology*, *1*, 629-651.

Duckworth, A., Steen, T. A., & Seligman, M. E. (2005) Positive psychology in clinical practice. *Annual Review of Clinical Psychology*,1629-651.

Durna, T. (2005). *MADD, drunk driving, and deterrence: The impact of state laws on individual attitudes and behavior* (Order No. 3203451). Available from ProQuest Dissertations & Theses Global. (304996263). Retrieved from http://search.proquest.com.ezp.waldenulibrary.org/docview/304996263?accountid=14872

Ellard-Gray, A., Jeffrey, N. K., Choubak, M., & Crann, S. E. (2015). Finding the Hidden Participant: Solutions for Recruiting Hidden, Hard-to-Reach, and Vulnerable

Populations. *International Journal of Qualitative Methods*, *14*(5), 1-10. doi:10.1177/1609406915621420

Enos, G. A. (2006). Flexibility matters for DUI population. *Addiction Professional, 4*(4), 38-39.Retrieved from: http://search.proquest.com.ezp.waldenulibrary.org/docview/197303167?accountid=14872

Enright, R. D., & Fitzgibbons, R. P. (2015). *Forgiveness therapy: An empirical guide for resolving anger and restoring hope*. Washington, DC, US: American Psychological Association. doi:10.1037/14526-000

Evans, J. (2011). Positive psychology and brain injury rehabilitation. *Brain Impairment, 12*, 117–127. doi:10.1375/brim.12.2.11710.1375/brim.12.2.117

Fell, J. C., Fisher, D. A., Voas, R. B., Blackman, K., & Tippetts, A. S. (2009). The impact of underage drinking laws on alcohol-related fatal crashes of young drivers. *Alcoholism: Clinical and Experimental Research*, *33*(7), 1208-1219. doi:10.1111/j.1530-0277. 2009.00945.x

Finlay, L. (2014). Engaging phenomenological analysis. *Qualitative Research in Psychology*, *11*(2), 121-141. doi:10.1080/14780887.2013.807899

Fry, M. (2008). Understanding young adult drink-driving behavior: A value benefit perspective. *International Journal of Nonprofit and Voluntary Sector Marketing*, *13*(3), 227-235. doi:10.1002/nvsm.325

Fulkerson, J. A. (2003). Blow and go: The Breath-Analyzed Ignition Interlock Device as a technological response to DWI. *The American Journal of Drug and Alcohol Abuse*, *29*(1), 219-235. doi:10.1081/ADA-120018848

Galanter, M. (2007). Spirituality and recovery in 12-step programs: An empirical model. *Journal of Substance Abuse Treat*, *33*, 265–272. doi:S0740-5472(07)00186-9[pii]10.1016/j.jsat.2007.04.016

Gander, F., Proyer, R. T., Ruch, W., & Wyss, T. (2013). Strength-based positive interventions: Further evidence for their potential in enhancing well-being and alleviating depression. *Journal of Happiness Studies*, *14*(4), 1241-1259.

Gibbs, J. P. (1986). Deterrence Theory and Research Jack P. Gibbs. *The law as a behavioral instrument*, *33*, 87.

Governors Highway Safety Association (GHSA). Drunk driving laws. Washington (DC), 2016. Retrieved on August 12, 2016: http://www.ghsa.org/html/stateinfo/laws/impaired_laws.html

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, *18*(1), 59-82.

Harris, A. H. S., Luskin, F., Norman, S. B., Standard, S., Bruning, J., Evans, S., Thoresen, C. E. (2006). Effects of a group forgiveness intervention on forgiveness, perceived stress, and trait-anger. *Journal of Clinical Psychology, 62*, 715–733. doi:10.1002/jclp.2026410.1002/(ISSN)1097-4679

Hefferon, K., Boniwell, I. (2011). Positive Psychology: Theory, Research And Applications, McGraw-Hill Education.

Hennink, M. M., Kaiser, B. N., & Marconi, V. C. (2017). Code saturation versus meaning saturation: How many interviews are enough? *Qualitative Health Research*, *27*(4), 591-608. doi:10.1177/1049732316665344

Hoxmark, E., Wynn, T. N., & Wynn, R. (2011). Loss of activities and its effect on the well-being of substance abusers. Scandinavian Journal of Occupational Therapy, 19 –78.

Huerta, M. and F. Borgonovi (2010), "Education, Alcohol Use and Abuse Among Young Adults in Britain", OECD Education Working Papers, No. 50, OECD Publishing. http://dx.doi.org/10.1787/5kmbqvsh57g0-en

Grant, A. M., & Palmer, S. (2015). Integrating positive psychology and coaching psychology into counselling psychology. *Counselling Psychology Review*, *30*(3), 22-25.

Gilman, R., Schumm, J. A., & Chard, K. M. (2012). Hope as a change mechanism in the treatment of posttraumatic stress disorder. *Psychological Trauma: Theory, Research, Practice, and Policy, 4*, 270–277. doi:10.1037/a002425210.1037/a0024252

Janesick, V. J (1998). *" Stretching" exercises for qualitative researchers*. Thousand Oaks, CA: Sage.

Johnson S. L., Murray G., Fredrickson B., Youngstrom E. A., Hinshaw S., Bass J. M., . . . Salloum I. (2012). Creativity and bipolar disorder: Touched by fire or burning with questions? Clinical Psychology Review, 32, 1–12. doi: 10.1016/j.cpr.2011.10.001

Johnson, S. L., Moezpoor, M., Murray, G., Hole, R., Barnes, S. J., & Michalak, E. E. (2016). Creativity and bipolar disorder: Igniting a dialogue. *Qualitative Health Research*, *26*(1), 32-40. doi:10.1177/1049732315578403

Johnson, D. P., Penn, D. L., Fredrickson, B. L., Meyer, P. S., Kring, A. M., & Brantley, M. (2009). Loving-kindness meditation to enhance recovery from negative symptoms of schizophrenia. *Journal of clinical psychology, 65*, 499–509. doi:10.1002/jclp.2059110.1002/jclp. v65:5

Kaiser, K. (2009). Protecting Respondent Confidentiality in Qualitative Research. *Qualitative Health Research*, *19*(11), 1632-1641.

Kasar, M., Gleichgerrcht, E., Keskinkilic, C., Tabo, A., & Manes, F. F. (2010). Decision-making in people who relapsed to driving under the influence of alcohol. *Alcoholism: Clinical and Experimental Research*, *34*(12), 2162-2168. doi:10.1111/j.1530-0277.2010.01313.

Kashdan, T. B., Julian, T., Merritt, K., & Uswatte, G. (2006). Social anxiety and posttraumatic stress in combat veterans: Relations to well-being and character strengths. *Behaviour Research and Therapy, 44*, 561–583.10.1016/j.brat.2005.03.010

Kashdan, T. B., & Breen, W. E. (2008). Social anxiety and positive emotions: A prospective examination of a self-regulatory model with tendencies to suppress or express emotions as a moderating variable. *Behavior Therapy*, *39*(1), 1-12. doi: 10.1016/j.beth.2007.02.003

Kerr, C., Nixon, A., & Wild, D. (2010). Assessing and demonstrating data saturation in qualitative inquiry supporting patient-reported outcomes research. *Expert review of pharmacoeconomics & outcomes research*, *10*(3), 269-281.

Klimkiewicz, A., Jakubczyk, A., Wnorowska, A., Klimkiewicz, J., Bohnert, A., Ilgen, M. A., & ... Wojnar, M. (2014). Violent behavior and driving under the influence of alcohol: Prevalence and association with impulsivity among individuals in treatment for alcohol dependence in Poland. *European Addiction Research*, *20*(3), 151-158. doi:10.1159/000356192

Krentzman, A. R. (2013). Review of the application of positive psychology to substance use, addiction, and recovery research. *Psychology of Addictive Behaviors*, *27*(1), 151-165. doi:10.1037/a0029897

Krentzman, A. R., & Barker, S. L. (2016). Counselors' perspectives of positive psychology for the treatment of addiction: A mixed methods pilot study. *Alcoholism Treatment Quarterly*, *34*(4), 370-385. doi:10.1080/07347324.2016.1217705

Kumari, N. (2011). Personal therapy as a mandatory requirement for counselling psychologists in training: A qualitative study of the impact of therapy on trainees' personal and professional development. *Counselling Psychology Quarterly*, *24*(3), 211-232.

Kwok, S. L., Gu, M., & Kit, K. K. (2016). Positive psychology intervention to alleviate child depression and increase life satisfaction: A randomized clinical trial.

Research on Social Work Practice, *26*(4), 350-361. doi:10.1177/1049731516629799

Lambert, L., Passmore, H., & Holder, M. D. (2015). Foundational frameworks of positive psychology: Mapping well-being orientations. *Canadian Psychology/Psychologie Canadienne*, *56*(3), 311-321. doi:10.1037/cap0000033

Lapham, S. C., Smith, E., C'de Baca, J., Chang, I., Skipper, B. J., Baum, G., & Hunt, W. C. (2001). Prevalence of psychiatric disorders among persons convicted of driving while impaired. *Archives of General Psychiatry*, *58*(10), 943-949.

Lapham, S. C., C'de Baca, J., McMillan, G. P., & Lapidus, J. (2006). Psychiatric Disorders in a Sample of Repeat Impaired-Driving Offenders. *Journal of Studies on Alcohol*, *67*(5), 707-713. doi:10.15288/jsa.2006.67.707

Larkin, M. (2015). Phenomenological psychology. *Qualitative Research in Clinical and Health Psychology*, 155-174.

Larkin, M., & Thompson, A. (2012). Interpretative phenomenological analysis. *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners*, 99-116.

Layous, K., Chancellor, J., Lyubomirsky, S., Wang, L., & Doraiswamy, P. M. (2011). Delivering happiness: Translating positive psychology intervention research for treating major and minor depressive disorders. *The Journal of Alternative and Complementary Medicine*, *17*(8), 675-683. doi:10.1089/acm.2011.0139

Ley, J. D. (2015). *Positive psychology and treatment for Substance Use Disorders in a residential facility in Nicaragua* (Doctoral dissertation, MISSISSIPPI COLLEGE).

Lincoln, Y. S., & Guba, E.G. (1985). Naturalistic inquiry. Beverly Hills, CA: Sage.

Logan, D. E., Kilmer, J. R., & Marlatt, G. A. (2010). The Virtuous Drinker: Character Virtues as Correlates and Moderators of College Student Drinking and Consequences. *Journal of American College Health: Journal of American College Health*, *58*(4), 317–324. http://doi.org/10.1080/07448480903380326

Lyubomirsky, S., Chancellor, J., & Layous, K. (2014). Positive activities as protective factors against mental health conditions. *Journal of Abnormal Psychology*, (1), 3. Retrieved from https://ezp.waldenulibrary.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=edsgea&AN=edsgcl.370123777&site=eds-live&scope=site

Luthar, S. S., & Cicchetti, D. (2000). The Construct of Resilience: A Critical Evaluation and Guidelines for Future Work. *Child Development*, *71*(3), 543.

Massimini, F., Csikszentmihalyi, M., & Carli, M. (1987). The Monitoring of Optimal Experience. A Tool for Psychiatric Rehabilitation. *Journal of Nervous and Mental Disease*, *175*(9), 545-549.

Maxwell, J. A. (2012). *Qualitative research design: An interactive approach* (Vol. 41). London, U.K. Sage publications.

McCarthy, D. M., Niculete, M. E., Treloar, H. R., Morris, D. H., & Bartholow, B. D. (2012), Acute alcohol effects on impulsivity: Associations with drinking and

driving behavior. Addiction, 107: 2109–2114. doi:10.1111/j.1360-0443. 2012.03974.x

McCoy, K. K. (2008). *Flow and spiritual transcendence: The conditions of positive experience and usefulness for therapeutic outcome in substance abuse recovery* (Order No. 3326614). Available from ProQuest Dissertations & Theses Global. (304443691). Retrieved from http://search.proquest.com/docview/304443691?accountid=14872

McCutcheon, V. V., Heath, A. C., Edenberg, H. J., Grucza, R. A., Hesselbrock, V. M., Kramer, J. R., & ... Bucholz, K. K. (2009). Alcohol criteria endorsement and psychiatric and drug use disorders among DUI offenders: Greater severity among women and multiple offenders. *Addictive Behaviors*, *34,* 432-439. doi:10.1016/j. addbeh.2008.12.003

McMillan, G. P., Timken, D. S., Lapidus, J., C'de Baca, J., Lapham, S. C., & McNeal, M. (2008). Underdiagnosis of comorbid mental illness in repeat DUI offenders mandated to treatment. *Journal of substance abuse treatment*, *34*(3), 320-325.

Meyer, P. S., Johnson, D. P., Parks, A., Iwanski, C., & Penn, D. L. (2012). Positive living: A pilot study of group positive psychotherapy for people with schizophrenia. *Journal of Positive Psychology*, *7*(3), 239-248. doi:10.1080/17439760.2012.677467

Miles, M. B., Huberman, A. M., & Saldana, J. (2013). *Qualitative data analysis*. Sage.

Miller, P., Curtis, A., Sonderlund, A., Day, A., & Droste, N. (2015). Effectiveness of interventions for convicted DUI offenders in reducing recidivism: a systematic

review of the peer-reviewed scientific literature. *American Journal of Drug and Alcohol Abuse*, *41*(1), 16-29.

Mojs, E., Stanisławska-Kubiak, M., Skommer, M., & Wójciak, R. (2009). Palenie papierosów z perspektywy psychologii pozytywnej. [Smoking from the perspective of positive psychology]. *Przeglad Lekarski*, *66*, 765–767.

Moneta, G. B. (2004). The flow experience across cultures. *Journal of Happiness Studies*, *5*(2),115-121. doi:10.1023/B: JOHS.0000035913.65762.b5

Moore, K. A., Harrison, M., Young, M. S., & Ochshorn, E. (2008). A cognitive therapy treatment program for repeat DUI offenders. *Journal of Criminal Justice*, *36*(6), 539-545. doi:10.1016/j.jcrimjus.2008.09.004

Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, *52*(2), 250-260. doi:10.1037/0022-0167.52.2.250

Murray, G., & Johnson, S. L. (2010). The clinical significance of creativity in bipolar disorder. *Clinical psychology review, 30*, 721–732. doi:10.1016/j.cpr.2010.05.00610.1016/j.cpr.2010.05.006

Namageyo-Funa, A., Rimando, M., Brace, A. M., Christiana, R. W., Fowles, T. L., Davis, T. L.,Martinez, L. M., & Sealy, D. (2014). Recruitment in Qualitative Public Health Research: Lessons Learned During Dissertation Sample Recruitment. e Qualitative Report, 19(4), 1-17. Retrieved from http://nsuworks.nova.edu/tqr/vol19/iss4/3

National Highway Traffic Safety Administration (NHTSA). Traffic Safety Facts 2011: Alcohol-impaired driving. Washington (DC): NHTSA; 2011. Retrieved on December, 2, 2013: http://www-nrd.nhtsa.dot.gov/Pubs/811700.pdf

National Highway Traffic Safety Administration (NHTSA). Zero-Tolerance Laws to Reduce Alcohol-Impaired Driving by Youth. Washington (DC): NHTSA, 1996. Retrieved on December, 15, 2016: https://ntl.bts.gov/data/letter_am/fs_zero.pdf

National Conferences of State Legislatures (NCSL). State Ignition Interlock Laws, Washington (DC): NCSL; 2017. Retrieved on March 12, 2017: http://www.ncsl.org/research/transportation/state-ignition-interlock-laws.aspx

Nelson, S. E., & Tao, D. (2012). Driving under the influence: Epidemiology, etiology, prevention, policy, and treatment. In H. Shaffer, D. A. LaPlante, S. E. Nelson (Eds.), *APA addiction syndrome handbook, Vol. 2: Recovery, prevention, and other issues* (pp. 365-407). Washington, DC, US: American Psychological Association. doi:10.1037/13750-015.

Niemiec, R. M., Rashid, T., & Spinella, M. (2012). Strong mindfulness: Integrating mindfulness and character strengths. *Journal of Mental Health Counseling, 34*, 240–253

Nochajski, T. H., & Stasiewicz, P.R. (2006). Relapse to driving under the influence (DUI): A review. *Clinical Psychology Review,*26(2), 179-195. doi:10.1016/j.cpr.2005.11.006

Oksanen, T., Kouvonen, A., Vahtera, J., Virtanen, M., & Kivimäki, M. (2010). Prospective study of workplace social capital and depression: Are vertical and

horizontal components equally important? *Journal of epidemiology and community health, 64*(684–689), 2008. doi:10.1136/jech.086074

Onwuegbuzie, A. J., & Leech, N. L. (2007). Validity and qualitative research: An oxymoron?*Quality & Quantity: International Journal of Methodology*, *41*(2), 233-249. doi:10.1007/s11135-006-9000-3

Oreŝković, A., Bodor, D., Mimica, N., Milovac, Ž., & Glavina, T. (2013). Coerced addiction treatment: How, when and whom? *Alcoholism: Journal on Alcoholism and Related Addictions*, 49(2), 107-114.

Oxley, L. (2016). An examination of Interpretative Phenomenological Analysis (IPA). *Educational and Child Psychology*, *33*(3), 55-62.

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*, *42*(5), 533-544.

Park, N., & Peterson, C. (2007). Methodological issues in Positive Psychology and the assessment of character strengths. In A. D. Ong & M. H. M. Van Dulmen (Eds.), *Oxford handbook of methods in Positive Psychology* (pp. 292-305). New York: Oxford University Press.

Park, N. (2012). Adversity, resilience, and thriving: A positive psychology perspective on research and practices. In R. A. McMackin, E. Newman, J. M. Fogler, & T. M. Keane (Eds.), *Trauma therapy in context: The science and craft of evidence-based*

practice. (pp. 121–140). Washington, DC: American Psychological Association. https://doi-org.ezp.waldenulibrary.org/10.1037/13746-006

Parks, A. C., & Layous, K. (2016). Positive psychological interventions. In J. C. Norcross, G. R. VandenBos, D. K. Freedheim, R. Krishnamurthy, J. C. Norcross, G. R. VandenBos, ... R. Krishnamurthy (Eds.) *APA handbook of clinical psychology: Applications and methods, Vol. 3* (pp. 439-449). Washington, DC, US: American Psychological Association. doi:10.1037/14861-023

Patton, M. Q. (2002). *Qualitative research & evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Peller, A. J., Najavits, L. M., Nelson, S. E., LaBrie, R. A., & Shaffer, H. J. (2010). PTSD among a treatment sample of repeat DUI offenders. *Journal of Traumatic Stress*, *23*(4), 468-473. doi:10.1002/jts.20550

Peterson, C. (2006). *A primer in positive psychology*. Oxford University Press.

Peterson, C., & Seligman, M. E. (2004). *Character strengths and virtues: A handbook and classification*. Oxford University Press.

Peterson, C., & Seligman, M. E. P. (2003). Positive organizational studies: Thirteen lessons from Positive Psychology. In K. S. Cameron, J. E. Dutton, & R. E. Quin (Eds.), *Positive organizational scholarship: Foundations of a new discipline* (pp. 14-27). San Francisco, CA: Berrett-Koehler.

Pietkiewicz, I. & Smith, J.A. (2012). Praktyczny przewodnik interpretacyjnej analizy fenomenologicznej w badaniach jakościowych w psychologii. Czasopismo Psychologiczne, 18(2), 361-369.

Pietrowsky, R. (2012). Effects of positive psychology interventions in depressive patients? A randomized control study. *Psychology, 03*, 1067–1073. doi:10.4236/psych.2012.312158

Powell, C., Christie, M., Bankart, J., Bamber, D., & Unell, I. (2011). Drug treatment outcomes in the criminal justice system: What non-self-report measures of outcome can tell us. *Addiction Research & Theory*, *19*(2), 148-160. doi:10.3109/16066359.2010.530709

Ouimette, P. C., Finney, J. W., & Moos, R. H. (1997). Twelve-step and cognitive-behavioral treatment for substance abuse: A comparison of treatment effectiveness. *Journal of consulting and clinical psychology*, *65*(2), 230.

Rashid, T. (2009). Positive interventions in clinical practice. *Journal of Clinical Psychology*, *65*(5), 461-466. doi:10.1002/jclp.20588

Rathunde, K., & Csikszentmihalyi, M. (1993). Undivided interest and the growth of talent: A longitudinal study of adolescents. *Journal of youth and adolescence*, *22*(4), 385-405.

Salovey, P., Rothman, A. J., Detweiler, J. B., & Steward, W. T. (2000). Emotional States and Physical Health. *The American Psychologist*, (1), 110.

Schrank, B., Bird, V., Tylee, A., Coggins, T., Rashid, T., & Slade, M. (2013). Conceptualizing and measuring the well-being of people with psychosis: Systematic review and narrative synthesis. *Social Science and Medicine, 92*, 9–21. doi:10.1016/j.socscimed.2013.05.01110.1016/j.socscimed.2013.05.011

Schueller, S. M. (2011). *Creating a recommendation framework for positive psychologyexercises: The netflix model of positive psychology* (Order No. 3485623). Available from ProQuest Dissertations & Theses Global. (908438380). Retrieved from: http://search.proquest.com.ezp.waldenulibrary.org/pqdtglobal/docview/908438380/2E5C916ACC854404PQ/5?accountid=14872

Scorsolini-Comin, F., Fontaine, A.M., Germaine V., Koller, S.H., & Santos, M.A., (2013). From authentic happiness to well-being: the flourishing of Positive Psychology. *Psicologia: Reflexão e Crítica*, *26*(4), 663-670. https://dx.doi.org/10.1590/S0102-79722013000400006

Seligman, M. E. P. (2002). Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfillment. New York, NY: Free Press.

Seligman, M. E. (2012). *Flourish: A visionary new understanding of happiness and well-being*. Simon and Schuster.

Seligman, M. E. (2002). Positive psychology, positive prevention, and positive therapy. *Handbook of positive psychology*, *2*, 3-12.

Seligman, M. E. P. (2002). *Authentic happiness: Using the new Positive Psychology to realize your potential for lasting fulfillment*. London: Nicholas Brealey.

Shaffer, H. J. (1991). Toward an epistemology of 'addictive disease.'. *Behavioral Sciences & The Law*, *9*(3), 269-286. doi:10.1002/bsl.2370090305

Shaffer, H. J., Nelson, S. E., LaPlante, D. A., LaBrie, R. A., Albanese, M., & Caro, G. (2007).The epidemiology of psychiatric disorders among repeat DUI offenders

accepting a treatment-sentencing option. *Journal of consulting and clinical psychology*, *75*(5), 795.

Sheldon, K. M., & King, L. (2001). Why positive psychology is necessary. *American psychologist*, *56*(3), 216.

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for information*, *22*(2), 63-75.

Sigona, N., & Williams, K. G. (2015). Driving under the influence, public policy, and pharmacy practice. *Journal of Pharmacy Practice*, *28*(1), 119-123. doi:10.1177/0897190014549839

Sin, N. L., & Lyubomirsky, S. (2009). Enhancing well-being and alleviating depressive symptoms with positive psychology interventions: a practice-friendly meta-analysis. *J. Clinical Psychology,* 65, 467–487. doi: 10.1002/jclp.20593

Smith, J. A. (2015). *Qualitative psychology: A practical guide to research methods*. Sage.

Smith, J. A. (2017). Interpretative phenomenological analysis: Getting at lived experience. *The Journal of Positive Psychology*, *12*(3), 303-304. doi:10.1080/17439760.2016.1262622

Smith, J.A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method, research*. London: Sage.

Sparks, C. (2014). Drugged Driving: Examining the use of prescription medication among DUI offenders. In *142nd APHA Annual Meeting and Exposition (November 15-November 19, 2014)*. APHA.

Steger, M. F., & Shin, J. Y. (2010). The relevance of the meaning in life questionnaire to therapeutic practice: A look at the initial evidence. *International Forum for Logotherapy, 33*, 95–104.)

Tesch, F. E. (1977). Debriefing research participants: Though this be method there is madness to it. *Journal of Personality and Social Psychology*, *35*(4), 217-224. doi:10.1037/0022-3514.35.4.217

Thompson, G. (2012). A meaning-centered therapy for addictions. *International Journal Of Mental Health and Addiction*, *10*(3), 428-440. doi:10.1007/s11469-011-9367-9

Urbanoski, K. A. (2010). Coerced addiction treatment: Client perspectives and the implications of their neglect. *Harm Reduction Journal*, *7*(1), 1.

Vaillant, G. E. (1995). *The wisdom of the ego*. Harvard University Press.

Van Dyke, N., & Fillmore, M. T. (2014). Alcohol effects on simulated driving performance and self-perceptions of impairment in DUI offenders. *Experimental and Clinical Psychopharmacology*, *22*(6), 484-493. doi:10.1037/a0038126

Van Gundy, K., & Duncan, C. M. (2006). Alcohol abuse plagues rural America. *New Hampshire Business Review*, *28*(19), 25.

Van Manen, M. (1990). *Researching lived experience*: *Human science for an action sensitive pedagogy.* London, Ontario, Canada: The University of Western Ontario.

Voas, R. B., Tippetts, A. S., & Fell, J. C. (2000). The relationship of alcohol safety laws to drinking drivers in fatal crashes. Accident Analysis and Prevention, 32 (4), 483–492.

Voas, R. B., Tippetts, A. S., & Fell, J. (2003). Assessing the effectiveness of minimum legal drinking age and zero tolerance laws in the United States. Accident Analysis and Prevention, 35(4), 579–587. doi:10.1016/S0001-4575(02)00038-6

Wagenaar, A. C., & Maldonado-Molina, M. M. (2007). Effects of Drivers' License Suspension Policies on Alcohol-Related Crash Involvement: Long-Term Follow-Up in Forty-Six States. *Alcoholism: Clinical and Experimental Research*, *31*(8), 1399-1406.

Webb, J. R., Hirsch, J. K., & Toussaint, L. (2015). Forgiveness as a positive psychotherapy for addiction and suicide: Theory, research, and practice. *Spirituality in Clinical Practice*, *2*(1), 48-60. doi:10.1037/scp0000054

Wood, A. M., Maltby, J., Gillett, R., Linley, P. A., & Joseph, S. (2008). The role of gratitude in the development of social support, stress, and depression: Two longitudinal studies. *Journal of Research in Personality, 42*, 854–871.10.1016/j.jrp.2007.11.003

Appendix A: Interview Questions and Prompts

I Semi-Structured Interview Questions

Prompts:

1. Can you tell me about the situation that led you to the DUI arrest?
2. How do you describe your role in the arrest?
3. What was going on in your mind then? (thoughts/ associations/ fantasies).
4. Why do you think it happened at that time your life?
5. How do you perceive the program you are in now?
6. Please tell me what motivates you to stay in this program?

Prompts:

1. Can you tell me about your experiences at this time?
2. What consequences did you suffer as a result of DUI arrest?
3. What do you think could help you feel better about yourself at this time?
4. How you could transform things learned in the program to make positive change?
5. What do you think should be done to help you overcome your problem(s)?
6. How did you think your situation would change if had done nothing about it?

Prompts:

1. Please talk about some challenges you have had with DUI situation.
2. How did you overcome_____?
3. Were there any other challenges?
4. How you are adapting to your situation?
5. What are you planning to do in order to improve your situation?
6. What positives came from attending DUI program?

Appendix B: Demographic Questionnaire

1. **What is your age?**

- 26 to 34 years
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- Age 65 or older

2. **What is your marital status?**

- Single (never married)
- Married
- Separated
- Widowed
- Divorced

3. **What is your gender?**

- Female
- Male

4. **Please specify your ethnicity.**

- White
- Hispanic or Latino
- Black or African American
- Native American or American Indian
- Asian / Pacific Islander
- Other

5. **What is your education level?**

- High school graduate
- Completed some college
- Associate degree
- Bachelor's degree
- Completed some postgraduate
- Master's degree
- Ph.D., law or medical degree

6. **How many hours per week do you USUALLY work at your job?**

- 35 hours a week or more
- Less than 35 hours a week

Appendix C: Field Notes

- Site: NICASA
- Data collector: Kasia P

  Date:

  Start: _____ a.m.

  End: _____ a.m.

- Appearance:

- Verbal behavior and interactions:
- Physical behavior and gestures:
- Other: