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Exploring Stages of Recovery from Crack Cocaine Addiction

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Zeb S. Regan, III

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Walden University
2019

Abstract

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by

Zeb S. Regan, III

MA, University of Phoenix, 2010

BA, North Carolina Agricultural and Technical State University, 1998

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human and Social Services

Walden University

February 2019

Abstract

Crack cocaine users need efficacious treatment options to address triggers and cravings for the drug. The purpose of this qualitative, multiple case study was to explore the recovery narratives of 3 purposefully selected substance abuse counselors who were once addicted to crack cocaine and whether or not these narratives fit within the 5 stages of the transtheoretical model of change (TTM). The TTM was used in this study to explore the stages of change in those with prior addiction regarding the motivational strategies needed to promote change. Data collected in face to face interviews were organized using thematic content analysis and QDA Minor Lite analysis software. Study results showed that the action stage seems the be the most promising focus for change. Each participant once in the action stage moved between action and relapse until action and maintenance became solidified in their mindset. The action stage, therefore led to social change for the individual, their family, and the community in which they lived. Therefore, the process of recover does fit within the stages of the TTM, however, relapse and risk of relapse plays a vital part of not making the stages qualitatively distinct. The results of the study show that various factors create the addiction process and help to recover from it. However, self-actualization and self-determination prove to be the motivating factors of change and recovery. The findings contribute to social change by understanding how the recovery stories fit within the stages of the TTM and how further understanding of the relapse process is necessary to possibly get to a definitive termination stage.

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Dedication

I dedicate my dissertation to the Most High-GOD, for continued strength and guidance through this process. I dedicate this work to the underserved populations and communities as well as the individuals with the moral forte to work against corruption to help them. A special feeling of gratitude to my loving parents, Zeb Jr., and Mavis Regan, my siblings, Michael and Chrystal Regan, as well as my nephew, Matthew, and my sister-in-law, Melvina, for continued love and support. I want to extend my gratitude to my work family at STEPS, Inc., Nicholas Taylor, Evie Rodriguez, Eva Taylor, Kisha Wilson, Tangela Decembre, Itza Milagros, Kedar Destin, Kendra Thompson, Mirlanda Cherilus, Hazel Hastings, Darryl Griffin, Aubrey Lee, Katrina Brown, Rita Moore, the late Victor Rosa, and special thanks to Cheryl Bello for giving me an opportunity to serve my community. I want to thank my work family at the Orange County Jail in Orlando, Florida. A special thanks to Lisa Klier-Graham, Duane Chamberlin, Rosanna Fajardo, Arsha Battles, Norberto Perez, and Jammy Hill, for all your support and understanding of my unorthodox style of counseling. A special thanks to my very good friend, Betsy Vena, for sharing all her wisdom and knowledge with me. To my nephew, Michael Regan, Jr. (MJ), who at just 15 months old, helped me understand the true power of tenacity and that weakness is just an excuse to not put forth effort. I dedicate this dissertation to you, Little Warrior; I will not give up, give in, or give out. R.I.P.

Lastly, I dedicate this dissertation to my wife, Gina (G), for even when I am at my best, I do not deserve her.

Acknowledgements

I wish to thank all the members of the Walden University educational community who were generous with their expertise and time in helping me to achieve this goal. A special thanks to Dr. Barbara Benoliel, my committee chairman, who remained supporting through it all, even when she moved from 2nd committee member to chair during a difficult time. I appreciate the continued encouragement, and most of all patience throughout the entire process. Thank you, Dr. Erick Youn, and Dr. Garth den Heyer, for agreeing to serve on my committee. I also would like to thank the Walden University's Barbara Solomon School of Social Work and Human Services for allowing me to conduct my research and providing any assistance I requested. Finally, I would like to thank the anonymous participants, who courageously told me their stories of pain and redemption to help continue my progression in seeking new ways of helping the community become more enlighten and able adapt to deal with problematic issues that affect the community.

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Chapter 1: Introduction to the Study

Introduction

Approximately 64,000 opioid-related deaths occurred in 2016 in the United States (Salam, 2017). The opioid epidemic has triggered a public health emergency response by many state leaders including the president of the United States, Donald Trump (Salam, 2017). There has been a 540% increase in opioid-related deaths from 2013 to 2016 (Salam, 2017). However, many people recall the crack cocaine epidemic of the 1980s in which a similar emergency crisis was not met with seriousness due to the minority population generally affected, specifically Blacks (Glanton, 2017). Labels such as "crackheads" affected the way individuals were treated, whereas in the current opioid crisis, a disproportionate number of Whites are affected in upper and middles classes, as well as rural areas; more help has been offered to treat this population (Glanton, 2017).

The Anti-Drug Abuse Act established in 1986 proved tougher for individuals facing crack cocaine cases, such as the Rockefeller laws, which marked the beginning of mass incarceration and mandatory minimum sentences, including sentences up to life for crack cocaine possession (Pattillo, 2017). These laws resulted in minorities being incarcerated with lengthier and harsher sentences compared with incarceration among whites (Pattillo, 2017). The imprisonment of Black women in states such as New York increased during the period of the early 1970s to approximately 2007. Windsor, Dunlap, and Armour (2012) wrote that "Women's incarceration rates increased 645% from 1973 to 2007; almost 69% of New York State's prison female population is constituted by women of color, with 47% of them being Black" (p. 343).

Criminal justice and medical communities view substance abuse and addiction in conflicting ways. Medical communities look at addiction as a disease, whereas the criminal justice community believes in incarceration due to crimes often associated with drug use (Windsor et al., 2012, p. 343). However, there are race disparities due to types of drugs used, incarceration lengths, severe negative consequences, loss of trust, problematic health issues, and even death; for some, the urge to use drugs proves to be dominant to recovery. The process of understanding the epidemic of crack cocaine by studying individuals who have recovered from the effects of the drug behaviorally could be the key to promoting additional forms of treatment. Exploring the stages of the transtheoretical model of change (TTM) by comparing the recovery stories of individuals who have survived and maintained sobriety to become agents of change as substance abuse counselors could contribute to future behavioral treatment strategies.

Background

During the early 1900s, cocaine was used for various medical purposes and could be purchased in the form of a soft drink, Coca-Cola (Fryer, Heaton, Levitt, & Murphy, 2013). As Carlin, Nguyen, and DePasquale (2014) explained, "Cocaine, benzoylmethyl ecgonine, is a crystalline tropane alkaloid that comes from the leaves of the Erythroxylum coca plant; a granular crystalline powder, cocaine hydrochloride, that can be smoked, is produced by dissolving the alkaloid in hydrochloride acid" (p. 2). Various uses and modifications of cocaine result in detrimental uses of the drug, perpetuated for illegal profits (Fryer et al., 2013). One of these concoctions is known as "crack," referred as such because of the crackling sound that can be heard when the drug is being heated for consumption and smoked by the user (Center for Substance Abuse Research, 2013).

Crack cocaine has been called the poor person's version of cocaine because the user can purchase the drug at relatively low prices (Fryer et al.,2013). Variations of crack cocaine are linked to the basic processing of cocaine by diluting cocaine in water, using additives such as baking soda, and heating and drying these additives to form a hard substance that can be broken down into pieces and smoked with a pipe (Fryer et al., 2013). The stimulant crack cocaine and cocaine can be inhaled by smoking through a pipe, can be intranasal, or can be an intravenous process by using hypodermic needles, and its use results in a brief but intensely euphoric feeling (Carlin et al., 2014). Similar to other drugs, crack cocaine is highly addictive and devastates not only users but also their family and friends. DiClemente (2015) commented on the broader impact of addiction and recovery:

> Interactions of context and environment and how they can activate or sabotage the individual's personal change processes need additional study. This is particularly relevant for addictive behavior change where social norms and influences are so important in enabling targeted changes in individuals and populations. (p. 1227)

Research toward understanding stages of change in addiction recovery could lead to preventive measures to deal with crack cocaine dependence.

Problem Statement

According to National Institute on Drug Abuse, 2016), there are approximately 1.5 million cocaine users, aged 12 and older in the United States, and the highest rate of users in the group in the age range from 18- to 25-years old (para. 1). The U.S. Food and Drug Administration (FDA) has yet to approve a pharmacological approach to effectively treat cocaine addiction (NIDA, 2016). Thus, behavioral modification (e.g., Narcotics Anonymous and various residential and outpatient treatment therapies) are the accepted

recovery methods for crack cocaine and cocaine addiction (NIDA, 2016). There is not yet

an identified best practice model for behavioral recovery and rehabilitation.

Morales, Pascual, and Carmona (2010) suggested that the TTM developed by

Prochaska, Diclemente, and Norcross (1997) is a possible model for recovery. As a model

of health behavior, the TTM may help identify and describe processes that underlie

behavior change instrumental in recovery. In reviewing literature on the TTM and drug

dependence, I found that more research needs to be conducted on the personal journey of

former substance abusers and their relationship with change pertaining to recovery

DiClemente (2015) noted that including the perspectives of former substance

abusers is important to understand the dynamics of change related to substance abuse

prevention and treatment and that treatment strategies should consist of client processes or

mechanisms to influence change. Therefore, the focus of this study was on exploring

recovery from addiction to crack cocaine by examining the extent to which the recovery

process experienced by the participants aligns with the stages of the TTM.

Purpose

The purpose of this study was to explore the lives of three former crack cocaine

users who are now substance abuse counselors and compare their recovery to the stages of

the TTM model of change. Researchers have used both quantitative and qualitative

approaches to categorize substance users relative to their awareness of a substance abuse

problem and willingness to change (Harrell, Trenz, Scherer, Martins, & Latimer, 2013).

Further research is warranted to provide a qualitative exploration of the TTM pertaining to

those who were formerly addicted to crack cocaine who have overcome addiction and

incarceration and now have jobs as substance abuse counselors. Behavioral changes in

recovery associated with the stages of the TTM that occur in persons addicted to illicit drugs, such crack cocaine, have not been adequately studied.

The process of recovery from addiction is important to behavioral change and future sobriety. I used the TTM to qualitatively compare each stage of change as told in the narrative of former individuals who have been addiction free for 10 years or more and who are now substance abuse counselors. I chose counselors due to their sobriety maintenance, by demonstrating a desire to work in an environment where they are subject to random drug testing. These individuals were working in human services and may have felt that they can help others navigate through the disease of addiction. A goal of this study was to compare behavioral changes needed in recovery to the five stages of the change model listed as precontemplation, contemplation, preparation, action, and maintenance (Waters, Holttum, & Perrin, 2014). Behavioral modification and the factors that motivate change is an elusive process for many individuals battling the addiction. Analyzing the narrative of three participants who were former crack cocaine users and were substance abuse counselors could identify individually descriptive recovery processes and possibly formulate a prescriptive process of change.

Research Question

The guiding research question for this study was the following: How well does the process of recovery from crack cocaine addiction fit within the five stages of the TTM? In reporting the stories of three individuals, two men and one woman, all of whom have been at one time addicted to crack cocaine, I listened to the individuals' narrative and looked for similarities in their responses. I wished to relate similarities, such as length of time in recovery, occupation as substances counselors, and past criminal activity due to addiction

to crack cocaine, including first age use and experimentation and align their process of recovery from crack cocaine addiction to each stage of the TTM.

Theoretical Framework

The TTM provided a theoretical framework for a qualitative research focused on exploring the extent to which the process of recovery from crack cocaine addiction fits within the five stages of the TTM. Stages of the TTM consist of precontemplation, contemplation, preparation, action, and maintenance, which are stages of progress in change (Prochaska et al., 1997). TTM also incorporates theories of intentional change, a process by which an individual's emotions, thought process, and behaviors are associated with the theory (Morales et al., 2010). Alignment of the TTM and the qualitative approach (case study) may reveal a process of addiction recovery thorough the five stages of change. The focus of the study was on exploring the theory of the TTM more in-depth with relation to recovery from crack cocaine. A more detailed discussion of TTM is found in Chapter 2.

Nature of the Study

In this exploratory, qualitative, multiple case study, the goal was to review the stories of three counselors selected through purposeful criterion sampling who were once addicted to crack cocaine, but who were drug free and substance abuse counselors. Through their narratives, I explored their experiences to understand how they reached recovery. A case study approach involves examining the life experiences of individuals (Houghton, Dympna, Shaw, & Murphy, 2013), which, in this study, was addiction and a process of change to recovery. I conducted in-depth narrative reviews of the addiction and recovery process. A sample of three participants who had the recovery experience

provided sufficient data to analyze for this kind of analysis. In a case study methodology, the researcher discerns the important information from the mundane to develop a view of the individual's life story (Houghton et al., 2013). In the case study design, the number of cases is not set by the design but by the researcher who considers whether to use a single or multiple case to study (Yin, 2013). In qualitative research, studying a large number of cases is not indicative of what fits into the research agenda for most qualitative researchers due to generalizability; therefore, five or fewer cases could be used in a single study (Yin, 2013). The number of counselors presented should provide an opportunity for an in-depth look into each individual's background to explore themes and compare or contrast them (Yin, 2013).

By using three counselors' narratives, my goal was to determine if at any point they followed the TTM theory without knowing anything about the method or its steps and process. The goal of the study was to explore and compare the theory, not to prove it. Although I work in the field of addiction as a counselor working with incarcerated men, participants for the study were addiction counselors found at other outpatient addiction treatment centers and were individuals that I personally and previously do not know. The data collection process consisted of gathering information through an open-question interviewing format. Also incorporated in gathering information for participants, I used police reports, mugshots, and other public documentation that give information of behaviors of the participants during their addiction and illicit substance use.

Definitions

Addiction counseling: Counseling and guidance used to help individual addicted to any number of harmful dependent behaviors to learn tool to resist, recover, and avoid relapse in behavior.

Addiction severity index (*ASI*): A semi structured interview process used to address problematic areas for individuals experiencing issues with substance abuse (Hkansson & Berglund, 2012). Information can be incorporated to address the individual's medical, employment, social and legal, and mental status amongst other factors to be investigated (Hkansson & Berglund, 2012).

Alcohol and drug consequences questionnaire (ADCQ): Questionnaire developed to understand the motivation for recovery and enhance motivation processes for change.

Alcohol, smoking and substance involvement screening test (*ASSIST*): An inventory test was used to garner information from approximately 1,500 individuals to develop information about the effects that crack cocaine has on quality of life.

Big Book: Alcoholic Anonymous book developed by Bill W. is a guide on how to recover from alcoholism. The book also covers the 12 steps, which has been used as a guide for not only alcohol but a wide array of other drugs such as addiction to heroin marijuana, cocaine, crack, and prescription pills as well as disorders with overeating and, sex and more with spiritual and social understanding.

Comprehensive Developmental Guidance and Counseling program: Developed by researchers Johnson, Nelson, and Henriksen in 2011, the program is a process of counseling students. The program provides a safe and structured format of delivering

guidance and counseling services to children fostering an approach that, which helps the children develop as they learn.

Crack cocaine: A drug concocted by using small amounts of cocaine and other additives has devastated many individuals through dependence virtually due to itsthat has highly addicted euphoric properties and economical availability (Fryer et al., 2013). Crack is created by heating and drying small amounts of cocaine with additives such as baking soda to form a hard substance thatwhich can be broken down into pieces that can be smoked with a pipe or used intravenously (Fryer et al., 2013).

Decisional balance: Refers to the pros and cons process of comparing gains and losses for each choice people make for present and future decisions.

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (*DSM-IV*): The *DSM-IV* is a clinical resource guide used by clinicians, psychologists, and psychiatrists to diagnose individuals with mental health disorders, substance disorders, and other behavioral issues.

Motivational interviewing: A motivative strategy clinically based to promote change within the client (Ukachi, 2013).

Prevention counseling: Counseling and guidance used to prevent individuals from using illicit drugs or other deviant, harmful endeavors.

Safer smoking rooms (SSRs): An intervention to reduce violence for the individual using the illicit drug crack cocaine. The intervention proposes to provide a safer environment so that the user will not be a victim of violence once she succumbs to the effects of the drug (McNeil, Kerr, Lampkin, & Small, 2015).

Self-determination theory: The self-determination theory provides the concept that motivations can be intrinsic, extrinsic, or both and help to motivate individuals to change. The theory offers focuses on the behaviors needed to complete tasks and where intent, motivation, and determination align. These motivated actions are self-determined to the extent that they are endorsed by one's sense of self" (Gagné, & Deci, 2005). The intrinsic or extrinsic motivations are influences based on the individual's behavioral goals.

Social identity model of identity change: A concept incorporated to see the well-being of an individual regarding changing to positive groups versus negative groups within the measures of substance misuse (Dingle, G. A., Stark, C., Cruwys, T., & Best, D., 2015).

Transtheoretical model of change (*TTM*): Prochaska et al. (1997) developed the TTM, which focuses on five stages of change: precontemplation, contemplation, preparation, action, and maintenance.

Assumptions

Three assumptions could be factors in gaining pertinent information for this study. The first assumption was that participants were able to answer sensitive questions honestly. A second assumption was that information for the sample population was sufficient that all have experience similar issues regarding addiction to crack cocaine. Lastly, I assumed that the participants in the study had no motivations in being part of the study, other than to further recovery research to addiction with illicit drugs.

Scope and Delimitations

A focus of the study was on exploring the TTM by using a multiple case study design to work through the stages of the theory to gain details into recovery and sacrifice

from the addiction to crack cocaine. The delimitation of this study is that I only focused on substance abuse counselors, two males and one female, who were afflicted with an addiction to crack cocaine. Participants of the study ranged in age and were chosen from a demographic area of the eastern part of the United States. During the unstructured interview process, topics such as criminal behavior, relationship issues, and sexual activity were open for discussions to gather information. As part of the effort to obtain thick, rich descriptions pertaining to possible change requirement for the individual, an unstructured interviewing format was incorporated to see whether information can be obtained to place events, epiphanies, and critical thought process within the stages of the TTM.

Limitations

Limitations often come into the process of evaluation because oversight and bias can impede the legitimacy of a theory. However, the goal of this study was to explore thick, rich descriptions of addiction dependency and recovery efforts in which sensitive material was evaluated and covered in detail. One of the limitations that may be significant was trustworthiness of sensitive material. Individuals during this period of addiction may have memory recall issues with events, situations, and feelings or experience selective memory during the throes of addiction. The objective of the study was to explore happens during addiction and possible sacrifices needed for recovery. An understanding of maladaptive behaviors during the process was critical to the research process. Each participant needed to be truthful about some of their sickest moments of addiction to give insight into their motivations of change. Questions such as

- What events led to substance abuse?

- What made them tired of their life style of addiction?

- What happened to them that made them to make them say "I must stop now"?

I focused upon these types of questions and prompts during this study. Another limitation was the immeasurability of relapse and termination during the process of recovery. Relapse could be the mitigating factor to providing qualitatively distinct stages because it has not been effectively listed as a stage only as possibilities. In addiction recovery, relapse is often mentioned as a part of recovery; however, it does not mean that every person who reaches recovery has a relapse. Termination could be defined as the moment dependency ceases; however, this is problematic in being listed as a stage because if the individual is living there is a possibility of relapse. It was important for me be objective and not try and force the stories of recovery into the stages but to allow these narratives to either confirm or deny the validity of the TTM.

Significance of the Study

Research pertaining to the TTM's stages that underlie behavior change as recounted in the recovery stories of the study participants may help inform treatment strategies that involve the process of change. A process of gathering and identifying information from an individual who has gone through sustainable change toward recovery could provide a more in-depth view of his or her progress at every stage of change. This qualitative study was designed to explore the lives of three former crack cocaine users who were substance abuse counselors and compare their recovery to the stages of the TTM model of change. I wished to gain insight into the process each individual experience as associated with the TTM needed to effectively recover from addiction to

crack cocaine and achieve sobriety. The findings presented at the conclusion could also influence substance abuse counseling procedures and the possible introduction of new behavioral methods of dealing with addiction by relating the stages to individualized interventions for those seeking recovery.

Significance to Practice

Information learned in this study could be used to help individuals suffering from crack cocaine to focus on recover efforts by learning from those who have maintained long-time sobriety. A review of the five stages presented as a qualitatively distinctive process could provide a format to understand epiphanies, events, and lessons meant to push the individual to the next stage. The understanding of sacrifice and relapse may be the strongest tool to help combat addiction to crack cocaine.

Significance to Theory

The goal of this study was not to prove that the stages of the TTM work, but to understand the intricacies and space between the stages that are not conforming to a classification. I focused on the life of the substance abuse counselors who were former crack cocaine addicts. In dissecting their lifestyle with relation to crack cocaine use, the goal was to allow the counselors to provide their prospective of change and compare them between the other counselors who had experience and recovered from the same phenomenon. This study provided a prospective from individuals who have sustained sobriety to guide individuals who suffer from the same drug that afflicted them. These counselors may hold the key to sobriety from crack cocaine and related to the TTM process.

Significance to Social Change

The study of recovery addiction is significant to positive social change for a multitude of reasons. An objective of helping individuals understand what is necessary for change from crack cocaine is paramount. In understanding of how some individuals were able to recover from dependence of powerfully stimulant drugs warrants research and further development. Handling this one affliction to dependence could present a behavioral modified process that could cover virtually all drug dependencies. Crack cocaine is a detrimental substance not only to the individual but to the community as well.

Summary and Transition

This study provided a detailed account of histories pertaining to addiction to crack cocaine, crack cocaine origins, and the havoc it has cast on the individual and the community. Studies that focus on the TTM, self-identity, as well as preventive and treatment measures aim to focus on helping individuals and communities that have been devastated by crack cocaine addiction. An exploration of how recovery fits within the stages of the TTM could provide information to assist in many of these processes of support.

The TTM does not ultimately deliver a sound process of how each stage represents recovery from substance misuse (Waters et al., 2014). Recovery narratives lack information as to the five stages of change that are precontemplation, contemplation, preparation, action, and maintenance (Waters et al., 2014). The goal, therefore, was to examine each stage and explore the indistinct areas of addiction and recovery. In Chapter 2, I examine and review previous research literature based on crack cocaine, the history of

addiction, social identity, prevention and treatment protocols, as well as the theory of the

TTM.

Chapter 2: Literature Review

The effects of crack cocaine include criminality, sentencing disparities among certain groups in the United States, health problems, and death among the people who use it (Fryer et al., 2013). A systematic process of recovery from the drug is necessary for individuals to achieve sobriety.

The goal of this study was to see how crack cocaine addiction recovery compares to the five stages of the TTM. The TTM theoretical framework can be used for a qualitative research focused on demonstrating the process of change through the five distinct phases (Korcha et al., 2011). The stages of TTM are precontemplation, contemplation, preparation, action, and the maintenance (Prochaska et al., 1997). TTM also includes intentional change, a process by which an individual's emotions, thought processes, and behaviors can be associated with the theory (Morales et al., 2010). Alignment of the TTM and the stories of individuals who have maintained sobriety may reveal a process of addiction recovery thorough the five stages of change.

Crack cocaine addiction recovery is a process of behavioral change; no pharmacological approaches have been approved by the U.S. Food and Drug Administration to effectively treat issues associated with cocaine addiction (NIDA, 2016). Behavioral modification currently is the only treatment modality for recovery regarding crack cocaine and cocaine addiction (NIDA, 2016). The addition of good behavioral modification techniques may help crack cocaine users who want to stop using, avoid incarceration due to illegal activity, as well as avoid relapse because of triggers and cravings for the drug. The transtheoretical model of change developed by Prochaska and

DiClemente has been presented by various researchers as a possible model for recovery (Morales et al., 2010).

Further research is warranted to examine the application of the TTM and compare it to the stories of individuals formerly addicted to the drug, who have triumphed over addiction and incarceration to become substance abuse counselors. A goal of the study was to explore different counselors' behavioral changes in recovery from addiction and compare these changes to the stages of the TTM, to see if the changes can be determined to be distinctive as related to the precontemplation, contemplation, preparation, action, and maintenance stages.

Drug experimentation and addiction relate to maladaptive behaviors such as behavioral issues, criminality, self-deprecation, as well as mistreatment of family and community that develop over a period, often starting at the adolescent stage (Blomberg, Bales, & Piquero, 2012). Addiction often exacerbates criminality far beyond possession of drugs and often leads to incarceration (Kelch & Hall, 2011). The focus of this study was on recovery from addiction to crack cocaine by exploring whether recovery from crack cocaine compares to the stages of the TTM.

Purpose

The purpose of this study was to explore the lives of three former crack cocaine users who were substance abuse counselors. A goal of the study was to see how well their recovery stories compares to the stages of the TTM model of change: precontemplation, contemplation, preparation, action, and maintenance (Waters et al., 2014). The comparison of the stages of change to recovery may indicate treatment strategies to be

used in addiction. Relapse is also a mitigating that was considered in the comparison of the five stages of change and recovery.

Literature Search Strategy

I performed Walden University library searches with PROQUEST, ERIC, and EBSCO databases regarding *crack cocaine, addiction, treatment,* and the *TTM theory*. I also gathered information from *The International Journal on Drug Policy* and the National Institute on Drug Abuse. The research that I reviewed included the history of substance use and addiction, crack cocaine, preventive and treatment measures, as well as the social identity as related to addictive behavior.

Literature Review

The literature review provided information on addiction, self-identity, treatment, prevention, and recovery. Information provided through the four major literature sections listed below, along with the study participants information regarding recovery, could provide treatment alternatives to dealing with addiction effectively. The issues that substance use, abuse, and addiction places on the social identity of the individual could also provide detailed information to use in prevention treatment. In this study, I focused on comparing the TTM with individuals who had recovered from crack cocaine addiction to become substance abuse counselors by pinpointing major themes, events, and motivational points.

History of Substance Abuse, Addiction, and Crack

Addiction is the process of dependence and, as use becomes abuse, the process of addiction becomes powerful enough to reconstruct thought patterns by affecting dopamine receptors that control reward and pleasure (NIDA, 2017). It is this process of reward and

pleasure at all cost that proves detrimental toward freedom from the drug. Therefore, it is important that investigations into theories such as the TTM be further examined to seek new processes of dealing with addiction.

A historical account of the process of addiction to psychoactive substances can be traced back to before the early 1700s (Croq, 2007). Substance use falls under three categories: religious use, medicinal use, and recreational use (Croq, 2007). The development of substance use demonstrates how a progression substance abuse and addiction can occur and covers many factors including the individual's culture, religious beliefs, learned behaviors, recreational use, and mindset. Progression of substance used is not only addictive but the way the individuals uses it is applicable to the addictive process as well (Croq, 2007). Information on substance addiction was expounded upon in research by applying it to regional historical epidemiology of drug-related harm in urban neighborhoods in the United States (Acker, 2010).

An understanding of epidemics as related to events of destruction and ecological systems that are both affected by change over time relates to how diseases are formed and spread throughout a community (Acker, 2010). Although many neighborhoods are still dealing with addiction, the pharmaceutical industry is still trying to deal with the challenges presented by substance disease. The issues in the community such as poverty, employment issues, and lack of educational resources to deal with past and emerging drug use, are examined.

Bungay, Johnson, Varcoe, and Boyd (2010) detailed how women who used crack cocaine had a significant increase in public health issues and were more secluded from health resources and protective services from street violence. Bungay et al. acknowledged

that victimization due to involvement with crack cocaine and street life were common and almost an everyday event in the life of a woman living on the street using illicit street drugs. Bungay et al. also outlined issues encompassing poverty, gender-related power conflicts, discrimination, and racism. Support for the individuals and interventions to reduce usage are needed to help deal with mitigating factors that lead to drug use. An understanding of mitigating factors such as poverty, discrimination, and so forth are important from many different views.

Courtwright (2012) presented evidence of the beginnings of substance abuse and addiction. Courtwright also discussed the differences between the agendas of historians and scientists regarding insight on the issues of addiction and how to deal with it. Scientists often provide historical data in research to add credibility about the root causes of addiction; historians provide data on addiction that are apologetic in nature, indicating that historians are not scientists but reporters of history (Courtwright, 2012). Both disciplines could provide evidence that could help in the fight against addiction.

Thought processes that many individuals go through while addicted to crack cocaine become maladaptive and dangerous to the not only the individual but to the public (Silva Júnior & Monteiro, 2012). Silva Júnior and Monteiro (2012) found that views of death associated with the usage of the drug manifested in many different views from the participants. A need for crack cocaine affects the self-esteem of the people, making life less appealing. Many individuals relate crack use as death; poverty; an alienation from society, friends, family; and the sacrifice of all things just to smoke crack cocaine (Silva Júnior & Monteiro, 2012).

Cocaine is one of the most widely used illicit street drugs being consumed around the world (Fryer et al., 2013). The development of a byproduct of crack cocaine is important to understand the view of the addict (Silva Júnior & Monteiro, 2012), which encompasses information on how the individual views him or herself. Crack cocaine was concocted by using small amounts of cocaine and other additives; it has devastated many individuals through dependence due to its highly addicted euphoric properties and economical availability (Fryer et al., 2013). Crack was created by heating and drying small amounts of cocaine with additives such as baking soda to form a hard substance that can be broken down into pieces. These pieces can be smoked with a pipe or used intravenously (Fryer et al., 2013). Separation of pure cocaine with additives creates a highly potent and addictive substance that has been responsible for devastating many lives and communities from the early 1980s to the present (Fryer et al., 2013). Criminal behavior, risk of sexually transmitted diseases, and psychosis are all issues associated with dependence to the drug (Fryer et al., 2013). The stimulant substance morphed from medical use and other sanctioned purposes to recreational use, abuse, and addiction to make an alternative drug called crack. Scholars have also examined the effect that crack had on the Black community and other communities regarding sexual issues, criminality, and incarceration rates.

Over 7 million people worldwide use crack cocaine (Fischer et al., 2013). Fryer et al. (2013) regarded the detrimental relationship factors that individuals have with crack cocaine. Silva Júnior and Monteiro (2012) discussed the thought process that many individuals go through when addicted crack. According to the United Nations Office on Drugs and Crime (2012), some traits reported among individuals who use crack cocaine

include socioeconomic factors and criminal activity. In Brazil and Canada, crack use

estimates are built upon local population data collected; however, mitigating issues show

differences in varying regions. In regions of Northern Canada, crack cocaine users use

more than one drug, which constitutes drug use with various stimulants, depressants,

needle use, and other illicit substances (Fischer, B., Cruz, M. S., Bastos, F. I., &

Tyndall, M, 2013). Southern regions of Brazil have significant drug use as well, but

needle use is much lower than in regions of the North (author, year). More interventions

are sought out to deal with the neglected population of crack cocaine users and their

mitigating issues. However, in dealing with mitigating issues, more of the root of the

problem needs to be defined through understanding the root of crack cocaine.

Crack cocaine as a drug has origins of the chemical compounds that come from the

Erythroxylum coca plant (Carlin et al., 2014). Once made, it can be used to place

individuals in an alternate state or high, which can lead to substance abuse and addiction.

The differences between cocaine and crack focuses around its alkaloid free base to

produce another form of the potent drug. It not only causes addiction but many medical

issues such as gastrointestinal disease, intestinal ischemia, and perforation (Carlin et al.,

2014).

Lewy (2014) gave insight on how the use hypodermic needle helped to perpetuate

the addiction epidemic. Lewy detailed the hypodermic needle as what many historians and

politicians consider the root of addiction in in the United States. The needle is used in any

medical office or hospital to inject or detract fluids into the human body. An introduction

of opium- and morphine-based treatments for wounded soldiers during the Civil War gave

way to a more potent type of drug use (Lewy, 2014). Lewy explained that soldiers

experienced associated with medical attention meant to help with war wounds. Addiction as a disease medically, and the destruction it causes the individual mentally, socially, and physically should be further examined (Lewy, 2014). The effect of crack cocaine worldwide needs to be reported. Fryer et al. (2013), Lewey (2014), and Fischer et al. (2015) devised comprehensive reports of crack cocaine use and the global afflictions associated with its use. Carlin et al. (2014) also provided evidence on how powerful crack cocaine has proven to be as a force of epidemic devastation.

Strategies concerning crack addition have drawbacks depending on who uses the drugs (the group of people) and the neighborhoods (poverty level) that are affected. In focusing on the socioeconomic sentencing disparity between powder cocaine and crack arrest and incarceration, Palamar, Davies, Ompad, Cleland, and Weitzman (2015) highlighted factors associated with mistreatment of groups of people. Individuals who use crack are at a higher risk of arrest than powder cocaine users (author, year). Author (year) also gave insight into racial minority differences regarding use of crack and cocaine and showed that Blacks are at higher risk for crack use and Hispanics are at a lower spectrum of use for the drug. However, many socioeconomic factors and variables affect drug use, such as education and higher income (Palamar et al., 2015). Crack cocaine has devastated many communities in the United States. Interventions provide a process to help the crack cocaine addict.

Crack Cocaine and Social Impairments

Canada's crack cocaine efforts in intervention provide a safer environment for the individual using crack cocaine. Safer smoking rooms (SSR) in Vancouver, Canada, are focused on limiting violence and providing a safer environment for people who use the

illicit drug (McNeil et al., 2015). McNeil et al. (2015) concluded that the SSR demonstrated a process of minimizing street drug violence and provided a harm reduction practice for the users of crack cocaine. In Brazil, The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) inventory was used to garner information from roughly 1500 individuals to develop information about the effects crack cocaine has on quality of life (Narvaez et. al., 2015). Information was sought to deal with the country's public health crack cocaine crisis. Narvaez et. al. (2015) demonstrated an effort to promote prevention by shedding light on the devastating social impacts that crack cocaine has had on the public's health, educational goals, and religious affiliation. Individuals associated with the drug can withdraw from activities to focus primarily on trying to obtain more crack cocaine to use. Employment issues with users are significant as well. The family unit becomes entangled in the process of use as a parent or parents battle with the disease of addiction. Negligent and reckless behavior around or with the children are associated with prolonged drug use with caregivers addicted to crack cocaine reporting severe social impairments due to issues with the drug.

Guimarães et al. (2015) examined crack cocaine addiction and sexually transmitted diseases. Guimarães et al. reported the high risk of sexually transmitted diseases with individuals between the ages of 25 through 30 as well as more dangerous issues with those over the age of 30 using crack. Many of those over 30-years-old reported alcohol use in conjunction with using crack cocaine, as well as prostitution and sexual activity/intercourse with individuals affected with HIV/Aids virus (Guimarães et al., 2015). Many individuals reported unhealthy sexual activity, such as a variety of sexual partners, due to drug use or trying to obtain the drug.

Scholars have demonstrated the low levels of social skills among crack cocaine users and the detrimental behavior processes incurred after dependency due to prolonged abuse (Andretta, Limberger, & Schneider, 2016). Andretta et al. (2016) provided insight into the differences of men and women and self-expression while using crack cocaine. Men presented issues with expressing feelings of positivity and confidence while women displayed issues with of negativity, such as making eye to eye contact with strangers as well as keeping up conversations with strangers (Andretta et al., 2016). Andretta et al. provided insight into interventions and strategies needed to help individuals with low level social skills within the crack cocaine population by learning and improving their social skills to deal with their addiction.

As interventions and strategies propose opportunities to develop or enhance social skills among people who use crack cocaine, a focus on how individuals view themselves may also be important to the process of change within the confines of the stages of the TTM. Research into how addiction affects self-identity could provide insight into how the person envisions him or herself while on drugs and the sacrifices he or she has made to continue to use the illicit substances. Literature regarding addiction and self-identity should be explored to see how understanding oneself applies to precontemplation, contemplation, preparation, action, and maintenance stages leading the individual to recovery.

Addiction and Self-Identity

Social identity as it relates to addiction becomes paramount when recovering from addiction as the person needs to know who he or she is and what challenges her or she faces when transitioning in the recovery process (Dingle, G. A., Cruwys, T., & Frings, D.,

2015). It revolves around the individual's identity as it relates as being a part of a bigger construct of different identities or groups (Dingle, Cruwys, et al., 2015). The social identity model of identity change was incorporated to explore the wellbeing of an individual regarding changing to positive groups versus negative groups within the measures of substance misuse. Dingle, Cruwys, et al. (2015) emphasized that many times, substance misuse often starts as a group activity but often treatment is rooted in an individualistic format. A process of the social identity approach as it relates to an individual's personal health focuses on how people define themselves (Dingle, Cruwys, et al., 2015). This can relate to any group that provides people with a sense of relating to like-minded individuals (Dingle, Cruwys, et al., 2015).

Within this frame of social identity and connectedness for health and wellbeing, there is also an alternative side that encourages behavior that is unhealthy like misuse of illicit drugs. Because substance misuse and the social identity is not being focused upon relating to the social factors involved with it, a search for more pertinent information is warranted. Illicit drug use is detrimental, social issues and theoretical treatment approaches tend to focus on the individual models developed for substance use recovery; therefore, the field is deficient in substance therapeutic theoretical applications based on the social aspects regarding a transition from use to recovery (Dingle, Cruwys, et al., 2015). I stopped reviewing here due to time constraints.

A concept of the social identity and addiction as it relates to an individual working toward recovery, was not new, Hkansson and Berglund (2012) detailed the close relationship between substance abusers and criminality and the implications for recidivism. The use the Addiction Severity Index (ASI) to assess client's social well-being

and the modes of recidivism with addiction was used to gather variables that lead to

substance use (Hkansson & Berglund, 2012). A goal of the ASI is precuring information

by identifying markers that associate mental health factors, substance abuse, and other

factors that can lead to criminality and recidivism (Hkansson & Berglund, 2012). A focus

on criminality, recidivism, and the concept of self, notes the power of addiction and how

the drug confuses and effects the normal character of an individual is important in

defining potential markers in recovery. Thus, understanding which drugs are closely

associated with criminality would be helpful in the development of preventive counseling.

Transtheoretical Model of Change

TTM or the Transtheoretical Model of Change, is a behavioral change theory that

focuses on five stages of change within the individual consisting of the precontemplation,

contemplation, preparation, action, and maintenance (Prochaska et al., 1997). Each stage

demonstrates a process change in the person's commitment level. The pre-contemplation

stage suggest that the individual is not ready but considering change, contemplation is

listed as intending to act within a short time period, preparation reports the individual is

actively seeking resources to deal with their issues, action as the individual has begun the

venture of actively making lifestyle changes daily, and the maintenance stage presents, the

individual has continued an active participatory role in new behavior for a lengthy period

(Prochaska et al., 1997). These stages are described based on the process individuals may

go through as they work towards change.

Thirteen years after the initial development of the TTM, a debate surrounding the

model due to issues of reliability and validity regarding the stages as they revolve around

the phenomenon of psychological addiction (Morales et al., 2010). The study focuses on

nicotine dependence as a way of trying to relay the stages of change with smoking

cessation (Morales et al., 2010). Another focus of this process provides a glimpse into the

possibilities that the change theory can provide to changing addictive behavior. In fact,

several studies use the TTM in relation to other measurement tools and interventions as a

guidance marker. Motivational processes were deemed as an important part of change in

relation to behavioral modification regarding substance abuse treatment (Korcha et al.,

2011). Several measurement tools were used to describe of motivation within individuals

who want to stop using drugs. Three measurement tools, the Alcohol and Drug

Consequences Questionnaire (ADCQ), the alcohol scale (AS), and ASI drug scale were

used during this study to measure the peak density of substance use was also incorporated

to measure days of use of illicit substances (Korcha et al., 2011). These resources were

used in conjunction with the TTM and decisional balance or decisional balance sheet.

Decisional balance refers to the pros and cons of comparing gains and losses in each stage

and was useful in demonstrating that a longitudinal measurement of motivation could be

useful in substance abuse research.

Addiction treatment interventions continued to be sought after that could be

tailored to fit the specific needs of the individual; In 2013, Connors et al., covered

information that could be connected to the decisional balance process detailed by Korcha

et al., (2011). The construct of the TTM was used to explain the different stages of change

and the different prospects of planning interventions for people with substance abuse

issues. The information not only related to interventions and treatment planning for the

person addicted to an illicit substance but also treatment goals for couples and families

who go through the pain of dealing with loved ones who are addicted to illicit substances.

Literature gaps in research allow for more research to conducted to make theories as conclusive as they could possibly be used to distinctively prove a theory or concept. Gaps in prior research also suggested that the TTM of change does not ultimately deliver a sound process of how each stage represents recovery from substance misuse. The process of closing these gaps in several pieces of literature provided instances in which the model change could promote advancement as a model to recovery but needs more evidence to the efficiencies of each stage (Harrell et al., 2013). Information demonstrating the value of the model as it pertains to substance abuse recovery is important to aligning theories of change to a detrimental, problematic disease such as addiction.

An update to the TTM model was created to further explore the theoretical framework by bringing together several pieces of the model together to understand success or failure in personal change within the change process to include more information to provide more credibility to the theory (DiClemente, 2015). One focus of continued research was to bring together four aspects of rigor to the TTM: scientific information, conceptual processes, statistical data, and empirical research. The goal of seeing how well recovery fits within the stages of the TTM is to provide prevention and treatment to those who are suffering with addiction. An understanding of crack cocaine's effect on the individuals psyche and the recovery process through the application of the TTM could lead to various treatment strategies to effectively deal with addiction. A review of various epiphanies, prevention, and treatment strategies that have help the counselors maintain reverified sobriety could help align theories, support the stages of the TTM, and be used to possibly compare the theory to some individual's recovery efforts.

Prevention and Treatment

The process of prevention and treatment provides an educational platform of dealing with the devastation of addiction to illicit street drugs such as crack cocaine. Many studies highlighted preventive measures to dealing with the issues of substance abuse. Mandated counseling for individuals was listed prevention and treatment modality at the college and university level experiencing behavioral issues (Kiracofe & Buller, 2009). Educational institutions for more 30 years have used mandated counseling at the collegiate level for individuals with documented behavioral issues; judicial counseling has also been noted as an important process in this service format for students (Kiracofe & Buller, 2009). Debates on mandated counseling exists regarding counseling being mandated presenting ethical concerns (Kiracofe & Buller, 2009). The information various points to conclude the importance of the effectiveness of mandated counseling and strategies that can be improved to make it more effective for clients. Mandated counseling is often used for individuals with substance abuse issues as well couple issues such as domestic violence which was a covered in the document (Kiracofe & Buller, 2009). Information on the subject gave credence toward looking at both sides of mandated counseling to better serve individuals that are required to attend.

Prevention counseling was also presented in a grounded theory approach study to make comparisons concentrated on providing information about various preventive counseling theories (Corrigan et al., 2009). Grounded theory was incorporated to present a comparative process for analysis in identifying emerging themes collected from interview data using ATLAS Ti software (Corrigan et. al., 2009). Information from the study also focused not only on prevention counseling but also Student Assistance Programs (SAP)

programs and how two of these programs were monitored for their effects on at risk individuals (Corrigan et. al., 2009). The study discussed counseling at fourteen different schools to understand the differences and the common theme that bounds them together as programs that continue to evolve (Corrigan et. al., 2009). Information provided through research gives an overlay of the issues many adolescents incur in response to substance use and other factors that contribute to issues that cause mental distress to adolescents. Research also promoted that prevention counseling could be the answer to these ills associated with substance abuse and stressor that lead to it (Corrigan et. al., 2009). It is important to note that the article brings to the forefront that no empirical information has been aligned with preventive counseling with rigorous research that can provide success rates with this form of counseling and research needs to be constructed to provide evidence that can contribute to the importance of prevention counseling and assistance programming (Corrigan et. al., 2009).

Research focusing on presenting terms that could be used for individuals to self-identify their position with sobriety was detailed by Doukas & Cullen, (2009) as part of a study used to demonstrate the important impact that self-identification process could make helping the individual reach recovery. The study refers to the different processes of recovery as defined through the initial stages of it and how recovery should be sustained in a constant process of vigilance (Doukas & Cullen, 2009). It also gives a definition of what the word recovery implies to family, friends, and associates of an individual who has previously used is making progress in their goals to reframe from illicit drug use (Doukas & Cullen, 2009). Identity versus Labels was an aspect of the study and a focal point on how labels are associated with individuals. The process of identification is not always a

choice that we as individuals have say in, many times the community labels individuals (Doukas & Cullen, 2009). DSM IV versus the Big Book in the study focused on the opposing views of the DSM IV versus the Big Book in response to the individual's process with recovery. An individual's behavior can be focused upon regarding the DSM IV while groups like Alcoholic Anonymous focuses on the belief or inner change of the individual (Doukas & Cullen, 2009). Medical Information was also discussed regarding how individuals weigh views of a disease labeling being associated with drug use. The information also connected groups like (AA) to deal with the issues associated with addiction. A focus on such entities as DSM IV, Alcohol Anonymous, and the medical communities provide a model for recovery and how identity can be used to help or hurt the individual as well as fully committing to a model of recovery can allow a freedom from labeling to exist (Doukas & Cullen, 2009). The association with groups could be helpful in the process of recovery by associating with individuals who have the same issues and are looking to gain acceptance and solutions to problematic issues (Doukas & Cullen, 2009).

Information detailing additional research regarding preventive counseling models for dealing with substance abuse. A study presenting a research design that employs different samples and analytic measures on the views of preventive counseling was presented by Loneck et al., (2010). Information detailed a process of prevention counseling and how it incorporates a problem-solving schematic that consist of different stages of counseling which includes assessments and interventions. The study also provides gives an objective view of the different focuses of research provided for study but also noted a lack of real credence to the implementation of preventive counseling

regarding substance abuse (Loneck et al, 2010). To give credence to the information provided in this study more research, this information was listed in three different components, conducting surveys, conducting qualitative research such as focus groups and interviews with various participants to gather intelligence, conducting assessments to prove preventive counseling is credible (Loneck et al, 2010).

Providing good preventive counseling communication between individuals and the counselor must be paramount to guide the person to recovery. A focus of the lack of communication between providers, services, guardians or parents of clients, as well as the client seeking services was shown to have problematic issues regarding how substance abuse treatment is to be processed (Gogel et al., 2011). Understanding the barriers to treatment was examined and these barriers included program objectives, the population being treated, and communicative efforts between providers and other entities (Gogel et al., 2011).

The Comprehensive Developmental Guidance and Counseling program provides a programmatic process of counseling students. It provides a safe and structured format of delivering guidance and counseling services to children fostering an approach which helps the children develop as they learn (Johnson, Nelson, & Henriksen, 2011). It supports Gogel et al., (2011) study by demonstrating the importance of aligning the correct services with the individual. A focus of planned prevention and intervention counseling versus that of placing a reactive model of guidance counseling in place. The qualitative design methodology of this study was developed for teachers, counselors, and other school personnel; their interviews, and short answer questions were to help the development of a counseling program being implemented into a school (Johnson et al., 2011). Goals of the

study was to provide insight to counseling program implementation at the elementary level.

Information from the prevention efforts of the Comprehensive Developmental Guidance and Counseling program, presented a focus on tools such as motivational interviewing to help treat substance addiction as a mode to deal addiction as a treatable health condition. Ukachi, (2013) defined motivational interviewing as any motivative strategy clinically based to promote change within the client by treating substance use through an evidence-based strategy. Conclusion of the article also presented effectiveness in clinical trials with the use motivational interviewing with clients.

The importance of developing comprehensive treatment program continued to progress as research promoting the process of a comprehensive examination being associated as a best practice when evaluating addiction counseling showed beneficial results (Astramovich, & Hoskins, 2013). Focus of these practices give way to developing comprehensive program which give counselors the necessary education they need to deal with the challenging, problematic issues associated with substance addiction. Program management, assessment needs, and promoting results with stakeholders presenting evidence of more effective trainings being realized through education and accountability within the field of addiction counseling all were outlined as progressive ways of promoting addiction counseling to clients (Astramovich, & Hoskins, 2013).

A process of addressing addiction appropriately continued with efforts such as Stanis and Andersen (2014) study which indicated that neuroscience plays a key role in prevention for the detrimental factors of substance abuse and addiction. Information pertaining to the understanding of the nervous system's role within addiction could

provide a process of tailoring treatment for individuals and a process of addressing more effective programming needs and assessments. Vast amounts of medical and preclinical research are available about the effect of drugs on the nervous system and how pharmacology explains the detrimental effects drugs have on the individual's behavior; however, little evidence has shown how to reduce substance use and addiction in at-risk adolescents. Protective barriers can help to reduce the want or need to use; however, timing and intervention within the appropriate age range need to be addressed to deal with preventive measures against a disease that can develop through first use or habitual use (Stanis & Andersen, 2014).

A continued focus to seek answers to recovery as a preventive tool by focusing on stories of recovery and the relationship between the client and therapist whilst dealing with addiction. Narratives process of understanding the stories of an individual to effectively deal with addiction utilizing psychological therapy. A study by Waters, Holttum, & Perrin, (2014) also concentrated on displaying the connection between the client and the psychologist. The uniqueness of narrative inquiry as a design also provided an in-depth view into the affect therapy has on substance misuse (Waters et al., 2014). Several models of recovery including the Transtheoretical Model of change were presented in the research. Preventive tools such as narratives give way to understanding an individual's story and many narratives focus on the social identity of the person reporting the information.

Self-identity as a preventive tool against addiction presents an understanding the individual's relationship with self and addiction as a concept to avoid self. An exploration of the relationship between the therapist and the client to understand the process of

therapy as it either helps or hinders the person's recovery process (Kemp & Butler, 2014). Addiction as a definition is related to its use in many cases when dealing with individual identity and the formation of identity or self was a major component to developing a format of recovery from addiction (Kemp & Butler, 2014). Terms of addiction may also be related to a view of self that is detrimental in a way that the individual is focused on alienation by committing the behavior of using and the act of withdrawing from family, friends, and society as a form of escaping reality or the world is synonymous with addiction (Kemp & Butler, 2014). For the person, experiencing addiction to seek and recover from these issues would be rooted in them reaching out to the world they have rejected through use (Kemp & Butler, 2014). The definition of addiction becomes more pronounced with the labeling of being an "untruth" in which this definition provides a scope that aligns with rejection of the world, lying about their issues, rejection of truth, and a focus on constant pleasure which is not true (Kemp & Butler, 2014). Processes of recovery therefore become a focus on understanding self and the identity we have and being honest with ourselves about what is fantasy and what is real.

A concentration on individual identity and how substance abuse and addiction is an issue that not only affects the individual but the family unit, and community as well was the major juxtaposition in Thomas et al., (2015) study. In referencing Kemp & Butler, (2014) study, social identity is about understanding truth in accordance to self, the beauty of it, and at points the ugliness of it. According to Thomas et al., "The main causes for substance abuse are family history of substance use disorder, sense of inferiority, low self-esteem, pleasure seeking, and desire to experiment, poor stress management skills, peer pressure, unemployment, overcrowding, and poor social support" (p. 115). Counselors

providing therapy for individuals dealing with substance abuse issues should be able to distinguish between substance abuse and addiction. A primary goal is to provide information that will help people avoid the pitfalls of substance use. The causes of substance use and addiction vary but can be seen in every socioeconomic class, gender and, race as a devastating force. Experimentation and age of first use could predict the generalized ages of substance use, abuse, and addiction. Adolescent stages as significant age ranges for the start of substance use as transitional stages and changes in a young person's life are rooted in the uncertainty of life and risk-taking behavior key areas for the study would be home and peer pressures, recreational use, and drug of choice (Thomas et. al., 2015). Social identity and recovery research is important to focusing on substance abuse prevention at the adolescent stage. Adolescent research with substance abuse / addiction focuses the individual's vulnerability to peer pressure, negative influences, and risk-taking behavior (Sharma and Smith, 2015).

Substance abuse and addiction is a puzzle of many pieces, but the problematic symptoms have yet to be solved and are need of more study and solutions (Sharma & Smith, 2015). Information presented in the literature review provides a detailed account of histories pertaining to substance abuse, crack cocaine origins, and the havoc it has cast on the individual and the community. Studies that focus on the TTM, self-identity, as well as preventive and treatment measures aim to focus on helping individuals and communities that have been devastated by crack cocaine addiction. An exploration of how recovery fits within the stages of the TTM could provide valid information to assists in many of these processes of support.

Conclusion

The gaps in prior research suggest that the TTM does not ultimately deliver a sound process of how each stage represents recovery from substance misuse (Waters et al., 2014). In several studies, researchers discussed instances in which motivation, personal sacrifices, and counseling could promote advancement as a model to recovery, but more evidence is needed about the efficiencies of each stage (Harrell et al., 2013). Studies of the value of the TTM relative to substance abuse recovery are important to aligning theories of change to a detrimental, problematic disease such as addiction. Each stage could be viewed as a theme to be explored within the context of addiction and recovery. In providing a description for the stages, the goal of the study is to focus on how recovery from crack cocaine fits within the five stages of the transtheoretical model of change.

Chapter 3: Research Method

In this multiple case study design, I examined three individuals' histories of addiction and recovery from illicit substances including how well their recovery from crack cocaine coincided with the stages of the TTM. A component of all of the individuals' stories and their connection of addiction, incarceration, and sobriety was used to pinpoint links of first age use and experimentation. This same linking process was used to compare or disprove their recovery with the five stages of change. Case study scholars focus on the in-depth examination of a subject (Yin, 2013). It requires substantive data analysis, and other tools to support information being presented in a study (Yin, 2013). A collection of personal stories from each individual gave insight into how the individuals were able to apply change within their own concepts of managing and recovering from addiction.

Research Question

The guiding research question for this multiple case study was the following: How well does the process of recovery from crack cocaine addiction compare to the five stages of the TTM? In reporting the stories of three individuals, two men and one woman, I listened to each narrative to look for similarities or dissimilarities that their recovery has no bearings with the stages of the TTM. Markers such as length of time in recovery, occupation as substances counselors, past criminal activity due to addiction to crack cocaine, first age use, and experimentation were used to align participants' processes of recovery from crack cocaine addiction to each stage of the TTM.

The central aim of this study was to explore crack cocaine addiction and the change process needed to recover from the personal and social detriments of this deadly

and highly addictive substance. Crack is a formulated powerful stimulant that is a derivative of its predecessor, cocaine, that is formed by diluting cocaine in water, applying additives, and heating the contents to form small pieces that can be broken down into pieces and smoked with a pipe (Fryer et al., 2013). It can also be used intranasally (i.e., snorted) or in an intravenous process with hypodermic needles (Carlin et al., 2014). Negligent and reckless behavior have been associated with prolonged drug use and addiction to crack cocaine (Guimarães et al., 2015). Many individuals addicted to the drug also reported unhealthy sexual activity, such as a variety of sexual partners and the contraction of sexual transmitted disease, due to crack cocaine use or trying to obtain the drug by performing sexual acts (Guimarães et al., 2015).

In using a multiple case study design, my goal was to present descriptive interview questions to participants to gain an understanding of the phenomenon of crack addiction and the events they have experienced. Use of a multiple case study design allows a researcher to look at a variety of different items such as interview transcripts, observation of the participant, documentation, and other items while conducting a study (Houghton et al., 2013). In this study, I interviewed multiple individuals who were once addicted to crack cocaine but who were drug free and served as substance abuse counselors to gain insight about their history with addiction, their sacrifices, and the motivating factors needed for change. The use of substance abuse counselors' narrative can prove beneficial because they are maintaining sobriety, taught and counseled others on some of the issues they fought to overcome, and worked in facilities and social service departments that perform random drug tests not only for the client but the counselor as well. Aligning participants' recovery experiences with the chronological order of the five stages of the

TTM (Prochaska et al., 1997) may provide a comparison between recovery and the stages of the TTM. One goal of a multiple case study is to provide different points of views (or stories) on the same issue (Yin, 2013), which, in this study, was addiction and how recovery fits within the stages of the TTM. A focus of mine during data collection was to gather information on how individual participants started using crack cocaine and their trials and tribulations in overcoming their addiction.

Role of the Researcher

My role was to facilitate unstructured interviews with substance abuse counselors who had been once addicted to crack cocaine. I used thick description to highlight factors in participants' recovery process. Thick description included criminal activity and sexual activity was explored through interview questions and the individual's narrative. I did not anticipate any issues related to power dynamics because many substance counselors already tell their stories as testimony of addiction and recovery in their work environment to help others relate to them and move forward in recovery. I mitigated biases and preexisting beliefs about the theory by not trying to prove the theory, only comparing the theory to the recovery stories of the participants. A major mitigation of my biases was the understanding of relapse as part of the disease of addiction.

Relapse for many is a part of the recovery process, like diseases such as diabetes and hypertension (NIDA, 2014). Issues with relapse often have physiological and behavioral implications, which mean that treatment may have to be ongoing or be reinstated for the individual to move back into the recovery/maintenance stage (NIDA, 2014). Measuring relapse and termination from returning to drugs is almost impossible to determine (NIDA, 2014). As a researcher, understanding relapse helped to manage my

biases and preexisting beliefs about the TTM. My goal was to determine whether a comparison can be made between the theory of TTM and that of crack cocaine recovery. I worked with IRB staff to discuss any ethical issues that they deem detrimental to my research.

Methodology

In using a narrative method, I wished to demonstrate that gathering information from individuals who have beaten their addictions can be used in helping people understand the recovery process. A biography allows the researcher to journey with the narrator through his or her life to find meaning and purpose (Carvalho, 2014).

Yin (2013) discussed the narrative case study as methodology that could be used to provide the origin of an issue and the show progression and regression of it in a chronological sequence. In alignment with the TTM, this chronological order of progression or regression might provide further understanding about the individual progression of participants in sequence from first age of use, experimentation, use, abuse, addiction, and recovery.

A multiple case study can involve analysis of historical evidence such as interviews, documents, observation notes, and other material that can corroborate the phenomenon (Yin, 2013). Case studies also allow for a multitude of different data to be collected to support information presented in a study (Yin, 2013). Data instruments used in a case study can also give credibility to each stage being referenced through biographical research, documents, and visual aids such as photos.

Participant Selection Logic

In selecting a sample of participants who were recovered addiction counselors for this study, I determined that these participants would have the experience of using behavioral change as a modality for their own treatment for staying clean of crack drug use. The alignment of the TTM with my case study approach allowed me to use purposive sampling. Purposive sampling involves basing sampling criteria on the phenomenon being studied and the information that each participant has in regard that phenomenon (Valerio et al., 2016). This process also yields information rich data, thick descriptions that allowed me to include evidence for each step in the TTM of change possibly providing a comparison of the counselor's recovery story to the stages of the TTM. Purposive sampling can help defend against bias by providing detailed account information from the participants or samples being chosen by the researcher (Benoot, Hannes, & Bilsen, 2016). The sampling philosophy also provides a strategy for handling issues of time and resources amongst other issues in qualitative research (Benoot et al., 2016). Qualitative researchers use purposeful sampling to use small sample sizes to provide a more in-depth look at the participant and the phenomenon associated with them (Yin, 2013). The goal is to provide credible information about the phenomenon being studied.

A purposive sampling strategy was used for three main reasons. One goal of mine was to focus on individuals have had a history of crack-cocaine or cocaine addiction. Another goal was to interview individuals who have had a sobriety time of 10 years or more. Another benefit of using purposive sampling is that the sampling size can be small, and the researcher can focus on maintaining rigor by incorporating information that is rich and detailed to the study (Valerio et al., 2016). A study of three substance abuse

counselors who recovered from crack-cocaine addiction may provide the necessary information to answer the research questions and provide personal documentation regarding the devastation and change individuals go through during drug use and recovery periods. The process of using a variety of participants may help to add more credibility to the research (Houghton et al., 2013).

Providing a study that connects the TTM of change to individuals formally addicted to crack-cocaine could give more insight into the addictive processes of drugs and the stages that individuals go through in recovery. I plan to recruit study participants by speaking with colleagues and asking them about counselors they know who have been affected by previous crack cocaine addiction at substance abuse treatment centers throughout the eastern part of the United States. An e-mail invitation was sent to these individuals to see if they were willing to be part of the doctorial study.

Data Collection

I plan to conduct in-depth, informal, semi structured interviews and use forensic interview strategies with each of the participants. I chose counselors who had achieved recovery for a long period of time and speak in groups about their ordeals with crack cocaine addiction. In using purposive sampling, I incorporated responsive interviewing techniques with participants by asking open-ended questions based on their previous answers (Rubin & Rubin, 2012). I obtained thick descriptions an in-depth focus of criminal activity, thought patterns, and sexual activity, among other topics, through interview questions and the individual participant's narrative. A casual setting was provided so that participants were relaxed when giving their life story.

Open-ended questions and semi structured interviewing processes is a way of developing a rapport with the participant to gather information not only regarding crack-cocaine addiction but the events that led to initial start of substance use. In using open-ended questions, the goal was to gather information from the participants' perspective without outside influence motivating the answers (Ozuru, Briner, Kurby, & McNamara, 2013). Open-ended questions were used to draw out sensitive information and allow the participants to go as far as they were willing to describe the experimentation process, stressors, recreation, or any other issue that propelled them to start and continue to use illicit street drugs leading to an addiction to crack cocaine and recovery from it. A goal of this process was to gain information that eventually led to a process of change and whether that change mirrored or could be connected to the transtheoretical model of change (TTM) as consistent with the stages of precontemplation, contemplation, preparation, action, and maintenance (Morales et al. 2010). This format of questioning allowed me to uncover an abundance of information and allowed me to explore the individuals' lives through their eyes. Questions were aligned through background and demographics of the individual followed by experiences, attitude, opinions, feelings, knowledge, and sensory questions (Doody & Noonan, 2013). Observation could be used as a tool to gather information; however, the focus of the research was on gathering information to examine the participants' life in which qualitative open-ended questions were used to gather the intelligence.

Procedures for Recruitment, Participation, and Data Collection

Data were collected in areas of comfortability for the participants. A topic such as addiction is a sensitive issue for many, so to have a place where the participant would feel

relaxed would benefit the participant to feel free to express his/her life story on the topic of addiction and recovery. A neutral location such as civic center or library were prime locations to conduct interviews. The goal was to make sure the area was safe, comfortable, and void of noise and distractions. Information was collected via audiotaped conversations by the researcher and later transcribed for the study. I collected data during the interview sessions by having a conversational interview in which the participants were able to ease into their story of substance use, abuse, and then addiction. I also asked question of how addiction affected their relationships with family, community, and the law as well as what was needed for recovery and change. Information was gathered in a single interview with each participant at a facility with a conference room. Breaks were incorporated to keep the participant comfortable during this process of interviewing. The interview sessions could last up to 2 hours or longer in which each question, semi structured or unstructured, would be examined fully to gain a thick description of the lifestyle, environment, living condition, and thought process the individual associated with before becoming addicted to drugs, while addicted to drugs, and during their recovery process from the illicit substances.

Interview Protocol

A semi-structured interviewing format was used with interview prompts were used for this study. A format of twenty questions were incorporated as a guide to help the focus of progression of crack cocaine addiction as well as recovery from it. The structure of the interview allowed the participant to continue with open-ended questions as needed to get their points across to the researcher about addiction and recovery.

Data Analysis Plan

The data analysis strategy was to align three components of drug use that was first age of use, experimentation, and drug of choice with a link to recovery that could be compared to the stages of change in the TTM. The coding format I used was thematic manual coding as well the as the qualitative analysis software QDA Miner Lite in the study. In the process, I used manual coding based on the wide array of information I planned on incorporating in the study, such as field notes and interview transcripts. All the information from my analytic memos and notes was used in gathering intricate information to be included in the research. I also added these notes to my appendix page. First, I sought out information relating to these groupings on why some people can beat addictions and some cannot. Then, I used a semi structured, open-ended questions format to ask participants about how they became addicted to crack cocaine and what their recovery methods were for continued sobriety. This process helped me understand how these individuals were able to deal with their triggers, cravings, and withdrawal from the drug. Because cocaine does not have an approved pharmacological approach to deal with the drug such as alcohol or opiates such as heroin, individuals must be diligent in behavior modification therapy for their issues (National Institute on Drug Abuse, 2016). I focused on their terminology of what behavioral tactics were implored to maintain sobriety. I stopped reviewing here due to time constraints. Please go through the rest of your chapter and look for the patterns I pointed out to you. I will now look at Chapter 4.

A focus of using data analysis in the form of a narrative multiple case study would help to align the individual's personal story with a categorical and chronological establishment of themes that fit within the TTM. The process of a prior and emergent

codes will be used to identify links and help to relate issues and define meaning within the

research to guide the researcher to conclusions (Watts, 2014). Codes are then able to be

sectioned off into relatable sections for the researcher to examine each piece of data that

could be forms ideas and connections to phenomenon. In a narrative multiple case study,

the stories of the individuals will be linked through the phenomenon of addiction. A code

would then be put in place regarding the TTM in the understanding of the changes a

person addicted to drugs goes through to reach recovery. My goal is to focus on

qualitative data with the support of audio, video, observation, interviews, and documents

to build conclusions. A transcription process would be used once all the tools listed above

have been used to gather information. Codes will be aligned to compare recovery stories

and see how well these narratives fit within the TTM process. Developing a descriptive

analysis designed to break down the narrative of each participant will be developed and

used to understand the theme to the individual's recovery. Codes that report all

information regarding addictive behavior and recovery to develop chronology to the story

that adjoins the phases and constructs of the story (Marshall and Rossman, 2016). The

process of manual coding using the participant's significant statements to produce a

formulated meaning as a way of analyzing the information presented will also be used to

compare to other participants to provide a definitive assessment of change in their

behavior towards addiction (Saldaña, 2013). Identifying specific events and epiphanies

that helped to influence a process of change within the individual that may be unique to

the individual or may be universal to each participant in the process of change. A goal of

researching each of the participant narratives for key elements or codes will be to

understand intrinsic and extrinsic motivational factors that led to change. Once these

factors have been named, the process of distinctively defining the motivation factors and self-determining goals to change will be then placed in chronological order (Kim, 2016).

Credibility

In this study, a process of establishing credibility will be the use of self-description and self-reflection. This process is used to discuss the researcher's thought process in performing the research study. Field notes written by the researcher will be used to display any personal biases on the part of the researcher that could alter the course of the study. "Self-description promotes credibility and conformability of research findings" (Hadi, & Closs, 2016, p.643). The notes would reduce criticisms that often harm qualitative research studies. Self-reflection allows the researcher to provide his or her beliefs, work-related training, or other social influences could affect the study (Hadi, & Closs, 2016).

Transferability

The process of having former crack cocaine substance abusers who are now substance abuse counselors be participants in the study will be a very good process in establishing external validity, since they have experience with addiction which can be described as a thick rich account of addiction (Reilly, 2013). In providing transferability, the goal of the researcher will be to gather rich data from three counselors who have had to overcome addiction from crack cocaine. This process of establishing transferability in a multiple case study research design could be beneficial to gain insight into the power of addiction and the fight for recovery. Transferability in this case could possibly help the study provide a distinctive connection between the TTM and recovery. Identifying specific events and epiphanies that helped to influence a process of change within the individual that may be unique to the individual or may be universal to each participant in

the process of change. This could be provided through thick, rich descriptions provided by the participants.

This would help the process of gathering information to see whether recovery for crack cocaine truly fits within the stages of the TTM. The researcher could further promote trustworthiness through documentation as a way of providing proof to the phenomenon we are investigating (Connelly, 2016). Documentation provides a process of observation and notes pertaining to a phenomenon or event which can be recorded through various means (audio, video, picture, or detailed notation) to provide evidence of the subject matter being investigated (Connelly, 2016). In this study, audio recording will be used to capture the responses of the participants about their beginning and recovery from addiction. Observation and documentation can also provide qualitative rigor which stresses the value of fact-based information being presented in being involved in the study to provide evidence (Connelly, 2016). Appropriate research methods are valuable to study but in the case of provided trustworthiness an objective process would be used to arrive to the strengths and weaknesses of a proposed study (Connelly, 2016). An objective process of the multiple case study would allow the researcher to actively engage the participant in dialogue to gain more understanding of the phenomenon in question, which could add more validity to the project (Yin, 2013). The goal is to try an eliminate as much bias as possible from the study.

Dependability

In providing dependability the introduction of an audit trail will be used to provide information that the researcher has recorded in the beginning stage through the end process of research conducted. The process of keeping raw data, field notes, and other relevant materials allows for information and research to be easily followed and reviewed. An audit trail will also be a process of providing rich description detailing the many steps in which the study will be conducted (Ballie, 2015). In providing the audit trail the researcher will be able to list what the researcher was thinking as a reflective memo, explaining each chapter of the dissertation, the collection of data, the interview process and more (Ballie, 2015). As part of the audit trail the rich description of the phenomenon, crack cocaine, addiction, recovery, and the stages of the TTM will be detailed to see the rationale of the researcher's decisions to incorporate process such as purposive sampling and other formats used to demonstrate their actions during the dissertation process (Baillie, 2015).

Confirmability

Reflexivity will help the researcher manage their influential actions during the process of research. (Baillie, 2015). The insight to be critical of self in the process of research is important as to open with any positivism or short comings to the research is important to credibility and dependability to the project (Baillie, 2015). In the reflexivity process, considerations applied to the researcher assumptions about the research, behavior toward the topic, and bias will be reflected upon (Baillie, 2015). As a substance counselor, the researcher should be aware of his professional experience to the phenomenon of addiction. The understanding of reflexivity will help the researcher recognized their own

personal issues that can be incurred during research that could be detrimental to the validity of the study (Baillie, 2015).

Ethical Procedures

Making sure that the IRB Review process is met is very important to the ethical considerations. A goal of the research is to be able to contend with any mitigating factor that may get into the way of providing research that is conflict free (Walden, 2015). Providing verifiable information with a population that has a history with crime, means that every aspect of the study needs to be explored for validity. The focus of the researcher would be to consult the IRB with any issues that may arise regard the dissertation process. As a researcher, the goal is to make sure that none of the work is compromised (Walden, 2015). Informed consent forms would be composed properly to ensure that participants will understand every step of the process even publishing. IRB information or obtainment as well as the dates, places, or other identifying information would also have given so credibility to the information being presented. By having individuals with a substance abuse history, which could provide a more pronounced multiple case study including documents, letters, or pictures potential threats to validity could have been managed. Interviewing participants in qualitative research has many advantages and limitations depending on the needs of the researcher. Subject matter and research approach could all be factors in the interviewing process (Qu and Dumay, 2011). By combining research interviewing strategies with approach, a stronger research study could be formulated (Qu and Dumay, 2011). Location the stage for the interviewee is very important regarding make them conformable and providing and non-hostile environment for them (Qu and Dumay, 2011). Open-ended interviews may be more beneficial in situations where

multiple individuals are being interviewed or do to environmental factors may need to be situated in a small amount of time of time (Qu and Dumay, 2011).

In looking at limitations, one focus could be ethical concerns such as compensating interviewees and pushing an interviewee for personal information (Qu and Dumay, 2011). These issues may not stop an interviewing process from happening but consultation from IRB should be a first stop to sanction these events (Walden, 2015). Any information that could be questionable could be consulted by the Institutional Review Board (IRB) to be further evaluated (Walden, 2015). Also, information that the researcher feels could be a red flag should consider consultation before performing work that could be refuted and unusable (Walden, 2015). The understanding of ethical issues allows for the researcher to be able to focus more on interviewing techniques, what they can and cannot do, and their limitations with sensitive or in-depth topics.

Conclusion

In providing an overview of a qualitative research plan with a focus on methodology, the TTM allows an ideology of a theoretical framework to be presented regarding crack-cocaine addiction recovery. The alignment of theory (TTM) and the qualitative approach of a multiple case study will hopefully be able to demonstrate how well recovery from crack cocaine addiction fits within the five stages of the TTM. As a contributing factor to a major societal issue the goal of measuring the five stages of change with recovery could yield information into intervention measures for users and preventive measures for persons who are experimenting with drugs or individuals who have not now, indulged in illicit substance use.

Chapter 4: Results

Introduction

The purpose of this study was to explore the lives of three former crack cocaine users who are now substance abuse counselors and compare their recovery to the stages of the TTM model of change. Researchers have used both quantitative and qualitative approaches to categorize substance users relative to their awareness of a substance abuse problem and willingness to change (Harrell et al., 2013. Using the TTM to qualitatively compare each stage of change could provide solutions to the various issues as related to the addiction and relapse process. I chose counselors as participants in this study because they demonstrated their choice to be in a community service profession, as well as a desire to work in an environment where they are subject to random drug testing while helping other get off drugs or stay drug free.

These individuals were working in the human services field and may have felt that they can help others navigate through the disease of addiction. A goal of this study was to compare behavioral changes needed in recovery to the five stages of the TTM change model, which are precontemplation, contemplation, preparation, action, and maintenance (Waters et al., 2014). Behavioral modification, together with factors that motivate change, are an elusive process for many individuals battling addiction. Analyzing the narrative of three participants who were former crack cocaine users and are now substance abuse counselors could help to identify their own descriptive recovery processes and possibly formulate a prescriptive process of change.

Research Setting

I focused on providing a place where the participants could feel as comfortable as possible to discuss information about their past issues with addiction and their recovery process. I used a conference room setting where the participants and I were able to sit down and discuss their experience of being addicted to crack cocaine and their process of change toward recovery. After participants provided written consent, I conducted the interviews, which were between 30 and 45 minutes in duration. I recorded the interviews to provide a detailed description of the individuals' experience with substance use leading to crack cocaine addiction and their recovery efforts. This allowed me to both systematically audio record and take notes to later further examine the interview texts' meaning and monitor for any discrepancies once the audio recordings were put in transcription form.

Each participant met me at a library, where I used a conference room for the interview. I interviewed Participant 1, whose pseudonym for this study was Grant, at a library in Florida. Participant 2, whose pseudonym was Violet, in North Carolina. The final Participant 3, whose pseudonym was Henry, also met me in North Carolina. Library conference rooms were used to ensure privacy and promote comfort for the interviewing session. During these sessions, my goal was to make sure that the participant was comfortable with each question provided to them. The chosen setting for interviews added to participants' comfort for two reasons; first, a library conference room provided a secluded setting within an educationally engaging atmosphere. The participant could look out and see men, women, and children working and enjoying the day and be totally closed off to speak on difficult topics. Second, the rooms were sound proof, so the individual did

not to have to worry about the language that needed to be used to get their points across about what they went through during addiction to find recovery.

Demographics

I used a multiple case study design to explore the lives and experiences of the three cases of substance abuse counselors previously addicted to crack cocaine to see whether their recovery narratives fit within the five stages of the TTM. In exploring these stages of change, I could focus on the history of addiction, the individual's social identity, preventive treatment and counseling modalities, a process of identification, and exploration regarding addiction by the behavioral modification points discussed by the participants who had managed their addiction and maintained sobriety.

I added limited demographic identifiers to protect the anonymity of the participants. Grant, the first participant, was considered a "hustler" in that he performed whether it was legal or not. His addiction to crack cocaine was directly affected by his lifestyle, which was one of earning money in a positive, legal manner. Violet, who always dabbled in alcohol and drugs, had a traumatic experience that thrust her even further into drug use and addiction with crack cocaine. Finally, Henry, who drank wine and smoked a little marijuana every was in his mid-30s when he smoked crack for the first time with his wife.

The individuals' ages at the time of the interviews ranged between the mid-50s upper 60s, hence, their lengths of recovery time being from 21 years to 35 years of sobriety time. The participants had all attended college in their youth and experimented with illicit substances such as marijuana and alcohol before experimenting with crack cocaine. Also, each of the participants identified themselves as Black American and

described themselves as from middle and lower middle-class backgrounds. Their experiences gave credence and insight into the addiction process, traumas, and recovery efforts needed to effectively maintain sobriety.

Data Collection

I gathered information from the participants about their recovery process in keeping with the goal of the study to see whether the essence of their recovery process fit within the stages of the TTM. By exploring these stages of change, I could focus on the history of addiction, the individual's social identity, and preventive treatment and counseling modalities (a process of identification and exploration regarding addiction to place the participants' recovery to crack cocaine to a qualitatively distinctive pattern according to the TTM). I audio recorded each interview with an application from Google Play Store called "Voice Recorder" to my cellular phone. It was efficient and allowed me to record and conceal background noise as well. The interviews went as planned with no variations in data collection. I conducted interviews one-on-one, using a semi-structured interview protocol to guide the interview. Twenty questions were formulated to gather intelligence on the beginning of their addiction and everything that added to the progression of it or the recovery from it. The interviews were different according to each of the respondents thought process, trauma, and experience of peer pressure, as these were just some of the factors that led to the progression of use of crack cocaine. I submitted recordings to a service for written transcription. The transcription service provider signed a confidentiality agreement. I reviewed the written transcription for accuracy against the audio recording.

Thematic Qualitative Data Analysis

By using the six phases of thematic analysis, relevant themes could be identified for analysis (Clarke &Braun, 2013). The step-by-step method is encompassed of the following steps: (a) becoming familiar with the data, (b) generating the initial codes, (c) searching themes, (d) reviewing the obtained themes, (e) defining and naming the themes and (f) producing the report (Clarke & Braun, 2013). I did two rounds of coding: Round 1 using software assisted coding, and Round 2 using additional manual content coding and analysis. The software program QDA Miner Lite (QDA Miner Lite | Provalis Research, n.d.) is useful in organization and analysis of narrative text data, such as interviews. In the QDA Miner Lite analysis process, I placed 13 codes listed below gathered from the TTM literature and used in the interview questions to explore different scenarios with the participants in their interviews that could have played a part in addiction and recovery progression. These codes would not only identify how addiction progresses but also show the role of counseling and personal choice sacrifices needed for recovery. This coding provides a focus on the progression of drug experimentation, thought processes during drug use, and stages and epiphanies individuals go through when seeking recovery from addiction to crack cocaine. These are the codes used in organizing the data in QDA Miner Lite Analysis:

1. Age – Age gives the description of the time- period of experimentation with illicit drug use.

2. Sex-Sexual activity provides any sexual activity associated with illicit drug use, or the act of being used for drugs, or the act of getting drugs through sexually activity.

3. Criminal activity - Any criminal activity as associated by illicit drug.

4. Types of drug use -Types of drug use focuses on the way the individual chose to use the illicit substance. Snorting, which is inhaling the drug through the nasal passages to feel the effects of the drug. Intravenous, which is the use of the hypodermic needle or smoking which is inhaling the drug through the mouth and expelling through the mouth or nose the smoke.

5. Years in recovery - The length of recovery time for the individual once addicted to the illicit drug- crack cocaine

6. Counseling, teaching, sponsoring - What led the person to become a counselor or sponsor.

7. Change - A single event, a process of events, or events as suggested by the transtheoretical model of change. precontemplation, contemplation, action, maintenance, and termination. However, change may not go through a stage process. It could mean that the individual just decides to stop without going through stages.

8. Trauma -Traumatic events that could have led to progressive drug use or addiction

9. Types of drugs – (Marijuana) - a plant that can be consumed in a variety of ways, including smoked to induce the feeling of being "high· There are many different types   and it is used for many different purposes. Marijuana contains THC-tetrahydrocannabinol can provide the intoxicating effects for the user and in some cases those who are in proximity of the user.

10. Recovery- The active process of sobriety for alcohol and drugs.

11. Thought process - How the individual views his or her life and his or her

perception about the world around him or her.

12**.** Peers - Individuals that are associated with in daily life. These individuals could be close such as friends or people that are associated with at different places, times, or doing different activities.

13**. TTM -:** precontemplation- The individual is considering thinking about a form of change, contemplation – the individual is seriously thinking about making changes to their life and situation, action- individual puts effort into making changes, maintenance- The individual is maintaining their efforts of change, termination- The individual has completed his or her goals with no relapse in behavior.

The QDA Miner Lite program provided a platform to input cases, codes, and transcripts for analysis. The transcript of each participant followed by the code book for that participant is attached in the appendix to show the conversation between speaker and participant.

In addition to the software assisted coding to help organize the data, I used manual coding. I felt that the duality of both using coding software and manual coding would be instrumental in giving solid, qualitatively distinct demonstrations of each stage of the TTM. Manual coding provided another additional layer to the data analysis process. The semantics and vernacular had to be fully understood the interview data. I created a manual code book, and I entered the participant's pseudonym, which was altered for participant anonymity. The code section contains the 13 codes used to collect and assign each relevant section or cluster of phrases from what the participant stated that resonated with the me. The text portion of the code book is where I wrote an interpretation of the participants' comments.

The assignment of the codes to the participants narrative data proved vital in the prospects of providing a qualitatively distinct view of the five stages of the TTM. As the codes and the text from the participant began to link, I was able to connect and explain text in reference to the codes. Quotes from the participants' dialogue provided intricate insights into their thought processes while on crack cocaine and during the period of their trying to gain recovery from the powerfully addictive illicit substance. In reviewing the software frequency analysis and the manual coding together, I found that the greatest factor the participants identified in the recovery process was the influence of their own individual thought process during the course of their addiction and recovery. More about this follows below and in the interpretation in Chapter 5. Below is pie chart that illustrates the frequency of phrases from the data and codes.
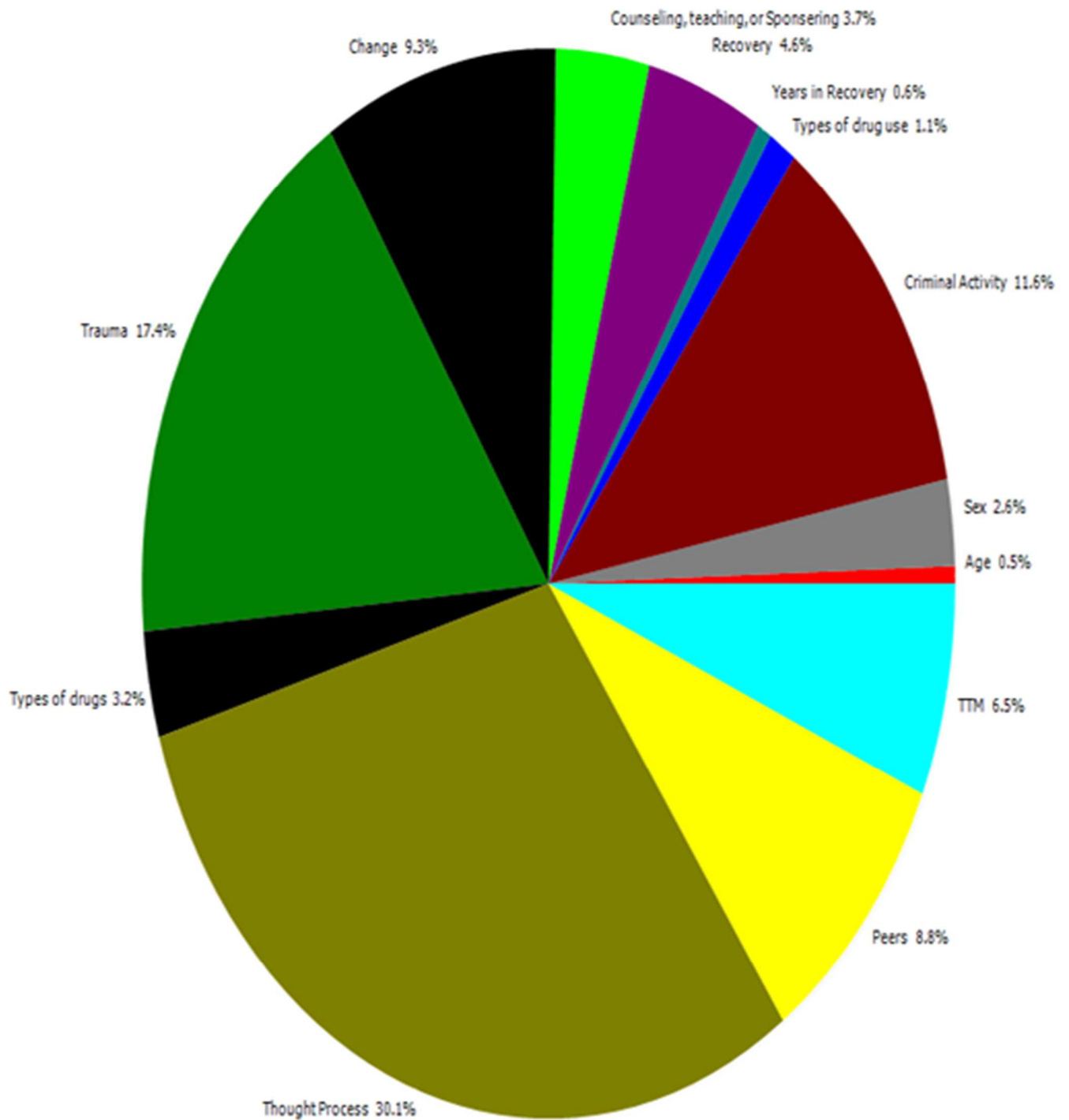
Form 1: Frequency of words from the data set as coded by QDA Miner Lite

Manual Coding

In the second round, I coded the participants' responses and placed the information into categories related to the research questions pertaining to (a) substance use, (b) abuse, (c) addiction, and (d) the recovery process. Only relevant text was coded.

Analysis of Themes

On analyzing the use of crack cocaine and its impact on the lives of the addicted individuals, the study yielded significant results on recovery and where it fits within the five stages of the TTM. From reviewing the clusters of phrases associated with the codes, both from the QDA software organization and the manual coding, common elements from the cases emerged. From these common elements I identified the following themes:

Categorization of Themes

One of the most critical steps in the process of thematic analysis was to move from decoding the transcript data to identifying themes. The goal was to actively search and investigate the transcripts to identify and understand the relevant themes. In the following table, eight themes and 34 subthemes or terms are listed. The information these themes and subthemes provided insight into the participant substance users' thought process and lifestyle from addiction to recovery. These themes help to follow a pattern of recovery and possibly show a link to the stages of TTM.

Thematic Analysis

In summarizing similarities in the current cases, all three of the respondents were introduced and influenced by the illicit street drugs, criminal acts, and triggers to the point of addiction; all the individuals underestimated the power of the illicit substances that they were using with little understanding of the negative impact that these drugs would have on

their lives. Some of the other factors that influenced them in continued use of drugs were peer pressure, loss of loved ones, and the need for money. These factors also appeared in the QDA Miner Lite analysis. In the process of thematic analysis, eight themes and 34 subthemes emerged to describe the different scenarios that could have played a part in addiction and recovery. The eight themes are outlined, and examples of participants experiences are highlighted here:

Illicit street drugs. The respondents suggested the most common drugs used to be a combination of legal and illicit substances including alcohol, marijuana, free base crack cocaine, and crack cocaine. These individuals began the journey towards addiction with the experimentation and use of the most commonly used substances, alcohol and marijuana. The continual use of these drugs and experimentation with other substance led to the increased usage of harder drugs leading to free base crack cocaine and crack cocaine. I found the gradual progression of addiction to crack cocaine and the will-power needed to recover from it.

Reasons for addiction. The reasons for addiction were varied and as unique as the individual using an illicit drug. Some of the common elements raised were experimentation and substance use related to stress, trauma, and recreation and thrill-seeking behavior. The progressive nature of addiction depended on the individual and other social factors, as discussed further below.

C. Criminal Acts

One of the most negative impacts of persons using hard illicit drugs such as crack cocaine is the need to use and get the drug at all cost. The need to break or bend the law in inherently developed, as an influence of the addiction. One of the most prevalent criminal

acts committed by the people addicted to drugs are stealing, possession of drug paraphernalia, and selling drugs. Although there is no excuse for committing crime, the analysis of the responses reveals that the individuals under the influence of crack cocaine are prone towards carrying out criminal offenses.

D. Triggers

Triggers are defined as the thoughts that may cause the individual to want to use illicit drugs After examining the data from the transcripts, it can be accorded that elements such as having money available for buying drugs, and the influence of peers are the most common triggers to want to use. These triggers helped to perpetuate addiction and keep the participant in continuous use of crack cocaine. For the participants, their determining what were their own personal triggers for could be a massive undertaking. For example, in a quote by Grant about what triggered his continued use of crack cocaine, in spite of a desire to stop he stated:

Grant: So, uh, I decided ... I said, "Well, it's gotta go." And I ... I did a lot of hard things...

Interviewer: Um hm.

Grant: ... to get rid of it and I was ... really, I ... I could smell it for about a year even though I wasn't doin' it.

Interviewer: Okay.

Grant: I could smell for 'bout a year, you know, I guess that's one of the things that gets in your mind ...

Interviewer: Right

Grant: ... and I had a good friend that I had to, uh, get rid of him because he was the kinda guy that comes around and "Come on partner, let's go."

Interviewer: Right.

Grant: He knew I had money and assets so, once we get started (claps) we were gone. I'd be gone. You know, stuff I regret is like, I'd be gone for 3, 4 days.

The triggers in this quote reflect around the smell of the drug and the peers associated with using crack cocaine. Triggers can be multiple and different for each user under the influence or addicted to a drug.

E. Elements related to developing addiction

Addiction to illicit hard drugs for these participants was related to significant identifiable life events. Apart from the euphoric sensation and extreme confidence it creates, there were other issues related to developing addiction for the individuals. Some commonly mentioned situations were; unresolved trauma, family dysfunction issues, and abandonment. The individuals consumed these drugs to cope and used them as an escape into another reality, where they felt comfortable, confident, and safe.

For example, in a quote by Violet, she stated about crack cocaine:

Violet: It was the- the high. It was different.

Interviewer: Okay.

Violet: It wasn't the ... Marijuana made me hungry. Made me anxious. Uh, and I'm not a ... I'm already hyper person.

Interviewer: Okay.

Violet: So, I needed something that could bring me to an even keel, and the 'caine seemed to kinda like, "Yeah. I could, I could be, I could be more than what I thought I could be."

Interviewer: Okay.

Violet: But, you know, as it got to a point, you need more.

F. Impact of drugs

The impact of illicit drug use varied on each individual but always had negative results with the individual and their community. The common impacts of continued drug use and addiction were lack of concentration on life and work. These issues were primary contributors to unemployment, homelessness, and incarceration as well as lack of stability in life. One of the other common impacts was the negligence of the loved ones and family.

G. Elements impacting change

There are various external influences, reasons, epiphanies, and thought processes that can spark a change in the individual. On analyzing the interview transcripts, the following were extracted as the central reasons that impacted and influenced adopting a change; marital ultimatum, loss of loved ones, self-realization, over dose, spiritual awakening and sponsors. The impact sponsors have on the path of change of a person addicted is significant. Henry expounded on this topic in a quote…….

Henry: That's a very good question 'cause I was saying being a part of the program itself is a big part of what keeps you clean.

Interviewer: Okay.

Henry: And we often said you can't do it by yourself. That's what you would tell a lot of people who were coming into the program but didn't want to go to the

meetings, you know. "Hell, I don't need to go to the meetings" you know, "I can stop whenever I get ready."

Henry: But we say wait a minute. We hear a lot of people say that, but we've learned it's a whole lot easier when you've got support. It's hard to do this thing by yourself.

Interviewer: Right.

Henry: So that was a big part of what we taught.

Addiction changes the social identity of the user and thus changes the individuals thinking process in various ways. Recovery from the addicted personality hinges on the individual's want and need to change. The goal of returning to a sober-minded living process must become important again for the individual to begin to enter the stages of the transtheoretical model of change.

H. Sacrifices/Losses incurred due to drug use leading to recovery

While moving towards a journey of recovery, participants shared it was inevitable that one may have to incur certain losses or sacrifices that in reflection influenced change. These sacrifices must be made to reintroduce the individual back to a normal lifestyle away from drugs and alcohol. Grant, Violet, and Henry sought to make sacrifices to change their addictive life to sober, more manageable one.

Violet reported**:**

Interviewer: Yeah you just led to my next question. What sacrifices did you have to incur?

Violet: I had to let it go. I had to decide what I wanted, do I want to live a human life, or do I want to live in the streets and die in the streets or someone kill me? That's a

sacrifice. When you start to get into this you don't see the sacrifices that you're, that you're

giving up. That you're allowing your children to go through.

She continued,

Violet: You don't see any of that. You don't care. All you know is you gotta get

high. They'll have to deal with it as it comes.

Grant stated:

Grant: The only thing I can think of really is the family issues, where I just wasn't

there for my family as much as I could have been.

Interviewer: Okay.

Grant: Uh, the other things, while I didn't have control because of the coke, um, I,

uh, and, stuff like that is, is just a money thing.

Henry reported**:**

Interviewer: Was there a single event that led to you wanting to stop? Or would

you say it was a series of events that led you to wanting to stop using?

Henry: Stop using, stop using. Uh, well, basically when my wife started hanging

out. We weren't married, at that time, but she would go out and you know, stay on the

weekends and at one time I knew I found, I found out, she... I had two cars and she would

take one of the cars and the car would be gone all weekend.

Interviewer: Okay.

Henry: You know, I'm like, basically I said: "Nah, you can't use the car anymore."

She'd figure out a way to get the keys. Or I don't know if she had another set of keys

made, but no, I think what happened, she would just wait until I go to sleep and take the

key off the ring, and next morning, she'd be gone, and the car would be gone. So, that led

to me laying there, realizing that she was out and basically, I missed her, but she, and I

didn't   want to be involved with anybody else, but, so I realized, hey, the only thing I, we

gonna, I'm going to have to do what I need to do to change my behavior and get her to

change, you know.

The Power of Relapse and Emotions

The power of possible relapse was also a dominant force in the lives of the

participants on the road to recovery. However, the experience of relapse was as unique as

recovery. In reviewing the transcripts, listening to the participants during the interviews

and their observations, understanding of relapses were associated with three factors of

emotional and social conflict that are in keeping with the literature. In the literature, the

issues that have most commonly been associated with the prospect of relapse in adults are

linked to emotions associated with anger, peer or social pressure to use a substance, or

interpersonal conflict and frustration associated with stress (Ramo, & Brown, 2008).

Results Related to the TTM

On analyzing the participants' use of crack cocaine and its impact on the lives of

the addicted individuals, the analysis yielded significant results on the process of recovery

and where it fits within the five stages of the TTM. The process of change for each of

these individuals was consistent with the transtheoretical model of change. Each of the

research questions were responded to by the participants. Each gave enlightening

information about the beginning, the progression, the decline, and the eventual stopping of

using crack cocaine. A behavioral change for each of the individual was associated with

the five stages of change.

A Focus of Recovery

Grant found focus in the ultimatum provided by his wife to either change or leave the family. His two attempts at treatment rehabilitation failed because he simply was not ready to change his behavior towards drug use.

Grant reported:

Grant: Uh, I did ... I went to two rehabs.

Interviewer: Okay.

Grant: I was kicked out.

Interviewer: Okay.

Grant: They sent me home on weekend furlough ... people that picked me up from the place ... by the time I got in the car they had a pipe ready for me ...

Interviewer: Um kay.

Grant: ... and, uh, I was in denial, long as you in denial, you know, nothing happens. (laughs)

Interviewer: Okay. Okay.

Grant: That's a fact, you know.

Interviewer: Okay.

Grant: And uh, truth is, I was ... I was on top of it until one day my wife looked at me and said, "You know, I don't know what your problem is."

Interviewer: Um hm.

Grant: My problem was Cocaine.

Interviewer: Right.

Grant: She said, "I don't know what your problem is but you or your problems gotta go." And really, that's what brought me around.

Violet and Henry said they found their focus in social surroundings such as Narcotics Anonymous and counseling which led to a dedication for change. The service work of sponsorship and counseling helped them find sustainment in recovery. Violet reported counseling was very important to her change in addictive behavior and finding a positive identity:

Interviewer: When you went into counseling, what led you to go into counseling?

Violet: When I went into ...

Interviewer: To become a counselor.

Violet: Oh, my buddy. She was working at Freedom House. Well we had the house first. When we first started off, we were running the Women's Recovery house, right? I was the president of the house. I graduated after being there seven months. And Dr. Bass at the time was closing the house because he was going through some financial difficulties

or whatever he was going through so he asked me and Liz if we would pick up the way and see if we could keep the house going.

Violet: So, Liz and I got together, and we wrote the rules. We wrote all the rules that had any type of dope fiends in it. We removed them.

Interviewer: Okay. All right.

Violet: It took us about a good 30 days. What we did, we took the rules and we do what you did, we went to other recovery houses and said what do you see that we need to be doing, who do you see that needs to be moved? And all the women got together, and

we said okay. We had a Bible like this. So, we started recruiting from the jails. We were able to run the house for almost three years.

Interviewer: Okay.

Violet: So then finally, our lives began to change. We ran the house for about three years and after three years she left and went to Freedom House. I left and went to, I don't even know where, I was working somewhere. She called. She said, "What are you doing?"

Violet: I said, "Why?" She said, "Well I need someone to relieve me on the weekends because I'm working every weekend here and I know you can handle it."

Violet: Okay went down. Freedom House, boom, boom, boom. She signed for me. Took the test. Took this took that, took this took that, got everything out. Took my med classes, extra counseling classes and I did detox every other weekend.

Henry reported a similar experience with sponsorship and Narcotics Anonymous:

Henry: Those people that are sponsored. Very often with, um we would work together. They would get involved with us, and given activities that we did, so-…

Interviewer: Okay.

Henry: That was really

Interviewer: Okay, Uh. What would…

Henry: If you spend time reading the book with those people…

Interviewer: Okay.

Henry: One of the biggest things that you would do when you introduce them, for somebody that's new in recovery is make sure they get some studying, you know, reading the NA book.

Interviewer: Okay.

Henry: And learning the not rules so much as the principles of recovery. You know?

Interviewer: Right.

Henry: 'Cause those are the principles that you fall back on when you start having some   issues. You go back, and you say: "I think I need to work on this." You know what I mean?

Interviewer: Okay.

Henry: So that, that was the kind of thing that we worked on.

In the text listed above the recovery and epiphany for change is different for every one of the participants. One important factor is that recovery may have to tailored made to each individual attempting to change their social identity regarding addiction. Recovery can fit within the stages of the TTM. The goal of recovery thus becomes understanding relapse, the social identity, and the sacrifices needed to exist comfortably in the maintenance stage of the TTM.

Trauma from Crack Cocaine Addiction

From the data analysis, it emerged that crack cocaine addiction is a traumatic experience due to the many hardships that can occur leading to and during addiction. Having the different participants proved to be valuable in distinguishing the different personalities that attracted them to experiment with crack cocaine. Although all participants stated they began their substance use with alcohol and marijuana, the fall into crack cocaine addiction varied; from making money for Grant, trauma for Violet, and peer-pressure for Henry. For example, during the interview, Violet discussed what

occurred when a close friend who relapsed after 18 years was beaten to death by her boyfriend. Violet stated that this death, amongst other consequences, is the reason why she will never return to using any kind of alcohol or drug.

Violet said:

> So, he's incarcerated. And she's dead. You think I'm going back out there? Ain't that much going back out there in the world. There is ... There is no sacrifice or tragedy. I lost my mom. I lost the dog, the cat. It don't matter. Ain't no loss strong enough to pull me back into that hole because that's a deep hole. And I won't ever be back in that deep hole like that.

Grant stated:

> ... they want to, you know, we got girls to come in, I remember we got girls to come in, and uh, they all got naked, they was all smoking and they start, and see so when you smoke, 'cause crack man, uh, or base, uh, if you smoke enough of it, it really messes your brain up, all right. ... these girls start feeling bugs, seeing bugs. And they felt bugs on their skin. The term, bugs, or coke bugs is a reference to hallucinations that an individual can experience after using crack cocaine or cocaine where the user feels bugs crawling underneath their skin (CESAR- Center for Substance Abuse Research, 2013).

Violet stated:

> Money, money, money. Money for sure. Money that there be ... excitement of being ... there's an excitement to being out there. There really is. There's a strange excitement. The chaos. It's not really the excitement it's the chaos and when you calm down and you realize ... what used to piss me off is when I'd been up all

night and the damn rooster would crow. That would irritate me.

Recognition of the Need for Change

Participants discussed their initial realizations of the need for lifestyle changes to be free of crack cocaine.

Henry stated:

You know, I'm like, basically I said: Nah, you can't use the car anymore. She'd figure out a way to get the keys. Or I don't know if she had another set of keys made, but no, I think what happened, she would just wait until I go to sleep and take the key off the ring, and next morning, she'd be gone, and the car would be gone. So, that led to me laying there, realizing that she was out and basically, I missed her, but she, and I didn't want to be involved with anybody else, but, so I realized, hey, the only thing I, we gonna, I'm going to have to do what I need to do to change my behavior and get her to change, you know".

These following testimonies reveal the seriousness of addiction and the lifestyle that is often associated with substance abuse. Each participant had a different view on their addiction to crack cocaine and what was horrific for them. In their view, these times were defining moments in their recovery.

Grant stated:

And uh, truth is, I was ... I was on top of it until one day my wife looked at me and

said, "You know, I don't know what your problem is." She said, "I don't know

what your problem is but you or your problems gotta go. And really, that's what turned me around. This meant losing his home, family, and stability in the community which would be considered horrific by most people's standards.

Violet stated: They tried to drown me. They took me and- and there was a lake not too far, and they drove down this little path. And they opened the car door, and they kicked me out into the lake. And they tried to hold me down, but I could swim, thank God. They tried to kill me for whatever reason in the middle of winter. I almost froze to death. You don't get in the car with two men.

Henry stated: No, but dealing with the, uh, he got me one time to try a needle. One time. And I over dosed. Can you imagine? And the hospital was right across the street from my house.

These quotes from the participants helped to define the lifestyle of addiction to crack cocaine and chaos surrounding it. In the progression from substance use toward substance abuse, toward addiction, each participant stated that alcohol and marijuana use was to the starting point to illicit drug use before crack cocaine became the drug of choice.

Evidence of Trustworthiness

Credibility

Credibility in this research focused on thick rich descriptions of the information being presented by the participant. The focus of participants providing information to a researcher designed 20 questions of different situations all revolving around the start, beginning, and end of crack cocaine. Credibility may also be obtained by linking the researcher's thoughts, experiences, assumptions while maintaining a theoretical point of view (Riege, 2003). Research from this study was intended not to shock or scare individuals about the perils of addiction and self-abuse but to enlighten the community at large that many people, no matter the circumstance, go through a process of change either for better or worse.

Opened-ended questions that required thought provoking answers were incorporated so that the participant could not just give quick, one-word answers without explanation. The questioning format was also designed to make the participant ponder the question as to focus on the answer they would provide to the researcher. Questions such as "What do you consider the strangest thing you have ever done to get drugs?" and "What is the strangest thing you have done while high on drugs? Required the individual to ponder since each one reported they had been in sobriety for 20 years or more. This type of questioning for the researcher provided an opportunity to apply observation to research. The expressions displayed by the participant in accordance to what they reported gave some credence to the experiences they had to go through to get drugs, or what they have seen someone go through while on drugs or to get crack cocaine.

Transferability

Transcripts from the audio recordings help to provide transferability to the research study by helping to promote trustworthiness to the life story of everyone. Transferability pertains to the process of seeing whether the findings can be linked to situations in similarity while keeping in context with the understanding or philosophy from study that's already been completed (Riege, 2003). The transcripts provide thick, rich, descriptions of the events that led to addiction and the thought processes needed to seek recovery from the illicit substance crack cocaine. Descriptions provided by the participants help the researcher to formulate information that relates to each stage to the TTM.

The information also allows for the issue of relapse to be factored into the stages of the TTM, since relapse can occur within each of the five stages of the theory. Regarding transferability, the transcripts of the information recorded from the participants can be

replayed and scrutinized so that information can be interpreted by researcher for trustworthiness. Thick and rich descriptions can help determine transferability by closely describing the situations or contexts so that adequate judgements can be made (Houghton, Casey, Shaw, & Murphy, 2013).

Transferability could also be gained by the manual coding process as well as other qualitative analysis software. The incorporation of coding or analysis process such as code words, signs, or other descriptive language in the analysis process can also help to ensure transferability (Riege, 2003). The use of the QDA Miner Lite analysis software program, a qualitative analysis software used to input data to develop codes, coding frequency, charts, cases, and transcripts (Provalis Research, 2016). The combination of thick rich descriptions and coding processes help provide transferability and trustworthiness in research.

Dependability

The use of an audit trial could be one focus of establishing dependability in research. In the audit trail, I was able to provide the stance that they took in developing an understanding of the research and help mitigate bias. The researcher checks and scrutinizes the processes of research with a goal of providing a well-established, documented work that can be defended against bias, bringing forth dependability in the research (Riege, 2003). The goal of the multiple case study was to provide dependability towards the research. The use of purposeful sampling helps to provide strong candidates for the research study.

A focus of using former substance abuse counselors and sponsors helped to provide dependability to the research study as well as confirmability. It's not that they

"may not be using" which drew me to interviewing counselors for the project. However, I was focused more on their aspect of change, and what their journey put them through that made them want to affect change in others. Their focus of change was a process that I needed to listen too, take account of, and discount any bias thought processes I had on the topic. Dependability can also be established in the research design that the individual uses by protecting the work from theoretical biases based on the researcher's previous experiences and influences (Riege, 2003). Therefore, dependability can be established by providing stances that mitigate biases and support the research as it is presented.

Confirmability

One goal of confirmability is to provide quality in trustworthiness and confirmability such as the audio recordings of the participants were transcribed ad verbatim. As a researcher that is also a drug counselor, I wanted to keep a reflective journal for confirmability. The aspect of confirmability suggests that the researched data needs to corroborate with other sources of information. Confirmability refers to the position that research may always contain biases, therefore, provisions must be put in place to establish strong unbiased data results by aligning research with objective analytical practices (Newman & Clare, 2016).

Another confirmability process would be to provide a journal that could provide insight into my thought process as a researcher and counselor. It would be able to show any biases placed in the research based on any assumptions I have about the theory or participant (McInnes, Peters, Bonney, & Halcomb, 2017). I also kept field notes, anything that I jotted down during the interviews, and raw data to help provide confirmability in the research study.

Summary

The study results were broken down into different analysis to add more trustworthiness to the qualitative research study. The QDA Miner Lite analysis was presented first by aligning the transcript of each participant with their code book. The goal was to present their individual transcript followed by the code and themes to present a simplistic understanding of the questions listed in the appendix and the participants answers color-coded with my explanation of how the responses fit or did not fit within the stages of the TTM.

Recovery stories of the participants provide a vivid picture of addiction, the process of it, and that redemption can be attained from it. During the coding process, thought process became the defining code of the addiction and recovery process. As described in the charts and graphs, thought process became the primary theme that places triggers, cravings, pain, and desire into a realm of determining factors which is the same realm that seeking recovery exists. The transtheoretical model of change therefore needs to demonstrate a consistency across the board regarding thought process and relapse to provide qualitatively distinct stages.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The goal of this study was to explore the lives of three former crack cocaine users who were substance abuse counselors and see whether their recovery narratives fit within the stages of the TTM. Researchers have used both quantitative and qualitative approaches to categorize substance users relative to their awareness of a substance abuse problem and willingness to change (Harrell et al., 2013). However, behavioral changes in recovery associated with the stages of the TTM that occur in persons addicted to illicit drugs, such crack cocaine, have not been adequately studied.

The process of recovery from addiction is important to behavioral change and future sobriety. The major goal of this study was to see whether behavioral changes needed in recovery fit distinctively within the five stages of the change model, listed as precontemplation, contemplation, action, and termination. Behavioral modification and the factors that motivate change continues to be an elusive process for many individuals battling the addiction. Analyzing the narrative of three participants who are former crack cocaine users and now substance abuse counselors could identify individually descriptive recovery processes and possibly formulate a prescriptive process of change.

Interpretation of Findings

Interpretation of the research results are primarily centralized on the social identity process and how the individuals viewed themselves before, during, and after recovery (Dingle et al., 2015). The participants' thought processes of recovery and abstinence from illicit drugs could also influence their substance abuse counseling procedures with their clients. A possible introduction of new behavioral methods of dealing with addiction by

relating the stages to individualized interventions for those seeking recovery could also be achieved by understanding recovery within the stages of the TTM.

I found that the social identity process was important for each of the participants as they transitioned into a lifestyle of not using any illicit substances or alcohol. The power of sobriety and clear thinking promotes a better life experience of dealing with life on terms not mitigated by drugs and alcohol (Dingle et al., 2015). Social identity as it relates to addiction becomes paramount when recovering from addiction as the person needs to know who he or she is and what challenges he or she faces when transitioning in the recovery process (Dingle et al., 2015). Each participant in this study found a place to thrive and flourish as a positive individual and figured out what his or her social identity was through different epiphanies and situations that arose in his or her life.

Self-identity as a preventive tool against addiction presents an understanding of the individual's relationship with self and addiction as a concept to avoid self (Dingle et al., 2015). It is a focus of knowing the self and understanding limitations that must be set for a person's own wellbeing. An exploration of the relationship between the therapist and the client to understand the process of therapy could help the person's recovery process (Kemp & Butler, 2014). Therefore, the understanding of the social identity process could help the individual to get back to a sober social identity.

The social identity model could provide an understanding to the individual that the drug helps to manipulate the identity and is instrumental in helping the individual lose his or her identity and do things inconsistent to what he or she would do when clear and sober minded. Thus, having a positive social identity helps to provide an urgency for stability

and determination for sobriety that could put the individual within one of the five stages of the TTM of change such as the action or maintenance stage.

Although peer-pressure can be negative, it can also be positive. Positive peer-pressure helped each of these individuals focus on something greater than their drug of choice, crack cocaine. Violet's association with recovery houses, counselors, and peers in recovery helped her to manage her addictions to crack cocaine. She also reported going to mental health therapy, which helped her regain her positive social identity and become a counselor. Grant found solace in counseling, and the positive influences from his wife helped him discover sobriety. Grant also began repairing a relationship with his mother by forgiving and moving on with his life. He reported that because of these experiences, he understood his mother's issues and chose not to repeat some of those same issues.

Henry changed his life and struggles against negative peer-pressure by helping his wife seek and find recovery. He was also influenced positively by attending church and Narcotics Anonymous conventions and producing fashion shows to raise awareness for addiction recovery at the N/A conventions. The participants' understanding of their social identity provided insight into how much self-esteem whether it be to low or extremely high gives way to an imbalance of our thought processes.

Limitations

Limitations often impede studies from providing the best information possible to further the research needed to implement change regarding a social detriment. In qualitative studies such as this one, I relied on the participants to be truthful about their lives to provide insight into their motivations of change. Questions were asked such as

    a.   What events led to substance abuse?

b. What made them tired of their life style of addiction?

c. What happened to them that made them to make them say "I must stop now"?

Limitations were, therefore, centralized around three main factors: the memory of the participants, relapse, and whether there is an understanding of the true nature of termination. Memory plays a part in reflecting on detailed events of such a difficult for time of all the participants. The understanding of termination must also be addressed because although each participant felt that he or she was done with drug use and are in the termination phase, there could be a chance of relapse.

Thus, immeasurability of relapse and termination during the process of recovery was a major limitation for the study. Relapse could be the mitigating factor to providing qualitatively distinct stages because it has not been effectively listed as a stage, only as a possibility. Relapse or the chance of it, is the issue that keeps the stages from being distinct and threatens the stage of termination.

Termination could be defined as the moment dependency ceases; however, this is problematic in being listed as a stage because, if the individual is living, the possibility of relapse is looming. It was important for this study to be an objective research tool so as not to try and force the stories of recovery into the stages but to allow these narratives to either confirm or deny the validity of the TTM. The information provided by the participants gave insight into the descent into addiction and what was needed to abate it. Their jobs and counselors and sponsors, as well as continuing focus on maintenance, provides credibility to their stories of recovery.

Recommendations

Prevention and Treatment

Prevention and treatment should be tailored to the individual in order to provide the best services to the client. Substance addiction has long been considered by the AMA and other medical organizations as a disease and not just a behavioral issue (*Journal of Nursing Regulation*, n.d.). Treatment. especially for the poor. often seems to be focused just on generic services where the individual's needs are often not met due to financial constraints or other issues that impede the correct aligning of services. Addiction counselors have to be focused on seeking out new ways and client-focused treatment to provide the best results for their clients' wellbeing when it comes to providing interventions and services essential to dealing with the debilitating factors associated with addiction (Astramovich & Hoskins, 2013). The need to correct addictive behavior often has a dual process of dealing with trauma or mental health issues as well as the addiction to the illicit or prescription drug.

Comprehensive Developmental Guidance and Counseling

A comprehensive developmental guidance and counseling program could provide a counseling program for adults in the way that it works with children to provide better services to individuals addicted to illicit street drugs (Johnson, Nelson, & Henriksen, 2011). It provides a safe and structured format of delivering guidance and counseling services but also incorporates motivational interviewing and a linking of services to help the individual develop motivations while they learn about the disease they have and how to deal with it (Johnson et al., 2011). A program like this is instrumental in helping the individual seek outside resources to understand what drugs is and what it does to the mind

and body; however, the concept of identity also should be examined because the illicit substances changes social identity of the individual.

Social Identity Model

The social identity model is presented as a promising concept when it comes to recommendations due to the focus on client relearning themselves and being able to face the transitions of whatever they are trying to recover from. The associations with positive groups or positive like-minded individuals are often key in finding success in the achievement of goals. These associations help to build self-esteem within the individual as well as stabilize personal health goals (Dingle, Cruwys, & Frings, 2015). For persons with addiction issues, Narcotics Anonymous and Alcoholic Anonymous have proven to be good resources to gain insight into what others have done to change the addictive mindset and find sobriety. Recovery research concentrated on the social factors of recovery have concentrated on support groups such as Alcoholics Anonymous) and Narcotics Anonymous as being instrumental in providing an abstinence free guide to sobriety (Dingle et al., 2015). I stopped reviewing here. Please go through the rest of your chapter and look for the patterns I pointed out to you. I will now look at your references.

Two of the three participants, Violet and Henry reported N/A and counseling as big influences in helping them to recover and maintain sobriety throughout the years. These influences also led them to become counselors and help others find their way to sobriety. It also reinforces the social identity model and the positive effect it can have towards helping individuals work towards change.

Motivational Interviewing

Motivational interviewing was another intricate solution for Violet and Henry as their sponsors, and Violet's mental health counselor also seemed to implore these counseling techniques with them while they were going through treatment. Motivation is needed to promote change within the individual, it provides the necessary push to keep the individual in motion towards progression to achieve a goal. In the case of these two individuals it was sobriety and stability in their lives. Motivation is a trait that can be ignited in the client by the counselor to help them reach milestones and goals they previously felt to be unreachable (Madukwe, 2013). Motivational interviewing thus became a technique used to help them gain sobriety and used by them to help others achieve the same goals.

The Self-Determination Theory

The self-determination theory may have been instrumental in Grant's venture into sobriety due to the ultimatum given to him by his wife to change his life with reference to drugs or leave the family. Self-determination theory is a theory that focuses on the individual continually striving to become better at any particular task and master challenges and new concepts (Link, 2013). In accordance to Grant's interview, he went to rehab and was kicked out twice, the ultimatum by his wife provided the motivation for him to change.

Grant's behavioral change, therefore, became motivated extrinsically, rather than intrinsically but was a powerful imprint on Grant's psyche to motivate and do something about his crack cocaine problem.

Extrinsic behaviors just like intrinsic behaviors are important to desired outcomes to deal with problems. However, many times the motivation is different because of a need instead of a want. Therefore, extrinsic behavior can be perceived as instrumental for a goal to be achieved rather than an interest of a goal being achieved with intrinsic behaviors (Link, 2013). The theory proved to be instrumental in Grant's recovery where as other treatments did not work out for him.

Implications

The impact of understanding the TTM stages in accordance to mitigating relapse would have an enormous positive effect on society. Out of the five stages precontemplation, contemplation, action, maintenance, and termination; termination is the elusive stage. Therefore, understanding relapse becomes paramount in changing the stages of the TTM stages in qualitatively distinct stages. Dealing with relapse would impact the individual's life regarding self-preservation, family and employment. The criminal justice system undoubtedly would be impacted as well with solutions to relapse giving more credence to the TTM once maintenance would be achieved." Data from a national study in five major American cities show that at the time of arrest, 63% to 83% of arrestees had drugs in their system, with marijuana and cocaine being the most common" (The Center for Prisoner Health and Human Rights, n.d., para. 2).

Positive social change in each criterion of self, family, organizational, and societal/policy could be affected just with dealing with the issues of relapse. The criminal justice system would change drastically once the addicted individual makes it to the maintenance stage of the TTM, if relapse could be contained. Drug offenses and incarceration have increased since the 1980's in astounding amounts putting the country in

a state of peril. "In 1980 there were 40,900 people incarcerated for drug offenses; by 2013, this number increased to 489,000" (The Center for Prisoner Health and Human Rights, n.d., para 1).

Proactive education is the key for changing the society in which we live. Children must be taught the dangers of drugs, be given counseling for traumatic experiences as well as negative peer pressure and educated on the laws of their prospective states to truly understand the devastation that is associated by experimenting with a drug like crack cocaine.

Proactive and Mandated Counseling

The process of proactive counseling could be a focus to enhance the knowledge of school-age children and young adults on the dangers of substance use experimentation that could lead to regular substance use, substance abuse, and addiction. The importance of proactive counseling would work as a catalyst to informing individuals through evidence-based platform about the ills of illicit drug use. Proactive /Preventive counseling would delve into substance abuse and the social connectors that connect individuals to substance use. A preventive counseling model would focus on the stages of assessment for the student, contracting, intervention strategies as well as evaluation practices to provide the help the student needs to be substance free. (Loneck et al, 2010).

Mandated counseling is often a controversial topic since it involves the process of making someone attend an event. Education is compulsory for most individuals until the age of 16 or 17 in most states. However, school counseling is one that is mandated on a state by state premise. Educational institutions for more 30 years have used mandated counseling at the collegiate level for individuals with documented behavioral issues;

judicial counseling has also been noted as an important process in this service format for students (Kiracofe & Buller, 2009). Regarding substance counseling, mandating would be a solid platform of issuing that each student would be provided an opportunity to gain information that could potentially influence positive thoughts of dealing with negative influences related to peer pressure and experimentation with illicit drug use. The induction of proactive counseling as a mandated process would also give counselors the ability to reach out to parents and work in unison in understanding and dealing with substance and addiction at different educational levels. School and family dynamics can have big influences on a youths want or need to use and abuse drugs. It is important that parents and school personnel understand the importance of leadership and life instruction for children throughout their young adult years (Thomas, et al., 2015).

Mandated counseling regarding substance abuse could be as powerful as being mandated to learn English, Math, Science, and History. Mandated counseling is often used for individuals with substance abuse issues as well couple issues such as domestic violence which was a covered in the D (Kiracofe & Buller, 2009). The goal of learning the dangers of illicit drugs as it relates to stress and other emotional issues would allow students to recognize the onset of issues early on before potentially becoming major detrimental life changing issues.

Challenges to Proactive Counseling

Mandated counseling in an event where it is not court ordered would be an issue that may difficult for some parents or educational institutions to explore as induction to curriculum. Platforms such as sexual education and substance counseling have a premise that may be to risqué for individuals. Introducing a proactive stance to substance abuse would require the researcher to provide adequate information that could be relayed to educational institutions and parents to have a full understanding of the true ages of when substance abuse starts and the influences that led to experimentation.

One alternative to mandated counseling could be using proactive substance abuse education as an elective class giving the parent and student the ability to choose the counseling program. Although programming may be considered controversial in method, it could prove to be an educational catalyst to experimentation and the beginnings of substance abuse. Mandated preventive counseling in educational institutions at all levels could be the answer to halting many of these issues that often lead to jail, death, or ruin.

Conclusions

The goal of understanding addiction is to focus on the root causes of it. However, in the case of recovery from it, the TTM stages could provide a link to the internal processes the individual will need to possess to seek and obtain sobriety. Recovery from crack cocaine can fit within the stages of the TTM, however, two factors keep the stages from being qualitatively distinct.

Factor one, relapse, causes the stages to be unstable because the individual can move backwards from any stage within the model at any point and time. The second factor would be termination, which could be considered an elusive stage. How can one determine

termination if the person who had the previous problem is still living? The results of the

study show that various factors create the addiction process and help to recover from it.

However, self-actualization and self-determination prove to be the motivating factors of

change and recovery.

To answer the research question, a reiteration of what the TTM stands for provides a

clear concise focus of what the theory is and whether the recovery stories of that participants

fit within the stages. The TTM or **Transtheoretical Model of Change consists of five**

stages.

- Pre-contemplation- The individual is considering thinking about

  change.

- Contemplation – The individual is seriously thinking about making

  changes to their life and situation.

- Action- Individual puts effort into making changes.

- Maintenance- The individual is maintaining their efforts of change.

- Termination-The individual has completed their goals with no relapse

  in behavior.

The process of recover does fit within the stages of the TTM, however, relapse and

risk of relapse plays a vital part of not making the stages qualitatively distinct. Relapse is not

predictable. The termination stage also plays a big part in the theory not being a proven one,

which will be discussed in the conclusion of the study. It places the aspect of change into a

conundrum of strategic moves and sheer determination. In this study, the action stage seems

the be the most promising focus for change. Each participant once in the action stage moved

between action and relapse until action and maintenance became solidified in their mindset. The action stage, therefore led to social change for the individual, their family, and the community in which they lived. This social change can be seen in their willingness to become substance counselors to help others to move past their afflictions to a more stable, sober lifestyle.

As an agent of social change, mandated counseling although controversial may be the link in placing individuals in the action stage changing the theory from precontemplation, contemplation, action, maintenance, and termination to a more mandated stage focus of action, precontemplation, contemplation, maintenance, and termination. A simple way of explaining this would be a comparison of mandated substance counseling to that of compulsory education in the United States which is required through government and state mandates until a certain age.

The stages of the TTM is that conundrum for many but as mystifying as it is, it can be achieved and proven if the person maintains those changes until death. Therefore, relapse and termination must now be the focus on proving that the transtheoretical model of change can be qualitatively distinct so that each stage can be a transition to the next without failure. The question is can this be achieved, behaviorally, through pharmacology, or by treating addiction in any form through both measures? To prove the theory there needs to be consistency across the board.

At that point three factors become a point of reference for the theory, mitigating relapse, maintaining consistency, understanding that termination means that individual can never revisit any alcohol or drug, and termination can never be resolved until death. The goal of sobriety must be one of prudence, in staying focus with dealing with and managing

triggers and cravings until they dissipate from the individual's mindset. Education is the key

to change and can only be legitimized by expelling ignorance through knowledge and

understanding.

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Appendix A: Interview Prompts

Potential prompts to use for forensic interviewing for substance addiction

1. What age did you first experiment with illicit street drugs?

2. What drug did you experiment with at that age?

3. What would you consider your drug of choice?

4. What event or events would you say led to your addiction?

5. What criminal act have you been associated with as part of your drug use? Be specific.

6. Did incarceration motivate you to want to change or was it some other event?

7. What do you consider your process of change from substance use, abuse, addiction, and recovery? In detail.

8. What triggers led to use?

9. What was your sexual experience as associated with drug use or trying to secure drugs?

10. What is the longest time you were able to remain free from illicit substances?

11. What is the strangest thing you have ever done to get drugs?

12. What is the strangest thing you have done while high on drugs?

13. If you have ever relapsed, what led to the event?

14. What issues have been caused by your drug use?

15. How do you love ones feel about your drug use?

16. What traumatic events have affected you?

17. What are your total years of using any illicit substance?

18. At the height of your addiction what was your frequency amount for using drugs?

19. What single event led you to want to change or was it a series of events?

20. What sacrifices, or losses did you have to incur for recovery?