2019

Practicing Self-Efficacy and Transparency to Achieve Long-Term Recovery and Reduce Recidivism

Lisa Kent
Walden University

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Lisa Kent

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

Review Committee
Dr. Rhonda Bohs, Committee Chairperson, Psychology Faculty
Dr. Tracy Mallett, Committee Member, Psychology Faculty
Dr. Debra Wilson, University Reviewer, Psychology Faculty

The Office of the Provost

Walden University
2019

Abstract

Practicing Self-efficacy and Transparency to Achieve Long-term Recovery and Reduce Recidivism

by

Lisa Kent

MA in Organizational Management, University of Phoenix, 2003

BS in Sociology, Union University, 1988

Proposal Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

August 2019

Abstract

There is limited data about the positive application of self-efficacy and the practice of transparency for individuals in recovery to achieve long-term recovery from substance addiction and criminal recidivism. The purpose of this qualitative phenomenological study was to gain more insight and knowledge about how the application of self-efficacy and the practice of transparency help individuals in recovery achieve long-term recovery from substance addiction and criminal recidivism for two or more years. The conceptual framework used to guide this study was Albert Bandura's self-efficacy theory. This study is significant because it explains that long-term recovery is not an easy task to achieve, and many individuals who have a history of addiction and criminal behavior find it extremely difficult to achieve long-term recovery. A qualitative phenomenological approach was used for this study. This study employed a chain sample, using a semi-structured interview guide composed of open-ended questions. Five individuals agreed to the study and reported applying and practicing self-efficacy and transparency to achieve long-term recovery. The study analyzed and coded data to identify categories and themes. The findings reveled the importance of the use of self-efficacy and transparency in achieving long-term recovery from substances and decreasing recidivism. Themes identified was the ability to live day-to-day, breaking the cycle of addiction and recidivism, believing they are worth recovery (a better life), and sharing their story (transparency). This study may stimulate positive social change with the application of self-efficacy, as people struggling with addiction and recidivism may learn the importance of being transparent during the recovery process.

Practicing Self-efficacy and Transparency to Achieve Long-term Recovery and Reduce Recidivism

by

Lisa Kent

MA in Organizational Management, University of Phoenix, 2003

BS in Sociology, Union University, 1988

Proposal Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

August 2019

Dedication

I would like to dedicate this work to all the individuals who have achieved recovery and to the ones who are still fighting... never give up!

Acknowledgments

I would like to acknowledge several people for their valuable assistance throughout the completion of this doctoral degree. I want to thank my husband Todd for his support and belief in me. I also want to thank my friends for staying by my side and encouragement to not give up and keep going forward. I also want to acknowledge all the individuals in recovery I have met during my 30 years of working in the field. They taught me so much about addiction and their stories of resilience are amazing. They have provided hope to other individuals who are still struggling with addiction. It is never too late to achieve recovery.

Table of Contents

Chapter 1: Introduction to the Study

Introduction

Humans are such hedonistic beings; they are willing to explore legal or illegal means in the pursuit of pleasure and the avoidance of pain (Singh & Singh, 1995). In the process of seeking pleasure and avoiding pain, many people become addicted to substance or objects that offer instant pleasures (Singh & Singh, 1995). When people misuse drugs and alcohol to avoid pain and to seek pleasure, they may experience a cycle of sobriety-to-addiction-to recovery-to relapse, which ultimately may lead to less pleasure and extended pain from a combination of troubles (Hart & Ksir, 2013). Many researchers believe that there is a link between addiction and criminal behavior (National Institute on Drug Abuse [NIDA], 2014), as many seeking pleasures from drugs and alcohol may find themselves caught in the criminal justice system and experiencing recidivism. Alcohol and drug addictions are debilitating diseases that affect 1 out of 10 Americans (Substance Abuse Mental Health Services Agency [SAMHSA], 2014). In 2012, data from a study conducted by researchers with NIDA, included information about how over 23 million Americans over the age of 12 meet the criteria for dependency and in need of treatment. At this rate, substance abuse treatments will surpass all medical disorder treatments by 2020 (SAMHSA, 2014).

Researchers from the National Institute of Health (National Institute of Health [NIH], 2012) explained that as addiction progresses, it can lead to physical and psychological health problems, suicide, preventable accidents, financial problems, illegal acts, criminal recidivism, and family problems. Additionally, individuals who over use

drugs and alcohol are at greater risks of developing mental health problems, such as chronic depression and anxiety (SAMHSA, 2014). Researchers and health practitioners find it difficult to put a price on the physical and emotional toll addiction takes on the individuals, their families, their friends, and their communities (SAMHSA, 2010). However, the cost of addiction on the America society is staggering. American tax dollars are responsible for paying for recovery treatment, medical bills, and prison related expenses (Williams, 2013). The costs to the American society, due to drug and alcohol addiction, have been increasing for over 10 years (NIH, 2015). In 2013, researchers estimated that the costs associated with substance addictions are over $500 billion annually (Williams, 2013). Because addiction is such a costly epidemic in America, which not only affect the individuals suffering from the addiction, but their communities, families, and societies (NIH, 2015), researchers, policymakers, educators, and health practitioners are attempting to implement more interventions to prevent and treat addictions. Many people suffering from substance addiction find themselves out of recovery programs and back to using and abusing drugs and alcohol (NIH, 2015), hence, the cycle.

Relapse is common with all chronic diseases. Approximately, 40 to 62% of the people in recovery are there because of drugs and alcohol abuse relapses (NIH, 2014). There is a strong link between people who relapse, after recovery, and criminal activity (NIH, 2014). This form of relapse is primarily due to the criminal lifestyle and the association with other drug users (SAMSHA, 2013). When offenders gain parole or probation for criminal offenses, they find it difficult to remain substance-free (clean) and

out of the criminal justice system (recidivism or criminal recidivism), due to their association with other offenders and others suffering from addiction (NIH, 2014; SAMSHA, 2013). In addition, many recovering offenders do not have the support needed to remain clean and find it difficult to use relapse skills in an unhealthy environment (Gorki, 2015). Identifying positive essential characteristics associated with long-term recovery is necessary to break the cycle of addiction (Gorski, 2015).

Data from past research typically show negative connotations to relapse triggers instead of positive traits for recovery (Bone, Dell, Koskie, Kishniruk, & Shorting, 2011). The stigma associated with substance addiction and the application of anonymity during recovery have hindered people who suffer from addiction and have done little to portray a positive light on substance abuse recovery (Living Sober, 2016; Williams, 2013). Support groups, such as Alcoholics Anonymous (AA), were ground breaking for their part in encouraging recovering individuals to tell their stories to help other individuals trying to achieve recovery (Williams, 2013). However, many individuals who attend support groups do not have a full understanding of what anonymity means when it relates to recovery (Pitts & Miller-Day, 2007; Stevens et al., 2010). Because the designed anonymous culture taught many recovering people to believe they should remain silent and protect their persons from negative stigmas and shame (Ackerman, 2015; Williams, 2013). The 12th step in the Alcoholics Anonymous program is the total opposite of remaining silent, hiding shame, and being anonymous (Ackerman, 2015). The 12th step in the AA program encourages recovering individuals in recovery to openly tell their stories to help other people struggling with addiction achieve recovery (Williams, 2013).

A person in recovery can lead a productive and healthy life by embracing essential characteristics to achieve long-term recovery (Gorski, 2013). Recovery is a process and starts when a person recognizes that he or she has a problem with substances (Gorski, 2013). There are many stages a person in recovery will experience to gain long-term recovery. Even though substance abuse professionals and counselors may disagree on an exact definition of long-term recovery, it is remaining clean and sober for a period of 2 or more years (Laudet, Savage, & Mahmod, 2007). According to Williams (2013), there is limited research about the application of self-efficacy and the practice of transparency for individuals in recovery to achieve long-term recovery from substance addiction and criminal recidivism. The practice of transparency means being open, clear, shame free, and honest about a person's substance addiction (Williams, 2013) and his or her experiences with criminal recidivism (NIH, 2014; SAMSHA, 2013). People in recovery can be transparent about their experiences without applying self-efficacy, thus retaining the shame and never gaining the power and strength associated with the practice of transparency.

Researchers from the NIH (2010) believe that addiction has a ripple effect that stretches across the nation. Breaking the stigmas and the anonymous culture associated with addiction and recidivism, while encouraging individuals to share their stories of recovery by applying self-efficacy and practicing transparency, may not only help the individuals suffering from substance addiction, but may help everyone linked to the individuals.

Chapter 1 includes the background section that will focus on the important aspects of the literature surrounding addiction. This chapter also includes the problem statement and the purpose of the study, research questions, the conceptual framework, the nature of the study, assumptions of the study, the scope and limitations, the significance of the research study, and will close with a summary.

Background

The use and abuse of drugs and alcohol are not new social problems. The abuse of drugs and alcohol has existed since people, all around the world, started using them (Singh & Singh, 1995). In the pursuit of pleasure, individuals have an inordinate desire to eat and drink substances that make them feel more relaxed, stimulated, euphoric, or pain-free (NIDA, 2010). People have used drugs and alcohol for many different purposes throughout the years. Some of the purposes for drugs and alcohol use included home remedies to reduce aches and pains, and religious rites to produce euphoria (Hart & Ksir, 2013). For many years, there were no limitations placed on the use of drugs and alcohol, which lead to greater use and abuse. Many government officials believed that if a person wanted to do it, there should be no governmental restrictions (Hart & Ksir, 2013). In the early 1800s, most countries had few laws governing the use or sale of drugs and alcohol (Hart & Ksir, 2013). In those days, governments had little knowledge about how over using drugs and alcohol affected individuals, families, and communities (Hart & Ksir, 2013).

Alcohol and drug abuse have a long history in the United States. According to Patterson, (2017) one of the founding fathers of the country, by the name of Benjamin

Rush, believed that alcoholism was a problem that related to the substance and not the will of the person. Alcohol and other substances continued to cause many Americans to struggle, due to the lack of regulations to control the substances (Masson, 1997). It was not until a group of women came together to form the Women's Christian Temperance Union (WCTU) in 1874 when United States government officials started to pay more attention to the negative impact alcohol was having on people and the American society (Masson, 1997). Members of the WCTU linked alcoholism to sexual and domestic violence, social reform, and political empowerment, which led them to provide a forum for raising awareness and combatting domestic violence (Masson, 1997). The efforts of the WCTU members led to some of the first alcohol regulations in 1854, and from 1920–1933, government officials prohibited the sale of alcohol with the undertaking of the Noble Experiment (Lerner, 2011). The officials hoped that the restrictions would decrease social problems and addiction. However, the restrictions brought about many unintentional problems (Lerner, 2011). Because of these restrictions, the economy started to fail, the entertainment industry started to decline, and an increase in criminal behavior linked to gang violence dramatically increased (Lerner, 2011). The Noble Experiment failed, and in 1933, the sale of alcohol was legal, with regulations (Lerner, 2011).

These regulations on alcohol led to the New York State Inebriate Asylum, the first medical institute solely dedicated to treating alcoholism as a mental health condition (Patterson, 2017). During this time, more people began to take the use and abuse of drugs and alcohol seriously, which led to the rehabilitation movement (Patterson, 2017).

In 1935, Dr. Bob Smith and Bill Wilson founded Alcoholics Anonymous and used a spiritual approach to recovery. People recovering from addiction could find a welcoming environment in AA groups that made them feel a sense of solace and support (Patterson, 2017). However, with all the support and solace felt during recovery, many people addicted to drugs and alcohol relapsed due to dependency (Hart & Ksir, 2013).

By the 21st century, officials with the Food and Drug Administration regulated hundreds of drugs and placed them on the federal list of controlled substances, due to the overwhelming findings from research about addiction and social problems caused by drugs and alcohol abuse and dependency (Hart & Ksir, 2013). These regulations were a direct result of concerns about toxicity and dependency. Legal and illegal drug vendors were selling drugs without labeling or placing warning information on the drugs or the containers, and many illegal drug dealers sold drugs with toxic ingredients included (Hart & Ksir, 2013).

Another concern some officials faced was the level of dependency people experienced while using the drugs. However, instead of providing customers with more drug information, drug sellers began to victimize customers and continued to sell them drugs after knowing of an addiction associated with the drug (Hart & Ksir, 2013). A final concern was the link between crime and addiction. Researchers and clinicians now view addiction as a public health issue, considering 80% of incarcerations are associated with alcohol and drug abuse, 50% of the inmates in jail or prison are clinically addicted, and about 60% of Americans arrested test positive for illegal drugs when arrested (National Council on Alcoholism and Drug Dependence, 2017).

However, with increased drug use, easy access to obtain drugs, and limited treatment, the addiction and criminal cycle will continue. According to Gorki (2015), there is a strong relationship between addiction relapse and criminal behavior. As noted earlier, this relationship is due to the criminal lifestyle and association with other drug users. When offenders receive parole or probation, they find it difficult to remain clean, due to their association with other offenders and others suffering from addiction (Gorski, 2013). Many people recovering from substance addiction and criminal recidivism do not have the support needed to remain clean and find it difficult to use relapse skills in unhealthy environments (Gorki, 2015). Identifying positive essential characteristics associated with long-term recovery is necessary to break the cycle of addiction. Support groups such as Alcoholics Anonymous allowed recovering individuals to openly tell their stories as a way of admitting that they had been powerless from the addiction, which led to empowerment, building self-efficacy, and to helping other individuals trying to achieve recovery (Williams, 2013). People in recovery can lead productive and healthy lives by embracing essential characteristics to achieve long-term recovery (Gorski, 2013).

If people can achieve long-term recovery, they stand a greater chance of using essential tools to maintain a life of recovery without the use of drugs and alcohol. Researchers and professionals agree that the use of peer support services, community treatment services, and family support increase recovering individuals' chances to maintain recovery over 30 days (SAMHSA, 2015). This period of recovery over 30 days leading to long-term recovery not only benefits the individuals but provides them the

opportunity to be more productive citizens, be involved in their communities, be active in their families, and end their struggles with recidivism.

Problem Statement

Drugs and alcohol use continue to affect people in the American society today, due to the level of addiction experienced by the users (Patterson, 2017). A major issue for people using and abusing alcohol and drugs is the need or desire to recover from the use and abuse of the substances (Patterson, 2017). Many individuals suffering from addiction do not have a desire to recover due to their denial and inability to understand the process of addiction (Gorski, 2013). Recovery for many started because of illegal actions that led them to jail or prison (NIH, 2014). Once in the criminal justice system, some of the drug users acknowledged that they have addiction problems and are willingly seeking help from programs such as AA and narcotics anonymous (NA; May, Hunter, Ferrari, Moel, & Jason, 2015). These recovery programs provided the opportunity for people in recovery to seek the help they needed without the public knowing about their problems (NIH, 2014). Unfortunately, 8% of individuals suffering from chemical dependency relapse within one year, and the percentage is higher with offenders in recovery as they have a harder time finding jobs or accessing support (NIH, 2014).

Feelings of hopelessness, helplessness, and shame due to stigmas associated with addiction and recidivism may lead the offender back to substance use and criminal behavior (NIH, 2014; Morgenstern et al., 2016). The stigma is greater for individuals in the criminal justice system, since they are typically on probation, should check in with a

probation officer, find it difficult to find a job, and often have other requirements that hinder a normal life (NIH, 2014; Schlauch, OMalley, Rounsaville, & Ball, 2012).

There is currently a large amount of literature about anonymous recovery for individuals who have a history with criminal recidivism as it relates to habitual offenses, associated with alcoholism and drug addiction (Buckingham et al., 2013; Bone et al., 2011; Davis, Doherty, & Moser, 2014). The problem is that there is limited data about the positive application of self-efficacy and the practice of transparency for individuals in recovery to achieve long-term recovery from substance addiction and criminal recidivism.

Because, there is a link between addiction and criminal behavior, the National Institute on Drug Abuse (NIDA, 2014) identified five types of criminal behaviors related to drug abuse. The five behaviors are: (a) theft; (b) the possession and sale of illegal drugs; (c) violent behaviors that include domestic abuse and assault; (d) a criminal lifestyle due to the direct association with other offenders; and (e) drinking and driving that leads to injuries, fatalities, and property damage or loss (NIDA, 2014). Data provided by researchers with NIDA (2014) included information about how approximately 70% of state offenders and over 60% of federal offenders reported regular drug use at the time of their arrests.

Purpose Statement

The purpose of this qualitative phenomenological was to gain more insight and knowledge about how the application of self-efficacy and the practice of transparency help individuals in recovery achieve long-term recovery from substance addiction and

criminal recidivism for 2 or more years. Many individuals who have a history of criminal behavior often find it difficult to break the old belief systems that they can do better and deserve better (Moore, Tangney, Stuewig; 2016). When many people recovering from drug and alcohol addiction lose hope, they return to using drugs and alcohol and criminal behavior (Laudet, Savage, & Mahmod, 2007).

Research Questions

Central Research Question

How do people recovering from substance addiction, in Dyer, Obion, and Tipton counties, who have a history of recidivism in the criminal justice system, perceive their transparent recovery experiences?

Subquestions

1. What value do people recovering from substance addiction, who also have a history of criminal recidivism, place on the application of self-efficacy and the practice of transparency as a recovery strategy?
2. How has the experience of transparent recovery from substance addiction, for two or more years, improved recovering peoples' self-efficacy?

Conceptual Framework

The phenomenon under study involved the transparent recovery experiences of participants from Dyer, Obion, and Tipton counties, who had a history of criminal recidivism and substance addiction. The incentive behind this study developed from the lack of research about recovery from alcohol and drug addiction, as it relates to self-efficacy from transparency among people in recovery. The framework that I used to

guide this study was Albert Bandura's self-efficacy theory. Albert Bandura explained the concept of self- efficacy as learning to believe in oneself and developing self-love (Kelly & Greene, 2014). The application of self-love and the power gained from loving oneself will lead to completing tasks and goals to be successful in life (Kelly & Greene, 2014). Learning to complete tasks and achieving goals in life are building blocks that can assist people when life's problems arise (Kelly & Greene, 2014).

The self-efficacy theory includes the application of hope and goal-directed thinking (May et al., 2015). Hope and goal-directed thinking are essential qualities for people recovering from substance addiction (May et al., 2015). The absence of hope often leads to depression and hopelessness, which are related to relapse for individuals who are trying to maintain recovery (May et al., 2015). Albert Bandura believed that a person's perceptions and beliefs are just as important as what is happening (Bandura, 1986). When a person believes he or she cannot accomplish a task or be successful, he or she may fail at the task or have a difficult time accomplishing the task (Kelly & Greene, 2014). Accomplishing a task is sometimes more about the person's motivation and belief in his or her ability to complete the task than objectively completing the task (Davis, Doherty, & Moser, 2014).

Self-efficacy is the belief that a person is important and worthy of having a good life (Carey, 2016). Researchers have linked the abstinence of self-efficacy, in long-term recovery, to the inability to use positive coping skills (Stevens, Jason, Ferrari, & Hunter, 2010). When recovering people start to doubt their abilities to use positive coping skills, they will revert to their negative thoughts and believes that they are not worthy of living a

sober life (Stevens et al., 2010). If the recovering people do not believe they can use the self-efficacy tools to be successful, they probably will not achieve long-term recovery (Bone, Dell, Koskie, Kushniruk, & Shorting, 2011).

When people find it difficult to use the self-efficacy tools during long-term recovery, the chances of relapse increase (Stevens et al., 2010). It is essential for a person who is trying to achieve long-term recovery to have and apply the necessary tools to deal with problems when they arise (Gorski, 2013). When people in recovery can gain and maintain motivation and goal directed thinking, they may find that their new ways of thinking could lead to continued recovery. In addition, when the individuals are open to sharing their stories and breaking the stigma of addiction, they may find hope from others who may have had similar experiences and are open to sharing how they applied self-efficacy to achieve long-term recovery (Williams, 2013).

Nature of the Study

Self-efficacy is a fundamental component in recovery. Chemically dependent people must believe they are worthy of recovery and deserve a better life (Kelly & Greene, 2014). The more successes they have with using positive coping skills to deal with life stressors, the better they will feel about themselves (Langman & Chung, 2013; Buckingham et al., 2013). Experiencing success will increase individuals' motivation to believe that they can achieve and continue long-term recovery (Kemp, 2014). The recovering individuals will slowly develop positive self-concepts and change their negative belief-systems, learned in childhood and during their struggles with addiction (Kemp, 2014). Individuals who are in the criminal justice system often do not believe

they can remain clean or break free from the criminal lifestyle (Brezina & Topalli, 2012). Self-efficacy is essential to increase the belief that they deserve a better life, which in turn could lead to maintaining a drug-free lifestyle (Gubi & Marsden-Hughes, 2013; Kelly & Greene, 2014). When people break the stigmas associated with addiction and recidivism and focus on the application of transparency to achieve recovery, they can gain a positive self-concept and a belief that they can deal with life problems when they arise (Bohlin, 2013).

This qualitative phenomenological approach could allow for a greater discussion regarding addiction and recovery. Some individuals who have experienced substance addiction and have maintained recovery may have practiced transparency when sharing their stories, verses sharing out of expectation and responsibility to the group. The transparency approach could accomplish two tasks. The first task is the foundation of a phenomenological approach, which is drawing in-depth knowledge from individuals telling their stories (Creswell, 2013; Moustakas, 1994). The participants in this study shared their experiences with substance addiction, criminal justice issues, and identified characteristics and important aspects of their recovery to answer the research questions for this study. The second task gained from using this qualitative phenomenological approach provided a voice to individuals who typically do not get a chance to express their voices and data from the study revealed that transparency in recovery is essential, which may assist in breaking stigmas associated with addiction and recidivism.

The phenomenological qualitative method brings a personal value to the research. This method does not focus solely on statistics in nature but focuses on individuals and

shared experiences (Moustakas, 1994; Patton, 2002). It allows for a personal touch. Moustakas (1994) explained that a person's perception of his or her experiences leads to a great understanding of the phenomenon. This phenomenological qualitative research study may help others understand the importance of transparency in recovery. The data finding from this qualitative study could create reform for positive change, based on views from Creswell, 2009. When using the qualitative method, researchers use interviews to tell the participants' stories (Moustakas, 2009) of addiction, their criminal justice involvement, and recovery. Participants described how they achieved recovery and the role transparency played in the recovery process. The researcher recruited from West TN by word of mouth, Life Line Program, and social media using the computer or smart technology. Furthermore, when using a qualitative research method, the researcher established a study criterion and screened the potential participants (Moustakas, 2009), based on their length of recovery, involvement in the criminal justice system, and the use of transparency in their recovery programs.

Definitions of Terms

The researcher used the following operational terms and phrases throughout the study:

Long-term Recovery: Long-term recovery, is when a person has been in recovery for at least two years and with no more than two brief relapses (NIDA, 2015)

Non-Violent Offenders: For the sake of this study, nonviolent offenders are individuals who have committed nonviolent offenses including but not limited to; burglary, vandalism, and stealing to obtain drugs or alcohol (NIDA, 2014).

Positive: Positive, for the sake of this study, are traits, characteristics, behaviors, attitudes, and other attributes that promote health, progress, improvement, and well-being (Geisel, 1944).

Relapse: The term relapse is the return of a condition or disease, after a period of full or partial absence of the disease or condition (Gorski, 2014). For this study relapse will mean the return to drugs and alcohol after a period of recovery.

Recidivism: For this study, the use of the terms recidivism and criminal recidivism are both *relating to substance addiction recovery* and the return to criminal behaviors due to a relapse after a period of abstinence (NIH, 2013). The term recidivism is one of the most commonly used terms in the criminal justice system (National Institute of Justice [NIJ], 2014). Recidivism is returning to criminal behaviors after the person has already faced sanctions from a previous crime or completed intervention or treatment as required by the court or justice department (NIJ, 2014).

Self-efficacy: Self-efficacy is the act of believing in oneself and having the ability to achieve a task (Bandura, 1977/1986). People believe that they are worthwhile and have the motivation and goal-directed thinking to improve their lives.

Stigma: Stigma is a term used to associate the negative aspects of people lives, circumstances, or situations (Moore et al., 2016). Stigmas are disgraceful aspects of people lives, which members of the society forced upon them because of their actions. People stigmatize each other for many different reason and aspects of their lives.

Substance addiction: Substance addiction is defined as a chronic relapsing disease, with characteristics of compulsive drug seeking behavior and continued use

despite harmful consequences in the individual's life areas that include any or all the following: financial problems, family problems, legal problems, psychology problems, and/or medical problems (NIDA, 2010).

Transparency: The term transparency, for the sake of this study, means being open, clear, shame free, and honest about one's substance addiction (Williams, 2013). The practice of transparency comes with the application of self-efficacy. People in recovery can be open about their recovery without applying self-efficacy, thus retaining the shame, and never gain the power and strength associated with the practice of transparency.

Assumptions

According to Patton (2002), phenomenological research holds the assumption that there is an essence of shared experiences between the participants. Due to the limited amount of data surrounding the transparent recovery experiences of participants who have a history of criminal recidivism and drug and alcohol addiction (Williams, 2013), there are several significant assumptions associated with this study. One of the assumptions is that participants will practice transparency when sharing their recovery stories, based on ideas from Williams (2013). Another assumption is that participants, who have experienced recidivism in the criminal justice system, will have a detailed understanding of recidivism. The researcher assumes that all the participants in the study will have a clear understanding of transparency. There is also an assumption that the researcher wrote the interview questions objectively, based on ideas from Moustakas

(1994). A final assumption for this study is that participants are honest about maintaining recovery for at least two years with no more than two brief relapses.

Scope and Delimitations

The scope of this study includes individuals who have experienced recidivism in the criminal justice system. All participants maintained long-term recovery for two years or more and with no more than two short-term relapses, because of transparency and self-efficacy. The researcher selected participants from West TN., who understood the important role transparency and self-efficacy played in their recovery. The researcher chose West TN., as the area to select participants to participate in the research. West TN. includes a large city and many smaller cities. There are approximately over 97,230 individuals in Madison Co, TN alone (United States Census Bureau [USCB], 2016). West TN., has numerous support group meeting places in the area, such as a large rehabilitation center, several half-ways houses, over five mental health centers that treat patients on an outpatient basis, and four drug courts (Tennessee State Government [TSG], 2016). West TN also employees two Life Line Coordinators, through a grant, who helps refer individuals suffering from addiction issues for treatment (TSG, 2016). With access to various support groups, the Life Line coordinators, and the rehabilitation centers administrators, the researcher had sufficient gatekeepers to assist in gathering participants for the study. Finally, the researcher used adult participants, from West TN., who met the study's criteria.

Limitations

There were a few limitations associated with this study. One limitation came directly from using emails and phone calls, which could have hindered the researcher's ability to observe the participant, but allowed for data gathering from different areas instead of just one geographical area, based on ideas from Frankfort-Nachmias & Nachmias (2008). The sample size was smaller to allow participants to tell their stories while avoiding redundancy of information (Moustakas, 2009). The sample size also limited quantity but allows for quality (Creswell, 2013). Another limitation of a qualitative study was the difficulty with validity and reliability (Shenton, 2004). To address the issue of validity and reliability, the researcher recorded all interviews from participants, transcribed each interview word-for-word, and reviewed the participants' interview transcripts using notes to compare the notes with the actual interview transcripts to increase validity (Creswell, 2014; Moustakas, 2009).

Significance of the Study

This study is important because addiction is a disease that can affect the lives of everyone associated with the person suffering from this disease, including children, significant others, members of the community, and employers (NIDA, 2015). Alcohol and drug addiction can also affect the mental health and physical well-being of the people struggling with the addiction (SAMSHA, 2014). Recovery is essential to reverse negative outcomes and to stop the cycle of addiction (Gorski, 2015). Recovery can lead to positive changes, in the lives of people recovering from addiction and others around them, which in turn positively affect social change (SAMSHA, 2014) Relapse occurs too

often for individuals attempting to achieve recovery and for individuals who have a history of recidivism in the criminal justice system.

Historically, people in recovery have learned to remain anonymous and to only talk about addiction and their struggles with addiction, with other members of the support groups, like Alcoholic Anonymous or Narcotic Anonymous (Shinebourne & Smith, 2011). However, practicing transparency can reduce the stigmas, associated with substance addiction and criminal recidivism, and transparency combined with self-efficacy is essential in maintaining long-term recovery and helping others struggling with obtaining long-term recovery (Williams, 2013). When participants, in this study, practice transparency while sharing their addiction experiences, the data they reported may positively influence other people struggling with addiction, counselors, health care practitioners, and members of the criminal justice system. The data findings will help reduce the stigmas associated with recovery to provide hope to individuals trying to achieve and maintain long-term recovery.

Summary

On average, alcohol and drug addiction affect one out of every ten Americans (SAMHSA, 2014). Addiction has been on the incline since 2012, and by 2020, researchers predict addiction-related treatments might surpass all medical disorder treatments (SAMHSA, 2014). The impact addictions have on United States citizen is overwhelming. A study from NIDA (2016), include information about how the United States spent over $500 billion annually on addiction and it' ripple effects. The objective of this chapter was to provide an understanding of how the abuse of drugs and alcohol

can lead to addiction, recovery, and recidivism in the criminal justice system. There were a few assumptions associated with this study, and if managed properly the assumptions should not cause any problems. This chapter also included details about the importance of self-efficacy in the recovery process and the importance of using tools and skills to achieve and maintain recovery. Many Americans view addiction as stigmas and historically encourages recovering individuals to remain anonymous regarding their experiences with recovery (Williams, 2013). Transparency, along with the application of self-efficacy, is essential to reduce the stigmas associated with substance addiction and criminal recidivism and save others who are suffering from addiction. Chapter 2 will include an in-depth review of the literature that emphasized the importance to the study.

Chapter 2: Literature Review

Introduction

My goal for this qualitative phenomenological research study was to provide hope to individuals who struggle with maintaining long-term recovery from substance addiction and has a history of criminal recidivism, based on insight and knowledge gained from the experiences of the participants. Many individuals who have a history of criminal recidivism and substance addiction struggle to avoid their old lifestyles that lead them back to drugs and alcohol use and criminal behaviors (Bassuk, Hanson, Greene, Richard, & Laudet, 2016; Morgenstern, et al., 2016; Snoek, Levey, & Kennett, 2016). Individuals who have a history of criminal behavior often find it difficult to break the old belief system that they can do better and deserve better (Laudet, Savage, & Mahmod, 2007). In addition, many people struggling in recovery lose hope and return to using the same substances that lead to many of their problems and criminal behaviors (Laudet, Savage, & Mahmod, 2007).

In this study, I focused on individuals who have experienced long-term recovery due to the practice of transparency and the application of self-efficacy traits or characteristics they can identify that led them to long-term recovery. Long-term recovery is difficult to achieve, and the 90-day mark is often a time frame when recovering individuals' relapses (Takeda et al., 2013). Some researchers believe that if the individuals are practicing transparency, applying self-efficacy, and can make it past the 90-day mark, they have a greater chance of achieving long-term recovery (Booth, Duff, Roper & Takeda, 2013; Sober Media Group, 2014). The problem is that there is limited

data about the positive application of self-efficacy and the practice of transparency for individuals in recovery to achieve long-term recovery from substance addiction and criminal recidivism (Williams, 2013). However, research about individuals who have achieved long-term recovery could provide insight and understanding about traits and characteristics recovering individuals identified as essential to achieving long-term recovery.

Substance addictions are epidemics in the United States, and they affect every aspect of a person's life, including family, employment, finances, and relationships (National Council on Alcoholism and Drug Dependence [NCADD], 2015). Substance addictions are also very prominent variables in the criminal justice system, and over 75% of individuals in the criminal justice system abuse drugs or alcohol (United States Department of Health and Human Services [USDHHS], 2013). Moreover, approximately 50% of individuals in prison and local jails meet the diagnosis of addiction, and over 55% of individuals arrested test positive for illegal drugs at the time of their arrests (NCADD, 2015). The repercussion of addictions not only affect the individuals and their families but their communities (NCADD, 2015; NIDA, 2010). Individuals who abuse drugs and alcohol are more likely to commit crimes including, but not limited to shoplifting, robbery, and theft (Davis, Doherty, & Moser, 2014), thus placing themselves in the criminal justice system. According to data findings from NIDA (2016), American citizens spend over 700 billion dollars annually on healthcare and health services, loss of productivity in the workplace, and fees associated with the criminal justice system, because of drugs and alcohol abuse and addiction (NIDA, 2011). To elaborate more

about the variables associated with this study, this chapter included an introduction relating to substance addiction and criminal recidivism in the criminal justice system, the literature search strategies, the conceptual framework, relating to the importance of self-efficacy in recovery, the literature review, and the summary.

Literature Search Strategy

I used several different search strategies to obtain peer-reviewed literature. I reviewed databases located in the Walden Library, to include PsycINFO, EBSCO, PsycARTICLES, ProQuest Central, and Sage Journal. In addition, the researcher used Google Scholar and Sage online publications to search for articles and websites relating to criminal behavior, recidivism, self-efficacy, transparency, and long-term recovery. The researcher searched key terms relating to the research topic. The keywords for my search were: *addiction, substance abuse recovery, transparency, maintaining recovery, achieving long-term recovery, characteristics relating to long-term recovery, remaining positive, addiction in the criminal justice system, recidivism, resilience, supporting recovery, Terrence Gorski, development model of recovery,* and *self-efficacy.* The researcher also searched for articles using a combination of terms, such as *recovery and the criminal justice system, stigma relating to recovery, role of transparency in addiction recovery, maintaining recovery in drug-court, difference between anonymity and transparency in addiction recovery, recidivism in the criminal justice system,* and *community support in addiction recovery.*

I used the list of references from current articles to gather sources that she could use in the literature review. To keep the data current, I used articles published between

2012 and 2017, which allowed this researcher to search and gather articles with-in the 5-year period to obtain relevant, peer-reviewed articles for the research study. By using Google Scholar and Sage online publications, I researched content from the Journal of Psychology and Clinical Psychiatry, Journal of Nursing Education and Practice, Indo-Pacific Journal of Phenomenology, Mediterranean Journal of Social Sciences, Qualitative Social Work, Journal of Substance Use, Journal of Dual Diagnosis, International Journal of Psychosocial Rehabilitation, Global Journal of Health Science, Iranian Journal of Psychiatry and Behavioral Science, HHS Public Access, Psychiatric Rehabilitation Journal, Substance Use & Misuse, Indian Journal of Psychological Medicine, International Journal of High Risk Behaviors and Addictions, Front Psychiatry, Psychology of Addictive Behaviors, and many additional credible and scholarly sources. Using referenced works relating to the topic allow access to instant peer-reviewed articles and helped saved time in the search for credible literature that was 5 years old or less.

Conceptual Framework

Albert Bandura's self-efficacy theory stems from the social cognitive theory. The concept of self-efficacy is the belief that people can succeed in life and have the power to change their lives (Morgenstern, Kuerbis, Houser, Muench, Shao, & Treloar, 2016). The application of self-efficacy may sound simple, but it is very difficult for people to achieve. Self-efficacy is even more difficult to achieve for people who struggle with substance addiction and have a history of recidivism in the criminal justice system (Van Hout & McElrath, 2012). Self-efficacy starts developing during early childhood and continues throughout a person's life (Bandura, 1982; Cherry, 2016). In childhood,

individuals learn new tasks, and they learn how to complete those new tasks (Bandura, 1982). Some researchers view the concept of self-efficacy as mastering tasks (Bandura, 1977; Cherry, 2016; Zhang, Mak, & Chan, 2017). When people master certain tasks, they develop a belief that they can accomplish other tasks (Cherry, 2016; Zhang et al., 2017).

Another important aspect of self-efficacy is what people witness or observe in their environments relating to completing tasks (Bandura, 1977). As people grow and develop in their environments, they learn how to cope and deal with life issues from their family members and other people of influence (Bandura, 1982). People who grow up in chaotic families may experience inadequate ways of coping with life issues and may learn to deal with failure by using and abusing drugs and/or alcohol (NIDA, 2010). As life tasks get harder, some individuals may fail, which can lead to self-doubt and anxiety (Bone et al., 2011). Self-doubt and failure can lead to the third concept of self-efficacy, which are negative personal thoughts (Bandura, 1977). The more people fail, the more they believe they cannot accomplish tasks in life, and these negative thoughts could be devastating for them in early recovery (Gorski, 2008).

` Many times, when people recovering from substance addiction have failed recovery attempts due to their inability to cope with life's issues, they begin to doubt they have what it takes to maintain recovery, and many revert-back to old ways of coping, including the use of drugs and alcohol (Kelly & Greene, 2014). People in recovery need to believe that they have the power to manage and deal with their problems as they arise (Kelley & Greene, 2014). Until they learn to believe in themselves and experience

success, they will revert back to old behaviors and relapse (Gorski & Jamison, 2003). When people start believing they have the power to be successful, they are experiencing self-efficacy (Gorski, 2008). The concept of self-efficacy includes hope and goal-directed thinking (Stevens et al., 2010).

Hope and goal-directed thinking lead toward thinking about or having a desire to accomplish goals, which are essential aspects of recovery and important for the person in recovery (Davis et al., 2014). The absence of hope often leads to depression and hopelessness, which is related to relapse for individuals who are trying to maintain recovery (Kelley & Greene, 2014; May, Hunter, Ferrari, Noel, & Jason, 2015). The application of hope and goal-directed thinking, decrease depression, anxiety, and other negative cognitive thoughts that may lead to relapse (May et al., 2015). The more success people experience, the more evidence of hope and self-efficacy they will have to draw from in the future (Davis et al., 2014; May et al., 2015). Success increases hope and self-efficacy, and continued success will increase the belief that they can achieve goals and maintain recovery (Kemp & Butler, 2013). Success also helps people understand that they have the power to maintain their own recovery (Buckingham, Frings, & Albery, 2013).

Another important point about self-efficacy is having self-love. Learning to love themselves may be difficult for people who abuse drugs and alcohol (Kemp & Butler, 2014). The concept of self-love relates to this research study and may link the importance of believing in oneself to obtaining and maintaining recovery (Kemp & Butler, 2014). In addition, hopeful and goal-oriented people who support the recovering

person can also foster self-love (Gestel-Timmermans & Brouwers, 2014; Kemp & Butler, 2014). A central focus for people recovering from substance addiction is learning to love self and by surrounding themselves with others, who are caring, compassionate, and hopeful is arguably the most important aspect of maintaining long-term recovery (Kemp & Butler, 2013).

Long-term recovery happens when the person learns to deal with old beliefs and attempt to break old patterns that will lead to relapse (Gorski & Jamison, 2006). In this stage of recovery, the individual needs to deal with family origin issues and negative self-concepts that can fuel relapse triggers (Gorski, 2008). This is the stage in recovery where the individual is learning to live life on life's terms, while breaking old patterns (Gorski, 2003). Long-term recovery gives the person time to take responsibility and use tools he or she has learned, in other stages of recovery, to avoid relapse (Gorski, 2013). As a person in recovery deals with problems and life's stressors, he or she can build confidence, increase self-efficacy and self-concept, and believe that he or she is capable and deserving of long-term recovery (Buckingham et al., 2013).

Literature Review

Anonymity

For many years, professionals in the field of substance addiction believed that people who were recovering from substance addiction needed to remain silent and anonymous about the help they were receiving (Williams, 2013). People participating in substance addiction recovery groups experience closed meetings where they often meet in the basements of churches and secluded buildings and enter through a private side door

(Williams, 2013). Alcoholics Anonymous (AA) groups stressed the culture of anonymity (Williams, 2013). While many health practitioners use anonymity to protect individuals in recovery from stigma, the concept and practice of anonymity have managed to enhance stigmas associated with addiction, which could hinder many people in recovery (Williams, 2013). A 2013 documentary, titled 'The Anonymous People,' has helped to decrease stigmas associated with addiction and has brought a positive face to recovery (Williams, 2013). This documentary provided information that encouraged individuals in recovery to talk about addiction, tell their stories, and let everyone know recovery is possible (Williams, 2013). Many individuals in this documentary had experienced substance addiction and criminal recidivism and understood how they broke the cycle of addiction and criminal behavior while being transparent about their struggles. The people in the documentary discussed the importance of self-love and taking control of their lives, to maintain long-term recovery (Williams, 2013).

It is very difficult for individuals in substance and recidivism recovery to experience success and to build self-love because of the stigma and laws that prevent them from obtaining a job, driver's license, and reliable treatment (Lutman, Lynch, & Monk-tuner, 2014). The concept of anonymity in recovery has been around for over 75 years, since Bill W. introduced it when he founded Alcoholics Anonymous (AA) meetings (Ackerman, 2015). Bill W. founded AA and stressed the application of anonymity to encourage those struggling from addiction to seek help without being afraid someone would find out about their addiction problems, while in recovery (Ackerman,

2015). Anonymous practices not only protected the individual in recovery, but others at the meetings as well (Ackerman, 2015).

A study conducted in 2012 included information about how men and women attend support group meetings for different purposes (Ackerman, 2015). Over 75% of men in the study stated they enjoyed networking and the support they received from friends (Ackerman, 2015). Women in the study reported they enjoyed the ability to talk about their feelings and having their conversations about their feelings heard (Ackerman, 2015). Both groups of participants reported that they felt comfortable sharing their stories during group, because they trusted and believed that their stories would not be heard outside the meeting, unless they choses to do so (Ackerman, 2015). However, William Moyers, the vice president of public affairs for Hazelden recovery literature, suggested redefining the concept of anonymity (Ackerman, 2015). William Moyers stated that while the concept of anonymity works for some, it does not work for everyone and needs to change (Ackerman, 2015). Moyer noted that he could not talk about his addiction without talking about how he recovered (Hazelden, 2015). In addition, Moyer could not talk about how he recovered without talking about how he is maintaining his recovery (Ackerman, 2015). Moyer is one of the driving forces of the Voices and Faces of Recovery Movement. While he understands anonymity within the walls of AA and other support groups, he also understands the value of members talking openly about their recovery, to let others know that they do not have to live with the guilt and shame of addiction (Ackerman, 2015).

[[The above was the last page I edited thoroughly, so please be sure to continue through this chapter and make the appropriate changes, as they are indicated above.]]

Transparency

Findings, from research, suggests a growing number of people in recovery use more positive language to describe who they are as people in recovery (Williams, 2013). Instead of people in substance abuse recovery introducing themselves as addicts or recovering addicts, they use more positive and self-empowering terminology (Gestel-Timmermans & Brouwers, 2014). The positive introductions consist of saying his or her name followed by using the phrase 'a person in recovery' (Williams, 2013). This type of positive practice can help break the negative stigma of addiction and improve peoples' self-concept leading to self-efficacy (Gestel-Timmermans & Brouwers 2014; Moreganstern et al., 2016). Historically, rehabilitation administrators and counselors have recommended that individuals struggling with addiction to substances, to keep their 'problems' to themselves and limit the conversation to group in an anonymous manner (Brasi, 2012). The desire for anonymity is due partly to social stigmas where society continues to negatively judge people who are addicted to substances (Snoek, Levey, & Kennett, 2016; Williams, 2013). Many people still do not consider addiction as a disease and think it is a choice (NIDA, 2014). In addition, there is a lack of education and understanding relating to people with addictions (Williams, 2013).

Research findings, from the United Kingdom Drug Policy Commission, provide evidence that negative attitudes toward addiction and the people struggling with

addictions may follow them throughout their lives (Brasi, 2012). The data from Brasi (2012) study indicated that not only do the public has negative attitudes and disapproval toward individuals suffering from addiction, but almost half of professionals who have the task of treating people with addiction share those negative opinions. These professionals include therapists, medical personal, healthcare practitioners, and clergy (Brasi, 2012). The data findings from the study show that bias continues to play a role in the treatment of people who have a history of addiction, to the point where they reported experiencing a longer wait time in pharmacies (Brasi, 2012). The stigmas continue for individuals suffering from addiction and many people are afraid that the stigmas will worsen if they are transparent about their struggles with addiction (Williams, 2013).

Talking openly in support groups and other public venues will help to break negative stigmas and encourage others suffering from addiction, to be more transparent about their recovery (Gestel-Timmermans & Brouwers, 2012). Williams, (2013), stressed the importance of talking openly and sharing recovery stories. Silence will continue to endorse the shame stigma associated with addiction and recovery (Williams, 2013). Talking about recovery and how individuals have achieved recovery will allow the individual to talk about their struggles with recovery, which could potentially break some of the silence and stigmas of addiction (Williams, 2013). The qualitative study followed 59 participants involved in a 12-week therapy group, where the researchers studied, observed, and evaluated traits that helped the participants with recovery (Gestel-Timmermans & Browers, 2012). Thirty one percent of the participants dropped out of the study due to relapse and inconsistent involvement in the group therapy (Gestel-

Timmermans & Browers, 2012). The remaining participants identified various traits that helped them with recovery. Traits included, but limited to; ability to talk to someone in the group about their problems; shared issues; feeling accepted, and feeling they were understood (Gestel-Timmermans & Browers, 2012), thus providing evidence that transparency and talking openly about addiction will help to reduce stigma and encourage recovery.

Recovery

Recovery is difficult to achieve (NIH, 2013; Takeda, Roper, Duff, & Booth, 2013; Moore et al., 2016). Historically, professionals reported that 1 out of 10 people who seek treatment for drug and alcohol addiction would maintain recovery after 90 days (NIH, 2013). Staying in recovery for at least 90 days allows the individuals to detox from the drug, learn and use new coping skills, start to mend and build new relationships, and start to heal from shame and guilt (Kemp & Butler, 2014; NIH, 2013). The individual who embraces the above tools stands a greater chance of maintaining recovery longer than the 90-day mark (Takeda et al., 2013 & NIH, 2013). Maintaining recovery depends on several things, including but not limited to gender, age, an underlying mental disorder, and the drug abused (NIH, 2013; SAMHSA, 2015).

In 2011, mental health professionals diagnosed approximately 20.6 million people over the age of 12 with a substance abuse disorder, and only three million of those 20.6 million accessed treatment (NIDA, 2011). In the past 20 years, the number of people who overdosed on drugs, tripled from 100 to over 300 a day (NIDA, 2016). Addiction is not only devastating, but also deadly (NIDA, 2011). Individuals who suffer from

addiction make up about half of the population in the criminal justice system (NIH, 2015). However, only about 20 percent of those individuals can access treatment (NCADD, 2015), because most jails and prisons do not allow inmates access to treatment. The lack of treatment, in the criminal justice system, is historically due to the belief that jail is a form of punishment, not rehabilitation (Anglin, 2013). However, some drug court administrators identify a positive outcome for offenders and allow them the opportunity to seek treatment (Anglin, 2013).

A study conducted in California, included information about how the state saved approximately 100 million dollars its first year of operation (NIH, 2014), by extending treatment to more offenders who experienced substance addiction verses locking them up (NIH, 2014). The results from this study is important because when incarcerated people, who need help with their substance addictions are not able to access treatment, it is estimated that 95% of those individuals, when paroled or out on probation, relapse or are re-arrested within one month of release (NCADD, 2015). In recent years, researchers agreed that individuals on probation stand a greater chance of recovery if they surround themselves with a positive peer group (NIH, 2013; Davis et al., 2014). Malouf, Stuewig, and Tangney (2012) conducted a study where they followed 322 female and male ex-inmates and on probation for one year. The participants in the study responded to question relating to rating their use of drugs and alcohol, as influenced by peer choices. The results from the study indicated that the participants who associated with a negative peer group, of individuals, who used drugs or alcohol, experienced an increase in drugs and alcohol use of 0.3 to 0.4, compared to ex-inmates who associated with positive peers

who did not use drugs or alcohol (NIH, 2013). The study findings also showed a correlation between increased drug uses of ex-inmates prior to the incarceration and those who associate with drug using friends after release (NIH, 2013). The study also included information about ex-inmates' self-control and how this variable relates to recovery (NIH, 2013). Ex-inmates, who rated high self-control before release, decreased their use of drugs and alcohol for one year (NIH, 2013). However, for ex-inmates who continued to associate with a negative drugs and alcohol using peer group, the ex-inmates' self-control were insignificant when tempted by drugs and alcohol (NIH, 2013).

Another study conducted by Buckingham et al. (2013), examined the correlation between social identity and belonging to a group. The results from the study indicated that a feeling of being part of support group has many positive implications, including a sense of belonging, and an increase of a more positive physical and mental health (Buckingham et al., 2013). According to Williams (2013), individuals in recovery have benefited from support groups for over 50 years. Being a part of support groups allow individuals to have that feeling of belonging and the increased sense of identity (Buckingham et al., 2013). Belonging to a positive support group helps the individual develop a new positive social identity, as opposed to the negative identity from a negative drug using peer group (Buckingham et al., 2013). The results from the study also indicated that when people recovering from substance addiction have positive self-identities and feelings of social connectedness, there is a reduction in relapses (Buckingham, 2013). Buckingham et al. study also included information about the number of times a person relapsed, and the researchers used self-efficacy to measure

participants' responses to questions about believing that they can remain drug free, having a favorable view of recovery, managing their addictions, and thinking they can maintain recovery. The researchers had 59 participants, who attended AA and/or NA meeting on a regular basis; respond to a questionnaire with 150 questions. Findings from the questionnaire indicated that there was a direct relationship between recovery and self-efficacy, and participants' application of self-efficacy resulted in more months of being drug free (Buckingham et al., 2013).

Participants, who had a positive mental identity and used positive self-statements to re-enforce self-efficacy and mental health wellness, showed a .83 percent increase of remaining drug free for two years (Buckingham et al., 2013). While, individuals diagnosed with a serious mental illness (SMI), have a high percentage of relapse when not taking their medications (Thomas, Medoff, & Drapalski, 2016). Many individuals with SMI often take their medications after discharge from a hospital or a severe depressive episode (Thomas, et al. 2016, SAMHSA, 2015). However, when their symptoms decrease, they often stop taking medication, thus believing they do not need it any longer (Thomas, et al., 2016). However, social support, self-efficacy, and support from people in the mental health system can help the person with SMI continue to take his or her medication and maintain recovery (Thomas, et al, 2016).

A recent study conducted by Thomas et al. (2016), clarified the relationship between social support and subjective and objective recovery. Results from the study indicated a strong relationship between individuals with SMI and mental health professionals with both subjective and objective recovery (Thomas, et al, 2016).

Individuals, who experienced close positive relationships with their mental health professionals, stayed on medication, continued with treatment, and had lower episodes of depressive symptoms (Thomas, et al, 2016). Findings from the research showed strong evidence that those individuals who received positive support from professionals in the mental health system, maintained recovery (Thomas et al, 2016). In addition, mental health providers and professionals can assist individuals with SMI in building social and family support to aid in recovery (Thomas et al, 2016). Researchers, linked self-efficacy to both subjective and objective recovery as a way of aiding in maintaining mental health recovery (Thomas, et al, 2016), which may have led to long-term recovery and less time in the criminal justice system.

Recidivism

Chronic health problems such as, mental health issues, medical issues, and substance abuse and addiction are predictors of recidivism (McDonnell, Brookes, & Lurigio, 2014). At least 50% of individuals who experienced criminal arrests have a diagnosis of mental illness and/or a substance abuse disorder, and about 2/3 of the arrestees have at least one medical disorder (McDonnell, et al., 2014). Administrators in the criminal justice system have had to adjust policies and practices that included taking care of all the above physical, mental, and substance related disorders of the individuals in jails and prisons (Hart & Ksir, 2011). When administrators, in the criminal justice system, release-recovering offenders from jail or prison, it is imperative they continue with treatment or rehabilitation for their disorders, to decrease the possibility of relapse and recidivism. Rehabilitation is extremely important and needed, when addressing

mental health, substance abuse, and medical issues, to decrease recidivism that occur from mental health, substance abuse, and medical deterioration (Jason, Olson, & Harvey, 2015). Individuals who continued rehabilitation to address substance abuse, mental health issues, and maintain medical treatment decreased recidivism (Jason, Olson, & Harvey, 2015).

According to Milton (2012), over 12 million people cycle through jails and prisons each year in the United States. In addition, many of these individuals have substance abuse, mental health, and medical issues (McDonnell, et al 2014). The medical issues can include sexual transmitted diseases, chronic medical conditions such as, heart and liver diseases, and diabetes that needs to be treated while the individual is in the criminal justice system (McDonnell, et al., 2014). Reducing recidivism rates directly affects the cost spent in the criminal justice system (NIDA, 2014). To reduce cost, individuals need to follow treatment recommendations that include rehabilitation in support groups, medical clinics, substance abuse treatment facilities, and mental health centers (Jason et al., 2014). The medical and mental health care systems have merged over the last 5 years, and a person who has a chronic medical condition, mental health issues, and substance abuse issues can get the help they need in the same facility (McDonnell, et al., 2014). The Parity Act helped to merge the areas of care into one location (McDonnell et al., 2014). Currently, many medical clinics employ licensed clinicians who can address mental, substance abuse, and medical issues at the same time (McDonnell et al., 2014). Over time, having the access to medical help in one location

could help to reduce recidivism rates and cost in the criminal justice system, if offenders use available services (Jason et al., 2014).

Jason (2012) conducted a study following 270 ex-inmates, randomly assigned to three different locations. The locations included in the study were Oxford Homes (OH), Therapeutic Communities (TC), and typical care settings (TCS) (Jason, 2012). TC allowed individuals easy access when seeking counseling, a supportive environment, and visitation from friends and family (Jason et al., 2012). Oxford Homes supported visitation from family and friends and offered a supportive environment; however, did not support easy access to substance abuse counselors (Jason et al., 2012). However, TCS did not offer easy access to substance abuse counselors, a supportive environment, and depending on the location of the individual might restrict family and friends' visitation (Jason et al., 2012). The researchers selected participants, randomly assigned them to TC, OH, or TCS, and interviewed them after 24 months. The researchers interviewed 82% of the participants from OH, 81% of the participants from TC, and 78% of the participants from TCS (Jason et al., 2012). The researchers could not interview 100% of participants due to insufficient addresses or death.

The researchers rated each participant's use of alcohol over a two-year period. The participants in OH achieved the higher percentage of abstinence at 66% (Jason et al., 2012). TCS participants achieved a 49% abstinence rate with TC achieving a 40% rating (Jason et al., 2012). The participants reported rates of abstinence from drugs did not show a large percentage of difference, and the percentages ranged from 49%, 44%, and 42% with OH, TC, and TCS (Jason et al., 2012). The percentages may be low because

offenders with a history of sex offenses and violent crime did not meet the criteria for the study. However, the offenders who took advantage of community support, family support, and rehabilitation services can reduce the risk for recidivism, and predictors that could lead to undesired association with the criminal justice system (McDonnell et al., 2014). Another predictor of recidivism is the lack of steady employment (Jason et al., 2012). Participants who stayed in OH had more working days out of the month than the other two groups (Jason et al., 2012). The group in the OH also earned more money and reported feeling more financially stable than the participants in the other groups (Jason et al., 2012). However, the findings from the study showed that the younger participants made more money in comparison to the older participants (Jason et al., 2012). This stands true regardless of being in OH, TC, or TCS (Jason et al., 2012). Since abstinence from substance use and abuse and steady employment are variable that may prevent recidivism, this study shows evidence that offenders from Oxfords Homes are more likely to maintain recovery and reduce the risk of recidivism than participants from Therapeutic Communities or traditional settings (Jason et al., 2012). Some other setting such as drug court may prove effective in reducing recidivism.

According to Marlowe, Festinger, Dugosh, Benasutti, Fox, and Herron (2013), the participation in drug court has proven to reduce recidivism; mainly due to the strict requirements, participants must agree to follow. The requirements include, but are not limited to, random drug screening, maintaining steady employment or showing efforts in finding employment, being involved in outpatient counseling, maintaining medication management if recommended, and attending substance abuse support group meetings

(Marlowe et al., 2013). An experimental trial study conducted by Marlowe et al., (2013) reviewed the effectiveness of drug court programs and how drug court strict requirements relate to recidivism. If the participants fail to meet any of the above requirements, court officials will kick them out of the program and they will have to complete their full sentences (Marlowe et al., 2013). Researchers in the study followed participants for six, twelve, and eighteen months, while the participants were participating in a drug court program.

Researchers divided the participants into high-risk groups and low risk-groups. The high-risk groups went before the judge, on a bi-weekly basis and participated in additional rehabilitation meetings, support groups meetings, drug screens, and case-management sessions (Marlowe et al., 2013). The low risk group appeared before the judge as needed, and the judge required the participants to attend weekly support groups and random drug screenings (Marlowe et al., 2013). The high-risk group had previously failed at least one drug screening, missed required sessions in the first 30 days, and assigned to adaptive or baseline conditioning (Marlowe et al., 2013).

The findings from the study indicated that at least 22% of the participants experienced recidivism within 18 months of enrolling in drug court because of new offenses (Marlowe et al., 2013). However, most of the arrests were misdemeanor arrest and about half of the arrests were due to simple drug possession (Marlowe et al., 2013). Participants assigned to the high risk or adaptive conditioning group were twice as likely to have negative drug-screening results in the first 18 weeks of the program (Marlowe et al., 2013). However, as time progressed there were no significant percentage changes

with the two groups in 6, 12, or 18 months for negative drug-screening results (Marlowe et al., 2013). Moreover, the results from the study suggested that recidivism for participants in the drug court study were low and did not present a safety issues for society since they were misdemeanor charges (Marlowe, et al., 2013). Even with the support from drug court, regular employment, and efficient health services, the application of self-efficacy may prove the most effective when seeking long-term recovery.

Self-Efficacy

According to Morgenstren el al. (2016) motivation and self-efficacy works well together, and motivation can affect one's positive or negative beliefs. When practicing self-efficacy, people believe that they can implement actions needed to produce desired results (Taghizadeh & Cherati, 2013). In a study conducted by Taghizadeh and Cherat (2013), 100% of all the participants relapsed at least once, and the results from the study concluded that low levels of self-efficacy have a direct relationship with the relapse, thus indicating the importance of practicing self-efficacy during recovery. A study conducted by Nikmanesh, Baluchi, and Motlagh (2016), indicated that self-efficacy combined with social support were excellent predictors of relapse, and that people recovering from substance addiction are more likely to stop using drugs with the application of higher self-efficacy. If people in recovery applies motivated to maintain recovery, when struggles arise, they will use the tools they should continue recovery, and if they lose that motivation, they stand a greater chance of relapse (Morgenstren, el al, 2016).

The more successes people experiences, when dealing with life problems and struggles, the more motivated they will be to face problems (Morgenstren, et al., 2016). Experiencing successes directly relate to self-efficacy, in that the people increase the belief that they can deal with problems and maintain recovery (Morgenstren et al, 2016). Self-Efficacy relates to reduce relapse and promoting consistent use of coping skills in offenders (Davis, Doherty, & Moser, 2014). In a study conducted by Torrecillas et al. (2015), the results showed coefficients of 1.47 for the methadone group, 1.44 for the cognitive group, and 3.75 for the alcohol group, which concluded that the higher the self-efficacy, for participants, the less likely they would belong to the groups. In addition, displaying effort positively correlated between achievement (Li, 2012), and that type of positive attitude can affect social desirability in ex-offenders and directly affect their self-efficacy (Davis et al., 2014). The current study assessed participants involved in an intensive outpatient program after criminal justice officials release them from jail or prison. Health service administrators designed the program for offenders who had a moderate to severe drug and alcohol abuse problem, as defined by Drug Abuse Screening Test (DAST) or Michigan Abuse Screening Test (MAST) (Davis et al., 2014). Participants who agreed to the study received the Drug Avoidance Self-Efficacy Scale (DASES) and the Drug Taking Confidence Questionnaire (DTCQ), from the researchers. The DASES is a questionnaire, consisting of 16 questions designed from Bandura's self-efficacy theory (Davis et al., 2014). The study consisted of questionnaire to rate participants' confidence in resisting drug use and using coping skills to resist drug use (Davis et al., 2014). Results from the study, showed that offenders who completed the

intensive outpatient program had significant increases on concepts of their ability to avoid drug use, had a more positive concept of self, and increased internal locus of control as compared to pre-assessment (Davis et al., 2014).

Biopsychosocial Aspects of Addiction

Drug addiction is a disorder that is largely stigmatized in society that negatively impacts individuals who suffer from addiction. Individuals recovering from addiction are faced with not only social obstacles to overcome but also psychological and biological obstacles (Mee-Lee, 2012). The combination of obstacles often overwhelms the individual. Individuals in early recovery may not have the tools to deal with life problems and often relapse. The biopsychosocial approach incorporates the multiple issues affecting individuals in recovery and the combination of the struggles they often face (Mee-Lee. 2012)). Understanding stigmas and how they affect recovering peoples' ability to change their thinking is necessary to make the changes for long-term recovery.

The biopsychosocial model views addiction as a disease and is a chronic, progressive, and relapsing disease that affects all areas of a person's life (Gorski, 2008). By understanding how individuals in recovery view the recovery process will increase knowledge affecting treatment in the future (Mee-Lee, 2012). This framework has the potential to change how recovery is viewed and review how the individual's physical, psychological, and social aspects will affect their recovery.

Individuals in recovery often deal with how they view recovery and interpret problem situations. During active addiction, the use of drugs and alcohol changes the

brain and decreases certain chemicals in the brain, including but not limited to serotonin and dopamine (NIDA, 2014). Once the drugs and alcohol are removed, the brain must recognize this before it starts making the natural chemical again. Until the chemicals are present in the brain; depression, frustration, and anger may increase making it difficult for the individual to view and deal with situations in a productive manner (NIDA, 2014). The decrease of chemicals in the brain negatively affect how individuals in recovery deal with situations. Their ability to remain focused and calm is often affected due to the decrease of chemicals in the brain. The person in recovery is still fighting the personality traits of addiction such as lying, manipulation, and blaming (Bohlin, 2013). Personality traits of addiction, combined with the decrease of natural chemicals in the brain can negatively affect how recovering individuals view situations and deal positively with situations (Mee-Lee, 2012).

Addiction is a disease that is best treated with the biopsychosocial model. Since the person in recovery is not the only person affected, an approach that focuses on the recovering persons genetics, mental health, and relationship with family and community is essential (Mee-Lee, 2012). While there are certain geneticists and risk factors that can increase an individual's risk of crossing the line to addiction, no one can predict a person will become an addict (Mee-Lee, 2012). A holistic approach for recovery focusing on biology, psychology, and social aspects can increase positive recovery (Mee-Lee, 2012).

Review of Methodological Literature

Importance of Support

The literature search revealed a few viable phenomenological research articles, relating to substance addiction, criminal recidivism, recovery, and self-efficacy. A phenomenological study conducted by Lobi (2014), noted the importance of spiritual support from pastoral care, emotional support from connected family members, and some form of meaningful and employable skills that are sufficient for employment post-release for people experiencing recidivism in the criminal justice system. The study also included information about how inmate's experienced improved self-efficacy and self-esteem due to educational programs offered to them while incarcerated, and the researchers believed that because of this level of support and self-efficacy gained inmates have a greater chance of success once releases (Lobi, 2014). Another study conducted by Ho et al. (2016) concluded that people struggling with recovery can seek solace by gaining an understanding of their spirits and thus providing a certain sort of self-support or self-efficacy. The researchers for this study view spirituality as a natural part of the participants' wellbeing during the recovery process. Kruk and Sandberg (2013) performed a phenomenology study using 28 active and former substance addicted females and found that the support most of the participants reported needed during recovery were normalization, spiritual safety, and social connection. Many of the participants in this study reported experiencing relapses due to the lack of support in those needed areas (Kruk & Sandberg, 2013). For the participants who developed a belief that they could recover, reported that having a connection in counseling, spiritual

focus, an environment for learning and working, and sense of safety within their environments (Kruk & Sandberg, 2013). Vandermause (2011) also believed that people recovering from substance addiction have a need to feel connected, thus noting the importance of support. In a study conducted by Abedi, Rizi, Nasrollah, Ghodoosi, and Navidian (2016), the findings revealed that the ability, for people recovering from substance addiction, to contribute to a community that accepts them, played a major role in the participants' recovery.

Transparency in Recovery

Researchers believe that narrative therapy provides a sense of meaning to people recovering from substance addiction, because when they tell their stories of addiction, their experiences gain meaning (Hammer, Dingel, Ostergren, Nowakowski, & Koenig, 2013). The study also noted that people in recovery treatment view themselves based on the language they adapt in the treatment culture, thus when people in recovery adopt a language that promotes moral imagination; they can act on their goals. Researchers from this study noted that narrative therapy, for people in addiction recovery foster empathy as a cure for the counterproductive stigmas that can hinder long-term recovery (Hammer et al., 2013). However, in another study conducted by Flanagan (2013), the researchers believed that accepting shame could act as a normal aspect of recovering. The researchers believe that it is proper for a person in recovery to experience so form of shame as a means of accepting the addiction was wrong, while learning to forgive him or herself and reconstructing and claim a motivated and sensible life (Flanagan, 2013).

Summary and Conclusion

In summary, this literature review revealed several themes about recovery. One of the themes that came from the literature is self-efficacy and that it links directly with believing goals are possible, thus recovery is possible. The literature noted that people in substance addiction recovery must value success and take each problem as it comes and build off successes. This is essential with individuals who have a history of criminal recidivism and substance addiction, because the individuals have addiction stigmas as well as criminal stigmas. Building off successes and participating in positive support groups can lead to long-term recovery. Past research also included data about the importance of a positive support system and positive peer group, which is another theme. Individuals who have a history of criminal recidivism often have a negative peer group and have internalized stigmas. Meaning they have not developed an identity that is not associated with being an addict and a criminal. Data from past research indicated that people in recovery must develop an identify other than addicts and criminals (Buckingham, 2013). They must believe that they can achieve recovery and maintaining recovery.

The present study built off past research and added to the body of literature. The researcher linked self-efficacy and long-term recovery. Identified characteristics from participants could show what is essential to achieve recovery, by building self-efficacy to maintain recovery. The data from the literature shows that relapse occurs more often than recovery. The researcher used the stories of the participants, who understand the importance is transparency during recovery and what it takes to achieve and maintain

long-term recovery. The literature also included information about how the application of hope is essential in achieving long-term recovery. Individuals in recovery must speak openly about their issues with substance abuse and recidivism and break those stigmas. Addiction is real and not only affects the individual but also affects their families and societies. Individuals in early recovery need to understand how important self-efficacy is and how self-efficacy relates to long-term recovery. Believing that they can deal with life problems and embrace meaningful characteristics others have embraced will give them the hope, they need to achieve and maintain recovery.

Chapter 3: Research Method

Introduction

Substance addictions continue to have a severe impact not only on the people addicted to the substances but to those closest to them and the United States society (NIH, 2014). Research findings indicate a strong connection between crime and drug addiction (NIH, 2014). According to data from the NIH, many people addicted to drugs and alcohol may resort to crimes, such as stealing to obtain money for drugs, driving while intoxicated, and selling drugs (NIH, 2014). Individuals who have a history of recidivism in the criminal justice system may find it difficult to maintain sobriety due to many obstacles they face while trying to achieve and maintain sobriety (NIH, 2014). In addition, individuals who have been in the criminal justice arena are at greater risks of relapse than the general population (Brezina & Topalli, 2012). The purpose of this qualitative phenomenological study was to gain more insight and knowledge about how the application of self-efficacy and the practice of transparency helped individuals in recovery achieve long-term recovery from substance addiction and criminal recidivism for two or more years.

The application of self-efficacy provides hope to individuals who have a history of recidivism in the criminal justice and the understanding that achieving and maintaining recovery is possible (Kemp & Butler, 2014). Bone et al. (2011) explained that focusing on the positive is important for people in recovery from drug and alcohol addiction because being positive could provide hope and optimism to others. In addition, when people in recovery believe that they deserve better and that they can achieve recovery,

their beliefs could help other individuals change their negative and destructive thinking (Bone et al., 2011). Many individuals who are experiencing recidivism in the criminal justice system do not see a way out and do not think they can change (Kelly & Greene, 2014). However, some researchers believe that the application of self-efficacy by hearing, reading about, and presenting their own positive stories of change, could help people in recovery alter their lives and possibly the lives of others (Kelly & Greene, 2014).

According to Williams (2013), the gap in the literature is that there is limited research about the application of self-efficacy and the practice of transparency for individuals in recovery to achieve long-term recovery from substance addiction and criminal recidivism. By addressing this gap in literature, people in recovery can gain and maintain the motivation and goal directed thinking needed to break the cycle of addiction and recidivism. In addition, addressing this gap in literature could also provide evidence to health practitioners, policymakers, researchers, and educators that applying self-efficacy and a transparent way of communicating their recovery experiences can lead to continued recovery and break the stigmas associated with recovery. Therefore, encouraging participants to share their experiences about how they have achieved long-term recovery provides hope to others suffering with addiction, helps to reduce the stigmas associated with addiction, shows the importance of transparency, and moves toward positive social change (Williams, 2013).

In this chapter, I reviewed the gap in literature, explained the purpose of the study, and the research questions for alignment. This chapter included the research

design and rationale for the study, a detailed description of my role and biases, the instrumentation, participant selection, recruitment, methodology, and data collection. Finally, this chapter included the data analysis plan and information explaining issues of trustworthiness and ethical issues about working with the selected participants before ending with the summary.

Research Design and Rationale

Research Design

The research design that I selected for this qualitative study was phenomenology. Moustakas (1994) presented the concept of phenomenology as a science of experiences, judgment, perception, and thought. Phenomenology is a structured methodology that comes from awareness and focuses on subjectivity while discovering the essence of experiences (Moustakas, 1994; Patton, 2002). According to Moustakas, researchers use phenomenology to understand participants' shared experiences, based on the participants' feelings associated with the phenomenon in the real-world setting. Additionally, phenomenological research describes the meaning and the essence of individuals shared, lived experiences (Van Manen, 2007). The qualitative research approach was suitable for this study because the research consisted of features that focus on the identification, nature, essence, and accounts of the phenomenon shared by all the participants, based on views from Van Manen. I used a phenomenological methodology to describe and examine the recovery experiences of selected participants living in Dyer, Obion, and Tipton counties who had a history of recidivism and substance addiction. The recovering participants shared their experiences in the form of face-to-face and voice-only recorded

interviews. I reduced those transparent recovery experiences to the very essence of meaning, as recommended by Creswell (2007). The purpose of the study was to gain more insight and knowledge about the transparent recovery experiences of individuals who had a history of substance addiction and recidivism, so that others struggling during recovery may gain self-efficacy and maintain sobriety and long-term recovery.

Rationale

This study was significant because it explained that long-term recovery is not an easy task to achieve, and many individuals who have a history of addiction and criminal behavior find it extremely difficult to achieve long-term recovery due to their lifestyles, negative peer groups, problems finding employment, and the lack of hope to succeed (Brezina, Topilla, 2012). However, this study may stimulate positive social change with the application of self-efficacy, as people struggling from addiction and recidivism may learn the importance of being transparent during the recovery process. The reason for the study was to gain a greater understanding and more knowledge about the participants' transparent recovery experiences, related to a history of substance addiction and recidivism. Terence Gorski's (2014) concepts of long-term recovery are essential for individuals who have been in the criminal justice system to embrace to achieve long-term recovery. Gorski believed that an individual cannot achieve long-term recovery without self-efficacy, and the person must have the belief that he or she is important and capable of achieving long-term recovery.

Recovery concepts outlined in long-term recovery include building community support, mending relationships with family, managing relapse triggers, and counting

successes, the person has accomplished (Gorski, 2014). These concepts are essential for individuals to recognize that they can maintain recovery and develop hope for their futures. Developing hope for the future is important because alcohol and drug addictions are such costly and destructive epidemics in America that they not only affect the individuals suffering from the addictions, but their communities, families, and societies (NIH, 2015). To address the costly and destructive epidemics, researchers, policymakers, educators, and health practitioners are attempting to implement more interventions to prevent and treat addictions. This qualitative study, using the phenomenological approach, will allow the researcher to interview and explore identifiable characteristics shared experiences from participants. The findings from the study may lead researchers, policymakers, educators, and health practitioners to identifying positive essential characteristics associated with long-term recovery to break the cycle of addiction and recidivism, based on ideas from Gorski and Jamison (2003). Long-term recovery can lead to positive changes, in the lives of people recovering from addiction and others around them (Moore, et al., 2016), which in turn create positive social change.

Positive Social Change for Addiction Recovery

The National Institute of Drug Abuse (2012) report over 23. 5 million people suffer with drug addiction in America. What is more astonishing is only 2.6 million will seek treatment in a facility specializing in addiction treatment (Steps to recovery, 2013). One reason many people do not seek treatment is the social stigma of addiction. There has been a large amount of research in the last decade devoted to addiction and showing evidence that addiction is a disease (NIDA, 2012). However, even with all the research

devoted to addiction as a brain disease, many people in the individual's family, community, employment, and society look down on people suffering from addiction and consider them a failure (Steps to recovery, 2013). This attitude continues the stigma of addiction, causing many individuals not to seek help decreasing the chance they will achieve recovery (2013).

Stigma stops individuals suffering from addiction from seeking treatment for fear of losing their jobs, their families, going back to jail, or damaging their reputations (Steps to recovery, 2013). Often individuals suffering from addiction are told not to tell anyone they are in counseling or have been in rehab (Barasi, 2012). This code of silence hinders the person to be able to talk about his or her issues or continue with aftercare, which will decrease his or her chances of long-term recovery (Barasi, 2012).

Negative attitudes of addiction not only come from the individual's family members, but employers, spiritual groups, probation officers, and even professionals (Barasi, 2012). When the stigma of addiction is broken, the individual trying to achieve long-term recovery stands a greater chance of maintaining their recovery because they do not feel ashamed or shunned (Steps to recovery, 2013). When people who have achieved long-term recovery speak up and are transparent they will help break the stigma of addiction and decrease the shame and guilt that is affecting many people who are still embarrassed of their recovery or attempts to achieve recovery (Barasi, 2012). Decreasing the stigma of addiction and recovery will lead to social change that will directly affect the individual, their families, communities, and societies. People in recovery will become productive members of society, positive family members, and dependable employers.

Research Questions

The central research question guiding this phenomenological qualitative study was: How do people recovering from substance addiction who have a history of recidivism in the criminal justice system, perceive their transparent recovery experiences? To further examine this central research question about people recovering from substance addictions living in Dyer, Obion, and Tipton counties the researcher developed the following subquestions:

1. What value do people recovering from drug and alcohol addictions, who also have a history of criminal recidivism, place on the application of self-efficacy and the practice of transparency as a recovery strategy?
2. How has the experience of transparent recovery from drug and alcohol addictions, for two or more years, improved recovering peoples' self-efficacy?

Role of the Researcher

This qualitative study required a passionate and strong commitment from me. I investigated a problem that has great interest me, based on ideas from Creswell (2014). I served as the observer for this study and remained objective while the participants responded to the interview questions as experts. Even though I experience in recovery, both personally and professionally, the study was not about me, but the participants and their stories. For the participants to feel comfortable, I built excellent rapport with the participants (Pitts & Miller-Day, 2007). Maintaining excellent rapport, with the participants, allowed me to have access into their lives, which assisted the participants in

feeling comfortable enough to tell their stories about how they achieved long-term recovery, according to ideas from Creswell.

Another role was sorting through large amounts of collected data (Moustakas, 1994), which was a long process. In addition, I took the data and coded the data into similar themes that came from responses from the interview questions about transparent recovery strategies of participants in long-tern recovery from substance addiction. I documented data findings, for the study, in a way that helped reflect the essence of the participants' experiences and not simply reporting data (Creswell, 2014). It was important to use participants' words and quotes accurately to express different perspectives and linked similar characteristics (Rudestam & Newton, 2015). I was able to conduct the study without firm guidelines or procedures (Creswell, 2014). When conducting a qualitative study, the focus was more concerned with the story of participants than on specific rules, which allowed for subjectivity and open-ended questions during research (Creswell, 2014). Having strict guidelines and procedures could have hindered participants' desires to share their stories about their transparent recovery experiences, based on views from Patton (1990). This type of social and human research project is also constantly changing and evolving (Creswell, 2014), thus making it more complicated for others to judge or understand. I took extra care to remain non-judgmental and not allow personal biases to interfere with interviewing participants and gathering data (Pitts & Miller-Day, 2007). I did not do anything that would taint the results or skew the data (Abrams & Nolan, 2016). I remained objective, recorded the

information accurately, and limited authority over participants to have a valid study (Pitts-Miller-Day, 2007).

Because the participants in this study were in recovery and had a criminal past, it was essential to remain sensitive to their stories, based on ideas from Moustakas (1994). Moreover, because of my job, it was possible I could have had personal relationships with some of the participants. This possibility existed because I have worked in the addiction field for over 25 years, and it might have been possible that someone, I knew, could have agreed to participate in the study. If someone I knew agreed to participate in the study, the researcher and participant would have acknowledged the relationship and understood that the relationship in order not to have interfered with the study and moved forward, after the participant signed the informed consent form (see Appendix C). The issue of power and authority was another concern (East, 2016). For this study, power was not an issue since I did not have participants who were actively under my authority, in relations to therapy**.** I did not select participants from the work environment to avoid power and ethical issues, based on views from Patton (2002). Participants agreed to be in the study and I remained objective conducting interviews.

I have worked in the addiction and mental health field for over 25 years. In addition, alcohol addiction exists in my family, as my brother is an alcoholic and recently died of years of alcohol abuse. I have seen first-hand how addiction destroys families and changes the lives of the individuals who suffer from addiction, to people who are selfish, manipulative, and act in ways they would never act if not for the disease. In the professional setting, I have witnessed the same behaviors and negative effects from

addiction with many clients who were attempting to get sober and experience relapses repeatedly. However, there are those who have managed to get clean and achieve long-term recovery. Many of clients, in recovery, for drug and alcohol addiction, have a history of criminal behavior and recidivism in the criminal justice system. Many of the people in recovery try to get clean but appear to be faced with more problems like, stigmas associated with criminal recidivism and substance addiction recovery, which leads to the inability to securing employment. Still some other people recovering from substance addiction struggle with the inability to mend relationships and experience shame due to their addictions and recidivism. It was important to remain unbiased and share the personal transparent long-term recovery experiences of the participants, in this study, to those still struggling, it can make a difference to the individuals, their families, communities, and societies.

Researcher's Biases

Researchers are human and as humans, they experience personal bias. Researchers must work hard to be aware of their personal biases and preconceived notions about the topic under investigation (Moustakas, 1994). According to East (2016), no matter how hard the researcher tries to remain objective, unconscious notions and preconceived ideas can cloud judgment within their research. It was essential I understood how previous ideas and subjectivity could have interfered with reporting and interpreting data (East, 2016; Patton, 1990). When recording, transcribing, and interpreting data, I had to be aware of their thoughts and careful when recording data and how I was recording the data (Patton, 1990). The researcher's frame of mind can

interfere with the manner she or he reports findings (Rajendran, 2011). Shuttleworth (2009) cautions the researcher and acknowledges that researcher bias is always present. While this is true, it was imperative, I understood this to minimize bias and remain objective (Shuttleworth, 2009). For this study I remained aware of my personal experiences and how my brother's choices affected my family, and did not let those experiences interfere with recording, transcribing, and reporting participants' stories, and recommended by Moustakas. Maintaining awareness of personal biases was essential in remaining neutral when reporting participant's stories as truths (Rajendran, 2011).

To assist with remaining neutral, I had the support of my dissertation committee, and remained as objective as possible when reporting data from participants. I reviewed all standards set forth by Walden University standards of ethics, to remain nonbiased and ethical. Since I am a Licensed Alcohol and Drug Counselor, I followed the National Association of Drugs and Alcohol Counselors (NADAC, 2016) standards and ethical guidelines when researching individuals in recovery. NADAC guidelines helped me remain objective and professional during the research study process from participant selection to data analysis.

Participant Selection Logic

The participants for this study came from individuals who reported applying and practicing self-efficacy and transparency to achieve long-term recovery, which was at least two years sober and with no more than two brief relapses. Since the research study's goal was to link self-efficacy and transparency to long-term recovery, it was imperative that the participant sample only consist of individuals who identified

achieving long-term recovery and understood the importance transparency plays in the recovery process, based on views from Gorski (2013) and Moore et al. (2016). I selected a sample size of 5 participants for this study because Frankfort-Nachmias and Nachmias (2008) recommends a small sample to allow the researcher and participants time to build a relationship, which could allow the participants more comfort when sharing their recovery experiences. Participants for this study came from Dyer, Obion, and Tipton county and they were males and females between the ages of 20-55. The above mentioned counties has many recovery support group meeting places outpatient addiction centers and drug courts, which allowed enough participants, who met the criteria for this study, as recommended by researchers with the USCB (2016).

I used a variety of settings to recruit participants. The settings included drug courts, self-help groups, word of mouth, and treatment centers. Many drug courts employ individuals who have graduated from a recovery program to help others in a recovery program. Some drug courts allow the recovering client to volunteer their time to help others in recovery. Drug courts also have varying stages for participants, and I could have found participants who have been in the drug court for over two years. These individuals would be ideal for the research. In addition, many treatment centers allow recovering clients to become volunteers and when they meet certain goals, the treatment centers provide employment opportunities for those individuals in recovery. Thus, keeping the recovering individual active in his or her recovery and productive, which could potentially keep them from relapsing and returning to substance use and recidivism.

I also used social media outlets, such as Facebook to find and select participants. Some treatment facilities have long-term recovering individuals, who also work in the recovery facilities and would make excellent participants for this study, according to data from the Jackson Area Council on Alcoholism (JACOA, 2016). The JACOA treatment facility provides treatment to individuals who have a history of criminal recidivism, and the agency hires people who have achieved at least six months of recovery and graduated from their programs. Since staff members from the JACOA work closely with the criminal justice system, most of the patients have a history of criminal behavior relating to substance addiction.

Another important source for recruitment was Lifeline coordinators employed in West TN. The Lifeline coordinators work closely with drug-courts, jails, and the recovery communities and have knowledge of individuals in recovery (Tennessee State Government, 2016). Additionally, when coordinators or others recommend a potential participant, I asked them to notify the potential participant before the researcher contacts the potential participant. I also provided a flyer and other materials for recruiters and participants, explaining the research study and its purpose, based on ideas from Moustakas (2009). If a person was interested and agreed to participate in the study, he or she informed the recruiting person that it is ok for the researcher to contact the potential participant. After I and the potential participants made contact, I explained the criteria for participating in the study and answered any questions they had about the study. This was the first contact with the potential participants, to meet the participant selection goal, based on the sampling method.

The sampling method selected for this study was chain sampling. Chain sampling is a type of non-probability sampling method used when allows existing study participants or people associated with potential participants to refer or recruit potential participants (Patton, 2002). I asked the Lifeline coordinators, counselors, and support people to recommend and refer participants. I also used a criterion sampling strategy, to make sure all participants met the same criteria (Patton, 2002). The criteria for participants to participate in this study included, being in recovery for at least two years with no more than two brief relapses, having a history of recidivism in the criminal justice system, and having experienced transparency during their recovery processes.

Instrumentation

For this qualitative phenomenological study, the method of collecting data came from in-depth interviews, using Quick Time Player on my Hewett Packard (HP) Laptop, because using Quick Time Player allowed me to record and save a large amount of data directly to a password protected external hard drive, after making sure the recorded interviews were clear and saved properly. An additional method of collecting data came from using data collection for the researcher-designed open-ended interview questions (see Appendix E), as recommended by Moustakas (1994) and Patton (2002). The researcher-designed interview questions were like questions from a survey in a previous study, conducted by NIDA (2016), titled, Monitoring the Future Survey, which I researched before devising the questions for this study. The researcher-designed questions were like questions from a survey in a previous study, conducted by Howard-Barr, Wiley, Moore, Lang, and Zipperer (2011), titled, ‘Addressing sexual health in

Florida youth: Improving communication, collaboration, and consensus building among providers', which I researched before devising the questions for this study. I modeled interview questions from questions like' What positive impacts in your work have come from applying what you learned?' to the interview question for this study 'What self-efficacy practices did you apply, that may have assisted you in long-term recovery?' The verification of similar questions, tested in the Howard-Barr et al. study, provided the content of these researcher-designed interview questions with more validity.

The Recruitment, Participation, and Data Collection Procedures

The recruitment process consisted of a combination of professionals who were familiar with individuals in recovery and individuals who attend support group meetings. I relied on these individuals to recommend potential participants, they knew were in long-term recovery, who applied transparency by being an example of openness and a voice for others to model because of applying self-efficacy and gaining an understanding of what it means to experience self-love, during recovery for at least 2 years, with no more than two brief relapses, all after having experienced recidivism in the criminal justice system. When considering brief relapses, the potential participants for this study must have been able to recognize that they were in danger of returning to substance and needed to re-evaluate reasons why they were relapsing and then get the help they needed. Brief relapses are common and often occur when the individual stops going to meetings, stops using support people, or begins to associate with a negative peer group.

I explained the concept and expectation about the application of self-efficacy and the practice of transparency to the professionals who were familiar with individuals in

recovery and individuals who attend support group meetings that meet the study's criteria. When the professionals gain the understanding of the type of person who I was seeking for this study, the professionals were able to refer potential participants. I trusted the judgment of the professionals and trusted that when participants agreed to participate in the study, they met the criteria.

Once I identified the potential participants, referred to her by professionals, I contacted the potential participants, based on the required phone and email information the professionals collected from them. Each participant was called to verify their phone numbers and email addresses before sending the study's information letter with criteria (see Appendix B) and the informed consent form (see Appendix C) via email. Once the potential participants met the study's criteria and voiced interest in participating in the study, they signed the electronically-sign inform consent forms using their email addresses.

Once the signed consent form was received I emailed the participants to schedule interview appointments. I made every effort to be flexible to meet with the participants, per their schedules. I used various methods to interview participants. Methods included, conducting interviews face-to-face in a public library, by phone, and by telecommunication applications, like Skype and FaceTime and email. Since Dyer, Obion, and Tipton counties were not far from my home face-to-face interviews in the public library were possible, and according to Moustakas (1994), helped with reliability and validity. I informed participants of their rights to confidently, at the beginning and

ending of every interview, and reminded them that they can withdraw from the study at any time (Creswell, 2013; Patton, 2002).

All interviews were voice-record using Quick Time Player on a Hewett Packard (HP) Laptop or use of voice recorder. When the interviews were completed all participants were informed. I checked to make sure the interview recorded properly before saving it into a password-protected file on her HP Laptop. I debriefed (see Appendix D) the participants, reminded participants about confidential, and answered any questions they had about the study, based on ideas from Creswell (2013) and Patton (2002). Creswell and Moustakas (1994) explained the possible need for follow-up interviews once a researcher starts transcribing and interpret data; hence, I discussed the possibility of follow up interviews, with the participants, for missing or unclear data.

Once interviews were transcribed verbatim I emailed or reviewed the transcriptions with the participants to verify that I captured their experiences correctly, based on views from Moustakas (1994). If participants had any questions or needed to clarify information, they were able to contact me by email, phone, or text to asked for clarification on any questions. Once I confirmed that the participants' information was correct, I informed participants that their parts in the study were complete. I prepared the participants for the exiting process and used the following points to debrief (see Appendix D) participants:

1. Explain what they can expect to happen at the end of the interview process
2. Provide details about how they can access the study once it is published

3. Remind participants that they can still withdraw from the study at any time and not have their information included in the study
4. Remind participants about resources they can contact for support if they are experiencing any ill feelings or grief associated with the study
5. Thank participants for their participation and their contributions to the study and remind them that the researcher will maintain their confidentiality.

Data Analysis Plan

I planned to use NVivo for this qualitative study if possible. NVivo is a software program that helps researchers organize and analyze qualitative data (QSR, 2016). NVivo assist with recording data, to verify the reliability and validity of the study (QSR, 2016). Researchers are able to analyze all the interview transcripts by uploading the data into the computer software program to identify certain word frequencies. NVivo was not possible for me to use, therefore I manually recorded the data and analyzed data with carefulness and repetition. I searched for word frequencies that allowed me to link similar traits and characteristics participants identified for recovery. I used manual transcribing to record, link, code, and document similar words and phrases to form themes. This allowed for greater understanding of themes on a more personal level as verbalized from participants. I used description coding to identify similar events and then categorized the events into themes, based on ideas from Corbin and Strauss (2008), and devised charts and diagrams to track ideas.

To analyze the phenomenological data, the research used Moustakas (1994) identified seven steps. The steps used in the study came from a modification of Keen (1975) method of analysis. The steps are as follows:

1. The researcher should consider each participants story with respect when reporting their experiences.
2. Record each participant's relevant responses.
3. The researcher should list all other non-relevant statements and non-overlapping statements
4. Relate and cluster invariant clusters into themes and units
5. Transcribe invariant units and themes into descriptions that identify the experience, include specific examples.
6. Reflect on your own description of the related experience
7. Construct a textual and structural description of the meaning and essence of the experience from all participants.

The steps helped me to organize participant's experiences of transparent recovery and how the application of self-efficacy is important in their stories. Moustakas discusses the importance of similar phenomena in phenomenological research and the researcher should strive to understand participants' stories. The participants share a common theme, and each story is rich and important for the researcher. All interview questions allowed me to understand textural and structural descriptions from each participant based on their answers (Moustakas, 1994). The research questions flowed and allowed the participants to tell their stories. Question one asked participants what value they place on

transparency in their recovery. This question led to question two and allow participants to relate how self-efficacy promoted transparency in their recovery programs. I was able to gain a better understanding of recovery, self-efficacy, and transparency through each participant's story.

Issues of Trustworthiness

Reliability and Validity

Issues of reliability and validity have historically been concerns in qualitative research. Some researchers have traditionally used terms such as verification and authenticity to taint qualitative research (Creswell, 2013). Creswell recommends researchers use words from Lincoln and Guba's (1985) standards to validate research and use terms such as validation to verify the research. Since qualitative research focuses on participant's stories and similar phenomena instead of numbers and statistics, the researcher needs to have a system to check reliability. Guba constructed parallel ideas that validate the counterpart, meaning that credibility equals internal validity. Lincoln and Guba suggested that the researcher records data the same way for all participants. The researcher should record data by using a traditional method that will lead to trustworthiness and reliability (Shenton, 2004). A traditional method could include the researcher establishing a relationship with the participants and allowing for an open dialogue between participants and researcher (Shenton, 2004). The researcher could potentially have an excellent understanding of the participants' stories and possibly relate to them, due to her professional experiences and understanding of addiction, recidivism, and recovery.

According to Shenton (2006), transferability parallels external validity. Shenton (2004) and Guba (1985) discussed the differences with qualitative research and traditional expectations of research. Historically, researchers validate external validity based on how it related to the larger population (Shenton, 2004). Since for this study I gathered data from a small number of participants, it was not possible to relate the study to the population. However, the data can relate to those suffering from substance addiction and criminal recidivism and provide some insight and knowledge about how they can achieve long-term recovery. This could reflect on society and positively change people in recovery, their families, communities, and policies. Positive change can exist by following certain recommendations by Shenton (2004) such as,

1. The researcher should inform readers about the number of people who participated in the research project.
2. Explain if there are any restrictions on the participants
3. Explain what type of data collection procedures the researcher used
4. Explain how many interviews took place and how long each interview lasted
5. Explain what time the interviews took place

Shenton (2004) cautions the researcher not to get caught up with transferability and risk the procedures of reporting data. Understanding transferability will lead to the trustworthiness of the research project (Shenton, 2004; Patton, 1990). I followed above recommendations for this study and was able to ensure that the study was trustworthy.

Dependability is the counterpart of reliability (Shenton, 2004). Lincoln and Guba (1985) identify dependability and credibility as similar concepts. The researcher can

validate creditability with dependability (Shenton, 2004). The researcher will use methods such as interviews and follow up discussions to check for dependability (Creswell, 2013). I detailed how I conducted the interviews, and what implementation plans used, based on views from Shenton. In addition, I described how I collected data and how I reflected on the process to ensure dependability of the research project.

Conformability is like objectivity (Patton, 2008; Shenton, 2004). Patton suggested that researchers should follow certain steps to assure conformability in qualitative research. The researcher should take careful steps to ensure her or his bias does not interfere with recording specific information provided by the participant (Moustakas, 1994). The researcher needs to review interviews and recorded data several times to check what the participants reported and what the researcher recorded (Shenton, 2004). It is imperative the researcher reports participants' experiences and ideas and not what the researcher may want to record (Shenton, 2004). For instance, the researcher may have a preconceived idea about the experience, and the experience reported by the participant may not be what the researcher hypothesized. Additionally, triangulation is essential to confirm objectivity and reduce the possibility of bias reporting (Shenton, 2004). The researcher again needs to understand her or his biases and how that bias can interfere with interpreting and reporting data. The researcher should discuss what methods she or he used and why she or he chose the theory (Creswell, 2013). It is essential the researcher can defend his or her decision to use a method and theory that will validate trustworthiness.

Ethical Procedures

Qualitative research can present some ethical concerns and issues between participants and the researcher (Rajendran, 2001). It is imperative that the researcher provides enough information so that each participant can make an informed consent to participate in the study (Rajendran, 2001). The research project used adults and required them to sign informed consent to participate. Participants were able to withdraw from the study at any time without penalty. I did not pressure participants to be involved in the study. I did not exploit the participants and respected their boundaries throughout the study. I also stressed to the participants, that their participation was confidential and that their anonymity was of the utmost importance. To maintain proper ethics, I did not start the interview process until I received approval from the Walden University Intuitional Review Board. Also, the researcher's committee members approved the study.

Summary

Chapter 3 included a description of the research methodology and the participation procedures. The issue of substance addiction continues to cause hardship on the individual addicted to the substance, their families, and communities (NCADD, 2015). When people in recovery from substance addiction apply transparency and self-efficacy, they may experience long-term recovery, as discussed in this chapter. The participants, for this study, were adults who have been in recovery for at least two years. I focused on identifying characteristics or traits participants identified that they feet contributed to their ability to achieve long-term recovery. This chapter also included the interview process, an explanation of the participant selection, the study's criteria, and the

data collection and analysis process. This chapter included discussions about the role of the researcher, issues of trustworthiness, researcher bias, and ethical procedures before closing with a summary. The next chapter will include the results of the study.

Chapter 4: Results

Introduction

This chapter includes a discussion of the results and data analysis procedures that resulted from interviews with five participants. In the chapter is a detailed explanation of where the interviews were conducted, and if any emotional or psychological distress were noted. Demographics of all five participants and characteristics relevant to the study is also included in the chapter. Information of the data collection process, including but not limited to; location, interview details, data collection instruments, and circumstances surrounding the collection process is included in this chapter. The process of identifying themes from inductive coded units to qualitative categories are covered in the data analysis section. Evidence of credibility, trustworthiness, dependability, and transferability are also presented in this chapter. The results section in the chapter are participant's data in detailed format regarding identified themes and subthemes found throughout the interview transcripts.

Setting

Interviews with the five participants were conducted by a combination of face-to-face and phone as outlined in the data collection procedures. During the course of the interview process, all participants agreed and openly participated in the interview without interruptions or intrusion. No participants withdrew from the process once they agreed to participate and signed the consent form. At no time did participants request to withdraw from the interview process based on psychological or emotional distress and every participant was debriefed following the interview. Each participant was screened after the

interview to determine if additional counseling or support was needed. All participants reported they were in a good emotional state and the interview allowed them to tell their story of recovery.

Demographics

Demographic information was collected prior to the interviews but after participants signed the informed consent. Demographics included geographical location, gender, recidivism, and clean/sober time. I recorded demographic information in collection book and word document. I screened for at least two years recovery time, no more than two brief relapses, and involvement in the criminal justice system/recidivism. I also screened for age, meaning all the participants were adults, ages ranged from 26-48 years of age. Older adults were not excluded however; an older adult did not answer the request to participate. The five participants in the study all shared common experiences regarding their recovery story. All five participants that agreed to participate in the study completed the interview and were available for follow-up interviews if needed. One participant agreed to participate however did not meet demographics, as he did not have a history of recidivism. All participants in the study stated they felt being the in the study was important to break the stigma of addiction and share their story of recovery. The below table provides participants' demographics at the time of the interview.

Table 1 Demographics

Participant from West TN	Two years recovery time	No more than 2 brief relapses	Involvement in criminal justice system
Participant 1- yes	Yes	Yes	Yes
Participant 2- Yes	Yes	Yes	Yes
Participant 3- Yes	Yes	Yes	Yes
Participant 4- yes	Yes	Yes	Yes
Participant 5- Yes	Yes	Yes	Yes
Participant 6- yes	Yes	Yes	No

Researcher Reaction

I have experience with working in the addiction field. It was imperative I remained objective while conducting interviews and gathering data. I believe the experience with working in the addiction field and knowledge of recovery allowed me to understand the recovery process and dialogue participants used when discussing recovery. The current research topic was decided on from over 20 years of experience in the addiction treatment field. I did not want to focus on quantitative statistical aspect of the topic but focus on individual's stories of recovery and lived experiences of the phenomenon.

Before I conducted participant's interviews, I reviewed research questions to prepare for the interview. I reviewed any personal preconceived ideas or bias in order to

remain objective and record each participant's answer. Predispositions set aside, I was prepared to interview participants. The researcher felt comfortable in asking all questions and knowledgeable with recovery language. The researcher remained objective and used open-ended questions to allow participants to share their addiction and recovery story. I was able to build rapport with ease, which allowed participants to open up and share their story. The ultimate goal of the non-judgmental process of the study is to be transparent during the data collections and analysis stages of research. With careful examination of possible personal biases, this became easy and natural (Moustakas, 1994).

After completion of the interviews with each participant, I sat down to review the data. Immediately similar words and themes started to appear from the data. It was obvious participants had shared experiences with recovery and steps taken to achieve long-term recovery. The commonalities in their experiences and stories made me realize, regardless of the drug, they shared characteristics to achieve recovery. The point that stood out to me was the shame and stigma that surrounds addiction and how that affects the recovery process. It was obvious, as I was conducting the study, the importance of self-efficacy and transparency plays in decreasing the stigma and shame in the recovery process.

My experience with this dissertation has increased the need to reduce stigma of addiction in order for people in recovery to be able to maintain recovery and the importance for them to share their story of recovery. I have recently started working at a local outpatient treatment program part-time. This is partly due to this dissertation and wanting to help people in active addiction again. I am also a member of a local antidrug

coalition. The coalition provides education to the community in the hopes to reduce use of opiate abuse, alcohol, and underage tobacco use. With the epidemic of heroin and opiate abuse and overdose, I believe the efforts of the coalition are extremely important. Education is essential for parents and families to recognize the signs of drug abuse and how to intervene. Individuals who have achieved long-term recovery can share their story and provide hope to families and those struggling with drug addiction.

Data Collection

Interviews with two participants was conducted face to face and over the phone for three participants. I conducted face-to-face interviews in a private setting, one at a local college and one at an outpatient treatment facility identified by the participants. I conducted interviews in a quite setting in order to use the real time player and devote attention to the participant. I informed participants the interview will be recorded for data analysis and jotting down information in a word document. Interviews were conducted in a quite setting with no distractions or interruptions for all five participants. Following reviewing the informed consent and purpose of study, rapport was developed by engaging participant in small talk and asking the participant if they felt comfortable. After rapport was built, I informed each participant the audio voice recorder would start to begin the interview. All participants shared openly and did not have to be prompted to share information. However, on a few occasions the participant did asked questions to clarify a research question. I explained questions and always asked if the participant understood before the participant answered the question. After the participant stated they understood the question, the data collection continued. Interviews lasted between 35-50

minutes depending on each participant's detail of their recovery, relapses, and their story. I reviewed each question in detail after the interview was complete. In addition, I reviewed the possibility of a second interview if needed as outlined in the consent form.

Following the initial interview, all participants were encouraged to check in with support people or sponsor if they experienced any emotional issues. All participants agreed and able to identify support people. I reflected back to each participant after each question his or her answers for clarification. After participants agreed to the data analysis, the interview proceeded and ended. I conducted data collection using real time player on my HP computer. After transcribed the recording was destroyed within 48-72 hours. Transcribed data were stored on researchers ThinkPad using password protection and thumb print protection.

All names were omitted from transcripts during data analysis to protect participant's confidentiality. Data analysis closely followed steps described in Chapter 3. No unusual circumstances were noted while collecting or transcribing data during the study.

I collected data as discussed in Chapter 3 in order to recruit participants. I reached out to individuals in recovery, posted on Facebook for recommendations, and individuals who are active in various support groups. I also relied on individuals who were interested or recommended participants for the study who have a history of transparency and self-efficacy to achieve long-term recovery and reduce recidivism after receiving IRB approval on Jan. 9, 2018.

Once participants were located after contacting me by phone, email, or text, I started correspondence by responding back to possible participants. After the possible participant responded back they received the recruitment flyer, informed consent, and inclusion criteria for participation. I sent information to nine possible participants. Seven participants responded to the first email. One participant did not meet inclusion criteria as he did not have a history of recidivism and informed me he did not meet criteria but appreciated the possibility of being considered. One participant did not respond back after receiving consent form and inclusion criteria. I sent one follow-up email, however, they did not respond back. I did not send any further correspondence in order to respect the person.

The five participants who met inclusion criteria and agreed to participate were an adequate representation of the identified population for the research study and population to reach saturation themes as described by Fusch and Ness (2015). Saturation is difficult to describe, and it is not a 'one-size fits all' approach (Fusch & Ness, 2015). However, there are some agreed upon principles in order to show saturation: no new themes, no new data, no new coding, and the ability to replicate the study (Fusch & Ness, 2015). To show evidence of saturation I used probing questions and created the state of *epoche,* recommended for phenomenological studies (Creswell, 2015). Saturation is not linked with numbers or statistics but the depth of the data (Fusch & Ness, 2015).

Data Analysis

I analyzed data using the methodology given to us by Moustakas (1994). I planned to use NVivo 11 software to analyze qualitative data; however, I analyzed all

data using a traditional method without the assistance of NVivo 11. In advance to conducting interviews, I used the encompassing process suggested by Moustakas (1994). I remained aware of personal beliefs and feelings regarding the research in order to understand all biases, expectations, and prejudgments discussed in Chapter 4 Role of Researcher. This allowed me to gather and analyze data without interference of personal bias.

After I completed interviews and collected data by face to face or phone interviews, I transcribed data verbatim from recorded interviews and Microsoft word documents. Recorded interviews were saved on the Think Pad computer with password protection and protected thumb recognition. All recorded interviews were destroyed after the researcher transcribed data and checked for accuracy. After each interview I reviewed participant's answers with them for accuracy. None of the five participants asked for the researcher to change or revise any information or documentation.

First Step: Familiarity with the Data

The first step of the study was becoming familiar with the data. Analyzing data using the process of reduction is very time consuming (Moustakas, 1994). I was careful to examine transcripts over and over again for common themes, words, and linking experiences provided by participants for each question. I transcribed all audio recordings into word documents. I read and compared transcribed audio recordings and word documents typed during interviews, for themes and common language. Since I had a small sample and manually reviewed and analyzed data, this allowed me to become very familiar with participants responses to research questions. I was able to organize and

review each question and response in detail. I carefully read all five participants responses repeatedly and documented thoughts and emerging themes after each question.

Second Step: Generating Initial Codes

After I became familiar with the data, the second step of generating codes began. I examined specific statements from each participant that led to themes and patterns (Creswell, 2013). I color- coded similar words within emerging themes under each question. I set aside data for two days to re-examine later (Moustakas, 1994). After the researcher re-examined the data, subthemes began to emerge within questions and were bolded. For example, data relating to participants role transparency played in recovery were coded in blue, while data relating to recidivism were coded in red. Once all data were color coded, subthemes stated to emerge.

After I color-coded and bolded emerging themes and words for all five participants, horizons were identified in the current data. Horizon of experiences began to emerge that is necessary for phenomenological reduction (Moustakas, 1994). Similar horizons were grouped based on similar themes and words by the five participants in order to ask if they are expressed explicitly in the transcripts and compatible if not explicitly expressed. If they were not explicitly expressed, they were deleted (Moustakas, 1994). I excluded repetitive and irrelevant topics from final analysis.

Due to the nature of the research and confidentiality, the researcher did not identify certain criteria and answers were deleted and not coded. For example, participants who identified attending AA, NA, or other formal meetings was only referred

to as support groups. In addition, place of employment, use of sponsor, and family members remained confidential.

Coding and review of participant's responses allowed the researcher to show evidence of saturation. Coding responses and themes allowed the researcher to show evidence saturation was achieved. After saturation was evident, significant and similar statements were identified as themes.

Third Step: Themes

Once the data were identified from all five participants and relevant horizons were identified, relevant themes were grouped together. I was able to identify emerging themes from data when at least 70% of participants responded in a similar manner. Subthemes were identified when about 50% of participants linked similar expressions, thoughts, and ideas. Once themes and subthemes were identified, the researcher checked the data by reviewing transcripts again from the five participants.

The researcher began to realize the statements made from each participant and the importance of their experience with addiction and recovery. Statements from participants were remarkable and expressed how important their experiences were in achieving and maintaining recovery (Moustakas, 1994). I linked statements from participants to themes. Participant's statements were both positive and negative in nature; however, each powerful statement affected their life eventually leading to long-term recovery. The statements show how each participant evolved, changed their thinking, and used experiences leading to long-term recovery. Table 2 below shows a sample of the horizons identified.

Table 2 Identified Horizons

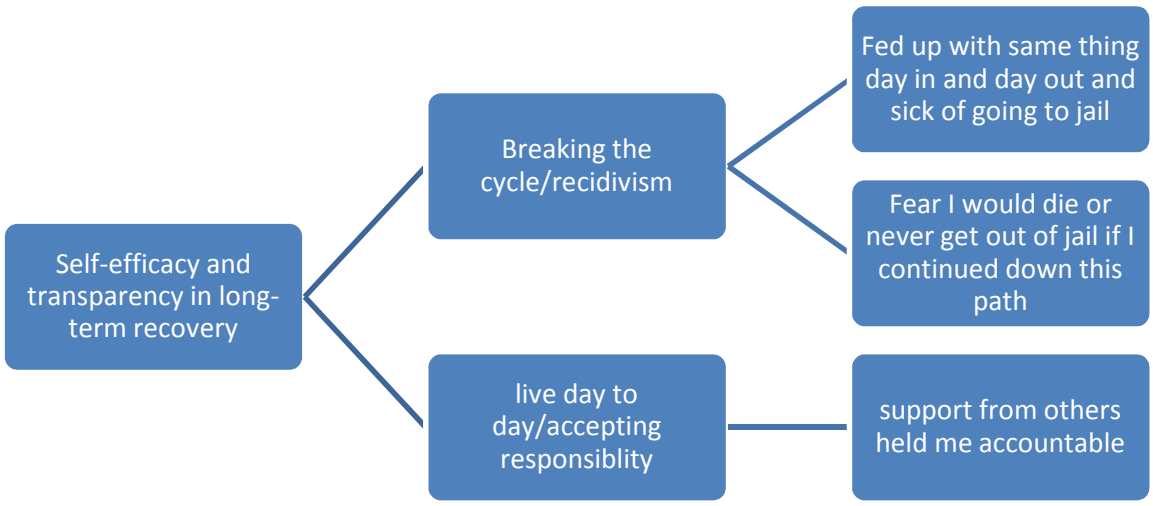
Horizon (Participant code)	Theme	Subtheme
Everything changed when using drugs (Pat 1)" I had to live with disease" (Pat4) "If had never used drugs I would have never been arrested" (Pat 2)" every time I was arrested I felt less than" (Pat 4) "My health was getting worse I had to change Something"	Feelings of inferiority	Shame and Guilt
(Pat 2) "Had to want it and believe I deserved it" (Pat 3) "Had to believe I was worth it, until then I just continued to use thinking I could not do it" (Pat 5) "I had to learn to live one day and a time:" "I would look at other people and thought I cannot do this"	Worthy of a better life	Hope
(Pat 1) "Attending support groups is essential" (Pat 1) "I had to have that support and had to trust them" (Pat 4) "Had to let go of negative influences and surround	Building new relationships	Trust

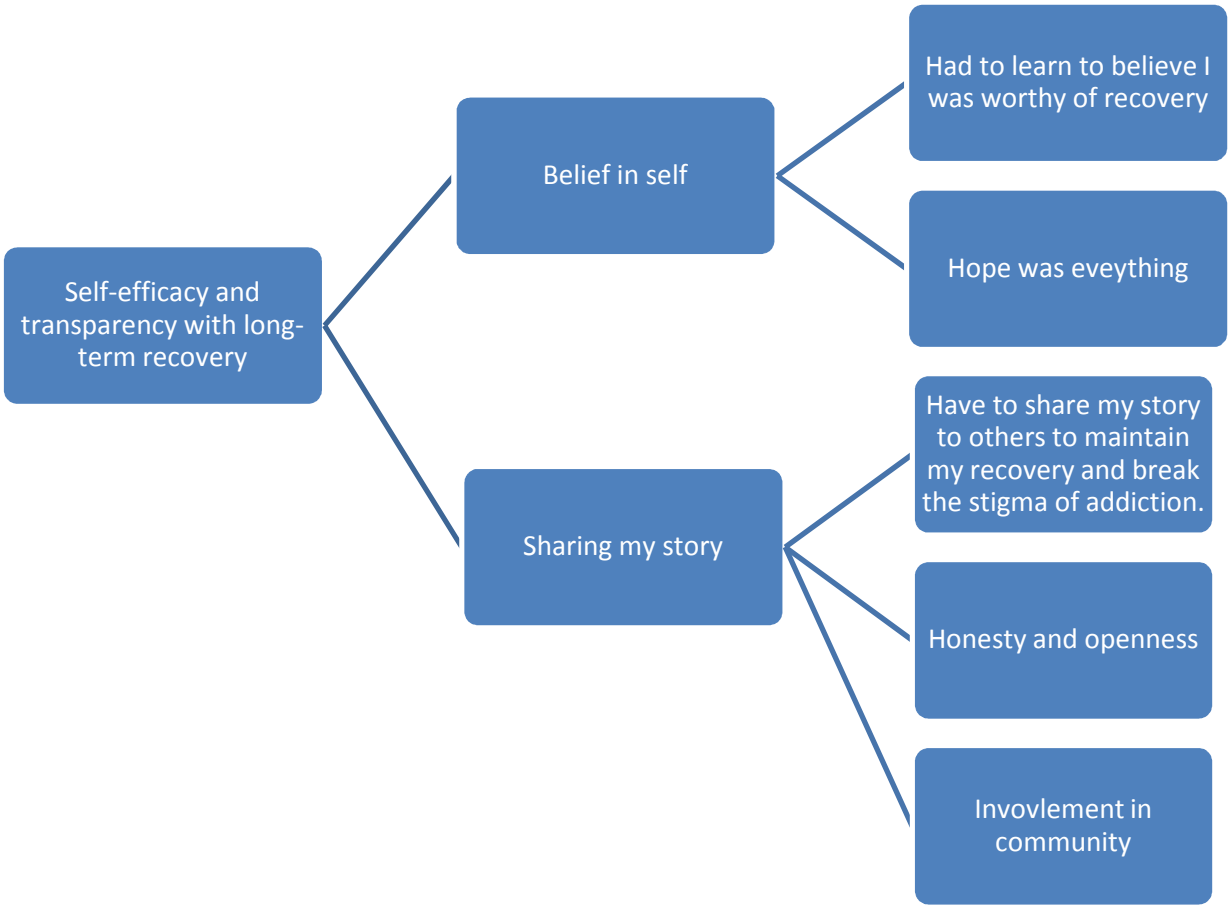
Myself with more positive sober people" "It was hard to Trust at first but I had to in order to learn how to live sober"
(Pat 3) "Had to build new relationships with clean people"
(Pat 2) "I had to want it, I tried in past but never let go of
Old using buddies, I had to listen to others and allow them to help"

Fourth Step; Reviewing Themes

I reviewed and checked for themes within codes and similar statements. This allowed me to consider and analyze the data leading to thematic mapping of the data (Creswell, 2013). Thematic themes were rendered by analyzing similar words, key terms, careful reading responses to compare and search for missing information (Ryan, 1999). Table 3 (below) shows thematic map from the research (please see figure below).

Table 3 – Map of themes


Self-efficacy and transparency in long-term recovery
Breaking the cycle/recidivism
Fed up with same thing day in and day out and sick of going to jail
Fear I would die or never get out of jail if I continued down this path
live day to day/accepting responsiblity
support from others held me accountable


Self-efficacy and transparency with long-term recovery
Belief in self
Had to learn to believe I was worthy of recovery
Hope was eveything
Sharing my story
Have to share my story to others to maintain my recovery and break the stigma of addiction.
Honesty and openness
Invovlement in community

Fifth Step: Defining and Naming Themes

Theoretical constructs were validated by identifying an ongoing analysis of themes. This allowed me to understand concepts, analyze definitions and name themes (Ryan, 1999). I examined interviews and participants recordings to identify building blocks and link to identified themes. Table 4 shows constructs identified to main themes. Themes in listed in table 4 bold while skills are listed under each theme.

Table 4 Defining themes

Living day-to-day	**Breaking the cycle of criminal behavior**	**Worthy of recovery**	**Breaking the stigma of addiction**
Responsibility	Fear of the future	Self-worth	Openness
Validation	Lifestyle	Belief I was worthy of a better life	Honesty
Support from others in recovery	Had enough	Hope	Decrease shame of addiction

Sixth Step: Producing the Report

I used detailed examples provided by participants to produce the report. Examples were identified and detailed for each research question for the final scholarly report and were carefully analyzed (Creswell, 2013).

In this step, I described in detail participants answers to each research question. I included quotes and experiences detailed by each participant to evidence the phenomenon of the study (Moustakas (1994). In addition, I organized responses to include detailed descriptions of the experience, researcher reflection, and the content each participant's answers of the phenomenon as detailed by Moustakas (1994). I organized answers and responses to each question by participants to identify structural and textural descriptions of their lived experience (Moustakas, (1994). This allowed me to review the phenomenon and understanding of each participant's lived experience as a group (Moustakas, 1994).

Results

I conducted the study in order to link the role of self-efficacy and transparency in long-term recovery and decrease recidivism. Substance addiction continues to cause a hardship on individuals, families, communities, and the legal justice system. Drug abuse and addiction has been linked to criminal offences and continued relapse (NCADD, 2015). Over the last decade, the number of individuals in the criminal justice system who have substance abuse disorders have more than doubled (NIH, 2012). The increase in drug abuse and involvement in the criminal justice system is overwhelming. While current research suggests a direct link, it does not identify positive actions to increase long-term recovery and decrease recidivism. The research question used guide the study to allow participants to tell their story and link how self-efficacy and transparency can lead to long-term recovery and reduce recidivism.

Theme 1: Live Day to Day

The first theme that stood out within the data was the consistent answer participants answered was learning to live day-to-day. Four of the five participants identified they had to learn to live one day at a time and live day-to-day. Participant 1 identified the importance of accepting responsibility meant to her recovery, "I would be dead." "Until I accepted responsibility and was held accountable I never maintain recovery". Participant 1 also identified living in a halfway house helped her be accountable for her own recovery. She linked responsibility to long-term recovery and how living in the halfway house helped her take responsibility for her own recovery. Similar to Participant 1 ,Participant 2 stated she relapsed several times and was not able to achieve more than a few months of clean time. "I had to break it down and live day-to-day and stop looking down the road." She stated she became overwhelmed and thought, "I will never achieve 1 year of sobriety.: However, "each day I was clean I gained more confidence I could do it." She stated the importance of remembering failed attempts helped her focus on the "here and now" leading to eventually long-term recovery. Participant 3 reported if she looked at the big picture and she would tell herself she could not do it, "it was important to break it down to one day at a time It was not until I wanted it." She stated she was given many chances at recovery but until she was ready to accept responsibility, she could not have maintained it.

Throughout the date, it was apparent participants recognized how remaining focused on recovery on a daily basis helped them to achieve long-term recovery. Participant 5 stated "Breaking it down to seconds helped me live each day as a new day." Participants that had failed recovery attempts linked not focusing on day-to-day to their

failed attempts. Within the day-to-day theme, participants included the need to take responsibility for their recovery.

Participants not only stated the need to live day-to-day but they had to accept responsibility for living day-to-day. Participants 1 stated, “I had little accountability in the past with recovery, I had to realize I am responsible for my recovery every day.” Four of the five participants identified until they realized it was their recovery and no one else’s they did not think they would have achieved long-term recovery. Table 5 provides the participant responses and variety of the five participant’s answers related to living one day at a time and accept responsibility.

Table 5 *Live day-to-day and accepts responsibility (n=5)*

Response	Participants to mention this response
Responsibility	4
Support	3
Grateful	2
Validation	2
Worthless	3
Dead	2
Lifestyle	2
Loss	2

Support emerged from participants relating to living day-to-day. Three of the participants identified having support from a support group or support person was essential to help them live day-to-day and accept responsibility for their own recovery. Participant 4 stated, “Took a lot of people to help me. It’s more of a lifestyle now.”

Participant 5 stated ‘it’s took every second of every day to get here with the help of a lot of people.”

Participants identified having support not only helped with day-to-day recovery but also with validating living the sober lifestyle. Participants identified that others who have achieved long-term recovery validated they could do it to and it was achievable. Participant 4 stated, “hearing it could be done validated I could do it to.” Having support in recovery was evident to long-term recovery and working their individual program.

Closely related to validation is feelings of worthless. Three of four participants identified they felt worthless due to failed attempts of recovery and did not think they could every achieve long-term recovery. Participant 1 stated “I decided to try one more time for my son, I did not think I was worth it but maybe I could it for my son.” Participant 3 stated, “I was given many chances at recovery I was at the point I felt worthless and did not think I could do it.” Participant 2 stated, “I felt I was not worth it.” Failed attempts at recovery lead her to believe she was not worth recovery and increased feelings of worthlessness. She stated she was at the point of giving up and did not want to try because each relapse increased her feelings of worthlessness. It was evident from participants responses that support helped feelings of worthlessness decrease. Responsibility led to focusing on day-to-day recovery and using supportive people helped decrease worthlessness leading to long-term recovery.

Theme 2: Break the Cycle

The second theme that emerged from the data and relating to question 2 regarding recidivism related to participants involvement in the criminal justice system. While all

participants were involved in the criminal justice system, two participants had been arrested over 5 times while in active addiction. Two other participants had been arrested at least 3 times and one participant had one arrest related to drug use. All five participants identified until they linked drug use to arrest, they would not be clean today. Participant 3 stated "Getting in trouble with the law did not really help until I decided I wanted it." Participant 1 stated "Everything I was charged with and every time I was arrested had to do with drugs and alcohol." "I was living on the streets and doing what I had to go get my fix".

Most participants discussed how their legal history was directly linked to drug and alcohol use. All five participants stated if they were not high at the time or needed money to get high, they would not have engaged in illegal activity. Participant 2 stated, "I would have not been charged with neglect if I didn't want to go get high." "I left my kids alone to get high." Two of the five participants were charged with neglect and endangering the welfare of a child. Participant 1 stated, "What I had to lose was greater than continuing to use." "I loved my son enough to go get help." Participant 4 stated, "I was arrested over 10 times, I finally had enough if I had not used drugs I would have never been arrested." Participant 2 stated, "If I had not been arrested that last time I would probably still be using."

All participants related the fact if they had not been arrested they probably would not achieve long-term recovery. Even though being arrested and living with a current felony, 4 of the 5 participants actually credited arrests to their recovery. Participants are able to look back on their life and now are able to link the consequences of drug use to

legal charges. Table 6 provides the participants responses and the variety of the 5 participants related to breaking the cycle.

Table 6 *Braking the cycle (n=5)*

Response	Participants mentioned this response
Fed up	3
Had enough	3
Health	3
Fear	1

A subtheme that emerged when examining breaking the cycle was the feeling of depression. Participants 3 stated, "I would have kept on getting in trouble." Participant 2 stated, "I was tired of all of it." Within that response participant 2 added being charged with neglect increased depression and feelings of worthlessness. Participant 1 described a similar thought pattern in that participant stated feeling "less than and empty." Participant 4 stated, "Each arrest led to hardening of my heart I knew right from wrong but drugs made me do things I would not normally do." "If I had not used drugs I would not have done those things but being clean has made all the difference." "That lifestyle did not allow me act with my values, I do things differently in addiction."

The sub-theme emerged due to responses from participants dealing with depression related to arrest. Each arrest would increase depression. This was related to their choices made while high or needing money to get high. Two participants related depression when they thought of how they were raised and they not living up to their values. Table 7 list participants responses related to depression.

Table 7 *Depression (=5)*

Response	Participants mentioned this response
Depression	4
Kept on getting in trouble	3
Sick of it	2

Theme 3: Believe I was worth it (recovery)

The third theme emerging from all 5 participants relates to self-efficacy. Participants identified the fact they did not believe they deserved a life of recovery. Five of the five participants stated they hurt family and friends while in active addiction, felt worthless, and did not deserve a good life. Failed attempts at recovery also played a part in their self-doubt to achieve a life of recovery. Failed attempts fed into self-doubt and belief they did not deserve a better life. Participant 3 stated, "I had to believe I was worth it." "Until I got engaged in a recovery program I did not think I could achieve it if not for support groups I would not believe I was worth this." Participant 4 stated, "I had to have the desire to change, if I believed I could do it I could." "Hope is everything; I had to have the desire and expectation for myself." Participant 2 stated, "I already had 2 failed attempts at recovery and rehab that didn't work, and each attempt led to feeling I was not worth it." "I felt I did not deserve it because of what I did to my kids." Participant 1 stated the failed attempts at rehab and recovery only reiterated the fact 'I did not deserve a better life." My therapist in rehab told me I thought my son was worthy but until I

thought I was worthy, I could not do it." "I learned to use positive affirmations and had to learn to love myself."

The failed attempts at recovery led the participants to believe they were not worthy of recovery leading to hopelessness. Participant 5 stated, "I had to break it down to one day at a time." Participant 1 stated "I had resigned myself I could not do it, but I gave myself one last time to try." "It was for my son and not really myself, but I decided to try one last time, if that did not work I would have died on the streets." Participant 2 stated' I lost all hope." The loss of hope lead to continued drug use to deal with the hopeless and worthless feelings. Self-efficacy and belief participants deserved better helped to clean time one day at a time. Participant 4 stated, "one day became two and then each day led to another." Participant 1 stated "I stated to change my thinking and that sparked a whole new level of my recovery." Participant 4 and 5 identified the use of "higher power" that lead to hope. Participant 1 stated, "What I had to lose was greater than continuing to use." Table 8 list a variety of participant's responses and frequency relating to belief I was worth it.

Table 8 *Belief I was worth it (Recovery) (n=5)*

Response	Participants mentioned this response
Belief in self	5
Deserve a better life	4
Self-worth	3
Hope	3
Desire	3
Higher power	2

Theme 4: Sharing My Story

The last theme that emerged is the ability to share their story of recovery. All 5 participants identified sharing their story with others made the biggest impact with their ability to achieve and maintain long-term recovery. Every participant stated with past failed attempts they did not share their story of addiction and recovery. This may be due to their lack of sharing or the fact they did not maintain recovery for a period of time to share. Participant 1 stated, "It was a struggle at first." Participant 1 admitted to continued use of Marijuana for a time but realized she was still using, "I could not be transparent and help others if I continued to use pot."

Four of the five participants identified attending support groups and other meetings in the community allows them to tell their story. The remaining participant does not attend support groups but does work with others in recovery and "can share my story with them." Two of the five participants also attend state meetings and share their story in hopes to change legislation with addiction. Participant 1 is involved with state coalitions attempting to break the stigma of addiction "If we remain silent we will die." Participant 5 stated, "I absolutely have to share my story in order for me to remain clean." Most participants identified the need to tell their story to break the stigma of addiction and give others hope long-term recovery is possible and to never give up. Participant 4 stated, "Unresolved issues has babies and they grow up, I have to tell my story to remember where I came from." Participant 1 stated, "I have to share my story so the lowest of low know if I can achieve recovery they can to." It is evident from all five participants the importance of sharing their story to break the stigma of addiction and to provide hope for

others still in active addiction. Table 9 provides each participants responses and variety of all five participants answers related to sharing my story.

Table 9 *Sharing My Story (n=5)*

Responses	Participants mentioned this response
Sharing story of recovery	5
Honesty and openness	4
Involvement with community resources/meetings	4
No shame about my recovery	4
Changing peer group	3
Positive relationships	2
Guilt	2

Evidence of Trustworthiness

Validity and reliability are essential in qualitative research. Creswell (2013) identified important indicators for analyzing validity in qualitative research. Researchers are suggested to use at least two of the identified indicators in order to maintain validity with data (Creswell, 2013). Eight quality indicators for validity are, peer review, negative case analysis, researcher bias, rich description, prolonged engagement, member checking, external audits, and triangulation. The researcher utilized member researcher bias, member checking, and prolonged engagement in the present research.

Credibility is essential to maintain throughout the data collection and analysis process. In order to maintain credibility, the researcher remained aware of any preconceived notions and biases when recording answers from each participant. I recorded answers in a word document and checked all listed words numerous times for recording errors. I linked participant's answers from voice recorder and word document I

completed during the interview. This allowed the researcher to compare each participant's answers to maintain credibility and check for data accuracy. After the interview was completed, I reviewed and reflected back to the participant the researcher's interpretation in order to maintain reliability. This process helped the researcher confirm her interpretations to the participant's perspective regarding the phenomenon. After reflecting back to the participants, the researcher's interpretation was that all participants agreed that the recorded data was accurate.

Transferability refers to how the research results can be transferred and generalized to other larger settings (Shenton, 2004). Qualitative research generally is conducted on smaller populations; however, that does not mean the results are limited. By using rich, thick descriptions in the transcripts, the researcher trusts the results will be used to provide hope and belief to others who are trying to achieve long-term recovery. The identified themes and subthemes will be helpful to the larger population of people in early recovery and those who continue to struggle with addiction and recidivism as well for families, communities, and change policies.

Shenton (2004) recommended steps to follow for positive change to occur with qualitative researcher. I followed recommended steps in order to remain objective and not get caught up with transferability that would risk reporting data accuracy. Shenton, (2004) and Patton, (1990), cautioned the need to understand transferability in order for the research project to maintain credibility and trustworthiness. Lincoln and Guba (1985) identify dependability and credibility as similar concepts. I used interviews and reflection to check for and maintain dependability for the research project. After the interview was

complete, I used reflection and reviewed each participant's answers to the question. Participants had the opportunity to correct the researcher or add information to answers.

Patton (2008) compares conformability to objectivity. I took careful steps, as suggested by Shenton (2004), to maintain conformability when reviewing and recording data. I remained aware of biases and recorded data directly from answers from word documents and voice recorder. I reviewed each participant's interview in order to maintain conformability. This allowed me to review answers and record what the participant answered and not what I wanted to hear (Shenton, 2004). I remained objective during the interview process as well as recording and interpreting data. This step was essential to decrease researcher bias in order to obtain reliable data to report accurate results for societal change.

Summary

Chapter 4 presented results and findings from the current research. Complete and detailed interviews were conducted with all 5 participants. The perceptions and experiences by individuals using self-efficacy and transparency to achieve long-term recovery and reduce recidivism was gathered by interviews with each participant. The researcher used Moustakas' qualitative method to analyze data by hand (1994).

After completing interviews and analyzing the data, four themes emerged from the participant's experiences and personal stories. The four themes identified were ability to live day-to-day, breaking the cycle, belief I was worth it (recovery), and sharing my

story. The theme to share to my story was the most frequent identified. All five participants stated they have to share their story of recovery to others in order to remain clean and sober. This theme shows the importance of not just telling their story for their own recovery, but to provide hope for others still struggling with addiction.

The second theme that stood out is the belief they are worth it. All five participants identified the importance of believing they were worth a clean and sober lifestyle. Failed recovery attempts linked back to fear and the belief they did not deserve recovery. Several participants stated they hurt their family and friends and did not deserve a better life. It was not until they were able to change their way of thinking and let go of the past in order to achieve long-term recovery.

The third theme to emerge was living day-to-day and accepting responsibility. Three of the five participants stated failed recovery attempts were mainly due to looking down the road and not living day-to-day. Until they were able to live day-to-day and break it down, they would not have achieved long-term recovery.

The last theme identified was breaking the cycle. This theme related to recidivism and the relationship of drug use and criminal behavior. Three of the five participants stated until they were fed up and had enough, they would continue to use, leading to criminal behavior to obtain the drugs.

The two subthemes identified were support and depression. Three of the five participants related the importance of support to learning to live one day at a time. They reported the need to talk to others in recovery and support people to help them to refocus and live one day at a time. The second subtheme identified was depression. Feelings of

depression emerged from inability to break the cycle of recidivism. Three of five participants stated continued drug use and criminal activity led to feeling of depression and low self-worth. Until they were able to break the cycle of relapse, they would not have ceased criminal activity. Four of the five participants linked drug use to criminal activity and doing things they would not have done if not high.

The identified themes and subthemes described in the research presented link the body of research to the role self-efficacy and transparency play in long- term recovery and reduction of recidivism. Chapter 5 discusses a more thorough interpretation of thedata and how the findings of the study have implications for social change.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

As discussed throughout this research, individuals have used drugs and alcohol for centuries to avoid physical and emotional pain (Singh & Singh, 2005). Their search to deal with pain and unpleasant feelings often leads to addiction of the substances they are using to numb the pain, ultimately causing more pain (Singh & Singh, 2005). Prevention and treatment programs are available; however, addiction numbers continue to rise (SAMHSA, 2014). In a 2012 study, data from NIDA suggested over 23 million Americans over the age of 12 meet the criteria for dependency. At this rate, substance dependency will surpass all medical disorders (SAMHSA, 2014). In addition, there is a strong link between addiction and criminal behavior (NIDA 2014). Relapse is more common than not with individuals who are trying to maintain a clean and sober lifestyle. Often it is due to the community they live in, friends they association with, and lack of positive support (NIH, 2013; SAMHSA, 2014) that cause relapse.

While relapse is common among all diseases, over 40-62% of individuals who seek treatment and attempt to maintain recovery have relapsed more than one time in the past (NIH, 2014). It is essential for individuals who are trying to achieve long-term recovery learn new tools and skills to break the cycle of relapse. It is easy to tell a person what not to do; however, providing them with positive steps and common traits that have helped others in the past can lead to success in maintaining recovery. Each relapse can be very

discouraging; support helps people trying to achieve recovery to believe in themselves and use their own story to help others stuck in the cycle.

Previous research focuses on negative aspects of relapse and is quick to point out what not to do. It points out relapse triggers and how to identify triggers. While that is important, it tends to shame individuals and fails to point out positive characteristics for individuals in recovery (Bone, et al., 2011). In addition, the stigma of addiction shows a negative light on recovery and encourages recovering individuals to stay in the shadows (Williams, 20120. The stigma of addiction continues to hinder individuals in recovery the ability to share their story of hope. People struggling to maintain recovery not only deal with shame of guilt of past action but shame and guile of relapse (Williams, 2013).

The purpose of this phenomenological qualitative study was to identify the role of self-efficacy and transparency with maintaining long-term recovery and recidivism. The study focused on the use of positive traits in recovery versus relapse triggers and negative connotations. Five participants shared their story and experiences to maintain long-term recovery. Participants involved in the study shared common experiences with achieving recovery, maintaining recovery, avoiding relapse, and decreasing involvement in the criminal justice system. Participants shared positive experiences regarding recovery and their recovery story responding to research questions.

The researcher asked participants the following research questions. The central research question for the study was: How do people recovering from substance addiction in Dyer, Obion, and Tipton counties, who have a history of recidivism in the criminal justice system, perceive their transparent recovery experiences? Subquestions asked:

What value do people recovering from drug and alcohol addictions, who also have a history of criminal recidivism, place on the application of self- efficacy and practice of transparency as a recovery strategy? How has the experience of transparent recovery from drug and alcohol addictions, for two or more years, improved recovering peoples' self-efficacy.

The study focused on individuals who met the study criteria of having achieved long-term recovery with no more than two briefs relapses, and who identified the role of self-efficacy and transparency in their recovery experience and recidivism in the criminal justice system. A total of five (N=5) participants agreed to the study and completed the interview for the study. After interviews, it was determined saturation was met as described by Fusch and Ness (2015). Saturation themes emerged after interviews from participants. The researcher's recruitment efforts lasted for over 6 months. The researcher used recruitment tools as described in Chapter 3 to recruit possible participants. Nine individuals responded and recruitment ended after five participants agreed to participate, could be contacted, and completed the interviews.

A qualitative methodological approach was used to guide the study. This approach brought personal value to the research regarding self-efficacy and transparency in recovery and recidivism to increase understanding in efforts to maintain long-term recovery. A phenomenological approach allows for personal accounts of a phenomenon versus just statistical in nature (Moustakas, 1994; Patton, 2002). The thematic analysis allowed me to link themes and common meanings of the lived experience of participant's efforts to achieve and maintain long-term recovery (Moustakas, 1994).

The phenomenological study uncovered patterns and observations of meaning across the five participants. Examination of responses by the participants, I then linked common themes, positive experiences, and role of support leading to long-term recovery. Participants discussed personal experiences regarding their story of addiction, how addiction linked to criminal behavior, and process of achieving recovery. Participants described how long-term recovery led to positive self-concept, self-respect, and gratefulness. All participants involved in the study described in detail struggles while in active addiction eventually leading to a life of recovery. Each participant described recovery as a positive experience and expressed their desire to help others who continue to struggle with relapse. In addition, participants expressed the importance of humility, transparency, and learning from others who have been there. Transparency is essential with their recovery and not only keeps them sober but also provides hope to others who are struggling with recovery. Positive attributes provide hope and encouragement to individuals who continue to struggle with maintaining recovery versus concepts focusing on negative attributes (Williams, 2012). When individuals hear negative concepts about recovery, they tend to become overwhelmed and lose hope. It is important to focus on positive traits of recovery and the fact recovery is possible. Participants involved in the current study understand the importance of focusing on positive characteristics and minimizing the negative concepts.

Interpretation of Findings

The goal of this study was to provide hope to individuals struggling to maintain long-term recovery from substance abuse and criminal recidivism. Individuals who have

a history of substance abuse and criminal behavior find it difficult to change old patterns and lifestyle. This lifestyle often leads back to relapse with both drugs and criminal behavior (Bassuk, et al., 2016; Morgenstrenet al., 2016). Individuals who are struggling to achieve and maintain recovery often have lack of support, no hope, and failed attempts at recovery in the past that lead to poor self-concept (Laudet, et al., 2007). Past criminal behavior and failures lead them to doubt they can achieve recovery and feeds into belief they do not deserve a better life.

The purpose of the study desired to link the role self-efficacy and transparency plays in long-term recovery. As previously indicated past research focused on relapse triggers and warned individuals in recovery what should not do or what to avoid. I choice to focus on positive aspects and traits of recovery versus negative ones. This focus gives individuals hope and belief they can achieve and maintain long-term recovery.

Interviews from the five participants were transcribed, interpreted, and results analyzed to link and explore the relationship self-efficacy and transparency has in long-term recovery. Results of the study showed the extent belief in self and sharing their recovery story helps to maintain long-term recovery. The results expand on the knowledge base discussed in Chapter 2 essential traits participants embraced to achieve and maintain long-term recovery. The five participants in the study shared their experience with relapse, recidivism, and recovery. Each participant discussed their story of drug abuse and their struggle to maintain recovery. They shared how they viewed and perceived the lived experience of addiction and recovery. Each participant in the study

discussed how addiction affected their life, including but not limited to; family relationships, legal history, employment problems, and community involvement (NCADD, 2015). They shared what eventually changed in their thinking process and self-concept that led to maintaining long-term recovery. Examination and interpretation of themes that emerged are discussed below. The researcher explored current themes and how themes relate to previous research in the literature.

Living Day-to-Day

Participants identified the importance of living day-to-day and the importance of staying in the moment. Participants described how they felt overwhelmed if they focused on how they were going to stay clean for months or years. Most participants linked failed attempts at recovery due to fear they would relapse and get stuck on thoughts of how they were going to stay clean in 3 months, 6 months, or even a year at a time. They had to break it down a day at a time and only focus on the here and now. This helped reduce feelings of being overwhelmed and fear of relapse. Each day they remained clean provided hope and evidence they could do it. Past research suggest the longer a person is able to maintain recovery the greater their chances of reducing relapse (NIH, 2013). Each day not only gives the individual hope but evidence they are able to deal with life problems as they arise and not have to use substances to deal with problems (Kemp & Butler, 2014; NIH, 2013). They decrease past learned behavior of using substances to cope and use new coping skills (Takeda et al., 2013). They are building hope and the belief that they can do it and are worthy of a better life.

The present study showed the importance of living day-to-day and linked to past studies suggesting the longer a person is in recovery the greater chance they have to maintain long-term recovery. Participant 1 was able to identify past relapses to looking down the road and how that would increase feelings of failure and feeling overwhelmed. Participant 2 also linked feelings of being overwhelmed she would think about how she would stay clean in the future. She stated she had to bring herself back to today and only focus on each day at a time. Gorski (2013) identified the importance of not looking down the road at staying clean but focusing on staying clean on a daily basis. Participant 5 stated it takes "every second of every day" to get where she is. She stated, "you have to do a few things every day to stay clean." She added that you have to learn to deal with problems and not mask feelings by drugs. Gorski (2003) suggested early to middle recovery is a time where people in recovery learn to deal with daily issues without using drugs or alcohol. When they have evidence, they can deal with problems without the use of drugs and alcohol, they gain confidence they can deal with problems on a daily basis. Participant 4 was able to link when he was able to deal with daily problems; he gained confidence and learned he did not have to allow daily issues to ruin his recovery or positive attitude about his recovery.

Break the Cycle

Most participants identified the importance of changing peer groups and involvement in support groups to break the cycle of recidivism and relapse. Participant 1 stated everything she was charged with revolved around drugs and alcohol. She added until she changed her way of thinking, she would have continued to "get into trouble."

Gorski and Jamison (2006) discussed the importance of changing old thinking patterns and beliefs to break old patterns. Individuals in recovery revert to old thinking and behavior pattern when faced with adversities. It is imperative they use new coping skills and change negative peer group in order to break old behavior patterns. (Buckingham et al., 2013). Participant 3 agreed with this by stating she had enough and was tired of being arrested. Participant 1 stated she was arrested so many times she could not count. Every arrest had to do with drugs or stealing to obtain drugs. She stated that after she had been in recovery for a couple months, she still maintained old friendships. It was hard for her to break ties with old using friends. She stated even though she knew the continued to use and break the law, she was still unable to cut ties until she was almost arrested after maintaining recovery for several months. Participant 1 was able to realize she had to eventually cut all ties with old using friends if she wanted to break the cycle of relapse and recidivism. Breaking ties is often difficult. For many years using buddies were the only friends they had, just because a recovering person is in recovery does not mean they quit hanging around old friends. They find it difficult to make new friends. This is due often due to negative belief patterns they do not deserve better or cannot change (Bassuk et al., 2016; Snoek et al., 2016).

Participant 4 stated if he had not used drugs he would have never been arrested in the first place. He stated he knew right from wrong but just did not live that way while in active addiction. He was not able to separate negative behavior patterns and negative peer groups until he was in recovery. Even though he began to realize he needed to change peer group he stated it was difficult. Several participants stated they felt a since of loyalty

to old using friends because they were always there for them. However, after they realized they are in control of their life and want something different, it was easier to break ties. Laudet (et al., 2007) suggested individuals struggling to maintain recovery often lose hope and return back to their old lifestyle because they are unable to see progress in their life. It is hard to break the cycle but essential in order to continue on a path of recovery. Participant 1 stated she was fearful if she did not break the cycle of recidivism and relapse she would die. Breaking the cycle of recidivism and relapse is one of the most important steps to maintain long-term recovery. Participants discussed the importance of changing thinking patterns to be positive versus negative. They stated when they became involved in the community and with support groups they were able to be involved with positive friends and peer groups. Participant 5 was able to express the importance of understanding how involvement in more positive activities helped her change negative thought patterns. Participants stated positive activities allowed them to see they did not have to engage in illegal activities to have fun or have friends. It should be noted participants did not want their old using friends to think they were abandoning them, but wanted to be an example they too could achieve recovery if they changed old behavior and thinking patterns.

Believe I was worth it (Recovery)

All five participants shared the importance of self-efficacy and believing they deserved a better life. Participant 1 stated for so many years she did not believe she deserved better. She had resolved to herself she would just live with and die in her disease because she was not worthy. Morgenstren (et al, 2016), stressed the importance of

self-efficacy in recovery. While self-efficacy sounds like a simple task, it is not. It is even more difficult with people in recovery. Even some people who have over a year in recovery have moments revert to the old belief system they do not deserve a better life, this is often due to shame a guilt they feel for what they did in active addiction (Van Hout & McElrath, 2012). Participant 2 stated she had a very hard time dealing with she put her family and kids through. She stated it was over a year before she was able to forgive herself and asked her family for forgiveness. Participant 4 shared this belief by stating he was ashamed of what he put his family through. He stated for months into recovery he had thoughts he did not deserve a better life. Participant 3 stated she felt she deserved to be punished for her actions and criminal behavior. She again stated as the other participants it was not until she was able to forgive herself and believe she was worthy to final move on with recovery. Participant 5 shared the same sentiments by stating she had to forgive herself and others to believe she was worthy of a better life. She shared she had to believe she was a different person in recovery and that person deserved a better life. Davis (et al., 2014) linked the importance of hope and goal directed thinking in self-efficacy. Hope and a feeling of self- worth is imperative in recovery in order to continue to move forward and not look back (Stevens et al., 2010). Gorski (2008) stated a person in recovery has to believe they have the power to change their life and be successful in their recovery. In addition, 3 of the 5 participants stated their belief of a Higher Power helped them increase self-concept and feelings of being worthy.

Sharing My Story

One of the last themes, but just as important is sharing the story of addiction and recovery. Williams (2013), showed the importance of transparency in recovery. He stated it not only helps people in recovery stay clean but also is essential to show others recovery is possible. Even though anonymity is a cornerstone in AA and NA meetings, it does not mean people in recovery cannot share their own personal story of addiction and recovery (Williams, 2013). Participant 1 stated "the lowest of the low need to know they can do it". She added sharing her story not only gives others hope, but gives her a purpose. She continued by stating sharing her story keeps her clean and reminds her of where she was before recovery. Participant 4 stated it helps bring his story of addiction and recovery full circle. He stated he shares the negative parts of addiction but then is able to provide hope by sharing what recovery has done for him and his life. Participant 5 stated support meetings are essential for her recovery. It allows her to share hope to others who are struggling and see recovery is possible. She stated she is not allowed to enclose her involvement in support groups meetings but can share her story without identifying her direct involvement in what support group she is involved in. She stressed the importance of transparency in her recovery. While participant 2 stated she has never been active in support groups, she can share her story with others. She stated this allows her to give back to the community and others still struggling with addiction. Participant 5 stated she informs everyone she is in recovery. She stated this helps break the stigma of addiction and helps her reduce shame to someone else who is still struggling with

addiction and recovery. Williams (2013) stated the importance of breaking the stigma of addiction in order to save lives and provide hope to those still sick and suffering.

Limitations of the Study

There are few limitations associated with this study as previously referenced. One limitation identified included using phone calls and emails to inform participants of the study and complete interviews. Participants were encouraged to meet face to face with the researcher; however, in 3 instance this was not feasible due to time and schedules. Participants who met face to face allowed the researcher to observe non-verbal cues and build a rapport. It should be noted participants who did not meet face to face shared openly as well and the length of the interviews actually lasted longer on the phone than in person. Different methods also allowed participants to come from a larger geographical area and not limited to one area (Frankfort-Nachmias & Nachmias, 2008).

The study was limited to a group of people who shared the same phenomena. While this is a limitation, it is important for this study to allow participants to tell their story of recovery. Five participants agreed to be a part of the current study. Moustakas (2009) suggested a smaller sample size allows participants to tell their story in more detail and avoid redundancy. Creswell (2013), stated this sample size may be considered a limitation but allow for quality and not quantity.

Shenton (2004), identified limitations with reliability and validity in qualitative studies. To address this limitation I obtained consent from all participants to record interviews and ability to return calls if needed. I used the recorded interviews to check and re-check all participant's answers to each question. Having recorded interviews

allowed the researcher to record all answers in order to identify similar answers to questions leading to themes with the research study. I manually recorded similar words, themes, and meanings to address reliability and validity for the results of the study.

Recommendations

Recommendations for Action

There were several recommendations identified from the current research results. The research results identified positive themes participants identified that helped them achieve long-term recovery and decrease recidivism. Results can be used to influence policymakers and educational personal to address addiction in new ways and change viewpoints in society and the community. One main theme that emerged from the results is sharing their story. This directly relates to addressing the stigma of addiction and providing treatment for individuals in the criminal justice system. Policymakers can make a difference to provide more grants for community collations. Community coalitions are very important in decreasing the stigma of addiction. They often highlight individuals who are in recovery and allow them to tell their story at meetings and training events. In addition, policymakers can make a difference by addressing individuals in prison and jails by continuing to give grant money to drug-courts and re-entry programs. Gorski (2013) addressed the importance of the community for people in recovery. The community allows individuals who have a history of recidivism and relapse to become involved in something positive. They can give back by telling their story and volunteering at local community events. This not only helps the community but also can decrease the stigma of addiction. The community witnesses how someone can change

and give back when they maintain long-term recovery. Grants and funding can also provide recovery community centers that are located within the community and staffed by community volunteers that include but not limited to; spiritual leaders, people in recovery, peer-support specialist, and community individuals. These centers provide a safe place for someone to go when struggling with recovery, the criminal element, and mental illness. Often providing a safe and non-judgmental place is what is needed to help the individual achieve another day of sobriety.

Educators can use results of the study to educate about addiction and recovery. Addiction touches almost everyone in one way or another, including but not limited to; the community, families, employers, and friends are all touched by someone in active addiction (NIDA, 2015). Educators can use results to educate the public on addiction as well individuals who are in active addiction and recovery. Anyone can become an addict. Results from the current study can help teachers educate society using similar words and themes from the results of the research. Themes can show what is important for people in recovery to achieve and maintain recovery and reduce the stigma of addiction.

Recommendations for Further Study

The study led to several issues that could be used for future research. The purpose of this phenomenological qualitative study was to identify positive traits with achieving and maintaining long-term recovery from substances and reduce recidivism by using self-efficacy and transparency. The research study used five participants who agreed to the study. Participants shared their struggle with addiction, relapse, recidivism, and finally long-term recovery. The current study focused on positive traits or characteristics on how

participants achieved long-term recovery. While it is important to identify relapse triggers leading to relapse, results from this study can show the importance of positive aspects of recovery and how individuals used self-efficacy and transparency to maintain long-term recovery. Further studies can change focus on more positive aspects versus negative in order to provide hope to people who are still struggling from addiction. People in active addiction constantly hear how what they do wrong and what not to do. Changing focus to positive language can change their outlook and believe they can achieve long-term recovery.

Implications

The impact of positive social change from the current research can be vast and varied. As previously, stated addiction affects every aspect of a person in active addiction (Gorski, 2013). Not only is the person affected by addiction but others as well, it is like a ripple affecting anyone and everything in the person's life (NIDA, 2015). Results can help others understand addiction and struggles people who are trying to achieve recovery face. Many people still do not believe addiction is a disease but believe it is a choice (SAMHSA, 2015). Hearing participant's stories will provide education it is more than a choice. It also encompasses irrational thinking and behavior patterns. Results will show addiction is more than a choice; it is a disease with many layers.

Positive Social Change

Results can be used to influence policymakers, educators, and society to educate them on addiction, recidivism, and recovery. They can use participant's stories for continued research for education and programs for people in active addiction. Programs

will lead to positive social change for more programs and provide recovery community centers in communities for people in recovery to have a positive and non-judgmental safe place to go. Recovery community centers are in some larger cities like Chicago and LA. Individuals report they are helpful for the person in recovery to provide support from others in recovery and build a strong support system. A strong support system includes others in recovery, counselors, peer-support specialist (often employed by recovery community centers), and spiritual leaders in the community the person resides.

The results of the study have provided a gap in literature focusing on positive aspects of recovery and reducing recidivism. Research history of addiction and recovery are negative in nature by stating what not to do and identifying relapse triggers. While that is important, positive traits lead to hope and show successful stories of recovery, giving others hope they can achieve recovery too.

Conclusion

This phenomenological study spotlighted how 5 participants achieved and maintain recovery from substances and criminal behavior. Participants were open regarding their addiction and recovery story. They agreed to the research study and understood the purpose of the research. Similar words and themes were identified using proposed research questions. Participants appeared to be open and honest regarding their struggles with addiction and their recovery story.

Addiction affects every part of the person's life as well as all aspects of the person including family, community, employers, and friends, not to mention expense on society. Until the cycle of addiction and recidivism is broken, the person will continue in

despair of relapse. Sharing stories of recovery and hope are essential in helping other understand they are worth a better life and can achieve recovery. Achieving and maintaining long-term recovery is not an easy task. Statistics show the difficulty with maintain recovery and reducing recidivism. This is due to the fact addiction is a biopsychosocial disease and the also stigma of addition. However, recovering individual's positive stories could increase the understating of addiction while educating those struggling with addiction and possibly educating the society, as a whole. It is imperative the stigma of addiction be erased. Education is key to decrease this stigma. Understanding the importance of self-efficacy and transparency is essential to decrease the stigma. Both of these concepts are imperative to people still in active addiction. However, it does not end there, it is essential for society to address addiction, recidivism, and recovery to develop programs to address addiction leading to long-term recovery for generations to come.

References

Abedi, H., Rizi, M., Nasrollah, A., Ghodoosi, A., & Navidian, A. (2016). Addiction abstinence as an accessible experience: A phenomenological study. *International Journal of High-Risk Behavior and Addiction*, *6*(1). doi: 10.5812/ijhrba.31241

Ackerman, M. (2015). Why anonymity is important in addiction recover. *Alcoholism, Life in Recovery*. Retrieved from http://www.recovery.org

Applegate, D. (2015). Five thought patterns that can easily lead to relapse. *Addiction Information*. Retrieved from www.soberrecovery.com

Barasi, L. (2012, February). Addiction, social stigma and the barriers to recovery. openDemocracy 50.50. Retrieved from https://www.opendemocracy.net/5050/leo-barasi/addiction-social-stigma-and-barriers-to-recovery

Bandura, A. (1982). Self-efficacy mechanism in human agency. American Psychologist, 37(2).122-147

Blau, D., Scott, M., & Rubin, S. (2013). Clark Moustakas: Scholar, teacher, colleague and friend. *The Humanistic Psychologist*, *41*(1), 97-99. doi: 10.1080/08873267.2013.752695

Blomqvist, J. (2012). Perceptions of addiction and recovery in Sweden: The influence of respondent characteristics. *Addiction Research and Theory*, *20*(5), 435-446. doi: 10.3109/1066359.2012.664203

Bohlin, E. (2013). Personality traits of addiction. Retrieved from https://www.erikbohlin.net/handouts/personality_traits_of_addiction.htm

Bone, R., Dell, C., Koskie, M., Kishniruk, M., & Shorting, C. (2011). The lived experience of volatile substance misuse: How support contributes to support and sustained well-being. *Substance Use and Misuse*, *46*, 119-127. doi: 10.3109?10826084.2011.580230

Brezina, T. & Topalli, V. (2012). Criminal self-efficacy: Exploring the correlates and consequences of a "successful criminal" identity. *Criminal Justice and Behavior*, *39*(8), 1003-1024. doi: 10.1177/0093854812438345

Creswell, J. W. (2009). *Research design, qualitative, quantitative, and mixed methods approaches, (3rd ed.).* Thousand Oaks, CA: Sage Publications.

Creswell, J. W. (2013). *Qualitative inquiry and research design; choosing among five approaches,* (3rd ed.). Thousand Oaks, CA: Sage Publications.

DuPont & Skipper, (2012). Six lessons from the state physician's health programs to promote long term recovery. *Journal of Psychoactive Drugs*, *44*(1), 72-78. doi: 10.1080/02791072.2012.660106

Flanagan, O. (2013). The shame of addiction. *Frontiers of Psychiatry*, *4*(8) doi: 10.3389/fpsyt.2013.00120

Frankfort-Nachmias C. & Nachmias, D. (2008). *Research methods in the social sciences,* (7th ed.). New York, NY: Worth Publishers.

Gorski, T. (2003). Best practice principles in the treatment of substance abuse. Retrieved from http://www.tgorski.com/clin_mod/best_practices/Gorski%20Best%20Practice%20Standards%20010508.htm

Gorski, T., & Jamison, L. (2003). An overview of the recovery process. Retrieved from http://www.tlctx.com/ar_pages/recovery_overview.htm.

Gorski, T. (2008). Recovery, Gorski's developmental model of recovery. Retrieved from http://terrygorski.com/2012/04/28/125

Gorski, T. (2016, July 29). Post incarceration syndrome (PICS) and relapse [Web log post]. Retrieved from https://terrygorski.com

Gubi, M., & Marsden-Hughes, H. (2013). Exploring the processes involved in long-term recovery from chronic alcohol addiction within abstinence-based model: Implications for practice. *Counseling and Psychotherapy*, *13*(3), 201-209. doi: 10.1080/14733154.2012.733716

Hammer, R., Dingel, M., Ostergren, J., Nowakowski, K., & Koenig, B. (2012*).* The experience of addiction as told by the addicted: Incorporating biological understandings into self-story. *Cult-med Psychiatry*, *36*(4). 712-734. doi: 10.1080/14733154.2012.733716

Hart, C., & Ksir, C. (2013). *Drugs, society, and human behavior.* New York, NY: McGraw-Hill.

Ho, R., Chan, C., Yan Lo, P., Wong, P., Chan, C., Yu Leung, P., & Chen, E. (2016). Understandings of spirituality and its role in illness recovery in persons with schizophrenia and mental-health professionals: a qualitative study. *BMC Psychiatry, 16*, 1-11. doi: 10.1186/s12888/-016-0897-7

Kelly, J., & Greene, M. (2014). Where there's a will there's a way: A longitudinal investigation of the interplay between recovery motivation and self-efficacy in

predicting treatment outcome. *Psychology of Addictive Behaviors*, *28*(3), 928-934. doi: 10.1037/t17127-000

Kemp, R., & Butler, A. (2014). Love, hate, and emergence of self in addiction recovery. *Existential Analysis*, *25*(2), 257-268. Retrieved from http://www.academia.edu/12173830/Love_Hate_and_Emergence_of_Self_in_Addiction_Recovery

Keyes, K. M., Hatzenbuehler, M. L., & Hasin, D. S., (2011), *Stressful life experiences, alcohol consumption and alcohol use disorders: The epidemiologic evidence for four main types of stressors, 218*, 1-17. doi: 10.1007/s00213-011-2236-1

Kheswa, J.G., & Lobi, T. (2014). An investigation of effectiveness of rehabilitation in the correctional centre, Eastern Cape: A phenomenological study. *Mediterranean Journal of Social Sciences*, *5*(14), 610-619. doi: 10.5901/mjss.2014.v5n14p610

Kreek, M. J., & Koob, G. F. (1998). Drug dependence: Stress and dysregulation of brain reward pathways. *Drug and Alcohol Dependence*, *51*, 23-47. doi: 10.1016/SO376-8716(98)00064-7

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

Langman, L., & Chung, M. (2013). The relationship between forgiveness, spirituality, traumatic guilt and PTSD among people with addiction. *Psychiatric Quarterly, 84*(1). doi: 10.1007/s11126-01209223-5

Living Sober. (2016). Importance of transparency in addiction recovery. Retrieved from https://www.livingsober.com/the-importance-of-transparency-in-addiction-recovery/

Mayo Clinic. (2014). Diseases and conditions: Drug addiction risk factors. Retrieved from; http://www.mayoclinic.org/diseases-conditions/drug-addiction/basics/risk-factors/CON-20020970

Morgenstern, J., Kuerbis, A., Houser, J., Muench, F., Shao, S., & Treloar, H. (2016). Within-person associations between daily motivation and self-efficacy and drinking among problem drinkers in treatment. *Psychology of Addictive Behaviors, 30*(6), 630-638. doi: 10.1037/abd000204

Moore, K., Tangney, J., & Stuewin, J. (2016). The self-stigma process in criminal offender. *Stigma and Health*, *1*(3), 206-224. doi: 10.1037/sah0000024

Moustakas C. (1994). *Phenomenological research methods;* Thousand Oaks, CA: Sage Publications.

National Institute on Drug Abuse. (2013). After release, jail inmates' substance use patterns relate to their choice of friends. Retrieved from https://www.drugabuse.gov/news-events/nida-notes/2013/07/after-release-jail-inmates-substance-use-patterns-relate-to-their-choice-friends

National Institute on Drug Abuse. (2014). California reaped large savings by diverting drug-using offender into treatment. Retrieved from https://www.drugabuse.gov/news-events/nida-notes/2014/02/california-reaped-large-savings-by-diverting-drug-using-offenders-treatment

National Institute on Drug Abuse. (2014). *Drug addiction treatment in the criminal justice system.* Retrieved from www.drugabuse.gov

National Institute on Drug Abuse. (2015). Trends & Statistics. Retrieved from http://www.drugabuse.gov/related-topics/trends-statistics on September 28, 2015

National Institute of Health. (2012). The science of addiction; Drugs, brains and behavior. Retrieved from http://www.nlm.nih.gov/medlineplus/magazine/issues/spring07/articles/spring07pg14-17.html

National Institute on Health. (2013). Addiction and the Criminal Justice System. Retrieved from https://www.report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=22

National Institute of Justice (2014). Recidivism. Retrieved from https://www.nij.gov/topics/corrections/recidivism/Pages/welcome.aspx

Patterson, E. (2017). History of Substance abuse rehabilitation. Retrieved from http://drugabuse.com/library/history-of-drug-abuse/

Sober Media Group (2016). Recognizing drug and alcohol relapse triggers for you and your loved ones. Retrieved from http://www.recovery.org/topics/recognizing-drug-and-alcohol-relapse-triggers-for-you-and-your-loved-ones/

Shenton, A. (2004). *Strategies for ensuring trustworthiness in qualitative research.* Newcastle, UK: IOS Publications.

Shinebourne, P., & Smith, J. A. (2011). It's just habitual: An interpretative phenomenological analysis of the experience of long-term recovery. *International Journal of Mental Health and Addiction*, *9,* 282-295. doi: 10.1007/s11469-010-9286-1

Sinha, R. (2009). Modeling stress and drug craving in the laboratory: Implications for addiction treatment development. *Addiction Biology*, *14,* 84-98. 10.1111/j.1369-1600.2008.00134.x

Stangor, C. (2011). *Research methods for the behavioral sciences,* (4th ed.). Belmont, CA: Wadsworth Cengage Learning.

Staiger, R., Richardson, B., Long, C., Carr, V., & Marlatt, G. (2013). Overlooked and underestimated? Problematic alcohol use in clients recovering from drug dependency. *Addiction, 108,* 1188-1193. doi: 10.1111/j.1360-0443.2012.04075.x

Steps to Recovery. (2013). Social stigma of addiction. Retrieved from http://www.stepstorecovery.com/social-stigma-of-addiction

Stevens, E., Jason, L., Ferrari, J., & Hunter, B. (2010). Self-efficacy and since of community among adults recovering from substance abuse. *North American Journal of Psychology*, *12*(2), 255-264. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3596175/

Stocker, S. (1999). Studies link stress and drug addiction. *National Institute on Drug Addiction, 14*(1). Retrieved from http://archives.drugabuse.gov/NIDA_Notes/NNVol14N1/Stress.html

Substance Abuse and Mental Health Services Administration. (2010). *Counselor's manual for relapse prevention with chemically dependent criminal offenders*. Rockville, MD: Technical Assistance Publication.

Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (2014). *Substance abuse treatment for adults in the criminal*

justice system, treatment improvement protocol. Series 44, Rockville, MD: Technical Assistance Publication.

Substance Abuse and Mental Health Services Administration. (2014). Prevention of substance abuse and mental illness. Retrieved from http://www.samhsa.gov/prevention#.VeehViIIaLY.gmail

Swogger, M., Conner, K., Caine, E., Traboid, N., Parkhurst, M., Prothero, L., & Maisto, S. (2016). A test of core psychopathic traits as a moderator of the efficacy of the brief motivational intervention for substance-using offenders. *Journal of Consulting and Clinical Psychology*, *84*(3), 248-258. doi: 10-1037/ccp0000090

Takeda, Y., Roper, L., Duff, S., & Booth, P. (2013). Decision-making throughout the whole process of relapse: A qualitative analysis of problem drinkers' accounts of recent episodes. *Journal of Substance Abuse*, *18*(5), 417-428. doi: 10.3109/14659891.2012.721446

Williams, G. (Producer). (2013). The *Anonymous People.* [Motion picture]. United States: 4th Dimension Productions.

Yates, R. (2013). In it for the long haul: Developing recovery capital for long term recovery sustainment. *Journal of Substance Use*, *18*(5), 339. doi: 10.3109/14659891.2011.568331

Appendix A: Ethical Certificate

Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **Lisa Kent** successfully completed the NIH Web-based training course, "Protecting Human Research Participants".

Date of completion: 6/18/13

Certification Number: 1200262

Appendix B: Initial Contact Message and Criteria

To Whom It May Concern:

I, Lisa Kent, am contacting you in search of potential research participants. I am a Walden University doctoral student living in Tennessee and would like the assistance of people in long-term recovery, who have applied transparency, by being an example of openness and a voice for others to model, as a result of applying self-efficacy and gaining an understanding of what it means to experience self-love, during recovery for at least 2 years, with no more than two brief relapses, all after having experienced recidivism in the criminal justice system.

As a recap from the informed consent form, to take part in this study, potential participants will have to meet the following criteria:

1. Must be males and females between the ages of 20-55 from West TN.
2. Must apply self-efficacy and practice transparency to maintain long-term recovery from substance addiction, for at least two years.
3. Must not have had no more than two brief relapses during their long-term recovery.
4. Must have experienced recidivism in the criminal justice system.

If you meet the criteria and are interested in assisting me with this study, please direct your attention to the attached document (Informed Consent Form) and reply to this message after having read and electronically signed the informed consent form. After receiving your email, with the signed informed consent form, the researcher will schedule an interview with you. The interview could take place face-to-face in a designated

location like the public library or over the phone, via some form of telecommunication, such as Skype or FaceTime. Thanks for your consideration, and I look forward to hearing from you.

Lisa Kent

Doctoral Student

Walden University

Appendix D: Debriefing Document

The researcher designed this document to provide participants with resources that may assist them, if they need someone to communicate with, before, during and after the study. It is understandable and normal for participants to experience levels of discomfort, which might cause undue stress. As the researcher for this study, it is my goal to alleviate as much stress potentially caused by the study as possible, and to not cause harm to the participants. As the researcher I will also,

1. Explain what they can expect to happen at the end of the interview process
2. Provide details about how they can access the study once it is published
3. Remind participants that they can still withdraw from the study at any time and not have their information included in the study
4. Remind participants about resources they can contact for support if they are experiencing any ill feelings or grief associated with the study
5. Thank participants for their participation and their contributions to the study and remind them that the researcher will maintain their confidentiality.

Below is a list of resources and referrals for you to access, if you need assistance. You can also contact me by e-mail at XXXX or phone me, at XXXX.

Resources

1. Suicide Hotlines at www.suicide.org/hotlines/international/-suicide-hotlines.html Phone numbers for the 24-hour hotline (2) 715-8600, (2) 716-8600, (2) 717-8600 (2) 718-8600

3. Tennessee Redline is a toll-free information line by the Tennessee Association of Alcohol and Drug Abuse Services. It provides information and referrals for anyone who needs information regarding drug abuse and addiction and services in TN. 1-800-889-9789
4. Dr. J. Amos- XXXX—Clinical Psychologist at Blue Cross and Blue Shields of TN and provides services for the clinical records depart. Dr. Amos agreed to provide counseling to any participants who may need her professional services.
5. R. Gatlin, LPC, phone- XXXX—Licensed practicing counselor (LPC) with Blue Cross and Blue Shields who provides reviews for hospital stays for mental health patients and for patients who need substance abuse treatment and rehabilitation services.

Appendix E: Interview Questions

Question 1: How do you perceive your long-term recovery experience from substance addiction?

Question 2: How do you perceive your long-term recovery experience from recidivism in the criminal justice system?

Question 3: What value do you place on the application of self-efficacy (your belief that you could remain sober and can achieve recovery) may have assisted you in long-term recovery?

Question 4: What value do you place on the application of transparency (being open, clear, honest, and shame-free) may have assisted you in your long-term recovery?

Question 5: What are your experiences with past relapses in recovery attempts?