

# Navigating Recovery: Insights from Distance Learning Human Services Students' Abstinence Experience

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## Abstract

*With the rise in overdose and problematic drug use in the United States, it is crucial to develop competent human service practitioners in addiction treatment and recovery settings. This qualitative study explores the virtual abstinence experience of distance learning human services students, using Mezirow's transformative learning theory to examine how a 21-day experiential abstinence prompts critical reflection and perspective transformation. The study investigates the socio-emotional and physiological factors influencing participants' progress toward sobriety, including cravings, withdrawal, isolation, and relapse triggers. Findings highlight how participants' critical reflection leads to a deeper understanding of addiction and recovery, as well as an enhanced ability to conceptualize client needs and design person-centered recovery plans. This research underscores the role of transformative learning in developing more effective and empathetic addiction treatment practitioners.*

*Keywords:* Transformative learning, experiential learning, addiction recovery, human services education, distance learning

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According to the U.S Bureau of Labor and Statistics (2024) the need for behavioral health professionals with specialized training in addiction treatment and recovery is expected to rise by 18% between the years 2022 and 2032. This need is supported by the ongoing increase in overdose deaths from lethal psychostimulants, such as synthetic opioids and other illicit substances (Centers for Disease Control, 2023). Since the declaration of the opioid epidemic in 2016, the field of addiction treatment and prevention continues to aim to reduce the frequency of overdose deaths with emphasis on service delivery, treatment options, increased access, and targeted national policies (Haffajee, 2019; Roberts et al., 2016; Sue & Fiellin, 2021; Wakeman & Beletsky, 2023). Despite these efforts, research recognizes the ongoing need for a competent addiction workforce as practitioners often leave

the field due to burnout, retirement, or other practitioner specific factors (Fiddian-Green, 2019; Murphy, 2022; Stelson et al., 2022).

The field of Human Services is diverse, encompassing roles often found in other helping disciplines, such as counseling, psychology, and social work (Neukrug, 2024). While it shares similarities with these professions, Human Services is an independent discipline within the helping professions (National Organization for Human Services, n.d.). It has its own national code of ethics, bylaws, and flagship journal, all governed by the National Organization for Human Services [NOHS] (NOHS, n.d.; 2024). Additionally, it has a nationally recognized professional credential, the Human Service-Board Certified Practitioner [HS-BCP], governed by the Center for Credentialing and Education (Center for Credentialing & Education, n.d.). Human service education, which is developed through a nationally recognized accreditation process by the Council for Standards in Human Service Education [CSHSE], spans multiple levels—including certificate, diploma, undergraduate, graduate, and doctoral programs—and prepares students for a wide range of careers in the helping professions (Neukrug, 2024). This education includes integrative training in areas such as documentation, service delivery, and field-specific competencies, including those relevant to addiction treatment or social service.

Due to their diverse training, it is not uncommon for human service practitioners to pursue careers in the helping professions related to addiction and recovery (Author & Rehfuss, 2020; Author & Sawyer, 2024; Carlisle & McCloskey 2023). Responding to this workforce need, human service education commonly prepares practitioners to enter the substance use and addiction field with integrative training in documentation, service delivery, and other areas vital to the addiction field (Author & Rehfuss, 2020; Author & Sawyer, 2024; Neukrug, 2024). Considering the role of emerging practitioners in the addiction field, human service research highly emphasizes their ongoing training and development and supports creative transformative learning approaches in both traditional and distance learning classrooms (Carlisle & McCloskey 2023).

After COVID-19, the field of human service education saw an increase in distance learning noting the benefits of increased enrollment and retention, student access, and quality teaching approaches (Author et al., 2023). Considering these benefits, it is important to examine addiction competency outcomes gained in distance learning settings for emerging human service practitioners. Research supports the implementation of experiential learning in undergraduate classrooms with a focus on the transformed learning of students who engaged in these exercises (Carlisle & McCloskey, 2023). Despite this support, little is known regarding the use of experiential learning as a transformative learning experience toward addiction competency within distance learning undergraduate human services classrooms. Contributing to the field of addiction competency, the researchers studied a 21-day abstinence project to improve human services students' understanding of abstinence and relapse prevention in a distance learning setting.

### **Review of Literature**

Since the COVID-19 pandemic, distance learning in human service education has significantly increased, providing students with flexible, cost-effective access that reduces stress by allowing them to learn in convenient and comfortable locations (Kras & Keenan, 2022; Author et al., 2023). This shift promotes greater equity and social justice by increasing access to education (Horvath & Mills, 2011; Kras & Keenan, 2022). Studies show that students in distance learning environments perform similarly to their in-person peers in terms of grades, critical thinking skills, and course quality (Horvath & Mills, 2011). However, distance learners also develop additional skills, such as enhanced autonomy, self-discipline, and time management. They also gain increased proficiency in active listening, technology, organizational abilities, writing, and reflective learning (Kras & Keenan, 2022, 2023; Rockinson-Szapkiw & Walker, 2009; Author et al., 2023). While these benefits highlight the effectiveness of distance learning, there are also challenges that need to be addressed for optimal student engagement and success.

Challenges withing distance learning have been found to be related to technology and the lack of face-to-face interaction, which can lead to issues with engagement, isolation, and accountability (Hill et al., 2012; Kras & Keenan, 2022; Rockinson-Szapkiw & Walker, 2009). To address these challenges, educators must adapt their teaching strategies to fit the modality, ensuring academic

integrity and course objectives are upheld (Author et al., 2023). This includes using diverse technologies to incorporate auditory and visual elements, fostering collaborative communities, and enhancing peer-to-peer and teacher-to-student engagement (Rockinson-Szapkiw & Walker, 2009; Author et al., 2023).

### **Transformative Learning Theory**

Transformative Learning Theory [TLT], as developed by Mezirow (1978), provides a framework for adult learning that occurs through critically analyzing personal reactions resulting from new learning experiences, referred to as experiential learning. Applying a critical eye, learning takes place when students contrast previously established and preconceived notions with new, often conflicting, information. This confrontation forces the learner to either maintain their current paradigm of understanding or expand upon it by integrating new and differing perspectives (Carlisle & McCloskey, 2023).

Engaging in hands-on experiential learning encourages learners to reflect critically on their experiences, often resulting in a transformative experience due to the discomfort and conflict involved, which necessitates change or risk stagnation (Carlisle & McCloskey, 2023). This transformation involves learners challenging their biases and expanding their knowledge, adopting a more complex and broader understanding of a subject. Developing critical awareness through reflecting on experiences from a personal and invested point of view promotes self-awareness, leading to a transformation that affects both cognitive and emotional states. Applying TLT to addiction education is particularly relevant as it allows adult learners to assess and restructure their values, judgments, and attitudes toward themselves and others (Carlisle & McCloskey, 2023; Mezirow, 1978). In TLT, critical reflection plays a key role in the process of behavioral change, with educators guiding students in understanding and developing their decision to move toward change (Mezirow, 1992).

Research on the integration of TLT into distance learning indicates that students successfully experienced transformative learning (Boyer et al., 2006). A key component of this integration includes intentionality in the instructor's design and facilitation of the course to promote transformative learning (Boyer et al., 2006; Nichols et al., 2020; Ryman et al., 2009). This can be done by creating a supportive classroom community to enhance student interaction; community may be nurtured by promoting personal connections and open group dialogue, both methods for engaging students can be done using discussion boards (Anderson, 2021; Boyer et al., 2006; Collay, 2017; Kim et al., 2018; Lee & Brett, 2015; Ryman et al., 2009). Further, critical thinking and reflection that allow students to challenge perspectives are important elements of utilizing TLT in distance learning. This can occur via shared dialogue between students or personal reflection writing assignments (Anderson, 2021; Boyer et al., 2006; Collay, 2017; Kim et al., 2018; Lee & Brett, 2015; Nichols et al., 2020; Ryman et al., 2009).

### **Transformative Learning and Student Practitioner Development**

TLT can help human service students in addiction education classrooms maintain the professional competencies set by the Substance Abuse and Mental Health Services Administration [SAMHSA] *TAP 21 Addiction Counseling Competencies* (SAMHSA, 2017). This publication highlights the importance of practitioners having self-awareness and enhancing their addiction treatment practitioner identity (SAMHSA, 2017, Competency 19. 22. 120). TLT can aid students in maintaining these competencies as the use of TLT allows students to have a holistic experience while developing their personal and professional identities (Damianakis et al., 2019; Gibson et al., 2010; Shuler & Keller-Dupree, 2015). The Addiction Counseling Competencies also require that addiction treatment practitioners demonstrate respect to clients and recognize individual and contextual factors that clients may experience (SAMHSA, 2017, Competency 2, 66, 75, 118). Using TLT, students were able to evaluate themselves and then apply changes in perspectives and habits (Cahill & Bulanda, 2009; Gibson et al., 2010; Shuler & Keller-Dupree, 2015).

In specifically looking at addiction education that utilizes TLT, students have improved their competence and skills including cultural awareness and humility. Students gained appreciation of

cultural diversity, positive perspectives on advocacy, and holistic understanding of substance use disorders (Carlisle & McCloskey, 2023; Kirkpatrick et al., 2011; Muzyk et al., 2023). Further, TLT has enhanced addiction education students' openness and self-awareness. Students were able to develop their critical consciousness and experience personal growth via transformation (Carlisle & McCloskey, 2023; Kirkpatrick et al., 2011; Muzyk et al., 2023). This study aims to build upon the current, limited literature to explore TLT in distance education for human services students in addiction and recovery competency.

### **Methodology**

Prior to engaging in the study, researchers received University Institutional Review Board [IRB] approval to explore human service student's understanding of abstinence and relapse prevention using experiential learning in a distance education setting. Embarking in this generic qualitative inquiry, the researchers applied an inductive thematic analysis approach with a focus on describing the participants' outer lived experience with the phenomenon of interest for the study (Braun & Clark 2006; Creswell 2014; Creswell & Poth, 2018; Percy et al. 2015). Consistent with research design, the researchers utilized a convenience sample of 19 undergraduate human service students who were enrolled in an undergraduate certificate program focused on meeting the state and international didactic requirements for addiction credentialing. All participants in this study were actively enrolled in a distance learning introduction to substance use course focused on developing their understanding of relapse prevention and recovery while developing their identity as future addiction counselors.

### **Procedure**

As a course requirement, human service students were mandated to complete a 21-day abstinence experience as part of a three-part project to meet course learning outcomes. Consistent with an experiential learning approach, students reflected on their learning outcomes through discussion boards as well as a written reflection paper to reflect on their learning in the course. At the termination of the course, students were given the option to participate in the research study by providing informed consent on their written work in the study. Students who chose to participate engaged in member checking and had the option to opt out of the study at any time. At the time of data collection, 19 students were enrolled in the distance learning course, and all students opted into the study.

Prior to engaging in the 21-day abstinence experience, participants received didactic education covering topics such as drug classifications, relapse prevention, recovery treatment approaches, systems of care, and models of addiction. As the university had an established drug policy, students were required to receive instructor approval on the item or behavior of choice from which they would abstain prior to engaging in the experiential learning experience. The items from which students chose to abstain included sugary foods, meats, caffeine, soft drinks, juice, nicotine, and alcoholic drinks. Some students also chose to abstain from process behaviors such as social media, video games, and online gambling.

Concurrent with their abstinence experience, students attended two in-person 12-step community-based support groups [CBSG] in their local area and provided signature verification of attendance for course credit. Students also participated in two instructor-led simulated process groups via ZOOM, which focused on challenges and successes within their abstinence experience and how this experience transformed their understanding of client experiences. Consistent with an experiential learning approach, students were required to synthesize their didactic learning with their lived experience from a reflective lens (Warren et al., 2012). This process encouraged students to critically examine their preconceptions and engage in self-reflection, leading to shifts in understanding as they developed their emerging addiction counselor identities as it relates to abstinence, recovery, and relapse. Notably, the distance learning context added complexity to their reflections, as participants navigated the unique challenges of virtual learning while experiencing personal growth through the abstinence experience. Students were tasked with using creative thinking to explore these transformative insights and connect them to addiction counseling practice, focusing on abstinence,

recovery, and relapse. The abstinence project required students to develop written reflections via weekly discussion boards and culminated in a final paper, addressing the research question: "How has this abstinence experience transformed your understanding of recovery and addiction?"

### **Participant Demographics**

Nineteen participants (N = 19) enrolled in an undergraduate distance learning course, *Introduction to Substance Abuse*, as part of an 18-credit addiction treatment and prevention certificate program. Upon obtaining informed consent, demographic data was collected through short-answer surveys addressing age, gender, race/ethnicity, year in college, major, minor, post-graduation intentions, work settings, and career goals. Participants' ages ranged from 21 to 47, with an average of 30. Gender breakdown was 84% female (n = 16) and 16% male (n = 3). Racially, 53% were Black or African American (n = 10), 42% White or Caucasian (n = 8), and 5% Asian/Caucasian (n = 1). Fifteen percent (n = 3) of the students surveyed voluntarily disclosed having lived personal experiences in recovery and were in sustained recovery from active addiction at the time of study participation. Their personal recovery journeys were not included in the 21-day abstinence experience as part of the inclusion criteria. Regarding academic standing, 78% (n = 15) were seniors, 16% (n = 3) juniors, and 5% (n = 1) sophomores. In terms of majors, 74% (n = 14) were Human Services, 16% (n = 3) Psychology, 5% (n = 1) Women's Studies, and 5% (n = 1) Health Care Administration. Employment-wise, 74% (n = 14) were employed, with 47% not specifying job type. Career interests were aligned with human services and related fields, with 37% (n = 7) indicating goals requiring graduate education. Specialization interests included counseling (16%, n = 3), clinical psychology (11%, n = 2), and various helping fields such as music therapy, school counseling, and social work. Participants also expressed interest in populations like military/veterans (16%, n = 3), corrections (16%, n = 3), and youth (11%, n = 2). Regarding working with substance use populations post-graduation, 68% (n = 13) were unsure, 26% (n = 5) affirmed, and 5% (n = 1) did not respond.

### **Data Analysis**

Braun and Clarke (2006) define thematic analysis as a method that identifies, analyzes, then reports themes. This is done via six phases. In phase one, the researchers read then re-read the data, and they take note of initial ideas. In phase two, the researchers systematically code the data by creating initial codes and identifying data as part of each code. In phase three, the researchers organize the codes into potential themes, and they group the data of each code into that theme. In phase four, the researchers review the data to check that it is appropriate for the coded theme and the other data within the theme. In phase five, the researchers continue the analysis by identifying specific elements of the themes including creating definitions and names for the themes. In phase six, the researchers report the findings of the themes.

### **Establishing Credibility and Dependability**

To ensure rigorous thematic analysis, the researchers employed processes of researcher triangulation, data triangulation, member checking and participant review to enhance trustworthiness. Key to qualitative methodologies wherein the researcher is the instrument of data analysis, implementing transparent decision-making processes enhanced credibility (Nowell et al., 2017). For dependability, the researchers first immersed themselves in the data and subsequently conducted data analysis following the phases of the thematic method. To ensure the analysis of the data was congruent with the participants' experiences and further establish credibility, procedures of member checking, participant review, and triangulation were utilized. In accordance with member checking, participants verified their content was compatible with the researchers' understanding; participants also reviewed the study's findings and interpretations. Specifically, they were afforded the opportunity to confirm, challenge, or clarify all data from their demographic forms, discussion board posts and reflection papers after grading as well as potentially revise the study's findings for accuracy as needed.

## Results

Analysis of data resulted in the emergence of two distinct themes with corresponding supportive patterns that encapsulated distance learning students' understanding of the recovery and initial abstinence process through experiential learning. All participant responses were broadly embedded within the two themes: (1) *Understanding the Recovery Journey*; and (2) *Peer-Supported Practitioner Development*.

### Theme One: Understanding the Recovery Journey

Within the first and most dominant theme, participants described and recognized challenges toward establishing recovery which resulted in an increased awareness and empathy development toward individuals in active recovery. Within this theme, participants recognized and experienced active withdrawal symptoms, urges and cravings, triggers for relapse, guilt, shame, and doubt regarding re-establishing or sustaining sobriety during this study. Participants described experiencing socio-emotional fallouts, physiological urges and withdrawal symptoms as well as opportunities to reflect on the impact people, places, and things had on their abstinence success. These experiences created opportunities for students to synthesize their experience with the didactic learning in the course as well as with their learning outcomes from community-based support groups during this study resulting in a deeper awareness and professional identity development toward understanding addiction and recovery. Participants shared and discussed the transformation of their thoughts, attitudes, and beliefs regarding the motivation to change, utilization of resources, and ease of transition from active addiction to active recovery for persons experiencing problematic drug use. Participants were able to strengthen as well as reevaluate their stigmatized lens regarding motivation to change as well as gain a deeper understanding of the difficulty of establishing initial abstinence for individuals experiencing active addiction.

#### *Pattern 1: Awareness of Recovery Challenges*

Within this pattern, participants discussed an increased level of awareness and understanding toward the challenge of establishing initial sobriety for individuals experiencing problematic substance use or process addiction. Participants discussed challenges related to establishing sobriety, specifically the increased amount of personal accountability and honesty required to begin abstinence due to the virtual learning environment of the course as well as opportunities to engage in their usage outside of the distance learning management system. As the study was facilitated in a distance learning course, several participants recognized the opportunity to engage in continued usage discreetly and the cognitive motivation required to establish sobriety. This data finding was supported by Participant 2 who shared "I can relate these thoughts to addiction clients; there is a temptation to just give up and forget about trying, especially when people we surround ourselves with are still using and you keep having thoughts that you won't get caught." Participants translated their real-life struggles into an opportunity to understand the thought process of persons mandated into recovery who may be in the pre-contemplation stage of change and, as a result, continue to engage in active usage without proper monitoring and accountability. This data outcome enhanced participants' understanding and commitment as practitioners to increase motivation and commitment to change as well as to establish appropriate treatment goals and strategies to encourage and support recovery at its initial onset.

Participants examined their understanding of the factors that present as a barrier to establishing and sustaining recovery which increased empathy toward individuals with active addiction. Through statements such as "after just six days of giving up everything but water, I'm experiencing intense cravings for coffee and soda, making me more empathetic to those battling substance addiction and the challenges of withdrawal" (Participant 4). Participants' empathy development was further enhanced through learning outcomes gained from community-based support group attendance while engaged in this abstinence project. This engagement concurrent with their own abstinence experience evoked deeper thought processing from participants regarding triggers for relapse, resiliency, the benefit of support networks as well the short and long-term impact on

individuals with substance use history. This data outcome was encapsulated by Participant 11 who shared “attending a Narcotics Anonymous meeting last week provided me with insights into the recovery journey. Hearing members' stories and witnessing their courage not only deepened my understanding of addiction but also inspired me to approach recovery with empathy and support.”

Within this pattern, participants explored their understanding of the transition from active usage to establishing the initial three weeks of recovery with a deeper understanding of the frequency of relapse during this stage of recovery as well as the inner strength of individuals who can sustain their initial 30 days of recovery. Highlighting this data outcome, participant 3 shared:

*“I can relate this abstinence experience to substance use clients because I get to witness the daily struggles they go through, except on a much minor level. For example, not giving in to urges, not caving into peer pressure, and choosing healthy alternatives to replace bad habits. I have gained a better understanding how what withdrawal feels like because even six days after giving up beverages except water, I still crave coffee and soda. I understand why so many resources like detox or residential are put in place during the initial 30 days as relapse is the highest when they have not had a ton of time from their last use.”*

Participants discussed the level of resiliency required to overcome the initial few days of sobriety and highlighted their reliance on distance learning peer groups within the course classroom, attendance at their local community based support groups [CBSG], utilization of their self-developed treatment plan as well as their support system all as vital to initiating recovery for this project. This experience supported participants’ developmental understanding of the value of person-centered treatment planning, recovery-oriented systems of care, as well as detoxification, medication to assist treatment, and other resources that are vital during the initial 30 days of recovery.

## ***Pattern 2: Socio-Emotional and Physiological Impact***

During this virtual abstinence experience, participants developed their understanding of the socio-emotional as well as physiological factors that impact an individual’s progress toward establishing and maintaining sobriety. Throughout this study, participants discussed experiencing urges, cravings, headaches, hyper-fixation on their item or behavior of choice, as well as intrusive thoughts that permeated their daily lives during the initial week of sobriety. Of the 18 participants in the study, 12 reported experiencing a relapse within the first 7 days of this study and attributed this occurrence to reoccurring urges, cravings, withdrawal symptoms, as well as the isolation and exclusion from engaging in their abstinence journey virtually. Discussing their first week of sobriety, Participant 10 shared:

“I didn’t have any incentive to make healthy choices for the remainder of the day once I relapsed, since tomorrow would be considered day one all over again. It was so hard to get that first 24 hours. I started feeling guilty like, if I were participating in an NA program, I couldn’t get credit towards earning my 1st “30 days Sober” chip because of that slip, so I can see why someone might say “Oh well, I already messed up so I may as well eat more junk food/ get high/ etc.”

Within this pattern, participants discussed the emotional dysregulation and mood instability that was often projected onto their support systems or impacted their interactions with others. This experience assisted participants with understanding the importance of emotion regulation and positive coping skills training as part of a person-centered recovery plan. Discussing this data outcome, Participant 12 shared “When I was angry or upset, I had an intense urge for a cigarette, never when happy or relaxed. I became aware to think positively and utilize my support to adhere to my treatment objectives to achieve my goal.” Their experience with abstinence provided opportunities for participants to explore themes of isolation and exclusion which supported their practitioner development regarding the role of support systems in sustaining recovery. Elaborating on this data finding, Participant 15 shared, “I felt lost and disconnected as if I was missing something from my life the first week. It made me want to give up so badly because I was alone, I can see why recovery support groups are needed.”

In addition to socio-emotional challenges, participants discussed an increased understanding of the physiological challenges of sobriety, specifically withdrawal, urges, and cravings which impacted several areas of their daily lives. This experience assisted participants with understanding the relationship between psychological, social, and environmental triggers toward

relapse experiences. Elaborating on this outcome, Participant 7 discussed “I have learned that withdrawal is not easy at the very beginning. Your body is still in the ‘zone’ to do your habit, but the sudden reminders startle you and help you remember that you aren’t doing that habit anymore” while Participant 2 shared “when urges to use come, they come strong! When they come strong, they are hard to fight off. Sometimes I just want to check my Facebook so bad I feel like I am so close to doing it very frequently.” The process of experiencing physiological challenges associated with abstinence supported participants’ understanding of the challenges persons in recovery would experience and challenged the stigma that abstinence can be achieved with willpower or simple decisions to want abstinence. As shared by Participant 2:

*“Throughout this withdrawal process, I have learned that it takes more than a lot of willpower in the very beginning. On the topic of willpower, I thought I had enough willpower to keep me going for these 21, but I ended up relapsing on Saturday and it helped me see how I held the stigma that you can have abstinence just by willpower. Instead, you have to have action and working measures in place, like supports and strategies etc.”*

Participants discussed their increased competency regarding the factors that would result in relapse during the initial stage of abstinence. This learning outcome supported participants' professional development as it relates to conceptualizing services based on the client's areas of need.

## **Theme Two: Peer-Supported Practitioner Development**

Human service students described the experience as an opportunity to gain immersive insight into the real-life challenges of sustaining recovery, with a specific focus on recognizing factors that support or hinder the process, understanding the positive role of peer support in maintaining abstinence, and demonstrating emerging practitioner skills within a distance learning environment. Within this theme, participants explored the relationship between social interactions and their recovery. They evaluated and examined their strategies for success, explored various evidence-based methods toward recovery such as harm reduction instead of immediate abstinence as well as demonstrated emerging clinical practitioner skills such as motivational interviewing within the virtual peer to peer recovery groups. Through this study, participants gained experiential knowledge of the peer recovery experience which transformed their appreciation and commitment to incorporate peers in the process as future human service practitioners in addiction treatment practice.

### ***Pattern 1: Identifying Supportive and Hindering Factors***

Through this study, participants gained lived experience exploring and navigating the initial recovery process which resulted in a heightened awareness and understanding of the factors that support or hinder recovery efforts. Participants described experiencing socio-emotional, cognitive, and physiological factors that permeated their abstinence experience which required the utilization of coping and helping strategies to establish and sustain 21 days of sobriety. This process resulted in participants recognizing the importance of person-centered treatment planning to include techniques such as the utilization of mindfulness, positive coping, alternative social interactions, developing a support network, active prevention, and refusal skills. Discussing this data finding, Participant 4 shared “since my abstinence started, I couldn’t hang out with my friends because of the urge to want to be a part of social media. I had to design my treatment plan to exclude them if I wanted to be successful.” Several participants discussed their strategies for success which informed their understanding of evidence-based coping strategies that support recovery. This data finding was demonstrated by Participant 10 who discussed “to remain abstinent, I journaled about my feelings and triggers to relapse. When I started dealing with my thoughts and feelings more it helped me not reach for junk food. This was something I could use with clients.”

Several participants discussed the role their support networks played in supporting or hindering their recovery with common experiences of support persons encouraging relapse while others were supportive of the abstinence experience. This array of support increased participants' understanding of the role support networks have in encouraging active addiction or supporting sobriety. Participants 16 and 6 encapsulated this data finding by stating “this was the hardest part of

the process for me. The first week was rough as it became frustrating when people around you continue to use the drug of choice that you are trying to abstain from” (Participant 16) and “my husband has joined me on my 21-day journey; we were a little moody at the beginning of the week but I can positively say that today, we both feel better and I'm still maintaining sobriety” (Participant 6).

Within this pattern, 12 out of 18 participants experienced a relapse and attributed these occurrences to a lack of prevention of environmental triggers, urges and cravings, social influence, or emotion dysregulation. Although 66% of participants experienced a relapse, this experience provided a learning opportunity for participants to recognize and explore their experience understanding that recovery should be client-inclusive with options for harm reduction as well as initial abstinence when aiming for a person-centered approach toward sobriety. This learning outcome was referenced by participants who experienced significant difficulty with establishing sobriety through abstinence however they were able to attain this goal once a harm reduction approach was implemented and matriculated toward sustained abstinence. Supporting this data outcome, Participant 4 described:

*“It was hard to cut out soda, coffee, and juice cold turkey. The first two days I had to wean myself off of them, but I had hard headaches that made it difficult to safely drive to work; I decided to only drink them to ward off the headaches so I could drive a car safely and then gradually all together so I could be abstinent.”*

Within this pattern, participants explored their understanding of recovery from a solution-focused perspective with a focus on strategies for success, antecedents to relapse, and evidence-based resources and supportive tools. This experience provided participants with the opportunity to translate this knowledge into a conceptualized understanding of the importance of client-centered treatment planning, prevention, and support networks as well as consideration given to harm reduction in place of a completely abstinence approach to sobriety.

### ***Pattern 2: Recognizing the Role of Peers in Recovery***

As the study was facilitated in an online learning environment, participants engaged in a virtual peer recovery group embedded within the learning management system throughout the 21-day experience which encouraged supportive conversations and peer-to-peer engagement during this abstinence experience. Participants were also required to attend CBSG such as Narcotics Anonymous, Alcoholics Anonymous, or Gambler’s Anonymous in their local areas concurrent with their abstinence experience. This exposure to the peer support element of recovery strengthened participants' knowledge of the benefit of peers to the recovery process with positive outcomes from both the virtual as well as face-to-face peer groups. Discussing this data finding regarding their CBSG attendance, participants 18 and 2 shared “I attended the overeater’s anonymous community-based support group during this project, and it truly helped offset my desire to eat while bored or stressed and keeping a consistent food diary” (Participant 18) and “I attended more community-based support group meetings to help maintain my sobriety because I realize how they can have a major influence in the lives of individuals recovering from addiction” (Participant 2).

The virtual peer recovery space within the learning management system strengthened participants’ understanding of the benefit of peers in the recovery process. Within this virtual space, participants discussed their challenges navigating feelings of guilt and shame regarding relapse. They also received support from classmates on strategies to manage urges, cravings, and withdrawal symptoms through statements such as “one activity that has helped me out a lot with my abstinence from sugar is Zen yoga. It is relaxing and is easy enough for anyone to try. Is that something you would be interested in?” (Participant 7). Participants normalized the abstinence experience with their peers and demonstrated the utilization of addiction treatment practitioner clinical skills such as solution-focused problem-solving, motivational interviewing, and unconditional positive regard. This data outcome is supported by statements such as

*“It is important to have a support system around you when you are going through life-changing events. I’m glad your family is on board with you. I think you are on the right path by finding support tools. I am sure that the urges are incredibly difficult; maybe try avoiding being around others who smoke, at least while they are smoking, to the best of your ability is that doable?” (Participant 13).*

Participants validated the mood instability of classmates and normalized the challenge of managing socio-emotional, environmental, as well as physiological factors that presented as a barrier to sustained recovery. This data outcome is demonstrated by Participant 17 who state “great idea not carrying cash to avoid intense cravings; it is frustrating seeing everyone drink when you cannot. Chewing gum may help with the irritability, or hydrating yourself before you go so you are not thinking about a soft drink.” Peer recovery group participation and incorporation of peers in the process were described by participants as pivotal in supporting their own abstinence experience as well as reducing misconceptions regarding motivation to change, biases, and isolation experienced during their virtual recovery experience.

### **Limitations and Future Research**

The findings of this study are not generalizable as they are limited to the experiences of nineteen students enrolled in one distance learning undergraduate human services addictions course, a commonly identified limitation within qualitative research. Preceding the transformative learning experiences of the participants garnered during data analysis, 100% (n = 19) of participants indicated an interest in human services through the declaration of either a major or minor in the field of study, and 26% (n = 5) expressed intent to work with addiction populations. This interest coupled with a positive outlook toward working in a human services capacity with individuals experiencing addiction disorders, may have predisposed participants toward engaging fully in the assignment as compared to individuals who are less motivated and interested in developing an addiction treatment practitioner identity.

A significant limitation of the study is that students abstained from non-substance behaviors, including sugary foods, meats, caffeine, soft drinks, juice, nicotine, alcoholic drinks, and process behaviors such as online gambling, video gaming, and social media, rather than from dangerous or illegal substances. While this provided valuable insight into the transformative process, the findings may not fully reflect the challenges faced by individuals recovering from more severe addictions. This limitation should be considered when applying the results to addiction treatment practice. Future research could include participants recovering from a broader range of addiction disorders, particularly those with more severe dependencies, to explore whether the transformative learning process can be applied similarly across different types of addiction. Another area of exploration would be whether the transformative experience alters participants’ anticipated career goals. As a student’s lived experience in recovery was not included in the study, further research should explore whether those with lived experiences currently in recovery influenced their transformative outcomes. Additionally, since data collection served dual purposes—the study and coursework—social desirability may have influenced participants, who may have sought to impress their professor to achieve a higher grade on assignments, potentially affecting the trustworthiness of self-reports. Future studies could offer credit for participation outside of grade-based measures to mitigate this limitation.

Although triangulation occurred through demographic data collection and opportunities for participants to review personal statements after grading, this process was limited to written exchanges between participants and researchers. A key limitation of the study and potential area for future research is the lack of further triangulation, such as incorporating focus groups or interviews. Additionally, future research could analyze peer-led support group dialogues to explore how participants communicated within their own groups during the abstinence period, sharing personal experiences and offering mutual encouragement. Understanding how the distance learning environment facilitated such interpersonal interactions, particularly by improving accessibility, would also be valuable.

### **Discussion and Implications for Addiction Education and Treatment**

As rates of problematic drug use continue to rise in the United States, the demand for trained addiction professionals grows (Bureau of Labor Statistics, 2024). With advancements in technology, exploring the benefits of transformative learning [TL] methods in distance education is crucial for the human services field. This study builds upon existing research focused on enhancing human services students' competency for addiction treatment practice through a transformative learning lens

(Mezirow, 1978). It supports the use of creative educational methods to promote practitioner readiness, de-stigmatize recovery, and foster empathy in emerging professionals. Specifically, the study examines how participation in a 21-day program transforms students' orientation and skills in addiction work.

The project contributed to the professional competency of distance learning human services students as future addiction treatment practitioners. Through experiential abstinence and virtual peer group engagement, participants reported significant transformations in understanding addiction and recovery. They developed a deeper awareness of the challenges individuals face in early sobriety, including withdrawal, urges, triggers, and emotional struggles. This experiential learning prompted critical self-reflection, enabling participants to empathize with clients facing similar issues. This shift aligns with Mezirow's (1978) concept of perspective transformation, as participants moved from theoretical knowledge to a client-centered approach, recognizing the importance of personalized treatment plans. Engagement in virtual peer groups allowed participants to apply practitioner skills in a supportive setting, enhancing their abilities in motivational interviewing, problem-solving, and building therapeutic relationships, skills essential for addiction counselors. This process exemplifies transformative learning outcomes, as participants not only gained knowledge but also redefined their understanding of addiction and recovery (Mezirow, 1992).

Overall, this study provided a transformative learning experience, equipping participants with the practical knowledge, empathy, and skills needed to navigate the complexities of addiction treatment practice. By integrating experiential learning with transformative methods, the study highlights the value of combining virtual peer interaction, reflective practice, and didactic instruction. These findings encourage continued exploration of immersive and transformative experiences in distance learning, emphasizing the development of a person-centered recovery-focused identity in future addiction treatment professionals to enhance care and address addiction challenges in communities.

### **Conclusion**

Within human services education, distance learning has been shown to provide comparable results to in-person instruction, particularly when courses are structured to foster collaboration and offer opportunities for engagement. Aiming to enhance the critical awareness of future addiction treatment practitioners, participants engaged in a 21-day immersive experiential learning activity within their virtual human services curriculum, drawing on Transformative Learning Theory [TLT]. Findings from the qualitative thematic analysis of completed assignments in a distance learning abstinence program showed participants increased their competency as addiction treatment practitioners and further developed their professional and personal identities. While novel to addiction treatment courses in human services, the integration of TLT mirrored existing findings in the literature, including increased openness and self-awareness.

Additional discoveries included increased empathy for the recovery process, furthered by peer-supported recovery groups and transformative experiences during the abstinence program. Participants reflected on their self-awareness and personal experiences, reevaluating their beliefs while improving their understanding of abstinence, motivation to change, the recovery process, and resource utilization. Beneficial to addiction recovery, participants confronted the stigma surrounding addiction and the challenges of initial abstinence. Through their experiences, participants processed the biopsychosocial complexities of early recovery and valued empathy, the role of support networks, and coping strategies. As typical in a TLT framework, the program induced distress to precipitate change. Many participants experienced emotional dysregulation, and 66% (n = 13) relapsed during the program. Experiencing relapse firsthand underscored the need for person-centered approaches and harm reduction strategies. Participants' understandings of recovery grew more complex, acknowledging that recovery involves more than willpower, including managing withdrawal symptoms and the physical, psychological, and social challenges. Peer-led groups allowed participants to share self-disclosures, provide mutual support, and normalize the processes of abstinence and sobriety.

In conclusion, the study showed that future addiction treatment practitioners gained greater empathy through reflection on personal experiences in the abstinence program. The complexities of

recovery were explored through peer-supported groups, and the distance learning environment provided a safe space for learning, sharing, and applying recovery strategies. By experiencing discomfort and applying resilience, participants underwent transformative experiences, enhancing empathy, practical skills, and competencies in addiction treatment practice.

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