Journal of Human Services: Training, Research, and Practice

Volume 10 | Issue 1 Article 3

2024

Understanding the Addiction Recovery Experience: The Use of Experiential Learning in Undergraduate Human Services

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Cover Page Footnote

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Abstract

Since 2020, the steady rise of overdose and substance use related deaths has created an ongoing need for a greater addiction workforce. Responding to this need, Human Service education programs are strongly encouraged to prepare competent professionals to work in recovery-oriented treatment settings. Research supports experiential learning to foster clinical competency, however its application toward SAMSHA transdisciplinary foundations in human service education is limited or unknown. The authors present an exploration of the use of experiential learning as a teaching tool to foster student competency toward the SAMSHA core transdisciplinary foundations of application to practice and professional readiness.

Understanding the Addiction Recovery Experience: The Use of Experiential Learning in Undergraduate Human Services

According to the Centers for Disease Control and Prevention (2023) the prevalence and frequency of substance use-related deaths as a result of fentanyl and other synthetic opioids have increased to 85%; a record high since 2020. Since the declaration of the opioid epidemic in 2016, psychostimulants such as methamphetamine have been associated with 31% of overdose deaths. This growth has been attributed to the increase of opioid, stimulant, methamphetamine, and other illicit drug use and has resulted in the declaration of a national opioid epidemic in 2016. Research suggests that access to treatment is a reoccurring barrier to addiction recovery with a limited workforce, burnout, and high numbers of professionals exiting the profession, or retiring as contributing factors to this increasing occurrence (Vilsaint, et al., 2020; Fentem et al., 2023; Stelson et al., 2022). As a result, The U.S. Bureau of Labor and Statistics (2022) predicts the need for addiction professionals, particularly those trained in co-morbidity to grow by 22% between 2021 and 2031.

Responding to this national need for treatment access and a competent workforce, counselor and human service training programs are encouraged to prepare entry-level professionals to provide recovery-oriented clinical care (Winfield & Rehfuss, 2019). Research recognizes the importance of human service professionals in the addiction treatment and recovery field, highlighting their interdisciplinary training in interpersonal communication, information management, client-centered values, and attitudes, and well as population-specific field experiences as noted strengths (Neukrug, 2017). Utilizing these strengths, human service professionals are generalists in the helping field who often take on a wide variety of service delivery roles which include assessment, treatment planning, consultation, discharge, referring, and continuity of care (Hinkle & O'Brien, 2010; NOHS, 2018). Considering these strengths, the

entry-level human service professional holds the potential for eclectic training as an ideal, frontline, entry-level practitioner in responding to the immense overdose crisis (Winfield & Rehfuss, 2019). To manifest possibility into competency, training in *SAMHSA's TAP 21 Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes for Professional Practice* from an accredited educational program should be included in undergraduate education and training classrooms (Burrow-Sánchez et al., 2020). Considering the benefits entry-level human services practitioners bring to the addiction field, human service education programs are encouraged to create addiction-focused classrooms aligned with SAMSHA TAP 21 core competencies to meet the need for a greater addiction workforce (Enos, 2017).

Experiential Learning and Practitioner Preparation

The above challenges underscore calls throughout human service disciplines for more innovative, immersive, experiential, and reflective education and training (McDowell et al., 2012; Sawyer & Brady, 2021). The utilization of experiential learning as a creative teaching modality remains well documented in the applied helping professions and pedagogy across multiple academic disciplines (Claes et al., 2022; Frank, 2020; Jewell & Owens, 2017). Rooted in Dewey (1897; 1938), Vygotsky (1934), and the further work of Friere (1970) as a forerunner of critical pedagogy; experiential learning eschews centralizing expert knowledge and rote memorization and prioritizes students' agentic beings, learning as doing, critical reflection, dialogue, and intentional action (Giroux, 2020). Within counseling, psychology and other helping disciplines, experiential learning has been utilized as a teaching methodology to promote empathy and expand embodied knowledge generation beyond the limitations of the classroom (Carey, 2007; Hoerger, 2015; Miller & Barrio Minton, 2016). Many educators, practitioners, and scholars in the field of addiction studies make extensive use of experiential techniques in

both classroom and field education (Lay & McGuire, 2008; McCabe O'Mara & Demask, 2003; Warren et al., 2012). Even still, little is known about its implications for undergraduate human service education specifically toward SAMHSA's TAP 21 Addiction Counseling Competencies. As a result, the researchers examine the use of experiential learning in an accredited addiction-focused undergraduate human service classroom aimed to foster students' preparation to work in addiction treatment settings.

Review of the Literature

SAMSA Core Competency

The Substance Abuse Mental Health Services Administration outlines the foundational competencies of practice skills, professional readiness as well as knowledge foundations that extend beyond the confounds of the helping professions independently (U.S Department of Health and Human Services, 2006). These competencies are outlined and presented within two foundational areas of addiction practice: *practice dimensions* and *transdisciplinary foundations* within the Technical Assistance Publication Series' 21st publication (TAP 21; SAMSHA, 2006). Within this publication, the attitudes, skills, and knowledge foundations for addiction professional identity are outlined within four areas that are collectively known as the *transdisciplinary foundations*: (a) understanding addiction, (b) treatment knowledge, (c) application to practice and (d) professional readiness (SAMSHA, 2006). Since its development, the TAP 21 publication for addiction counseling has been applied to curriculum and course evaluation, supervision, and assessment of competency practice, as well as for designing continuing education and clinical exams (SAMSHA, 2006). The transdisciplinary foundations have historically been a foundational guide for a basic understanding of addiction each treatment provider must possess and have served as the hallmark for which discipline-specific proficiencies

in addiction practice are built (SAMSHA, 2006). Within this study, the researchers aimed to expand its application by exploring how the use of experiential learning can expand human service students' preparedness for addiction practice as it relates to the transdisciplinary foundations of professional readiness and understanding addiction.

Experiential Learning and Experiential Education

Roots, History, and Use in Human Services and Applied Helping Disciplines

Many prominent scholars throughout the history of education, philosophy of science, and applied social science strongly argued for practical, experiential, and embodied learning (Kolb, & Kolb, 2018). Dewey (1897; 1938) along with James (1987) long developed, advocated, and promoted embodied knowledge, learning by doing, and directly engaging students in the pragmatic experience of their social world. The term experiential learning emerged in the mid-twentieth century as the key distinctions within the field became more pronounced (Stonehouse et al., 2011). Although originally eschewing positivist and post-positivist, views of learning education, beginning in the mid to late twentieth century, the fields of experiential education and experiential learning exemplified an existing division, currently widely pronounced in academic circles, and applied to help education to this day (Seaman et. al., 2017). The still widening gulf between administratively driven, scientific managerialism and critical pragmatic approaches to teaching and learning influenced the development of popular education and critical pedagogy as an adjunct to experiential learning influencing its use and development (Casey, 2016). Freire (1970; 1998) developed a form of education and teaching expanded and built upon by Giroux (2020) and their progeny which center the agency of learners, intense dialogue, and development of critical consciousness.

It demands a critical reading of the world grounded in social, political, and economic

conditions and the power wielded as a result of their effects (Del Gandio et al., 2014). This understanding stems from deep questioning coupled with direct experience of the phenomenon under study rather than preconceived outcomes derived by experts outside the field of the social world (Giroux, 2020). Current proponents of this approach criticize the current neo-liberal driven focus on administrative bureaucracy within the academy as harmful and antithetical to students' intellectual development and discipline (Diemer et al., 2021).

Despite its contested role in education, it rests at the core of human services education, and the applied disciplines which influence pedagogy and practice within the profession (Aviles, 2022). Human services derives its origins from the influence of multiple applied helping disciplines, such as social work, counseling, psychology, sociology, and nursing many of which use experiential learning as a core component of their curricula in the form of field education practicum (Aviles, 2022; Neukrug, 2017). Both social work and counseling link theory to practice through field education and practicum beginning early in the history of their academic disciplines (Gamby et al., 2021; Ruth & Wyatt Marshall, 2017). Human service education continues that tradition as a vital aspect of curriculum development within the field (NOHS, 2018). Social work, psychology, and counseling also utilize multiple experiential learning approaches in a variety of settings (Claes et al., 2022; Sanabria & DeLorenzi, 2019). It's also been widely used across each of these disciplines in education in addiction treatment and practice (Weerman & Abma, 2019).

Benefits and Barriers for Preparing Effective Practitioners in Human Services

Experiential learning, as a social practice, allows students first-hand experiences that go beyond conceptual understanding, and pushes embodied problem-solving and applied knowledge (Kuk & Holst, 2018). Some of its greatest benefits encompass practical skill building (Howard

et al., 2013), enhancing self-awareness (Bell et al., 2014), spurring student empathy development (Giordano et al., 2015), effective intercultural practice (Revens et al., 2018), dispelling student stereotypes (Ouedraogo, 2021), promoting social justice and anti-oppression (Cramer et al., 2012; Frogett et al., 2015; Sanabria & DeLorenzi, 2019), and preparing students to build trusting relationships with clients (Jewell & Owens, 2017).

It's also widely used across disciplines in the field of addiction and has greatly contributed to the study of addiction in human services education (Winfield & Rehfuss, 2019). In addiction education studies, the focus varies from dialogic approaches of practitioner and student personal experiences of recovery (Weirman & Amba, 2019), to the intentional use of experiential learning alongside reflective educational practices (Shepard & Pinder, 2012), to fostering empathetic skill-building (Giordano et al., 2015), to understanding the phenomenon of craving (Harrawood et al., 2011), to practical comprehension of the stages of change, growth, and development (McCabe et al., 2003). This study builds upon experiential learning in the field of addiction treatment and practice by examining student reflections on their experiences of abstaining from a behavior or item for thirty days with which they thought they may have an unhealthy relationship.

Method

Researchers received University Institutional Review Board approval to examine the impact of experiential learning on students' professional readiness and application to practice through the use of an abstinence project and simulated clinical groups. Consistent with this design, the researchers utilized a convenience sample and approached this study using qualitative inductive thematic analysis using a generic inquiry methodological approach (Braun & Clark 2006; Nowell et al., 2017). Creswell (2014) describes thematic analysis as systematically categorizing

data based on a phenomenon of interest. What sets generic inquiry apart from other methodological variations of thematic analysis lies in its emphasis on directly describing people's reports of their subjective perceptions of the outer world (Percy et al., 2015). The identified course is the first addiction-related course within this sequence specifically designed to introduce the student to the addiction process, address stereotypes and biases as an emerging addiction professional, as well as foster the identity of the human service student concerning addiction practice.

Procedure

The project was mandatory for all students in the course as a requirement to meet course learning outcomes. At the termination of the course, students were given the option to participate in the study by giving their informed consent to have their written reflections included in the study. Of the 14 students participating in the course and subsequent abstinence project, two declined to participate in the study and were therefore not included in the sample, whereas the remaining 12 provided informed consent for study participation.

Before engaging in the experiential activity, the 12 undergraduate students received didactic education on a variety of areas of addiction practice, specifically theoretical frameworks, treatment approaches, treatment planning, recovery groups, relapse prevention, diagnostic and assessment skills, counseling and relationship skills, models of addiction, classifications of drugs as well as the signs and symptoms of addiction. Students were also engaged in expressive art interventions focused on exploring their perception of recovery and addiction treatment. After the experiential intervention, students were also given a media intervention by viewing the film *28 Days* by Toppings and Thomas (2000).

Students were introduced to the components of the experiential project which consisted

of a 30-day abstinence project concurrent with 3 instructor-led simulated groups and participation in two 12-step community-based support groups in their local community. Students were required to engage in these activities face to face and provide proof of attendance at the community-based support groups (CBSG) by submitting a signed verification of attendance form from the CBSG meeting chair. As the university in which students attended this course has an established drug policy, students were limited to what item or behavior of choice they could engage in for this activity and each student was required to receive instructor approval on their project before participation. Following the completion of the experiential activities, students were asked to complete a written reflection and analysis of their ability to sustain 30 days of sobriety from instructor-approved items or behavior of choice. To complete this project, students were asked, "How do you experience recovery and relapse prevention?" Students were requested to complete a written reflection and analysis to synthesize the learning in the course to someone who is experiencing recovery as well as have the opportunity to acknowledge personal reactions, explore unknown areas of recovery, develop insight, as well as utilize creative thinking (Warren et al., 2012).

Participant Demographics

Respondents (n= 12) were asked to provide demographic information specific to their education, ethnic identity, desired work setting with addiction populations, age, gender, current employment status, and goals post-graduation. Participants' ages ranged from 20-33 years of age with an average age of 25 years old. Within the sample, 75% (n= 9) identified as female while 25% (n=3) identified as male. There with no other genders represented in the sample. Concerning race and ethnicity, 25% (n=3) identified as Caucasian, 67% (n=8) identified as African American, and 8% (n=1) identified as multiracial. None of the students identified as

being a member of the LGBTQIA population. Regarding their educational status, 33% (n=4) identified as having a junior standing while 67% (n=8) identified as being a matriculating senior. There were no other classifications represented in the sample. Of the 12 respondents, 91% (n=11) reported human services as their degree major, while 9% (n=1) identified psychology with a human service minor as their degree focus.

Data Analysis

Due to its canonical contribution to the qualitative research literature, Braun and Clarke's (2006) six-phase method of inductive thematic analysis was implemented utilizing MAXQDA data analysis software. Researchers also integrated Creswell (2014) and Miles and colleagues (2014) key activities within each of those steps, such as generating categories and condensing the data (see Peel, 2020). These steps involved: (1) familiarization with the data, (2) deeply engaging with the data, (3) generating initial emergent codes, (4) identifying patterns, (5) conceptualizing themes, and (6) contextualizing and reporting findings.

Establishing Credibility: Member Checking, Researcher Triangulation, and Dependability

Numerous qualitative research scholars underscore additional methodological techniques to ensure trustworthiness for protecting credibility (Miles et al., 2014). Credibility refers to both researchers and readers recognizing and confronting the "fit" and the relationship between the data and the researchers' representation of findings (Guba & Lincoln, 1989). Various ways to establish credibility involve member checking, audit trails, data collection triangulation, researcher triangulation, utilizing methodological journals, and the use of multiple coders (Lincoln & Guba, 1985). Thus, to safeguard credibility, unique methodological actions need to be taken, particularly in studies utilizing thematic analysis (Nowell, 2017). Authors in this study used member checking, dependability, and researcher triangulation to establish confirmability

and credibility. Firstly, member checking involves going back to study participants to confirm their experiences are represented within the data (Creswell & Poth, 2018). In this study, participants were allowed to review findings before and after analysis to ensure adequate representation of their experiences within the data. Furthermore, multiple researchers reviewed the data and the codes and agreed upon the final set of categories, patterns, and data representations.

Results

Three broad themes with supporting patterns within each, emerged from the data analysis. The resulting framework captures participants' experiences with recovery and relapse prevention through experiential learning. All responses broadly encapsulate the following core themes and patterns embedded within each core theme: (1) *Increased Awareness*, (2) *Increased Understanding of Addictive Experience, and (3) Increased Understanding of Treatment Prevention and Relapse*.

Theme One: Increased Awareness

In the first and most dominant theme in the findings, participants described increased awareness undergirded by empathy development, the evolution of attitudes and beliefs, and subsequent identity development. Participants reported shifts in various dimensions of identity development in relation to their professional development, personal trauma, and their own individual and familial addiction history. This evoked a hardening of commitment to enter the field as future addiction professionals. They discussed an increase in their knowledge of the addiction and recovery process, explored personal experiences with addiction and recovery, normalized the progression of active addiction from early life experiences, and conceptualized

this into their identity as an addiction professional possessing the attitudes and beliefs that would result in person centered client care.

Pattern: Empathy Development

Participants increased awareness through experiential knowledge of addiction. They highlighted an increase in empathy for people struggling with addiction by comparing their experience and those of individuals in recovery from both substance and process addictions. Participants supported this analysis through statements such as "I can positively say that my empathy level has skyrocketed for the addiction population. I now know how hard quitting something is" (participant 11) and "withdrawal is difficult and even unmanageable for many of those living with addiction. I will not be hard on a client if they relapse, but rather understanding and supportive from this experience" (participant 6).

Participants increased their awareness of the decision-making experienced by those in active addiction "I understood more and more about why it is so hard to let go of your best friend" (participant 8) and "it pains me to know that there is something in the world that can cause a person to steal from their mother or even risk losing their freedom, children, or a combination of both" (participant 3). Participants experienced guilt and shame which evoked empathy. Discussing guilt and shame, participant 10 shared:

> "this experience has impacted my empathy scale on so many different levels than I would have ever imagined it to be. I was able to feel what those individuals who deal with addiction felt; from feeling guilty because you know you are not supposed to be doing it because it is bad to relapse and trying to remain sober- afterwards."

Participants were able to develop a realistic understanding of recovery difficulty and challenge assumptions related to people in active addiction and recovery best conceptualized by participant 4 "before, I thought that they decided to keep taking drugs or drinking. I felt as though they liked living like that, but I learned that it's a hard thing for them to break and it's also hard to change

their lives around after it's been controlled by an addiction." Data demonstrates the difficulty participants experienced maintaining 30 days of sobriety as a strong catalyst for reducing their biases. Discussing their bias, participant 10 shared, "I want to start by saying that this project was much harder than I expected it to be. This assignment allowed me to put myself in the position of individuals who deal with any sort of addiction, and I underestimated it." Data also suggests participants applying their learning to their empathy development to support future clients experiencing this journey "I will be empathic regarding the difficulty of maintaining sobriety. I will remind my clients to take their sobriety one moment at a time" (Participant 6).

Participants' increased understanding of the overall experience of individuals in active addiction and recovery is not merely based on a moral decision of the person in active addiction. "This process has given me a lot of insight on how the addiction process works. I learned that getting sober isn't as easy as just doing it. It takes a lot of treatment, work, and will" (Participant 4). Participants shared a self-awareness of their beliefs regarding the addiction and recovery experience that were challenged by their experiential learning experience. "This project changed my viewpoint on addiction by being able to show a baseline of events most individuals suffering from addiction would go through like all diseases have" (Participant 7).

Pattern: Self Awareness and Experience with Addictive Behaviors

Students reflected, related, and evaluated their personal histories and explored addictive behaviors demonstrated through their abstinence experience. At the time of data collection, the university drug policy was in place which limited participants to choosing items or behaviors of choice that were present in their daily lives and did not violate university policies. Considering this limitation, eight participants chose food and beverage items such as caffeine, soda, and fast food, while the remaining four participants chose to experience process addiction through

choices such as social media, video gaming, or abstaining from behaviors that are dangerous to the community, such as texting while driving. During this self-exploration, participants highlighted dependency, health risks, and other negative outcomes such as a risk to pedestrians as contributing factors in choosing the item or behavior they abstained from in this study to explore the presence of addictive behaviors.

Participants ascribed dependency, tolerance, excessive time spent in obtaining or engaging in their addiction, and a disregard for the safety of others to engage in their item or behavior of choice as indicators of addiction. When discussing their relationship with the item or behavior, Participant 4 stated "soda is something that I drink every day, whether it be morning, noon, or night; I must have it!" This relationship was further supported by participant 1 who shared: "I have an extreme habit of always texting while driving. As bad as I know this is and the consequences that it can cause, I still do it anyway."

Pattern: Identity Development and Self-Reflection/Understanding

Participants described an enhanced understanding of themselves as future human service practitioners in addiction treatment with particular focus given to their professional identity, exploration of their personal experiences with related addiction-related trauma, and a self-examination of their readiness to practice addiction treatment. Within this pattern, study participants discussed their internal reflection of personal biases, stereotypes, and beliefs they possessed regarding persons in recovery, and either enhanced or challenged these preconceptions based on their experiential learning experience. Participant 10 shared:

> "After doing this activity, it has taught me to be less critical of those who are struggling with any type of addiction. It was so easy for me to judge individuals with an alcohol use disorder, but being able to sit in three of those meetings and try it out for myself was extremely difficult and has taught me that it is not as easy to "just stop doing it"."

The internal reflection discussed by participants extended beyond their preconceptions regarding persons in recovery and was inclusive of their commitment to enter the addiction treatment field. Participants' reflection on their commitment to enter the addiction treatment field was enhanced by participants' development of their identity as a human service practitioner in addiction treatment. This was reflected in statements that synthesized their human service identity with the roles and responsibilities of an addiction treatment provider. Participant 5 discussed:

> "As a future human service professional, I have learned that you will need to have a lot of patience working with the addiction population, and not everyone recovers, nor does everyone want help. I think that is important to know because naivety can hit you with a wake-up call and cause you to burnout in this field or to not help individuals to your full capability."

Data also highlighted participants' unresolved conflicts with family members in active addiction, their personal experiences toward recovery, and other addiction-related scenarios as influences on their perceptions of the addiction treatment and recovery population. Participant 3 shared "my mother is the only drug user I know and so I created my bias towards substance abusers based on her. My mother will never stop using and will likely die of drug use" while participant 11 stated "I knew what it was like to have multiple loved ones live and die from such afflictions. I could empathize with their pain when it involved judgment, shame, or being misunderstood." Within this pattern, participants highlighted their participation in community-based support groups as a catalyst for evoking countertransference toward persons in recovery. Participant 3 discussed:

> "In the first Narcotics Anonymous meeting I attended there was a woman in attendance with her child. The baby was one and the woman shared her experience of losing her child and how she is slowly regaining unsupervised visits. This was challenging for me to listen to, because, around the age of 13, my whole life changed. My mother who was a well-respected teacher for years had finally given in to her drug addiction. I hated this activity because it hit too close to home. I knew this class would be a personal struggle but was up for the

challenge and willing to learn. This assignment was too difficult for me; I hated to hear how people loved drugs more than their wives and children."

Participants' self-development provided opportunities to examine commitment to the field of addiction treatment. All participants in the study reflected on their interest in pursuing a career in addiction treatment and prevention after the study. Participants shared an increased understanding of themselves, their commitment to addiction treatment, and their lack of desire to continue this career path. Participant 3 shared "I am too attached to drug abuse and realized I could never be a substance use disorder counselor" while participant 7 shared "from this experience I now have great interest in pursuing a career as a substance abuse counselor" and participant 5 stated, "as a future human service professional I feel as if I wouldn't be best suited working directly with this population, but I could see myself working on the macro level dealing with substance abuse prevention."

Theme Two: Increased Understanding of Addictive Experience

Human service students described their experience as an opportunity to increase their understanding of the addictive experience. Students highlighted and addressed the physiological and psychological challenges of initial recovery and abstinence which included but were not limited to withdrawal, triggers, urges, and cravings. Participants also noted the impacts their recovery had on interpersonal relationships, noting emotion dysregulation, the relationship between people, places, and things, their recovery, and support systems.

Pattern: Physiological and Psychological Impact

Reflecting on their abstinence experience all participants noted an increased awareness and understanding of the physiological and psychological impact active addiction has on recovery success. Study participants discussed increased awareness of physiological and psychological withdrawal symptoms of sleeplessness, headaches, urges, cravings as well as

preoccupation with their item or behavior of choice within the first week of abstinence. Participants described this hyperawareness of abstinence as disruptingto their daily lives. Participant 2 stated "after the first day sober, I got severe migraines and things just felt off. I felt fidgety and I couldn't sit" while participant 6 described "when I didn't have caffeine in the morning, I was cranky and that fed into my job as well as it was hard to focus. I was moody, shaky, unable to concentrate, tired, and overall didn't feel like myself."

While many participants experienced relapse during the initial week of abstinence, other participants maintained 30 days of sobriety and attributed their success to implementing positive change behaviors as a coping mechanism for urges and cravings experienced throughout this study. Participant 11 stated "my cravings in the beginning were extremely strong so I had to use my objectives to keep me in check. I would also start going on walks if my cravings became too strong." Participant 1 shared "I decided to take my game system and put it under the bed, so it was out of sight and out of mind. I knew if I saw it daily, it would increase my urge." Participants also noted an increased awareness and understanding of the role triggers place in the relapse process. Study participants attributed urges and cravings to environmental, psychological, or emotional triggers associated with the item or behavior they were actively abstaining from. Participant 4 stated "during the day it was hard walking past the soda section at the store to grab an orange juice. I would crave a "strong" sprite all the time" while participant 5 shared "there were many television commercials of appetizing food products, and most of those products contained meat. This made abstinence harder because I usually watch television to be entertained and relieved of stress, but instead, it fueled my cravings."

Discussing their experience with relapse, participant 11 shared:

> "I was able to maintain 19 days of sobriety. After getting into a nasty fight with my fiancé I had this blasé attitude and did not care to retain my sobriety/abstinence. My

> fiancé and I had been in an enormous fight, and I just left our apartment to drive around for about an hour or two. My rage is what made the trigger occur where I did not care about anything and just wanted to play my game in peace and to try and calm me down so I relapsed and binged."

Experiencing the physiological and psychological impact of recovery strengthened participants' understanding of the similar challenges individuals in recovery or active addiction may experience during the initial days of sobriety. "I accepted the fact that something so little played an important role in my life. I thought it would be easy to cut, but it wasn't easy stopping my daily routine. I now understand why clients may initially relapse" (Participant 9).

Pattern: Interpersonal Relationships, Emotional Regulation, and Coping

Participants discussed the impact abstinence had on their interpersonal relationships, emotional regulation, and the stages of change experienced by persons in active addiction. The discussed negative impacts physiological withdrawal had on their emotion regulation, noting a significant increase in irritability, agitation, and frustration projected toward close relationships. "My level of patience and reaction to frustration changed; I would have less patience for my kids. If they weren't moving as quickly as I wanted them to, I could feel my frustration quickly turning into anger" (Participant 6).

Elaborating on their experience exploring the relationship between emotion regulation and sobriety, participant 2 discussed "I would describe my mood as irritable, agitated, and cranky. However, those emotions disappeared as soon as I satisfied my need after four long days and relapsed." The increase in emotion dysregulation provided opportunities to engage in adaptive coping skills to assist in maintaining sobriety despite the increased irritability, agitation, and frustration they experienced. "I was able to manage my cravings by substituting water to drink instead of caffeinated drinks" (Participant 11), while participant 1 shared, "I was able to get closer to my friend when she and I went to the beach or out walking. Before doing so I was

very moody and didn't want to be bothered with and was focused on relapsing."

Participants' interpersonal relationships with their support systems and significant others were a dominant factor in maintaining sobriety or experiencing relapse. Many shared incidents of relationship support as well as incidents where support networks directly influenced their relapse. "My family and close friends expressed to me that my addiction is unhealthy and that I should change my caffeine habits" (Participant 12) and "my family were barriers and helpers. They were helpers and held me accountable, but they were also barriers because we love to go out to eat; the problem is that when we go to eat, I crave" (Participant 6). Data supports participants' interpersonal relationships being impacted by the physiological withdrawal and cravings with participants often describing them as a relapse trigger. "I was able to maintain 19 days of sobriety. After getting into a nasty fight with my fiancé I had this blasé attitude and did not care to retain my sobriety/abstinence" (Participant 11). Many participants discussed their increased understanding of how this connection can manifest with persons in active addiction or recovery. Participants were able to increase their understanding of healthy coping, interpersonal relationships, and emotion regulation toward long-term recovery. As summarized by participant 5, "eventually I decided to gain more control of my emotions and situations to reduce many of the negative experiences of my abstinence journey; it helped me see the importance of this when working with clients."

Theme Three: Increased Understanding of Treatment Prevention and Relapse

Human service students described their experience with recovery and relapse prevention as a learning opportunity that enhanced their understanding of the role of a supportive recovery network to long-term sobriety. Within this theme, study participants explored their experience with abstinence alongside those experiencing recovery from substance and process addiction.

Through this engagement, participants gained experiential knowledge and understanding of the benefits and role of community-based support groups such as Narcotics and Alcoholics Anonymous to support recovery. Participants also conceptualized a beneficial understanding of harm reduction and fluid treatment planning by the addiction treatment professional to support individuals in active addiction toward recovery and sobriety.

Pattern: Peers and Support Groups in Recovery

Participants noted the immersive experience of attending community-based support groups [CBSG] such as Narcotics Anonymous and Alcoholics Anonymous as pivotal to understanding the value of peers in the recovery and relapse prevention processes. Throughout, participants referenced attendance at CBSGs as valuable learning, adding realism to their abstinence experience and assisting them in reducing stereotypes, biases, and other perceptions regarding those in active addiction and recovery. From their attendance and participation in these meetings, participants gained beneficial experiential knowledge of peer recovery support networks and their active support to treatment groups and clinical professionals. Participant 1 discussed "attending community support groups and the in-class group activities showed me how beneficial they are to recovery. I am now more mindful of group therapy and group support because you can express to others who are going through similar problems." Further elaborating, participant 4 shared "going to the support group meetings was a humbling and inspiring experience. I witnessed people positively approaching sobriety and were a family. The hugs, prayers, and greetings showed their pride in the meetings and seeing each other."

Study participants discussed the personal benefits of attending CBSG. Many participants reflected on craving challenges being managed by support from CBSG meeting attendance. Discussing the impact CBSG had on their abstinence experience, participant 5 shared "during

Narcotics Anonymous (NA) meetings, members would talk about sobriety and share their experiences. They would comment on the challenges of recovery and some of their experiences related to mine. I used some of their coping strategies to complete my project." Study participants conceptualized their learning outcomes from the CBSG into their overall understanding of the lived experience of those in active recovery. Participant 1 discussed "I was able to get an understanding of how the people felt at the NA meeting I attended. Even though this case wasn't drugs, I was able to see how the urges feel and how hard it is to kick a habit." This knowledge conceptualization extended to participants' understanding of the impact addiction has on the family members of those in active addiction. Through statements such as "I respected the woman in the group for getting her life together and I went home and prayed she would stay sober, so her daughter would grow up without any memory of her mother's ordeal."

Pattern: Relapse Prevention and Harm Reduction

Participants also discussed their experience as one that gave them an experiential understanding of the importance of individualized treatment planning, relapse prevention, and recovery planning in the event of a relapse throughout treatment. Before engaging in their 30 days of sobriety, participants created an individualized treatment plan with strategies and techniques they would commonly incorporate with persons in recovery. Within the study, 11 of the 12 participants were unable to sustain 30 days of sobriety and attributed their relapses to environmental, physiological, and psychological triggers, urges, cravings as well as poor treatment planning. This occurrence resulted in study participants reflecting on the importance of holistic treatment planning focused on relapse recovery to prevent binge usage and not solely to establish abstinence. Participants noted their awareness of not just interventions and strategies to establish sobriety but also plans for after a relapse through statements such as "my treatment plan

was completely ineffective, because of my distractions. I also think that I should have set a more detailed plan in the beginning that incorporated a plan for what to do when I got thrown off task" (Participant 3). Although 91% of study participants experienced a relapse, the relapse experience assisted participants in gaining an understanding of psychological and emotional processes leading to binge behaviors or re-establishing sobriety. Reflecting on their relapse, participants reevaluated their goals and objectives and gained self-awareness. Participant 5 shared "I maintained 25 days of sobriety after relapsing for 5 days straight. The major barriers were thoughts in my head; I had constant urges to relapse. Places negatively impacted my sobriety; I avoided them the remainder of the 25 days."

Findings support participants gained an understanding of harm reduction as an alternative to abstinence as a viable treatment option for clients, not yet ready to commit to full abstinence. After experiencing several relapses, several participants chose to adopt a harm reduction model of reducing the danger to themselves or the community at the onset of their 30 days before committing to full abstinence or for the remainder of their 30 days after experiencing relapse binges. Those participants who were unable to fully commit to abstinence for the full 30 days and engaged in harm reduction gained experiential knowledge of the importance of client commitment to change and the benefit of alternative methods toward recovery. Using the example of eliminating the harmful behavior of texting, calling, or participating in social media while driving, study participants gained insight into this recovery approach and increased their commitment to full abstinence for the remainder of the project. Participant 11 shared "after gradually stopping my usage, I noticed children crossing the road and I would pass by elementary schools, college campuses, or other places where people could get hurt by my gross negligence, so I decided to stop altogether." Discussing their experience with harm reduction,

participant 10 shared "after six days of relapsing towards the end of this assignment, I realized that my treatment objectives were ineffective in my ability to sustain sobriety; I decided to just not keep my cell phone anywhere near me because I was driving."

Limitations and Future Research

This study represents a step forward in addiction education, human services research, and in developing evidence-informed teaching methods that both innovate and competently train capable practitioners in an area greatly in need of skilled practitioners and more effective intervention methods. As in any study, it does contain limitations in extending its findings to the field and the classroom. Firstly, due to feasibility issues, the study utilized convenience sampling. Ideally, the sample, as recommended across paradigms in qualitative research studies, would have reflected the methodological intent of the study through support from similar studies and qualitative methods (Creswell, & Poth, 2018). Thus, aligned with other scholars, we recommend future design work to tie the sample size more intentionally to the research study design. Although providing support to the use of innovative, experiential approaches to instruction in the classroom, the study itself is also bound within a specific context, point in time, and classroom. This means individual instructors, scholars, and teachers need to determine if, how, and where findings transfer to their context based on their own unique set of circumstances. As in most studies, these cannot be generalized to all classrooms based solely on the current line of inquiry. This opens the opportunity for replicability, and we recommend teachers and scholars replicate elements of this study in ways that suit them, particularly with larger sample sizes if possible. Thirdly, when designing this study, researchers integrated key dimensions of rigor to ensure trustworthiness and data credibility (see Miles et al., 2014), such as member checking, providing an audit trail, and utilizing multiple coders. All these elements do not preclude the

presence of researcher bias. Both researchers bring their experience as practitioners in addiction treatment and community practice into the research context, and even though design precautions were taken, researcher bias still may have played a role in the eventual findings, due to various inherent subjectivities.

Discussion and Implications for Addiction Education and Treatment

Addiction, as an increasing, ever-present problem in the U.S., continues to grow (NCDAS, 2023). The opioid crisis exacerbates already existing challenges to address and treat addiction (Macy, 2018). With the overdose epidemic heightening an ever-increasing challenge in addiction treatment, the need for more skilled addiction practitioners is expected to grow exponentially over the next ten years (US Bureau of Labor Statistics, 2022). These challenges underscore the urgent need for new maps to guide scholars and practitioners in education, training, and intervention development (Dugosh et al., 2016). Guided by existing literature in social work, counseling, human services education, and addiction treatment; this study utilizes innovative experiential approaches to student raise awareness, foster empathy, and build skills (Bell et al., 2014; Claes et al., 2022; Giordano et al., 2015). Findings exemplify key insights and student awareness within three major areas: (1) awareness and empathy, (2) understanding of the addictive experience, and (3) treatment, prevention, and relapse. These reinforce, expand, and question certain findings in previous studies. Thus, this inquiry offers key insights into utilizing experiential learning for training in addictions, and the development of evidence-informed teaching methods in this area.

Experiential learning has a long-standing, contentious history in academia (Dewey, 1938; Seaman et al., 2017; Vygotsky, 1934). Results in this study build on that tradition, specifically in addiction treatment. It expands on findings in previous studies which show experiential

learning builds empathy and awareness destigmatizing myths and underlying moral assumptions based on false consciousness or limited experience (Giordano et al., 2015; Ouedrago, 2021; Shepard et al., 2012). Participants repeatedly reported increased awareness and empathy throughout their experience taking part in the project. As in other studies, they acknowledged the power of experiencing to connect, and the fundamental change in understanding they went through which fostered deeper compassion and empathy (Revens et al., 2018).

Deeper awareness brought by experiential learning moved beyond empathy to further recognition of the impacts of addiction and the addictive experience. This resonates across other studies also (Lay et al., 2012; Shepard et al., 2012). Participants gained more nuanced insight into the process and experience of addiction and linked their experiences to didactic aspects of the course. They experienced urges, cravings, triggers, and relapse repeatedly throughout the 30-day exercise. Collectively and most profoundly, participants experienced shifts in identity spanning the continuum of personal and professional shifts in identity. Other studies in experiential learning also demonstrate existential and professional identity changes along with changes in critical consciousness (Sanabria & DeLorenzi, 2019; Seider et al., 2020).

Taken together, this study holds various implications for addiction treatment and education across applied helping disciplines. The first involves more integration of experiential learning as an evidence-informed teaching method as multiple interdisciplinary scholars advocate (Frank et al., 2020; Frogett et al., 2015). Experiential learning remains contentious and often evokes various responses in academic circles ranging from its lack of rigor to its liberatory potential (Seaman et al., 2017; Weerman & Amba, 2019). Critics often seek to push educators toward reinforcing outcome-driven, administrative bureaucratic, scientific management of educational standards (Casey, 2016). These expectations often come into conflict with the

practical and philosophical tenets of experiential learning (Freire, 1970; 1998; Giroux, 2020). This study exemplifies the deep, transformative learning brought about by experiencing what those we help may experience (Bell et al., 2014). We argue the need to advance the dismantling of the many barriers to experiential learning within the academy and reorienting standards to develop more liberating and critically conscious, evidence-informed teaching in this area (El-Amin et al., 2017; Diemer et al., 2021). Particularly in human services, coupled with experiential learning, as other scholars note, this would open more potential for structural analysis of social problems centering on a more just human service education and system (Aviles, 2022).

Conclusion

Overall students reported transformational learning experiences that fundamentally shifted their perspective, awareness, empathy, and identity based on their participation in this 30-day abstinence-based experiential study. Echoing findings in other studies, students underwent elemental changes in their understanding of the addiction process, treatment, prevention, and relapse (Harrawood et al., 2011; Jewell & Owens, 2017; McCabe et al., 2003; Ouedraogo, 2021; Shepard & Pinder, 2012). Going beyond awareness, participants built a stronger foundation of empathy based on direct awareness of the experience of addiction. This line of inquiry provides more evidence of the efficacy and strength of the use of experiential learning in addiction education. It underscores the need for a more liberating use of experiential learning that values emancipatory learning and critical consciousness grounded in direct experience which lessens the distance between students, clients, and social problems (El-Amin et al, 2017). This remains essential for practice in addictions and developing more evidence-informed tools to place at instructors' disposal.

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