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Spirituality and Recovery

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ABSTRACT

On many college and university campuses, offering services to care for the psychological needs of students is vital. High amounts of stress and involvement can lead them to engage in behaviors that are detrimental to academic success. Stress reactions may lead to drug or alcohol use, absences, failing to complete assignments, and social isolation. Stress reactions may also result in more serious forms of mental disturbances. Research shows that, among college students, aspects of spirituality and religiosity can facilitate recovery from such stress reactions and mental disturbances. Celebrate Recovery (CR), an intervention method, is a faith-based recovery program designed for accountability and growth. CR has been shown to increase confidence among participants helping them to resist substance abuse and develop strategies for improving mental wellness. This program may improve self-efficacy and increase confidence in students by helping them obtain skills for coping with high-risk situations that may hinder recovery (Brown, Tonigan, Pavlik, Kosten & Volk, 2013).

This study is a program evaluation of a CR program for college students attending a private, medium-sized, Christian university. Measures included: The Recovery Assessment Scale (RAS); the Brief Symptom Inventory-18 (BSI-18); the Spiritual Experience Index (SEI); and semi-structured, in-depth interviews for all CR participants. Findings show that through participants experienced personal and spiritual growth, felt a sense of community in the group, and gained accountability. Limitations included:

inadequate promotion, for various reasons, of the Celebrate Recovery group; and a small

number of group participants who completed the CR program. Implications for program

refinement and future research are discussed.

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Spirituality and Recovery

A Thesis

Presented to

The Faculty of the Graduate School

Abilene Christian University

In Partial Fulfillment

Of the Requirements for the Degree
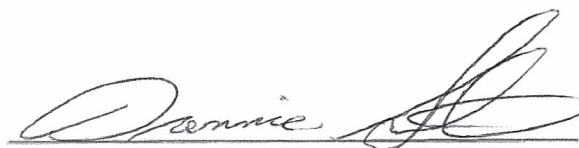
Master of Science in Social Work

By

Sara Turner

May 2018

This thesis, directed and approved by the candidate's committee, has been accepted by the Graduate Council of Abilene Christian University in partial fulfillment of the requirements for the degree

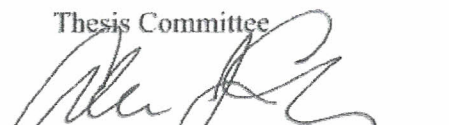Master of Science in Social Work

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May 7, 2018

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To my Celebrate Recovery girls that worked so hard all year. You truly are an inspiration and deserve all that God blesses you with now and in the coming years.

To those at the University Church of Christ who prayed for us and made it possible for Celebrate Recovery to take place each week. Your constant encouragement and support truly means the world to me.

ACKNOWLEDGMENTS

I would first like to thank my thesis chair, Dr. Alan Lipps, for your constant dedication to helping me through this thesis process. I would not have made it through without your guidance and support. I truly appreciate your efforts and wisdom that you instilled in me each week pushing me forward each step of the way. In addition, I also want to acknowledge my thesis committee members, Rachel Slaymaker and Tyson Alexander, for assisting and supporting me as well. I also want to thank my parents Dr. Greg and Karen Turner for your support throughout this time. Having you to lean on and encourage me to keep striving for excellence has truly impacted my life. Last but not least, I would like to thank my church family at the University Church of Christ that have supported me during my short time here as well. Your prayers and support have meant so much, and I am truly thankful for you.

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CHAPTER I

INTRODUCTION

Studies show that the transition to college life is frequently stressful and, for many, is associated with high-risk behaviors (Borsari, Murphy, & Barnett, 2007). Alcohol consumption is a high-risk behavior and is a major public health concern on university and college campuses (Krohn & Brandon, 2000). Annually, nearly 2,000 college students lose their lives as a direct result of alcohol–related accidents. Alcohol is frequently involved in violent assaults and plays a role in approximately 100,000 sexual assaults per-year among college aged persons. Alcohol is associated with academic failure, unsafe sexual practices, health problems, criminal activity and numerous other social problems (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2015). Some students engage in risky behavior while others may adapt well and abstain from it. Krohn and Brandon (2000) stated, "student drinking is the number one health problem on college and university campuses throughout the country" (Alcohol and the Student section, para. 1). The problem with student drinking is that many students engage in binge drinking, and binge drinking is associated with a higher risk for alcohol-related problems (Sukhwal & Suman, 2013).

According to Reymann, Fialkowski, and Stewart- Sicking (2015), part of the developmental process of emerging adulthood is experimentation with different or new intellectual and interpersonal behaviors. Experimentation with alcohol and other drugs is frequently a part of this developmental process. Studies show that, in general, alcohol use

increases during the transition to young adulthood (Chen & Kandel, 1995; Tubman, Vicary, von Eye, & Lerner, 1990).

Numerous studies show that, among college students, higher scores on measures of religiosity and spirituality (R/S) are associated with decreased alcohol or drug consumption (Berry, Bass, Shimp-Fassler & Succop, 2013; Borsari, Murphy, & Barnett, 2007; Gotham, Sher, & Wood, 2003; Krotty, 2009). Lower scores on R/S are commonly associated with increases in measures of heavy drinking, binge drinking, and other risky behaviors (Berry et al., 2013; Giordano et al., 2015, Sukhwal & Suman, 2013). Based on previous studies, religiosity and spirituality may protect against engagement in high-risk behaviors including, or associated with, heavy alcohol consumption and illicit drug use.

Spirituality may counteract substance abuse by fostering positive self-image that can inhibit college students from using substances. A "God consciousness" is characterized by the indwelling Spirit of God. By obtaining this type of consciousness, individuals have a guide for interactions with community and that positively influences decisions made within those interactions (Cannon & Morton, 2015). Females who have not previously used alcohol or tobacco have a higher tendency than males to have God consciousness and a lower risk for substance abuse (Sukhwal & Suman, 2013).

This thesis will examine the benefits of spirituality to the recovery process. It will address the early development of recovery, how the recovery movement has changed over time, and the views of both the consumers' and service providers' perception of recovery. It will go on to explain the benefits and perceptions of spirituality in an individual's recovery process and how Celebrate Recovery may be beneficial to

individuals' personal recovery. Ultimately, this study seeks to measure the effectiveness of Celebrate Recovery to a college student's recovery process.

CHAPTER II

LITERATURE REVIEW

In 2001, President George W. Bush created the New Freedom Initiative and formed a New Freedom Commission to carefully study the mental health system. The Commission had the responsibility of making concrete recommendations for improvements. In July of 2003, the Commission released a report called Achieving the Promise: Transforming Mental Health Care in America. The report called for a radical transformation of the mental health system and emphasized the need for high quality care and information to be made available to all individuals regardless of demographic trait. The report also called for a mental health system that reduces stigma and provides hope for every person diagnosed with a mental illness. (Hogan, 2004; President's New Freedom Commission on Mental Health, 2003). The U.S. Department of Health and Human Services followed with a mandate to public mental health agencies that they adopt a "recovery" orientation. This orientation carried with it a philosophy that recovery from severe and persistent mental illness is possible. Such recovery included recovery from dually diagnosed mental and substance use disorders (as cited in Gehart, 2012).

Following the New Freedom Commission report (2003), the Substance Abuse and Mental Health Services Administration (SAMHSA) launched a plan to transform the mental health care delivery system. This transformation proposed some major initiatives to build a care delivery system that is coordinated, consumer and family oriented, and

evidence based. One major initiative, called the Recovery to Practice Initiative, was based on three primary goals. These included:

1) Creating a RTP Recovery Resource Center for mental health professionals;

2) Creating and disseminating recovery oriented training materials for each of the major mental health professions; and

3) Providing web-based and print materials, training, and technical assistance for professionals engaged in the transformation process (Yale Program for Recovery and Community Health, n.d.).

A major purpose of the Recovery to Practice Initiative was to promote a better understanding of recovery among mental health care providers. In 2012, SAMHSA published a working definition of mental health recovery and outlined 10 guiding principles for recovery (SAMHSA, 2012). According to SAMHSA, recovery is defined as, "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential" (SAMHSA, 2012, p. 3). As this definition suggests, recovery is a process, is personal, and is oriented toward continual growth and wellness (SAMHSA, 2015).

Recovery

Over the last three decades, the term recovery has become widely used in mental health services (Scheyett, DeLuca, & Morgan, 2013). However, different perspectives on the meaning of the concept exist. From a behavioral health perspective, the term recovery, appears to have its origin in the self-help movement (Davidson, O'Connell, Tondora, Lawless, & Evans, 2005). Mental health treatment and recovery date back to the 1930s, but were not taken seriously by professionals until the early 1980s. At that

time, rehabilitation counselors started to explore the concept of recovery in relation to substance abuse. Then in the 1990s, recovery was explored in mental health roles, mostly because of the two decades that researchers took to understand recovery as a facet of mental health (Gehart, 2012). Several conditions set up the rise of a new recovery advocacy movement for the 1990s (White, 2007). At the center of this transformation, recovery should be the main goal (O'Connor & Delaney, 2007).

Clinical recovery emerged from service providers' expertise, and personal recovery came from individuals who lived the experience of mental illness (Jacob, Munro, Taylor, & Griffiths, 2015). There are differences between clinical recovery and mental health recovery. According to Macpherson et al. (2016), clinical recovery refers to the clinical outcome, or the presence of having symptoms due to the illness. The difference in mental health and clinical recovery is that mental health recovery is personal recovery.

Definitions of Recovery in Mental Health

Davidson, O'Connell, Tondora, Lawless and Evans (2005) reported that little consensus exists regarding a definition of recovery. Fueling this lack of consensus are two opposing points of view regarding the meaning of recovery. According to one point of view, the goal of recovery from a psychiatric illness is the same as the goal of recovery from an acute physical illness (e.g., appendicitis). As recovery from an acute physical illness typically follows a proper regimen of care, recovery from psychiatric illness, according to this perspective, should also follow a proper regimen of care. In other words, recovery, from an acute care perspective, is equated with a significant reduction in clinical symptoms associated with the disorder (Davdison & Roe, 2007). This point of

view, has been called the "recovery from" perspective and is also referred to as the clinical perspective (Davidson, et al, 2005; Davidson & Roe, 2007).

A large body of research indicates that psychiatric illnesses, unlike acute physical illnesses, are very complex, multifaceted phenomena (Davidson & Roe, 2007). Many psychiatric illnesses bear more resemblance to chronic diseases (e.g., Type I Diabetes) that require prolonged multidimensional management and from which full recovery from is simply not possible. Many persons diagnosed with chronic health problems such as Type I Diabetes go on to live full lives in spite of the omnipresence of the disease. Similarly, according to the "recovery in" perspective (also called personal recovery perspective), it is also possible for persons diagnosed with serious psychiatric disorders to live full lives in spite of incomplete remission of symptoms. Unlike persons diagnosed with chronic physical illnesses, persons diagnosed with severe and persistent mental illnesses frequently experience a plethora of adverse socioeconomic sequelae. Therefore, the personal recovery perspective emphasizes the importance of managing the symptoms of the illness while trying to overcome the poverty, homelessness, inadequate housing, unemployment, isolation, stigmatization, and numerous other undesirable correlates of having a psychiatric illness (Davidson & Roe, 2007).

Consumers' Views on Recovery

As discussed above, there are different perspectives and definitions of recovery. However, studies show that the clinical perspective of recovery is widely held among both consumers of and providers of mental health services (Jacob, Munro, Taylor, & Griffiths, 2015). Jacob et al. (2015) identified three themes that emerged from the literature studying the consumers' views of recovery. First, mental health consumers

tended to view recovery as a thing that will occur in the future (i.e., future-oriented). A second theme emerging from the literature was a cure-oriented view of recovery equating recovery with a return to the pre-illness state of mental illness. Thirdly, some consumers felt as though gaining mental health recovery was impossible (Jacob, Munro, Taylor, & Griffiths, 2015). While consumers' views were much more diverse than were providers' views, the identification of these themes suggests that consumers tend to adhere to a clinical view of recovery.

However, consumers are more inclined to view mental health recovery as a multidimensional process that involves finding hope, meaning, and purpose in life despite experiencing symptoms of the illness (Jacob, Munro, Taylor, & Griffiths, 2015). Consumers tend to adhere closer to the "recovery in" (personal recovery) perspective that upholds the belief that symptoms of the mental illness are treatable but not curable and that persons living with mental illness can still live meaningful lives (O'Connor & Delaney, 2007). According to the personal recovery perspective, persons diagnosed with mental illness can still thrive, reengage with life through positive coping, and find a new sense of self by experiencing purpose in life (O'Connor & Delaney, 2007). However, some common features exist across definitions of recovery. For example, both clinical i.e., "recovery from" and personal i.e., "recovery in" perspectives depict recovery as a process.

There are many differing views about mental health recovery that are both optimistic and pessimistic. Some consumers saw recovery as impossible because they were trying to achieve an absence of symptoms (Jacob, Munro, Taylor, & Griffiths, 2015). Another view of recovery, as conceptualized by the consumer, emphasizes one's

particular values to achieve better health (O'Connor & Delaney, 2007). In contrast, an optimistic attitude towards recovery was viewing it as the transformation of self and finding personal meaning in the individual's life. One of the important aspects for those recovering from mental illness was being able to engage in meaningful activities, such as returning to work (Jacob, Munro, Taylor, & Griffiths, 2015). One of the key conditions of being in recovery from mental illness is the unquenchable hope that recovery is possible (O'Connor & Delaney, 2007).

Providers' Views on Recovery

Likewise, providers tended to endorse a clinical definition of recovery and view recovery as a significant reduction or absence of symptoms of mental illness (e.g., reduced depression, anxiety, or psychosis). Service providers' and consumers both held pessimistic views of recovery (Jacob, Munro, Taylor, & Griffiths, 2015). Some of the reason for such negativity is likely embedded in the service system itself and the culture that this system has created (Nemec, Swarbrick, & Legere, 2015). Throughout its history, the mental illness service system has promoted a philosophy that is much more consistent with the clinical perspective of recovery. Understandably, consumers' and service providers' views towards mental health recovery correlates with clinical recovery, as they both focus on the outcome or the remission of symptoms. In service provider clinical recovery, they assert the importance of medication to an individual's recovery (Jacob, Munro, Taylor, & Griffiths, 2015).

Spirituality and Recovery

Spirituality is a complex and multidimensional phenomenon that may include beliefs, behaviors, lifestyle changes, or experiences (Borras et al., 2010). Spirituality is

positively correlated with healthy behavior including increased physical activity, which also leads to healthy behavior among college students (Borras et al., 2010). According to Borras et al. (2010), the word spirituality puts forth a quality that pertains to the spirit, which is freed from all material needs. Spirituality is a component of attitudes towards drinking and alcoholism that are less favored by those who are higher in their own spirituality, and protects against substance abuse (Nedelec et al., 2017; Sukhwal & Suman, 2013). Studies show that those who are religiously affiliated and engage in spiritual practices or experiences are less likely to participate in hazardous drinking. Several researchers have found that individuals who are in recovery have a core belief system and that the positive behaviors associated with religion and spirituality show positive mental health outcomes (Pardini, Plante, Sherman, & Stump, 2000; Witkiewitz, McCallion, & Kirouac, 2016).

Definitions of Spirituality

Spirituality is notoriously difficult to define, and one review of the literature identified thirteen conceptual components of spirituality (Cook, 2004). Of those components, relatedness and transcendence were the most frequently occurring in definitions. Meaning (or purpose) and a life-giving force or soul were the third and fourth most frequently occurring concepts in those definitions of spirituality. Spirituality often refers to something that is individualistic, freeing, open-ended, or similar to a subjective quest (Yonker, Schnabelrauch, & DeHaan, 2012).

According to Dermatis and Galanter (2016), spirituality can be defined as a way in which a person's life has purpose and meaning, as well as finding their own personal identity and transcendence, to find motivation to push past the practicalities of daily life

in bettering their daily living. According to the literature, a highly religious individual uses significantly less alcohol compared to those who are not as highly involved in spirituality or religiosity (Hooker, Masters, & Carey, 2014; Jankowski et al., 2017).

Definitions of Religiosity

Religion is a social phenomenon. It also provides an organized structure designed to develop the spirituality of its members. Religion can be defined by the characteristics of belief, religious practice, and the sentiments of those who share the same faith (Borras et al., 2010). Religious coping may also be a strategy to handle stressors, as religious individuals may find meaning and seek purpose, which can lead to healing and well-being. Literature has shown that religion and spirituality play an integral role in recovery after substance use and abuse. One study suggests that individuals who are religiously affiliated are less likely to use substances and develop addictions (Prout, Gerber, & Gottdiener, 2015).

Religiosity and Spirituality as Protective Factors

A very consistent finding in research on alcohol and drug use in college students is that increased religion and spirituality, commonly grouped together and labeled R/S, is associated with decreased alcohol and drug use (Kathol & Sgoutas-Emch, 2017; Klassen & Grekin, 2017; Stewart, 2001). Kathol and Sgoutas-Emch (2017), for example, found an inverse relationship between R/S and alcohol use. Stewart (2001) found that spirituality buffered against college students' decision to use alcohol and marijuana, though the effect seemed to diminish for upper level students.

Increased R/S has also been shown to be associated with decreased mental health issues and physical health problems (Hill & Pargament, 2003, 2008). Several studies

indicate that attachment to God, a concept rooted in attachment theory, is associated with both mental and physical health. For example, a secure relationship with God is associated with higher health ratings and with improved better psychological health following major life stressors (Hill & Pargament, 2003). Similarly, closeness to God is associated with several mental health-related benefits. Such benefits include decreased levels of depression, increased self-esteem and less loneliness (Hill & Pargament, 2003). Spiritual struggles, in contrast, are associated with adverse mental health results (e.g., increased anxiety, increased depression) and physical health outcomes such as longer hospital stays and increased mortality (Hill & Pargament, 2003).

Faith-Based Programs

Alcoholics Anonymous. According to Finlay (2000), one of the most influential self-help organizations in the world is Alcoholics Anonymous (AA). There are two prominent figures in the history of making AA, psychiatrist Carl Gustav Jung and philosopher and psychologist William James. More people who have been rehabilitated for alcohol abuse have gone through this program than making efforts to be rehabilitated through psychology, medicine, and psychiatry combined. The number of membership is currently approaching 2 million people worldwide.

According to Morjaria and Orford (2002), more acknowledgement is being given to the role of spirituality and its relationship to addiction in reference to studying the addiction field. In other studies, it has been shown that spiritual or religious involvement has been used as a protective mechanism against developing an addiction. In reference to AA, and other twelve-step programs designed for recovery, are also supportive of the notion that spirituality plays a role in addiction recovery. The working guide towards

recovery are the Twelve Steps. References to the "Higher Power" are addressed in seven of these Twelve Steps in regards to having a "spiritual awakening" (Morjaria & Orford, 2002).

In the Twelfth Step, it is described that one working through all the Twelve Steps may experience a spiritual awakening (Tonigan, 2007). According to Alcoholics Anonymous (1987) a spiritual awakening is defined as "a new state of consciousness and being is received as a free gift" (p. 9). It has been shown that 20% of individuals who do participate in the Twelve Steps in AA have self-reported experiencing a spiritual awakening. Research also suggests that the role of the spiritual awakening imposes a new perception to the linkage between the role of spirituality and recovery, and acknowledging the importance that spirituality that takes place in sustaining a behavior change (Tonigan, 2007).

Celebrate Recovery. While Alcoholics Anonymous is not affiliated with a particular religion, and is restricted to those who want to stop drinking alcohol, Celebrate Recovery (CR) is rooted deeply in Christianity and is for all who desire personal recovery. CR brings the healing power of Christ to all who are hurting and broken (Celebrate Recovery, n.d). Celebrate Recovery participants typically accept that spirituality plays a significant role in an individual's confidence to resist substance abuse (Brown, et al, 2013). It has been estimated that nearly 1.5 million individuals have utilized this faith-based program in the last 25 years and that approximately 27,000 churches host weekly Celebrate Recovery meetings (Baker, 2012). As previously stated, the more spiritual an individual is, the more likely he or she is to resist and succeed in his or her recovery against substance abuse and build more self-efficacy. The less he or she is

involved in religion or spirituality, the less successful he or she may be in high-risk situations (Brown, et al., 2013). The misuse of alcohol or drugs is associated with the lack of religious involvement or affiliation. Spiritual interventions and religious promotion may also be effective strategies against alcohol or substance abuse (Borras et al., 2010; Sukhwal & Suman, 2013).

Celebrate Recovery helps to guide individuals in looking towards the future rather than dwelling in the past. It is based on God's Word and is specifically grounded in the Sermon on the Mount. It utilizes biblical truth and addresses hurts, habits, and hang-ups (Celebrate Recovery, n.d.). In participating in a faith-based program, students will grow together in Christ and with each other. Students engaging in their personal spiritual journey hopefully achieve a successful recovery.

As the review above suggests, purposefully bringing content related to R/S into a recovery program should have positive physical and mental health benefits. Exploring spirituality and sharing struggles leads to beneficial outcomes. As the findings suggest, spirituality is a component to the thought process that can protect individuals from engaging in dangerous substance abuse and risky behavior (Reymann, Fialkowski, & Stewart- Sicking 2015). It is also a factor to increase the confidence of those who are in recovery to continue to abstain from substance abuse (Brown, et al., 2013).

CHAPTER III

METHODOLOGY

The purpose of this study is to measure strengths and weaknesses of a Celebrate Recovery group offered to Abilene Christian University students during the 2017-2018 academic year. The study uses a mixed qualitative and quantitative design. All participants of the Celebrate Recovery group were asked to participate in a semi-structured, in-depth interview. The interview sought to capture participant beliefs and opinions about the strengths and weaknesses of the Celebrate Recovery group. Additionally, quantitative measures were used to help the researcher understand the degree to which participants were implementing components of recovery and whether they were experiencing elevated scores on measures of depression and anxiety. This study was reviewed and approved by the Abilene Christian University Institutional Review Board (see Appendix A). Measures included a Recovery Assessment Scale (see Appendix B), a Brief Symptom Inventory-18 (Appendix C), and a Spiritual Assessment (see Appendix D).

Participants

Participants included a convenience sample comprised of students who voluntarily signed up during the promotion period in the second week of September 2017 to participate in a Celebrate Recovery group. The promotion included posting information on the university web portal and posting informational flyers throughout the campus. All students were welcomed, but only seven began participating in the Celebrate

Recovery group. The anticipated or projected number per group was six to eight people. Only three students remained in the group throughout the school year. Those participating in this sample were between the ages of eighteen and twenty and classified as freshman and sophomores attending Abilene Christian University.

Procedures

The facilitator started the recruitment process during the first two weeks of school in promoting Celebrate Recovery. A promotional video was made and posted on YouTube. Additionally, the researcher advertised via the university's web portal by posting paper flyers in all the residence halls, in the campus center, and in the library. Emails were sent out from the social work and psychology departments. The facilitator also made an announcement to one freshman Bible class on campus and visited the college ministries at both Hillcrest Church of Christ and University Church of Christ. The facilitator also got approval for Celebrate Recovery to provide students with a chapel credit for each group meeting. Groups became closed approximately three weeks after starting because of the way that Celebrate Recovery is designed.

Measurement

The Recovery Assessment Scale (RAS; Corrigan, Giffort, Rashid, Leary, Okeke., 1999) was used to measure personal mental health recovery. The RAS is a 41-item Likert scale instrument developed by (Corrigan et al.,1999). Example items include "I have a desire to succeed," "I can identify what triggers the symptoms of my mental illness," "I like myself," (full measure is in Appendix A). Validity is suggested in that it has been used in many studies (Cavelti, Wirtz, Corrigan, & Vauth, 2017; Mak, Chan, &Yau, 2016; Young, Petrus, Jiayan, Fung, & Cheng, 2017). This measure has been found to be reliable

with Chronbach's alpha scores at .9 (Young, Petrus, Jiayan, Fung, & Cheng, 2017) and a .7 (Cavelti, Wirtz, Corrigan, & Vauth, 2017; Mak, Chan, & Yau, 2016).

The Brief Symptom Inventory (BSI-18) consists of 18 items that are used for screening and outcome measurement. Each item consists of a statement that participants rate on a 5-point scale ranging from 0 = not at all to 5= Extremely. The inventory consists of a total scale and three subscales (somatization, depression, and anxiety). Internal consistency coefficients are acceptable ranging from .74 (somatization) to .89 (total). The BSI-18 correlates very strongly with the well-established Symptom-Checklist 90-revised (SCL-90-R). The BSI-18 can be completed in a short amount of time (~four minutes) and items are at an eighth-grade reading level (http://www.pearsonclinical.com/psychology/products/100000638/brief-symptom-inventory-18-bsi-18.html).

The Spiritual Experience Index (SEI) was used to determine the spiritual aspects in the participants' lives, and how often they feel a spiritual presence or experiences from day-to-day activities. The SEI is a 38-item measure of faith and spirituality. Items are rated on a 6-point Likert scale that ranges from Strongly Disagree = 1 to Strongly Agree = 6. A factor analysis of the items indicated the presence of two subscales labeled the Spiritual Support (SS) scale and the Spiritual Openness (SO) scale (Genia, 1997). Using a sample of 286 participants from a diverse religious background, the reliability coefficient for the whole scale was .89. Reliability coefficients for the SS and SO scales were reported as .95 and .86, respectively.

A semi-structured interview was conducted to allow participants to subjectively report their experience with this Celebrate Recovery group. A sample of interview

questions is located in Appendix E. Questions are formulated to help gather information that will inform the researcher about how the Celebrate Recovery group helped or did not help participants in their spiritual journey and in their recovery.

Analysis

Because the sample was very small, statistical testing of scale data was not possible. Instead, descriptive statistics (i.e., total scores) were used. Interview data was tape recorded and transcribed into a word processor document. The researcher reviewed word processor documents and coded those according to interview question categories. For example, the researcher grouped responses to the first interview question, asking why individuals chose to participate in CR recovery groups, together. Following categorization according to question, those categories were inspected to determine the most frequently recurring themes.

CHAPTER IV

FINDINGS

Participation in Celebrate Recovery (CR) Group

In response to the question: "Why did you choose to participate in this Celebrate Recovery (CR) group?" The answers were varied. Some felt the need to join as they struggled with mental health/suicidal thoughts (depression) and some joined because they wanted to see growth within themselves. One individual described the need for growth by needing a community. They explained, "I knew that if I wanted to get to where I wanted to be in life that I needed more than just myself." Needing a Christ-Centered recovery was a goal expressed in relation to personal growth and for accountability.

Spiritual Journey Before CR

In response to the question: "Can you describe your spiritual journey before participating in CR?" participants used words such as "unstructured," "wavering", "attempted", "not driven." Other responses included phrases such as "wasn't very developed," and "there wasn't much of one." Another individual described not having the Christian values growing up and wanted to build the Christian community to help them progress.

Recovery Before CR

In response to the question: "Can you describe your recovery before participating in CR?" participants used words such as, "faltering," "struggled," and, "uncertain." Other

responses included phrases such as, "I just thought over time they would go away," and "I wasn't really willing to share with other people."

Spiritual Journey After CR

In response to the question: "Can you describe your spiritual journey after participating in CR?" participants used words such as, "more confidence," "structure," "known," and "encouraged." Other phrases included "stronger relationship to Jesus Christ," and "I have people that I can turn to in CR." Others reported "I have grown closer to God," "I was able to see how much He does love us," "He wants to help us," and "He's not this untouchable being."

Recovery After CR

In response to the question: "Can you describe your recovery after participating in CR?" participants used words such as, "grow," and "label things." Some phrases included, "I felt like I had people I could confide in," "I felt better about who I was," "I definitely did grow more," "I was able to admit my problems," "not bound by pressure to get it right every time," and "I have reassurance."

Did the CR Group Help?

In response to the question: "In what ways has participation in this CR group helped you?" participants used words such as "peace," "label issues," "blessed," and "gained accountability." Some phrases include, "learned to move on," "find peace from the past," "I have people to answer to," and "I have gained accountability."

Biggest Takeaway from Participation in CR

In response to the question: "What is your biggest take-away from participation in CR?" participants used words such as, "really seeing," "moving on," "helped,"

"connected," and "never-ending process." Phrases that were used by participants were, "it takes genuine time and effort," "it can be a continual thing throughout your life," and "being in CR really connected me with Him.

Recommendations Concerning Quality of the Group

In response to the question: "What recommendation would you make to improve the quality of the group?" participants used words such as, "more organized," "more structure," "more accountability," and "time constraint." Some of the phrases that participants used, "do the work thoughtfully," "really checking with your accountability partners," "we are a close-knit group," "talking about our lives is just as much important as the workbook."

Lessons Learned

In response to the question: "What lessons did you learn from CR that will benefit you?" participants used words such as, "forgiveness," "grace," and "reassurance." Participants used phrases such as, "it's ok to be vulnerable," "being more open," "seeing how to fix my issues," and "we're His children."

Would You Recommend CR to Somebody Else?

In response to the question: "Would you recommend CR to somebody else?" participants unanimously answered, "yes." The participants used phrases such as, "everyone needs community," "everyone is struggling with something," "I think anybody can grow," "no one is perfect," "CR doesn't put classifications on your problems," "it's a great foundation," and "it's Christ-centered."

Table 1 represents the Brief Symptom Inventory-18 (BSI), Spiritual Experience Index (SEI), and Recovery Assessment Scale (RAS), respectively. Participant one scored

lower on the BSI showing a higher average on the RAS scale. Participants two and three scored above the clinical cutoff for depression and anxiety. In relation to the BSI, the RAS shows lower recovery averages due to clinical depression and anxiety. The SEI shows the average Spiritual Experience on a Likert scale of 1 to 5. The average number chosen was a 4. This meaning that even though participants 2 and 3 show signs of clinical depression and anxiety, they are still within the average range of recovery and highly scored on the spirituality.

Table 1

Results of Measures

	BSI	SEI	RAS
Participant 1	19	159; 4.18	165; 4.02
Participant 2	35*	167; 4.39	163; 3.98
Participant 3	47*	174; 4.58	148; 3.61

*Above the clinical cutoff score (i.e., 22)

CHAPTER V

DISCUSSION

Summary of Findings

Results of this study show many similarities with ideas presented in the review of

literature. These ideas include: the important role that spirituality plays in facilitating

recovery; the importance of conceptualizing spirituality as a journey; the desire for

personal growth; and the importance of, and desire, for a sense of community.

Role of Spirituality

Responses to the interview questions pertaining to the role of spirituality in

Celebrate Recovery were consistent with literature reporting the importance of purpose

and meaning in life. Participants were asked to discuss specifics of their spiritual journey

before and after participation in Celebrate Recovery. Responses indicated that growth

occurred as several described their spiritual journey before Celebrate Recovery as

unstructured, or altogether missing. Participant 2, for example suggested that even when

group members did not previously have a strong religious commitment, the strong

spiritual element in the group still proved to be an important factor in recovery and

growth. Other participants indicated that Celebrate Recovery helped them gain

confidence, structure, and become closer to God (Jesus Christ). Likely, this spiritual

growth will be helpful to these participants enabling them to push past the practicalities

of daily life in bettering their daily living (Dermatis & Galanter, 2016).

Spiritual Journey

Respondents did indicate that the Celebrate Recovery group helped them to embark upon a spiritual journey that began with being spiritually "unstructured," "wavering," and undeveloped. Participants indicated that group participation helped them to gain some direction in their spiritual journey which brought them closer to God, to others, and increased their confidence in spiritual pursuits. As literature indicates, individuals who are highly engaged in spiritual practices and have stronger religious tendencies are less likely to participate in negative behavior and have positive behaviors and mental health outcomes (Pardini, et al., 2000; Witkiewitz, et al., 2016). Therefore, this Celebrate Recovery group appears to have made a positive difference in helping these participants come closer to gaining the spiritual skills required for overall spiritual and mental wellness.

Interestingly, one participant who reported not having much spirituality, scored higher on the Spiritual Experience Index (SEI), a measure of spiritual maturity, than a third participant who verbally reported higher spirituality. Spiritual maturity, according to the SEI, measures an individual's faith and spiritual journey. This, perhaps, suggests some incongruence between verbal reports of spiritual maturity and spiritual maturity as assessed by the SEI. This is not too surprising as interview data is likely more subjective than is the SEI score. Therefore, it is likely that this participant actually is more spiritually mature, as measured by the SEI, than she openly acknowledges.

Personal growth. Though closely related to spirituality, personal growth was another key theme that emerged from these interviews. Some stated that they joined the group because they struggled with mental health problems such as depression and

suicidal thoughts. These individuals expressed that they needed support to grow. They used words such as, "growing closer to God," "He [God] wants to help us," and "I have grown closer to God." Therefore, it seems that, for these participants, growth meant an increase in closeness to God and that support was needed to realize that growth. This type of support seems very consistent with the concept cohesiveness as discussed by Nieman (2007). Nieman demonstrated that group cohesion was a vital component of recovery because cohesion was the pathway through which participants were free to open up and share their thoughts and feelings without fear of rejection.

Accountability. Very closely related to the concept of cohesiveness (or community) was accountability. Participants stated that having a person to confide in, and having another person to be accountable to, were important aspects of this group. In response to a question about ways to improve the group, participants mentioned the importance of "really checking in" with accountability partners. This interviewee's desire for "really checking in" and desire for greater accountability indicates that at least one group member (33%) was not fully open to share thoughts and feelings.

Openness. Though not specifically addressed in the interviews, lack of openness, or discomfort with freely sharing personal and sensitive information seems to underlie some comments (e.g., "really checking with your accountability partners"). As indicated earlier, there was also a discrepancy between one person's reported spiritual maturity and her score on the SEI. There are at least two possibilities that can explain this discomfort with openness. First, there is a probability that some participants are simply more reserved than others, for their own internal reasons, and are simply not as open as others. Second, it is possible that this was a group dynamic (i.e., cohesiveness).

Limitations

Some of the limitations included the lack of advertising, those dropping out of Celebrate Recovery (CR), the group structure, and lack of support. The promotional efforts were strong in the beginning of the development of the group. Needing approval for flyers and a banner in specific areas of the campus center and other areas of campus was also limiting as each flyer had to be approved. Flyers were made and hung in various places of the campus. However, the question was whether or not they were made visible because the researcher is uncertain whether dorm staff actually posted the flyers. The Medical and Counseling Care Center (MACCC), was in charge of the social media promotion. In addition, the announcement was not posted on the myACU webportal until the week of the first interest meeting; and CR was not announced, or explained, during any chapel times. Some college groups at various churches allowed time to introduce CR; however, not all congregations were asked. Emails were sent to certain ACU academic departments to accrue interest; however very few departments notified students about the CR group.

The initial group started with seven people. Slowly, people started dropping out as was expected. One individual only came to support a friend and did not stay very long. Another person was a senior and could not dedicate the time commitment to filling out the book and coming each week. The group had five people for most of the fall 2017 semester. By December 2017, the group was solidified with three members. There was a significant emotional immaturity among one of the individuals who excused themselves. They did not respond well to the group or structure of Celebrate Recovery. The last individual was dealing with a psychopathological issue and had different expectations

from the group thinking that it would cure the illness. Celebrate Recovery is not a place for a, "quick fix," and is built as a means to provide support.

Because the group was small, it could be flexible; however, some individuals indicated that the structure and organization were problematic. This could be taken from both sides. Celebrate Recovery was structured to be fluid and flexible as there were different schedules and other people involved. At times, improvising was initiated for certain lessons or different activities happening on campus. Whether or not that was taken positively could reflect on personality types.

Some of the limitations for the research in this study includes the lack of research that there is specifically relating to Celebrate Recovery. Most of the literature includes the role of spirituality in relation to those struggling with addictions. There were only two empirical studies done directly relating to Celebrate Recovery. The research that was done was about group cohesion and the confidence to resist substance abuse.

Another limiting factor was the lack of support of Celebrate Recovery. Due to the lack of advertising in the beginning, not enough people on ACU campus were aware of CR in general. Not having any support or awareness is detrimental to the group existence or continuation. Having the awareness that there is a group that does not discriminate and accepts all people is important for college students to know. The more people who complete the program means that there are more groups that can form each year.

Implications

Open- share is another format for CR groups that adds extra accountability. Open share is hosted once a week during a time that regular CR meetings are not held. Open-share meetings are open to males, females and non-celebrate recovery participants. In a

typical meeting, individuals listen to a lesson or a personal testimony offered by a group member. After the lesson or testimony, everyone divides into subgroups to discuss what they experienced. These subgroups give participants an opportunity to "check in." Implementing this policy would be beneficial for students who want extra accountability. Because open share groups are open to anybody, referrals from campus programs, such as the Brief Alcohol Screening And Intervention For College Students (Basics) program, would be an additional benefit.

Another implication regarding the CR groups is screening could take place to know where individuals might fit. Typically, in large Celebrate Recovery organizations, they have sub-groups that people can go to specifically dealing with something. Grouping individuals by classification (e.g., underclassmen and upperclassmen) would be one possible approach to improving group homogeneity. It would also be beneficial to categorize individuals specific to their need. For future years, if enough interest exists, multiple groups organized by problem (e.g., substance abuse, emotional stress, etc.), or by developmental level, could be formed.

For future Celebrate Recovery groups, more effort needs to be put into increasing awareness. Future Basics facilitators should be informed and trained about how to make CR run properly. Future facilitators should also be made aware of who to contact so that they are able to start new CR groups during the fall semester. In order for groups to continue, members from previous Celebrate Recovery groups are able to lead new groups, which helps CR to continue growing and maintaining status.

Additionally, to maximize the probability to CR will succeed on this campus and on other university campuses, future facilitators should be trained to facilitate CR groups.

Group members come to CR with many different issues, and many different personal qualities that can either enhance group effectiveness or hinder group success. Therefore, group training should not only cover the CR curriculum, but equip facilitators to select group members carefully and manage group dynamics.

Some of the research questions that can be analyzed in future purposes could be the community and recovery and how that affects the recovery process. Another option could be challenging the growth of the individuals in the group. Doing pre and post tests on the RAS scale at the beginning and towards the end of the curriculum is a way to measure the recovery process in individuals. Another way to measure the effectiveness of the program would be a program analysis.

Conclusion

This study was concerned with discovering how spirituality, embedded in the Celebrate Recovery program, resulted in participant reports of mental health benefits. As discussed in the literature review, personal recovery does not require a complete remission of symptoms. Instead, individuals, in personal recovery, manage symptoms despite their illness. CR provides an atmosphere that encourages discussion of, and normalization of, symptoms as part of a spiritual journey on a path of personal recovery. CR is a process that participants work through and gain understanding of oneself to move forward. Participants were able to reflect on their own spiritual journey and grew closer with each other and to God. In doing so, they disclosed their personal and spiritual growth from partaking in the group gaining, "more confidence," "structure," and, "feeling encouraged." The participants in the group reflected on their recovery after

participating in CR using words such as, "grow." One individual said, "I felt better about

who I was."

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APPENDIX A

Institutional Review Board Approval Letter

ABILENE CHRISTIAN UNIVERSITY
Educating Students for Christian Service and Leadership Throughout the World

Office of Research and Sponsored Programs
320 Hardin Administration Building, ACU Box 29103, Abilene, Texas 79699-9103
325-674-2885

March 1, 2018

Sara Turner

Department of SSW

ACU Box 27866

Dear Sara,

On behalf of the Institutional Review Board, I am pleased to inform you that your project titled
Spirituality and Recovery

was approved by expedited review (Category 7   ) on 03/01/2018   (IRB # 17-109   ). Upon
completion of this study, please submit the Inactivation Request Form within 30 days of study completion.

If you wish to make any changes to this study, including but not limited to changes in study personnel,
number of participants recruited, changes to the consent form or process, and/or changes in overall
methodology, please complete the Study Amendment Request Form.

If any problems develop with the study, including any unanticipated events that may change the risk profile
of your study or if there were any unapproved changes in your protocol, please inform the Office of Research
and Sponsored Programs and the IRB promptly using the Unanticipated Events/Noncompliance Form.

I wish you well with your work.

Sincerely,

Megan Roth

Megan Roth, Ph.D.
Director of Research and Sponsored Programs

Our Promise. ACU is a vibrant, innovative, Christ-centered community that engages students in authentic spiritual and intellectual growth, equipping them to make a real difference in the world.

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APPENDIX B

Semi-Structured Interview Questions

1. Why did you choose to participate in this Celebrate Recovery (CR) group?

2. Can you describe your spiritual journey before participating in CR?

3. Can you describe your recovery before participating in CR?

4. Can you describe your spiritual journey after participating in Cr?

5. Can you describe your recovery after participating in CR?

6. In what ways has participation in this CR group helped you?

7. What is your biggest take-away from participation in CR?

8. What recommendations would you make to improve the quality of the group?

9. What lessons did you learn from CR that will benefit you?

10. Would you recommend CR to somebody else?

     a. Why?

     b. Why not?