How collegiate recovery programs and social identity changes influence African American students: A Case Study

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Abstract

The prevalence of illicit substance use among individuals worldwide has increased significantly over the past decade, increasing fatal overdoses among African American students aged 18 to 25. There are safeguards in place including Collegiate Recovery Programs (CRP) that provide students with an outlet for recovery; however, program availability is limited. The problem of fatal overdoses among minority populations prompted additional research to determine if participating in CRP programs helps students improve their academic performance, deter school dropout rates, prevent relapse and overdoses among African American Students attending college in the United States. The purpose of this qualitative method and case study design was to explore the perceptions of African American students about the long-term influences of CRP availability, participation, and social identity changes on academic performance, school dropout rates, and relapse and overdose prevention in collegiate settings. The sample consisted of $n = 41$ individuals from minority backgrounds who were enrolled in or had participated in a CRP within the past five years of graduation and from at least two different academic institutions in the United States. The data analysis process included a thematic analysis process using NVivo 12 research software that consisted of analyzing survey responses, latent coding, theme identification, theme review, theme interpretation, and the study conclusion. The findings indicated that CRP participation effectively increased the participant's academic performance, deterred school dropout rates, deterred reduction of relapse and overdose vulnerability, positively changed their social identity, and influenced their long-term recovery by aiding their transition from an academic setting to their professional career. Recommendations include college leadership effectively expand CRP programs at their universities to help students with substance-related issues. Additionally, another recommendation is for program leadership to emphasize the need for students to change their social circles to change their identity for long-term recovery.

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Chapter 1: Introduction

The prevalence of illicit substance use is astounding, as 269 million people from across the globe reportedly used illicit substances (United Nations Office on Drugs and Crime [UNODC], 2020). In the United States, 165 million individuals aged 12 years and older actively use illicit substances, including alcohol and tobacco, and 19.4% have reportedly misused prescription medications, which may lead to fatal overdoses (National Center for Drug Abuse Statistics [NCDAS], 2020). Yerby (2021) reported that fatal overdoses account for nearly 130 deaths per day in the United States. Since 2002, heroin use has increased by 135%, attributing to a 533% increase in fatal overdoses across the country (National Institute on Drug Abuse [NIDA], 2016). The Centers for Disease Control and Prevention [CDC] (2020) reported that from May 2019 to May 2020, there was a 93% increase in fatal overdoses in the United States, totaling 81,000, which were more than the recorded vehicular accidents of 42,060 (National Safety Council, 2020). Further, the increase in opioid-related prescriptions has significantly attributed to the drug epidemic, which has been accelerated in the past year due to people's life alterations initiated by the COVID-19 pandemic (Brown & Morgan, 2019; CDC, 2020).

The problem of substance abuse is also prevalent among young adults aged 18 to 25, especially those enrolled in college. Substance abuse is defined as an abnormal pattern of illicit substance consumption that causes significant life adversity and disruption (American Psychological Association [APA], 2016, p. 454). It is reported that in 2019, 43% of college students reportedly used illicit drugs (NCDAS, 2020), 47.1% of students allegedly drank alcohol (NIAAA, 2020), and 24.5% reportedly binged on alcohol consumption (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019). Moreover, since 1999, this age group has experienced a 285% increase in fatal overdoses (NIDA, 2021), and

most recently, due to the COVID-19 pandemic, illicit substance use has increased by 13%, and overdoses have increased by 18% among this vulnerable age group (Abramson, 2021).

The problem of fatal overdoses manifested by illicit substance use among minority populations is a significant concern. James and Jordan (2018) reported that opioid-related deaths in African American communities have risen to 43% versus 22% in Caucasian communities. Moreover, early research by McCabe et al. (2007) indicated that out of the N = 1530 minorities that were surveyed for drug use (n = 652 were Hispanic, n = 634 were African American, and n = 244 were Asian), the results concluded that higher drug use was found among African American and Hispanic students.

Risky alcohol consumption has also been a problem, as Pittman et al. (2019) concluded after surveying 649 African American students that 72% (or 1 in 3) indicated risky alcohol consumption used as a coping mechanism for school-related stressors. Most importantly, Carter et al. (2019) showed that interventional strategies targeted to minority students could assist them in developing the necessary coping mechanisms and introducing them to more positive social networks to deter substance use and abuse in a collegiate setting.

The causation of addictive-related ailments can be attributed to several factors, including biological and environmental conditions. Casey (2017) defines addiction as a psychological and physical dependence on something acted upon by a person's compulsive desire, leading to its use and potential abuse. Moreover, addicted-related behaviors include illicit substances, food, gambling, pornography, cellular phones, and the Internet.

Yule and Wilens (2011) indicated that 50% of substance abuse and addiction are genetically influenced. Waddington (2019) revealed that addictive-related issues based on hereditary factors significantly alter normal brain development and functioning. Crews et al. (2007) discussed how adolescents' cortical brain development could be substantially impaired by consuming alcohol and other illicit substances. Romer et al. (2017) indicated that

the lack of an adolescent's executive brain function, including cognitive reasoning skills, makes them more prone to engage in risky behaviors such as illicit substance abuse. Kim-Spoon et al. (2021) conducted a research investigation that included *N* = 167 adolescents (aged 13 to 14) who self-reported the use of illicit substances and were tested at four specific periods using magnetic resonance imaging (MRI) technology to observe changes in the brain. The study's findings indicated that adolescents' substance use increases poor cognitive control and decision-making, increasing risk-taking behavior and negative identity development among this age group.

Social influences are a significant part of social identity development, promoting substance use among adolescents. As indicated by Doweiko (2019), the four specific pillars that influence an adolescents' substance use include "age of first use, the intensity of substance misuse, frequency of misuse, and whether consumption and misuse of the substance are related to a traumatic situation" (p. 262). Adolescent social influence is a concern for illicit substance use. For example, McDonough et al. (2016) conducted a research study that included *N* = 1,940 adolescents that focused on the peer influence of illicit substance use and abuse over some time. The study results indicated that social peer influences directly affect an individual's substance use, which increases substantially among adolescents. Moreover, a research study conducted by Yurasek et al. (2019), which included 102 high-risk adolescents for substance misuse from the North East, assessed the participants at the 3, 6, and 12-month follow-up times to determine their frequency of alcohol consumption. The study's findings purported that substance use, including heavy alcohol consumption, was significantly reliant on peer influence at the 12-month assessment point, highlighting the vulnerability of adolescents and substance use. The issue of substance abuse is also prevalent among social minority groups. According to previous research conducted by Gallegos et al. (2021), which included *N* = 5,792 students of African and Mexican

Americans from various high schools in South East Texas, found that direct peer pressure from others significantly impacts the potential for consuming illicit substances, including alcohol, marijuana, and tobacco, which reinforces the need for strong parental influences.

Parental influences also have a bearing on the social development of adolescents, which include predictors of substance use and abuse, as Mitchell et al. (2018) discussed how individuals who had witnessed overdoses, violence, or excessive substance during childhood might act as a predictor of future drug use and abuse. According to the results of a longitudinal research study conducted by Parolin et al. (2016), which consisted of $N = 45$ individuals aged 18 to 24 (3 groups of fifteen people), who were grouped by those exposed to illicit substances at an early age and diagnosed with a substance use disorder (SUD), a group of $n = 15$ not exposed to substance abuse at an early age, and a group of $n = 15$ that did not have a SUD. The study found that the participants exposed to parental substance use showed an increase in the clinical diagnosis of a SUD compared to the control group, which did not purport an increase. In addition to the findings by Parolin and colleagues, Zimmerman and Farrell (2017) conducted a longitudinal research study that included $N = 1639$ individuals to examine the effects of parental influence on adolescent substance use and abuse. The findings of this study coincided with earlier work by indicating that parental substance use had a significant impact on future adolescent substance use, which purports the need for positive parental relationships with their children and the promotion of healthy social circles to deter substance use (Shek et al., 2020). Further, Villagrana and Lee (2018) indicated that parental disapproval of substance use and an authoritative parenting style (Benchaya et al., 2019) are strong predictors of future deterrence, reinforcing the need for positive but stringent parental influences to deter negative behaviors.

The treatment for substance use addiction is also an area of concern. In 2018, out of 21.2 million Americans, only 11% sought treatment for their addiction (Scutti, 2019), and in

2019, only 6.3% of young adults aged 18 to 25 received treatment (American Addiction Centers, 2020). Moreover, there is a significant need for evidence-based treatment practices for substance abuse to effectively enhance the overall recovery process, which includes inpatient and outpatient treatment, peer recovery services (PRS), and interventions, which are defined as meetings facilitated by a mental health professional, family, and friends of an individual with an addictive-related condition who encourages the individual to transition to immediate in-patient treatment (APA, 2016, p. 231).

PRS is defined as the process of providing emotional, informational, and community support to those in addictive-related treatment (Center for Substance Abuse Treatment, 2009). More specifically, collegiate recovery programs (CRP) are defined as a campus-based peer recovery programs focusing on positive social interaction and substance use prevention in a collegiate setting (Laudet et al., 2016). The use of CRP has been quite prevalent and favorable as Melick et al. (2013) indicated that 80% of students who participated in a CRP gained a positive social network, 72% indicated CRP availability factored in college selection, 31% wanted to stay sober, and 23% wanted long-term sobriety. The availability, acceptance, and structured environment of CRP are essential to bridging college students from addiction, long-term recovery, and relapse prevention, especially among students enduring stress from the college transition, to reduce their substance use effectively. Additional qualitative research was called for to investigate further the influence of CRP availability, participation, and social identity change on a student's academic performance, school dropout rates, and relapse and overdose prevention among African American learners (Iarussi, 2018; Laudet et al., 2016; Miao et al., 2018; Shegute & Wasihun, 2021) to aid a broader understanding of CRP and its future development, training, and availability that meets the overall needs of all students, especially those who identify as minorities (Kollath-Cattano et al., 2018; Rosenthal & Elkins, 2020; Station et al., 2018).

Statement of the Problem

The problem that was addressed in this study was the lack of perceptions about the long-term influences that CRP availability, participation, and social identity changes have on academic performance, school dropout rates, and relapse and overdose prevention of African American students attending college in the United States (Iarussi, 2018; Laudet et al., 2016; Miao et al., 2018, Shegute & Wasihun, 2021). Substance abuse among African American college students has increased to 43% versus 22% in non-minority communities (James & Jordan, 2018). According to Hanson (2021), the overall college dropout rate among African American students is 54%, and moderate to heavy substance use accounts for 59.2% (Lappan et al., 2020), the highest among all minority groups.

The ramifications of continued substance abuse among African American students aged 18 to 25 include poor academic performance and school dropout (Mekonen et al., 2017; Shegute & Wasihun, 2021; Smith et al., 2018), potential relapse (Queeneth et al., 2019; White et al., 2013), and fatal overdoses (Stover et al., 2019). A significant lack of understanding exists about the perceptions of the long-term benefits of PRS in collegiate settings (DePue & Hagedorn, 2015; Laudet et al., 2016; Scott et al., 2016; Zabel et al., 2016), which has prompted several researchers to call for additional qualitative research to determine if CRP availability, participation, and social identity changes are effective modalities to increase academic performance, lower school dropout rates, and prevent relapse and overdoses among African American students (Iarussi, 2018; Laudet et al., 2016; Rosenthal & Elkins, 2020; Smith et al., 2018). This information is needed to inform mental health and academic professionals in aiding the availability, future development, training, and offering of substance abuse resources to meet the personal and academic needs of African American students (Kollath-Cattano et al., 2018; Rosenthal & Elkins, 2020; Station et al., 2018).

Purpose of the Study

The purpose of this qualitative method and case study design was to explore the perceptions of African American students about the long-term influences of CRP availability, participation, and social identity changes on academic performance, school dropout rates, and relapse and overdose prevention in collegiate settings. A case study design was used since it provided a subjective, evaluative inquiry focusing on learners' individual experiences and perceptions in CRP. A multiple case ws used because the study explores, describes, and analyzes the overall perceptions of numerous students who participated in CRP (Creswell & Creswell, 2018; Crowe et al., 2011), it allows for the analysis of two or more cases to identify patterns, similarities, and variations between two CRP programs at different universities, and it enhances the study's internal validity (Fabregues and Fetters, 2019; Turnbull et al., 2021). A holistic case was considered best as there was only one unit of analysis (Fabregues and Fetters, 2019). The study population was college students aged 18 to 25 enrolled or attended academic institutions within the United States, comprising a projected 19.78 million students (National Center for Educational Statistics, 2021). The sample consisted of $n = 41$ individuals from minority backgrounds who were enrolled in or had participated in a CRP within the past five years of graduation and from at least two different academic institutions within the United States and selected through purposive sampling since the population is targeted (Andrade, 2021). Participants were invited to participate in a 12-question survey through Qualtrics, where the responses were collected, reviewed, and threats to validity will be reduced by using NVivo 12 software. Moreover, the software was utilized for data organization, categorization, analysis of the responses to identify specific themes, and implement triangulation through reviewing responses and CRP documents (Carter et al., 2014; Siccama & Penna, 2008). A survey format was used because of the open-ended format,

and as indicated by Paradis et al. (2016), it allows participants to expand on personal reflection from lived experiences to provide the rich data needed for the study.

Introduction to Theoretical Framework

This research informed and extended the social identity theory (SIT). The SIT was created by social psychologists Henri Tajfel and John Turner and introduced in 1978 (Ashforth & Mael, 1989). SIT is defined as the "effect of an individual's behaviors and actions which are influenced by membership of an in-group or out-group" (APA, 2016, p. 431). Moreover, SIT indicates that a person's overall personal and social identity, including their behaviors, is a product of their social experiences cultivated by group membership and participation, including substance use.

According to McFeeters (2021) and Rodriguez (2021), there are two primary foundational premises of SIT where it is concluded that everyone belongs to either an in-group or out-group. The first principle of an in-group reflects the current group membership of individuals (McFeeters, 2021; Rodriguez, 2021), which can include individuals who habitually abuse substances. The second principle of an out-group contains individuals who do not habitually abuse substances (McFeeters, 2021; Rodriguez, 2021), which is needed to prevent drug use and abuse among those who abuse substances.

The use of SIT has been quite prevalent across several previous research areas. For example, the SIT framework has been modeled in cross-cultural research (Guo et al., 2021; Yuki, 2003), sports and team building (Heere & James, 2007; Williams et al., 2015), and social sciences, including group cohesion (Forsyth, 2021), and drug abuse treatment and recovery (Brousseau et al., 2020; Carter et al., 2019). The primary theme of the SIT in previous research is that it focuses on social adaptation to enhance positive social experiences.

The theoretical problem that prompted this additional research study was if CRP participation aids students' social identity changes to promote overall cessation of substance use, the enhancement of academic performance, reduction of school dropout rates, and prevention of relapse in African American students (Johnston & White, 2003; Kobus, 2003). This qualitative case study informed and extended the model of SIT by focusing on the social identity changes of minority students during and after participating in a CRP to enhance overall student performance, including the cessation of substance abuse, which has been the primary premise of developing the problem and purpose of the study, including its research questions (Albarello et al., 2021; Dumas et al., 2012; Koni et al., 2019).

Introduction to Research Method and Design

The study employed a qualitative method and a holistic, multiple-case design since individuals from several CRP at multiple universities were analyzed. Moreover, the qualitative approach was more appropriate for capturing student perceptions of the influence of CRP and social identity changes than quantitative because it allowed for comprehensive case description from a narrative perception, allowed for identification and comparisons of specific themes and patterns, it strengthened the study's internal validity, and promoted replication and transferability (Ebneyamini and Moghadam, 2018; Fabregues and Fetters, 2019; Turnbull et al., 2021).

The transferability process was applicable because of the study's qualitative analysis for internal generalization by focusing on the purposive sample selection of African American students participating in CRP, mainly since no variables are being analyzed through quantitative analysis. External generalization by focusing on the explanations of the data is organized into events and themes to infer causal relationships of CRP participation and social identity changes influencing academic performance, school dropout rates, and

relapse and overdose prevention to be generalized to other populations and situations (Maxwell, 2021).

A multiple case was selected over a single case because it allowed for the analysis of two or more cases to identify patterns, similarities, and variations between two CRP programs at different universities, including the influence of CRP participation and social identity changes have on academic performance, school dropout rates, and relapse and overdose prevention, including enhancing the study's internal validity (Fabregues & Fetters, 2019; Turnbull et al., 2021). A holistic case was considered best as there was only one unit of analysis (Fabregues & Fetters, 2019).

The data collection procedures were multifaceted, consisting of a 12-question survey through Qualtircs that allowed participants to complete it on their own time in about 15-20 minutes. Moreover, other pertinent documents and related material were collected and reviewed, including online brochures and websites. Silva and Merces (2018) concluded that this would enhance the study's validity through triangulation.

The data analysis included the review of the survey responses and pertinent documents using NVivo 12 software. Moreover, the use of NVivo 12 software included the ability to import textual data from the survey responses and documents attained on each CRP. The data codes (or nodes) were organized by theme and included academic performance, CRP availability, CRP improvements, deterred cravings and desire, deterred school dropout, deterred vulnerability and overdoses, did not deter cravings or desire, did not deter school dropout, did not deter vulnerability and overdoses, joining process, longterm influence, no academic improvement, no social adaptation, no social identity changes, poor social adaptation, positive social adaptation, positive social identity changes, potential outcome, recommended improvements, and relapse prevention, in which the textual data was dragged and dropped into the designated category. The collected data were analyzed, and pertinent

information was used to inform mental health professionals, academic leaders, and learners, aiding in the future availability, development, training, and offering of substance abuse resources to meet the personal and academic needs of African American students (Kollath-Cattano et al., 2018; Rosenthal & Elkins, 2020; Station et al., 2018).

Research Questions

Q1. What are the students' perceptions of how collegiate recovery programs influence academic performance?

Q2. What are the students' perceptions of how collegiate recovery programs influence school dropout rates?

Q3. What are the students' perceptions of how collegiate recovery programs influence the reduction of relapse and overdoses?

Q4. What are the students' perceptions of how collegiate recovery program participation influences the necessary social identity changes to positively or negatively affect their addiction recovery process?

Q5. What are the students' perceptions of the availability of collegiate recovery programs at their selected university?

Q6. What is the overall long-term influence of collegiate recovery programs?

Significance of the Study

This study addressed a call for additional research about students' perceptions about the long-term influences that CRP availability, participation, and social identity changes have on academic performance, reducing school dropout rates, and averting relapse and overdoses among African American students (Iarussi, 2018; Rosenthal & Elkins, 2020; Satinsky et al., 2020; Shegute & Wasihun, 2021). The results of this study were practical and beneficial as they will benefit future researchers, peer recovery specialists, and students in CRP availability and participation, and adapting social identity change to improve a student's

academic performance, reduce dropout rates, and encourage the cessation of consuming substances to reduce potential relapse and overdoses (Norman & Ford, 2018; Rosenthal & Elkins, 2020; Watts et al., 2018). The findings of this study provided a greater insight to college leaders and mental health professionals to aid the development, availability, promotion, training opportunities, and evaluation of current college recovery programs, including increasing a student's academic performance, reducing school dropout rates, and preventing relapse and overdoses among African American students (Gueci, 2018; Kollath-Cattano et al., 2018; Smith et al., 2020).

This study was also theoretically significant. The foundation of SIT consists of individuals transforming their social identity based on their group affiliations to be socially accepted (Rodriguez, 2021). The theoretical implications of this research study focused on the need for social adaptation of minority students before, during, and after participating in a CRP to enhance their cessation of substance abuse and reduce relapse (Albarello et al., 2021; Dumas et al., 2012; Koni et al., 2019).

Definition of Key Terms

Abstinence. The process of an individual not participating in consuming and abusing illicit substances (APA, 2016, p. 2).

Addiction. Addictive-related behavior occurs when psychological and physical dependence is acted upon by a person's compulsive desire for something leading to its use and potential abuse. (Corey, 2017).

Collegiate recovery programs. A collegiate-based program where peer recovery focuses on college students to enhance cessation, abstinence, and long-term recovery from using and abusing substances (Beeson et al., 2017).

Dependence. An individual's continuous use of substances that leads to their adverse symptomology upon reducing or cessation of its use (APA, 2016, p. 454).

Social adaptation. The ability for an individual to change or adapt to a social setting where they can coexist with others by integrating positive relationships (APA, 2016, p. 7).

Intervention. A meeting facilitated by a mental health professional, family, and friends of an individual with an addictive-related condition encourages the individual to transition to immediate in-patient treatment (APA, 2016, p. 231).

Overdose. The process of an individual being poisoned by drugs or other substances, including prescribed medications that, may or may not lead to death (Slavova et al., 2015).

Peer recovery services. The process of providing emotional, informational, and community support to those in addictive-related treatment (Center for Substance Abuse Treatment, 2009).

Relapse. The recurrence of substance use after an individual has ceased use for some time (APA, 2016, p. 388).

Social adaptation. The process of individuals seeking social groups of like-minded people within their social environment for inclusion or change, which may be significantly influenced by culture, familial, and peers (Wang et al. 2021).

Substance abuse. An abnormal pattern of illicit substance consumption that causes significant life adversity and disruption (APA, 2016, p. 454).

Summary

This chapter provided pertinent introductory information about the current study. The general problem further investigated was the prevalence of illicit substance use (and abuse) among young adults aged 18 to 25. Hence, the purpose of this qualitative research study was to explore further the perceptions about the long-term influence of CRP, and social identity change has on students' academic performance, school dropout rates, and relapse prevention.

The study population was college students aged 18 to 25 who attended an academic institution in the United States. The sample of participants included $N = 41$ students who

identified as minorities and who were currently enrolled in or had participated in a CRP within the past five years of graduation from at least two different institutions. Further, survey responses included individuals between 26 to 30 years of age if they graduated and attended a CRP within five years of graduation.

Data were collected via survey responses through Qualtrics, where the data was collected from participants responding to a 12-question open-ended survey focusing on the student's beliefs of CRP impact. The survey data was analyzed with NVIVO 12 qualitative software, where specific categories were organized and interpreted to identify prevalent and unique themes.

This study was significant because it informed students, mental health professionals, and university leadership of the practicality of CRP to effectively aid its future development, facilitator training, and program availability that meet the overall academic and social needs of all students, especially those who identify as minorities in collegiate settings (Kollath-Cattano et al., 2018; Rosenthal & Elkins, 2020; Station et al., 2018). Theoretically, this study was significant because it informed SIT by deciding the necessary social identity changes needed of African American students during and after participating in a CRP, leading to the cessation and long-term recovery of substance abuse (Albarello et al., 2021; Dumas et al., 2012; Koni et al., 2019).

Chapter 2: Literature Review

The general societal problem is the increase in illicit substances, relapse, and fatal overdoses among young adults aged 18 to 25 in the United States (Hamidullah et al., 2020; National Center of Drug Abuse Statistics [NCDAS], 2020; National Institute on Drug Abuse [NIDA], 2016). The problem addressed in this research study was the lack of understanding about perceptions of the long-term influences that collegiate recovery program (CRP) availability, participation, and social identity changes have on academic performance, school dropout rates, and relapse and overdose prevention of African American students attending college in the United States (Iarussi, 2018; Laudet et al., 2016; Miao et al., 2018; Rosenthal & Elkins, 2020; Shegute & Wasihun, 2021). Accordingly, the purpose of this qualitative, multiple-case research investigation was to explore the perceptions about the long-term influences of CRP availability, participation, and social identity changes on academic performance, school dropout rates, and relapse and overdose prevention among a sample of 41 African American learners aged 18 to 25 who had participated in a CRP and who are currently attending or recently graduated within five years from an academic institution in the United States. Further, survey responses included individuals between 26 to 30 years of age if they graduated and attended a CRP within five years of graduation.

The databases that were accessed included APA PsychArticles, APA PsychBooks, APA PsycInfo, Beall's List of Predatory Journals, Directory of Open Access Journals, Ebook Central, Google Scholar, ProQuest Central, ProQuest Psychology Database, ProQuest Social Science Database, PsychiatryOnline, PubMed Central, Roadrunner Search, SAGE Journals, SAGE Navigator, SAGE Research Methods, Statista, Taylor & Francis Online, Ulrichsweb, Web of Knowledge, and the Wiley Online Library. The search parameters included a search of peer-reviewed scholarly material consisting of five years. A more extended year-span search was conducted to produce seminal research, which set the foundation for several topics within the literature review. Moreover, search terminology consisted of "Collegiate

Recovery Programs," "Peer recovery," "CRP and addiction," "Addiction and African American students," "CRP success," "Genetic causation of addiction," "Environmental causation or addiction," "Biological factors and addiction," "Overdoses and adolescents," "Peer Recovery Services," "CRP and collegiate dropout," "CRP and academic performance," "CRP and relapse prevention," "CRP and overdose prevention," and "Collegiate dropout rates."

The literature review covered the topics: theoretical framework, the prevalence of addiction, stages of addiction, pharmacological process, tolerance, and withdrawal. The review transitioned into the overall substance use and population focus of African American students, biological causation of addiction, including brain functionality, underdeveloped adolescent brain, and the role of genetics. Environmental causation included caffeine consumption, energy drink consumption, parental and social peer influences, and genetic and environmental causation overlap. The review discussed the signs of substance abuse, ramifications of continued use, poor academic performance and dropout, relapse, fatal overdoses, and other adverse health effects. The review leads into the clinical diagnostic criteria, treatment and recovery modalities, evidence-based treatment, interventions, inpatient and outpatient treatment, and individual, family, and group counseling. The review transitioned into addiction recovery, peer recovery services, collegiate recovery programs and their history, components, professional roles, stages of peer recovery, and resilience. A focus on building resilience was discussed, including program efficacy, barriers, and program availability. The paper concluded with calls for further research focusing on minority populations, social change, academic performance and retention, and relapse and overdose prevention.

Theoretical Framework

The current study extended Social Identity Theory (SIT). In conjunction with PRS, SIT can produce an outlet for individuals who need addiction treatment and long-term recovery. Moreover, SIT is a group social process where group members are significantly influenced by social membership in certain groups, including the development of self-identity, which instills the notion that individuals are a product of their behaviors developed through group membership and participation. According to Dingle et al. (2015), a person's social identity can effectively lead someone into or out of substance use and misuse.

The SIT was developed by social psychologist Henri Tajfel in 1978 and revised by John Turner in 1986 (Ashforth & Mael, 1989). According to Brown (2020), since its conception many decades ago, the SIT has been applied to many social psychological topics, including substance use and recovery, and according to Islam (2014), the primary premise suggests that individuals manifest their own identities based on social participation and membership. Moreover, Oldmeadow and Fiske (2013) indicated that early seminal work instituting the SIT framework consisted of cognitive and motivational themes and exploring intergroup behavior, including in-group bias and discrimination among in-group and out-group factions.

The use of SIT has progressed into several prominent research areas. For example, according to Turner and Reynolds (2010), early seminal research focused on intergroup discrimination and ethnocentrism (or minimal group paradigm) of ingroup favoritism, where Tajfel and colleagues hypothesized that the primary motivation for individuals in a social situation is to "preserve, maintain, and achieve a positive social identity" (p. 15). Moreover, SIT seminal research focused on self-other categorization, where Taijel and colleagues found that people tend to ignore self-prioritization in favor of ingroup-outgroup categorizations where individuals determined that they were less potent versus group identification, forming the interpersonal-intergroup continuum (Turner & Reynolds, 2010). Moreover, Best et al.

(2016) indicated that one's social identity must be altered to reduce negative stigma by incorporating social network changes and activities and increasing positive social influence. Mawson et al. (2016) found that positive memberships in social groups resulted in increased recovery capital among those individuals, confirming the need for positive social networking during recovery. More recent research has included areas such as cross-cultural research (Guo et al., 2021; Yuki, 2003), positive social reinforcement through sports and team building (Heere & James, 2007; Williams et al., 2015), and social sciences, including group cohesion (Forsyth, 2021), and drug abuse treatment and recovery (Brousseau et al., 2020; Carter et al., 2019).

The SIT consists of five specific pillars. For example, Moghaddam (2008) identifies the constructs of SIT as identity motivation, centrality, social comparisons, cognitive alternatives, and improving identity. These pillars are further described in *Table 1 and* adapted from Leptic (2021) and Moghaddam (2008).

Table 1

Constructs of Social Identity Theory

Construct	Description
1. Identity motivation	"Individuals are motivated universally where differences may be had through cultural aspects" (p. 94).
2. Centrality	"The motivation where individuals want to be part of and identify with and join certain" (p. 95).
3. Social compairsons	"The process of an individual comparing oneself with other group members" (p. 96).
4. Cognitive alternatives	"The motivation of an individual to sustain their satisifed social identity or if dissatisfied, they attempt to improve their situation" (p. 97).
5. Improving identity	"When individuals deem their identity to be unsatisfactory, they will attempt to balance the power inside the group by being individualistic or nonnormative collective actions" (p. 98).

According to McFeeters (2021) and Rodriguez (2021), there are two specific principles to SIT: (1) an in-group, which reflects the current group membership of individuals who are partaking in substance use and misuse, and (2) an out-group, which includes

individuals who do not habitually abuse substances that will act as a positive social group for recovery. Further, McFeeters (2021) and Rodriguez (2021) both indicated that people identify with an "in-group" or "out-group" where "in-group" participation with others who habitually use illicit substances and refer to themselves as a stoner, druggies, or junkies (Dingle et al., 2015) implicates and enhances their use and abuse of illicit substances through negative social identity and support.

In divergence to SIT, several alternative theoretical frameworks can be noted but do not apply to this research study, including Social Cognitive Theory (SCT) and Attachment Theory (AT). For example, is (SCT), posits that a person's overall cognitive development and processes are positively or negatively influenced by participating in social situations (APA, 2016), and according to Moghadam (2014), it includes effectively changing one's actions. Albert Bandura designed the SCT during the 1960s, and its primary premise places the implication of social influences on one's behavior (LaMorte, 2019). The SCT framework applies Bandura's initial premise that changing one's social environment will effectively influence behavioral change. In the construct of recovery, changing the social circle of an individual seeking addiction-related treatment is paramount for long-term success.

The AT theory is based on the formation of emotional bonds with significant others, family, and close friends, which can influence one's behavioral and emotional development (APA, 2016), which, according to Fletcher et al. (2015), can cultivate over the course of one's lifetime. Schindler (2019) indicated that treatment and recovery paradigms should include AT, including assessing insecurities that may be barriers to long-term abstinence, which is critical for forming a therapeutic relationship with others. However, in contrast to the research work by Schindler, and even though there has been empirical evidence of attachment and substance use, Fletcher et al. (2015) also indicated that AT is not a relevant theoretical framework in addiction-related studies because attachment occurs in long term

and aggressive substance treatment is needed in the short term but has suggested further research to determine the benefit of this approach. According to Schindler (2019) and Coffman and Swank (2021), AT has a general link to substance abuse; however, since there is limited evidence of its efficacy, further research is needed because it lacks integration into clinical practice diagnostics and treatment.

In contrast with the SIT, these alternative theoretical frameworks lack the aspect of one's identity, which is an integral part of the recovery process. Mawson et al. (2016) found that positive memberships and identity in social groups resulted in increased recovery capital among those individuals, confirming the need for positive social networking during recovery. Moreover, Dingle et al. (2015) found that SIT alters a person's identity over a transitional spectrum which reverts to a place before the addictive behavior. For example, if a person changes their social interactions, including group memberships, the outcome will manifest positive behavioral change that will reduce their addictive-related behaviors.

There are several advantages and limitations to the identified studies. For example, the significant strength of the study by Schindler (2019) was the longitudinal design, which provided evidentiary insight over a long period of time; however, the limitations included a lack of including various substances, comorbidities, and a diverse sample where future research should consist of familial influence, a larger diverse sample, and focusing on connecting attachment to substance abuse. The strengths of Mawson et al. (2016) research included multiple quantitative measures and longitudinal design; however, the limitations included a small sample size where future research should consist of a larger diversified sample, gender equality, and the inclusion of other populations to enhance the generalizability of the results. The strengths of the research by Dingle et al. (2015) included the focus on identity change over time and qualitative design, focusing on direct interviews; however, the limitations included the lack of the study not including how repeated treatment

affected the person's identity, the measures were in retrospect, and cultural inclusion to enhance the generalizability of the results.

The theoretical problem that prompted additional research is if CRP participation aids students' social identity changes to promote overall cessation of substance use, the enhancement of academic performance, reduction of school dropout rates, and prevention of relapse in African American students attending college within the United States (Johnston & White, 2003; Kobus, 2003). More specifically, the theoretical gap that prompted additional research is if CRP participation aids students' social identity changes to promote overall cessation of substance use, the enhancement of academic performance, reduction of school dropout rates, and prevention of relapse in African American students (Buckingham & Best, 2017; Johnston & White, 2003; Kobus, 2003). McFeeters (2021) and Rodriguez (2021) indicated that the treatment and recovery of substance abuse could be established for an individual by transitioning from an "in-group" (social identity as a stoner, druggie, or junkie) to an "out-group" where the consumption of illicit substances is not common practice and allows for substance abuse recovery.

This qualitative case study informed and extended the model of SIT by focusing on the social identity changes of minority students during and after participating in a CRP to enhance overall student performance, including the cessation of substance abuse, which has been the primary premise of developing the problem and purpose of the study, including the development of its research questions based around the foundation of SIT (Albarello et al., 2021; Dumas et al., 2012; Koni et al., 2019).

Prevalence of Addiction

The prevalence of addiction has been widespread, and a concern nationally and globally and has been a topic of debate for decades. Addiction is referred to a state of psychological or physical dependence (or both) of illicit substances such as alcohol, nicotine,

and stimulants, or may include technological devices, gambling, or even the Internet and, according to Casey (2017), consists of a condition where an individual is preoccupied with an uncontrollable craving for something, which, after prolonged use, it leads to dependency. More specifically, addiction is a condition where an individual's desire for something is uncontrollable to the point where they must act to satisfy the craving, where continued use manifests dependence, leading to substance abuse and possible overdose. According to Nestler (2019), an addiction to a substance occurs when neurological changes are made to corticostriatal circuits within the brain that causes corruption to the brain's circuitry, including, as concluded by Alizadehgoradel et al. (2020), these cravings and desires primarily occur in the prefrontal, anterior cingulate, and orbitofrontal cortexes of the brain.

In 2018, the United Nations Office on Drugs and Crime [UNODC] (2020) reported that 269 million people across the globe used illicit substances, and in the United States alone, Substance Abuse and Mental Health Services Administration [SAMHSA] (2019b) reported that 164.8 million people used illicit substances. Since 2002, heroin use has increased by 135% (NIDA, 2016), and fatal overdoses have reportedly increased by 533% (NIDA, 2016), which as Yerby (2021) reported, account for nearly 130 opioid-related overdose deaths per day in the United States. According to Bandura (1999), "substance abuse is not only a personal problem but a national problem as well." The premise of everyone joining the fight against substance abuse should be a guiding principle to reduce and deter addictive-related ailments, especially among adolescents who are still in the process of maturation.

In contrast to the findings by Nestler and colleagues, Ersche (2020) found that not everyone who consumes illicit substances becomes addicted, which is primarily based on the brain's dysconnectivity by increasing one's impulse to use illicit substances rather than merely having the motivation to use (and abuse) substances. In other words, in this particular

study, the findings indicated that an individual's actions superseded their motivations. Furthermore, Ersche (2020) identified several strengths, including the study of genetic influences and severity of substance use; however, the limitations included a small, unbalanced sample suggesting that further research is needed to implement a larger, more diversified selection of participants.

Pharmacological Processes

The pharmacological process of consuming substances, whether licit or illicit, is how specific substances influence one's biological processes through the administration of medications (APA, 2016, pp. 332-333). After a substance enters a person's body, bioavailability commences, which consists of how a chemical affects a person's overall functionality, whether positive or negative, depending on whether the compound is medicinal or non-medicinal (Doweiko, 2019, p. 20). Moreover, the pharmacological process consists of several specific stages, including absorption, distribution, transport, biotransformation, and elimination of a compound or illicit substance (Doweiko, 2019, pp. 20-24).

Biotransformation

According to Fluyau and Charlton (2021), the five stages of addiction include first use, continued use, tolerance, dependence, and addiction. The biotransformation process is strictly metabolic and occurs within a person's liver, where enzymes chemically break down consumed substances (Phang-Lyn, 2021), and as indicated by Doweiko (2019), it is the process of a person's body to identify, modify, and remove harmful substances from their body which is primarily conducted through a liver enzyme called alcohol dehydrogenase. For example, after a substance enters a person's body, the biotransformation process begins, which consists of how the body processes a chemical that affects a person's overall functionality and is essential for removing toxic substances from a person's body. Another important factor of this process includes the half-life of a compound, which is the time it

takes for a consumed compound to decrease in strength by 50% within the body (Wegmann, 2015), which is a critical aspect when several illicit chemicals are consumed or when prescription medications are not taken as prescribed by a medical professional.

The act of biotransformation is a complex process within the liver that is contingent on the route of administration of a substance, including its dose amount and time of consumption (Orhan et al., 2021). According to early research by Quinn et al. (1997), the rapid absorption of an illicit substance into a person's body begins the metabolic processes that target the central nervous system, which increases the sense of euphoria from taking the substance and its harmful effects as well. Further, the biotransformation process is also essential for prescription medications. It significantly influences the efficacy and safety of taking specific medicines (Shanu-Wilson et al., 2020), including the potential for abuse.

Tolerance. There are several forms of tolerance which include behavioral, cross, reverse, and metabolic (Doweiko, 2015). According to Doweiko (2015), behavioral tolerance is when a person's behavior is generally functioning after consuming a substance, cross-tolerance is the effect of several substances within the body, and reverse tolerance is when a lower dose of a substance is required to achieve the desired result. More specifically, the process of metabolic tolerance is a condition when an individual uses a drug or other substance over a prolonged period when the desired effect is diminished with regular use of the same dose of the substance, requiring more of the substance to achieve the desired result (APA, 2016), which, as indicated by Lynch (2020), is caused by an increase in metabolic functioning that causes a decrease in the effect of the substance.

According to seminal research by Miller et al. (1987), an individual might manifest a tolerance level after the first dose or within several days of consuming an illicit substance. However, in divergence from this finding by Miller and colleagues, Ersche (2020) concluded that not every person who tries illicit substances become addicted, which is inherently

dependent on several environmental and biological factors. It is important to note that not everyone reacts to addiction the same so one may become addicted quicker when compared to another.

Withdrawal. The aspect of withdrawal is an important concept in addiction. Moreover, withdrawal is a condition that develops after stopping heavy use of a substance such as alcohol or illicit drugs, which can produce severe symptomology issues, including behavioral, cognitive, nausea, vomiting, insomnia, poor mood, and severe anxiety (APA, 2016). According to Worley (2021), the process of withdrawal is the first step to one's recovery. Moreover, Dowekio (2015) discussed how withdrawal syndrome occurs when the sudden reduction of a substance like alcohol or other illicit drugs causes a person's excitatory and inhibitory brain chemistry to be significantly compromised. According to Wang et al. (2016), the adverse effects of withdrawal on the brain from prolonged alcohol and other substance use (and abuse) include a reduced amount of gray matter in the brain, which is linked to changes in neural structures and abnormal impulsivity. Tulisiak et al. (2017) indicated that these disruptions of DNA modifications inhibit a person's normal neurological cellular functioning.

The tapering or detoxification of illicit substances is also an issue of debate. The symptomology of withdrawal can be alleviated through ongoing detoxification processes, which have been found by Worley (2021) to increase the success of recovery. For example, medicinal detoxification may include buprenorphine and methadone, and according to early research by Seifert et al. (2002), buprenorphine was much more effective and safer (Whelan & Remski, 2012) than methadone in detoxification from opioid abuse. However, in contrast to the findings by Seifert and colleagues, Kessler et al. (2022) found that methadone therapy enhanced outpatient treatment retention over the use of buprenorphine. Early research suggested that discontinuing medicinal medications and other substances should gradually

taper the dose to reduce the withdrawal effect (Hodding et al., 1980), and, according to medical professionals at WebMD (2022), tapering includes the use of illicit substances. However, in divergence with the findings by Hodding and colleagues, Fiellin et al. (2014) concluded that tapering of substances was less effective than implementing a plan of long-term maintenance, which had better treatment outcomes.

There are several identified strengths and limitations to the presented research. For example, Kessler et al. (2022) recognized a significant strength to be the fact that participants were chosen from medical toxicology consult; however, the limitations included retrospective cohort analysis, lack of random sampling, only independent hospital treatment was included, and a switch between methadone and buprenorphine occurred during the study where future research should be prospective with follow-up options. The major strength of the study conducted by Fiellin et al. (2022) was that it included a random clinical trial; however, the limitations were identified as the exclusion of individuals with comorbidities, a fixed taper schedule after treatment, and physicians had more experience with buprenorphine versus methadone, which may have skewed the results. Additional research is needed that focuses on prospective design, random sampling, a larger sample size, and an equal understanding of buprenorphine and methadone.

Substance Use and Population Focus

According to Haegerich and Tolan (2008), the period of adolescence is a time when maturing young adults are at a higher risk of consuming illicit substances. It is reported that 165 million people aged 12 and older have reportedly used an illicit substance, including the consumption of alcohol and tobacco, and 19.4% have indicated that they have misused prescription medications (NCDAS, 2020). In 2019, 43% of college students reportedly used illicit drugs (NCDAS, 2020), and 47.1% of students reportedly drank alcohol (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2020). Moreover, the NCDAS (2020)

reported a 61% increase in illicit substance abuse and a 285% increase in fatal overdoses among adolescents aged 15 to 25. It was reported by SAMHSA (2017) that in 2016, 5.3 million individuals aged 18 to 25 (1 in 7 young adults) needed treatment for substance abuse; however, only 624,000 young adults (1.8%) from this age group received the necessary treatment.

African American Students

The SAMHSA (2020) has reported that within the African American population, 18 years and older, 2.3 million had been diagnosed with a SUD, 1 in 9 struggled with illicit drugs and alcohol abuse, 2 in 3 struggled with only alcohol abuse, and 4 in 9 struggled with illicit substance abuse. Earlier research has indicated that higher drug use has been present among the African American community (McCabe et al., 2007). Pittman et al. (2019) reported that 1 in 3 African American students used alcohol to cope with school-related stressors, and James and Jordan (2018) have reported that opioid-related fatalities in African American communities have risen to 43%, which is significantly higher than 22% in predominately white communities. According to Lappan et al. (2020), moderate to heavy substance use was attributed to a 59.2% dropout rate of African American college students in a collegiate setting, which is a significant cause for concern since it is the highest dropout rate among all minority groups.

Biological Causation of Addiction

The causation of addictive-related conditions is complex and can be attributed to several specific factors, including biological and environmental stimuli. Waddington (2019) defined biological causation as naturally and genetically occurring development that includes size, shape, and functionality. Moreover, Yule and Wilens (2011) reported that 50% of illicit substance use is genetically influenced, where substance use (and abuse) significantly alter a person's normal functioning (Waddington, 2019), especially adolescent brain function and

development (Crews et al., 2007). Biological causation also includes neurological changes and brain circuitry corruption from consuming illicit substances (Nestler, 2019).

Brain Functionality

The human brain is the central command center of the entire human body and is responsible for an individual's full functionality. A normally developed mature human brain is divided into the right and left hemispheres and the frontal, occipital, parietal, and temporal lobes (Queensland Brain Institute [QBI], 2018). Moreover, researchers at the QBI (2018) discussed how the parietal lobe controls emotional response, rationality, and personality. The parietal lobe controls sensory processing and pain reception. The temporal lobe controls auditory, memory, learning, and satisfaction. The occipital lobe controls visual processing.

The effect of addiction on the overall functionality of the brain is concerning. For example, Baumeister and Nadal (2017) concluded that addiction is much more in-depth than the brain sending compulsive thoughts for an individual to act upon as alterations are being made within the brain's circuitry. Berridge (2017) indicated that addiction occurs when there are significant changes to the mesolimbic areas of the brain caused by the frequent consumption of illicit substances to satisfy an excessive or abnormal craving.

Underdeveloped Adolescent Brain. Developing a healthy adolescent brain is a long process. The brain fully matures once one reaches 25 years old (Campellone & Turley, 2021), which can be problematic for developing adolescents. Crews et al. (2007) and Romer et al. (2017) indicated that undeveloped cortical networks within the brain are due to the lack of adult-related experiences, which increase one's participation in risky behaviors and, as indicated by Kim-Spoon et al. (2021), manifests poor decision making. According to Doweiko (2019), the ventral striatum is strongly affected by substance use, which directly influences amplifying the reward center of the adolescent brain. Since adolescents are prone

to negative decision-making (Kim-Spoon et al., 2021), cognitive control should focus on substance use prevention.

Genetic. Seminal research by Goldman et al. (2005), Kreek et al. (2005), and Prescott and Kendler (1999) indicated that the onset of illicit substance use and the diagnosis of substance use disorders, including alcoholism, illicit drugs, and tobacco are significantly influenced by heredity, especially throughout the process of first use of substances, continued use of substances, reaching dependence, and potential relapse, which was upheld by more recent research by Waaktaar et al. (2018). Further, Goldman et al. (2005) also indicated that addictive-related conditions are influenced biologically through genetic disposition and the environment. In contrast to previous research, it is essential to note that previous research has shown genetic factors relating to substance abuse. Deak and Johnson (2021) suggested that this paradigm should be utilized cautiously since additional research is necessary to connect SUD to heritability further.

Environmental Causation of Addiction

In distinction to biological causation, environmental elements include external stimuli in the form of physical, cultural, and social aspects that influence an individual's actions and behaviors (APA, 2016), which may include several external factors, including one's abnormal caffeine consumption, parental influence, and the social identity and memberships one may belong and take part. The social and visual aspect is also a concern. Kolodner (2016) and Mitchell et al. (2017) found that individuals who witnessed overdoses, violence, or extreme substance abuse, including alcohol abuse, as a child were significant predictors of future illicit substance abuse.

Caffeine Consumption

Caffeine is one of the most highly addictive substances that are widely available (Sweeney & Restak, 2009, p. 201), as 90% of adults (O'Callaghan et al., 2018) and 75% of

adolescents (Christensen et al., 2019) consume caffeine daily. Moreover, the medical staff at the Mayo Clinic (2020a) indicated that the recommended caffeine intake is less than 400 mg per day, which caffeine can be found in most popular beverages and food such as coffee, soda, chocolate, and even decaf coffee. The caffeine content of consumed beverages and foods can add up quickly as a 16-ounce soda contains about 45 mg, a 16-ounce regular coffee contains 192 mg, and a 16-ounce energy drink contains about 225 mg of caffeine (DeNoon & Chang, 2012; Mayo Clinic, 2020b), so if an adolescent consumes several cups of coffee, a soda, and an energy drink, they could be well over 1000 mg of caffeine for one day.

Energy Drink Consumption. Adolescents consuming highly caffeinated energy drinks has been a prevalent issue. Sanctis et al. (2017) reported that nearly 50% of teenagers regularly consume energy drinks, and 27% of adolescent emergency room visits were due to abnormal consumption of caffeine mixed with other illicit substances. Moreover, research conducted by Cobb et al. (2015) and Leal and Jackson (2018) found that when regular energy drink consumption is mixed with other illicit substances among adolescents with a lack of brain maturity, it increases the potential for risky behavior, which may significantly exacerbate the issue of illicit substance use among this vulnerable population group.

In conjunction with the underdeveloped brain among adolescents, there is a concern for adverse health effects with the consumption of large amounts of caffeine, especially when caffeine is mixed with illicit substances. For example, several health concerns from consuming high amounts of caffeine include severe dehydration, high blood pressure, stomach issues, insomnia, cardiac-related issues, dependency, and potential illicit drug use (Medline Plus, 2015). According to Cobb et al. (2015), the problem is exacerbated when individuals mix caffeine with alcohol or other substances, a significant predictor for other risky behaviors such as increased alcohol consumption and illicit drug use.

Parental Influences

According to Mitchell et al. (2018), 8% of adolescents in the United States have reportedly observed a friend or family member overdose on prescription medications. Moreover, previous research conducted by Parolin et al. (2016) found that exposure to such conditions is a strong predictor of future drug use and cognitive and personality development among adolescents through parental use (and abuse). For example, as Doweiko indicated, children learn from parents' observations and other social influences that negatively reinforce the expectations and use of illicit substances, including hard drugs and alcohol.

According to Gallegos et al. (2021), a significant factor of illicit substance use among adolescents is influential parental disengagement, where peers take a more effective role, which increases the potential for substance use during adolescence. A solid key predictor of adolescents not partaking in substance use (and abuse) behaviors is when parents implement the use of an authoritative parenting style by adamantly disapproving of the use of illicit substances and alcohol, which reinforces the need for substantial parental influence to deter risky behaviors (Benchaya et al., 2019; Villagrana & Lee, 2018). Further, according to Shek et al. (2020), another significant factor of adolescent substance use deterrence is a positive relationship with parental figures, especially maternal influences. The finding by Gallegos and colleagues reinforces the conclusion by Shek et al. (2020) that positive parental relationships are critical to deter illicit substance use.

The strengths of the research by Gallegos et al. (2021) included a large, diverse sample size and longitudinal design; however, the limitations included self-reported answers with possible self-reporting bias and the fact that students were not present during the data collection. Parolin et al. (2016) identified the strengths of including a small intimate group of participants and alleviating the need for self-reporting for personality; however, the limitations included a small non-diverse sample and cross-sectional design not reflecting

causality. Benchaya et al. (2019) identified the strengths of having a target sample of adolescents; however, the limitations included a small non-diverse sample size, low retention, possible self-reporting bias, and a short follow-up of 30 days after the intervention. Shek et al. (2020) identified the strengths to be longitudinal design and a large sample of participants; however, the limitations included self-reported responses with potential self-reporting bias, failure to examine underlying relations between parents and children who use substances, and lack of generalizability of the results due to exploring only one population.

Social Peer Influences

Social influences are a critical component of the overall social development of adolescents and their peers, which influence substance use (and misuse), especially the use of alcohol (Yurasek et al., 2019). Doweiko (2019) identified the following four pillars, which include "age of first use, intensity, frequency, and whether consumption is based on a traumatic life event" (p. 262). Moreover, Zimmerman and Farrell (2017) found that a strong predictor of continued substance use, and potential abuse is strongly correlated with the social circles they belong to and engage with regularly. Bhandari et al. (2021) identified sociocultural, personal, and academic influences, including media and celebrity, attributed to the use and misuse of substances.

Genetic and Environmental Overlap

There is a significant overlap between genetic and environmental causation of illicit substance use and abuse, as Richmond-Rakerd et al. (2016), and Verweij et al. (2016) found that substance dependence was manifested by genetic and environmental factors, especially the use of alcohol, cannabis, and tobacco-related products. These findings indicate the overlap between genetic and environmental causation of addiction, including when children are exposed to an environment where specific behavior is observed, such as drug use, gambling, and substance abuse.

The onset of significant stressors has posed a problem, especially for the African American population. Levran et al. (2014) indicated that stress-related adversity was the primary factor of increased heroin use among this population group in New York. According to Ford et al. (2017), the most successful way the African American population can cope with stressful situations and overcome adversity is to extend their positive social support networks. These research findings are critical to devising the necessary prevention programs focusing on the vulnerability of addictive-related problems and implementing a strategy to deter such actions.

Signs of Substance Abuse

Substance use and abuse are classified into three distinctive categories: cognitive, behavioral, and physiological (American Psychiatric Association, 2013; Chasek et al., 2019). According to Chasek et al. (2019) and the research staff at the Mayo Clinic (2017), the identification of substance misuse can be quite complex depending on the substance; however, the general signs include appetite changes, abnormal sleeping patterns, confusion, euphoria, delirium, violent behavior, criminal behavior, nausea, hallucinations, abdominal pain, sweating, paranoia, tremors, an erratic heart rate, slurred speech, impaired judgment, drastic weight changes, tremors, tooth decay, poor hygiene, and even cold/flu-like symptoms. Warchol (2016) also indicated that individuals using illicit substances to relieve the conditions of other ailments exacerbate the problem, especially in the long term, causing further clinical issues.

Ramifications

There are many ramifications of continued substance use among African American students aged 18 to 25. For example, poor academic performance, school dropout (Mekonen et al., 2017; Shegute & Wasihun, 2021), relapse (Queeneth et al., 2019), and fatal overdoses (Stover et al., 2019) have posed significant issues among this population group. Further

ramifications include higher healthcare costs for individuals and taxpayers from infectious diseases, unplanned pregnancies, and crime participation (United States Department of Health and Human Services, 2016).

Poor Academic Performance and Dropout. Poor academic performance and school dropout affect high school and college-level students. For example, the Drug Enforcement Administration (2021) found that students who consume illicit substances endure poor academic performance, including high dropout rates, and are less likely to finish school or earn a degree. More specifically, according to Hanson (2021), the overall college dropout rate among African American students is 54%, and moderate to heavy substance use accounts for 59.2% (Lappan et al., 2020), the highest among all minority groups, which is a significant concern, and an area for additional research.

Relapse. The APA (2016) defines relapse as the recurrence of substance use after an individual has ceased use for an extended period (p. 388). According to Perkinson (2017), 60% of individuals who complete addiction treatment relapse within three months of leaving treatment, which is considered the most vulnerable period of one's journey to recovery. Kabisa et al. (2021) identified several relapse factors, including individual, demographic, psychological, environmental, familial, and personal health.

Early research conducted by Vik et al. (1989) found that the catalyst for the primary relapse of illicit substance abuse was negative social pressure. Several warning signs may indicate that an individual may be leading toward substance abuse relapse that needs swift identification and intervention, which include denial, compulsive behavior, loneliness, depression, confusion, rejection, self-pity, thoughts of substance use, lying, irritability, low self-confidence (Perkinson, 2017, pp. 95-96), and stress (Dewitt, 2015). Moreover, DeWit (2015) and McCabe et al. (2016) found that indicates that acute stress is one of the critical causes of relapse among recovering drug users, especially when a person is seeking treatment

for substance-related abuse where they are at a higher risk for relapse due to increased stressors. Stress reduction measures and coping mechanisms must be implemented (Engle et al., 2016), and according to Reif et al. (2014), including a sense of community through peer recovery services to alleviate potential relapse behavior.

Fatal Overdoses. One significant ramification of substance abuse is the potential for overdose deaths; since 1999, NIDA (2021) reported that individuals aged 18 to 25 have endured a 285% increase in fatal overdoses. Moreover, during the COVID-19 pandemic, fatal overdoses have increased by an additional 18% among this population group (Abramson, 2021). Further, overdoses among minority populations are prevalent. James and Jordan (2018) have indicated that opioid-related deaths have increased by 43%, much less for Caucasian communities, where overdoses account for 22% of drug-related deaths.

An overdose can be caused by many medications, including Tylenol, opioids, barbiturates, benzodiazepines, or a combination of substances (National Harm Reduction Coalition, 2020). An overdose, whether accidental or intentional, is a serious event that is caused when a substance (whether illicit or prescribed) quickly overwhelms the body, causing severe distress in the form of shallow breathing, low heart rate, unconsciousness, and possible death (Boston University School of Medicine, 2021). According to Lim et al. (2016), when an individual overdoses, the substance affects the brain and brainstem, which causes a cessation of breathing and an increase in carbon dioxide, which leads to eventual unconsciousness, which is why swift intervention is needed. The recovery period of an overdose has shortened over the past several decades. Early research by Haider (1970) found that regaining consciousness after an overdose typically occurred within two days. More recently, due to medical advancement, according to Ahmed et al. (2018), Naloxone (or Narcan), which is a medicinal brain receptor antagonist, works to reverse the respiratory suppression caused by an opioid overdose by essentially blocking the drug's absorption into

the brain, which is most successful if the antidote is administered soon after the overdose, which works within minutes of administration. Another benefit of Narcan is the extended shelf life of nearly two years (Green & Doe-Simkins, 2016).

Further intervention programs are critical to reducing the devastating effects of drug overdoses. A significant way of reducing drug-related overdoses is through changes in the undergraduate and graduate curriculum, implementing educational programs that include community-wide members, including police and other leadership, and, as indicated by Mercer et al. (2021), increasing the support for peer recovery programs. Further, community leaders must derive a plan to effectively combat the worsening drug crisis, including implementing educational programs to raise awareness and decrease substance use.

Adverse Health Effects. The increase in negative health effects is a concern for individuals who regularly consume illicit substances. For example, experts from the NIDA (2020d) indicated that individuals who regularly consume and are dependent on illicit substances have shown an increase in cancer, dental issues, and lung or heart problems. The use of illicit substances can manifest both short- and long-term health concerns, further discussed in *Table 2*, as adapted from NIAAA (2021) and NIDA (2020b).

Table 2

Short and long-term effects of substance abuse

Substance	Short-Term Effects	Long-Term Effects
1. Alcohol	Mood and behavioral issues, poor concentration and coordination	Arrhythmias, stroke, high blood pressure, cirrhosis of the liver, cancer
2. Cocaine	Drowsiness, slurred speech, confusion, low blood pressure, memory issues	Unknown at this time
3. Depressants	Visual and auditory hallucinations, high blood pressure, nausea, skin sensitivity	Changes in Immune system function
4. Heroin	Euphoria, nausea, slowed breathing	Collapsed veins and abscesses, liver and kidney disease
5. Marijuana	Neuroticism, high blood pressure, dizziness, tremors, vision changes	Hallucinations, visual disturbances, paranoia, mood swings.
6. Methamphetamine	Weakness, lack of appetite, high blood pressure, irregular heartbeat	Anxiety, confusion, violent behavior, paranoia, hallucinations, delusions, dental issues, skin sores

7.	**Opioids**	Delusions, hallucinations, paranoia, concentration issues, high blood pressure, nausea, vomiting, seizures, death	Significant memory loss, issues with speech and concentration, anxiety
8.	**Steroids**	Jaundice, infection, fluid retention, increased acne	Kidney damage and failure, enlarged heart, agression, emotional instability, delusions, impaired judgment
9.	**Tobacco**	High blood pressure, euphira, paranoia, agitation, hallucinations, depression, irritability	Death

Substance Use Disorder

Several use disorders apply to the realm of addiction research that falls under the umbrella of substance use disorder (SUD). Riveria (2020) identified a SUD as a condition where a person uses an illicit substance uncontrollably, leading to consistent abnormal use and abuse. According to the APA (2013) diagnostic and statistical manual of mental disorders, there are ten separate classes of drugs that are included under SUD, which include alcohol use disorder (AUD), caffeine use disorder (CUD), cannabis, hallucinogens, inhalants, opioid use disorder (OUD), sedatives, hypnotics, stimulants, and tobacco (p. 481). The clinical diagnostic criterion for SUD is further defined in *Table 3* (APA, 2013, pp. 483-490).

Clinical Diagnostic Criteria

Table 3

Diagnostic Criteria of SUD

Diagnostic Criteria of SUD
1. Impared control
2. Social problems and impairement
3. Risky use of substances
4. Pharmacological dependence and craving
5. Recurrent substance abuse causing personal or professional issues
6. Continued substance abuse that may increase social and interpersonal issues
7. Failure to fulfill personal and professional obligations and withdrawing for family
8. Recurrent substance abuse that is physically detrimental to one's health
9. Recurrent physical or psychological issues that are heightened with substance abuse
10. Onset of tolerance where more of the substance is needed to reach desired effect
11. Onset of withdrawl symptomology

The diagnostic criteria of SUD provide medical professionals with the necessary measures to effectively diagnose an individual with a substance-related disorder. Moreover,

the primary constructs of a SUD diagnosis consist of cravings and failures, time and attention consumed by drug use, and negative consequences of physical and mental health problems, loss of relationships, career or job loss, residential displacement, and potential criminal liability (Pickard, 2020), which is dependent on consumption severity. Moreover, the APA (2013) also has criteria for substance abuse severity, including mild, moderate, and severe. Moreover, mild severity is the presence of two or three symptoms, moderate is the presence of four to five symptoms, and severe is six or more symptoms (APA, 2013, p. 484), where further clinical intervention is needed.

Treatment and Recovery Modalities

There are 16,066 substance abuse treatment facilities in the United States, and since 2003, these facilities have increased by 18% (SAMHSA, 2021b), with, in 2020, California having the most facilities at 1,734 and the District of Columbia having the least at 28 facilities (SAMHSA, 2021c). As reported by Scutti (2019), in 2018, out of 21.2 million Americans, only 11% sought treatment for their addiction, and according to the American Addiction Centers [AAC] (2020), in 2019, only 6.3% of the young adults aged 18 to 25 received the necessary treatment for their substance abuse. Moreover, the number of individuals seeking treatment declined in 2019 as Lipari et al. (2016) indicated that, in 2015, 21.7 million Americans aged 12 or older received evidence-based treatment for illicit substance use.

Evidence-Based Treatment

The evidence-based practice integrates the best scientific research evidence into specific treatment modalities to implement psychological care, emphasizing a patient's characteristics, culture, and preferences (APA, 2016). Searcy (2017) indicated that implementing evidence-based treatment (EBT) practices are critical for the swift identification, reduction, prevention, and long-term recovery of illicit substance misuse,

mainly to provide patients or clients who need a personalized model of care. According to the American Psychological Association Presidential Taskforce (2006), the primary premise of evidence-based psychology practice is to provide psychological health services in an environment that focuses on mutual respect, open dialogue, and free collaboration among all involved. Moreover, several EBTs are available for substance abuse, which includes interventions, inpatient/outpatient treatment, counseling services, and peer recovery services.

Interventions. An intervention is a formal meeting facilitated by an addiction professional who mediates a conversation with a person suffering from a SUD and their family to encourage substance use cessation through immediate treatment (APA, 2016). The process of interventions may be conducted in individual counseling, in groups, or a more intimate setting with family, friends, and other loved ones leading the discussion. Moreover, the success of interventions has been promising as Evans et al. (2015) found these meetings significantly reduced mortality rates of substance abuse; however, according to Perkinson (2017), treatment through interventional strategies will be a long and arduous process needing patience among family, friends, and mental health professionals.

In divergence with the findings by Evans and colleagues, Edlind et al. (2018), through qualitative research, that interventions for chronic conditions, such as addiction, can be extremely difficult and prone to failure, especially when the person fails to change their behavior. It is critical that intervention strategies are coupled with behavioral change models to ensure a successful intervention and treatment process. Due to its complexity, research has explored additional outlets for enhancing interventional strategy. For example, even though the study included a small, non-diverse sample, Alexander et al. (2018) found that developing interventions that include online resources such as discussion groups may assist individuals in treatment and recovery. However, in contrast to the finding by Alexander and colleagues,

Padwa et al. (2018) discussed how young adults might want to avoid including technological advances such as online group discussions and text messaging in interventions.

There were strengths and limitations to the study by Alexander and colleagues. For example, Alexander et al. (2018) indicated a significant strength is the qualitative design that focused on subjective feedback relating to their addiction journey and barriers; however, the limitations included a small non-diverse sample where future research should concentrate on a larger, more diversified sample and the inclusion of multiple countries. Further, both studies by Alexander and colleagues and Padwa and colleagues indicated that further research is needed to determine if adding technological strategies to interventions would be a welcomed addition to enhance treatment outcomes.

Inpatient Treatment. Inpatient treatment services are integral to the treatment and recovery process, especially for those suffering from severe addiction (Rychtarik et al., 2000). Juergens (2021) states that inpatient treatment is an on-site addiction treatment where a person experiences continuous addiction and medical support for treating severe addictive symptomology. Moreover, NIDA (2020c) describes inpatient treatment as a long-term residential treatment that provides care 24 hours per day with a 6 to 12 months residency. Yang et al. (2020b) posit how inpatient substance abuse treatment has been concluded to be an effective modality where clients have indicated the development of a desire for change through problem recognition, want to stop consuming illicit substances, and an appeal to remain in treatment. Sarpavaara (2017) indicated that inpatient treatment also incites sociocultural, psychological, biological, and contextual changes needed to cease substance use and abuse.

Outpatient Treatment. In contrast to inpatient treatment, outpatient treatment is defined as everyday off-site living where a person with less severe addictive symptomology participates in addiction-related treatment on certain days (Juergens, 2021). According to

McCarty et al. (2014), the efficacy of outpatient treatment services is equally effective to inpatient treatment services, which are considered a more controlled environment. However, it is essential to note that overall treatment success primarily depends on one's participation, as Sanders (2016) indicated that 50% of individuals seeking treatment miss their second session, leading to dropout.

It is essential to review how outpatient treatment can be improved, including reducing dropout from participants. Early research by Moos et al. (2000) indicated that treatment was more successful when inpatient was followed up with outpatient services, significantly alleviating addiction-related systems and increasing employment opportunities for recovering individuals. According to Wagner et al. (2018), an individual with a severe addiction has a higher dropout rate, which was reduced by implementing tailored intervention and treatment programs. Most importantly, Moura et al. (2017) found that outpatient treatment success was inherent in adding a combined individual and group therapy modality, including peer support services, to increase an individual's recovery, abstinence, and treatment completion. Further, as concluded by Moos and colleagues, implementing a combination of inpatient and outpatient services was the most beneficial.

It is important to note several strengths and limitations to the identified research studies surrounding inpatient and outpatient treatment services. As indicated by Sarpavaara (2017), the strengths included a qualitative design where subjective feedback was present and a multi-step semiotic data analysis procedure; however, the most significant limitation was a small sample size that lacked generalizability to an entire population. A considerable strength of the study by Moos et al. (2000) was that it focused on multiple treatment groups from a community residential facility and 1-year follow-up after the study; however, the limitations included a lack of random selection and the sample only contained men which lacked generalizability of the results to an entire population group. The strengths of the study

by Rychtarik et al. (2000) included inpatient and outpatient treatment groups and an 18-month follow-up after the study; however, the limitations included a lack of participant follow-up completion, a lack of generalizability, and the sample was not selected randomly. The strengths of the research study by Wagner et al. (2018) included stringent inclusion criteria, a 6-month follow-up, and an extensive list of measures, including the Stages of Change Scale and the Barriers to Treatment Inventory; however, the limitations included potential self-reporting bias, lack of generalizability of the results to include various treatment centers, and the age of first use and length of substance misuse were not included in the measures. These limitations are implications for further research.

Individual Counseling. Miller (2015) identified individual counseling as the collaborative process of one-to-one engagement and implementing a treatment plan where individuals can learn and apply recovery-related techniques and coping skills to their personal lives to abstain from using illicit substances. According to Perkinson (2017), the success of individual counseling is based on the therapeutic alliance between the client and the therapist, which can be accomplished by building a foundation of trust. In individual counseling, a therapist may implement a technique referred to as the behavior chain, which consists of triggering, thinking, feeling, behavior, and consequence (Perkinson, 2017, p. 69), to effectively generate thoughts of new behaviors that will effectively impede the process of substance abuse.

Family Counseling. Another treatment modality is family therapy, which includes an individual in addiction treatment and their families to identify, address, and overcome familial-related dysfunction relating to substance abuse (Miller, 2015). According to Varghese et al. (2020), there are several principles related to family-based counseling, including focusing on familial dynamics, mobilizing functionality, improving overall interactions, and enhancing problem-solving behaviors.

Participation in family-related counseling has shown promise, as Kahyaogiu et al. (2020) found that the more family members attended addiction-related therapy sessions, the more the cessation of drug use, including reducing therapy dropout. Earlier research conducted by Shelef et al. (2005) found that lone parental support for therapy was a common reason for adolescent termination treatment; however, the treatment was more successful when parental and adolescent support was provided. In contrast to the research work by Shelef and colleagues, Sotero et al. (2018) found that there is no difference in therapeutic outcomes when individuals and families are voluntarily or involuntarily referred to family-related therapy. This finding could be based on the notion of group social strength and a sense of cohesiveness regardless of the willingness to participate in treatment, where a family may feel more robust as a group in both scenarios.

Group Counseling. Group therapy is defined by Miller (2015) as counseling in group form where individuals with similar connections and backgrounds collaboratively work together to overcome addictive-related conditions. According to Corey (2016), a group therapy program consists of six stages: formation, orientation, transition, working, consolidation, and evaluation, which are critical to its overall development and functionality. These stages manifest a safe, productive, and professional environment. Further, group therapy is a constructive outlet for someone who requires a social support system to overcome addictive-related ailments or decrease a sense of isolation, similar to peer recovery.

According to Paturel (2012), group therapy is just as effective as individual therapy, especially when SUD is present, by reducing stigma and embracing and improving social support functions through connecting with like-minded people. According to Perkinson (2017), there are many benefits to the group process, including a sense of hope, honesty, communication, social support, power of truth, development of a new support family, open expression of thoughts and feelings, confidentiality, and the development of interpersonal

relationships in a violence-free environment, which has been upheld by early research conducted by Marmarosh et al. (2005) who concluded that group-related cohesiveness increases a participants sense of hope and self-esteem. Another important finding from research conducted by Ramaprasad and Kalyanasundaram (2015) that coincides with peer recovery services is that group therapy effectively improves a person's overall health, interpersonal relationships, and a more successful recovery outcome.

Addiction Recovery

Addiction recovery is the long-term cessation and sobriety from chronic substance misuse (APA, 2016, p. 384), which can manifest through several treatment outlets and stages, including peer recovery services (PRS) and CRP. More specifically and perhaps more practically, recovery is defined by mental health professionals at the HBFI (2017) as not a cure for addiction but rather an ongoing process dependent on one's ability to focus on personal wellness and growth through positive outlets leading to sobriety. Further, it is essential to note that Gutierrez et al. (2020) indicated that the successful addiction recovery process is considered a life transformation that is a comprehensive approach to fostering the inclusion of hope, forward-thinking, a feeling of belonging, and participating in enjoyable social events.

Peer Recovery Services

The Center for Substance Abuse Treatment [CSAT] (2009) defines PRS as the process of addicted individuals engaging in emotional, informational, social, and community support with individuals who have successfully recovered from addicted-related conditions. Reif et al. (2014) discussed how PRS focuses on the long-term recovery process, often seen in formal and informal treatment, including after standard therapy when support is necessary for long-term sobriety. According to White and Evans (2014), PRS are traditionally identified as non-clinical services that implement social, community, and faith-based

paradigms inclusive to individuals of various ages, gender, ethnicity, race, and sexual orientations to inhibit successful long-term success cessation and sobriety from illicit substance misuse. Further, Vollmer and Domma (2020) found that PRS are integral to the short and long-term recovery process, dependent on positive social relationships, including close connections with family and community.

Collegiate Recovery Programs

According to Ford et al. (2017), the onset of social interactions among students, especially African American students, are critical, especially the importance of overcoming adversity. Similar to PRS, CRP is an extension of the peer recovery model that is strictly a campus-based peer recovery program that focuses on increasing the positive social interactions of college students, especially those experiencing the vulnerabilities and stressors of adapting to college life academically, socially, and the struggle with substance abuse (Laudet et al., 2016). Moreover, as defined by mental health professionals at the Hazelden Betty Ford Institute [HBFI] (2017), CRP allows students to pursue higher education and concentrate on their substance abuse recovery while implementing the proper social networks and coping mechanisms necessary for success.

History of CRP. The history of CRP began in 1977 when Dr. Bruce Donovan pioneered the first CRP program at Brown University, assisting students with finding 12-step meetings, support, academic counseling, and even working through his alcohol use disorder (Pennelle, 2019). According to Harris et al. (2014), in the 1980s, educational administrators at several colleges and universities throughout the United States developed their version of a CRP, which progressed to “safe havens” shortly after that, depending on the widely available funding. A thorough timeline of CRP birth and development is further discussed in *Table 4* (Pennelle, 2019).

Table 4

Historical timeline of CRP development and evolution

Year	Milestone
1950	First adoelscent treatment program opened in New York.
1977	Dr. Bruce Donovan pioneered the CRP movement at Brown University.
1983	Alcohol Policy Committee formed at Rutgers University.
1989	CRP development of National Organziation of Student Assistance.
1995	CRP-focused publication of Recovery in the Dorm was published.
2002	Association of Recovery Schools was formed at several colleges.
2004	CRP opened at Case Western Reseve, University of Texas at Austin, and University of Massachusetts.
2010	CRP expanded quickly across colleges in the United States.
2011	ARHE became incorporated.
2012	Transofrming Youth Recovery was formed and implemented to increase CRP programs in the United States.
2019	There are a total of 138 CRP across the country.

CRP Availability. The participation in CRP has increased over the past several years as of 2021. A reported 143 CRP at colleges and universities across the United States is in place to help students achieve academic goals while maintaining a successful recovery (Association of Recovery in Higher Education [ARHE], 2021). The exact amount of college students who are actively participating in recovery programs is unknown (HBFI, 2017); however, SAMHSA (2019a) reported that in 2015, 14.6% of college students (1 in 7) met the clinical criteria for a SUD and in 2017, only 6.4% of students were clinically diagnosed, enhancing the need for CRP intervention.

CRP Components. There are five specific pillars of CRP. For example, as DiRosa and Scoles (2020) indicated, the five pillars include a sense of hope, supportive social relationships, self-reflection, competence, and meaningful contribution. DiRosa and Scoles (2020) discussed that these five pillars help students during college and transition beyond graduation and instill long-term recovery practices to enhance success and opportunity. According to Harris et al. (2014), there are five support components to a CRP: instrumental support, emotional support, validation support, informational support, and companionship.

Moreover, mental health professionals at the HBFI (2017) identify six components, including 12-step meetings, substance-free residency, substance-free events, professional counseling, safe physical facilities, and a full-time staff of mental health professionals.

Professional Roles. As defined by mental health professionals at SAMHSA (2021a), the professional role of a peer recovery support specialist (PRSS) is an individual who has gone through the recovery process to assist others by applying subjective experience to help them through their journey to recovery. According to Knopf (2015), a PRSS may be an individual who has or has not been in recovery, making the position open to a broader field of qualified people. It is important to note that PRSS are not considered therapists as they do not provide clinical support to individuals in treatment. Instead, they assist and mentor individuals through the treatment process and after its completion to promote long-term sobriety (Knopf, 2015).

The role of a PRSS aids with advocation, building personal skills, identifying helpful resources, setting personal goals, building relationships, and being a mentor (SAMHSA, 2021a), including, as indicated by Chapman et al. (2018), supporting the shortage of mental healthcare professionals in the field of addiction recovery. A credentialing mandate provides individuals interested in PRSS roles to obtain a nationally accredited certification in most states. Moreover, the National Association for Addiction Professionals (2021) organization has national licensure and a code of ethics that focuses on self-determination, personal responsibility, and empowerment, identifying PRSS as a professional role within addictions.

Stages of Peer Recovery and Resilience

The process of substance abuse recovery is an arduous journey of transition that includes learning coping mechanisms and building resilience to deter individuals from future substance use. Moreover, according to Stanojilovic and Davidson (2021), there are four

specific stages of the peer recovery process, including recovery priming, initiation and stabilization, maintenance, and citizenship, which are further explained in *Table 5*.

Table 5

Stages of peer recovery

Recovery stage	Description
1. Recovery priming	An experience leading one to treatment and recovery
2. Recovery initation and stabliization	The intiation of treatment services
3. Recovery maintenance	Achieving stability and focusing on the recovery process
4. Recoverying citizenship	A positive recconection with family, community, and personal and professional roles and obligations

Building Resiliency

The core of peer recovery is building resiliency and incorporating the necessary social changes to bring a successful recovery. For example, as defined by the APA (2016), resilience is a process that involves adapting to and coping with situations of adversity, trauma, tragedy, or stress through learned coping mechanisms of positive thoughts and actions. Moreover, to expand on the stages of peer recovery identified by Stanojilovic and Davidson (2021), building resilience is the inclusion of creating positive social connections, personal wellness, finding self-purpose, and manifesting healthy thoughts and new perspectives (APA, 2020), which, as indicated by Yang et al. (2020a), building resilience through positive affect and positive social support systems like those in CRP, as an effective way to combat SUD.

CRP Efficacy

According to Collier et al. (2014) and Nash and Collier (2016), the CRP model is an effective and comprehensive support model for adolescents that focuses on the long-term social engagement and recovery of substance-related dependence through the integration of several key elements, including case management, positive social functions, family and community recovery support, counseling, and mentorship to reinforce an abstinent lifestyle

from using and abusing substances. Smith et al. (2020) concluded that the pillars of successful recovery initiation and progression among adolescents are a combination of sober fun, positive relationships, and mentors, especially among students who are currently in recovery (Beeson et al., 2017).

According to Laudet et al. (2016), the primary reason for a CRP is to increase the positive social interactions among college students who are in treatment and recovery from a SUD or are actively abusing these substances, especially during the initial transition to college life. Moreover, Smith et al. (2020) indicated that adolescents sought strong, positive social circles with similar-aged individuals, 12-step meetings, and psychosocial education to increase happiness, abstinence, and recovery of addicted-related conditions by participating in a CRP. Personal accounts from students who participated in a CRP and the research by Smith et al. (2020) quoted, "You can get your life back on track. Like, you can realize what you were doing wrong the whole time," and another student quoted, "I had so much structure, and, although I wanted to get high, I would talk about it, and as soon as I expressed it, um, that craving would kind of decreased - the accountability helped."

According to previous research conducted by Melick et al. (2013), the primary premise of college students seeking to join a CRP was that 80% wanted to gain a positive social support network, 31% wanted support to stay sober, and 23% wanted support for long-term sobriety. Harris et al. (2014) concluded that the most successful way to combat substance abuse and assist students in recovery is through peer support and other social change.

CRP Barriers

It was concluded by Smith et al. (2020) that potential negative experiences could result from joining a CRP as it may reinforce destructive, unhealthy substance abuse behaviors as one participant said, "I'd say maybe two out of five or three out of six of those

kids are going to get with each other and say, hey, let's get high." Another participant said, "There were also some shitty people that, you know, got me involved in a lot of different things I've never have before. Yeah, I don't necessarily think it even works."

Program Availability

The availability of CRP programs is a critical concern to mental health professionals, especially since there are only 143 CRP at colleges and universities across the United States (ARHE, 2021). Kollath-Cattano et al. (2018) concluded that one of the most significant barriers to CRP is the lack of program availability on college campuses across the United States, which as indicated by Melick et al. (2013), students indicated that CRP availability was a primary reason they selected the college or university. For example, even though the sample size of the study was considered a limitation, Kollath-Cattano et al. (2018) found that students who were participating in CRP on campus felt their options were limited and did not find flexibility with acceptance and maintenance of the program, which may act as a deterrent for future participation or capturing new students. Perron et al. (2011) emphasized that college and university leaders must prioritize the development of peer support in higher education settings by facilitating growth, support, and promoting campus integration that allows for further student participation, which, as indicated by Harris et al. (2014) would effectively reduce the negative stigma around college campuses.

The strengths of the research study by Melick et al. (2013) were the utilization of a mixed-methods design of qualitative and quantitative research and the use of correlational and paired-sample t-tests analysis; however, the limitations included a small sample size, cross-sectional design, and potential self-reporting bias where future research should focus on a longitudinal framework with a larger, more diverse population sample to enhance the generalizability of the results. A strength of the study by Kollath-Cattano et al. (2018) included the use of a qualitative design focusing on subjective interviews with the

participants; however, a significant limitation included a small sample size where future research should focus on a larger diverse sample size to help generalize to the entire population where future research should include additional qualitative research focusing on subjective perceptions of recovery, outcomes of formalizing peer recovery services in a college community setting, and implementing a dynamic that is inclusive for all students regardless their point in the recovery process. Furthermore, Harris et al. (2014) suggested further research to determine the long-term efficacy of CRP on a student's potential relapse and overdose risk.

Stigma

The APA (2016) defines stigma as a negative social perception commonly attached to mental health concerns, including addiction, presented in social disapproval, often leading to deterring people from seeking treatment. Moreover, Dr. Nora Volkow at the National Institute on Drug Abuse indicated that thousands of people withstand treatment for addictive-related conditions due to potential stigma-related negativity, leading to a potentially dangerous and life-threatening situation if a need is not identified and treated expeditiously (NIDA, 2020a). According to mental health professionals at the SAMHSA (2019a), stigma, based on cultural-related factors, has also been identified, especially among the African American population, as negative familial opinions about mental health concerns were one of the main deterrents to minorities seeking treatment. Often, individuals believe they will be considered weak or feel shame about seeking help for addictive-related conditions (SAMHSA, 2019a).

The reduction of addiction-related stigma can be accomplished through educational awareness programs that are evidence-based, openly discuss the issues, and are compassionate to the individuals who need assistance (Johnson, 2021). Buchman et al. (2017) indicated that the focus of health policy and clinical practice must be to eliminate

stigma related to substance abuse and overdose fatalities to encourage individuals who need treatment to seek it without feeling shame or being referred to as an "addict" (Cernasev et al., 2021). In collegiate settings, leadership at colleges and universities across the country can combat negative stigma by publicly embracing treatment modalities, providing access to educational resources, improving campus culture, and managing expectations by placing counseling services in common areas around campuses (SAMHSA, 2019a).

Calls for Further Research

There has been a call for further research on CRP efficacy as there is a significant lack of understanding about the direct influence of students' perceptions of the long-term benefits of CRP. As previously noted, the addiction recovery process is a life transformation that is integral to a person's overall recovery process (Gutierrez et al., 2020). Moreover, several researchers have requested additional qualitative research to determine if CRP availability, participation, and social identity changes are effective modalities to increase academic performance, lower school dropout rates, and prevent relapse and overdoses among African American students attending college within the United States (Iarussi, 2018; Laudet et al., 2016; Rosenthal & Elkins, 2020; Smith et al., 2018).

Minority Populations

According to Brown et al. (2018), a critical problem of CRP is the lack of participation from minority students, which needs to be addressed by the leadership at higher education facilities to promote an inclusive environment. Iarussi (2018), Rosenthal and Elkins (2020), Staton et al. (2018), and Watkins et al. (2021) have called for additional research on the experiences of college students in CRP on minority populations, including African Americans from various geographical regions in the United States. Moreover, Staton et al. (2018) concluded that colleges and universities have the ethical responsibility of providing PRS to underserved minority populations. Further, Buckingham et al. (2013) and

Rosenthal and Elkins (2020) elaborated on the fact that recovery is not a "one-size-fits-all" paradigm; instead, it is unique to an individual or a specific population to enhance its success, which needs further evaluation.

Social Change

Bandura (1999) indicated that reducing substance abuse behavior is contingent on policy and social changes, including social identity changes, as Best et al. (2016) indicated. Whitney (2021) discussed how CRP could manifest a change of social identity where the individual transitions to a novel self-identity needed to promote one another's short and long-term recovery practices. According to Smith et al. (2020), unhealthy social circles encourage poor recovery among individuals, including students in higher education settings. Melick et al. (2013) indicated that individuals' social circles where most people are not partaking in substance consumption have a high remission rate. Further, Melick et al. (2013) and Miao et al. (2018) indicated the need for additional research to determine if social change is necessary for successful, long-term recovery, including daily contact with a PRSS (Knapp et al., 2021).

A significant finding by Knapp and colleagues identified the success of daily social contact. For example, Knapp et al. (2021) found that a recovery group's daily contact consisted of 81% with peers, 72% with a partner, 59% with family, and 40% with a sponsor, which when individuals felt their recovery was the most difficult, they spent more time with family members, upholding the notion that positive social contact is essential to recovery. The strengths of the study by Knapp et al. (2021) included a mixed method design and sampling individuals participating in a 12-step program for substance use recovery; however, the limitations included a small, diverse sample, a sample that was not gender or racially equal, a cross-sectional design, and only the investigation of one recovery center where additional research should focus on including a larger more diverse sample size, a

longitudinal research design, individuals residing in multiple recovery homes, and targeting their educational and economic backgrounds.

Academic Performance

The use and abuse of substances within a college setting have become a pivotal part of academic performance and success. For example, according to a research study conducted by Mekonen et al. (2017) and Bugbee et al. (2020), the consumption of illicit substances among students in higher education settings is a strong predictor of poor academic performance, including a higher level of positivity and motivation to accomplish educational goals. Watts et al. (2018) indicated that CRP participation might be an outlet for students who are in recovery to continue with their educational goals and promote academic success, which needs further investigation. Laudet et al. (2016) and Shegute and Washihun (2021) called for additional research on the academic performance of African American students who participate in a CRP while enrolled in school to determine the long-term influence this program has on improving academic performance.

In divergence with the previously identified research about substance abuse and poor academic performance, there is concern about students using substances for academic gain. For example, Sherman et al. (2016) and Narayanan et al. (2021) indicated that caffeine consumption, including dietary supplements and stimulants, enhanced a student's memory performance and recall, especially during the early morning hours. These findings are a concern, especially considering that previous research has indicated that higher levels of caffeine consumption are a problem that may increase the students' potential for illicit substance abuse (Cobb et al., 2015; Leal & Jackson, 2018; Romer et al., 2017).

There were strengths and limitations to the identified studies. For example, the strengths of the study by Watts et al. (2018) included qualitative methodology to capture subjective feedback, the use of focus groups, and a targeted sample; however, the limitations

included a small sample size, survey response rate, and potential self-reporting bias where future research should focus on a larger more culturally diversified sample and incentives for survey completion. Bugbee et al. (2020) identified the strengths of including a nationally representative sample and extractions from a national survey; however, the limitations included failure to determine causality due to a cross-sectional design. The strengths of the study by Laudet et al. (2016) included mixed methods methodology, a correlational design, and the use of target measures, including the Alcohol and Non-alcohol Psychoactive Substance Use Disorder subscale and the Primary Appraisal Measure; however, the limitations included a mediocre survey completion rate and the failure to capture why a student did not join a CRP. The strengths of the study by Shegute and Washihun (2021) included a quantitative design, a large student sample, and a 98.5% survey response rate; however, the limitations included a crossectional design, lack of including all substances that the participants may have consumed, and a sample that may not have included all of the students needed for generalizability of the study's results. The strengths of the study by Mekonen et al. (2017) included the use of several measures, including the Alcohol, Smoking, and Substance Involvement Screening Test, the Cut down, Annoyed, Guilty, Eye Opener-Adapted (to include illicit substances), and the student's cumulative grade point average; however, the limitations had a crossectional design, the effect of academic success was not explored, a lack of substances that were limited to tobacco and alcohol, and the study did not access the interaction between substances and academic achievement where future research should focus on an individual's long-term recovery needs, potential self-reporting bias, the inclusion of substance variables, a larger sample focusing on cultural inclusion and African American participants, and possible incentives for survey completion.

***Retention*.** Reducing college dropouts is imperative for student success, especially when a student is involved in illicit substance use and abuse. For example, according to Hunt

et al. (2010) and Laudet et al. (2016), the use and misuse of illicit substances at higher education institutions significantly drove collegiate dropout rates. Patrick et al. (2016) found that a significant predictor of poor academic performance and college dropout included students who used illicit substances and tobacco in high school. As previously indicated, according to Lappan et al. (2020), the overall college dropout rate among African American students is 59.2%, the highest among all minority groups. Gueci (2018) indicated that when students do not feel a sense of support or inclusion, they typically are not successful socially, academically, or in their personal lives. Early research has indicated that CRP participation may lower dropout rates among students with a SUD (Elkins et al., 2020); however, there have been several calls for research by Iaraussi (2018) and Laudet et al. (2016) to investigate further whether CRP is a strong motivator in student retention.

Relapse and Overdose Prevention

According to Reed et al. (2020), the most significant factors of a student relapsing include direct contact with substances common in social settings at collegiate institutions. James and Jordan (2018) have reported that opioid-related fatalities in African American communities have risen to 43%, significantly higher than 22% in predominately white communities. According to Graham (2003) and Perkinson (2017), relapse rates drop to near zero when a person sustains sobriety for five years or more, necessitating further education and deterrence programs for adolescents, including CRP expansion, which has prompted Harris et al. (2014), Jason et al. (2021), and Smith et al. (2018) to call for additional research to determine the long-term efficacy of recovery to reduce the relapse and overdose risk of younger minority individuals who participated in a CRP.

Summary

The general societal problem was increased substance use and abuse among young adults aged 18 to 25. In the United States, 165 million people aged 12 or older actively use

and abuse illicit substances (NCDAS, 2020). Moreover, since 2002, NIDA (2016) reported that there had been a 135% increase in heroin use, which has attributed to a 533% increase in fatal overdoses, accounting for nearly 130 deaths per day across the country (Yerby, 2021). The use and abuse of drugs are rampant in African American communities. SAMHSA (2020) has reported that within the African American population 18 years and older, 2.3 million have been diagnosed with a SUD. McCabe et al. (2007) found a higher use and abuse of illicit substances in predominantly black communities versus those with other diverse races. Moreover, James and Jordan (2018) found that fatal overdoses among the African American community have risen as opioid-related overdoses have reached 43% versus 22% compared to Caucasian communities. Further exacerbating the problem, Abramson (2021) reported that illicit substance use has increased by 13% among this age group, and fatal overdoses have increased by 18% due to the COVID-19 pandemic. The use and abuse of alcohol is another significant problem among young adults. For example, in 2019, 43% of college students reportedly used illicit drugs (NCDAS, 2020), 47.1% of students reportedly drank alcohol (NIAAA, 2021a), and 24.5% reportedly binged on alcohol consumption (SAMHSA, 2019a). According to Pitman et al. (2019), 72% of African American students use and abuse alcohol-related beverages as a coping mechanism to alleviate school-related stressors. According to Hanson (2021), the overall college dropout rate among African American students is 54%, and moderate to heavy substance use accounts for 59.2% (Lappan et al., 2020), the highest among all minority groups. The specific problem addressed in this study was the lack of understanding about perceptions of the long-term influences that CRP availability, participation, and social identity changes have on academic performance, school dropout rates, and relapse and overdose prevention of African American students attending college in the United States (Iarussi, 2018; Laudet et al., 2016; Miao et al., 2018, Shegute & Wasihun, 2021). The literature provided information about addiction stages, including first use,

continued use, tolerance, dependence, and addiction. Moreover, the adverse effects of tolerance and withdrawal were also reviewed, including how they developed through the biological processes of substance absorption, distribution, transport, biotransformation, and elimination of illicit substances from the body (Doweiko, 2019, pp. 20-24). Most importantly, notable brain changes from substance use and abuse were discussed, including how they can inflict modifications to the neural structures in the brain (Wang et al., 2016).

The desire to consume illicit substances is manifested by biological or environmental factors, including parental, peer, and other social influences. Moreover, from a biological standpoint, Yule and Wilens (2011) reported that 50% of illicit substance use is genetically influenced. From an environmental perspective, Kolodner (2016) and Mitchell et al. (2017) found that individuals who witnessed overdoses, violence, or extreme substance abuse, including alcohol abuse, as a child were significant predictors of future illicit substance abuse.

Caffeine is a known problem that affects individuals of all ages. For example, caffeine consumption is prevalent as 90% of adults (O'Callaghan et al., 2018) and 75% of adolescents consume caffeinated-related beverages daily. Moreover, a significant problem is young adults' consumption of energy drinks, which may significantly increase the potential for risky behavior, exacerbating the issue of illicit substance abuse (Cobb et al., 2015; Leal & Jackson, 2018; Romer et al., 2017).

The ramifications of continued substance use and abuse were discussed, including poor academic performance, dropout, relapse, fatal overdoses, adverse health effects, and the diagnosis of SUD. The adverse health effects of addiction present many unwelcomed symptomologies that are detrimental to people of all ages, including significant alterations to a young adult's healthy and normal brain development (Kim-Spoon et al., 2021; Waddington,

2019). Since the brain is not fully mature until one reaches 25 (Campellone & Turley, 2021), it can pose long-term issues to young adults in this vulnerable age group.

The treatment and recovery modalities overview focused on evidence-based treatment, interventions, inpatient treatment, outpatient treatment, individual counseling, family counseling, group counseling, and PRS. More specifically, the focus was on how 143 CRP at colleges and universities across the nation (ARHE, 2021) will successfully motivate students to transition from substance abuse to long-term recovery, including changing social identities through the camaraderie of group members and guidance from professional PRSS working within the field. The PRSS will aid students in developing skills, goal setting, building relationships, and being a mentor for their recovery (SAMHSA, 2021a) as they maneuver through the stages of peer recovery, build personal resiliency, and overcome obstacles and stigma.

The lack of CRP across campuses is a significant concern and a leading barrier for students battling substance use and abuse (Kollath-Cattano et al., 2018). According to Melick et al. (2013), 72% of student participants indicated that the primary reason they selected to attend their current university was CRP availability, which enhances the need for CRP to be prioritized at the collegiate level. Additionally, the primary purpose of this qualitative research study was to explore further the perceptions about the long-term influence of CRP, and social identity change has on students' academic performance, school dropout rates, and relapse and overdose prevention among 15 African American students attending college within the United States. The results were critical as they provided subjective information directly from students too, not only informing college and university leaders with information to enhance treatment modalities, improve campus culture, and reduce negative stigma across the campus (SAMHSA, 2019a) but also the call for additional qualitative research to determine if CRP availability, participation, and social identity

changes are effective modalities to increase academic performance, lower school dropout rates, and prevent relapse and overdoses among African American students attending college within the United States (Iarussi, 2018; Laudet et al., 2016; Rosenthal & Elkins, 2020; Smith et al., 2018).

Chapter 3: Research Method

The problem addressed in this study was the lack of perceptions about the long-term influences that Collegiate Recovery Programs (CRP) availability, participation, and social identity changes have on academic performance, school dropout rates, and relapse and overdose prevention of African American students attending college in the United States (Iarussi, 2018; Laudet et al., 2016; Miao et al., 2018, Shegute & Wasihun, 2021). Substance abuse among African American college students has increased to 43% versus 22% in non-minority communities (James & Jordan, 2018). According to Hanson (2021), the overall college dropout rate among African American students is 54%, and moderate to heavy substance use accounts for 59.2% (Lappan et al., 2020), the highest among all minority groups.

The ramifications of continued substance abuse among African American students aged 18 to 25 include poor academic performance and school dropout (Mekonen et al., 2017; Shegute & Wasihun, 2021; Smith et al., 2018); potential relapse (Queeneth et al., 2019; White et al., 2013), and fatal overdoses (Stover et al., 2019). Moreover, a significant lack of understanding exists about the perceptions of the long-term benefits of PRS in collegiate settings (DePue & Hagedorn, 2015; Laudet et al., 2016; Scott et al., 2016; Zabel et al., 2016), which has prompted several researchers to call for additional qualitative research to determine if CRP availability, participation, and social identity changes are effective modalities to increase academic performance, lower school dropout rates, and prevent relapse and overdoses among African American students (Iarussi, 2018; Laudet et al., 2016; Rosenthal & Elkins, 2020; Smith et al., 2018). This information was needed to inform mental health and academic professionals in aiding the availability, future development, training, and offering of substance abuse resources to meet the personal and educational

needs of African American students (Kollath-Cattano et al., 2018; Rosenthal & Elkins, 2020; Staton et al., 2018).

The purpose of this qualitative method and case study design explored the perceptions of African American students about the long-term influences of CRP availability, participation, and social identity changes on academic performance, school dropout rates, and relapse and overdose prevention in collegiate settings. A case study design was used since it provided a subjective, evaluative inquiry focusing on learners' individual experiences and perceptions in CRP. Multiple cases were chosen because the study explored, described, and analyzed the overall perceptions of numerous students who participated in CRP (Creswell & Creswell, 2018; Crowe et al., 2011), it allowed for the analysis of two or more cases to identify patterns, similarities, and variations between two CRP programs at different universities, and it enhanced the study's internal validity (Fabregues and Fetters, 2019; Turnbull et al., 2021). A holistic case was used and considered best for this study as there was only one unit of analysis (Fabregues and Fetters, 2019). The study population was college students aged 18 to 25 enrolled or attended academic institutions within the United States, consisting of 19.78 million students (National Center for Educational Statistics, 2021).

The sample consisted of $n = 41$ individuals from minority backgrounds who are currently enrolled in or have participated in a CRP within the past five years of graduation and from at least two different academic institutions within the United States and selected through purposive sampling since the population was targeted (Andrade, 2021). Survey responses included individuals between 26 to 30 years of age if they graduated and attended a CRP within five years of graduation. Participant data were collected using a 12-question open-ended survey through Qualtrics and analyzed using NVivo 12 software. Moreover, threats to validity were reduced by using NVIVO 12 for data organization, categorization, analysis to identify specific themes, and triangulation through reviewing survey responses

and collected CRP documents (Carter et al., 2014; Siccama & Penna, 2008). The remainder of this chapter will focus on the research method and design, population, sample, materials, data collection and analysis, assumptions and limitations, and ethical assurances to address the following research questions.

RQ1

What are the students' perceptions of how collegiate recovery programs influence academic performance?

RQ2

What are the students' perceptions of how collegiate recovery programs influence school dropout rates?

RQ3

What are the students' perceptions of how collegiate recovery programs influence the reduction of relapse and overdoses?

RQ4

What are the students' perceptions of how collegiate recovery program participation influences the necessary social identity changes to positively or negatively affect their addiction recovery process?

RQ5

What are the students' perceptions of the availability of collegiate recovery programs at their selected university?

RQ6

What is the overall long-term influence of collegiate recovery programs?

Research Methodology and Design

A qualitative case study was used for this study because it was considered more appropirate for capturing the perceptions of African American students' subjective

perceptions, allowed for identification and comparisons of specific themes and patterns, strengthened the study's internal validity, and promoted replication and transferability (Ebneyamini & Moghadam, 2018; Fabregues & Fetters, 2019; Turnbull et al., 2021). Creswell and Creswell (2018) concluded that qualitative research methodology versus quantitative is the best choice when a topic such as student perceptions of the influence of CRP participation and social identity changes because it has been deemed an understudied topic where further research is requested to determine if these outlets effectively increase academic performance, lower school dropout rates, and prevent relapse and overdoses among African American students (Iarussi, 2018; Laudet et al., 2016; Rosenthal & Elkins, 2020; Smith et al., 2018).

A case study design was selected due to its evaluative inquiry focusing on learners' subjective experiences and perceptions to determine if CRP availability, participation, and social identity changes are effective in increasing academic performance, lowering school dropout rates, and preventing dropout relapse and overdoses among African American students. Moreover, multiple cases were selected over a single case because of the analysis of two or more cases, which aided in the identification of patterns, similarities, and variations between two CRP programs at different universities across the country (Fabregues & Fetters, 2019; Turnbull et al., 2021). Further, a multiple case study was best since the study explored, described, and analyzed the overall subjective perceptions of 41 African American students who participated in CRP (Creswell & Creswell, 2018; Crowe et al., 2011). A holistic case was considered best for this research investigation because there was only one unit of analysis (Fabregues & Fetters, 2019).

In relation to the problem, purpose, and research questions, the methodology and design were appropriate for this research study in several ways. First, a qualitative research methodology was suitable for capturing subjective perspectives from students considering the

problem was identified as the lack of perceptions about the long-term influences that CRP availability, participation, and social identity changes have on academic performance, school dropout rates, and relapse and overdose prevention of African American students. Second, a case study design was used, which was appropriate since the purpose of the study was to explore the subjective perceptions of African American personal experiences about the long-term influences of CRP availability, participation, and social identity changes on academic performance, school dropout rates, and relapse and overdose prevention in collegiate settings. Third, the research questions were devised to inquire, probe, and evaluate students' experiences endured during CRP participation in collegiate settings.

Several alternative methods and designs were considered; however, they did not meet the criteria for the study's problem, purpose, and research questions. For example, since the problem, purpose, and research questions were focused on the lack of perceptions about the long-term influences that CRP availability, participation, and social identity changes have on academic performance, school dropout rates, and relapse and overdose prevention of African American students, a quantitative analysis would not have provided detailed subjective experiences and perceptions since it prompts statistical analysis. Moreover, a mixed-methods design would have captured both statistical and subjective experiences; however, the research focused on students' direct, individual experiences and not statistical analysis. A multiple cases design was selected over a single case because it was more appropriate when analyzing two or more cases, which aided the identification of patterns, similarities, and variations between two CRP programs at different universities across the country.

Population and Sample

The study investigated a targeted population, which consisted of students within a collegiate setting where the problem to be addressed was the lack of perceptions about the long-term influences that CRP availability, participation, and social identity changes have on

academic performance, school dropout rates, and relapse and overdose prevention of African American students attending college in the United States (Iarussi, 2018; Laudet et al., 2016; Miao et al., 2018, Shegute & Wasihun, 2021). Moreover, the population targeted African American individuals aged 18 to 25 who were currently attending or had attended a CRP during their enrollment at an academic institution within the United States, consisting of 19.78 million students (National Center for Educational Statistics, 2021, which was the main focus of the research study's problem, purpose, and research questions. Survey responses included individuals between 26 to 30 years of age if they graduated and attended a CRP within five years of graduation. A qualitative, multiple case study design was appropriate for researching this identified population group because of the significant increase in fatal overdoses among this group of students (James & Jordan, 2018), which was appropriate for this research study because of the need for a targeted population and subjective experiences and perceptions. Further, this population group was also suitable for the research questions since they focused on the inquiry, probing, and subjective analysis of the student's experiences.

The recruitment strategy selected a sample of $n = 41$ African American individuals currently enrolled in or have participated in a CRP within the past five years of graduation and from at least two different academic institutions in the United States. Survey responses included individuals between 26 to 30 years of age if they graduated and attended a CRP within five years of graduation. Moreover, Bonisteel et al. (2021) indicated that the recruitment strategy for a successful qualitative research proposal should include a methodical recruitment plan and plan for implementation to ensure the correct sample of individuals is selected. For example, the recruitment strategy for this study consisted of a clustering procedure that was implemented where social media group administrators were contacted via email for approval to post a digital recruitment flyer on the official CRP groups

on Facebook to recruit individuals who were relevant to the research study (Creswell & Creswell, 2018, p. 150).

The sampling methodology employed was purposive sampling, commonly used in qualitative research focused on a specific topic of interest (Palinkas et al., 2015; Tong et al., 2007), primarily when the population was targeted in this study (Andrade, 2021). More specifically, a snowball strategy was employed for recruitment purposes, identifying sample participants through contact with other participants who knew people with similar characteristics, including those who participated in CRP during college (Palinkas et al., 2015).

The importance of sampling saturation was relevant to this study, considering that a purposive sampling method was used (Hennink & Kaiser, 2022). As indicated by Creswell and Creswell (2018), saturation refers to when a researcher ceases collecting data when the necessary themes have reached the point where no other new insights have been captured, essentially causing data saturation. When data saturation was successfully achieved, it was determined that the study had reached an adequate sample when employing a qualitative methodology (Creswell & Creswell, 2018, p. 186). Since the sample size and data collection in qualitative research is smaller than in quantitative studies because of the inquiry of personal experience (Dworkin, 2012), it is imperative to reach a level of saturation indicative of a healthy sample (Vasileiou et al., 2018). Further, Hennink and Kaiser (2022) found that in qualitative research, the adequacy of the collected data is much more important than sample size saturation but can range from 5 to 40 responses, which aligned with this research sample of 41 participants.

The identified sample was appropriate for this research study's problem, purpose, and research questions because it captured individuals from a targeted population of African American students attending college in the United States because of the increase in fatal

overdoses within a collegiate setting. The administrators of several CRP groups on Facebook were contacted via email (see Appendix A) for permission to post a digital recruitment flyer (see Appendix B) in their online CRP Facebook groups for participant recruitment. The social media groups that were contacted included Baylor University, College of Charleston, Metro State University, Mississippi State University, Ohio State, Southeastern Louisiana University, Southwestern Community College, University of Michigan, University of Pittsburgh, the University of Tennessee at Chattanooga, the University of Texas RioGrande Valley, Virginia Commonwealth University, and West Virginia University (see Appendix C). The approval emails from group administrators were included (see Appendix D).

Materials

A 12 question open-ended survey through Qualtrics was used for data collection. For example, an online survey consisted of a 12-question open-ended question guide (see Appendix E). The guide collected the necessary demographic information, including the participant's age, location of college or university, and highest education completion. The open-ended survey questions consistsed of well-designed questions to develop a thorough understanding of the subjective experiences and perceptions of the participants to determine if CRP availability, participation, and social identity changes are effective modalities to increase academic performance, lower school dropout rates, and prevent relapse and overdoses among African American students.

The 12-question online survey was formatted the same way for each respondent, including how the questions were displayed to ensure a continuity of responses. Moreover, the survey was created to be consistent with previous qualitative research as the questions were open-ended, inquiring about subjective experiences, and free of bias (Roberts, 2020; Tong et al., 2007). The survey responses were transferred to NVivo 12 research software so the collected data could be reviewed, analyzed, and categorized based on specific codes,

including descriptive charting, that allowed the researcher to identify and follow particular themes derived from the survey. The guide was field-tested by a Licensed Master Social Worker (LMSW) in Maryland and an individual not participating in the research investigation. Moreover, the mental health professional reviewed the survey questions, made appropriate editing suggestions, and provided a letter acknowledging that he field-tested and approved the guide (see Appendix F) by concluding that the questions' risk invoked an adverse reaction from the participants was not greater than minimal.

The reliability and validity of the study were upheld by using several methods. First, the study's validity was enhanced by triangulation, which, as concluded by Silva and Merces (2018), strengthened the study by collecting pertinent documents and related material such as online brochures and websites. Second, as Leung (2015) indicated, the use of purposive sampling in qualitative research aids in enhancing validity since the population and sample were targeted based on the needs of the study. Third, the presentation and disclosure of discrepant information were also identified. As Creswell and Creswell (2018) concluded, openly disclosing discrepant information significantly adds to the study's credibility by developing a theme to include a well-rounded analysis that provides potentially contradictory information. Fourth, as Creswell and Creswell (2018), a highly detailed description of the study's analysis and final results were documented, including detailed information from varying perspectives.

The reliability of this qualitative research study was upheld in several ways. First, as Yin (2009) suggested, thorough documentation of each step of the qualitative research process enhanced the study's reliability. Barbour (2001) indicated that a checklist improves a qualitative study's reliability when used sparingly. Second, as Gibbs (2007) suggested, the data was reviewed for transcription mistakes, ensuring the coding process was relevant, structured, and applicable to the captured themes, and documenting extensive memos and

field notes regarding the data and coding procedures. Third, Leung (2015) stressed the importance of research consistency through five specific pillars, including refutational analysis, constant data comparison, comprehensive data use, inclusive deviant case, and the systematic use of tables and databases to enhance data accuracy.

Study Procedures

Following the Northcentral Institutional Review Board (IRB) approval, the recruitment process commenced and implemented several strategies. Once the participants were recruited, they were not contacted during the study, per the study's consent form (see Appendix G). The participants were able to take the 12-question survey when and where they chose using the online platform Qualtrics through a link that was subsequently shared on social media with the universities providing approval. The collected data were categorized and analyzed through NVivo 12 research software.

Data Analysis

The collected data was thoroughly analyzed by employing a thematic analysis process consisting of reviewing survey responses, latent coding, theme identification, theme review, theme interpretation, and the study conclusion (Damayanthi, 2019). First, the collected data was extensively reviewed, coded, and categorized based, which is a process where the initial thoughts of the researcher were noted (Mertens, 2015, pp. 438-439). Second, the data was winnowed, where insignificant parts of the data were omitted from the rest in qualitative research studies (Creswell & Creswell, 2018). Third, the researcher reviewed the data, which could be coded and reorganized if necessary. Fourth, the data were reviewed for theme identification, theme review, and theme interpretation, including being properly coded using the qualitative research software NVivo 12. Moreover, this process encouraged possible new theoretical connections, themes, and the expansion of other coding words and phrases.

Next, NVivo 12 qualitative research software was used for data organization, categorization, and analysis that identified, compared, and constrasted specific topic-related themes and where future research studies may replicate the study's procedure. Moreover, NVivo 12 provided the necessary features, including the organization and storage of documents, notes, and other documentation for later retrieval. The data were interpreted to include a summation of the analysis of the research study's findings, comparisons, contradictions, limitations, and the potential for future research inquiry. The identified themes were organized using latent codes congruent with each research question, further specified in Table 6.

Table 6

Latent codes of themes

Code	Theme
1. Academic performance	Student perceptions of improved academic performance
2. **Deterred school dropout**	Student perceptions of reduced school dropout
3. **Did not deter cravings or desire**	Student perceptions of no reduction of cravings and desires; worsened cravings and desires
4. **Deterred vulnerability and overdoses**	Student perceptions of reduced vulnerability to relapse and overdoses
5. Positive social adaptation	Student perceptions of positive changes to their social circle
6. Positive social identity changes	Student perceptions of positive social identity changes
7. CRP availability	Student perceptions of wide CRP availability; availability dependent on each university
8. Joining process	Student perceptions of membership process; time-consuming and extensive
9. Longterm influence	Student perceptions of long-term sobriety; professional mindset

It is important to note that there were instances where additional coding was necessary during the data review process. For example, as indicated by Maguire and Delahunt (2017), there are several essential questions that we will have to consider when reviewing collected data to identify themes, including the following: 1) Do the themes make sense? 2) Does the collected data support the themes? 3) Is there too much information in a theme that may benefit it by separating it into two specific themes? 4) Are there subthemes present in the collected data? These questions were answered when we reviewed the

collected data to ensure that all themes related to the research questions were identified and answered.

There were several advantages and disadvantages of using thematic analysis. For example, the advantages were identified as extreme flexibility as the study develops, summarizing similarities and differences with the data, and assisting the researcher in summarising a comprehensive research report of the findings (Nowell et al., 2017). Moreover, Nowell et al. (2017) denote a significant disadvantage of thematic analysis: the flexibility of the process could lead to inconsistency with themes and the final results. Regarding this research study, thematic analysis was more advantageous than other analytical processes since the primary data collection method was through survey data, where specific themes relating to the study's research questions were identified.

The use of triangulation was implemented since there was a collection and analysis of pertinent documents and related material such as online brochures and websites. Moreover, CRP's documents and recruitment strategies were obtained from the school's CRP website or Facebook group. An auditing process commenced by documenting potential study changes. As indicated by Mertens (2015), a researcher must keep an auditing trail that consists of any changes to the study, a review of the coding structure, and a journal of the thought process of the investigator. Further, the review by the doctoral committee was also used to ensure that the study was conducted based on the procedure outlined in this research manuscript.

Assumptions

There were several assumptions to this research investigation. For example, it was assumed that only African American students would participate in the study since no other racial or ethnic groups were included. It was assumed that only students who participated in a CRP while attending college were included in this study. It was assumed that the online survey would not pose a risk to any participants, which was confirmed through field testing

by a licensed mental health professional. Also, it was assumed that the use of the same 12-question survey for each participant would ensure that the research questions in this study were answered thoroughly.

Limitations

There were several limitations of this research study to note. For example, the survey was conducted through Qualtrics, an online platform that may have presented a problem for individuals who may not be technologically savvy. There may be a lack of interest among potential participants since no incentive to participate was included. One significant limitation was the lack of random sampling, affecting the study's generalizability. It was impossible to recruit every college student of African American descent who had participated in a CRP while attending college in the United States. There was also potential for participant and experimenter bias, which was addressed by implementing the proper safeguards that reduced it accordingly.

These limitations were mitigated in several ways. First, technical assistance was available to the participants if computer-related problems or other unforeseen issues occurred while taking the survey, but it but was not utilized. Second, if a lack of interest were found due to there not being an incentive, an appropriate incentive would have been considered and potentially offered, but it was not utilized. Third, to limit the lack of generalizability issues from sample selection, purposive sampling using a snowball strategy was employed since the population was targeted. Recruitment identified sample participants by contacting other participants who knew people with similar characteristics and backgrounds. Fourth, bias was reduced and eliminated through the journaling process.

Delimitations

The delimitations of this study included research questions that aided the exploration of whether students' perceptions about how collegiate recovery programs and social identity

changes influenced academic performance, school dropout rates, and relapse and overdose prevention of African American learners in the United States. Moreover, the six research questions were answered by investigating a targeted population of college students. More specifically, the sample was comprised of 41 African American students who are currently enrolled in or have participated in a CRP within the past five years of graduation, where their perceptions were collected through a 12-question online survey and analyzed to identify specific themes relating to the long-term impact of CRP participation.

Ethical Assurances

This research study, submitted to and approved by the Northcentral University's Institutional Review Board (IRB) before data collection, ensured that all ethical standards were applied. It is important to note that there was minimal risk to the study participants, which reduced any possible ethical infractions related to the individuals, data collection, and findings. The confidentiality and anonymity of the participants were stringently enforced as no contact was made and no personal information was collected. Most importantly, all data related to the research study was stored on a secured server to ensure that any potential illicit intrusion will be significantly reduced or eliminated.

The research study identified the role of the researcher as the sole professional investigator responsible for planning, executing, and analyzing the data from the 12-question survey. Moreover, the researcher was responsible for ensuring the participant was apprised of the process, especially potential bias that could have interfered with the analysis and final results. The researcher employed several strategies that reduced and eliminiated potential researcher bias. For example, the participants were required to review and agree to the study's consent form before completing the online survey. During the data review process, a journaling process was employed to note any concerns where the entries were reviewed for any potential bias (Chenail, 2011). It is important to note that we do not have any previous

personal or professional experiences with the topic of CRP and its processes. However, we have professional experience working with individuals with substance abuse-related issues that did not interfere with this research study's analysis or final results. Dane (2018) concluded that the researcher must ensure that all participants agree to the study's requirements and consent form to uphold consistency and continuity.

Another concern is participant bias, where individuals participating in a research investigation may change their answers to questions because they do not want to disclose the information (Dane, 2018, pp. 117-118). As indicated by Dane (2018), it is only possible to eliminate participant bias if the individual is not aware that they are in the process of being observed. Further, participant bias was reduced or eliminated by ensuring the participants met the recruitment requirements, especially purposive sampling, since the individuals were targeted (Smith & Noble, 2014).

The research study related to the existing literature and theoretical framework in several ways. First, since the problem, purpose, and research questions were focused on the subjective experiences of African American college students attending a CRP while enrolled in college align with the selected theoretical framework of Social Identity Theory because of the necessary social changes needed to ensure long-term recovery. Second, the existing literature identified a problem of substance use among young adults, especially those attending college in the United States (Haegerich & Tolan, 2008), as it is reported by SAMHSA (2017) that in 2016, 5.3 million individuals aged 18 to 25 (1 in 7 young adults) needed treatment for substance abuse. More specifically, Pittman et al. (2019) reported that 1 in 3 African American students used alcohol to cope with school-related stressors. According to Lappan et al. (2020), moderate to heavy substance use among the African American student population was attributed to a 59.2% dropout rate, which has assisted in forming this study's problem, purpose, and research questions to effectively investigate the lack of

perceptions about the long-term influences that CRP availability, participation, and social identity changes have on academic performance, school dropout rates, and relapse and overdose prevention of African American students.

Summary

In summation, the societal problem of African American substance use accounts for the highest among all minority groups (Lappan et al., 2020), including the ramifications of poor academic performance and school dropout (Mekonen et al., 2017; Shegute & Wasihun, 2021; Smith et al., 2018), potential relapse (Queeneth et al., 2019; White et al., 2013), and fatal overdoses (Stover et al., 2019) among this population group. Moreover, this chapter provided the plan for the execution of a qualitative research investigation to understand the perceptions of 41 African American students who were 18 years old and who were currently enrolled in or have participated in a CRP within the past five years of graduation about how collegiate recovery programs (CRP) and social identity changes influence academic performance, school dropout rates, and relapse and overdose prevention of African American learners in the United States. A case study design was selected since it provided a subjective, evaluative inquiry that focused on learners' individual experiences and perceptions in CRP. The individuals were recruited from various university CRP Facebook groups.

The six research questions were designed with the study's aim, problem, and purpose to determine if the perceptions about how collegiate recovery programs (CRP) and social identity changes influence academic performance, school dropout rates, and relapse and overdose prevention of African American learners in the United States. The participants took a 12-question survey (see Appendix A) when and where they chose using the online platform Qualtrics through a link that was subsequently shared on social media with the universities providing approval, and it should only take students 15 to 20 minutes to complete. The collected data were categorized and analyzed through NVivo 12 research software.

The data analysis process entailed a comprehensive review of the data, including memoing, where the researcher's thoughts were duly noted. Moreover, NVivo 12 qualitative research software was used for data organization, categorization, and analysis to identify, compare, and contrast specific topic-related themes, including documents, and photos. Moreover, the data was winnowed to ensure that only the relevant information was used for the final results. Ethical considerations were addressed upon submitting this research study to the Northcentral University's Institutional Review Board (IRB). The confidentiality and anonymity of the participants were stringently enforced when the employed survey was completed anonymously and did not contain any personal identifiable information. All data were stored on a secured computer, protected through proper encryption.

The role of the researcher was the sole investigator responsible for planning, executing, and analyzing the data collected from the online 12-question survey through Qualtrics. We implemented journaling to reduce or eliminate potential researcher bias. Moreover, to reduce or eliminate potential participant bias, only recruited individuals who meet the study's participant criteria was targeted to complete the survey.

Chapter 4: Findings

The problem that was addressed in this study was the lack of perceptions about the long-term influences that CRP availability, participation, and social identity changes have on academic performance, school dropout rates, and relapse and overdose prevention of African American students attending college in the United States (Iarussi, 2018; Laudet et al., 2016; Miao et al., 2018; Shegute & Wasihun, 2021). The purpose of this qualitative, multiple case study was to explore the perceptions of African American students about the long-term influences of Collegiate Recovery Program (CRP) availability, participation, and social identity changes on academic performance, school dropout rates, and relapse and overdose prevention in collegiate settings. The remainder of the chapter provides information about the data's trustworthiness, results, findings evaluation, and summary.

Trustworthiness of Data

To ensure the trustworthiness of the collected data, the collected data was initially reviewed, the initial thoughts of the researcher were noted (Mertens, 2015, pp. 438-439), and the data was processed and coded using NVivo 12 research software. Moreover, other processes were employed, including triangulation, dependability, transferability, confirmability, and member checking. For example, data triangulation was used to effectively strengthen and enhance the quality and credibility of the research study and its results (Patton, 1999; Silva & Merces, 2018). More specifically, the triangulation of sources was implemented by reviewing and comparing CRP campaign materials, such as brochures and websites of each program, and data collected from the study participants. All documents obtained for each identified school were reviewed, compared, and properly coded in NVivo12 research software for further reference. The transcripts from individual participant responses were reviewed, cross-referenced, and corroborated with all collected sources and developed themes to increase the confidence and validity of the findings. The identified

themes successfully converged several data sources, including the subjective perspectives of the study's participants. The transcript data were winnowed and reorganized, where insignificant parts were omitted to ensure only the necessary and applicable data were utilized (Creswell & Creswell, 2018).

The dependability of the research study was reached as a qualitative research methodology, and a case study design were deemed appropriate for capturing subjective experiences from students considering the problem is identified as the lack of perceptions about the long-term influences that CRP availability, participation, and social identity changes have on academic performance, school dropout rates, and relapse and overdose prevention of African American students. Further, the research questions were devised to inquire, probe, and evaluate the experiences of students endured during CRP participation in collegiate settings.

The transferability of the study was addressed in several ways. For example, since generalizability is not expected in qualitative research investigations (Creswell & Creswell, 2018), and since no variables were quantitatively analyzed, the transferability of the findings applies to similar educational settings and students from other racial or ethnic backgrounds. The study's results, which were derived from participants who were targeted and selected through purposive sampling, were disclosed and summarized comprehensively through thick description giving the participants and readers of the study to make an inference about the applicability and transferability of the study results to various research settings and populations (Mertens, 2015, pp. 445-446).

The conformability of the findings was accurately represented through the unbiased review, coding, and categorizing of the collected textual data. Since an anonymous survey was used, no latent content of sighs, facial expressions, or periods of silence from the participants were applicable by interfering with the interpretation of the results. The original

survey transcripts will be released, which was recommended by Yin (2009) to provide a "chain of evidence" that allows one to review all study data to determine if the data objectively supports the study's findings.

The act of member checking, which can be formal or informal (Mertens, 2015), was utilized for this research study. After completing the 12-question survey, the participants had the opportunity to review, reflect, and edit their responses before submitting and ending the survey, allowing participants to make any necessary changes, if applicable. Further, this process ensured that participants meticulously and thoughtfully summarized their responses to each survey question from their subjective recollections. Most importantly, they reduced (or eliminated) potential bias by ensuring the same questions were asked to each participant in the same online format.

Results

The primary unit of analysis for this research study was exploring the perceptions of African American students about the long-term influences of CRP availability, participation, and social identity changes on academic performance, school dropout rates, and relapse and overdose prevention in collegiate settings. The participants answered 12 open-ended questions about their subjective experiences of joining a CRP in college. The survey format provided participants with text boxes where they elaborated on their unique experiences. The sample was comprised of 41 individuals.

Participant demographic information

The participants included 41 individuals who identify as minorities and who are currently enrolled in or have participated in a CRP within the past five years of graduation from 8 distinctive schools in the United States, including Baylor University (BU), Florida State University (FSU), Ohio State University (OSU), Salisbury University (SU), Southeastern Louisiana University (SLU), Virginia Commonwealth University (VCU),

Virginia Tech (VT), and West Virginia University (WVU). Data collection consisted of employing the study's instrument, which included an anonymous 12-question online survey through Qualtrics with an estimated completion time of 15 to 20 minutes. The instrument was field tested by an expert and modified for clarity, usability, and succinctness. Following the field test, the Northcentral University Institutional Review Board (IRB) approval was obtained to deploy the survey using the online platform Qualtrics. Data were gathered between September 2022 and January 2023, respectively. The survey responses, transcribed and validated using NVivo 12 research software, included individuals between 26 to 30 years of age since they attended a CRP within five years of graduation.

Participant demographic information was collected for age, race, the college where they graduated, and the degree earned from a college or university in the United States (see Table 1). The survey began with 43 participants; however, two of the 43 did not meet the criteria since they identified their race as Caucasian/white, so the researcher removed their responses, which reduced the sample to 41 participants. Of the 41 participants who qualified to take the survey, the sample consisted mainly of individuals between the ages of 22 and 27 (73%) and those who earned a bachelor's degree or higher (85%). All participants indicated that they attended or graduated from a university where they participated in a CRP within the past five years. The sample also included individuals aged 18 to 21 (12%) who indicated they were currently enrolled in school and actively attending a CRP. The survey was set up to be completely anonymous, and no IP addresses were collected during the process.

Table 1

Participant Demographic Information (n = 41)

Demographic Information	Frequency	Percentage
Age		
18-21	5	12
22-24	17	41
25-27	13	32
28-30	6	15
Education		
Currently in school – no college degree	4	10
Associate's degree	2	5
Bachelor's degree	27	66
Masters's degree	7	17
Ph.D. degree	1	2
Race		
African American/Black	41	100
School		
Baylor University	17	41
Florida State University	1	2
Ohio State University	1	2
Salisbury University	1	2
Southeastern Lousiana University	4	10
Virginia Commonwealth University	14	35
Virginia Tech	2	5
West Virginia University	1	2

Participant Survey Data

The data collected from the anonymous, 12-question open-ended survey included information from 41 participants currently enrolled in or have participated in a CRP within the past five years of graduation from 8 respected schools in the United States. The open-ended format allowed participants to make open responses describing their unique experiences. The responses were reviewed, organized, and coded to identify themes related to the six research questions. There were 19 specific codes generated to organize the collected data, and since no additional themes were discovered, data saturation was reached with the study's 41 participants.

The data from CRP websites and online brochures were reviewed, coded, and analyzed to corroborate participant responses (see table 2). Each participant was provided with the same survey that included the same question format and set of questions and was organized in the same manner, which could be completed on their own time. The participants were provided an open-ended textual box to type question responses that allowed them to provide as much information relating to their experiences as they wished to share for the study. The participants were given the study's consent letter, which required them to read and acknowledge before starting the survey. They were instructed to omit questions or stop taking the survey anytime. An informal act of member checking allowed the participants to review, reflect, and edit their responses before submitting and ending the survey. The study's results, which were derived from participants who were targeted and selected through purposive sampling, were disclosed and summarized comprehensively through thick description giving the participants and readers the ability to make an inference about the applicability and transferability of the study results to various research settings and populations (Mertens, 2015, pp. 445-446).

Table 2

CRP documentation from each school

University	Source	Program	Information
Baylor University	Website	Angel Paws	• Daily meetings • No sobriety requirement • No application process
Florida State University	Website	Living Intentionally, Finding Togetherness	• Online echeckups • Online support meetings • Scholarships
Ohio State University	Website	All Recovery	• No updated meetings or events • Peer support • Printable application • Scholarships • Weekly meetings
Salisbury University	Website	Drug and Alcohol Abuse Prevention Program	• Web links to other local services
Southeastern Louisiana University	Website	Lion Up Recovery	• Extensive application process • No updated meetings or events
Virginia Commonwealth University	Website	Rams in Recovery	• Daily meetings • Family support • No formal application process • Scholarships • Virtual meeting options
Virginia Tech	Website	Virginia Tech Recovery Community	• Daily meetings • Family support • Recovery housing • Virtual meeting options
West Virginia University	Website	Mountaineers For Recovery	• Daily meetings • Family support • Recovery housing • Scholarships • Virtual meeting options

Each university offered CRP programs; however, after reviewing the websites and other data from the programs, some were offered better services and provided more website updates. First, BU's program is called Angel Paws and provides students with many meeting options (Baylor University, n.d.). For example, this program offers meetings each day of the week: Smart Recovery on Mondays, One Key 12-step program meetings on Tuesdays, Support Groups on Wednesdays, Alcoholics Anonymous on Thursdays, and an All Recovery Meeting on Fridays. The group also offers meditation groups on Mondays, Wednesdays, and Fridays. There is no formal application process and no sobriety requirement to participate. Further, to participate, students are to attend a meeting or event. The website promotes the program and provides students with pertinent information to participate.

The CRP at FSU is called Living Intentionally, Finding Togetherness (Florida State University, n.d.). The program provides an online calendar; however, the last update was from October 2022, and no upcoming meetings or events are scheduled. The website does provide links to other online support meetings, including Alcoholics Anonymous, Narcotics Anonymous, and SMART recovery. It offers self-assessment e-checkups for students to monitor their alcohol and marijuana use. The program also offers scholarships to students for educational efforts and pursuits. There is no discussion regarding membership or ways to participate other than contacting the office. The website needs to be better operated and provide students with updated information.

The CRP at OSU is called All Recovery (Ohio State University, 2023). The program requires an admission process that consists of applying for membership. The program offers students weekly meetings on Wednesdays and is open to all students seeking help with their recovery. The program offers scholarships to students for educational efforts and pursuits. The program also offers students peer support services, and individualized treatment plans to aid their recovery. The program website has links to virtual meetings to assist students with

connecting to community services. The website is updated, but there are links that no longer work and do not provide a calendar with upcoming meetings or events. The website needs newer information related to the CRP at the university.

The CRP program at SU is called Drug and Alcohol Abuse Prevention Program (Salisbury University, 2022). The website provides limited information about the program and does not provide a calendar with upcoming meetings or events, nor is there mention of a formal membership process. There are links to regional websites that provide students with contact information for local services. The website lacks the necessary information to promote this university's CRP effectively.

The CRP program at SLU is called Lion Up Recovery (Southeastern Louisiana University, 2023). The program has an extensive application process, including completing an online application and meeting the stringent eligibility requirements relating to the length of sobriety, meeting and event participation, and successful interviewing with the program's staff. The program website has a calendar but lacks updates to indicate upcoming meetings or events.

The CRP at VCU is called Rams in Recovery (Virginia Commonwealth University, 2022). The program website lists upcoming meetings held Monday-Sunday, including Alcoholics Anonymous, SMART Recovery, Recovery Dharma, Marijuana Anonymous, LGBT Recovery, Family Education Program, and Positive Changes that consist of in-person or virtual availability. The program also assists students who need recovery housing, Naloxone training, and family support services and offers scholarships for educational efforts and pursuits. The website does not mention a formal membership process but is kept updated with current information.

The CRP at VT is called Hokies in Recovery (Virginia Tech, 2023). The website provides extensive information, including a list of on-campus and community-based

meetings. The on-campus meetings consist of a Recovery Meeting on Monday, an All Recovery Meeting on Wednesdays, Loved Ones in Recovery on Thursdays, and Women and Non-Binary Recovery Meetings on Saturdays; virtual options are available. The program also provides students with recovery housing assistance and family support services. There needs to be a mention of a formal membership process, and the website should be updated with the most current information.

The CRP at WVU is called Mountaineers For Recovery (West Virginia University, 2023). The website provides students with a calendar listing upcoming meetings, events, and family support services. The meetings consist of Back to School Support and Narcotics Anonymous on Mondays, All Recovery Meeting on Tuesdays and Thursdays, Mindful Recovery on Wednesdays, Well-Being Support Group on Fridays, and Meditation on Mondays, Tuesdays, Thursdays, and Fridays. The program offers scholarships to students for educational efforts and pursuits. The website also lists local recovery meetings and provides in-person or virtual options for attending, and there is no mention of a formal membership process.

There were several themes and sub-themes that developed from the research findings (see table 3)The findings for research question one about student perceptions of how collegiate recovery programs academic performance indicated how program participation influenced the student's academic performance because of increased engagement and refocused priorities. The findings for research question two about student perceptions of how CRP influenced school dropout rates indicated that most students would have dropped out of school if not for joining a CRP. The findings of research question three about student perceptions of how CRP influences the reduction of relapse and overdoses indicated that participation did decrease their overall vulnerability and overdose probability. The findings for research question four about student perceptions of how CRP participation influences

social identity changes indicated that the majority of participants positively changed their social circle, which included making necessary changes to their social identity that reflected a more spiritual and professional mindset, aiding their overall sobriety. The findings of research question five about student perceptions of the availability of CRP at their selected university indicated that CRP programs were widely available and promoted at their selected university, but were dependent on the university as some programs were promoted better than others. The findings for research question six about the long-term influence of joining a CRP indicated that it provided students with long-term sobriety that was aided through positive social identity changes.

Table 3

Themes and sub-themes from Research Questions

Research Question	Themes	Sub-themes
RQ1: What are the student's perceptions of how collegiate recovery programs influence academic performance?	• Improved academic performance	
RQ2: What are the student's perceptions of how collegiate recovery programs influence school dropout rates?	• Deterred school dropout	
RQ3: What are the student's perceptions of how collegiate recovery programs influence the reduction of relapse and overdoses?	• Did not deter cravings or desires to use • Worsened cravings and desires • Reduced vulnerability to relapse and overdoses	
RQ4: What are the student's perceptions of how collegiate recovery program participation influences the necessary social identity	• Influenced positive changes to the social circle • Influenced positive social identity changes	

changes to positively or negatively affect their addiction recovery process?		
RQ5: What are the student's perceptions of the availability of collegiate recovery programs at their selected university?	• Widely available • Membership process	• Program availability depended on each university • Time-consuming and extensive
RQ6: What is the overall long-term influence of collegiate recovery programs?	• Long-term sobriety • Professional mindset	

Research Question One

Research question one asked the student's perceptions of how collegiate recovery programs influence academic performance. Survey question one was designed to identify participants' perceptions of how CRP participation influenced their academic performance. Analysis of the survey responses indicated that 44 references in two specific codes related to the participant's experience of increased or decreased academic performance after joining a CRP during college. The two codes were increased academic performance and no increase in academic performance. A word frequency query was employed, which resulted in the finding of several common words associated with this survey question. For example, the words "grades," "increased," "helped," and "improve" were the most prevalent as a result of the word frequency query. One distinctive theme developed from the findings: (a) CRP participation improved academic performance, where a discussion of this theme follows.

Theme 1.1: CRP Participation Improved Academic Performance. Survey question one asked participants how their participation in a CRP influenced their academic performance and Grade Point Average. Analysis of the survey response transcripts and reflective memos were used to answer this question. The data reflected that 35 of the 41

participants (85%) indicated that joining a CRP increased their academic performance through refocused priorities. One of the participants, who identified as 23 years old and graduated from BU, stated, “I significantly increased my grades and grade point average,” another participant who also graduated from BU stated, “The program helped me increase my grade point average significantly from 2.9 to 3.8,” and a 25-year-old who graduate of VCU stated, “The collegiate program gave me direction on how to be a better student. I increased my grades by at least 2 points after enrollment.”

Data analysis also identified that 10 out of 41 participants (24%) indicated that joining the program helped them refocus their academic priorities, which aided their academic performance. For example, a 27-year-old graduate from VCU stated, “Yes, my active participation in the program helped me improve academically by refocusing my priorities to be centered around coursework.” A 22-year-old graduate of BU stated, “The program at Baylor has helped me with my academic performance through staying focused on school.”

There were 4 out of 41 participants (10%) indicated that they did not experience an increase in academic performance after joining a CRP. A 24-year-old who graduated from BU stated, “I didn’t see much of a change in my grades after joining a CRP,” and a 27-year-old who graduated from VCU stated, “The program resulted in my GPA staying the same.” There were 2 out of 41 participants (.04%) indicated that they had not seen a change since they had just joined the program.

The answer to research question one, the student’s perceptions of how collegiate recovery programs influence academic performance, was that students who join a CRP experience an increase in their overall academic performance. The participants indicated that after joining a CRP, they were more engaged in academics through refocused priorities, which aided their academic improvement. It is quite prevalent from the responses that

students benefit academically from joining a CRP through increased academic focus, redirection, and commitment.

Research Question Two

Research question two asked the student's perceptions of how CRP influences school dropout rates. Survey questions two and eleven were designed to identify participants' perceptions of how CRP influenced their desire to stay in school and what would have happened if they did not participate in a CRP in college. Analysis of the survey responses indicated that 34 references in two specific codes related to the participant's experience that a CRP influenced their desire to stay in school versus a CRP did not influence their desire to stay in school.

The two codes used for survey question two were "deterred school dropout" and "did not deter school dropout." A word frequency query was employed, which resulted in the finding of several common words associated with survey question two. For example, the words "stay," "influenced," "degree," "finish," "focus," and "desire" were the most prevalent in the word frequency query.

The code used for survey question eleven was "potential outcome." A word frequency query was employed, which resulted in the finding of several common words associated with survey question eleven. For example, the words "graduated," "school," "dropped," and "failed" were the most prevalent. One distinctive theme developed from the findings: (a) CRP participation deterred school dropout, where a discussion of this theme follows.

Theme 2.1 CRP Participation Deterred School Dropout. Survey question two asked if participation in a CRP influenced your desire and decision to stay in school versus dropping out. Analysis of the survey response transcripts and reflective memos were used to answer this question. The data reflected that 35 of the 41 participants (85%) indicated that joining a CRP influenced their desire to stay in school versus dropping out. For example, one

of the participants, aged 23 and who graduated from BU, stated, “It helped me stay enrolled by passing certain classes that I was struggling with because of alcohol consumption,” a 27-year-old who graduated from VCU stated, “The program gave me the confidence I needed to overcome poor decision making and focus on educational goals instead of dropping out,” and a 26-year-old graduate of WVU stated, “My participation in the CRP program significantly influenced my desire to stay in school since my focus changed to be more academically driven, which increased my academic performance.”

Data analysis also identified that 27 out of 41 participants (66%) indicated that they would have dropped or failed out and not graduated if they had not joined a CRP while in college. For example, a 24-year-old who graduated from SLU stated, “I would not have graduated from college,” and a 27-year-old who graduated from VCU stated, “I would have failed out of school.” Another 27-year-old who graduated from VCU stated, “There is no doubt that I would have failed school and had to drop out, especially during my undergraduate years. The program gave me the confidence and support system that I needed to keep focused and graduate.”

The data also reflected several participants who were unsure if participating in a CRP influenced them to not drop out of school and graduate, including those who recently joined a program. For example, 3 out of 41 participants (7%) stated, “I am not sure” if joining a CRP aided their influence to stay in school versus dropping. There were 4 out of 41 participants (10%) recently joined a CRP, so they cannot make an inference. Also, one participant who graduated from BU stated, “I most likely would have still graduated.”

The answer to research question two, the student’s perceptions of how CRP influence school dropout rates, was that most participants indicated that they would have dropped out of school if they had not joined a CRP while enrolled in college. The consensus indicated that the programs enhance the participant's desire to remain enrolled and follow through with

their degree programs. It was also determined that the programs enhanced their desire to stay enrolled, gave them new objectives, and renewed their confidence to graduate.

Research Question Three

Research question three asked the student's perceptions of how CRP influences the reduction of relapse and overdoses. Survey questions three and four were designed to identify the participant's perceptions of how CRP influences the reduction of relapse and overdoses. Analysis of the survey responses indicated that there were 74 references in five specific codes related to the participant's experience of how CRP influenced their reduction of relapse and potential overdoses, including the management of cravings and desire to use illicit substances.

The two codes for survey question three were "deterred cravings and desire" and "did not deter cravings and desire." The code used for survey question three was "deterred vulnerability and overdoses," "did not deter vulnerability and overdoses," and "relapse prevention." A word frequency query was employed, which resulted in the finding of several common words associated with survey question three. For example, the words "cravings," "didn't," "program," "desire," "alcohol," and "drink" were the most prevalent in the word frequency query. Two distinctive themes developed from the findings: (a) CRP participation did not deter cravings and desires to use, (b) CRP participation did reduce vulnerability to relapse and potential overdoses, and (c) CRP participation made the cravings and desires worse, where a discussion of these themes follows.

Theme 3.1 CRP Participation Did Not Deter Cravings or Desire to Use. Survey question three asked if participation in a CRP deterred your desire and craving to prevent potential relapse. Analysis of the survey response transcripts and reflective memos were used to answer this question. The data reflected that 31 of the 41 participants (76%) indicated that joining a CRP did not reduce their cravings or desires to use illicit substances. For example, a

23-year-old who graduated from BU stated, “It did not stop me from craving to drink alcohol,” a 25-year-old who graduated from OSU stated, “It didn’t reduce my desire or cravings because I still had cravings for using heroin and alcohol,” and a 25-year-old who graduated from SLU stated, “The program did not deter my desire or cravings to drink alcohol, especially on the weekends when I had more downtime.”

Theme 3.2 CRP Participation Made the Cravings and Desires Worse. A minor theme that developed from this section was that several participants indicated that joining a CRP during college worsened their cravings and desires, which was segregated to VCU and consisted of only 3 participants (7%). For example, a 25-year-old who graduated from VCU stated, “I never stopped wanting to drink alcohol or feeling the need to. In fact, it was difficult for me to cut back on my drinking, which worsened my desire and cravings even after joining the program,” a 27-year-old who graduated from VCU stated, “I never lost the desire or cravings to consume alcohol. Actually, the desire and cravings were worse because I was not drinking as frequently, which was a struggle for me,” and a 23-year-old who graduated from VCU stated, “The program didn’t help me with my cravings. I honestly believe it made the cravings worse since I was not drinking as much as I did before joining.” It is important to note that no other participant from any other university identified in this research study indicated their cravings or desires worsened.

Theme 3.3 CRP Participation Did Reduce Vulnerability to Relapse and Potential Overdoses. Survey question three asked if participation in a CRP aided recovery by reducing vulnerability to relapse and potential overdoses. Analysis of the survey response transcripts and reflective memos were used to answer this question. The data reflected that 25 of the 41 participants (61%) indicated that joining a CRP aided their recovery by reducing their vulnerability to relapse and potential overdoses. For example, a 27-year-old who graduated from VCU stated, “The program reduced my vulnerability of using meth and alcohol because

I was more active in other events encouraging sobriety," a 26-year-old who graduated from WVU stated, "While participating in the program, I significantly reduced my vulnerability to relapse as my focus was on my academic performance," and a 23-year-old who graduated from BU stated, "Yes, my participation in a collegiate recovery program did aid my recovery by reducing my vulnerability because I was surrounded with people going through the same situation."

The data also reflected that 12 of the 41 participants (29%) indicated that joining a CRP did not aid their recovery by reducing their vulnerability to relapse and potential overdoses. For example, two participants who graduated from Baylor stated, "It didn't reduce anything," and "My vulnerability never changed." Further, it was evident that several participants correlated cravings and desires to use with vulnerability. For example, a graduate from VCU stated, "I really didn't reduce my vulnerability since I still experienced the cravings," and a graduate from BU stated, "It didn't reduce my vulnerability because I was still a user who was influenced by cravings to use."

In response to research question three, what are the student's perceptions of how CRP influence the reduction of relapse and overdoses, indicated that most participants indicated that joining a CRP aided their recovery by reducing their vulnerability to relapse and potential overdoses; however, this finding is in question considering the two additional themes that were discovered. For example, the data analysis found that most participants did not experience reduced cravings and desire to use illicit substances. Several found that their cravings and desires worsened after joining a CRP, increasing their vulnerability to use. Further, even though the finding that a CRP reduces a person's vulnerability to use illicit substances, the fact that cravings and desires were still present or presented worse, puts into question how their vulnerability was less. Further qualitative research will be needed to

determine if CRP participation aided students' reduction of cravings and desire to use illicit substances.

Research Question Four

Research question one asked the student's perceptions of how CRP participation influences the necessary social identity changes to positively or negatively affect their addiction recovery process. Survey questions five, six, and seven were designed to identify participants' perceptions of how CRP participation influenced social change, including social identity changes to aid their recovery. Analysis of the survey responses indicated that there were 110 references in five specific codes related to the participant's experiences of social changes that occurred after joining a CRP during college. The five codes were "positive social identity changes," "positive social adaptation," poor social adaptation," "no social identity changes," and "no social adaptation." A word frequency query was employed, which resulted in the finding of several common words associated with these survey questions. For example, the words "people," "changed," "helped," "social," "group," and "focused." Two distinctive themes developed from the findings: (a) CRP participation influenced positive changes to the social circle that aided the recovery process, and (b) CRP participation influenced positive social identity changes that aided the recovery process, where a discussion of these themes follows.

Theme 4.1 CRP Participation Influenced Positive Changes to the Social Circle That Aided the Recovery Process. Survey question five asked if participation in a CRP influenced you to change the people in your social circle. Analysis of the survey response transcripts and reflective memos were used to answer this question. The data reflected that 35 of the 41 participants (85%) indicated that joining a CRP influenced positive changes to their overall social circle that aided their recovery process. For example, a graduate from BU stated, "My social circle changed after joining the program because I liked the support I

received from the other students. We became very good friends and helped each other when we were going through rough times," a graduate of VCU stated, "It helped me change my usual group of friends to include people who I met from the program. They gave me the support I needed during school and after graduation," and a graduate from VT stated, "I added people who were going through the same thing that I was, which helped me feel like I wasn't alone and could rely on them for support."

Survey question six asked if changes to your social circle were made and how your new social group aided your recovery while attending school. The data reflected that 34 of the 41 participants (82%) indicated that the changes to their social circle positively aided their recovery process. For example, a graduate from FSU stated, "It allowed me to make better choices and not drink as much as I used to do before joining the program," a graduate from OSU stated, "It aided my recovery by allowing me to attend safe events that didn't surround me with people who use," and a graduate from BU stated, "The program introduced me to many wonderful people who helped one another stay grounded and sober."

There were 5 of the 41 participants (12%) indicated that they did not change their social circle, and one graduate of BU stated, "It didn't influence me to change my friends which made me struggle." Further, one respondent indicated that their changes were detrimental to their overall recovery and encouraged drug use. For example, the graduate from BU stated, "The people I met in the group were users just like me, and when we was together we used cocaine several times. Some tried to help one another but others couldn't and the people would use with one another when they could."

Theme 4.2 CRP Participation Influenced Positive Social Identity Changes That Aided Recovery. Survey question seven asked if participation in a CRP influenced any social identity changes that aided your recovery process. Analysis of the survey response transcripts and reflective memos were used to answer this question. The data reflected that 29

of the 41 participants (71%) indicated that joining a CRP helped them to change their social identity, which aided their recovery process. For example, a graduate from BU stated, “My social identity became one more spiritual than I had in the past, which helped me through challenging times,” a graduate from VCU stated, “I went from being someone who was constantly looking for the next high to a person who found his spirituality and became a more loving and caring person,” a graduate from WVU stated, “Before college, I was very active in my church, which slacked off when I was in college and during my years of using illicit substances. After joining the CRP, I became active again in church and regained a focus on my spirituality,” and a graduate from BU stated, “My identity shifted to a more academic and professional focus rather than a self-centric approach.”

The answer to research question four, the student’s perceptions of how CRP participation influences the necessary social identity changes to positively or negatively affect their addiction recovery process, was that the majority of participants indicated that they successfully changed their social circle, including changing their social identity that directly influenced their recover. Participants identified two specific social identity changes, more spiritual and professional, that aided their sobriety. The consensus indicated that CRP participation provided students with a positive outlet leading them beyond their usual social circle and putting them at a higher risk of using illicit substances.

Research Question Five

Research question five asked about the student’s perceptions of the availability of CRP at their selected university. Survey questions eight, nine, and ten were designed to identify participants’ perceptions of CRP availability, ease of joining, and any suggested enhancements to the joining process. Analysis of the survey responses indicated that there were 40 references in three specific codes related to the participant’s experiences CRP availability, ease of joining, and suggested enhancements of the joining process. The three

codes were “CRP joining process,” “CRP availability,” and “CRP improvements.” A word frequency query was employed, which resulted in the finding of several common words associated with these survey questions. For example, the words “meetings,” “attend,” “process,” “students,” “application,” and “requirements.” Two distinctive themes developed from the findings: (a) CRP programs are widely available, and (b) the CRP membership process is through attending group meetings.

Theme 5.1 CRP Programs Are Widely Available. Survey question eight asked participants if CRP are widely available and promoted on university campuses. Analysis of the survey response transcripts and reflective memos were used to answer this question. The data reflected that 28 of the 41 participants (68%) indicated that CRP programs are widely available at their universities. For example, two students who graduated from BU stated, “Yes, they are widely promoted and available for all students,” and “Yes the program is available at the school and are promoted through campus functions and social media.” Moreover, a graduate from WVU stated, “Yes, at WVU, the group is called “Serenity Place” and is well promoted to all students who are in need.”

Interestingly, a subtheme developed from theme 5.1 found that program availability depended on each university. For example, most students at each university in this study indicated that CRP programs are widely available. However, students who graduated from SU in Maryland and SLU in Louisiana indicated that CRP availability was not prevalent at their given universities. For example, a graduate from SU stated, “Not really widely available or promoted. I had to search for the program to see what my options were.” Further, all of the graduates from SLU stated, “No they are not,” and “Not really.”

Theme 5.2 CRP Membership Process is Through Attending Group Meetings. Survey question nine asked participants about the CRP membership process at their university. Analysis of the survey response transcripts and reflective memos were used to

answer this question. The data reflected that 28 of the 41 participants (68%) indicated that CRP membership consisted of attending a group meeting or, in some cases, an event on campus. For example, a graduate of BU stated, “There is no application process. You literally just attend a meeting,” and a graduate from VCU stated, “Attend an event or meeting, and then stay active.”

A sub-theme developed where 5 of the 41 participants (12%) who attended school at SLU indicated that the membership process could have been more stellar as the process was time-consuming and extensive. For example, feedback from several participants who graduated from the school stated, “It is an extensive process where you have to meet many requirements before being accepted, “It is a process that involves applications, interviews, and attending meetings/events” and “It is way too complicated for students.” It is important to note that this sub-theme was school dependent as it only included SLU and no other school. Further, the same participants also indicated suggestions of what would make the membership process easier for students. For example, the graduates stated, “The program could reduce the requirements for entry to capture more students who need the service,” “Reduce the eligibility requirements for membership. It honestly deters people who need support from seeking help any applying,” and “The university could remove the application process and other requirements to help students join.”

The review of SLU’s CRP program documents indicated that the extensive membership process requires students to meet pre-screening and ongoing eligibility requirements. As indicated by Southeastern Louisiana University (2023), it provides a “rolling application date” that students must meet, including the following eligibility requirements: (1) 6 months or more of Abstinence Based Recovery, (2) Acceptance into Southeastern Lousiana University, (3)Dedication to working towards and establishing sustained recovery, (4) Interview with CRP staff, (5) Active participation in a Twelve-Step

Recovery Program or equivalent recovery program, and (6) Commitment to service. There are also additional requirements, including attending two weekly meetings, weekly seminars, and meeting with an academic advisor each semester. Further, the review of the school's application process consisted of an online form to be filled out by the student after confirming they meet the eligibility requirements to join the CRP. The online application form consisted of the student's current semester, gender, race or cultural identity, marital status, employment status, and substance use and recovery questions.

The answer to research question five, the student's perceptions of the availability of CRP at their selected university, was that most participants indicated that CRP were widely available except for one school. Moreover, participants who graduated from SLU found that the on-campus CRP was not widely available nor promoted well within the university, including a poor membership process. Participants provided feedback on the overall membership process, concluding that enhancements can be made to reduce this university's eligibility requirements and application process.

Research Question Six

Research question six asked about the overall long-term influence of CRP. Survey question twelve was designed to identify participants' perceptions of the long-term influence of joining a CRP while in school. Analysis of the survey responses indicated that there were 31 references in one code related to the participant's overall long-term influence of joining a CRP in school. The code was "long-term influence." A word frequency query was employed, which resulted in the finding of several common words associated with these survey questions. For example, the words "helped," "focused," "career," "school," "stay," and "recovery." One theme developed from the findings: (a) CRP programs positively influenced participants long-term, and (b) CRP programs positively influenced participants' social identity to a more professional mindset.

Theme 6.1 CRP Programs Positively Influenced Participants' Long-term Sobriety. Survey question twelve asked participants about their perceptions of the long-term influence of joining a CRP while in school. Analysis of the survey response transcripts and reflective memos were used to answer this question. The data reflected that 32 of the 41 participants (78%) indicated that joining a CRP while in school positively influenced their overall long-term influence, especially their sobriety, well beyond their college years. For example, several graduates from BU stated, “My participation in a collegiate recovery program influenced my long-term recovery by changing my social circle to include more positive people,” and “It helped me reduce my overall drinking, which has carried over to today,” and “It helped me stay sober.” Graduates from VCU stated, “It influenced me to stay sober and not relapse,” “It kept me centered on what was important and helped me reduce my drinking,” and “It motivated me to stay clean post-college and avoid relapse.”

Theme 6.2 CRP Programs Positively Influenced Participants' Social Identity to a More Professional Mindset. Survey question twelve asked participants about their perceptions of the long-term influence of joining a CRP while in school. Analysis of the survey response transcripts and reflective memos were used to answer this question. The data reflected that 13 of the 41 participants (32%) indicated that joining a CRP while in school influenced changes to their social identity to a more professional mindset. For example, several graduates from BU stated, “It bridged me from college to my career as a teacher in the public school system. After graduating school and completing the CRP program I have not participated in further substance use,” “It helped me solidify a professional identity that has helped me stay focused post-graduation,” and “It helped me stay focused professionally as I transitioned from college to my career.” Graduates from VCU stated, “The program influenced my long-term recovery because I focused on my career and stopped using drugs

after graduating from school," "It helped me by redirecting my focus to a more career-oriented mindset," and "It influenced me to stay sober after school and focus on my career."

The answer to research question six, the student's perceptions of the overall long-term influence of CRP, indicated that it provided them with long-term sobriety, accomplished through positive social identity changes. For example, most participants indicated that joining a CRP while in college positively influenced their overall long-term influence, especially their sobriety, well beyond their college years. Further, it was also found that CRP participation also influenced short and long-term changes to their social identity to a more professional mindset, enabling them to be career oriented and successful.

Evaluation of Findings

The purpose of this qualitative method and multiple case study design was to explore the perceptions of African American students about the long-term influences of CRP availability, participation, and social identity changes on academic performance, school dropout rates, and relapse and overdose prevention in collegiate settings. The research provided 41 participants who identified as minorities and who are currently enrolled in or have participated in a CRP within the past five within the past five years of graduation with the opportunity to share their subjective viewpoints on participating in a CRP during their college years. Moreover, the universities included eight distinctive schools in the United States, including BU, FSU, OSU, SU, SLU, VCU, VT, and WVU. Overall, the study's participants provided necessary feedback to effectively answer pertinent research questions to indicate the necessity of universities providing CRP options to students in collegiate settings.

The findings for research question one about student perceptions of how collegiate recovery programs academic performance indicated how program participation influenced the student's academic performance because of increased engagement and refocused priorities. The findings for research question two about student perceptions of how CRP

influenced school dropout rates indicated that most students would have dropped out of school if not for joining a CRP. The findings of research question three about student perceptions of how CRP influences the reduction of relapse and overdoses indicated that participation did decrease their overall vulnerability and overdose probability. The findings for research question four about student perceptions of how CRP participation influences social identity changes indicated that the majority of participants positively changed their social circle, which included making necessary changes to their social identity that reflected a more spiritual and professional mindset, aiding to their overall sobriety. The findings of research question five about student perceptions of the availability of CRP at their selected university indicated that CRP programs were widely available and promoted at their selected university but depended on the university, as some programs were promoted better than others. The findings for research question six about the long-term influence of joining a CRP indicated that it provided students with long-term sobriety that was aided through positive social identity changes.

Research Question One Evaluation

The first research question addressed student perceptions of how CRP influenced their academic performance. The results for research question one, based on qualitative data analyzed from responses received from an anonymous online survey, suggested one main theme, CRP participation improved academic performance. The findings indicated that (85%) of participants that indicated they joined a CRP in college found that it increased their academic performance in several ways. For example, it refocused academic priorities, more engaged in academics, and strengthened their academic commitment.

The current findings supported existing literature. For example, the most significant finding supported those of Watts et al. (2018), which indicated that CRP participation was a positive outlet for students to promote academic success to meet their educational goals.

Also, the findings supported those of Mekonen et al. (2017) and the Drug Enforcement Administration (2021) that students who consume illicit substances regularly endure poor academic performance, which was corroborated with the current findings since it extended the research that (85%) of participants who participated in a CRP decreased their drug use, which increased their overall academic performance and grade point average.

Research Question Two Evaluation

The second research question addressed student perceptions of how CRP influences school dropout rates. The results for research question two, based on qualitative data analysis of an anonymous online survey, suggested one main theme, CRP participation deterred school dropout. The findings indicated that (85%) of participants indicated that joining a CRP influenced their overall desire to stay in college versus dropping out.

Answering the calls for additional research by Iarussi (2018) and Laudet et al. (2016) to explore the dropout rates of students who use illicit substances while in college, the current findings add to the literature that CRP participation by students in college is a strong motivator in student retention by deterring school dropout. Moreover, the current findings also supported the existing literature by Lappan et al. (2020) that indicated the highest dropout rates of students are among the African American student population as the current findings found that (66%) of participants indicated they would have dropped out and not graduated if they had not joined a CRP while in college. The findings indicated that the programs enhanced the participant's desire to remain enrolled and follow through with their degree programs by renewing their confidence and motivation to graduate.

Research Question Three Evaluation

The third research question addressed student perceptions of how CRP influences the reduction of relapse and overdoses. The results for research question three, based on qualitative analysis of responses obtained from an anonymous online survey, suggested three

main themes. For example, the three themes were CRP participation did not deter cravings or desire to use, CRP participation made the cravings and desires worse, and CRP participation did reduce vulnerability to relapse and potential overdoses.

The first theme, CRP participation made the cravings and desires worse, was an interesting finding that added to the literature that (76%) of participants indicated that joining a CRP did not reduce their overall cravings or desires to use illicit substances. Moreover, the second theme, CRP participation made the cravings and desires to use illicit substances worse because they were not consuming like they were before joining. The third theme, CRP participation did reduce vulnerability to relapse and potential overdoses, reflected the responses of (61%) of the participants taking the survey, which corroborated the findings by Norman and Ford (2018), Rosenthal and Elkins (2020), and Watts et al. (2018) that participating in CRP programs will effectively reduce using illicit substances and reduce relapse and overdoses.

The current findings that suggest that CRP participation did not reduce their overall cravings or desires to use illicit substances and that CRP participation made the cravings and desires worse were interesting findings that added to the literature in several ways. First, as indicated by Alizadehgoradel et al. (2020), cravings and desires manifest in a person's prefrontal, anterior cingulate, and orbitofrontal cortexes of the brain, and consumption severity is the leading cause of cravings and desires to use (Pickard, 2020). Further, if a person with a severe use history begins to reduce or cease the use of illicit substances, then their cravings and desires to use would be amplified as indicated in the current findings.

Research Question Four Evaluation

The fourth research question addressed student perceptions of how CRP participation influences the necessary social identity changes to positively or negatively affect their addiction recovery process. The results for research question four, based on qualitative

analysis from responses obtained from an anonymous online survey, suggested two main themes. The first theme was identified as CRP participation influenced positive changes to the social circle that aided the recovery process. The second theme was identified as, CRP participation influenced positive identity changes that aided recovery.

The current findings add to the literature by indicating that (85%) of participants that joining a CRP effectively influenced positive social changes to their overall social circle, aiding their recovery process. Moreover, (71%) of participants indicated that CRP participation aided their social identity changes that aided their recovery process and long-term recovery. There were only (12%) of participants indicated that no changes were made to their social circle, indicating that those students continued to struggle with substance use and recovery.

Research Question Five Evaluation

The fifth research question addressed student perceptions of the availability of CRP at their selected university. The results for research question five, based on qualitative analysis from responses obtained from an anonymous online survey, suggested two main themes. The first theme was that CRP programs are widely available, and the second theme was that the CRP membership process is through attending group meetings. There was one sub-theme identified that the membership process at SLU was tedious and time-consuming and needed to be changed.

The current findings add to the literature was (68%) of participants indicated that CRP programs are widely available at their universities, which as indicated by Melick et al. (2013), is a significant factor in school selection. Moreover, the current findings also indicate that the membership process at most schools consists of attending a meeting or an event on campus. The sub-theme that developed from the data found that the membership process at one school in particular, SLU, was an extensive process that students need to meet specific

criteria before applying, including applications, interviews, and attending a specific number of meetings per week before being accepted, which deters potential membership. Further, these current findings are imperative to direct college leaders and mental health professionals with the necessary feedback on the need of CRP at their universities. These findings were different from the other universities identified in the study. For example, the consensus from the participants indicated that the overall program availability and promotion of CRP programs were adequate at their university. Further, most participants indicated that the overall CRP membership process was simple and required them to attend a meeting or event and stay active.

Research Question Six Evaluation

The sixth research question addressed the overall long-term influence of CRP. The results for research question six, based on qualitative analysis of responses obtained from an anonymous online survey, suggested two main themes. The first theme, CRP programs positively influenced participant's long-term sobriety, and the second theme, CRP programs positively influenced participant's social identity to a more professional mindset.

Answering the calls by Collier et al. (2014), Knopf (2015), and Nash and Collier (2016) for further research, the current findings added to the literature that indicated CRP programs are comprehensive support models that aid individuals through the treatment and recovery process by promoting long-term sobriety as (78%) of the respondents indicated that participation positively influenced their sobriety long-term. Moreover, the findings also answered calls for further research by Jason et al. (2021) and Smith et al. (2018) that indicated that CRP participation is a determinant of long-term efficacy in reducing relapse and overdose risks of African American students who participated in a program carried well beyond the college years.

The need for social adapation and social identity changes are necessary for long-term recovery. Moreover, this research study answered Melick et al. (2013) and Miao et al. (2018) calls for further research on the necessity of implementing social changes for successful long-term recovery. The current findings add to the literature by indicating that positive social changes do, in fact, promote successful, long-term recovery and sobriety, and support the findings of Smith et al. (2020) that indicated CRP participation increased their overall happiness.

The current research contributed to the theoretical underpinnings of the social identity theory (Ashforth & Mael, 1989), which suggested that the membership of a specific social group influences the "effect of an individual's behaviors and actions," where their personal identity is a product of their social experiences cultivated by group membership and participation. The majority of participants indicated that they effectively changed their social circle, including making the necessary social identity changes that comprised capturing a professional mindset focused on transitioning from their current schooling to their professional career. There was also a discussion of how some participants changed their social identity to a more spiritual one that aided their recovery.

It is also important to note that an interesting finding emerged from data analysis. The current findings indicated that (12%) of participants declared that their participation was detrimental to their drug use, which corroborated the findings by Smith and colleagues that participating in a CRP may reinforce destructive, unhealthy substance abuse behaviors through unhealthy social circles in higher education settings. Additional research is needed to determine the generalizability of this finding.

Summary

The purpose of this qualitative method and case study was to explore the perceptions of African American students about the long-term influences of CRP availability,

participation, and social identity changes on academic performance, school dropout rates, and relapse and overdose prevention in collegiate settings. The majority of participants indicated that CRP participation in college effectively increased their academic performance, deterred school dropout rates, deterred reduction of relapse and overdose vulnerability, positively changed their social identity, and that the overall long-term influence of program participation provided them with a solid foundation to transition from an academic setting to their professional career while maintaining their sobriety and recovery. The participants indicated that joining a CRP did not reduce their cravings and desire to use illicit substances but provided them with an alternative social outlet to reduce their overall vulnerability to use. Further, there were instances where participants indicated that the overall availability and promotion of CRP programs at their university were not remarkable and needed improvement, which was corroborated when reviewing websites and other documents for CRP programs. Furtgher, participants declared that they effectively changed their social circle, including making the necessary social identity changes that comprised of capturing a professional mindset by transitioning from a collegiate environment to a professional career. The current findings successfully contributed to the literature by establishing and reinforcing the need for increased CRP availability and promotion for college students to enhance their recovery needs. The foundation of the study was based on several researchers, including Iarussi (2018), Rosenthal and Elkins (2020), Staton et al. (2018), and Watkins et al. (2021), that have suggested additional research on the experiences of college students in CRP on minority populations, including African Americans from various geographical regions in the United States. The results of this study corroborated the findings of a study by (Melick et al., 2013) that indicated that most students who sought to join a CRP wanted to increase their social support network to stay sober and promote long-term sobriety. The study also corroborated the finding by Smith et al. (2020) that a student engaged in an unhealthy social

circle will encourage illicit substance use and poor recovery in educational settings as the participants with the most successfully implemented the needed changes to their social circle. The study results are discussed in Chapter five.

Chapter 5: Implications, Recommendations, and Conclusions

The problem that was addressed in this study was the lack of perceptions about the long-term influences that CRP availability, participation, and social identity changes have on academic performance, school dropout rates, and relapse and overdose prevention of African American students attending college in the United States (Iarussi, 2018; Laudet et al., 2016; Miao et al., 2018; Shegute & Wasihun, 2021). The purpose of this qualitative, multiple case study was to explore the perceptions of African American students about the long-term influences of Collegiate Recovery Program (CRP) availability, participation, and social identity changes on academic performance, school dropout rates, and relapse and overdose prevention in collegiate settings.

A qualitative case study design was used for this research study due to its evaluative inquiry focusing on learners' individual subjective experiences and perceptions to determine if CRP availability, participation, and social identity changes are effective modalities to increase academic performance, lower school dropout rates, and prevent relapse and overdoses among African American students. Moreover, multiple cases were used over a single case because of the analysis of two or more cases, which aided in the identification of patterns, similarities, and variations between two CRP programs at different universities across the country (Fabregues & Fetters, 2019; Turnbull et al., 2021). Further, a holistic case was used because there was only one unit of analysis (Fabregues & Fetters, 2019).

The 41 participants from 8 respected schools in the United States were selected through purposive sampling via private Facebook groups. The sample included individuals who disclosed that they attended a CRP while attending college and graduated with a degree. No personal data were collected from the participants except their current age, the school they attended, the degree they earned, and their responses to the 12-question survey. All participants meet specific study inclusion criteria before taking an anonymous, 12-open-ended survey, including agreeing to the study's consent form. The open-ended format

allowed participants to make open responses describing their unique experiences. The responses were reviewed, organized, and coded to identify themes related to the six research questions.

The study's results identified several specific themes and sub-themes, including improved academic performance, deterred school dropout, did not deter cravings or desires to use, worsened cravings and desires, reduced vulnerability to relapse and overdoses, influenced positive social changes to their social circle, influenced positive social identity changes, CRP programs are widely available, membership process, program availability, long-term sobriety, and professional mindset. The participants indicated that CRP participation increased academic performance, deterred school dropout rates, and reduced relapse and overdose vulnerability. An important finding was participants indicated that participating in a CRP helped them change their social identity and helped them transition from academic life to their professional careers and that participation did not reduce their cravings or desires to use illicit substances, but provided them with the social support needed to overcome those feelings.

There were several limitations to this research study. First, although the sample consisted of 41 participants, individuals were not incentivized, which could have deterred potential people from participating. Second, purposive sampling was utilized for this study since the sample was targeted at African American students who participated in a CRP while in college at several universities in the United States. Unfortunately, since this was the method of data collection, there is the potential for participants to manipulate the data due to being part of a study. Third, since the sample was selected through purposive sampling, each participant did not have an equal chance of being chosen to participate, which could generate inaccurate results. Fourth, there is potential for experimenter bias, where the results may include errors in judgment and interpretation, including the inability to generalize the

findings. The remainder of the chapter provides information about the study's implications, recommendations for future research, and conclusions.

Implications

There were several implications based on the findings of this research investigation. Six specific research questions were answered using the responses gathered from a 12-question open-ended. The implications in this study are related and dependent on the responses derived from the survey, answering the respective research questions, and are presented in the order in which the questions were initially framed.

There are several factors that might have influenced the interpretation of these results. For example, experimenter bias may have inadvertently influenced the interpretation of the study's results based on the researcher's subjective ideas, feelings, and expectations of the study, including reacting to a specific response to a question. Also, response bias may have influenced the results since the respondents may have provided a distorted account when answering the survey questions resulting in potential inaccurate findings and negatively affecting the interpretation of the results.

Research Question 1

The first research question addressed student perceptions of how CRP influenced their academic performance. The results of research question one showed joining a CRP program in college significantly improved students' academic performance through increased engagement and commitment to their learning obligations. Moreover, joining a CRP decreased the student's overall illicit substance use, increasing their scholarly productivity. These findings extend the current literature by indicating that CRP participation increased students' academic engagement and performance, including decreasing their overall illicit substance use among African American learners. Also, the results informed the study problem by suggesting that CRP participation increased the academic performance of African

American students attending college in the United States, which would aid students in remaining in school, increasing cessation of drug use and graduation rates.

The results of this study corroborated the findings of several researchers. For example, the results corroborated the earlier findings of Watts et al. (2018), indicating that CRP participation was a positive outlet for students to promote academic success to meet their educational goals. The current results also supported the previous findings of Watts et al. (2018), indicating that CRP participation was a positive outlet for students to promote academic success to meet their educational goals. Additionally, the study results supported findings by MeKonen et al. (2017) and the Drug Enforcement Administration (2021) that CRP participation might be an outlet for students who are in recovery to continue with their educational goals and promote academic success, which was confirmed by the results.

There are several implications of these findings. For example, the results imply that joining a CRP program decreased students' illicit substance use and increased their overall academic performance, which poses critical information to collegiate leadership at colleges and universities across the United States. Moreover, this information can be used to effectively emphasize the need to advocate the expansion of these programs by making them available to all students who need recovery options to help them academically. The findings also imply that students who join a CRP decrease their overall substance use, which can lead colleges and universities to lead and expand substance abuse deterrence campaigns to reach students that need immediate cessation. Further, this information is critical, especially for schools with more minority students.

Implications for theory extension. In addiction recovery, it is imperative that individuals change their social identity to be successful in finding and maintaining long-term sobriety with a new social circle of positive and supportive people for long-term efficacy. The findings of the first research question contributed to the theoretical underpinnings of the

social identity theory. For example, by joining and participating in a CRP, the participants significantly improved their academic performance by increasing their academic engagement and commitment to their learning obligations increasing their scholarly productivity. These findings provide theoretical insight as the participation in a CRP provided students with a change in social circle by becoming part of a specific social group that influences the "effect of an individual's behaviors and actions," where their identity is a product of their social experiences cultivated by group membership and participation (Ashforth & Mael, 1989). Additionally, this participation aided the participants in effectively improving their academic performance by reducing their illicit substance use, aided by new group membership.

Research Question 2

The second research question addressed student perceptions of how CRP influences school dropout rates. The current findings showed most participants indicated joining a CRP influenced their overall desire to stay in college versus dropping out of school. The results also demonstrated participants with substance-related dependence would not have graduated if they had not joined a CRP while in college. These findings extend the current literature by showing CRP participation deterred school dropout and increased graduation rates among African American learners in the United States, addressing the study problem to effectively keep students in school to cease illicit substance use and complete their degree programs.

The results of this study answered the call for additional research by several researchers. For example, answering the call for further research by Iarussi (2018) and Laudet et al. (2016) to explore the dropout rates of students who use illicit substances while in college, the study results extended the current literature by indicating that joining a CRP influenced the participants to stay in school. Additionally, the findings also extended the literature by indicating that African American students were more inclined to stay in school and graduate versus dropping out after joining a CRP, which extended previous research by

Lappan et al. (2020) indicating the highest dropout rates of students are among the African American Population.

There are several implications of these findings. For example, the results indicated that program participation enhanced students' desire to remain enrolled and follow through with their degree programs by renewing their confidence and motivation to graduate, which is extremely important to bridge students needing recovery to academic success. Moreover, since dropout is higher among African American students, expanding programs at colleges and universities with higher black student populations is even more essential. This information is critical for leadership to prioritize the need for these programs by advocating for additional funding and support to aid program expansion and to enhance the overall advertising campaigns on campuses. Further, colleges and universities with a higher African American population can be more mindful of the need to target these students at admission to bridge these new students to success.

Implications for theory extension. The findings of the second research question contributed to the theoretical underpinnings of the social identity theory. For example, most participants indicated that joining a CRP influenced their overall desire to stay in college versus dropping out of school, affecting the overall graduation rates. These findings provide theoretical insight as the participation in a CRP provided students with a change in social circle by becoming part of a specific social group that influences the “effect of an individual’s behaviors and actions,” where their identity is a product of their social experiences cultivated by group membership and participation (Ashforth & Mael, 1989). Additionally, this participation aided the participants in avoiding dropout and staying in school through graduation, which was aided by new group membership.

Research Question 3

The third research question addressed student perceptions of how CRP influences the reduction of relapse and overdoses. The findings showed most participants indicated that CRP participation noted their cravings for illicit substances were worse, the findings also found that participation in a CRP reduced students' vulnerability to relapse and potential overdoses by redirecting their priorities to a more academic-centered mentality. These findings extend the current literature by demonstrating even though CRP participation made participants' overall desires to use illicit substances worse, it also reduced their vulnerabilities to relapse and overdoses by providing them with a more positive social outlet focused on support and deterrence. Also, the results informed the study problem by suggesting that CRP participation does reduce student vulnerabilities to relapse and overdoses among African American learners in the United States and will effectively reduce the number of overdose-related fatalities among this population group.

The results of this study corroborated the findings of several researchers. For example, the results supported the findings of Norman and Ford (2018), Rosenthal and Elkins (2020), and Watts et al. (2018) that CRP participation would effectively reduce illicit substance use, reducing the overall vulnerability to relapse and overdoses. Additionally, this finding also corroborated the research results of Albarello et al. (2021) and Dumas et al. (2012) that CRP participation among students from African American populations enhances their recovery during and after participating in the program.

There are several implications of these findings. For example, the result that CRP participation did not reduce their overall cravings or desires to use illicit substances and that CRP participation made the cravings and desires worse are essential for the overall planning and execution of CRP development, including factoring a person's biological brain functioning and development of addictive-related dependence. Moreover, leadership

committees must consider this finding to effectively address these cravings and desires from a physiological standpoint at the program's start to prevent lack of participation, program dropout, and continued drug use from the student population. Additionally, the finding indicates that CRP participation effectively reduced overall vulnerability to relapse, and overdoses support expanding these recovery programs at the collegiate level, especially targeting new students more vulnerable than others from minority populations.

Implications for theory extension. The findings of the third research question contributed to the theoretical underpinnings of the social identity theory. For example, the findings found that participation and membership in a CRP reduced students' vulnerability to relapse and potential overdoses by redirecting their priorities to a more academic-centered mentality. These findings provide theoretical insight as the participation in a CRP provided students with a change in social circle by becoming part of a specific social group that influences the "effect of an individual's behaviors and actions," where their identity is a product of their social experiences cultivated by group membership and participation (Ashforth & Mael, 1989). Additionally, this participation effectively reduced the participant's overall vulnerability to relapse and potential overdoses by refocusing their priorities to be more academic-centered, which was aided by new group membership.

Research Question 4

The fourth research question addressed student perceptions of how CRP participation influences the necessary social identity changes to affect their addiction recovery process positively or negatively. The findings showed participants who joined a CRP effectively influenced positive social changes in their overall social circle, aiding their recovery process. The participants also indicated that CRP participation influenced positive social changes in their overall social circle and supported their long-term recovery. These findings extend the literature by indicating that CRP participation influenced participants to implement the

needed social changes, including making the necessary social identity changes to aid their addiction recovery (McFeeters, 2021; Rodriguez, 2021). Also, the results informed the study problem by suggesting that CRP participation influenced the social identity changes to aid long-term recovery among African American students attending college in the United States and will enable them to remain sober from consuming illicit substances long-term.

The results of this study corroborated and extended the findings of several researchers. For example, the current finding supported the findings from Zimmerman and Farrell (2017) that showed a strong predictor of continued substance use and potential abuse is strongly correlated with the social circles they belong to and engage with regularly, which also extended the current literature since the results of this study focused on African American students who indicated that CRP participation supported their long-term recovery. Additionally, the current findings also corroborate theoretical underpinnings as it supports and applies the social identity theory as social participation significantly influences illicit substance use and abuse and addresses the study problem by aiding African American students in changing their social identity to enable an effective transition to recovery, lowering the opioid-related fatalities in the United States.

There are several implications of these findings. For example, the current results found that most African American participants effectively changed their social circle, including making the necessary social identity changes through transitioning to a mindset focusing on academia and then a professional mindset bridging them from their current schooling to their professional career. This implication is essential for program leaders to emphasize social identity changes early in the program to aid students in finding positive social support for long-term success. Further, CRP events must focus on networking individuals with other people who need positive social support.

Implications for theory extension. The findings of the fourth research question contributed to the theoretical underpinnings of the social identity theory. For example, the findings indicated that participants who joined a CRP effectively influenced positive social changes in their overall social circle, by becoming members of a CRP that aided their recovery process, especially their long-term recovery. These findings provide theoretical insight as the participation in a CRP provided students with a change in social circle by becoming part of a specific social group that influences the "effect of an individual's behaviors and actions," where their identity is a product of their social experiences cultivated by group membership and participation (Ashforth & Mael, 1989). Additionally, this participation and changes to their social circle effectively reduced the participant's overall vulnerability to relapse and potential overdoses, positively impacting their long-term recovery.

Research Question 5

The fifth research question addressed student perceptions of the availability of CRP at their selected university. The findings indicated that CRP programs are widely available at the participant's universities. However, even though the participants noted the membership process at most schools consists of a simplistic process of attending a meeting or an event on campus, there was one school in particular, Southern Louisiana University, that participants indicated had an extensive membership process in that students need to meet specific criteria before applying, including applications, interviews, and attending a specific number of meetings per week before being accepted and keeping membership.

The results of this study added to the literature. For example, the findings indicated that the CRP are widely available at the identified universities where African American students have indicated a positive joining experience. However, the students who identified a poor CRP membership process at SLU have found a barrier inhibiting students from potential

membership and, most importantly, the help they need to find a school and succeed in college (Kollath-Cattano et al, 2018; Melick, et al., 2018), which are critical as they identified potential barriers for students to join a CRP.

There are several implications of these findings. For example, these findings are imperative to direct college leaders and mental health professionals with the necessary feedback to advocate for CRP at their universities. The consensus among participants indicated that the overall program availability and promotion of CRP programs were adequate at their universities, providing these universities with positive feedback about their membership process. It also allows school leadership to review and revise their membership processes to ensure a more simplistic format attractive to their students.

Implications for theory extension. The findings of the fifth research question contributed to the theoretical underpinnings of the social identity theory. For example, participants indicated that CRP programs are widely available at their universities and the membership process at most schools consists of a simplistic process of attending a meeting or an event on campus. These findings provide theoretical insight as the participation in a CRP provided students with a change in social circle by becoming part of a specific social group that influences the "effect of an individual's behaviors and actions," where their identity is a product of their social experiences cultivated by group membership and participation (Ashforth & Mael, 1989). Additionally, the ease of the membership process attracts participants who need CRP for short and long-term recovery by refocusing their priorities to be more academic-centered.

Research Question 6

The sixth research question addressed the long-term influence of CRP. The current research findings indicated that CRP programs are comprehensive support models that aid students through the treatment and recovery process. Moreover, the results also suggest that

program participation aids in one's long-term sobriety and reduction of relapse and overdose vulnerabilities. These findings address the study problem by indicating that CRP participation does influence participants long-term as they have implied that it aided their recovery and assisted them in transitioning into their professional careers by ceasing their substance use, enhancing their academic performance, reducing the desire to drop out of school, and preventing relapse and overdoses among the African American population group.

The results of this study extended the previous literature. For example, answering the calls by Collier et al. (2014), Knopf (2015), and Nash and Collier (2016) for further research to determine if CRP is an appropriate support model to promote long-term social engagement and recovery from dependence among the African American community, the current findings added to the literature that indicated CRP programs are comprehensive support models that aid individuals through the treatment and recovery process by promoting long-term sobriety of African American students. Additionally, these findings also answered calls for further research by Jason et al. (2021) and Smith et al. (2018) that indicated that CRP participation is a determinant of long-term efficacy in reducing relapse and overdose risks of African American students who participated in a program carried well beyond the college years. Further, the current research answered Melick et al. (2013) and Miao et al. (2018) calls for further research on implementing social changes for successful long-term recovery. The current findings add to the literature by indicating that positive social changes promote successful, long-term recovery and sobriety and support the findings of Smith et al. (2020) that indicated CRP participation increased overall happiness.

An interesting finding emerged from data analysis, which should be addressed in further qualitative research. In the current study, a small percentage of participants declared their membership in a CRP was detrimental to their drug use as they were negatively influenced by other members to use illicit substances, which corroborated the findings by

Smith et al. (2020), that taking part in a CRP may reinforce destructive, unhealthy substance abuse behaviors through unhealthy social circles in higher education settings. Additional research is needed to determine the generalizability of this finding.

There are several implications of these findings. First and most importantly, the results implied that individuals who enter treatment must change their identity by changing their social circle to transition them into a supportive social network. Moreover, program planners and directors must implement processes that enable individuals to strive to change their social networks to accomplish their long-term goal of sobriety. Second, the results implied that participating in CRP programs is not only beneficial to African American individuals who are taking the program while enrolled in school but also long-term, as (78%) of the participants indicated it helped them transition from academics to their professional careers and provided them with the knowledge support needed to remain abstinent reducing relapse and overdoses.

Implications for theory extension. The findings of the sixth research question contributed to the theoretical underpinnings of the social identity theory. For example, participants indicated that CRP programs are comprehensive support models that aid students through the treatment and recovery process, which aids in one's long-term sobriety and reduction of relapse and overdose vulnerabilities. These findings provide theoretical insight as the participation in a CRP provided students with a change in social circle by becoming part of a specific social group that influences the "effect of an individual's behaviors and actions," where their identity is a product of their social experiences cultivated by group membership and participation (Ashforth & Mael, 1989). Additionally, this participation effectively reduced the participant's overall vulnerability to relapse and potential overdoses by providing them with the social support necessary for short and long-term recovery success.

There were significant implications from the findings of this research study. For example, the most significant and probable implication was identified as the need for students to effectively change their overall social experiences to alter their social identity to reflect the new social circle they have joined in a CRP, which is critical for the short and long-term recovery process. The results have indicated that CRP membership resulted in improved academic performance, deterred school dropout rates, reduced illicit substance use, and reduced the overall vulnerabilities to relapse and overdoses among the African American population, which are positive findings to the societal issue of illicit substance abuse among individuals aged 18 to 25.

There were consequences from the findings of this research study as well. For example, several participants declared that their participation and membership in a CRP were detrimental to their drug use by introducing them to people that may not be ready to become sober, providing peer pressure to continue abusing illicit substances. Moreover, this finding was negative to desired societal outcomes and must be investigated by further research.

Recommendations for Practice

Several practice recommendations have been identified based on the results of this research on student perceptions about participating in CRP programs and their long-term influence. The first recommendation is for college leadership to effectively plan and execute CRP at their universities to help students with substance-related issues with the support needed to improve their academic performance. This recommendation supports Mekonen et al. (2017) and Bugbee et al. (2020), who noted the consumption of illicit substances among students in higher education settings strongly predicts poor academic performance, including a higher level of positivity and motivation to accomplish educational goals. This recommendation also supports the findings by Rosenthal and Elkins (2020) and Station et al. (2018) which indicated that academic professionals need to focus on the future development

CRP and training program specialists to meet the academic needs of students. The current study results indicated that 85% of participations reported that joining a CRP at their university helped them increase their academic engagement and performance, deterring potential dropouts among the African American population group.

The second recommendation for practice is for program expansion at colleges and universities across the United States. As indicated by current literature, there are only 143 programs across the country (Association of Recovery in Higher Education [ARHE], 2021), which indicates a severe disconnect between the supply and demand of these programs. Kollath-Cattano et al. (2018) concluded that one of the most significant barriers to CRP is the lack of program availability on college campuses across the United States, as indicated by This recommendation supports the findings by Melick et al. (2013) that indicated that CRP availability was a primary reason students selected a specific college or university. Current study results indicated that (68%) of participants indicated that CRP are widely available at their school. Moreover, the results also indicated that (61%) of participants indicated that joining a program reduces their vulnerability to relapse and potential overdoses. According to Graham (2003) and Perkinson (2017), relapse rates drop to near zero when a person sustains sobriety for five years or more, necessitating further education and deterrence programs for adolescents, including CRP expansion. This recommendation also supports the findings by Perron et al. (2011) that emphasized that college and university leaders must prioritize the development of peer support in higher education settings by facilitating growth, support, and promoting campus integration that allows for further student participation, which justifies the need for expanding these programs at all colleges and universities to reduce overall illicit substance use and vulnerability to student relapse, including capturing students that are looking to join a CRP during the school application process.

The third recommendation for practice is for program leadership and planners to emphasize the need for students to implement changes to their social circle, initiating necessary changes to their social identity. Whitney (2021) discussed how CRP could manifest a social identity change where the individual transitions to a novel self-identity needed to promote one another's short and long-term recovery practices. According to Smith et al. (2020), unhealthy social circles encourage poor recovery among individuals, including students in higher education settings, which supports this recommendation to emphasize the necessity of social identity changes. Study results indicated that (85%) of participants indicated that participating in a CRP at their college or university aided positive changes to their social circle, aiding their recovery process. Moreover, (71%) of participants indicated that changing their social circle helped them implement changes to their overall social identity, which supported their long-term recovery by providing them with the social support they needed to deter illicit substance use.

The fourth recommendation for practice is for program leadership and planners to focus on simplifying the CRP membership process. Study results indicated that most of the universities identified in this research study had a simplistic membership process; however, there were reports that the joining process can be tedious, which may deter students from joining. This recommendation supports the findings by Brown et al. (2018) that indicated that the lack of CRP participation and membership from minority students needs to be addressed and reevaluated to promote a more streamlined membership process. The overall joining process of these programs must be revised to include a more membership-friendly process to attract students who need CRP services and not deter them from applying.

Recommendations for Future Research

Based on the findings and limitations of this research study, there are several suggestions for further research. First, examining the perceptions of students from other

racial populations who participate in CRP is recommended. The current findings were collected from investigating students from the African American population, which provided significant insight into the problem of substance abuse among this population group and addressed the research problem. However, additional qualitative case study research that includes other racial groups will allow for a greater understanding of long-term CRP effectiveness and whether these results can be implied to individuals of all population groups.

The second recommendation is to include a larger sample size. The current study included 41 participants from eight different universities. Additional qualitative case study research should include a larger sample size and feedback from other schools to widen the understanding of long-term CRP success.

The third recommendation includes investigating the finding that (12%) of the participants indicated that CRP participation was detrimental to their drug use by reinforcing destructive substance abuse behaviors through meeting people with the same addictive-related problems after joining the program. Further qualitative case study research is needed to investigate if this finding is isolated to only the African American population or if it includes other racial populations. Additionally, it is essential to determine if a specific school influences this finding or if it indicates a global problem at collegiate institutions across the country.

The fourth recommendation suggests that future researchers use quantitative inquiry to expand the findings from this qualitative study. Statistical analysis and dependent and independent variables could be employed to provide insight into possible correlations or factorial relationships of the data. Researchers could also focus on smaller or larger colleges and universities and even public versus private institutions.

Conclusions

A CRP (or collegiate recovery program) is a campus-based peer recovery program focusing on positive social interaction and substance use prevention in a collegiate setting (Laudet et al., 2016). The use of CRP has been quite prevalent and favorable as Melick et al. (2013) indicated that 80% of students who participated in a CRP gained a positive social network, 72% indicated CRP availability factored in college selection, 31% wanted to stay sober, and 23% wanted long-term sobriety. Currently, there are 143 CRP at colleges and universities across the United States to help students achieve academic goals while maintaining a successful recovery (Association of Recovery in Higher Education [ARHE], 2021).

The problem that was addressed in this study was the lack of perceptions about the long-term influences that CRP availability, participation, and social identity changes have on academic performance, school dropout rates, and relapse and overdose prevention of African American students attending college in the United States (Iarussi, 2018; Laudet et al., 2016; Miao et al., 2018; Shegute & Wasihun, 2021). Substance abuse among African American college students has increased to 43% versus 22% in non-minority communities (James & Jordan, 2018). According to Hanson (2021), African American students' overall college dropout rate is 54%, and moderate to heavy substance use accounts for 59.2% (Lappan et al., 2020), the highest among all minority groups. The purpose of this qualitative, multiple case study was to explore the perceptions of African American students about the long-term influences of Collegiate Recovery Program (CRP) availability, participation, and social identity changes on academic performance, school dropout rates, and relapse and overdose prevention in collegiate settings.

The findings of this study indicated that (85%) of students who participated improved their academic performance, which corroborated previous study results by Watts et al.

(2018), indicating that CRP participation was a positive outlet for students to promote academic success to meet their educational goals. It was indicated that (85%) of participants stayed in college versus dropping out, which added to the literature. Additionally, (61%) found that participation reduced their vulnerability to relapse and potential overdoses, which corroborated the findings by Norman and Ford (2018), Rosenthal and Elkins (2020), and Watts et al. (2018) that CRP participation would effectively reduce illicit substance use, reducing the overall vulnerability to relapse and overdoses. When social changes were successful, (85%) indicated that joining influenced positive social changes, including (71%) who indicated that participation aided changes to their social identity that supported long-term recovery. The findings add to the literature by indicating positive social changes promote successful, long-term recovery and sobriety.

There were several implications to these findings. Regarding the study problem, the results imply that CRP participation positively improved students' academic performance, reduced school dropout rates, and reduced vulnerability to relapse and overdoses of African American students attending college in the United States. As related to the theoretical problem, the findings imply that individuals must change their social identity to overcome substance abuse and, most importantly, find and maintain long-term sobriety.

Four recommendations for practice include: (1) program leadership must plan and execute CRP at their universities to help students with substance-related issues and to support their academic improvement, (2) program leadership must advocate for CRP program expansion at colleges and universities across the United States, (3) program leadership must emphasize the need for students to implement changes to their social circle and social identity, and (4) simplify the CRP membership process to capture more students who need recovery services.

Four recommendations were offered for future research: (1) examining the perceptions of students from other racial populations, (2) replicating the current study with a larger sample size, (3) investigating how CRP participation could be detrimental by reinforcing destructive substance abuse behavior, and (4) use quantitative inquiry to expand the findings from this qualitative study and through the use of statistical analysis and dependent and independent variables could be employed to provide insight into possible correlations or factorial relationships of the data. Researchers could also focus on smaller or larger colleges and universities and even public versus private institutions. In conclusion, the perceptions of students who participated in a CRP provided important information about the need for CRP expansion across the country to help students overcome their illicit substance use in school and as they transition from academia into their professional careers.

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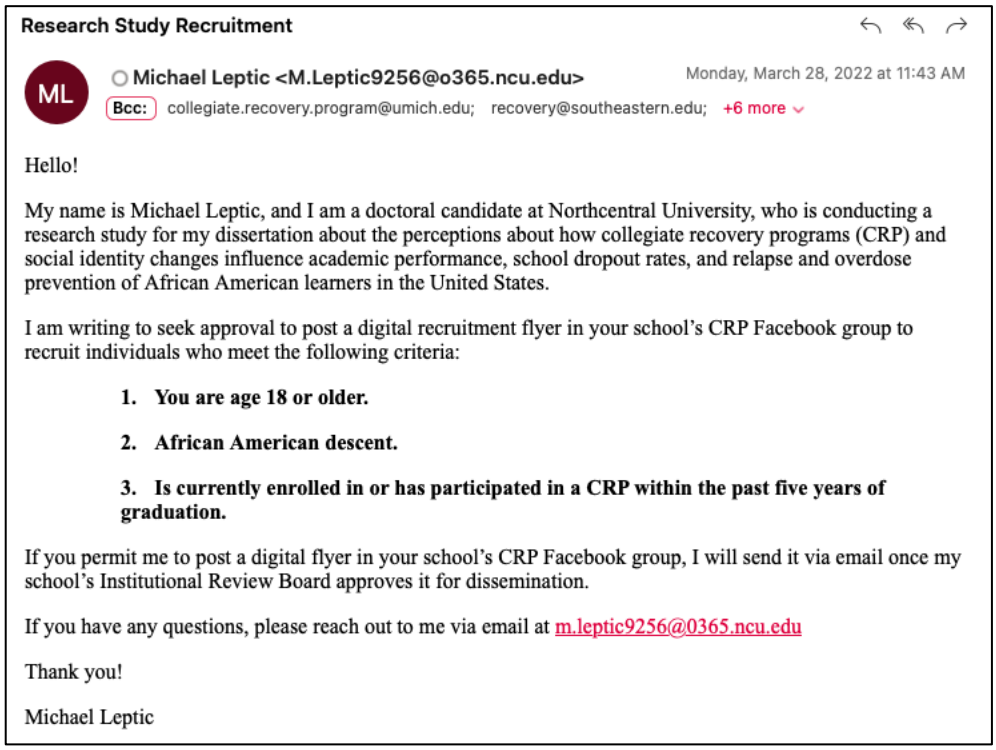
Appendix A

Email to CRP Facebook Group Administrators



Research Study Recruitment

ML

Michael Leptic <M.Leptic9256@o365.ncu.edu> Monday, March 28, 2022 at 11:43 AM

Bcc: collegiate.recovery.program@umich.edu; recovery@southeastern.edu; +6 more

Hello!

My name is Michael Leptic, and I am a doctoral candidate at Northcentral University, who is conducting a research study for my dissertation about the perceptions about how collegiate recovery programs (CRP) and social identity changes influence academic performance, school dropout rates, and relapse and overdose prevention of African American learners in the United States.

I am writing to seek approval to post a digital recruitment flyer in your school's CRP Facebook group to recruit individuals who meet the following criteria:

1. **You are age 18 or older.**
2. **African American descent.**
3. **Is currently enrolled in or has participated in a CRP within the past five years of graduation.**

If you permit me to post a digital flyer in your school's CRP Facebook group, I will send it via email once my school's Institutional Review Board approves it for dissemination.

If you have any questions, please reach out to me via email at m.leptic9256@0365.ncu.edu

Thank you!

Michael Leptic

Appendix B

Digital Recruitment Flyer

You are invited to participate in my study about collegiate recovery programs (CRP) in African American students in the United States.

You are eligible for this study if you meet all of the following criteria:

1) You are age 18 or older
2) You identify as African American/Black
3) You are currently enrolled in or have participated in a CRP within the past five years while in college/university in the United States

In this study, participants will:

1) Complete a 12 question online survey through Qualtrics.

You will be asked questions about:

1) Your experience with CRP participation
2) How the CRP impacted your academic performance and recovery

I hope you will please consider participating in this study, please contact:

Michael Leptic
Doctoral Student at Northcentral University
Phone/text: 410-591-7693
Email: m.leptic9256@o365.ncu.edu

Appendix C

CRP Facebook Groups Contacted for Approval

Baylor University

Facebook Group: https://www.facebook.com/BaylorRecoveryProgram

Website: https://www.baylor.edu/barc/index.php?id=951854

Email: barc@baylor.edu

College of Charleston

Facebook Group: https://www.facebook.com/crpatcofc

Website: http://deanofstudents.cofc.edu/collegiate-recovery-program/index.php

Email: marchantww@cofc.edu

Mississippi State University

Facebook Group: https://www.facebook.com/msstatecrc

Website: http://recovery.msstate.edu/contact.php

Email: msucrc@msstate.edu

Ohio State

Facebook Group: https://www.facebook.com/OhioStateCRC

Website: http://go.osu.edu/recovery

Email: recovery@osu.edu

Southeastern Louisiana University

Facebook Group: https://www.facebook.com/CRPSoutheastern

Website: http://www.southeastern.edu/recovery

Email: recovery@southeastern.edu

University of Michigan

Facebook Group: https://www.facebook.com/UMCRP

Website: http://www.uhs.umich.edu/recovery

Email: collegiate.recovery.program@umich.edu

Virginia Commonwealth University

Facebook Group: https://www.facebook.com/ramsinrecovery

Website: https://recovery.vcu.edu/

Email: recovery@vcu.edu

West Virginia University

Facebook Group: https://www.facebook.com/WVUCollegiateRecovery

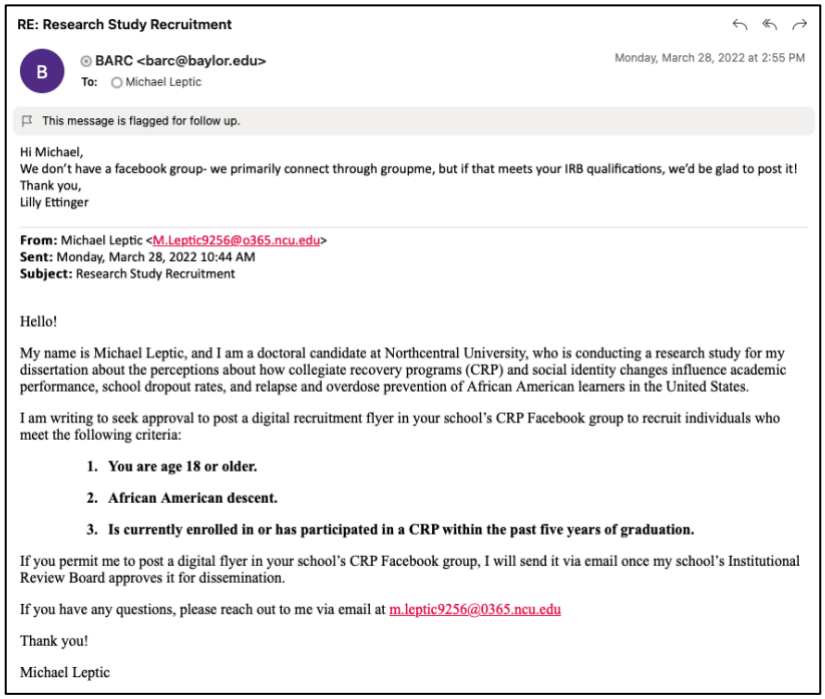
Website: http://recovery.wvu.edu/

Email: collegiaterecovery@mail.wvu.edu

Appendix D

Approvals to Post in Facebook or Social Media Groups

Approval from Baylor University



RE: Research Study Recruitment

B BARC <barc@baylor.edu> Monday, March 28, 2022 at 2:55 PM
To: Michael Leptic

This message is flagged for follow up.

Hi Michael,
We don't have a facebook group- we primarily connect through groupme, but if that meets your IRB qualifications, we'd be glad to post it!
Thank you,
Lilly Ettinger

From: Michael Leptic <M.Leptic9256@o365.ncu.edu>
Sent: Monday, March 28, 2022 10:44 AM
Subject: Research Study Recruitment

Hello!

My name is Michael Leptic, and I am a doctoral candidate at Northcentral University, who is conducting a research study for my dissertation about the perceptions about how collegiate recovery programs (CRP) and social identity changes influence academic performance, school dropout rates, and relapse and overdose prevention of African American learners in the United States.

I am writing to seek approval to post a digital recruitment flyer in your school's CRP Facebook group to recruit individuals who meet the following criteria:

1. **You are age 18 or older.**
2. **African American descent.**
3. **Is currently enrolled in or has participated in a CRP within the past five years of graduation.**

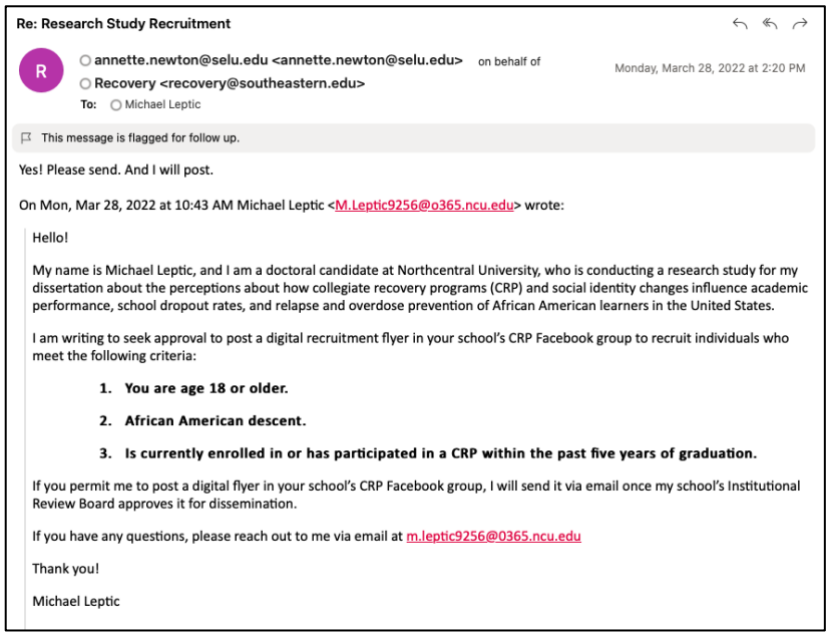
If you permit me to post a digital flyer in your school's CRP Facebook group, I will send it via email once my school's Institutional Review Board approves it for dissemination.

If you have any questions, please reach out to me via email at m.leptic9256@0365.ncu.edu

Thank you!

Michael Leptic

Approval from Southeastern Louisiana University



Re: Research Study Recruitment

R annette.newton@selu.edu <annette.newton@selu.edu> on behalf of Monday, March 28, 2022 at 2:20 PM
Recovery <recovery@southeastern.edu>
To: Michael Leptic

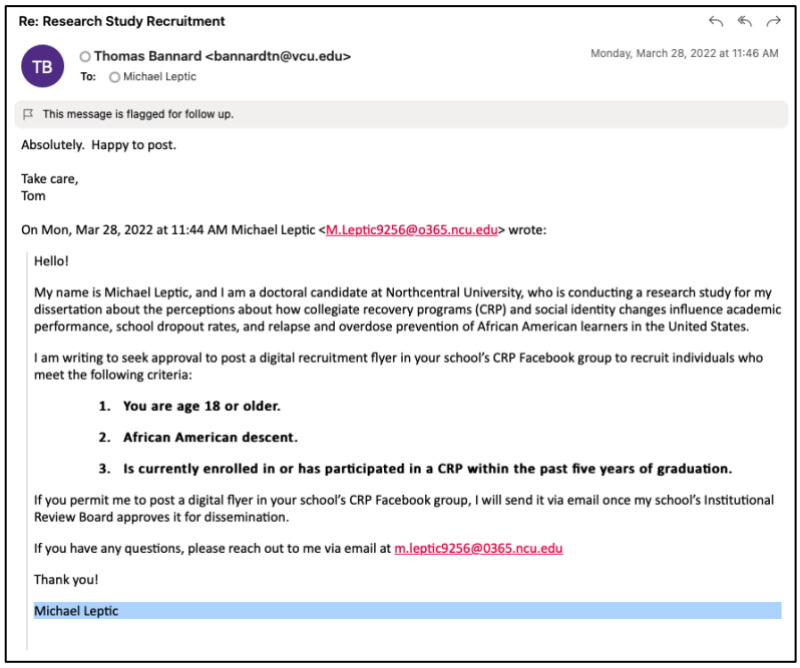
This message is flagged for follow up.

Yes! Please send. And I will post.

On Mon, Mar 28, 2022 at 10:43 AM Michael Leptic <M.Leptic9256@o365.ncu.edu> wrote:

> Hello!
>
> My name is Michael Leptic, and I am a doctoral candidate at Northcentral University, who is conducting a research study for my dissertation about the perceptions about how collegiate recovery programs (CRP) and social identity changes influence academic performance, school dropout rates, and relapse and overdose prevention of African American learners in the United States.
>
> I am writing to seek approval to post a digital recruitment flyer in your school's CRP Facebook group to recruit individuals who meet the following criteria:
>
> 1. **You are age 18 or older.**
> 2. **African American descent.**
> 3. **Is currently enrolled in or has participated in a CRP within the past five years of graduation.**
>
> If you permit me to post a digital flyer in your school's CRP Facebook group, I will send it via email once my school's Institutional Review Board approves it for dissemination.
>
> If you have any questions, please reach out to me via email at m.leptic9256@0365.ncu.edu
>
> Thank you!
>
> Michael Leptic

Approval from Virginia Commonwealth University



Re: Research Study Recruitment

TB

Thomas Bannard <bannardtn@vcu.edu>
To: Michael Leptic

Monday, March 28, 2022 at 11:46 AM

This message is flagged for follow up.

Absolutely. Happy to post.

Take care,
Tom

On Mon, Mar 28, 2022 at 11:44 AM Michael Leptic <M.Leptic9256@o365.ncu.edu> wrote:

> Hello!
>
> My name is Michael Leptic, and I am a doctoral candidate at Northcentral University, who is conducting a research study for my dissertation about the perceptions about how collegiate recovery programs (CRP) and social identity changes influence academic performance, school dropout rates, and relapse and overdose prevention of African American learners in the United States.
>
> I am writing to seek approval to post a digital recruitment flyer in your school's CRP Facebook group to recruit individuals who meet the following criteria:
>
> 1. **You are age 18 or older.**
> 2. **African American descent.**
> 3. **Is currently enrolled in or has participated in a CRP within the past five years of graduation.**
>
> If you permit me to post a digital flyer in your school's CRP Facebook group, I will send it via email once my school's Institutional Review Board approves it for dissemination.
>
> If you have any questions, please reach out to me via email at m.leptic9256@0365.ncu.edu
>
> Thank you!
>
> Michael Leptic

Appendix E

12-Question Survey

Demographic Information

- Age: _____
- Location of college or university: _____
- Highest education completed: _____

1. How did your participation in a collegiate recovery program(s) influence your academic performance and Grand Point Average?
2. How did your participation in a collegiate recovery program(s) influence your desire and decision to stay in school versus dropping out?
3. How did your participation in a collegiate recovery program(s) deter your desire and craving to prevent potential relapse?
4. Explain how your participation in a collegiate recovery program(s) aided your recovery by reducing your vulnerability to relapse and potential overdoses.
5. Explain how your participation in a collegiate recovery program(s) influenced you to change the people in your social circle.
6. If you made changes to your social circle, how did your new social group aid your recovery process while attending school?
7. How did your participation in a collegiate recovery program(s) influence any social identity changes to aid your recovery process?
8. Are collegiate recovery programs widely available and promoted at your university?
9. Explain the process of joining a collegiate recovery program at your university.
10. What can your university do better to enhance collegiate recovery program availability and ease of joining?
11. Explain what the potential outcome would have been if you did not participate in a collegiate recovery program(s) while attending college.
12. How did your participation in a collegiate recovery program(s) influence your long-term recovery?

Appendix F

Field Test Approval Email

Field Test and Review Approval

April 10, 2022

I, Derrick Swandol, licensed as a Licensed Master Social Worker (LMSW) in the state of Maryland, have reviewed and field tested the questions contained in the interview guide that Michael Leptic is proposing for his dissertation at Northcentral University. I have determined in my professional capacity that the questions contained in the guide are benign, and the potential risk of these questions invoking an adverse response in participants not to be greater than minimal. If Michael's doctoral committee requests any further assistance, please do not hesitate to contact me directly.

Regards,

Derrick Swandol, LMSW
swandoldw@upmc.edu

Appendix G

Consent Letter

Introduction

My name is Michael Leptic, and I am a doctoral student at Northcentral University (NCU). I also hold a role as a Mental Health Crisis Clinician at the University of Pittsburgh Medical Center (UPMC).

I am conducting a research study about collegiate recovery programs (CRP) in African American students in the United States. The name of this research study is "How collegiate recovery programs and social identity changes influence African American/Black students: A Case Study." I am seeking your consent to participate in this study.

Please read this document to learn more about this study and determine if you would like to participate. Your participation is completely voluntary, and I will address your questions or concerns at any point before or during the study.

Eligibility

You are eligible for this study if you meet all of the following criteria:

1. You are age 18 or older
2. You identify as African American/Black
3. You are currently enrolled in or have participated in a CRP within the past five years while attending college or a university in the United States.

I hope to include at least 35 people in this research.

Activities

If you decide to participate in this study, you will be asked to do the following activities:

1. Complete a 12 question online survey through Qualtrics.

During these activities, you will be asked questions about:

- Your experience with CRP participation
- Influence of CRP participation on your academic performance, school dropout rates, and recovery

All activities and questions are optional: you may skip any part of this study that you do not wish to complete and may stop at any time.

If you need to complete the activities above in a different way than I have described, please let me know, and I will attempt to make other arrangements.

Risks

There are no foreseeable risks or discomforts associated with this study. You can still skip any question you do not wish to answer, skip any activity, or stop participation at any time.

Benefits

If you participate, there are no direct benefits to you. This research may increase the body of knowledge in the subject area of this study.

Privacy and Data Protection

I will take reasonable measures to protect the security of all your personal information, but I cannot guarantee confidentiality of your research data. In addition to me, the following people and offices will have access to your data:

- My NCU dissertation committee and any appropriate NCU support or leadership staff
- The NCU Institutional Review Board

This data could be used for future research studies or distributed to other investigators for future research studies without additional informed consent from you or your legally authorized representative.

I will securely store your data for 3 years. Then, I will delete electronic data and destroy paper data.

How the Results Will Be Used

I will publish the results in my dissertation. I may also share the results in a presentation or publication. Participants will not be identified in the results.

Contact Information

If you have questions, you can contact me at: m.leptic9256@o365.ncu.edu or 410-591-7693.

My dissertation chair's name is Dr. Jill Blackwell. They work at Northcentral University and are supervising me on the research. You can contact them at: mblackwell@ncu.edu.

Voluntary Participation

If you decide not to participate, or if you stop participation after you start, there will be no penalty to you: you will not lose any benefit to which you are otherwise entitled.