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Exploring Intersecting Program Elements in Longer-Term Concurrent Disorder Services for Adults: A Qualitative Evaluation

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Abstract

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Keywords

Substance Use, Treatment, Program Evaluation, Concurrent Disorders, Exploratory Study, Grounded Theory, Thematic Analysis

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Exploring Intersecting Program Elements in Longer-Term Concurrent Disorder Services for Adults: A Qualitative Evaluation

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Previous research highlights multiple factors that impact the attainment of client-identified recovery goals in substance misuse treatment programs. However, fewer studies examine how programs meet the broad range of needs expressed by clients through their intersecting elements of service delivery. This study seeks to develop an understanding of intersecting program and recovery elements in relation to an overall framework for programming, focusing on how overlapping elements of treatment ventured to support clients in multiple areas of their recovery. Qualitative interviews were conducted with clients (n=41) in three longer term substance use treatment programs, and data from interviews were analysed using analytic induction and constant comparison strategies to surface emergent themes. Data analysis yielded six main findings. These included: Education; Goal Setting; Routine and Stability; Spiritual Development; Exercise; and Transitional Planning. Respondents indicated that programs must focus on bolstering the development of each element across multiple treatment domains (such as group therapy and counselling) to best support clients in achieving recovery outcomes. Keywords: Substance Use, Treatment, Program Evaluation, Concurrent Disorders, Exploratory Study, Grounded Theory, Thematic Analysis

Introduction

Outcomes for participants in substance misuse treatment are shaped and measured by many therapy related factors, such as counseling hours (Knight, Broome, Simpson, & Flynn, 2008), length of treatment (Romelsjo, Palmstierna, Hansagi, & Leifman, 2005; Walker, 2009), participation in treatment (Kelly, Stout, Zywaik, & Schneider, 2006), and readiness for change (Urbanoski & Wild, 2012). Though each of these variables represent indicators of a treatment experience, together they contribute the component parts to the overall program structure.

Studying the structure of substance misuse treatment programs is an important endeavor, given that program-level characteristics are predictors of service related outcomes (Delany, Shields, & Roberts, 2009; Guerrero et al., 2016; Guerrero, Aarons, & Palinkas, 2014; North, Pollio, Perron, Eyrich, & Spitznagel, 2005). However, little is known about how substance misuse treatment programs seek to identify specific elements of recovery that are witnessed across multiple domains of treatment in a purposive manner (Wong, Marshall, Kerr, Lai, & Wood, 2009). This study utilizes data taken from qualitative interviews of clients receiving services from residential treatment programs to explore elements of recovery and treatment that could be delivered across multiple domains at a service level. Researchers asked the following question: How does the structure of programming in longer term substance misuse disorder treatment meet the needs of clients?

Astramovich and Hoskins (2011) and Delany et al. (2009) have posited that evaluating programs to identify structural characteristics and best practices helps advocate for minority client groups while ensuring sustainable programming. This evaluation may include needs

assessments, program development targets, and assessing outcomes (Astramovich & Hoskins, 2011). Findings from program evaluations can be used to help guide services and identify what is needed to meet the needs of the population being served (Delany et al., 2009). Knowledge contributed by this research is intended to help guide similar evaluation processes within substance misuse treatment organizations in other regions or settings by identifying aspects of treatment that are applicable across multiple program domains, such as group therapy, counseling, spiritual development, and client-worker interactions. The purpose is to provide staff and program managers with insights about specific areas of recovery that can support development at every stage of a treatment experience, and therefore provide continuity in service user and program level goal attainment. Based on these findings, staff working in all levels at substance misuse treatment programs may find that the results offer a broader perspective of the importance of intersecting program elements that contribute to effective service.

Literature Review

This study was designed to build on previous research and a knowledge base that includes researchers who approach substance misuse disorder treatment as an iterative, continued engagement process where high quality services, offered throughout a comprehensive treatment experience, are linked to the attainment of client-identified treatment outcomes (Evans, Anglin, Urada, & Yang, 2011). Related to this approach, some research has been completed to highlight how substance misuse treatment programs integrate services, though the knowledge base remains underdeveloped. For example, Knight et al. (2008) found that programs were more likely to offer comprehensive intensive services if there was a greater emphasis on case management and on-site supplemental services. Another important way that substance misuse treatment programs integrate various domains of recovery across treatment experiences is by focusing on building self-awareness and reflective exercises into different parts of a treatment regimen. Levy (2016) uses the term "impersonal self-knowledge" to frame how objective learning of the self opens a new educational pathway into a client's intrapersonal life. Gray (2005) and Mackintosh and Knight (2012) discuss how knowledge of the self, both in addiction and in recovery, is plural and constantly changing, and therefore programs must be flexible enough to support the transitioning cognitions that are salient to the experience of the self during this period. Combining increased self-awareness with the use of mechanisms that support client-directed involvement can have powerful effects on treatment experience (Joosten, de Weert-Van Oene, Sensky, van der Staak, & de Jong, 2012). Further, in response to emerging interest in service models for concurrent disorder and substance misuse treatment programs, Goodman, McKay, and DePhillipis (2013) indicated that progress in treatment must not exclusively be measured by treatment attendance and urine screens, as is the norm. A more inclusive model of treatment includes other important factors, beyond socio-emotional health, that many programs have been slow to adopt, despite being linked to better outcomes in clients (Evans et al., 2011; Goodman et al., 2013).

Beyond the examination of program-level findings, research on clients receiving substance misuse treatment interventions includes some evidence that providing clients with the opportunity to identify and work on achieving outcomes related to their recovery enhances the effect of treatment (Goodman et al., 2013). However, discrepancies can occur when this process is not client-centered. Joosten et al. (2012) measured significant differences between client-articulated goals around psychological distress and physical health and the clinician's perspectives of client-desired outcomes for treatment. These measures do, however, become more closely aligned as treatment progresses (Joosten et al., 2012), indicating that client outcomes are primarily assessed by clinicians by accounting for the severity of a client's

condition and the drug of choice (Davis & Rosenberg, 2013). Likewise, studies on activities that help improve the health status of individuals in substance misuse treatment, such as the incorporation of exercise routines, include improvements in individual cardiovascular health, strength, co-ordination, and flexibility (Zangeneh, Barmaki, Ala-leppilampi, & Peric, 2007), while decreasing risk of cardiovascular morbidity and mortality (Gaughran et al., 2013; Zangeneh et al., 2007)

However slow, a growing concentration of attempts to accurately assess effective program frameworks in substance misuse treatment, as well as the associated client outcomes, is evident within current literature (Davis & Rosenberg, 2013). Such findings are often reported in stark contrast to outcomes of high relapse rates after treatment completion, and low attendance in aftercare programs (Carter et al., 2008). Residential treatment centres are beginning to examine what supports can be built into regular treatment to strengthen aftercare attendance and avoid relapse, but only preliminary general findings are currently available. For instance, Arbour, Hambley, and Ho (2011) found that duration of treatment and treatment satisfaction predicts aftercare attendance, with longer duration periods positively influencing engagement in continuing care. Associated literature on relapse prevention has been focused on the importance of transitional planning as well. What is sorely needed is research that identifies the most useful tenets of recovery that can be addressed across multiple domains of treatment or programming. Related research, such as the current study outlined in this paper, can be used to establish intersecting program elements that are likely to support clients in a way that is most effective to achieving positive recovery outcomes.

Current Study

Previous research includes findings that highlight a range of factors in substance misuse treatment programming that have been associated with improved outcomes related to recovery and relapse prevention (Charzynska, 2015). What many of these research studies contain are outcomes that may be attained by elevating one programmatic factor or incorporating a new procedure (Astramovich & Hoskins, 2011). We generally recognize the importance of all these elements in tandem within substance misuse disorder programming, and together, they support the need to better understand how programs incorporate multiple aspects of treatment under the same service framework. That is, programs need to be carefully crafted, so as not to compartmentalize services, and that each aspect of programming may have an interrelated impact on other program characteristics.

Lacking from empirical inquiry on intersecting elements of substance misuse treatment disorder programs are the voices of clients and their experience of how various elements of treatment and recovery are combined within a service framework to best support the attainment of recovery goals (Astramovich & Hoskins, 2011). Researchers in this study address this gap by offering a qualitative analysis of client data and using a pragmatic approach to grounded theory techniques (Smith, Bekker, & Cheater, 2011) that focuses on the development of findings that are client-centered and hold meaning in practice. Research pragmatism employs an approach to answering study questions by borrowing appropriate methodology, sometimes from various epistemological orientations, without being overburdened by their separate epistemological underpinnings, and instead focusing on achieving the study aims (Sandelowski, 2000; Smith et al., 2011). Researchers in this study used such an approach to build a framework for intersecting program elements in longer-term concurrent disorder services by soliciting the voices of clients. Findings from this study are intended to inform new service models that can best identify opportunities to enmesh multiple domains of recovery across different service contexts, such as in group, individual therapy, peer support, and recreational spaces.

Author Context

The authors are university level researchers – one a student and the other a faculty member. The authors are generally pragmatic in their epistemological orientation, resulting in the engagement of mixed methodological studies. Broadly speaking, each has an interest in organizational and programmatic development, for the purposes of developing a knowledge foundation that captures the experiences of direct and indirect social work within specific organizational settings and service delivery sectors. These insights help to generate relatable knowledge that can be readily applied within specific practice settings, but also are transferable to other similar organizations providing services to equivalent social groups. Our combined research background includes a range of social groups that access social services in community-based organizations, inclusive of people experiencing housing loss, labour attachment difficulties, and substance misuse, along with generalized services to support youth development and newcomer integration.

The study presented in this paper was initiated in partnership between the second author and a community based social service delivery organization. The design of the study included qualitative interviews with clients about their experiences at the organization along with the outcomes that they identified as achieving while engaged in program activities at the organization. This information was then utilized to develop quantitative assessment measures of outcomes along with tools to measure client experiences with the varying program elements at the organization. From an organizational development perspective, this process has aided in further quantitative study to assess the effect of varying program elements on the client specified outcomes, with the intention of supporting the knowledge base of this one community-based organization to innovate current programs and processes to have a greater impact on supporting client outcomes while in treatment.

Methods

Rationale

Though research on particular program components and related outcomes is vast, few studies have been designed to examine the structural framework and elements of concurrent disorder substance misuse treatment program models, and even fewer have endeavoured to do this using data collected directly from clients. Due to this gap in knowledge, this study was designed with an exploratory approach to help develop an understanding of the various programmatic elements that current clients of longer-term treatment programs find useful for achieving their recovery and relapse prevention goals. Researchers sought to develop grounding knowledge on the many opportunities for intersecting the elements of treatment and recovery throughout a treatment program. This interest is broad and begets a methodology that is flexible and multi-faceted. Thus, a pragmatic qualitative approach (Sandelowski, 2000; Smith et al., 2011) that utilized grounded theory techniques (Creswell, 2009; Glaser & Strauss, 1967; Miles & Huberman, 1994; Patton, 2002) and employed content analysis (Hsieh & Shannon, 2005) was adopted by researchers.

Recruitment

Study participants (n=41) were recruited from three longer-term substance misuse treatment facilities in the Greater Toronto Area (GTA) in Ontario, Canada, including a men's-only residential facility in a rural setting, a men's transitional housing program in the downtown east side of Toronto, and a women's-only residential facility in the downtown core. Researchers

partnered with a single organization that provided services in each of these facilities. Eligibility for services included abstinence from all substances and that clients were 18 years of age or older. The only eligibility criteria for this study was at least two weeks of program involvement; respondents were not vetted by demographics or substance of choice to protect confidentiality. Program length varied from three months to 11 months. Program managers of each facility supported recruitment by first making a clinical judgement regarding risks that might be posed to each client, and then approaching clients that were deemed at low risk for harm due to study participation. Program managers explained the purpose and risks of the study before asking clients if they were interested in participating. All respondents were made aware of the fact that participation was voluntary, and informed consent was achieved before each interview was conducted. Ethics certification and approval from a university ethics review board was achieved before contacting respondents.

Data Collection

Trained researchers (n=2) utilized a semi-structured interview guide that allowed for probing to explore and capture nuanced responses and add to the depth of the data. Interviews lasted 15 to 35 minutes. Length of the interview was dependent on the stage in which respondents were within their treatment program. Those that had been involved for a longer period of time had more in-depth insights about the programmatic characteristics that supported their recovery success. The interview guide included questions related to program outcomes and identification of elements that were most helpful in achieving client desired treatment outcomes. These questions were developed by consulting literature on programmatic factors that lead to client-identified outcomes and using findings from these studies to inform inquiries that could be well-suited for clients. These questions included: "What types of outcomes are you aiming to achieve through the programming here?" and "In what ways does your participation in this program help to achieve those outcomes?" Respondents were guided by researchers to reflect on their experiences in treatment and connect specific elements of programming to their recovery journey. Questions were left intentionally open for respondent interpretation; in this way, respondents were allowed the space to discuss the varied ways in which they were supported in achieving recovery goals through participation in the program. This approach also supported the data analysis and emergence of themes that were not pre-ordained by the researchers. Finally, the overall latitude afforded by the questions led to responses that outlined recovery goals that have been (or could have been) addressed in multiple domains of treatment, thus contributing to the generation of a theory in the study findings. This approach generated a relatively high number of respondents before theoretical saturation was reached; ten of the respondents identified as female and 31 identified as male. Researchers decided to end interviews after reviewing transcripts and mutually agreeing that there was no opportunity to further develop findings. All interviews were in-person, one-on-one, and conducted on-site. Respondents received a $10 gift card for their participation.

Analysis

Audio recordings of interviews were transcribed manually and verbatim by researchers, including notes taken by the authors during interviews that represented internal responses and possible interviewer bias. After transcription, data were analysed by researchers using analytic induction and constant comparison strategies (Glaser & Strauss, 1967; Goetz & LeCompte, 1984) to surface patterns within the interviews that focused on respondent encounters with intersecting elements of treatment, and how these experiences supported related outcomes. Researchers focused specifically on commentary that addressed how treatment programs can

improve by further overlapping each of the main elements of services. To begin the coding process, both researchers independently read the interview transcripts thoroughly first without manipulating data. After the first independent read-through, researchers conducted a second independent reading, this time concentrating on dividing respondent data into separate categorical representations of emerging themes in the data. These themes were developed as general depictions of broad subject matter that could be detailed with further analysis. Researchers approached this stage by reading excerpts and critically framing content as a representation of a larger phenomenon within individual experiences of treatment, paying heed to any interviewer notes that were bracketed within transcripts. These themes were then combined and compared between researchers to find same or similar phenomena. Specifically, researchers first located themes that were easily consolidated or matched and agreed on terminology. In this study, researchers found no instances of discrepancies between findings for general themes. However, to ensure full confluence of findings, researchers reviewed the placement of data within each theme. When there was incongruence between theme selections for specific data, researchers debated placement until reaching consensus. Once general themes were established, researchers again independently analysed data, this time focusing on each separate theme for the purpose of developing specific categories that related to each theme. These preliminary findings were cross-referenced to identify dissimilar data. Using similar methodology to the development of general themes, researchers collaborated on consolidating similar findings while debating dissimilarities in both categorical references and placement of data between categories. Decisions regarding the final categories were made by exploring the most parsimonious model while also ensuring the findings were adequately reflective of the data. To increase dependability and consistency of findings, the coding process continued by researchers until all instances of discrepancies were accounted for and explained, resulting in a final set of themes explained in the findings section of this paper. Together, this method helped improve the overall trustworthiness of the study (Grinnell & Unrau, 2005).

Findings

When describing program characteristics that best support desired treatment outcomes, respondents provided various examples of core programmatic factors, and elaborated on how these elements intersected at a service level. From this data, six broad themes relating to the program structure and its focus were developed by the authors. These included: *Education*; *Goal Setting; Routine and Stability; Spiritual Development; Exercise;* and *Transitional Planning*. The several subthemes that emerged from the analysis provide examples of each theme and explain how they intersect and are described below.

Outcomes related to *education* (including *skill building* and *formalized learning*) were achieved by respondents by participating in a variety of recovery-focused activities. Many respondents discussed at length the opportunity to engage in critical self-reflection and, in the process, learn about antecedents to substance-seeking behaviours, such as triggers to use, cognitive distortions, and emotional predisposition. It was the process of examining past behaviours and cognitions that allowed respondents to understand how actions could reflect what was occurring inward; that is, the current state of inner emotional well-being. This process could be supported by staff who prompt critical self-reflection through a variety of techniques, such as journaling or mindfulness exercises. Self-reflection, however, was often compartmentalized from formal learning environments with the goal of transmitting knowledge about substance use and mental health. Despite this separation, respondents discussed "education" in treatment as a venture that is often profoundly personal and contributing to the self-knowledge of one's psycho-emotional dispositions for the purpose of re-establishing self-control. Below, one respondent outlines how examining previous

behaviour while in treatment has supported the process of self-awareness by uncovering psycho-emotional drivers to use substances. This knowledge has had a timely affect:

> …I'm learning a lot about myself and my decisions I made in the past that were dangerous for me. That's helped me a great deal, but I'm struggling with it a bit, because I'm thinking 'Wow, I should have known all of this stuff before,' because I've been sober before and relapsed and now I'm learning why. I also like the journaling here – I journal every day, I've been through one whole book and I'm on the second.

For this respondent, personal history held key learnings that support healthy management of substances. Likewise, discussing previous issues and behaviour was a focus for self-reflexivity, and helped respondents understand how and why substances became such a major part of their life. Perhaps this respondent even demonstrates some regret in not engaging with self-reflexive activities earlier in recovery, as noted in this excerpt. This emboldens the power and importance of deep reflection in treatment; this respondent provides the example of journaling as an excellent opportunity to continue the process. Like journaling, each component of self-learning in treatment contributed to the practice of self-awareness in recovery and helped service recipients in sustaining healthy substance management.

Outside of learning about the self, respondents found it helpful to build interpersonal skills, such as communication and refusal skills, while learning about intrapersonal issues relating to substance misuse. As well, interpersonal skills served as tangible tools that could be employed when needed in post-treatment circumstances and add to a repertoire of relapse prevention strategies. For example, some respondents enrolled in a "work therapy" program as part of their treatment and found that learning a trade skill was both an enjoyable and rewarding experience and thought to be beneficial for gaining employable skills post-treatment. One respondent described the benefits of this component of the program:

> The work therapy – I haven't learned a lot, I'll be honest with you, but it's about being part of a team and being part of a process and being accountable. Being at work every day and being able to do something before you focus on your recovery helps me with my pride and my self-worth and things like that.

Beyond the opportunity to learn tangible skills, the work therapy program provided this respondent with a much-needed experience to develop self-worth. The routine and hands-on nature of work therapy directed respondents to consider useful collaboration with peers, maintaining responsibilities, and working towards tangible projects together, which increased self-esteem. Another respondent captured some of these subthemes by describing interactions with other people:

> The tools they give you here, I need to learn how to better implement them in my life outside. I'm learning to set boundaries and be honest with myself and other people in my life.

This response clearly highlights how building healthy interpersonal skills contributes to maintaining recovery goals. Examples provided by this respondent include honesty and setting boundaries. This can include working on refusal skills or recognizing potentially dangerous situations before they arise. Clearly, when interpersonal skills are integrated into different aspects of treatment, respondents are provided more opportunities to practice healthy communication for life outside of treatment.

The second thematic category was the importance of programmatic activities that provided opportunities for *goal setting* (including *individualization* and *attainability*). Focusing the programming on individuals helped respondents set attainable goals that were worked on with program staff and in groups. When the program built in consistent opportunities for work and discussion around goal work, respondents thrived in achieving what they had set out in their goals. Further, emphasizing goal attainment only increased the value of the process of goal setting. One respondent explains how multiple levels of engagement in goal setting can best support recovery goals:

> I think the most supportive thing is the one-on-one with your counsellor, which is where you have to talk about your goals and outcomes while at this place, and your past and present problems. She can help you with goal setting and past problems, and you don't have to talk about them so graphically in group.

By being provided with multiple, opportunities for goal setting throughout different aspects of treatment, this respondent was able to develop and work towards self-identified goals as a part of the recovery process. By receiving more intensive support from a counselor, discussion around goals in group were maintained in a generalist frame of reference, perhaps allowing this respondent to withhold from disclosing sensitive personal information to peers. In this way, the program was structured in a way that supported goal development in more than one way, while also respecting personal choice and treatment environment.

A third thematic category related to the programming characteristics was the experience of *routine and stability* (including *daily structure* and *predictability*) that the program supported. Respondents found that operationalizing a sense of "routine" in treatment can add familiarity to programs that are developed from a broad range of support services. Many respondents described the importance of building daily routines into treatment, explaining how this provided a sense of predictability and purpose not found in their lives when they were using substances. Programming often provided very busy daily schedules and incorporated consistent activities, such as pre-breakfast rituals, meetings with peer and clinical supports, regular group and individual sessions, and even evening programs. Threaded throughout this schedule was same or similar activities that were predictable and expected. Respondents described looking forward to specific elements of programming and feeling like maintaining a busy and directed day would supplant urges to use substances by keeping minds and bodies occupied. One respondent commented on how daily programming helped with substance management:

> Getting into routines, getting up in the morning and proper self-care…I wanted structure and clean time, and learn how to deal with my situation with drug abuse. The structure helps, and I wanted to learn how to get up in the morning and stay up, then utilize my day in a good way.

This respondent articulates the relevance of programming structure on recovery by stating a desire to "utilize my day in a *good way*." The comment reveals that old habits that may support substance misuse can be supplanted by new, healthier actions. The desire to use time in a productive way was mentioned by many respondents and exemplified in the above quote. Often, providing a daily structure helped respondents focus on recovery goals and maintain substance use management. Finally, a key finding that contributed to routine and stability was the duration of the program. Many respondents, of which most had previously participated in shorter treatment programs, commented on how efficacious long-term programming involved incorporating pro-recovery practices into daily routines. Drawing on the above juxtaposition

between a disorganized pre-treatment life and the structured routine of recovery practices, one respondent describes:

> …This is my first six month [long program]. What I got out of six months is I got a safe environment. I got to remove myself from life's problems and focus on myself, and that's been very advantageous for me, to have some firm footing or foundation to build off of. Those are my goals…I've had chunks of sobriety before, so to come here and put everything on the back burner and focus on what I need to do to change.

A longer program afforded this respondent with more than just extra time; this was an opportunity to relieve burdens and enter a mental space that was self-focused and change-oriented. The extra time provided respondents like this one with a buffer, and instead of rushing through treatment curriculum, clients could instead take the time they needed to process the transitions into treatment and prepare for the intended changes they required to become and stay healthy. Key to this was abstraction from stressors that contributed to substance use.

A fourth thematic category that emerged was the importance of programs that supported *exercise and health improvement* (including *physical health* and *medical support*) in multiple domains of treatment. For instance, some respondents described the importance of the overall emphasis on a version of general client health that included physical exercise. To this end, many respondents commented on how access to exercise equipment provided a positive recreational resource. Some commented that rebuilding an exercise habit was reminiscent of a period before substances became a major issue in their lives. Engagement in recreational activities such as sports and walking were discussed as positive contributors to treatment. For example, one respondent commented:

> All of the activities – the physical activities during free time, you can just pick up a ball or play badminton. It's exercise and stuff that makes you feel like a kid. You forget how to play and have fun, so that's been a big thing.

Beyond the extraneous benefits of physical exercise, the participation in recreational activities held another significance for this respondent: it permitted fun and allowed for a mental and physical break. The description of "feeling like a kid" is quite expressive. This was an opportunity to perhaps disengage with the heaviness of treatment curriculum and learn how to play again. However, this was the only opportunity for respondents to engage in physical activities, and exercise was not formally integrated into programming.

Aside from physical health improvement, respondents stated that access to medical services and mental health supports, such as regular access to a doctor and/or psychiatrist and support with medications, increased positive outcomes associated with substance misuse treatment. One respondent describes the different wellbeing outcomes associated with having a physician visit regularly:

> ...we have our own doctor on staff who comes in Tuesday afternoons. We see her if we need anything and she is the one who prescribes. She is very on top of these medical conditions, and she does an hour and a half classes on Tuesday mornings teaching about everything – STD's and how the brain functions and releases certain chemicals. She also brings a therapy dog with her…she comes in with the little one, and you can tell everybody is so much more relaxed. They have covered all of the bases with having the doctor here.

This respondent provides an excellent example of multiple aspects of recovery being addressed in a single intervention. The integration of physician services not only supported medical needs, but included health, educational, and emotional needs as well. This respondent clearly feels as though the presence of a physician is a benefit to recovery in a variety of ways. As well, it is articulated that the physician tracks clients closely and is able to deliver services that are relevant and applicable. This flexibility allows for client-centered programming and helps clients, such as the one above, establish a more personal connection to a treatment regimen.

A fifth program element identified by respondents was the opportunity to engage in activities that supported their *spiritual development* (*religious activities* and *spiritual exploration*). For instance, respondents described the importance of engaging in religious services and participating in religious groups as part of their recovery plan. Exploring their spirituality not only provided a sense of community for respondents, but strengthened their ability to believe in what was referred to as a "higher power" in recovery:

> I like the space a lot because it has the whole spiritual aspect too. It's not just physical and mental or emotional, and I think that's an important part of it because for me it takes a lot of the stress off to place things in your higher power. It just gets rid of that pressure and makes you more accountable for the way you are acting or the way you are thinking.

Spirituality has served many purposes for this respondent. To begin, this respondent found it important to mention spirituality as a third dimension of recovery, beyond physical and emotional. This indicates a desire to explore other intrapersonal aspects that may lead to the achievement of recovery goals. Specifically, this respondent refers to accessing a "higher power" as a critical action in recovery that has led to relief of symptomology. Being spiritual has also enforced self-regulation, as evidenced by this respondent's discussion on accountability, and suggests that this belief impacts behaviour positively.

Some respondents emphasized the importance of attending regularly scheduled religious-based activities, though others were careful to mention that these sessions should remain voluntary. Similarly, when thinking about the program, respondents appreciated a more positive and broader perspective on spirituality as it applied to their life and recovery. One respondent describes the role of spirituality in their recovery as a coping mechanism that also helped them learn about dealing with change and uncertainty:

> They say that if you have faith you can't have fear. Understanding, too. You think you understand what you need or you want in a day, and sometimes you're completely off. By being able to give that over to God and say 'you know what, if this is what I'm supposed to do today, then I'll roll with it.' I couldn't do that before I got here. If I didn't get what I wanted, I just shut down, stuck my hand out and shook my fist.

This respondent provides another example of how focusing on spirituality produces effects on behaviour and cognizance. However, this respondent was provided with space in treatment to develop a spiritual outlook that was copacetic to their personal beliefs. This contributed to an understanding of "God" that helped this respondent find more adaptive ways to cope with intrusive thoughts and feelings. Therefore, establishing open spiritual development in treatment allowed clients to apply this domain to multiple aspects of recovery.

A final theme of programming that was identified by respondents was the importance of *transitional planning* (including *client choice* and *service networking*). Though the role of "transitional planning" in treatment is dedicated for planning and preparing for recovery

maintenance post-program, respondents in this study also engaged with this topic in a variety of meaningful ways. Overwhelmingly, respondents articulated a desire to be provided with options both during treatment and in preparation for post-treatment life. For many respondents, this acted as a source of reassurance for the range of social environment-related factors that they were concerned about that could be triggers for substance misuse behaviours. Transitional planning activities were best structured when respondents had the opportunity to connect with other services and focus on ongoing planning during program completion, while surveying available post-treatment supports and options, such as healthy and pro-recovery living environments, symptom management support, and staying connected to services. For instance, one respondent described the process and importance of program staff helping her with transitional planning during her treatment program:

> They are helping me with finding a place to live after here, because I am not living in a safe environment at home. They are helping me fill out forms for transitional housing. They are constantly talking about AA meetings and doing other stuff after you get out to make sure you are set up to come back here for aftercare and some of the meetings.

This description of transitional planning surfaces how post-treatment options must also capture the widely varying aspects and phases of recovery to effectively provide comprehensive long-term supports. This organization is addressing multiple needs by engaging with other service providers to organize appropriate housing, community substance misuse support services, and aftercare programs. As such, transitional planning was started earlier than normal in this program in order to organize proper post-treatment care and engage the clients in long-term recovery coordination. Transitional planning was therefore an integrated aspect of regular treatment, instead of a concern primarily during discharge.

Discussion

Substance misuse treatment programs claim to build several inter- and intra-personal recovery outcomes for clients by engaging with clients in a variety of ways. However, there often exists a gap between how a program is structured and the outcomes it claims to achieve. Respondents in this study received treatment from a large service provider that tailored services to address concurrent disorders in longer term residential programs. In the responses provided by participants in this study (and in the analysis of this data), respondents were able to identify six main foci of treatment that supported the needs of clients: *Education*; *Goal Setting; Routine and Stability; Spiritual Development; Exercise;* and *Transitional Planning*. Each of the themes are components that have been identified as supporting individual clients to achieve their recovery related goals. The findings from this study provide support of existing literature (as is highlighted in the literature review section of this paper). However, unique to this study, the respondents highlight the need for this diverse range of programmatic components in one treatment program; that is, the components are interrelated, and that program development of intersecting elements of recovery needs to be conceptualized within substance misuse disorder treatment programs. Though this is an issue readily addressed by existing knowledge on the topic (Gabriela, 2013; Torchalla, Nosen, Rostam, & Allen, 2012), few studies seek to explore exactly what treatment elements are needed across programs, and how they can be applied as such (McKee, 2017).

Identifying and narrowing the gap between services provided and client outcomes should be a primary endeavour for substance misuse treatment programs. It is vital that service providers, funders, managers, and other stakeholders obtain an accurate understanding of not

only how successful a program is in achieving specific outcomes, but also if those outcomes reflect the population being served (Slaymaker & Owen, 2008). This study found that clients arrive at treatment with a plethora of complex and interrelated issues, and that working on stabilizing and sustaining recovery was not achieved by addressing each problem compartmentally. Programs must adapt to the changing needs of clients, and in doing so, create a structure for the delivery of services that addresses different aspects of care concurrently (Adedoyin, Burns, Jackson, & Fanklin, 2014) and across the entire treatment program. Offering services that are sensitive to the needs of recipients in recovery therefore requires an accurate feedback system, and a diversification of supports. The themes identified by clients in this study provide a suitable example of the range of program related needs in recovery, and likely could be replicated in further research to assess the comprehensiveness of these analytical categories of program themes.

This research has practical implications. First, it provides a general framework for understanding the characteristics of substance misuse disorder treatment programs from the perspectives of individual recipients of these interventions. This framework includes findings from this study which are meant to illuminate specific elements of recovery that can be identified in multiple domains of substance misuse treatment programs. In other words, by highlighting the multiple ways in which recovery outcomes are manifested in treatment, this study guides the development of treatment programs that can address related issues across different aspects of programming. Second, the research supports the notion that practitioners in longer term substance misuse disorder treatment programs should continually work to capture the different and emerging needs of a client by conducting thorough biopsychosocial assessments throughout treatment. Initially, the information obtained from this process could be used to develop a program plan that begins to address this broader spectrum of needs (Osborne & Benner, 2012). It is important to note that a client's needs may change throughout the course of treatment, and therefore a treatment program should adapt to any shifts that occur over time. As one component of an individual's recovery develops or heals, it impacts the biopsychosocial system and may surface new information and issues, requiring new approaches or services over time (Punzi, 2015). Assessment that is only conducted at intake fails to respond to this dynamism. A thorough, ongoing assessment procedure can better track client well-being throughout the course of treatment and help provide the appropriate response at the appropriate time.

Finally, this research outlines a clear need for substance misuse treatment programs to consider the multiple ways in which recovery goals can be applied at a service level. We identified broad main themes in this research to showcase their varied manifestations within client experiences. Compartmentalizing service outcomes to specific aspects of a program defies the development of recovery program intersectionality, and therefore prevents wellness in clients (Lambert, 2002). Practitioners and program development staff can use this research in tandem with their own client feedback mechanisms to identify where services can maximize opportunities for clients to further develop recovery goals, outside of typical service delivery options – such as therapy. Findings can help guide this process as practitioners consider the varied ways in which *Education*, *Goal Setting*, *Routine and Stability*, *Exercise*, *Spiritual Development*, and *Transitional Planning* and other identified elements of recovery can intersect at a service level.

This study is not without limitations. Though researchers obtained a high number of respondents (n=41) for interviews, a quantitative methodology could further substantiate the findings. Furthermore, respondents were recruited from three programs that were governed by the same social service agency. An inter-agency sample would diversify voices in interviews and strengthen data. As well, no data were collected on substance of choice, though interventions utilized by the programs in this study were generalized across substance type.

Some interviews were short due to the unwillingness of the respondent to provide and expand on information. It should be mentioned that respondents that were early in their treatment program generally were less apt to comment on program outcomes. However, the shortness (i.e., 5 questions) and specific focus (i.e., on outcomes and program elements that help support those outcomes) of the interview guide, provided ample opportunity to gain in depth responses from respondents.

Experiences of recovery are not always universal or generalizable, and programs that seek to fit the client into a specific model negate the long spectre of substance misuse symptomology that varies person-to-person. Responsive programs can adopt a model that seeks to support the various domains that can be affected by substance misuse, wrapping services around a client instead of regimenting a panacea service model. This research helps to build on knowledge regarding how programs identify key components of recovery in varied ways and across different domains of treatment.

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