Connecting and Disconnecting: Experiences of Persons with Opioid Use Disorder in

Intensive Outpatient Treatment

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1.1 Introduction

High rates of opioid use disorder (OUD) are a public health crisis. Opioids are chemicals that reduce the perception of pain through interaction with nerve cell receptors (American Psychiatric Association, 2018). OUD includes a pattern of opioid use that causes significant distress or impairment (American Psychiatric Association, 2013). In 2018, OUD affected approximately 2 million Americans (Substance Abuse and Mental Health Services Administration, 2019). OUD is comparable to other substance use disorders but is unique because dependence can develop quickly (within 4-8 weeks) and abrupt cessation leads to severe withdrawal symptoms (e.g., pain, chills, nausea/vomiting) (American Psychiatric Association, 2018). Addiction occurs in an estimated 3-19% of persons taking prescription opioid medications (American Psychiatric Association, 2018). Overdoes of synthetic opioids, especially fentanyl, heroin, and prescription pain killers, have led to a sharp increase in overdose deaths (American Psychiatric Association, 2018). Opioid overdoses led to nearly 400,000 deaths from 1999 to 2017 (Scholl, Seth, Kariisa, Wilson, & Baldwin, 2019). The economic burden of opioid misuse is estimated to be more than $78.5 billion annually in the United States, with most costs related to lost productivity, health care, and substance use treatment (Florence, Zhou, Luo, & Xu, 2016).

The recovery process from OUD requires personal changes to enhance health and wellness so persons can lead self-directed lives to overcome addiction (NIDA, 2017a). Persons experience a number common stages in their journey from addiction to abstinence (CRC Health, n.d.). Recovery stages include the following: early sobriety (first year), sustained sobriety (1-5 years), and stable sobriety (5+ years) (Groshkova, Best, & White, 2013).

Several treatments have shown to be effective for persons recovering from OUD. Evidence-based treatments for OUD include medication, group and individual counseling, and

behavior therapies (American Psychiatric Association, 2018). Medications for opioid use disorder (MOUD) include medications such as methadone, buprenorphine, and naltrexone. MOUD helps block the opioid's euphoric effects and relieve cravings and withdrawal symptoms (American Psychiatric Association, 2018). Cognitive behavioral therapy is often used to address beliefs and behaviors that contribute to addiction and teach relapse prevention skills (American Psychiatric Association, 2018). Treatment programs can include long-term therapeutic communities, inpatient treatment, intensive outpatient treatment (IOT), and outpatient counseling (American Psychiatric Association, 2018).

IOT is a program that incorporates several evidence-based treatments. Unlike inpatient or residential treatment, persons receiving IOT can remain in their homes and communities. The goals of IOT are to help persons learn early-stage relapse management and coping strategies, provide psychosocial support, and address individual symptoms and needs (McCarty et al., 2014). Patients usually attend IOT three to four days a week and may participate in up to 20 hours of programming a week. A review of substance abuse IOT programs revealed that these programs resulted in reductions in problem severity and increases in abstinence days that were comparable to residential or inpatient programs (McCarty et al., 2014). Overall, 50 to 70% of participants in these programs reported abstinence at follow-up (McCarty, 2014).

Despite the availability of evidence-based treatments for OUD, including IOT, many persons do not receive specialty treatment or complete treatment programs. Of the two million Americans with OUD in 2018, for example, only 400,000 (19.7%) received treatment at a specialty facility (Substance Abuse and Mental Health Services Administration, 2019). For those who do begin addiction programs, many do not complete a full course of treatment. For example, research has shown attrition rates as high as 80% in some IOT programs (Loveland & Driscoll,

2014). Barriers to engagement include lack of social support, financial insecurity, fragmented care, mental illness, and physical symptoms/limitations (Zulman et al., 2018).

Despite the promise of IOT coupled with problems with patient engagement, few studies have examined how patients experience these programs from when they enter them until they leave. To improve IOT outcomes for persons with OUD, including increasing enrollment and retention, more information is needed about patient experiences with IOT. The purpose of this study is to describe processes people with OUD undergo as they participate in an IOT program. The specific aims are to describe how people with OUD experience (1) enrolling in an IOT, (2) acclimating to an IOT, and (3) receiving treatment in an IOT as it unfolds.

2.1 Material and Methods

A constructivist grounded theory approach was used to conduct this study. Grounded theory is a flexible, yet systematic, qualitative research approach that enables the development of a theoretical framework through the iterative collection and analysis of narrative data (Charmaz, 2014). Grounded theory is used to identify a psychosocial process shared by a group of persons who share a common challenge. Constructivist grounded theory is based on the assumptions that human experiences are influenced by social contexts, researcher and participant interact to co-construct findings, and findings are developed and refined through consensus (Charmaz, 2014). The constructivist grounded theory method was chosen for this study because the research team believed persons with OUD share a common problem and sought to co-construct a theoretical framework describing how the psychosocial process of recovery unfolds in the social context of IOT. The Consolidated Criteria for Reporting Qualitative Research (COREQ), a checklist developed to promote comprehensive reporting of results of interview studies, guided the presentation of findings (Tong, Sainsbury, & Craig, 2007).

2.2 Participants and Setting

The sample consisted of 14 persons diagnosed with OUD who received IOT. Participants were recruited from IOT programs within two adult academic health centers that are part of a large healthcare system in the Midwest. The IOT programs offer day and night options that meet 3 to 5 times per week for a minimum of 9 hours weekly. Program completion is dependent on the achievement of goals set forth in individual treatment plans and progress within the program. The IOT programs provided individual therapy, group therapy, MOUD, psychiatric medication management for co-occurring disorders, and peer coaching.

Inclusion criteria were (1) age ≥ 18 years old, (2) able to read/speak English, and (3) diagnosis of opioid use. Exclusion criteria were (1) had cognitive impairment that impacted performance of daily activity performance, (2) had severe health issues (e.g., currently receiving advanced cancer treatment, hospice care, or hip, knee, or other major surgery), and (3) had significant mental health issues not controlled by medication (e.g., severe depression, schizophrenia, bipolar).

2.3 Participant Recruitment

Following IRB approval from the investigators' institution and study site approval from IOT program managers and directors, potentially eligible participants were identified. A report was generated of past and present IOT participants and their medical records, accessed only for recruitment purposes, were provided. The first author [AK, a nursing PhD candidate with training in grounded theory] screened the records for inclusion and exclusion criteria by examining program intake paperwork and clinician progress notes. Recruitment letters were mailed to persons meeting study criteria. The letters briefly described the study purpose,

procedures, and risks/benefits and invited persons to contact the study team. A follow-up text message was sent within 2 to 4 weeks of the mailed letter to persons who had not contacted the study team. In addition, recruitment flyers provided at both study sites invited persons meeting study criteria to contact the study team. Potential participants were screened over the phone to verify they met study criteria. For those who remained interested, verbal consent to participate in the study was obtained, and interviews were scheduled.

2.4 Data Collection

AK conducted interviews using a semi-structured interview guide. Because of restrictions due to the novel coronavirus 2019 (COVID-19) pandemic, interviews were primarily conducted via videoconference or phone from a private home office. One interview was completed face-to-face using established social distancing guidelines when restrictions were lifted. The interviews began with the following statement: "Tell me about your experiences in your IOT recovery program. I am interested in how you came into the program, how you adjusted to the program, and how you experienced the program as your treatment unfolded. I am interested in both what went well and what was difficult." Questions that followed invited participants to describe their IOT experiences when they first entered the program [e.g., "Now let's start with when you were admitted to the program. Tell me about your first day in the program."], as they acclimated to the program [e.g., "Tell me about a day that happened in the middle of the program – maybe your second or third week of the program. What activities did you take part in that day?"], and as they exited the program [e.g., "Tell me how it was decided you would leave the program."]. Interviews were audio recorded and AK kept field notes to capture impressions of the interview and emerging analytic thoughts. At the end of the interview, participants were asked to complete a demographic survey that included questions about age, gender, race, substance use type,

number of weeks in IOT, and total number of weeks in treatment. Interviews were conducted from September 2020 to April 2021.

2.5 Data Analysis

All interviews were audio recorded, transcribed verbatim, and checked for accuracy by AK. AK led analytic activities with input from the last author, a senior nurse researcher with expertise in grounded theory [CBD]. Four analytic stages like those described by Charmaz (2014) were followed. First, AK conducted initial coding on the transcripts by labeling relevant text units (i.e., words, phrases, sentences related to the study aims) with short phrases (codes) that captured the essence of the text units. When possible, the codes were formatted as gerunds to capture actions and interactions that were important to the IOT experiences of the participants (Charmaz, 2014). CBD verified the codes by reexamination of transcript data. Second, AK grouped similar codes into potential categories with the aid of a data display table arranged according to the research aims. AK and CBD discussed the potential categories, re-examined the data, refined the categories, and labeled them with a descriptive phrase. Third, to construct the final framework, AK and CBD determined the properties of the categories and relationships among the categories through discussion and consensus. Fourth, AK wrote a narrative summary describing the components of the theoretical framework, and the summary was reviewed and verified by second author [YL], a senior nurse researcher and the third member of the research team.

3.1 Results

Ninety-four persons were sent study announcements, 21 contacted the researcher to express interest in participation, and 14 were enrolled. All participants had been enrolled in an

intensive outpatient treatment (IOT) program in one of two adult academic health centers within a large health system in the Midwest. The participants ranged in age from 23 to 56, with a mean age of 31. Nine participants (64%) were female, and five (36%) were male. All were White. The participants reported a history of polysubstance use (combination of opioids and other drugs) (n=8), heroin and prescription opioid use (n=3), prescription opioids use only (n=2), and heroin use only (n=1). The interviews were conducted by video conferencing (n=8), telephone (n=5), and in-person (n=1). The interviews ranged from 31 to 75 minutes with an average of 57 minutes.

In general, participants were very willing to share their experiences of drug use and especially their experiences in IOT. Most provided detailed descriptions about what brought them to the program, how they experienced the program, and how they transitioned out of the program. Some participants appeared distressed when discussing life traumas or losses they had experienced because of their drug use, such as loss of employment or custody of their children. Others appeared upbeat when discussing their experiences of recovery and how their lives had improved because of their participation in IOT. Although they were invited to stop the interview at any time, none chose to do so.

3.2 Theoretical Framework

Participants described a series of stages in which they became connected or disconnected from drugs, other people, the IOT program, and themselves. The research team therefore labeled the central psychosocial process by which the participants' experiences in IOT unfolded as *connecting and disconnecting.* The processes of connecting and disconnected were often linked. For example, participants described how when they connected with drugs they often disconnected from others and how when they connected with their IOT program they began to

disconnect with drugs. The participants' experiences in IOT could be best be described as a complex and progressive process by which their engagement with drugs was replaced by engagement with other aspects of their lives.

The eight stages of *connecting and disconnecting* included the following: (1) connecting with drugs, (2) disconnecting from everyday life, (3) connecting with the IOT program, (4) connecting with others in the IOT program, (5) disconnecting from drugs, (6) connecting with others outside the IOT program, (7) reconnecting with self, and (8) disconnecting from the IOT program. Although the process is presented as a series of stages that are depicted in a one-dimensional theoretical framework, the process was not rigid or linear for all participants. Rather, while some participants experienced aspects of all eight stages in the order they are presented, some experienced only a few stages, some reverted to early stages due to relapse, and some experienced the stages simultaneously. Therefore, the framework presented below is a conceptual rendering of how persons' experiences in IOT unfold through a series of connections and disconnections, as shown in Figure 1.

3.3 Connecting with Drugs

The research team labeled the first stage as *connecting with drugs* because most participants started their narratives by discussing when their drug use began and how it escalated to addiction. Some participants described periods of sobriety and relapse. *Connecting with drugs* included first using drugs, being overtaken with drugs, and reconnecting with drugs.

3.3.1 First Using Drugs

Several participants discussed the circumstances in which they first used drugs. A few were prescribed opioids for pain after a surgical procedure or for chronic pain, such as back pain. For example, a 56-year-old woman who attended the program for three days stated:

> I had two back surgeries in 2000..... It helped out but five or six years later my back started hurting again. I go for injections, but I get so many injections that I can only go once a year . . . so for a while I got oxycodone.

Some participants attributed their beginning drug use to negative life experiences such as childhood trauma. A 29-year-old woman who spent six weeks in the program said, "I found through recovery that I had a lot of inner child or daddy issues . . . I always would take my frustration and my previous traumas in life out on substance abuse." Others did not specify when they began to use drugs but indicated they had used since they were adolescents. A 27-year-old woman who was in the program for about eight weeks said, "I have been facing addiction since I was 16 years old. I have had many periods of sobriety and relapse."

3.3.2 Being Overtaken by Drugs

Many participants described how at some point drugs began to overtake their lives. A couple of participants who were prescribed opioids for pain began to use heroin and seek drugs on the street because they could not find a healthcare provider to prescribe pain medications. As some participants' drug use began to escalate, they came to feel "like nothing else mattered." Most felt that they were "headed down the wrong path" and their lives were "going downhill." Some felt ashamed and frightened, and some felt that they had "lost everything" because of drug use. A 27-year-old man who attended the program for about three months stated:

You start selling your stuff because you are low on money because your job isn't paying enough. Then you start missing work because you can't go to work because you are sick because you don't have enough money (for drugs). Then you lose your job and then you lose your car and then you lose your house. Everything just happens extremely fast when it comes to drugs. That's kind of what happened to me.

A couple of participants had overdosed and required medical treatment. A 38-year-old man who spend three weeks in the program said, "I would kind of fall asleep and stop breathing and then she (his wife) would wake me up and I would fall asleep and stop breathing. She took me to [hospital] and they actually admitted me to the hospital." Participants got money for drugs by selling valued possessions or dealing drugs themselves. Some put themselves and others in danger to purchase drugs. A 56-year-old woman who was in the program for three days said, "We (she and her daughter) went over there (dangerous area of town) to meet this person that I barely even knew at midnight in a minivan.... They could have come up and shot us and nobody would have known...."

3.3.3 Reconnecting with Drugs

Several participants had enjoyed a period of sobriety but had relapsed, in some cases while they were in IOT. Several participants had relapsed on several occasions. A 31-year-old woman who spent less than three weeks in the program said, "I really just wasn't ready to get sober . . . I went home and then went back (to IOT) . . . I relapsed and failed a drug screen." Some returned to drugs to avoid withdrawal. A 43-year-old man who spent about a month in the program shared, "I'm going through withdrawal very badly. So then another drug came my way and I was like, "Oh hell yeah. I have got to get through this withdrawal."" Some participants

were highly committed to sobriety but began using again, nonetheless. A 38-year-old man who spent three weeks in the program said:

> Definitely with the way I would quit doing drugs and be really motivated to stay clean . . You know my life is definitely not going to get better if I keep doing drugs, it's only going to get worse. But as I'm clean for a few weeks to a month, I kind of start forgetting that.

3.4 Disconnecting from Everyday Life

The research team labeled the second stage as *disconnecting from everyday life* because many participants discussed how they became disconnected from several aspects of their day-to-day lives as drugs overtook them. Most became detached from things that they cared about and felt they had lost much due to their addiction. *Disconnecting from everyday life* included breaking relationships with others, disengaging from work, and being removed from society.

3.4.1 Breaking Relationships with Others

Some participants discussed becoming estranged from others who were important to them and described a number of broken relationships. A few participants experienced a strain on their relationships with their significant others. They indicated that they risked losing a spouse or a partner because of their drug use. A 38-year-old man who spent three weeks in the program said, "My wife said if I used again, she is going to divorce me, which I don't blame her." A couple of participants faced the loss of custody of their children. A 38-year-old woman who was in the program for approximately 6 weeks stated:

I had lost my boys during all of this. That was one of the bigger struggles for me. It almost kept me in a stagnant place where I was so miserable and missing them that I kept using to cope.

Other participants had lost of the trust of others because of the participants' behaviors while using drugs. A 29-year-old woman who was in the program for about six weeks said, "I stole money from my both of my parents. Of course, I lied about it when I was using. That is what we do."

3.4.2 Disengaging from Work Life

Several participants discussed disengaging from their work life. Some indicated they got "into trouble" at work because of behaviors such as buying drugs while at work, exhibiting withdrawal symptoms on the job, or missing work because of their drug use. A 38-year-old man who spent three weeks in the program said, "I'm kind of in a situation where I could get arrested and lose my job. I ordered some drugs online. They got intercepted by the postal service and I'm really freaked out." Several participants risked losing, or lost, professional positions due to their addiction. A 41-year-old nurse who spent about 8 months in the program stated, "I self-disclosed (drug diversion) to the emergency room director . . . That led me to being on FLMA (family medical leave)." A 39-year-old woman who spent about five weeks in the program said, "When I was teaching high school and I started taking Vicodin and all of those things I lost my job . . . Just the stress of that job and resorting to things that didn't work in the end."

3.4.3 Being Removed from Society

A few participants discussed being removed from society by being jailed or incarcerated after being arrested for drug use or possession of drugs. While jailed, they were kept from the

outside world. A 56-year-old woman who spent three days in the program said, "I picked up a drink one day and that cost me a nice little stent in jail. I was in there for two days . . . I had never experienced something like that. It was horrible." A 40-year-old man who was in the program about four weeks shared, "When I left for work, the maids went in my room and found some paraphernalia and called the DNR (Department of Natural Resources) . . . I go back to [hotel] and they (the cops) were waiting on me."

3.5 Connecting with the IOT Program

The research team labeled the third stage as *connecting with the IOT program* because many participants described how they first became engaged with the program. Most indicated they entered treatment to change their lives and obtain the help they needed help to achieve and maintain sobriety. Some participants had IOT previously and some were entering into a program for the first time. *Connecting with IOT* included deciding to connect with the IOT program, making the first connection with the IOT program, and coming to feel connected with the IOT program.

3.5.1 Deciding to Connect with the IOT Program

Participants discussed how they decided to seek treatment and enter IOT. They provided a variety of reasons why they sought treatment when they did. Participants had hit "rock bottom," were "writing a new chapter," had become serious about recovery, wanted to feel better, and felt treatment was "the next thing in front of them." Some participants entered treatment because the sober house in which they were staying required it, a friend or family member encouraged it, or a healthcare provider, recovery specialist, or probation officer recommended it. A 33-year-old woman who spent about six weeks in the program shared:

I was sick and tired of being sick and tired . . . There was nowhere else for me to go

except for up . . . I decided to go to sober living (after residential) . . . They work closely

with [hospital] because they (sober living) highly suggest that you enroll in an IOT.

A few entered IOT because it was required to receive MOUD. Some participants chose the

specific IOT program they attended because they were familiar with the health system that

provided the program, were aware of the reputation of the health system, or the program was

close to the sober house in which they were staying. A 41-year-old woman who spent about eight

months in the program said, "I basically just contacted and found out where the closest ones

(IOTs) were and [hospital] was it. Having worked for [hospital] for [many] years already, I just

figured it would be a good program."

3.5.2 Making the First Connection with the IOT Program

The participants' initial connection with the IOT program typically included an initial

assessment or intake. Although some participants were hesitant to begin the program, most had a

positive experience during the assessment. They felt safe to "open up" and share their stories and

did not feel judged. Several noted that "getting set up" for the program was easy and the staff

"walked them through" the process. A 40-year-old man who was in the program for about four

weeks said, "He (staff member) was really nice, like a really calm demeanor and he walked me

through everything . . . It was a good experience.... the intake was. And I just felt good energy

from the place."

Participants felt a myriad of emotions before beginning the treatment group. A few were

exited and anxious to get started. A 32-year-old woman who was in the program for about six

weeks said, "In my head I was just like if I am going to do this long term I have to go here. I was

very excited about being there. I felt like I was beginning a new chapter." However, many of the other participants felt intimidated, scared, or nervous. Several participants were quiet in group at first but felt staff gave them the "space" they needed to become comfortable. A 33-year-old woman who attended the program for six weeks said, "At first in the beginning it was awkward (in group). I didn't say a whole lot." Another participant described the initial group encounter as "taking it all in." Most participants felt good at the end of the first day and experienced a sense of optimism. Several indicated they were very willing to come back. A 25-year-old woman who attended the program for about two months shared, "It felt pretty good (at the end of the first day). It felt like I was going to come back. I felt like I might really like the class." Only one participant revealed that he was high on the first day of the program and thus felt no benefit.

3.5.3 Coming to Feel Connected to the IOT Program

Most participants indicated that they became more comfortable with their treatment, especially sharing in group, as they settled into the program and "learned the ropes." They became acclimated to the program, came to feel more at ease, learned to "trust the process," and appreciated what they learned about addiction. They became familiar with the IOT schedule and understood program expectations. A 39-year-old woman who attended the program for five weeks stated:

> At first, you don't know about it (the program) and you are just kind of listening and trying to adapt to the new situation. In the middle, I felt more adapted. It was easier for me to express things and then relate to people.

Many actively engaged in group discussions and shared personal experiences. A 25-year-old woman who attended the program for about two months shared, "I gave more feedback to people

and started talking about what was bothering me at home or how I was feeling triggered or stuff like that (once settled into the program)." Most were enthusiastic about program activities such as yoga, art, watching videos, having guest speakers, and doing readings. A 39-year-old woman who was in the program for about five weeks stated, "We did 15 minutes of exercise (in the morning). It might be yoga. I think we only did yoga a couple of times but that was my favorite."

A few participants, however, did not believe in the program, did not come to feel connected to it, and resisted some of the activities. A 26-year-old man who spent about three months in the program said, "It was just obvious that they (staff) didn't really care. So why would I participate in something that I just don't give a shit about?" Other participants complained that the lack of engagement of other IOT patients discouraged the participants from investing in the program or actively participating in the groups. A 23-year-old man who was in the program for about two weeks shared, "I think it was hard for me too because some people were there to actually recover and some people were there working off probation. So it was like, 'Okay he doesn't care. She doesn't care.'" Others felt that the activities of the IOT program became repetitive and therefore less helpful as time went on.

3.6 Connecting with Others in the IOT Program

The research team labeled the fourth stage as *connecting with others in IOT* because participants discussed how they were able to build meaningful relationships with other patients and staff. Participants felt that connecting with others was a critical aspect of their treatment. *Connecting with others in IOT* included sharing one's story with others, bonding with IOT patients, and bonding with IOT staff.

3.6.1 Sharing One's Story with Others

Several participants began connecting with others by sharing their stories of addiction and discussing other painful life issues in group sessions. They had "hard needed conversations" and "talked about things you might not want to be real about." Some participants were sharing their stories for the first time, while others were sharing stories for the first time in a long time. A couple of participants shared traumatic experiences such as childhood abuse and, as a result, experienced intense emotions. Some became overwhelmed and tearful during group sessions. A 41-year-old woman who spent about eight months in the program stated, "I remember just crying and it all (story) came out, all this stuff that I didn't feel like I could tell anybody thus far. Even some things my husband doesn't know. It all just came out." The participants felt vulnerable when sharing their stories but felt it was necessary for their recovery and sobriety. A 32-year-old woman who was in the program for six weeks said, "Although it was uncomfortable and I did not particularly like being vulnerable and sharing some of the things that happened in my past, it allowed me to heal from those things or begin to heal from those things." Some felt that sharing in IOT prepared them for sharing their stories in long-term recovery programs.

3.6.2 Bonding with IOT patients

Participants bonded with other patients in their IOT program and felt these bonds aided recovery. Most identified with the stories of other IOT patients and felt that they were all "in it together," knew where each other "was coming from," and gave each other "the courage to share." A 56-year-old woman who spent three days in the program said, "Other people have the same song you do, but maybe it is done in a different way, but it's basically the same. Those kind of people is what I am." Several participants formed good friendships while in the program. A couple of participants felt like they were part of a family, which they referred to as building their "sobriety tribe." A 27-year-old woman that was in the program for about six weeks stated, "We

had lunch and breaks together. We really got to know each other on a more personal level and talked about issues in our life other than just sobriety." Several participants felt bonds were strengthened because they had shared a vulnerability while in groups. A 32-year-old woman who was in the program for about six weeks said, "By being open like that and being vulnerable and saying some of the things that happened to me, other people were able to begin to deal with the same things they may have experienced."

A few participants, however, did not connect well with others in the program because the participants felt like others did not care about maintaining sobriety or did not want to be in the program. A 38-year-old man who spent about three weeks in the program said:

> Two of the people (in group) worked for a union and they got in trouble for failing a piss test. I could tell they didn't really want to stop smoking pot . . . Sometimes that kind of make it hard to share because I felt like they would think that I was an idiot or like I was a weak person or something.

3.6.3 Bonding with IOT Staff

Most participants also bonded well with the staff. They felt the staff created a non-judgmental environment, took recovery seriously, genuinely cared about the participants' recovery, and were empathic. Participants felt especially comfortable with staff who were addiction survivors themselves and thus had "combat experience." Many participants appreciated that these staff members truly understood their challenging histories and stories. A 40-year-old man who was in the program for about four weeks said, "I liked the fact that the people who work there didn't just know about substance abuse from a textbook. They lived it."

On the other hand, a couple of participants found it difficult to connect to staff, especially those who had not struggled with addiction. A 23-year-old man who was in the program for about two weeks said, "I don't mean this in a bad way, but I don't know if he has had substance abuse issues, the facilitator. It was kind of hard to relate to him."

3.7 Disconnecting from Drugs

The research team labeled the fifth stage as *disconnecting from drugs* because many participants discussed the process of obtaining sobriety while in the program. *Disconnecting from drugs* included having hope about moving beyond drugs, seeing others move beyond drugs, working to move beyond drugs, and connecting with MOUD.

3.7.1 Having Hope about Moving Beyond Drugs

Some participants had little hope that they would recover from their addiction when they entered IOT but began to feel hopeful at some point during the program. A few began to feel hopeful upon beginning the program. A 40-year-old male who spent about 4 weeks in the program said, "I was very hopeful (at the end of the first day) and I even called my father and told him about it...." Some came to believe for the first time that things would get better. They started "to look beyond today," envisioned a better future for themselves, and came to believe they could have a "normal" life. A 33-year-old woman who was in the program for about six weeks said, "Once you find something that ignites that hope everything else kind of falls into place." Some participants were able to feel hopeful because others "believed" in them A 32-year-old woman who was in the program for six weeks stated:

I was so very hopeful about the steps I was taking to maintain long term sobriety. I could

feel my life changing. I could feel other people starting to believe in me and it made me

want to keep going.

3.7.2 Seeing Others Move Beyond Drugs

A few participants became hopeful they could become sober because they were

"surrounded by those that had maintained recovery." Participants were inspired by other persons

who stuck with the program, began recovery, and successfully graduated from the program. A

33-year-old woman who was in the program for six weeks said, "It was encouraging to watch

people evolve from where they were at the beginning and see people graduate. That was really

exciting, and you were like 'I want to be the one graduating and having this big to do.'" In

particular, IOT staff who had recovered from addiction motivated participants. A 39-year-old

woman who was in the program for about five weeks said, "I found it helpful that they (IOT

staff) ... had similar experiences that I did and were able to beat it (addiction) and still have

successful jobs and be successful in life and have social status."

3.7.3 Doing the Work to Move Beyond Drugs

Most participants described the work they had to do to move beyond drugs. They

recognized that they would "get out of the program what they put in," took charge of their

recovery, and took advantage of "all the program had to offer." Participants worked on their

sobriety by finding ways to avoid temptation, developing coping skills, and engaging in healing

activities. A 56-year-old woman who was in the program for three days stated, "I have a bad

back. I am in pain all of the time, but I do the things that we talked about in recovery, whether it

be Tylenol or getting in the hot tub or Epsom salts. I do it all." Others found ways to deal with

everyday stressors by "learning how to retrain your brain," "letting go of things outside my control," and "staying in my lane to focus on me." Some participants "changed people, places, and things" to avoid returning to drugs once outside of IOT. A 27-year-old woman who was in the program for about eight weeks said:

> I make sure to avoid places that might make me relapse. I don't go to bars even if it is to play pool. I don't go back to the areas that I would go to pick up drugs. I also make sure that I got rid of the bad influences in my life.

Many participants engaged in "putting pieces of the recovery puzzle together" by going to narcotics anonymous (NA)/alcoholics anonymous (AA) in addition to IOT and working with a sponsor. A few participants found working through the steps with a sponsor helpful. A 32-year-old woman who spent approximately six weeks in the program stated, "Step four ends up being extremely intimate with your sponsor. That is where you take an inventory of all of the things that you have done."

3.7.4 Connecting with MOUD

To help them move beyond drugs, several participants were prescribed MOUD (e.g., suboxone, Subutex, vivitrol) while in IOT. Some were offered MOUD as part of their treatment while in the program, some requested MOUD, and some enrolled in the program specifically to receive MOUD. A 31-year-old woman who was in the program less than three weeks said, "I know that it (suboxone) really does help with cravings. The vivitrol shot is pretty much the same thing so I asked (IOT staff) if I could get the vivitrol shot." Participants were able to use MOUD as a "crutch" to help with their cravings. Some experienced success with their first MOUD

prescription and were on the same script for 1 to 2 years. A 41-year-old woman who was in the program for about eight months said:

> I was on that (naltrexone) for two years . . . My refill ran out a month or two ago and I realized I was using it as a crutch and I just didn't need it anymore. I have been off of it for a couple of months now.

However, a few participants found that MOUD did not help them as the medications had severe side effects or they found the prescriptions were too costly.

3.8 Connecting with Others Outside the IOT program

The research team labeled the sixth stage as *connecting with others outside the IOT program* because some participants discussed seeking engagement with important people in their lives as they disconnected from drugs. In some cases, the participants reconnected with those whom they had distanced from while taking drugs and in, some cases, the participants formed new relationships with others. Some participants refocused their energy towards rebuilding relationships with family members. They worked to regain trust with significant others, reunited with their children from whom they became estranged, and rebuilt relationships with their parents. A 29-year-old woman who spent six weeks in the program felt she was able to "take a breath of fresh air" after admitting to stealing from her parents. She said:

> I didn't feel confident enough to look my parents in the eye and tell them so I had my counselor tell them while I am sitting in the room. Stuff like that was really awkward but liberating at the same time. It's like 'I don't have to lie about this. They are going to forgive me. They are my mother and father. They just want their daughter back.'

In some cases, participants connected with others through their long-term recovery programs such as AA, sometimes in the role of sponsoring others. The 29-year women quoted above said that being a sponsor brought "back human connection, genuine human connection." She said, "You feel so empty before. People are using you and you are using people . . . Rebuilding the genuine connection."

3.9 Reconnecting with Self

The research team labeled the seventh stage as *reconnecting with self* because some participants discussed building a new relationship with themselves as they disconnected from drugs. They had reaped the benefit of their work in IOT by becoming more confident and connecting with their "sober self." Some no longer defined themselves as addicts and replaced harmful behaviors with positive ones. Several felt they had experienced intrapersonal growth as they came to appreciate their strength, experience happiness, and "spread their wings." A 41-year-old woman who was in the program for eight months said, "Addiction chose me. I didn't choose it. I really grew from that."

Some participants, however, were challenged to reconnect with themselves. Some had considered themselves as addicts for so long they had trouble embracing a new identity. A 32-year-old woman who was in the program for six weeks said:

> I spent so long doing drugs that once I got clean I was like 'I don't even know who I am anymore. I don't know what I'm good at. I don't see anything good about myself.' I just really identified as 'I'm just an addict' for a long time.

3.10 Disconnecting from the IOT program

The research team labeled the eighth and final stage as *disconnecting from IOT* as most participants discussed either graduating from the program or leaving it. Graduation was a ceremony to celebrate persons' achievement in the program and readiness for the next step in recovery. Staff initiated the graduation ceremony when a person had met criteria such as program attendance, participation in activities, and progress with goals. Most participants had witnessed others graduating from the IOT program and were motivated "to see how far others had come." Some were inspired to achieve that same success for themselves.

Only a few participants, however, had graduated. These participants decided, along with IOT staff, that they were ready for graduation. A 32-year-old woman who spent about 6 weeks in the program said, "It was mentioned (by IOT staff) like 'Hey, how do you feel about graduating?' I was like. 'I honestly feel like I'm ready.'" These participants engaged in a graduation ceremony or "coin ceremony." In this ceremony, the group passed a coin around and all persons in the group would share something positive about the graduate. One participant said, "Others noticing change was icing on the cake." Most participants found positive statements encouraging, although others experienced mixed emotions and felt uncomfortable when others talked about them. A 29-year-old woman who spent six weeks in the program said, "It was awkward (watching my coin go around). The attention was awkward." Participants generally experienced excitement, relief, or sadness the last day in the program. A 33-year-old woman who spent six weeks in the program stated, "It (graduation) was exciting and a little bit relieving . . . I felt really accomplished. It took me forever it felt like to get sober and to have a chance at staying sober." Most participants felt ready for life outside the program, and some had difficulty leaving people they had formed relationships with behind. A 41-year-old woman who was in the

program for about eight months said, "It was emotional (the last day). I had made friends with some people I will never forget, and I have seen them on their journey."

Many participants did not graduate from the program. Some needed to leave before graduation due to external circumstances such as the onset of COVID-19, housing issues, or having a baby. A 56-year-old woman who attended the program for three days said, "I got down there (to IOT) and I only got to go three days when the COVID virus stopped that completely . . . I was really looking forward to it (continuing program)." A few participants chose to attend a different treatment program because they needed more intensive treatment, preferred different MOUD options, or had a bad experience while in the program. One participant overheard a staff member sharing a conversation he had had with her "in confidence" with other staff members and left the program feeling a betrayal of his trust. A 40-year-old man who attended the program for four weeks said, "I had to leave for legal reasons . . . with a pending case that I had for possession, they (attorney) wanted me to do an inpatient program instead of outpatient." A couple of participants left the program because they were "not ready to get sober" and put their treatment on the "back burner." A 23-year-old man who spent two to three weeks in the program shared:

> I felt like it (IOT) was becoming more of a problem than it was beneficial. I'm getting help but I'm also not getting enough sleep. I'm not getting things done that I need to get done . . . 'I got it. I'm okay. You know what I mean?' And then things happen. Probably not a good idea.

4.1 Discussion

The findings revealed that the process of enrolling, acclimating, and receiving treatment in an IOT involves an overarching process of *connecting and disconnecting* with drugs, others, the program, and the self. The eight stages of *connecting and disconnecting* included (1) connecting with drugs, (2) disconnecting from everyday life, (3) connecting with the IOT program, (4) connecting with others in the IOT program, (5) disconnecting from drugs, (6) reconnecting with others outside the IOT program, (7) reconnecting with self, and (8) disconnecting from the IOT program.

The experiences of connecting and disconnecting intersected in a variety of ways as the participants' experiences in the IOT program unfolded. Although the study design prohibits claims about causality, the participants' narratives implied that connecting with drugs led them to disconnect from others and from their everyday lives when drugs overtook their lives. The experiences of connecting and disconnecting were also highly interwoven in the IOT program. Participants suggested it was their connections with the program, other patients, and staff that enabled their disconnection from drugs, which in turn allowed them to reestablish important connections outside the IOT.

The findings of this study are similar to the findings of several qualitative studies exploring persons' experiences in substance abuse treatment. For example, a grounded theory study by Wilson, Shaw, and Roberts (2018) of 10 adults receiving MOUD also revealed that the pathway to addiction included an event that led to an opioid initiation, often a prescription for pain medication, and a pull toward opioids that resulted in risky behaviors and damage to relationships. The participants in the Wilson et al. (2018) study also experienced a turning point in which they had had enough and decided to seek help. Also consistent with the findings of the current study, a qualitative study of persons receiving treatment for alcohol use disorder in a

variety of treatment settings revealed that supportive relationships and a non-judgmental treatment environment were related to satisfaction with treatment (McCallum, Mikocka-Walus, Gaughwin, Andrews, & Turnbull, 2015). These factors were also highlighted in a qualitative study of 12 rural women in substance use treatment (Godlaski, Butler, Heron, Debord, & Cauvin, 2009) who revealed that welcoming attitudes of staff, being with other women who shared their experiences, and being respected by both staff and patients were key to their comfort in treatment.

Just as the finding that bonding with staff was an important component of engagement with the IOT program, experts have highlighted the importance of the therapeutic alliance in substance abuse treatment. A scoping review that explored how principles of patient-centered care were discussed, defined, and measured among persons in substance use treatment revealed that therapeutic alliance was the patient-centered principle most frequently described in the literature (Marchand et al., 2019). Empathy and non-judgement were the most common characteristics of therapeutic alliance identified in the review (Marchand et al., 2019) - a finding that resonates with the narratives of the participants in the current study who stressed the importance of a non-judgmental environment and staff who were empathic and genuinely cared about their recovery. Studies with persons in substance use treatment have found positive associations between high therapeutic alliance and high treatment engagement (Goldberg et al., 2020), less distress during treatment (Urbanoski, Kelly, Hoeppner, & Slaymaker, 2012), and higher internal motivation (Wolfe, Kay-Lambkin, Bowman, & Childs, 2013).

Beyond bonding with IOT staff, participants in the current study discussed how relationships with other patients in the IOT program and other persons outside the program could influence their recovery. These findings can be considered from the lens of the "relationship

spectrum" (p. 248), a concept in the findings of Wilson et al. (2018) study that centered on how encounters with persons could range from supportive to non-supportive of persons' recovery (Wilson et al., 2018).

Whereas the current study focused on relationships between IOT patients and staff or other patients as key to engagement with treatment, other studies focused on health and external factors that were barriers to engagement. For example, a qualitative study of 20 program leaders and clinicians from 12 IOT programs identified physical symptoms, mental illness, care fragmentation, lack of social support, and poor social and neighborhood conditions, such as poverty, food insecurity, family discord, and health literacy challenges, as barriers to treatment (Zulman et al., 2018).

The current study adds to the literature as it is the first to present a central psychosocial process to describe how persons with OUD experience IOT over time. The focus on connections and disconnections and how these processes intersect provides a dynamic view of persons' experiences in IOT.

4.1.1 Limitations

Study findings should be considered in the context of several limitations. First, because all participants identified as White, conclusions cannot be drawn about the experiences of persons of color as it is likely they have different experiences in IOT than White persons. For example, several studies suggest that there are racial/ethnic disparities in substance use treatment attrition as Black and Hispanic persons are less likely to complete treatment compared to White persons (Mennis & Stahler, 2016; Saloner & Cook, 2013; Stahler & Mennis, 2018). Future research should therefore ensure inclusion of participants from diverse racial/ethnic groups so

researchers can explore possible group differences in IOT experiences. Second, participants were recruited from two IOT programs within one health system. The findings could therefore reflect the unique substance abuse treatment philosophy and practices of the health system and not be generalizable to other programs. Larger studies of persons in a variety of IOT programs in different geographical locations are warranted. Third, this study was initiated during the COVID-19 pandemic. Considering 13% of Americans increased or initiated substance use during COVID-19 (Czeisler et al., 2020), the experiences of participants might not have been typical. Moreover, the timing of the study presented challenges for recruitment as the study settings temporarily shut down and programs were transitioned to virtual delivery. As a result, whereas 20 to 30 participants are typical for grounded theory studies (Grove, Burns, & Gray, 2013; J.M. Morse, 1994), the research team was only able to enroll 14 persons because the pandemic constrained the patient census in each of the programs. Although a larger sample might have enabled a more detailed theoretical framework, recruiting was stopped at 14 because these persons provided enough information to develop a robust framework and repeating patterns were noted in the interviews. Future research should explore IOT participation in a larger sample outside the context of a global pandemic.

4.1.2 Implications

Findings from this grounded theory study can be used by to facilitate discussions with patients regarding the connections and disconnections they experience as they progress through the program. Morse, Hutchinson, & Penrod (1998) have suggested that qualitatively derived assessments guides can be developed by researchers and used by clinicians to facilitate conversations with patients on topics that qualitative study findings indicate are salient. Major findings are reformulated as open-ended questions that probe relevant topics. For example,

patients' experiences *connecting with IOT* could be explored by querying how they decided to begin the program, how they are "settling in," and how they are "learning the ropes." Table 1 provides examples of an assessment guide with potential open-ended questions that could be used to explore how patients are moving through the stages of *connecting and disconnecting* as their IOT experience unfolds.

The study findings also underscore several issues IOT staff should consider as patients move through each of the stage. During the stage *connecting with the IOT program,* participants indicated that an "easy" assessment or intake process encouraged them to come back the second day. Staff should therefore ensure that entry to the program for newly enrolled patients is a non-threatening and welcoming process. However, many participants experienced anxiety prior to engagement in group work and felt particularly vulnerable when asked to share personal experiences. Clinicians should allow time and space for patients to gradually settle in to groups and disclose at their own pace. *Connecting with others in the IOT program* was an integral stage, and clinicians should facilitate the exchange of shared experiences between IOT group members and encourage supportive and trusting relationships with a variety of staff members. One participant who left the program when staff shared what he thought was private information with other staff provided an example of dire consequences that can occur when trust with staff is broken. Several participants felt particularly connected to staff who had addiction histories, and IOT program administrators should consider the importance of including staff who have had personal experiences with recovery.

Findings related to the stage *disconnecting from drugs* suggested that beginning sobriety was a multi-dimensional process that included becoming hopeful, committing to the program, taking advantage of program activities, adopting new ways of thinking, learning new behaviors,

taking MOUD, and connecting with 12-step programs. These findings reinforce that IOT programs need multiple components as recovery is a complex process that evolves over time. Moreover, findings that participants reconnected with others and certain aspects of themselves toward the end of treatment suggests that these issues are important topics for discussion as persons prepare to leave IOT. Some participants indicated that graduation ceremonial activities helped them view themselves in new ways.

As mentioned above, changes in the programs' delivery due to COVID-19 was disruptive for some participants, especially those who just entered the program. IOT programs depend heavily on group and staff interactions, and programs will likely need to refine procedures for remote delivery and evaluate their effects on patient recovery.

5.1 Conclusion

Findings from this study suggest that the unfolding of persons' experiences in IOT programs are described as *connecting and disconnecting*. Connections and disconnections are highly linked as persons connect with drugs they disconnect with other aspects of their lives and as they disconnect from drugs they reconnect with other aspects of their lives. Connections with the IOT program, other patients, and IOT staff are central to beginning sobriety. Although the findings were limited by the homogeneity and size of the sample, the findings indicate that clinicians should foster these connections and provide a multi-dimensional experience that enable patients to begin recovery.

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