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MAJOR FACTORS OF SUSTAINING RECOVERY AFTER RELAPSE FROM A SUBSTANCE USE DISORDER

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MAJOR FACTORS OF SUSTAINING RECOVERY AFTER
RELAPSE FROM A SUBSTANCE USE DISORDER

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Amanda Tei Sandhurst

May 2024

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ABSTRACT

Relapse is a common and often-expected occurrence among individuals with substance use disorders. Relapse can be defined as returning to a problematic behavior after abstaining for a period of time (Marlatt & Witkiewitz, 2005). It is the inability to maintain life in sobriety and is not an isolated event, but rather a process (Gorski & Kelley, 1996). The problem with relapse is that it can result in continued substance use and abuse, which can then lead to other major consequences. This study looks at ten individuals in recovery who experienced a past relapse after having a period of abstinence and who are now clean and sober again. This study aims to explore the most significant factors that contribute to sustaining recovery from a substance use disorder after an individual has experienced a past relapse.

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Last but definitely not least I want to acknowledge and thank my Higher Power whom I chose to call Jesus Christ for picking me up and putting me on the path I am on now. Without your guidance, none of this would be possible.

DEDICATION

I would like to dedicate this study to anyone who has been impacted by a substance use disorder of any kind and to those who are still suffering. To my father Charles who lost his battle with addiction. Dad, you were the inspiration for this research.

If we are painstaking about this phase of our development, we will be amazed before we are halfway through. We are going to know a new freedom and a new happiness. We will not regret the past nor wish to shut the door on it. We will comprehend the word serenity and we will know peace. No matter how far down the scale we have gone, we will see how our experience can benefit others. That feeling of uselessness and self-pity will disappear. We will lose interest in selfish things and gain interest in our fellows. Self-seeking will slip away. Our whole attitude and outlook upon life will change. Fear of people and economic insecurity will leave us. We will intuitively know how to handle situations which used to baffle us. We will suddenly realize that God is doing for us what we cannot do for ourselves. Are these extravagant promises? We think not. They are being fulfilled among us sometimes quickly, sometimes slowly, They will always materialize if we work for them. (*Alcoholics Anonymous*, 2001, pp. 83-84)

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CHAPTER ONE

INTRODUCTION

Problem Formulation

Background Information

Relapse is a common and often-expected occurrence amongst individuals with substance use disorders. Relapse can be defined as returning to a problematic behavior after abstaining for a period of time (Marlatt & Witkiewitz, 2005). It is the inability to maintain life in sobriety and is not an isolated event, but rather a process (Gorski & Kelley, 1996). According to the National Institute on Drug Abuse (2020), the current relapse rates for individuals with a substance use disorder are between 40% and 60%. The problem with relapse is that it can result in continued substance use and abuse, which can then lead to other major consequences.

Micro Issues

The disease model of addiction suggests that once an addicted individual goes back to using, their brain becomes controlled by the drug, and it is very difficult for them to stop using on their own (Fisher & Harrison, 2018). Returning to a lifestyle of active addiction can result in various negative consequences. On an individual level, substance abuse may cause issues with physical and mental health, relational issues with friends and family, problems at work or other social environments, and in some cases even cause a fatal overdose (NIDA, 2020). From 2020 to 2021, there were over 96,000 deaths in America caused by drug

overdose, with California having the highest rate at 6,198 fatal overdoses (National Center for Drug Abuse Statistics [NCDAS], 2022).

Mezzo and Macro Issues

Substance use disorders and relapse does not only affect the individuals struggling with the disorder, but they can also have a negative effect on families and society. Problems relating to substance use within family systems can include emotional distress, financial hardships, domestic disputes, issues regarding children and parenting, and unstable living environments (Daley, 2013). Relapsing after obtaining any length of sobriety may lead family members to not trust the addicted individual or the recovery process as a whole. There are also macro issues related to substance use disorder and relapse. They include homelessness, increased crime, crime-related behaviors, medical issues such as the spreading of disease, and incarceration (Daley, 2013). The cost that goes into addiction treatment, medical or mental health treatment needed for problems related to substance use disorders, the criminal justice system, and social services can also negatively impact our economic system creating a financial burden for society (Daley, 2013).

Policies

Macro-level policies that are currently in place may also contribute to issues with substance use disorder and relapse. There is a lack of treatment resources available especially in rural or isolated areas, making it harder for some individuals to gain and maintain sobriety (Edmond et al., 2015). Research

also suggests that clients who received detoxification services had low levels of continuity of care, which increases the likelihood of being readmitted into detoxification within a year (Lee et al., 2014). Barriers to continuity of care consist of a lack of resources and convenient treatment options, lack of coordination between agencies, and lack of funding (Lash et al., 2011). In addition, the legal system may be more harmful than helpful regarding substance use disorders. Laws that punish addicts may increase stigma and make it harder for these individuals to succeed (Earnshaw, 2020).

Currently, there are no policies in place that specifically address relapse. However, more laws are being passed that aim to promote recovery and address substance use disorders in America. The Affordable Care Act passed in 2010, made health insurance more affordable, as well as provided better coverage for addiction services (Substance Abuse and Mental Health Services Administration [SAMHSA], 2022). In 2016, the Comprehensive Addiction and Recovery Act (CARA) was passed, which focuses on drug prevention, expanding treatment programs, and expanding the availability of medication-assisted treatment (SAMHSA, 2022). The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act of 2018 was also passed to help expand access to care, including establishing comprehensive opioid recovery centers, and increasing addiction medicine education (SAMHSA, 2022).

Findings Contribution and Research Question

Social workers frequently come across individuals and populations where substance abuse is common. Findings from this study can contribute to social work practitioners' knowledge about relapse and why relapse occurs.

Practitioners can then use this information to administer interventions to help individuals maintain a lifestyle of recovery. There are several factors that may increase the likelihood of relapses such as stress, lack of motivation, triggers, environmental or social issues, or lack of quality and timely treatment. The aim of this study is to identify which of these elements are most relevant. Therefore, the research question for this project is: What are the most significant factors that contribute to sustaining recovery from a substance use disorder after an individual has experienced a past relapse?

CHAPTER TWO

LITERATURE REVIEW

Introduction

There have been many attempts to explain why an individual may relapse or return to substance use after gaining abstinence. Like substance use disorder itself, relapse is a complex and multidimensional topic. Various factors should be considered when analyzing relapse and relapse prevention. This section will discuss factors associated with relapse from a substance use disorder found in literature including biological factors, psychological factors, social factors, and other factors. Protective factors, identified gaps, and conflicting findings that surfaced while researching previous studies will also be discussed in this chapter.

Biological Factors of Relapse

One major theme that was discovered in the biological factors of relapse is genetics. Studies suggest that having a family history of substance use may increase the risk of relapse (Bhardwaj et al., 2019; Mattoo et al., 2009; Sliedrecht et al., 2019). Another biological theme consists of the age that which an individual initiates their use of substances. Early onset of drug and or alcohol use is found to contribute to relapse (Bhardwaj et al., 2019; Nazari et al., 2016; Sliedrecht et al., 2019). It was also found that brain chemistry and makeup, as well as personality traits, may also influence relapse predictability (Chmielowiec & Boroń, 2020; Sinha, 2011).

Another interesting biological factor related to relapse is gender. There were contradicting views on relapse occurring more between women or men. Wahler and Otis (2014), found that women were more likely to stay sober. However, other studies suggest that women may be at higher risk of relapse due to various social factors they experience in comparison to men (Razali et al. 2021; Sun, 2007). There were also very few studies that mentioned that race was a predictor of relapse (Wahler & Otis, 2014; Walton et al., 2001). One study investigated relapse factors based on both gender and race, however, this study is not current (Walton et al., 2001).

Social Factors of Relapse

There are various social factors that can have an impact on substance use relapse. The main theme that emerged from the literature on social factors had to do with sober social support or the lack of it. Having significant relationships with individuals that are actively using substances can impact the recovering individual and put them at risk for relapse (Francis et al., 2020; Nazari et al., 2016; Razali et al., 2021; Sun, 2007; Yeung, 2022). In addition, returning to the same environment after treatment can also increase the risk of relapse (Sun, 2007). Many individuals also reported relapses due to social pressures from friends or family (Nazari et al., 2016; Ramo & Brown, 2008; Razali et al., 2021; Sun, 2007). Inversely, having social support can positively impact an individual's recovery. Studies found that having a sober social support network can reduce the risk of relapse and act as a protective factor (Francis et al., 2020; Razali et

al., 2021; Sliedrecht et al., 2019). Religious or faith-based social support groups were specifically mentioned in several studies. They were also found to be beneficial to abstinence, preventing relapse (Farabee et al., 2013; Francis et al., 2020; Howe, 2020; Sliedrecht et al., 2019; Yeung, 2022).

Employment as a Social Factor of Relapse. Another social factor pertaining to relapse included employment. There were mixed views as to whether employment was beneficial or harmful to relapse prevention. Some studies stated that employment was a factor that led to relapse or was a factor in the relapsing participants, possibly due to triggers (Sun, 2007; Wahler and Otis, 2014). On the opposing side, employment was found to be beneficial in providing individuals with a positive distraction and facilitated non-using social networks which contributed to abstinence (Farabee et al., 2013; Francis et al., 2020). In addition, Nazari et al. (2016), found unemployment and economic pressures to be a component of individuals that experienced a relapse.

Psychological Factors of Relapse

The first psychological theme that emerged from previous literature was co-occurring disorders and mental health. Sun (2007), found that undiagnosed or untreated co-occurring disorders, directly and indirectly, led to relapse. In some cases, these mental health disorders led to relational issues amongst partners, which then contributed to negative feelings, which then led the individual to relapse (Sun, 2007). Mental health issues such as stress, anxiety, depression, and negative emotions were also found to be a factor of relapse (Alverson et al.,

2000; Mattoo et al., 2009; Ramo & Brown, 2008; Sliedrecht et al., 2019; Sun, 2007; Wahler and Otis, 2014). Low self-esteem and low self-worth were common features found among relapsing women (Razali et al., 2019; Sun, 2007).

However, self-efficacy was found to be a protective factor that enhances the individual's ability to abstain (Mattoo et al., 2009; Sliedrecht et al., 2019; Wahler and Otis, 2014).

Motivation was another psychological theme that emerged, however, the perspectives on this topic were limited. According to Sliedrecht et al. (2019), despite motivational interviewing being a focus in many treatment programs, little research has been done on the topic of motivation actually affecting relapse either negatively or positively. Conversely, in more recent studies motivational interviewing was said to help to reduce drug cravings and substance abuse in women (Oveisi et al., 2020; Razali et al., 2021). However, some of these findings were discovered while the participants were still in treatment which may have skewed the results (Oveisi et al, 2020). Additionally, these findings were discovered only in women participants due to these studies not including men in their research.

Other Factors of Relapse

Other relapse and relapse prevention themes that emerged in literature were coping skills, lack of understanding or knowledge of the disease of addiction, and spirituality. Not being able to cope with difficult situations was said to be a factor in relapse, whereas utilizing coping strategies was said to be a

factor in maintaining abstinence (Alverson et al., 2000; Farabee et al., 2013; Mattoo et al., 2009; Ramo & Brown, 2008;). Lacking knowledge about substance use disorder was also said to be a factor of relapse (Larimer et al., 1999; Sun, 2007). For example, one participant was unaware that using one time could lead them to sustained use and back into a cycle of addiction (Sun, 2007). The final theme that appeared in the literature was spirituality as a protective factor (Howe, 2020; Sliedrecht et al., 2019; Yeung, 2022). Spirituality or involvement in a faith-based program was shown to be beneficial in maintaining abstinence (Howe, 2020; Yeung, 2022). This could be the result of the social support and sense of belonging that is received in faith-based programs (Howe, 2020; Yeung, 2022).

Gaps and Limitations in Literature

Based on this information there is a gap in current literature as to whether gender may have an influence on relapse and relapse risk. There have been many studies either conducted on men or conducted on women separately. However, very few go into detail about how these factors may compare or differ based on the gender of the participant. Additionally, there is a gap as to how the factor of motivation specifically affects relapse in men and women differently.

Another gap in the literature was the topic of positive lifestyle outcomes gained in recovery. This as a protective factor preventing relapse was rarely mentioned. This researcher has found through various personal and professional conversations that after an individual has maintained abstinence for a length of time there are usually beneficial results. Some of these include restored

relationships, financial stability, a more structured lifestyle, and healthier habits. Only one article mentioned the topic of having a transformed life in recovery and how that helped the participants maintain abstinence (Howe, 2020).

There are several limitations to researching relapse and relapse prevention. One major limitation in previous literature is that it is difficult to infer causality. Relapse is such a complicated issue with several factors that can contribute to it. It is difficult to identify if there are alternative explanations for relapse to occur in an individual's recovery journey. Many studies discuss topics that were being researched in that specific study, however, may not have considered other elements that may have also affected the individual's ability to maintain abstinence. In addition, much of the research that is conducted on the topic of relapse is self-reported. This can lead the responses to be skewed due to social desirability. For there to be a more precise description of factors that lead to relapse there needs to be more research done that is longitudinal with a large sample size.

The current research will be different from past studies because it will be gaining more in-depth information on the gaps that were discovered in the past literature. The current study will research the topic of gender as well as motivation to identify if these factors could be predictors of relapse. The current study will also help to develop more research on the topic of positive outcomes gained by abstaining from substances to determine how it relates to recovering

individuals. In general, this study will help to gain a broader understanding of the topic of relapse and relapse prevention.

Theoretical Perspectives on Relapse

One theory that can be used to analyze relapse is the biopsychosocial model of addiction. According to Fisher and Harrison (2018), “in the biopsychosocial model of addiction, the interactions of biological, psychological, cognitive, social, developmental, and environmental variables are considered to ‘explain’ addiction” (p. 121). The biological factors in this model include genetics and biochemistry (Skewes & Gonzalez, 2013). Some psychological and cognitive factors include co-occurring mental health and personality disorders, operant conditioning from positive reinforcement induce by the substance, and self-efficacy (Skewes & Gonzalez, 2013). Social factors include families, friends, and intimate partners (Skewes & Gonzalez, 2013). This model suggests that to treat substance use disorder these biological, psychological, and social factors must be taken into consideration. Although this model is usually used to explain addiction, for the purpose of this research it can also be utilized to examine relapse and relapse risks as it was used in this section.

Another theory that examines relapse is the relapse prevention model that was developed by Marlatt and Gordon and based on the cognitive-behavioral model (Marlatt & Witkiewitz, 2005). In this model, there are two categories that explain factors that contribute to relapse. The first category consists of “immediate determinants of relapse” (Larimer et al., 2005, p. 152). This category

includes high-risk situations, coping, outcome experiences, and the abstinence violation effect (Larimer et al., 1999). The second category consists of “covert antecedents of high-risk situations” (Larimer et al., 2005, p. 153). This category includes lifestyle factors, urges, and cravings (Larimer et al., 2005). This relapse prevention model proposes that there are various interventions that can be applied to help reduce the risk of relapse. Some of these interventions include learning how to identify and cope with high-risk situations, increasing self-efficacy, eliminating positive expectations about the effects of the substance, and creating a relapse roadmap to explore options to avoid or cope with difficult situations that may arise (Larimer et al., 2005).

Another theory that explores relapse is the stages of change model which is based on the transtheoretical model (Norcross et al., 2010). The stages of change model explains that for an individual to gain long-term abstinence they must move through the stages of change. These stages include the precontemplation stage, the contemplation stage, the preparation stage, the action stage, and the maintenance stage (Norcross et al., 2010). In the precontemplation stage, the individual is unaware that they have a problem and therefore does not think change is necessary (Norcross et al., 2010). In the contemplation stage, the individual is now aware that they may have an issue, however, they are not yet ready to make a change anytime soon (Norcross et al., 2010). In the preparation stage, the individual is ready to start changing and has a plan to make a change (Norcross et al., 2010). In the action stage, the

individual is addressing their problem and is making behavioral changes (Norcross et al., 2010). Finally, in the maintenance stage, the individual continues to work on changing their problematic behavior to prevent relapse (Norcross et al., 2010). These stages are not linear and oftentimes an individual goes from the preparation stage back to the precontemplation stage. In this case an individual is never able to get to the maintenance stage of change where long-term abstinence occurs.

The theories mentioned will be used in this study and act as a framework to guide the research. These theories include the biopsychosocial model of addiction, the relapse prevention model, and the stages of change model.

CHAPTER THREE

METHODS

Introduction

The research question for this project is: What are the most significant factors that contribute to sustaining recovery from a substance use disorder after an individual has experienced a past relapse? First, this chapter will include information on the study design of this research. Second, information about the sample of this study will be provided. Third, there will be an explanation of the data that was collected. Fourth this chapter will go over the procedures for how data was gathered. Fifth, an explanation of how participants were protected in this study will be provided. Finally, this chapter will include a description of how the collected data was analyzed.

Study Design

For this specific research question, the study method that was used is qualitative research. This study is exploratory and uncovered protective factors that influence relapse prevention. The purpose of this study is to explore the most significant factors that contribute to sustaining recovery from a substance use disorder after an individual has experienced a relapse in the past. The current study also investigates how gender, motivation, and positive life outcomes gained in abstinence relate to sustained abstinence and relapse prevention. Strengths of this study design include obtaining first-hand detailed

data from participants with lived experience regarding the research question. Limitations to this study design consist of having a smaller sample size in comparison to a quantitative research design as well as having time restraints due to the current study not being longitudinal. In addition, the data may be more difficult to analyze and there is a risk of bracketing. Therefore, any biases or personal views about the data collected was addressed and eliminated.

Sampling

The population and best data source for this research were individuals that have a substance use disorder that experienced a time of active addiction after maintaining abstinence for a minimum of a year. The participants were also currently abstinent for a minimum of six months to ensure that the participants were clean and sober minded during the time of their participation in this study. To obtain a concise perspective on this topic, comprehensive information was gathered from participants that have lived experience to best address this problem. Participants were chosen using purposive, availability, and snowball sampling. This study was only feasible due to enough participants willing to donate their time and energy to be a part of this research. In order to properly assess the data that was collected a minimum of ten individuals had to participate in the study. Participation may have been limited as some individuals who have struggled with relapse may not have wanted to share information about the subject.

Data Collection and Instruments

Since this study is qualitative, a series of in-depth interviews were conducted to gather the necessary data. There was a series of questions asked to gain the data that is needed to answer the research question. First, the participants were asked several demographic questions including age, race or ethnicity, and gender. Second a series of short-ended questions were asked including current employment status, age of onset, history of addiction in the participant's family of origin, drug of choice, the current length of sobriety, co-occurring disorders, and religious or spiritual affiliation, and the importance of that affiliation. Finally, open-ended questions were asked to gain details about the participant's experience. Questions to help answer the current research question were asked. These questions included a description of the participant's recovery journey, factors that led the participant to gain abstinence and motivation to maintain sobriety, any risk factors or triggers that may compromise their recovery, an explanation of if and or how their life has changed since gaining sobriety, a description of what if any benefits have been gained in recovery, and how they feel they have been supported during their recovery journey.

Procedures

Participants were solicited through social media and word of mouth. A flier was used requesting individuals that meet the specific criteria to cooperate in this study. Social media platforms such as Facebook and Instagram were targeted in

this study to obtain willing participants. Participants were also gathered through word of mouth from the researcher's personal network. Data was gathered through in-depth interviews that took place over video conferencing on the Zoom platform. The interviews were transcribed as they were conducted using Zoom technology. Each in-depth interview conducted took no longer than one hour to complete. Data collection took place over the course of six months to ensure that the data was analyzed in a timely manner.

Protection of Human Subjects

To execute this plan, an institutional review board (IRB) approval needed to be done due to the context of this research. This ensured that ethical principles were maintained within the study. IRB approval was concluded before moving forward with this research. All participants in this study were voluntary. They were also informed about the purpose of this study before agreeing to participate. Informed consent was given prior to gathering data. The participant's confidentiality was guaranteed and their names were not included in this study.

Data Analysis

The data was analyzed using grounded analysis. Transcripts obtained in the interview process were overlooked to identify themes that surfaced in the data collection process. The transcripts were coded and synthesized to group topics that were mentioned by participants. By rereading transcripts and

identifying themes that emerged the data was allowed to speak for itself. Data on demographic questions asked during the interview process were also included.

Summary

This study examined the most significant factors that contribute to sustaining recovery from a substance use disorder after an individual has experienced a past relapse. This chapter included instructions on how the current study was conducted. Information on the study design, sampling, data collection, procedures, protection of human subjects, and data analysis proceedings were included in this chapter.

CHAPTER FOUR

RESULTS

Introduction

Ten participants were recruited during a six-month period from March 2023 to September 2023. The participants consisted of eight females and two males. Participants ranged from the ages of thirty-five to sixty-one. Four participants reported being Hispanic and six participants reported being Caucasian. Seven participants reported that they were employed and three reported being unemployed. Half of the participants reported having co-occurring disorders and half did not. Seven out of the ten participants reported that they had a history of addiction in their family of origin. Five out of ten participants reported an early onset of substance use before the age of thirteen with the youngest age of onset being ten. Four participants reported onset in the teenage years. One participant reported an onset in adulthood. Participants' drug of choice included methamphetamine for four participants, alcohol for four participants, opiates with one participant, and one polysubstance abuser. The current length of clean time ranged from nine months to fourteen years with half of the participants currently being clean and sober for eight years or more. Seven out of ten participants identified as being Christian as their religious affiliation and four out of those seven respondents reported that their Christian faith is an important factor in their recovery from substances. Three participants reported

that they do not have a religious affiliation. All participants reported a belief in a power greater than themselves as a factor in their recovery.

Based on the data that was analyzed from the ten in-depth interviews conducted regarding significant factors that contribute to sustaining recovery from a substance use disorder after an individual has experienced a past relapse, nine themes emerged. These themes include: not wanting to lose the things that have been gained in recovery, twelve-step support, new beginnings in recovery, relationships with family, remembering negative consequences associated with drug and alcohol use, belief in a higher power, helping others who are experiencing issues with addiction, being in a community of recovery, and understanding that one cannot control their substance use disorder.

Themes

Not Wanting to Lose Things Gained in Recovery

I think I don't want to lose everything... If I'm loaded, I'm definitely gonna lose my job. I'm definitely gonna lose my apartment. I'm definitely gonna lose my truck. I'll lose my family. I already know in my head that I'll lose everything. I'm not even losing it, I'll be forfeiting everything because I already know what's gonna happen. (Personal Communication, Participant One, March 2023)

I have my own place. I'm in school. I never thought I would go to school. I never thought I would have my place. I never thought I would have a

fucking car. Be a mom and not be resentful about it. I have all of these things that I guess normies take for granted... It's only as a direct result of being in recovery that I have these things. (Personal Communication, Participant Two, March 2023)

I'm not willing to give up everything I've gained... The only thing promised to us is freedom from active addiction. But all the gifts we get back like I own my own house today. That would've never been possible had I still been sticking a needle in my arm. (Personal Communication, Participant Four, April 2023)

When my parents were alive, I got the house keys back. I had the keys to their cars. I know where all the important papers are. I have the contact to everything. If I was drinking, nobody wants me for anything, because I'm not reliable. (Personal Communication, Participant Ten, September 2023)

12-Step Support

"I have my relationship with my higher power. I do attend Narcotics Anonymous meetings. I do have a support group and a sponsor" (Personal Communication, Participant Two, March 2023).

My support network, so I actively go to meetings, I work steps, I have a sponsor, I'm of service, I have a God of my understanding, and I attend

meetings. So like I'm an active member of a twelve-step community. There's no way that I could do this without it. There's no way I could stay clean eight years without some kind of a program or something to remind me every week that I'm an addict. (Personal Communication, Participant One, March 2023)

I go to meetings every day. I have a sponsor, who has a sponsor. I work with other women. It's not worth it to me to go back out and use right now... I continue to work the steps over and over again. I'm on the 4th step for probably the 7th time right now... as we do the steps, we do the traditions, we do the concepts, and then we start over because new things always come up. (Personal Communication, Participant Four, April 2023)

New Beginnings

"I didn't have a life when I was in active addiction. It wasn't a life, it was surviving, and today I can actually say I'm living" (Personal Communication, Participant Four, April 2023).

I deserve a life. School right now is big... For me to come from drug-addict parents and a convict father and all that, like my end goal is to be Dr. (participant's name) licensed clinical social worker. So to have those letters... from a welfare child, broken home, drug addict, none of that is

doable unless I am clean. (Personal Communication, Participant Two, March 2023)

I found a way out through education. Found a way to combat recidivism, and it was through education. The more educated I get, the less appealing prison becomes... When I'm living the lifestyle out here on the streets, you know, the streets look weak to me, so I just want to go back to prison. But when I'm out here on the streets and I'm going to school and educating myself and getting these degrees and putting time and effort in, it makes me look at prison, like that doesn't make any sense. I don't wanna do that. (Personal Communication, Participant One, March 2023)

I'm employable. I'm a human. I haven't had to eat out of a trash can in four and a half years. My kids call me. I see my kids on a regular basis.... I feel like I have good guts today. I operate with compassion and humility and empathy. (Personal Communication, Participant Six, April 2023)

Family

“In my recovery, I've gotten a life. I have my children back in my life. I'm able to be a mother, and a daughter. My mom will actually allow me in her house today” (Personal Communication, Participant Four, April 2023).

“My blood family has been really supportive. They always have been. They never blinked. They just love me unconditionally and I know that's rare” (Personal Communication, Participant Five, April 2023).

“My church supported me. My husband supported me. My family supported me. I apologized to all my kids” (Personal Communication, Participant Seven, May 2023).

God and my family... it's always been very important for me to be a good mom. When I left and relapsed again, that was the opposite of what I was and I just had to get back to it. (Personal Communication, Participant Three, April 2023)

I have peace. I have relationships, real ones. I'm a better mom. I the better grandma. I mean my grandkids don't ever have to see me drunk. I'm the better daughter. I'm just all around a better human being. My family they love me sober. (Personal Communication, Participant Eight, May 2023)

Playing the Tape

I couldn't picture myself getting loaded. I'm not immune to relapse, but if I play the tape forward, like really what am I gonna do? I'm gonna be so anxiety-driven in the morning, I'm probably not gonna go to work. I'm gonna call in sick... I'm probably not even gonna call in sick. I'm probably just gonna text in sick because I'm so afraid to communicate with somebody. I wouldn't answer my phone and I wouldn't text back my family

when they said 'hey, good morning.' I would try to play it off... I'm gonna convince myself I got away with it so I might as well get loaded today and go back to work tomorrow, so I'm just gonna do a little bit, and then that goes on for six months, until I get raided again. (Personal Communication, Participant One, March 2023).

I keep a picture in my phone of when I got clean. They say if you forget the last time you got loaded, you're going to get loaded again... I have to remember, especially in the moments of not being grateful, what it was like. (Personal Communication, Participant Six, April 2023).

Another thing, that kind of triggered me not too long ago was being at my daughter's wedding. Like everybody is having a great time.... That's when the thoughts kind of came on, look at everybody is having fun, able to drink alcohol and then I have to keep reminding myself throughout the night, I'm not that person. My drinking takes me to jail and takes me to the crack house. That's where my drinking takes me. I had to keep reminding myself throughout the night like, oh yeah, I'm not that person, I'm an alcoholic. (Personal Communication, Participant Nine, September 2023).

Higher Power

I wholeheartedly, because of recovery, believe in my heart, like no matter what happens, everything genuinely is going to be okay. It may not be the

way I want it to be but it's gonna be okay... When we have expectations of things and the way we think things should be, what we're doing is we are taking back control from our higher power or God. Because now we're saying how things are supposed be, and we're not in charge... God's in charge. (Personal Communication, Participant Two, March 2023).

My sponsor used to always say the four legs of the chair, right? The meeting, the sponsor, the steps, and the service. But I gotta have a higher power. So it's like a five-leg chair. I've never taken my foot off the gas of recovery because I don't know what I can slip on and not relapse. (Personal Communication, Participant Five, April 2023).

I wouldn't be sitting here today if I didn't have Jesus..... I'm really close with Jesus. My sobriety is everything, and Jesus will help me... I went to some meetings, but I didn't base my recovery on that. I did the meetings because I was required to... He (Jesus) can take us from the worst and make us the best. (Personal Communication, Participant Seven, May 2023).

Helping Other Addicts/Being of Service

“I felt like I was being of use. No matter what happened, no matter what I did, I could see that I was still useful to other people. Once that spark lit that fire, I just ran with it” (Personal Communication, Participant Five, April 2023).

“I've done service at the treatment center that I went to, as often as I can, because I'm forever grateful for them... I actually work in treatment today. I do groups and take clients out to stop, do outings” (Personal Communication, Participant Six, April 2023).

“Being this far in recovery is how we're continuously working the steps when we have sponsees. That's another thing this coming year that I really want to start focusing on is finding a sponsee and working with them” (Personal Communication, Participant Nine, September 2023).

In the Middle of the Herd/Community

“Staying connected with my front-row people in recovery and having a relationship with my sponsor, whom I still have since the second or third year of my recovery. Just constantly having a support team” (Personal Communication, Participant Nine, September 2023).

I just think it's important to stay connected to people that are in recovery. If you want recovery, you have to be around people with the same mind frame, that know what it's like to be your own worst enemy, and how to

pull yourself out of that with the steps. (Personal Communication, Participant Five, April 2023)

I would say that coming into the program this time because I've been in Narcotics Anonymous before, I actually became a member... Honest to God, I would not be here today without the members of Narcotics Anonymous. When my parents got sick and passed away, they were bringing food to my front porch, they were ordering food, they were bringing me gift cards, they were picking me up, and taking me to meetings. When it came to Christmas time and I had no family, Narcotics Anonymous showed up for me and my kids. My life is very involved in the fellowship in so many other ways than just meetings. Every one of my friends are in recovery. (Personal Communication, Participant Six, April 2023)

Understanding Addiction

I'm in the course of turning my dream into reality and I'm just taking each indicated step that is necessary to get to my end goal. Before my routine was, get my son's disability money, get drugs, go to Walgreens, buy syringes, and that's what my life looked like and I was okay with that. I didn't see any other way out. So, the worst thing that ever happened to me actually saved my life (an overdose). (Personal Communication, Participant Two, March 2023)

Even if you feel confident and things are going your way, remember that this is a disease that doesn't care who you are or how well you are. If you slip back into that old way of thinking, it's easy to relapse. (Personal Communication, Participant Five, April 2023)

(During the last relapse) I blacked out and don't remember. Then the next day I'm drinking all day long... Then when I woke up the next day, I was in my mom's bed, fully clothed in between my kids. I don't remember getting to my mom's, and that was it. I was done. I was like, "I'm gonna kill my kids. I was in a blackout, basically driving them." You know you always hear, "your last bottom, doesn't have to be your worst bottom," and it wasn't. (Personal Communication, Participant Eight, May 2023)

My worst day here (in sobriety) I'd fight for that than have my best day out in alcohol and drugs. I've done that cycle over and over and over for twenty-five years and I already know where that goes. This journey that I'm on right now, I don't know where it leads. I don't know the ending of the story but I'm completely okay with it. I'm okay with the fact that I can provide for myself. I don't need to rely on a man. I don't need nobody else to pay my bills. I can do this all on my own. I don't have much but it's mine. (Personal Communication, Participant Nine, September 2023)

CHAPTER FIVE

DISCUSSION

Introduction

Based on the data that was analyzed from the ten in-depth interviews conducted regarding significant factors that contribute to sustaining recovery from a substance use disorder after an individual has experienced a past relapse, nine themes emerged. These themes include: not wanting to lose the things that have been gained in recovery, twelve-step support, new beginnings in recovery, relationships with family, remembering negative consequences associated with drug and alcohol use, belief in a higher power, helping others who are experiencing issues with addiction, being in a community of recovery, and understanding that one cannot control their substance use disorder. This chapter will further explore the data that was collected. Additionally, this chapter will discuss how this information can be useful and applied to the social work practice.

Discussion

Not Wanting to Lose What Was Gained

The first theme that emerged from the data as a factor that contributed to staying clean and sober was motivation to not lose the things that have been gained since being in recovery. Participants shared that while in recovery their lives have become more stable, and they now have things that they never had

while they were using substances. One participant explained that if they were to start using drugs and alcohol again they would no longer be able to maintain the lifestyle and new responsibilities they have since becoming clean and sober. “I already know in my head that I'll lose everything. I'm not even losing it, I'll be forfeiting everything because I already know what's gonna happen.” (Personal Communication, Participant One, March, 2023). This suggests that the participant is aware that one of the consequences of relapsing would be giving up what they have received in recovery. One participant explains, “I'm not willing to give up everything I've gained.” This suggests that the participant felt that if they were to return to active addiction it would cost them everything and using drugs and alcohol is not worth taking that chance.

Twelve-Step Support

The second theme that emerged from the data as a factor that contributed to staying clean and sober was the support from a twelve-step group. One participant states, “I work steps, I have a sponsor, I'm of service, I have a God of my understanding, and I attend meetings” (Personal Communication, Participant One, March, 2023). This suggests that being in a twelve-step community and being an active member of Narcotics Anonymous contributed to them staying abstinent from drugs and alcohol. This statement also implies that just participating in parts of the program may not have been enough on its own to maintain sobriety. It was a combination of all the factors of being active in a twelve-step group that helped this participant recover.

Another participant explained that working a twelve-step program is also a continuous act rather than a singular event. They explained, “As we do the steps, we do the traditions, we do the concepts, and then we start over because new things always come up” (Personal Communication, Participant Four, April 2023). This suggests that being in a twelve-step program is an ongoing process and that more is revealed as the twelve steps are worked through. Overall, this theme suggested that being highly engaged and plugged into a twelve-step program helped to empower the participants to maintain their recovery from a substance use disorder.

New Beginnings

The third theme that emerged from the data as a factor that contributed to staying clean and sober after a previous relapse was radical new beginnings that were a result of recovery from a substance use disorder. Some participants explained that while they were actively using drugs and alcohol much of their time and energy was spent thinking about how they would obtain substances, using substances, and then facing consequences because of the substances. One participant stated, “I didn't have a life when I was in active addiction. It wasn't a life, it was surviving, and today I can actually say I'm living” (Personal Communication, Participant Four, April 2023). This suggests that the participant has found newfound freedom in recovery and that they are no longer a captive of their addiction. Another participant reports “I found a way to combat recidivism, and it was through education. The more educated I get, the less appealing prison

becomes” (Personal Communication, Participant One, March 2023). This suggests that having a new purpose in life and focusing on something productive can have a positive impact on maintaining abstinence from drugs and alcohol. Another participant explained “I’m employable. I’m a human. I haven’t had to eat out of a trash can in four and a half years” (Personal Communication, Participant Six, April 2023). Before gaining abstinence from drugs and alcohol, the participant’s lifestyle was identifiably different from their lifestyle in recovery. Being clean and sober has led to a fresh start and the benefits of a radically changed lifestyle.

Family

The fourth theme that emerged from the data as a factor that contributed to sustaining recovery from a substance use disorder after a previous relapse was the support and encouragement from family. Addiction is often considered a family disease. Not only due to biological factors such as genetics but also because of the way addiction negatively impacts the family system as a whole. Oftentimes there is a loss of trust for the individual with a substance use disorder and firm boundaries are established. While collecting data, several participants expressed that during their active addiction, they were distant from family and loved ones. Many participants expressed that they did not have positive relationships with their children or their parents because of their lifestyle of addiction. Being in recovery leads many to experience restored relationships with family members. One participant stated, “I have my children back in my life. I’m

able to be a mother and a daughter. My mom will actually allow me in her house today” (Personal Communication, Participant Four, April 2023).

Additionally, many participants expressed that having support from family and appreciating their responsibilities within the family can be an important factor in sustained recovery. One participant explained “It's always been very important for me to be a good mom. When I left and relapsed again, that was the opposite of what I was and I just had to get back to it” (Personal Communication, Participant Three, April, 2023). This suggests that relationships with family, especially close ones such as parents and children can act as a protective factor and encouragement to stay on a path of recovery.

Playing The Tape

The fifth theme that emerged from the data as a factor that contributed to sustaining recovery from a substance use disorder after a previous relapse was remembering where you came from and how tragic it was. There is a saying in twelve-step groups to “play the tape” meaning that before picking up a drink or a drug it is important to mentally think through what would happen if relapse were to occur and to be reminded of the factors that led to a desire to get clean and sober in the first place. One participant reported “I keep a picture in my phone of when I got clean. They say if you forget the last time you got loaded, you're going to get loaded again” (Personal Communication, Participant Six, April 2023). This seems to suggest that reflecting on how life was in active addiction can remind some to keep moving forward in recovery and not turn back.

Another participant shared their experience during a family event where people were drinking socially. They reported feeling triggered and having thoughts that they may be in some way missing out on having fun. They reported thinking “Look everybody is having fun, able to drink alcohol and then I have to keep reminding myself throughout the night, I'm not that person. My drinking takes me to jail and takes me to the crack house” (Personal Communication, Participant Eight, September 2023). This seems to suggest that having a healthy fear of relapse can fuel motivation to stay clean and sober. Focusing only on the good times of when the individual was using can skew the individual’s perception and lead to glorifying substance use. Understanding the reality of where their addiction led them to in the past and the consequences they have experienced can discourage relapse.

Faith in a Higher Power

The sixth theme that emerged from the data as a factor that contributed to staying clean and sober after a past relapse was a belief in a higher power. The twelve steps of Alcoholics Anonymous suggest that to gain recovery from a substance use disorder one must have a belief “that a power greater than ourselves could restore us to sanity” (*Alcoholics Anonymous*, 2001, p. 59). Based on the collected data this was a contributing factor for the participants in this study. All of the participants in this study reported that they have a belief in higher power. Six out of the ten participants interviewed reported that having a higher power was an important component of their recovery. One participant states, “I

wouldn't be sitting here today if I didn't have Jesus" (Personal Communication, Participant Seven, May 2023).

In addition, one participant reports "When we have expectations of things and the way we think things should be, what we're doing is we are taking back control from our higher power or God" (Personal Communication, Participant Two, March 2023). This suggests that there needs to be a sense of surrender and a relinquishment of control to that higher power. Based on this data it is suggested that spirituality in the treatment of substance abuse is an essential factor to consider when trying to gain sobriety.

Being of Service

The seventh theme that emerged from the data as a factor that contributed to sustaining recovery from a substance use disorder after a previous relapse was being of service to others. Many of the participants reported during their interviews that they continue to work alongside other individuals with substance use disorders in hopes that those individuals would also develop a lifestyle of recovery. Part of step number twelve out of the twelve steps discusses sharing the message of sobriety with other alcoholics (*Alcoholics Anonymous*, 2001). One participant explains, "Being this far in recovery is how we're continuously working the steps when we have sponsees" (Personal Communication, Participant Nine, September 2023). This suggests that working through the twelve steps with other individuals can help them maintain their own sobriety.

In addition, there are several principles within a twelve-step community including recovery, community, and service (*Alcoholics Anonymous*, 2001).

Another participant stated “No matter what happened or no matter what I did, I could see that I was still useful to other people” (Personal Communication, Participant Five, April 2023). This seems to suggest that being of service to others gave the participant a sense of purpose and self-worth despite past behaviors. Data collected in this study supports that altruistic behavior emerges from a twelve-step program and acts as a factor in maintaining abstinence.

Being in the Middle of the Herd

The eighth theme that emerged from the data as a factor that contributed to staying clean and sober after a past relapse was being highly involved in a twelve-step community. As mentioned previously, many participants explained that there are several components to being in a twelve-step community and that participating in a solitary element may not be enough to sustain abstinence. One participant stated “My life is very involved in the fellowship in so many other ways than just meetings. Every one of my friends are in recovery” (Personal Communication, Participant Seven, May 2023). This seems to suggest that being a member of a twelve-step program is more than attending groups. Being in a community with individuals with similar life experiences can provide a sense of mutuality.

One participant reported, “If you want recovery, you have to be around people with the same mind frame, that know what it's like to be your own worst

enemy” (Personal Communication, Participant Five, April 2023). This suggests that there is a strong sense of appreciation and acceptance being around others who know what it is like to experience addiction. Addiction is a highly stigmatized disorder that can cultivate shame despite the knowledge and awareness that has progressed over time. For individuals with substance use disorders being in a twelve-step community can create a sense of belonging and understanding from others who have walked the walk of self-destruction.

Understanding Substance Use Disorder

The ninth and final theme that emerged from the data as a factor that contributed to sustaining recovery from a substance use disorder after a previous relapse was having an understanding of the symptoms of a substance use disorder. Based on the twelve steps the first step of recovering from a substance use disorder is to admit that there is powerlessness over addiction and being in that a lifestyle of active addiction will generate a degree of unmanageability (*Alcoholics Anonymous*, 2001). One participant explains, “Before my routine was, get my son's disability money, get drugs, go to Walgreens, buy syringes, and that's what my life looked like and I was okay with that. I didn't see any other way out” (Personal Communication, Participant Two, March 2023). This seems to suggest that there is a pattern of risky behaviors that the individual with the substance use disorder has no control of.

The Big Book of Alcoholics Anonymous (2001) states “The idea that somehow, someday he will control and enjoy his drinking is the great obsession

of every abnormal drinker” (p. 30). Understanding and accepting that a substance use disorder is a chronic disorder that requires ongoing treatment seems to act as a factor in abstaining from substances. Another participant explains, “Even if you feel confident and things are going your way, remember that this is a disease that doesn't care who you are or how well you are. If you slip back into that old way of thinking, it's easy to relapse” (Personal Communication, Participant Five, April 2023). This seems to suggest that in order to remain on the road to recovery, one must develop self-awareness and have insight that you are powerless over drugs and alcohol.

Recommendations for Social Work

Social workers frequently come across individuals and populations where substance abuse is common. Findings from this study can contribute to social work practitioners' knowledge about relapse and factors that contribute to sustaining recovery from a substance use disorder after having experienced a past relapse. Practitioners can then use this information to administer interventions to help individuals maintain a lifestyle of recovery. Based on the data that was collected there were several protective factors that emerged.

Many of these factors were based on a twelve-step model of recovery such as being of service, having a belief in a higher power, and accepting powerlessness over drugs and alcohol. Due to this, the data suggested that having an understanding of the positive impacts that a twelve-step program can have on individuals with a substance use disorder should be taken into

consideration when working with this population. In addition, the data suggested that support from family, being in a community of recovery, and identifying positive outcomes as a result of being clean and sober also contributed to sustaining abstinence. Therefore, utilizing a strength-based and solution-focused approach when treating substance use disorders may be beneficial to recovering from a substance use disorder.

Conclusion

Based on the data that was analyzed from the ten in-depth interviews conducted regarding significant factors that contribute to sustaining recovery from a substance use disorder after an individual has experienced a past relapse, nine themes emerged. These themes included: not wanting to lose the things that have been gained in recovery, twelve-step support, new beginnings in recovery, relationships with family, remembering negative consequences associated with drug and alcohol use, belief in a higher power, helping others who are experiencing issues with addiction, being in a community of recovery, and understanding that one cannot control their substance use disorder. This chapter aimed to further explore and explain the nine themes that emerged in the data. Additionally, this chapter discussed how this information can be useful and applied to the social work practice in the future.

APPENDIX A
INTERVIEW QUESTIONS

Interview Questions

1. What is your age?
2. What is your race or ethnicity?
3. What is your gender?
4. Are you employed currently?
5. Is there a history of addiction in your family of origin?
6. At what age did you start using substances?
7. What was your drug of choice?
8. How long is your current length of sobriety?
9. Have you ever been diagnosed with a mental health disorder?
10. Do you have a specific religious or spiritual affiliation?
 - If so, how important is your religion or spirituality in your recovery?
11. Please give me a timeline and describe how your recovery journey/abstinence came to be?
12. What led you to want to gain abstinence?
13. What is currently driving you to maintain your abstinence?
14. What do you rely on to maintain your sobriety/abstinence?
15. Can you explain if there are risk factors that may get in the way of your current sobriety?
16. Is your life different now that you are sober/in recovery?
 - If so, how?

17. Now that you are in recovery, how would you compare your life now versus when you in active addiction?
18. Can you describe what if any benefits you feel you have gained in sobriety?
19. Can you explain in what ways you have been supported during your sobriety/recovery?

(Developed By Amanda Sandhurst)

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to collect the perceptions of individuals with a history of having a substance use disorder that experienced a time of active addiction after maintaining abstinence for a minimum of a year. The study is being conducted by graduate social work student, Amanda Sandhurst, under the supervision of Dr. Tom Davis, professor in the School of Social Work at California State University (CSUSB). This study has been approved by the California State University, San Bernardino Institutional Review Board: IRB-_____

PURPOSE: The purpose of the study is to explore the most significant factors that contribute to sustaining recovery from a substance use disorder after an individual has experienced a past relapse.

DESCRIPTION: Participants will be asked questions during interview via Zoom about their experience recovering from a substance use disorder as well as demographic information. Participants may leave their camera off. Zoom will be recorded to generate transcripts that will be used for data analysis and then destroyed. No identifying information will be collected during the interview and any reports/manuscripts will only report the data in aggregate form and info can't be linked to anyone's identity. If any direct quotes from interview are used permission will be asked ahead of time and will still be done in a way that preserves confidentiality.

PARTICIPATION: Your participation in the study is voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences. All correspondence will follow the Center for Disease Control (CDC) and CSUSB guidelines regarding COVID-19 precautions.

CONFIDENTIALITY: Your responses will remain confidential, and the data collected will be reported to the researcher only. Data will be stored in a locked anti-virus and firewall-protected electronic device which will only be accessible to the researcher. Documents will be deleted and appropriately destroyed three years after the final publishing of the current study.

DURATION: It will take about 30-45 minutes to complete the interview.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip questions or voluntarily end your participation.

BENEFITS: There will not be any direct benefits to the participants, but the results of the study will contribute to knowledge about significant factors that contribute to sustaining recovery from a substance use disorder.

CONTACT: If you have any questions about this study, contact Dr. Tom Davis through email at tomdavis@cusub.edu.

RESULTS: Results of the study will be presented in social work conferences and may be published at the California State University Scholar Works website and disseminated at the CSUSB School of Social Work research symposium. You can access the results at: <https://scholarworks.calstate.edu/>

I agree to be audio recorded: _____ Yes _____ No

This is to certify that I read the above and I am 18 years or older.

Place an X mark here: _____ Date: _____

APPENDIX C
DEBRIEFING STATEMENT

Factors Contributing to Sustained Recovery

Debriefing Statement

This study you have just completed was designed to explore significant factors that contribute to sustaining recovery from a substance use disorder after an individual has experienced a past relapse. In this study factors of maintaining abstinence from a substance use disorder will be assessed. I am particularly interested in how motivation and positive lifestyle outcomes gained in recovery act as protective factors in sustaining recovery and how these factors affect men and women differently.

Thank you for your participation. If you have any questions about the study, please feel free to contact Amanda Sandhurst or Professor Dr. Tom Davis at tomdavis@csusb.edu. If you would like to obtain a copy of the results of this study, please contact Professor Dr. Tom Davis at tomdavis@csusb.edu at the end of Spring Semester of 2024.

If you are experiencing any negative affects from participating in this study, please feel free to reach out to SAMHSA's National Helpline by calling [1-800-662-HELP \(4357\)](tel:1-800-662-HELP) or text 435748 (HELP4U).

APPENDIX D
IRB APPROVAL LETTER

IRB #: IRB-FY2023-49
Title: MAJOR FACTORS OF RELAPSE FROM A SUBSTANCE USE DISORDER
Creation Date: 9-13-2022
End Date:
Status: Approved
Principal Investigator: Thomas Davis
Review Board: Main IRB Designated Reviewers for School of Social Work
Sponsor:

Study History

Submission Type	Initial	Review Type	Exempt	Decision	Exempt
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Key Study Contacts

Member	Thomas Davis	Role	Principal Investigator	Contact	tomdavis@csusb.edu
Member	Thomas Davis	Role	Primary Contact	Contact	tomdavis@csusb.edu
Member	Amanda Sandhurst	Role	Co-Principal Investigator	Contact	amanda.sandhurst9699@coyote.csusb.edu

The screenshot shows the Cayuse Human Ethics system interface. At the top, there is a navigation bar with the Cayuse logo and 'Human Ethics' text. On the right, there are user profile icons for 'Products' and 'Amanda Sandhurst'. Below the navigation bar, there are tabs for 'Dashboard', 'Studies', 'Submissions', and 'Tasks'. The main content area is titled 'Study Details' and includes a '+ New Submission' button. The study information is displayed as follows:

Approved
IRB-FY2023-49 MAJOR FACTORS OF RELAPSE FROM A SUBSTANCE USE DISORDER

Buttons: PDF, Delete

Approval Date: 03-13-2023	Expiration Date: N/A	Organization: CSBS - Social Work	Active Submissions: N/A
Admin Check-In Date: N/A	Closed Date: N/A	Current Policy: Post-2018 Rule	Sponsors: N/A

Below the study details, there is a 'Key Contacts' section with a table:

Team Member	Role	Number	Email
Thomas Davis	Principal Investigator	909/537-3839	tomdavis@csusb.edu
Thomas Davis	Primary Contact	909/537-3839	tomdavis@csusb.edu
Amanda Sandhurst	Co-Principal Investigator	9095375000	amanda.sandhurst9699@coyote.csusb.edu

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