

ABSTRACT

PESETSKI, CHRISTINE ANN. An Exploratory Case Study of Undergraduate Students in Recovery: An Application of Recovery Capital during Reentry. (Under the direction of committee chair Dr. Alyssa N. Rockenbach).

The purpose of this exploratory case study was to describe the reentry experiences of four undergraduate students who reentered the university after an approved leave of absence influenced by substance abuse. This study sought to answer the following research questions: (a) How do undergraduate students in recovery who are reentering the university after an approved leave of absence experience reenrollment through graduation? (b) How do undergraduate students in recovery develop and maintain recovery capital? (c) How does the college setting and campus culture influence undergraduate student's ability to maintain their recovery? The definition of recovery used in this study was broadened. It describes people who have previously used substances at a high rate and who have had negative consequences as a result of their use. People in recovery for this study have resolved the associated problems attributable to substance use substances and now use at a much lower rate or are completely abstinent (Betty Ford Institute Consensus Panel, 2007; Laudet, 2013; White, 2009). This definition was used to represent recovery within the collegiate population.

An exploratory case study was conducted to gain knowledge about the experience of reentry with four undergraduate students who attended a university located in the southern United States. Data collection was conducted through a combination of interviews with the students and four employee experts, publicly available information, and written responses provided by participants. Each interview was recorded and transcribed. In addition, written materials submitted by participants were also coded. Data analysis was conducted through open coding and the use of recovery capital as a theoretical framework. Case narratives were

created for each of the four students and findings were identified.

Data analysis revealed five common themes that emerged from the student's experience. The themes include implementing habits learned during leave of absence, utilizing university support resources to maximize reentry success, strategies that enhanced or undermined mental and physical health, and redefining peer, dating, and parental relationships.

Several conclusions were drawn from the study. First, students who reenter the university must implement lessons learned during their leave of absence to ensure continued growth upon reentry. Second, developing quality relationships with others supports reentry success. Third, fitting into the university social environment involves substance use. Finally, recovery capital provides a compelling lens to understand reentry for this population of students. This study contributes to the body of work for undergraduates in recovery by expanding the work of recovery capital and examining recovery within the college aged population.

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An Exploratory Case Study of Undergraduate Students in Recovery:
An Application of Recovery Capital during Reentry

by
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DEDICATION

I dedicate this dissertation to my parents Cathy and John; my husband Morgan; and my pets Pumpkin and Madison. Each of you have taken care of me and encouraged me in your own way. I am grateful for your confidence in my abilities.

BIOGRAPHY

Christine Pesetski received a Bachelor of Journalism degree from Indiana University. She earned a Master of Education degree in College Counseling and Student Affairs Practice in Higher Education from the University of Delaware. Christine has worked throughout her career in student affairs including positions in student activities, residence life, student conduct, threat assessment, and case management. After completing her Ph.D., she plans to continue working to support students as they work to manage their healthcare needs and work towards degree attainment. Christine is originally from Dubuque, Iowa and is proud to be the first person in her family to earn a Ph.D.

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My interest in reentry for students with substance abuse histories came from the work I did with students prior to enrolling in this graduate program. My interactions with these students were not always positive for them or me because of the job I had when our paths

crossed. However, all of the students shared their stories with me and opened up in a time of crisis. All of them sought substance abuse treatment. However, not all were successful in earning their degree. Without my interactions with Sean B., Tyler R., Conor O., and Eric W. this study would never have occurred.

Dr. Lisa Beth (LB) Bergene: I watched you go through your own dissertation writing, attended your defense, and celebrated with you when you were done. You have been a constant source of support to me, from patiently listening to me as I grumbled about something related to school, providing me feedback on various drafts, and providing Madison (aka Dingo) with entertainment when I was too engrossed in writing to take care of her. Through your words and actions you have helped me understand that earning this degree is a journey. You are an amazing listener and a superb teacher. Thank you for all of your love and support along the way.

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CHAPTER 1

Introduction

Imagine you have enrolled in the college of your choice after a successful high school experience. However, at the end of the first year you go on an approved leave of absence from your university in order to take a break from college. Part of your decision to go on a leave of absence is influenced by your alcohol or illicit substance use. It is now a year later and you are preparing to reenroll at the same university. You are confident in your ability to reenter the university, but at the same time wonder what the experience will be like. You have reduced or even eliminated alcohol and illicit drugs from your life, but it is difficult to avoid these things in college. You believe you are smart enough, have friends and family who love you, and want to do well, but find yourself nervous about returning to college. What resources will you utilize to ensure your success during this transition? During the first year of reentry, traditionally-aged undergraduate students who reenter the university after an approved leave of absence related to their substance abuse face many challenges. The issue of reentry to college after an approved leave of absence influenced by a student's previous substance use has received little attention in the literature.

Alcohol and substance abuse by college students has been studied extensively (Dowdall & Wechsler, 2002; Kremer & Levy, 2008; Wechsler, Davenport, Dowdall, & Moeykens, 1994; Wechsler & Nelson, 2008). The prevalence rates of binge drinking among college students are high (Grucza, Norberg, & Bierut, 2009). Seventy percent of college students report drinking alcohol on a monthly basis and 44% report binge drinking in the past

two weeks (Wechsler & Nelson, 2008). Binge drinking is defined as consuming four or more drinks for a woman and five or more drinks for a man in a drinking episode (Wechsler et al., 1994). Additionally, daily marijuana use has increased to 6.1% for high school seniors (Johnston, O'Malley, Bachman, & Schulenberg, 2009a). This means that nearly “one in sixteen high school seniors [are] current daily, or near-daily, marijuana users” (Johnston et al., 2009a, p. 5). As a result of the high rates of adolescent and young adult substance use, it is likely that more students with a history of substance abuse will be admitted to college. Once in college, some students will continue these behaviors (Romosz & Quigley, 2013).

The use of alcohol by college students negatively impacts their sleep schedules and their academic performance (Singleton & Wolfson, 2009). In addition to having an influence on academics and personal well-being, excessive alcohol use impacts the health and safety of students. Annually, approximately 500,000 college students are unintentionally injured due to their alcohol use (Hingson, Heeren, Zakocs, Kopstein, & Wechsler, 2002). Substance abuse is widespread on college campuses, with the majority of students classifying themselves as drinkers (Wechsler & Nelson, 2007).

College campuses are challenged in managing the campus environment related to substance abuse. The substance abuse environment on campus has consequences for students in many realms of their lives, including social relationships and academics. There are several sub-cultures on campus that can impact substance abuse including Greek affiliated students (Bosari, Hustad & Capone, 2009), athletes (Nelson & Wechsler, 2001; Wechsler et al., 1994), and the residential community (Scott-Sheldon, Carey & Carey, 2008). Peer

relationships provide support for students as they engage in the college social environment (LaBrie, Ehret, Hummer & Prenovost, 2012). Students engaged in high-quality friendships, defined as spending time together, sharing personal information, and providing mutual support, often spend less time engaged in substance abuse activities (Bosari, Bosari & Carey, 2006). However, Greek affiliated students are at a higher risk for engaging in substance abuse behavior and experiencing negative consequences (Bosari, Hustad, & Capone, 2009). Furthermore, Greek affiliated students in one study reported higher rates of alcohol and illicit drug abuse compared to their non-Greek peers (Scott-Sheldon et al., 2008). Yet, Greek affiliated students also report higher levels of supportive and strong peer relationships (Iwamoto, Cheng, Lee, Takamatsu, & Gordon, 2011). It is unknown if high-quality peer relationships in Greek communities reduce substance abuse behaviors.

Consequences of substance abuse for students include missing class, doing poorly on a test, oversleeping, interpersonal problems such as fighting with friends, engaging in unplanned sexual activity, and getting into trouble with the police (Wechsler et al., 2002). Over time this may lead to less time spent engaged in academic pursuits and lower grades (Pascarella et al., 2007). For some students this pattern will ultimately result in a need for a leave of absence (Arria et al., 2013; Arria et al., 2012).

There is disagreement in the literature regarding the influence of substance abuse on academics. Many studies look only at the impact of heavy drinking on academic achievement in college and fail to include variables related to illicit drug use. The findings in these studies are mixed. Some cross-sectional studies demonstrate a connection between excessive alcohol

consumption and low grade point average (Musgrave-Marquart et al., 1997; Pasacarella et al., 2007; Singleton, 2007). However, attempts made to replicate these findings have not shown similar outcomes (Martinez, Sher, & Wood, 2009; McCabe, 2002; Paschall & Freisthler, 2003). One challenge with these studies is that many are unable to control for other variables that impact a student's academic achievement. These variables include time spent studying, number of missed classes, parental academic achievement, and degree of student engagement in school (Arria et al., 2012).

To date, there are six studies that examine the potential connection between substance abuse and failing to earn a college degree (Aertgeerts & Buntinx, 2002; Arria et al., 2012; Arria et al., 2013; Breslau, Lane, Sampson & Kessler, 2008; Hunt, Eisenberg & Kilbourne 2010; King, Meehan, Trim & Chassin, 2006) and no studies examine reentry for this population of students. Most of these studies demonstrate that engaging in excessive alcohol use in college may not result in a failure to complete college, but that illicit substance use often does. All of the cited studies acknowledge that more work needs to be done to fully understand the influence of alcohol and illicit drug abuse on college degree attainment. While research is not conclusive in this area, college students believe that excessive alcohol abuse can limit their academic achievement and may influence their ability to earn their degree (American College Health Association, 2006). More work is needed to understand the varied reasons for a leave of absence and the role substance abuse plays in the departure.

Some young people will seek treatment for their substance abuse (Johnston et al., 2010b) while others will reduce their substance abuse without treatment (Tucker & Simpson,

2011). Recovery from substance abuse can mean many things to many different people. People who are in recovery understand what recovery means on an individual basis (The Betty Ford Institute Consensus Panel, 2007). However, the research community has not agreed on a working definition of recovery (The Betty Ford Institute Consensus Panel, 2007). In the literature, recovery is often limited to a definition that involves only abstinence from the substance that was abused (White & Roth, 2012). Recovery from substance abuse should be considered on a continuum of voluntary outcomes ranging from abstinence to moderated use with specific attention to changing the behaviors associated with substance abuse (The Betty Ford Institute Consensus Panel, 2007; White, 2007). When an individual has stopped their substance abuse behaviors, or expresses a desire to make these changes, they are said to be in recovery (The Betty Ford Institute Consensus Panel, 2007). Recovery often reveals the ways in which individuals' substance abuse behaviors damaged all aspects of life (Duffy & Baldwin, 2013). Part of the process of recovery is identifying the resources, or capital, that an individual can use to sustain recovery (Granfield & Cloud, 2009). The theory of recovery capital states that an individual's social, economic, innate traits, and cultural resources provide support for recovery (Granfield & Cloud, 2009).

A broader definition of recovery allows college students to make changes to their lifestyle by temporarily or permanently ending substance abuse behaviors and addressing the problems caused by their previous use (White, 2007). As students make progress in their recovery they begin to develop future orientation that includes employment and educational opportunities (Smock, Baker, & Harris, 2011).

A small yet growing population of college students are entering or returning to college after seeking treatment for substance abuse (Kerksiek, Bell, & Harris, 2011). Another group of students enter or return to college after reducing their substance abuse and addressing the relationships caused by their past substance abuse (Laudet, 2008; White & Kelly, 2011). The college experience of these students is unique when compared to college students who are not in recovery because of the damage that substance abuse causes to multiple aspects of life (Gunzerath, Hewitt, Li, & Warren, 2010). The social norm of substance use on campus in connection with the widespread availability of alcohol creates an environment that can be difficult for those trying to avoid alcohol and other drugs (Perron et al., 2011)

Substance abuse can reduce educational attainment for adolescents and emerging adults (Arria et al., 2013; Breslau et al., 2008; Hunt et al., 2010). Campuses have attempted to address these concerns through prevention efforts to reduce the overall consequences of substance abuse. Students in recovery return to this environment and need support as they navigate the college environment. This study seeks to fill the gap in the literature regarding college students in recovery. Consequently, this study explores reentry experiences of undergraduates returning to the university after an approved leave of absence influenced by the student's substance abuse.

Purpose of the Study

The purpose of this exploratory case study is to describe the reentry experiences of four undergraduate students who have reentered the university after an approved leave of absence that was influenced by substance abuse.

Research Questions

A qualitative approach was used to examine the reentry experience of undergraduate students who have substance abuse histories. The following research questions were addressed:

1. How do undergraduate students in recovery who are reentering the university after an approved leave of absence experience reenrollment through graduation?
2. How do undergraduate students in recovery develop and maintain recovery capital?
3. How does the college setting and campus culture influence undergraduate student's ability to maintain their recovery?

Theoretical Framework

The maintenance of recovery for individuals with past substance abuse problems is one of the most important aspects of their lives (Duffy & Baldwin, 2013). Participation in 12-step programs and treatment can provide assistance in gaining control over the challenges related to substance abuse. However, not everyone who experiences substance abuse problems seeks treatment. Some individuals are able to reduce their substance abuse and the associated problems without treatment (Tucker & Simpson, 2011). Even among those who seek treatment, there are certain resources that make it more likely that they will be

successful in abstaining from substances in the future. Granfield and Cloud (2009) developed the theory of recovery capital as a way to explain the resources those in recovery access to help maintain their sobriety. Recovery capital was developed using a grounded theory approach with individuals who had successfully ended, or dramatically reduced their substance abuse using both formal treatment and without treatment (Cloud & Granfield, 1994, 1996, 2001). Findings from these studies indicated that there are four broad categories of resources that individuals create, use, gain, and expend as they maintain their recovery. These categories are expressed as forms of capital because they can be created, used, and maintained much like other types of tangible goods (Cloud & Granfield, 2008).

Recovery capital consists of four types of capital: social, physical, human, and cultural capital. A more in-depth discussion is offered at the end of Chapter Two; however, I provide a brief description of each type of capital here. Social capital is the relationships that support the individual in recovery. These relationships can be from the past or newly developed and serve as a way to explore and establish new behaviors and practices for the individual in recovery (Cloud & Granfield, 2008). Physical capital is often thought of in terms of economics, wealth, or goods and services. These are the concrete things that can be purchased to maintain recovery. This can include treatment, relocation to a new area, or a vacation as a way to temporarily eliminate the negative influences associated with substance abuse (Cloud & Granfield, 2009). Human capital consists of the internal or innate qualities that the individual possess. These can include things such as health, educational ability, and common sense, and are used by the individual to navigate life in recovery (Granfield &

Cloud, 1996; White & Cloud, 2008). Finally, cultural capital includes the values, beliefs, dispositions, perceptions, and appreciations that are connected to the individual's family of origin, community, or the social circles to which the individual belongs (Cloud & Granfield, 2009). In terms of recovery, cultural capital can include treatment approaches and 12-step programs that meet the needs of the individual's cultural background (Laudet, 2008). For individuals with extensive substance abuse histories, the social circles in which they were involved may have a negative influence on their ability to recover. This is particularly true for people who have been involved in buying and selling drugs, are homeless due to their substance abuse, and who are estranged from their family of origin (Granfield & Cloud, 1996).

Recovery capital provides a framework for understanding specific behavioral aspects of individuals in recovery. This theory was not developed with college students, however a portion of it was applied in one recent study with college students to describe the importance of social relationships during college (Terrion, 2013). Terrion (2013) demonstrated the ways students utilize social capital to sustain their recovery.

The four types of recovery capital can be applied in the college context. Social capital is demonstrated by the relationships students establish and maintain with peers, family, staff, and faculty. Physical capital for college students may include the ability to pay for college, engage in weekly counseling, and the financial resources necessary to travel to see family and friends. Physical capital can also include the ability to bring a car to campus. A student's innate traits including common sense, logical reasoning skills, and good physical

and mental health are examples of human capital. Some of these traits help students perform well in school and allow them to earn the grades necessary to be admitted to college. A student's cultural involvement either in a recovery community, religious organization, or activities that allow the student to express themselves artistically, are examples of cultural capital. These four areas provide a framework for understanding recovery in the college context. The theory of recovery capital is broad enough to be applied to students who abstain from substance use and to those who may engage in limited use, but who have a past history of substance abuse.

Study Significance

This study seeks to explore undergraduate student reentry in order to better understand this uncommon experience. The substance abuse environment on college campuses makes it difficult for students in recovery, or those with a past history of substance abuse, to persist to degree attainment (Cleveland, Harris, & Wiebe, 2010). Some universities address this gap by creating collegiate recovery communities to support student sobriety. Recovery communities support students in recovery through specialized programming, advising, and in some cases housing (Cleveland et al., 2010). However, the design of such communities leaves out students who reenter and are not fully abstinent, but have moderated and eliminated the impact of their past substance abuse. Emerging research in substance abuse treatment and recovery has provided a definition of recovery that encompasses those who are abstinent from the former drug of abuse, as well as those who have reduced their

substance use to moderate levels (Laudet, 2008; The Betty Ford Institute Consensus Statement, 2007; White, 2009).

The experience of college students in recovery has not been fully explored in the literature. The college environment provides a unique context to examine reentry and may create challenges (e.g., availability of alcohol and other drugs on campus, the expectation that everyone drinks, and the need that all students have to fit into their community) for students in recovery. Wiebe, Cleveland, and Harris (2010) describe the “saturated environment” of college campuses and the “hard won-abstinence” of those in recovery as they engage in their academic pursuits (p. 3). Currently no studies focus on the reentry experience for college students on an approved leave of absence who attribute their departure to their self-reported substance use. Similarly, there are no peer-reviewed studies examining the reentry process for traditionally aged college students. An additional consideration is the changing landscape of the college environment and college students in general. Compared to twenty years ago college students are facing more stress and more challenges than the previous generation of students (HERI, 2014). Furthermore, college students with higher levels of stress report being less connected to their peers and less involved in their college community (HERI, 2014).

With the changing landscape of college along with more young people using alcohol and other illicit drugs at a younger age, it is likely that this currently hidden population will emerge as a new group for colleges and universities to consider. This study will provide

much needed information about reentry, challenges faced by students as a result of the college environment, and the types of resources, or capital, students use during reentry.

As a result of learning about the reentry experience for these students, this study provides recommendations for theory and research. This study suggests that policies regarding reentry students and recovery students be considered within the context of the university community. Universities should examine the ways in which the cultures and sub-cultures of the university impact the academic and social achievements of students in recovery. Improving support services for students in recovery is an important contribution of this work.

Methods Overview

I used an exploratory case study approach in order to address the research questions. A combination of interviews and document analysis was used to gather information about four student's experiences of reentry. Each student's experience served as a case and the bounded context for the case was the time period to degree attainment after an approved leave of absence. The student participants had earned their degree by the time they participated in the study. Four employees of the university who possess knowledge of the university's culture were interviewed. Finally, each student provided written reflections describing their reentry experience. The students were given prompts to guide their writing. I then conducted an analysis of the written responses in order to provide additional data points to understand each reentry experience.

Study Limitations

This case study adds to the literature regarding undergraduate reentry and college substance abuse in new and unique ways. However, there are specific limitations that were considered in light of the study's goals.

The first limitation is the setting of this study at a highly selective private university in the southern United States. The prestige of the university and its culture influenced the enrollment behaviors of students. Academically rigorous institutions have extremely high retention and graduations rates. Accordingly, students who attend prestigious universities are motivated to earn their degrees from that institution. At other universities students who leave school due to their substance abuse may transfer to another school instead of returning to the original university. Any conclusions drawn from this study may not directly relate to the experience of reentry at less rigorous institutions.

A second limitation to this study is that due to the qualitative approach and the thick, rich description provided by study participants, it is not possible to draw any conclusions about this experience based on demographics. Even with two women and two men participating in this study it is unlikely that the experiences of these students would be similar for students in the undergraduate population. It is possible that some of the reentry experiences expressed by students in this study are related to identity characteristics such as race, gender, or national origin. However, this study cannot provide sufficient information to support such conclusions.

Finally, this population of students is exceedingly difficult to identify. I was fortunate to collect data from four students who met criteria for this study. As a result of the difficulty in identifying this population, it is possible that I was unable to connect with other students who would have met criteria for participation. Furthermore, because of the nature of substance abuse, some students declined participating in this study because they did not want to share personal information regarding their substance abuse. This reluctance to share information is a contributing factor in identifying students who will participate. Together, these concerns limited my ability to recruit student participation.

Definition of Terms

Approved leave of absence. An approved leave of absence is a break in enrollment during college due to financial, medical, disciplinary, or personal reasons. Often there is a process the student must follow to enable the student to request reenrollment at the same university (Hersh, 2007).

Recovery. When people decided to change their substance abuse patterns and work to abstain from all substances, they are said to be in recovery (White, 2007). For the purposes of this study, I used an expanded definition of recovery that included students who abstain from all substance use and those who have reduced their substance abuse to moderate levels. This expanded definition recognizes that in order to sustain recovery, the individual must address the damaged relationships and make changes to their lives (White, 2007). Recovery in this study was both a reduction in substance abuse to moderate levels (or abstinence) and changing the negative behaviors associated with the individual's substance abuse.

Students in recovery. A new and emerging population in colleges and universities includes students who are in recovery from chemical dependency. These college students have engaged in some form of substance abuse treatment to address an addiction, are now sober, and are enrolling in college (Cleveland & Harris, 2010). The term “recovery” is most frequently associated with alcoholics anonymous (AA) to describe people who once abused alcohol to a point of causing harm to their health, relationships, and ultimately their lives, but who found support through the 12-steps of AA (Alcoholics Anonymous, 2001).

For the purposes of this study a student in recovery includes a broad range of experiences. A student in recovery may have engaged in a formal substance abuse treatment program in order to gain sobriety and joined AA or another 12-step group, after treatment. Additionally, students who engage in treatment with a substance abuse treatment provider in order to maintain their sobriety and do not participate in AA or another sobriety support group are also considered students in recovery. Finally, students who have reduced their past substance abuse patterns on their own, without treatment, but who now consume alcohol at low or moderate levels, are also included as a student in recovery.

Substance abuse. This is a pattern of maladaptive behavior resulting in repetitive negative outcomes connected to an individual’s use of substances (DSM-V, 2013). In this study, substance abuse includes the use of alcohol and illicit drugs. However, it does not include nicotine use. Throughout the study, I discussed past research about alcohol abuse and substance abuse consistently by referring to both types as substance abuse.

Substance use. The focus of this study is on the experience of reentry to the college environment for students who return to college after a break in their enrollment because of their alcohol or substance abuse. In order to best understand the reentry experience I included substance use background and a narrative describing the reasons each student went on a leave of absence. For some participants in the study, this means their past involvement with alcohol or illicit drugs met diagnostic criteria for substance abuse and for other students the past use did not. Substance use in this study is an all-inclusive term used to describe all types of alcohol and illicit drug use that result in negative outcomes.

Traditionally-aged undergraduate student. Tinto (1993) defines traditionally-aged undergraduate students as those who complete a high school degree and enroll in a two or four year postsecondary institution the following fall. These students are often between the ages of 18-22 (Tinto, 1993).

Chapter Summary

The reentry experience for traditionally aged students with past substance abuse problems is a phenomenon that is important to study in order to support students as they earn their degrees. Past research suggests that substance abuse patterns can prevent students from earning their degrees (Arria et al., 2012a; Breslau et al., 2008). Without a college degree students are likely to have fewer opportunities for employment (Arria et al., 2012b; Hunt et al., 2010). This study seeks to understand this experience in order to address the needs of these students as they reenter college. Substance abuse among young adults has a higher likelihood of creating lifetime deficits in education and employment. These deficits are due,

in part, to the early onset and age of college students. When young people choose to seek treatment or reduce their substance abuse they are more likely to earn their college degree and reengage in mainstream society (Cloud & Granfield, 2008). This study's focus is to explore this reentry experience and provide a foundation for future work.

A qualitative approach was used to provide deep and rich descriptions of each student's reentry experience. The next chapter of this study provides a review of relevant literature. Due to the lack of direct research into this particular experience, the review of past research in chapter two focuses on the broad topic of young adult substance abuse. It continues with a discussion of substance abuse within the college population. This discussion includes information about prevalence, prevention efforts, high-risk cultures, and students in recovery. This literature informs the study by providing a framework and foundation to situate the study.

Chapter three details the methodology used in this study. The chapter provides a comprehensive overview of the case study method. A particular point of emphasis in case study research is to obtain multiple data points in order to understand the identified case from various perspectives. Through data collection I completed interviews with people who can provide a unique viewpoint regarding reentry. Additionally, document analysis was completed to further understand this experience. Member checks were conducted to ensure the accuracy of reported information.

Chapter four details the case narratives for each student. Each case narrative provides an overview of the student's initial substance use, the events that influence their leave of absence, and the student's reentry experience.

Chapter five discusses the emergent themes identified through the analysis. A discussion of similarities and differences between the cases is provided to create a greater understanding of this unique experience.

Chapter six draws conclusions by overlaying the themes with the aspects of the theory of recovery capital. The chapter concludes with recommendations for theory, practice, and future research.

CHAPTER 2

Literature Review

Substance abuse can cause a college career to come to a halt. Of the students who leave campus due to substance abuse, an unknown number try to return to campus to continue their studies. However, little is known about the experience of reentry. Substance abuse has been well documented within the college and university context. With such a broad base of literature to consider, I have chosen to narrow the scope to be examined. The review of the literature will include studies and information about young adult substance abuse, treatment options, and recovery. Next, substance abuse by college students will be explored, including consequences of collegiate substance abuse across multiple dimensions including social and academic outcomes. More recent studies have focused on collegiate recovery and challenges for students entering college while in recovery. Finally, recovery capital as a theoretical framework will be offered to connect the literature of young adult substance abuse, treatment, and recovery with the literature related to collegiate substance abuse and recovery.

Adolescent and Young Adult Substance Abuse

This section begins with an overview of the literature related to substance abuse in adolescent and young adult populations. Next, pathways to recovery, including treatment options and aftercare, are examined. Then, I discuss options related to long-term recovery. Finally, an overview of the challenges facing individuals as they reenter the workforce once

problems associated with past substance abuse have ended will be analyzed. I conclude by reflecting on the emerging and integrative patterns within the literature.

Substance abuse definition. Before treatment options and outcomes can be discussed, it is important to clarify language regarding substance abuse. In the DSM-IV-TR, substance abuse was separated into two categories: substance abuse and substance dependence (American Psychiatric Association, 2000). Under each diagnosis, a list of specific criteria was provided (APA, 2000). In the DSM-IV-TR, (APA, 2000) some of the criteria under substance abuse included:

1. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance related absences, suspension, or expulsions from school; neglect of children or household).
2. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights) (APA, 2000).

In DSM-IV-TR, substance abuse was considered a milder form of substance dependence (APA, 2000).

The clinical criteria for determining substance abuse and substance dependence have been updated in the DSM-V to include both substance abuse and substance dependence under one diagnosis: substance use disorders (American Psychiatric Association, 2013).

Substance use disorders are now measured on a continuum from mild to severe (APA, 2013). Additionally, different substances have their own diagnosis. For example, an individual can now be diagnosed with substance use disorder: alcohol use disorder, substance use disorder: cannabis use disorder, or substance use disorder: stimulant use disorder. The advantage of the change is that treatment professionals can now consider specific behaviors on a continuum, resulting in more accurate diagnoses and treatment (APA, 2013). The continuum of mild to severe within substance use disorder diagnosis and treatment parallels a recent approach by researchers to view recovery also within a continuum that includes those who must remain abstinent and those who can engage in substance use but at lower levels (Laudet & White, 2010). This range of care and support in recovery is most appropriate for emerging adults because their substance abuse history is often not as long or entrenched when compared to adults (Laudet & White, 2010).

Substance abuse prevalence. Emerging adulthood has been used to describe a period of development for young adults encompassing people aged 18-26 (Arnett, 2000). An emerging adult is an individual who is working to attain independence, but who lives with and remains financially dependent on their families (Arnett, 2000). Developmental hurdles mark this period as emerging adults complete high school, enter the workforce, or enroll in college (Arnett, 2005). During this time of significant growth, emerging adults often test the boundaries related to alcohol and substance use (Donovan, 2007; Grucza, Norberg, & Bierut, 2009).

Among adolescents and emerging adults aged 12-26, substance abuse is a problem (Merikangas & McClair, 2012). The *Monitoring the Future Study* is an ongoing examination of the behaviors and values of children, college students, and adults. Data has been collected for this study since 1975 and provides a longitudinal look at issues related to substance abuse (Johnston et. al, 2010b). The 2010 *Monitoring the Future Study* reported that 20% of 8th graders and approximately 38% of 10th graders have tried an illicit drug such as marijuana, cocaine, or heroine (Johnston et al., 2010b). When alcohol use is factored into this data, the numbers of young people who have tried any substance jumps to 71% of 12th graders (Johnston et al., 2010b). The rates of alcohol and drug use continue to increase between ages 18-26 where they peak but decline after age 30 (Stone, Becker, Huber, & Catalano, 2012).

Recovery. The number of adults over age 18 who classify themselves as “in recovery” from substance abuse is difficult to identify. Few surveys collect this information and often people are hesitant to provide this data (White, 2012). White (2012) analyzed epidemiological data from six national surveys to estimate the percentage of adults in the United States in recovery. White estimated that 5-15% of adults in the United States are in recovery from substance abuse.

These rates produce a conservative estimate of the number of adults in remission from significant alcohol or drug problems in the United States at more than 25 million people, with a potential range of 25 to 40 million (not including those in remission from nicotine dependence alone). (White, 2012, p. 2)

Recovery literature has two major areas of research: an abstinence only perspective common in Alcoholics Anonymous (AA) (Alcoholics Anonymous World Services, 2000) and a broader definition that focuses on the reduction of problematic behaviors associated with substance abuse (White, Kelly, & Roth, 2012). The use of a broader definition of recovery allows for the consideration of people who continue to use substances not just those who completely abstain (White et al., 2012). The application of this broader definition of recovery in recent research has created a focus on the elimination of the problems caused by substance abuse instead of abstinence alone.

The experience (a process and a sustained status) through which individuals, families, and communities impacted by severe alcohol and other drug (AOD) problems utilize internal and external resources to voluntarily resolve these problems, heal the wounds inflicted by AOD-related problems, actively manage their continued vulnerability to such problems, and develop a healthy, productive, and meaningful life. (White, 2007, p. 236)

Recovery is as an all-encompassing process in which the individual utilizes available resources to sustain changed behavior (Laudet, 2008). A study of British males in recovery found that successful remission and ongoing recovery required participants to involve themselves more personally in their relationships, cultural activities, and employment opportunities (Duffy & Baldwin, 2013). The researchers found that threats to recovery included past criminal records, financial difficulties, and efforts to get involved too quickly

with romantic or other relationships (Duffy & Baldwin, 2013). This study illustrates the influence of recovery on many aspects of the individual's life.

Pathways to recovery. Treatment and twelve step programs are part of a broad support system within the recovery process. Aside from twelve step programs, options for post-treatment recovery support for adults (Dennis & Scott, 2012) and for adolescents (Godley, Godley, Dennis, Funk & Passetti, 2007) should be part of the spectrum of recovery services. People seek out a variety of options for recovery to reduce or eliminate their use of a specific substance, or the negative behaviors associated with the substance. This section provides an overview of treatment options and efficacy of formal treatment. Next will be an overview of post-treatment care, including mutual aid programs and their effectiveness. Followed by an exploration of research related to natural recovery will be explored.

Substance abuse treatment. Many options are available for substance abuse treatment to promote recovery (Fisher & Harrison, 2013). White (2012) determined the recovery rate for adults who seek treatment for substance abuse is 46%. This means that less than half of those who seek treatment are successful at changing their substance abuse behaviors after treatment. This demonstrates that changing substance abuse behaviors is very difficult. The process of change has been extensively researched and can often be challenging to sustain over time (Prochaska, DiClemente, & Norcross, 1992).

Changing substance abuse patterns can involve formal treatment, participation in 12-step programs, and natural recovery. To frame the discussion about the models of recovery, the Stages of Change model, first introduced by Prochaska et al. (1992) provides a

framework for changing behavior. Many substance abuse treatment programs are based on the Stages of Change model (Connors, DiClemente, Velasquez, & Donovan, 2012; Gerard, 2013; Miller, 2011). The Stages of Change model describes the changes an individual goes through during recovery from addiction. This model involves steps in the change process beginning with a thought to make a change, continuing to a point of being ready to change, the actual change process, and maintaining the change over time (Connors et al., 2012).

Within the Stages of Change model relapse occurs when the individual regresses to an earlier stage in the model (Prochaska et al., 1992). Based on their research, Connors et al. (2012) concluded that individuals who engage in substance abuse treatment are in the preparation or action stages of the model. They are hoping to gain enough resources and support to make the change and move onto the stage of sustaining and supporting the change (Walters & Rotgers, 2011).

12-step programs. Another way to achieve and maintain change is to participate in a 12-step society. Twelve step societies, or mutual aid organizations, emerged from religious and culturally based abstinence efforts among Native Americans in the early 1800s (White & Roth, 2012). In the 1830's and 1840's, religious based mutual support organizations emerged in the larger cities of the United States (White, 1998). These early efforts encompassed both secular and religious methods to achieve abstinence and moderated substance use (White, 2001). An additional focus of these groups was to address the negative effects of substance abuse on the individual's life (White, 2001). As these organizations grew and spread, people in recovery found that these organizations were helpful in maintaining their recovery. Mutual

aid societies provided a focus on an acceptance that the individual has no control over the use of a specific substance and that to achieve recovery the individual has to learn how to focus on the needs of others in order to build confidence in themselves (AA, 2000). The present day versions of Alcoholics Anonymous, Narcotics Anonymous, Al-Anon, Al-Ateen, and other support programs evolved from these earlier approaches (Coyhis & White, 2006).

Natural recovery. Some people will stop their substance abuse behaviors without any intervention (Granfield & Cloud, 1994). This concept is known as natural recovery (Granfield & Cloud, 1994). This phenomenon is seen in all areas within health care including changes in smoking, diet, and exercise (Leventhal, Weinman, Leventhal, & Phillips, 2008). Several studies have demonstrated that change without formal intervention is a legitimate pathway to recovery from substance abuse (Brown, Anderson, Schulte, Sintov, & Frissell, 2005; Klingemann & Sobell, 2007; Rumpf, Bischof, Hapke, Meyer, & John, 2006). Often individuals engaged in natural recovery do so because of a major life event such as marriage, the birth of a child, a career transition or the death of a loved one (Fisher & Harrison, 2013).

The concepts of self-efficacy and willingness to change are at the center of the natural recovery literature (Cloud & Granfield, 2001). Granfield and Cloud (2001) found that socioeconomic background, social relationships (especially significant others), and education were important factors in successful moderation or elimination of substance abuse problems. Through their research, Granfield and Cloud proposed that the motivation and resiliency necessary to begin to moderate substance abuse must come from the individual.

In the past decade, substance abuse and recovery have been considered part of a broad array of support services (Laudet, 2008). This spectrum represents the convergence of clinical treatment practices, such as cognitive behavior therapy, and evidence-based practices that blend models of moderated use with client-centered education (Laudet, 2008). With less than 25% of people with substance abuse problems seeking formal treatment, these approaches have helped reach more people (Cohen, Feinn, Arias, & Kranzler, 2007).

Employment outcomes. Adults in recovery from substance abuse are underemployed. Only 15-35% of adults in treatment for substance abuse have a job (McCoy, Comerford, & Metsch, 2007). Conversely, about 15% of substance abusers who do not seek treatment have a job (McCoy et al., 2007). By comparison, the employment rate for adults in the civilian labor force, in 2010 was 58% (U.S. Census Bureau, 2012). Employment among substance abusers has been shown to improve retention in treatment (Magura, 2003), increase abstinence (Scorzelli, 2007), and improve social functioning (Sterling, Slusher, & Weinstein, 2008). Finally, employment marks a significant milestone in reducing both the social and economic vulnerability of substance abuser (Richardson et al., 2012).

Emerging adults who engage in substance abuse in their teenage years risk lowering their lifetime economic and educational potential (King et al., 2006). College students who enter the university setting with significant past substance abuse patterns may continue those patterns into college, resulting in a higher risk for negative consequences including lower academic attainment (Breslau et al., 2008), injury, and death (Hingson et al., 2009). As the literature on natural recovery suggests, many emerging adults moderate their substance abuse

on their own without formal treatment interventions (Vik, Cellucci, & Ivers, 2003). However, there is a small population of college students and emerging adults who have sought treatment and now attempt to enter college (Cleveland & Bell, 2010). For these students the college environment can be challenging to navigate as a result of the wide availability of alcohol and other substances on campus (Misch, 2009)

Part of the recovery process includes learning to lead an enjoyable life without abusing alcohol or other drugs (Becker, Drake, & Naughton, 2008). One component of life satisfaction involves finding meaningful work (Becker et al., 2008). As a result, some treatment programs integrate vocational discernment into the treatment of substance abuse in order to provide the stability offered by employment (Blankertz et al., 2005; Lundgren, Schilling, Ferguson, Davis, & Amodeo, 2003).

For some people in recovery the idea of long-term employment is frightening. In some cases people in recovery have associated with a non-working peer group where employment and self-sufficiency is not valued (Becker et al., 2008). The notion of finding employment or returning to school is often overwhelming for those in the earliest stages of recovery (Blankertz et al., 2005). For those who are successful in their recovery, stable employment can provide the foundation for future economic and social success (Becker et al., 2008).

Substance Abuse During College

Substance abuse is a widespread problem on college campuses impacting multiple facets of life at the university. The areas to be explored in this section include: the

prevalence, predictors, and problems associated with substance abuse during college, the consequences of substance abuse across several dimensions including social, personal and academic, and collegiate cultures and sub-cultures that contribute to substance abuse.

Although none of these areas explicitly address reentry, they are important to examine due to this study's focus on college students who took time away from the university as a result of their substance abuse.

Prevalence of collegiate substance abuse. Colleges and universities have experienced problems ranging from property damage, diminishing relationships with local governments, student injuries, and death as a result of student substance abuse (Dowdall & Wechsler, 2002; Engs & Hanson, 1988; Hingson, Heeren, Winter, & Wechsler, 2005; Mundt, Zakletskaia, Brown & Fleming, 2012; Straus & Bacon, 1953; Wechsler & McFadden, 1979). The Harvard School of Public Health described and used the term binge drinking for the drinking behavior among college students that results in negative consequences (Wechsler et al., 1994). According to the researchers, binge drinking is defined as consuming five or more drinks in one setting for a man and consuming four or more drinks in one setting for a woman (Wechsler & Nelson, 2001; Wechsler et al., 1994). Binge drinking rates among college students steadily increased from 1979 until 2008 (Gruca et al., 2009). Since the early 2000's the Core Institute (2010) has reported that binge drinking rates for college students have remained steady at approximately 46%.

In 2002, a national report highlighting concerns regarding college substance abuse was published. This report, entitled *A Call To Action*, brought together research regarding

substance abuse on college campuses and provided a set of recommendations for colleges to reduce their overall binge drinking rates and increase safety for individuals and the community (Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism, 2002).

The task force prompted several research projects. One study indicated that 1400 students die annually from alcohol related accidents (Hingson et al., 2005). Another study examining drinking and driving by college students indicate that 25% of students drove under the influence of alcohol and an additional 35% of students accepted a ride from a driver who was under the influence of alcohol (Hingson et al., 2005). In order to assess increases in mortality and injury related to alcohol abuse on college campuses, Hingson et al (2009) examined data from several sources. These sources included: the National Highway Traffic Safety Administration Fatality Analysis Reporting System, Centers for Disease Control and Prevention Injury Mortality Data, National Coroner Studies, census and college enrollment data, the National Household Survey on Drug Use and Health, and the College Alcohol Study. Hingson et al. (2009) found a 3% increase per 100,000 students in injury and mortality rates amongst 18-24 year old college students from 1998 to 2005. Specifically, researchers found that college drinking contributes to roughly 1,825 student deaths, 599,00 injuries, and 97,000 instances of sexual assault or date rape annually (Hingson et al., 2009). This increase in mortality and serious injury among college students indicates that the college environment is becoming increasingly dangerous for students engaged in substance abuse (Hingson et al., 2009).

Taken together, the body of research examining the prevalence rates of binge drinking on college campuses, along with injury and mortality rates of college aged students, demonstrates the problems associated with substance abuse on campus.

Collegiate Culture and Sub-cultures that Contribute to Substance Use

College culture provides frequent opportunities for students to engage in substance abuse (Johnson et al., 2005). Greek affiliation, athletic involvement, and living on campus are three sub-cultures in which substance abuse occurs. Greek students, especially male fraternity members, drink larger quantities of alcohol during each drinking period, and report more alcohol related problems than their non-Greek peers (Scott-Sheldon et al., 2008). Additionally, students who participate in varsity (Nelson & Wechsler, 2001) and intramural sports (Grossbard, Geisner, Neighbors, Kilmer, & Larimer, 2007) report more problems associated with their substance abuse than students not involved in athletics (Martens, Pederson, Smith, Stewart, & O'Brien, 2011). Few studies have examined environmental factors influencing the culture of on-campus living and substance abuse. Toomey, Lenk, & Wagenaar (2007) identified 110 studies addressing substance abuse and environmental factors written between 1999-2006. Only 36 of those studies looked at the college population. None of the studies examined the environmental influences of living on campus and substance abuse (Toomey et al., 2007). While not a sub-culture, the quality of peer relationships provides a protective factor against the high-risk nature of some campus sub-cultures (Bosari & Carey, 2006). This section provides a brief overview of the challenges of

substance abuse among Greek students, those involved athletics, students who live on campus, and the influence of peer relationships.

Greek affiliation. Greek affiliated students engage in binge drinking and substance abuse more frequently than their non-Greek peers (Bosari et al., 2009; Scott-Sheldon et al., 2008). Within the culture of Greek organizations, substance abuse is often celebrated and maintained as a tradition (Park, Sher, & Krull, 2008). Students who join Greek organizations are either socialized into the substance abuse culture of the organization or they select into that culture (Bosari et al., 2009). Students who are socialized into the culture join the organization for potential friendship, organizational values, and future social connections (Bosari et al., 2009). Students who select into the culture do so because the organization's substance abuse patterns match the abuse pattern of the new member (Bosari et al., 2009). If a group consists of members who selected the organization because of the behaviors related to substances, then current and future members are at greater risk for negative consequences (Turrisi, Mallett, Mastroleo, & Larimer, 2006).

Athletics and club sports. Similar patterns of behavior exist in intervarsity athletic and club sports cultures (Huchting, Lac, Hummer, & LaBrie, 2011). A difference between athletic culture and Greek culture is the issue of timing and substance use. Athletes frequently report less substance abuse during their competitive season but experience higher rates in the off-season (Martens, Dams-O'Conner, & Beck, 2005). Time commitments for club and varsity athletes result in students condensing their substance abuse habits into short and intense periods on weekends and at breaks (Nelson & Wechsler, 2001). This behavior

creates high-risk periods of substance abuse, even during the athlete's competitive season (Nelson & Wechsler, 2001). Such intense periods attract other students to these gatherings often creating large-scale parties with few, if any, mechanisms to control access to alcohol (Lewis et al., 2011). In addition to these types of parties the athletes are often part of a clique of popular students on campus (Zamboanga, Rodriguez, & Horton, 2008). The degree of visibility contributes to the substance abuse culture within athletics and club sports because the most prominent way to socialize on campus is through substance use (Nelson & Wechsler, 2001; Wechsler et al., 1994).

On-campus living. Socializing among residential students is important in helping students build a peer network (Wout, Murphy, & Steele, 2010). Living on campus provides less supervision from parents and results in higher rates of substance abuse than students who live with their parents (Nelson, Xuan, Lee, Weitzman, & Wechsler, 2009). At the same time, the rates of substance abuse are significantly lower for those who live on campus and are not athletes or Greek affiliated (Scott-Sheldon et al., 2008). Without the formal connection to a team or Greek organization, students who live in university housing often do not organize themselves to celebrate in the same way as Greek students or athletes (Zamboanga, Schwartz, Ham, Borsari, & Van Tyne, 2009).

A more recent focus of interest has been on the concept of pre-gaming. Residential parties are frequently "pre-game" events hosted prior to a Greek hosted or off-campus party (White, Kraus, & Swartzwelder, 2006). Pre-game events promote substance abuse because these parties often involve a small group of students who know one another. These students

consume high quantities of alcohol in very short periods of time in order to be “buzzed” as the students arrive at the primary social event (White et al., 2006). A motivation for pre-gaming by students is an assumption that once the student gets to the actual event there will be no other opportunities to consume alcohol (White et al., 2006). However, often the already intoxicated underage student finds more alcohol or other substances as the night continues (Read, Merrill, & Bytschkow, 2010).

Even with the risks associated with pre-gaming, the supervision provided by residential life staff in conjunction with university policies, can reduce the risk of substance use by those in the residential community, creating a less risky environment (Kuh, Kinzie, Schuh, & Whitt, 2010). The experience of living on campus can promote a culture of smaller and more intimate friendships with less focus on substance abuse (Kuh et al, 2010).

Quality of peer relationships. Peer relationships among young adults are very important in developing independence and social autonomy (Roche & Watt, 1999; Schulenberg & Maggs, 2002). Substance abuse culture on campus influences the ways young adults socialize with one another. In some cases, strong friendships act as a protective factor against high-risk drinking and drug use (Patrick, Lee, & Larimer, 2011). A protective factor is an activity or relationship that an individual engages in that reduces risk for negative consequences from drinking and drug use (Patrick et al., 2011).

When friendships are based on frequent interaction and involve the sharing of personal information, the relationship quality grows (Bosari, Bosari, & Carey, 2006). High-quality friendships improve self-esteem and self-confidence (Bosari et al., 2006). These types

of friendships encourage students to get to know one another on a personal level (Bosari et al., 2006). As trust builds in a friendship students are likely to participate in extra-curricular activities such as intramurals, the arts, and student organizations (Bosari et al., 2006). High-quality friendships serve as a protective factor against high-risk substance abuse (Bosari et al., 2006; LaBrie, Lac, Kenny & Mirza, 2011). Conversely, students who have low-quality friendships are more likely to drink and use illicit substances than peers with high-quality friendships (Bosari et al., 2006). High-quality friendships influence peers toward lower risk ways to socialize in the college environment (Bosari et al., 2006). Low risk methods to socialize with peers include participation in student organizations and the arts serve as a protective factor that assist students in remaining safe, maintaining their health, and continuing on their academic trajectory (Borden et al., 2011; LaBrie et al., 2011).

Greek affiliation, athletics, club sports, and on-campus living are all sub-cultures that influence student substance abuse. These environments provide insight for how students interact with one another. The quality of peer relationships and the organizations students join serve as both protective and risk factors for collegiate substance abuse.

Environmental Management and Prevention Efforts

Campuses are challenged to address the college substance abuse environment and the ways the local community contributes to student substance abuse. Environmental concerns that contribute to higher rates of substance abuse among college students include low prices of alcohol in the local community, the density of drinking outlets in relation to campus, and the rates of binge drinking at the specific school (Wechsler & Nelson, 2008). This section

describes the recommendations for colleges from the National Institute on Alcohol Abuse and Alcoholism's (NIAAA) Task Force on College Drinking Report (2002). Next, I describe recent studies addressing prevention efforts within the college environment. Finally, I conclude with a summary of how this information relates to the current study.

In 1999, the NIAAA convened a task force on college drinking to review existing research and to make recommendations about effective prevention efforts for colleges and universities. The task force was convened during a time when practitioners were expressing concerns about a lack of evidence-based best practices for managing the college environment (Nelson, Toomey, Lenk, Erickson, & Winters, 2010). The NIAAA report described four tiers of prevention efforts. These tiers included:

- Tier 1. Interventions effective with college students. These include one-on-one sessions that use motivational interview techniques, cognitive behavioral interventions and outcome expectations related to substance abuse.
- Tier 2. Interventions effective with the general population. Including enforcement of age 21 drinking laws, creation of university policies to target high-risk and illegal drinking, publicizing enforcement efforts of other laws and policies associated with substance abuse, and the formation of campus community coalitions to address community concerns.
- Tier 3. Interventions that have logical and theoretical promise with college students. Examples include, Friday exams to reduce Thursday night drinking, increasing enforcement at campus events that promote substance abuse, and

consistent disciplinary outcomes for university policy violations related to substance abuse.

Tier 4. Interventions that are ineffective based on past research. Such ineffective interventions include values clarification exercises about substance abuse and Blood Alcohol Content (BAC) information and feedback for students (Malloy, Goldman, & Kingston, 2002).

A 2010 follow-up report found that most colleges and universities were using some type of motivational interviewing or cognitive behavioral intervention (Tier 1) to encourage change for students engaged in substance abuse (Nelson et al., 2010). However, many schools were either unaware of other recommendations or had not implemented any other efforts (Nelson et al., 2010). In addition, approximately one-third of schools continue to use interventions that have been proven ineffective (Tier 4) (Nelson et al., 2010).

One of the Tier 2 recommendations from the NIAAA Task Force report (2002) indicated that an increase in policies aimed at reducing access to alcohol was a way to target high-risk substance abuse. Studies indicate that approximately 75% of colleges have both policies that prohibit alcohol sales at campus sporting events and provide substance free housing for students (Lenk, Erickson, Nelson, Winters, & Toomey, 2012; Mitchell et al., 2005). However, less than half of colleges prohibit alcohol use at tailgating events or prohibit advertising for bars in the campus newspaper (Lenk et al, 2012; Mitchell et al., 2005). Policies aimed at reducing access to alcohol at college events have been demonstrated as a way to curb college substance abuse (Saltz, Welker, Paschall, Feeney, & Fabiano, 2009).

Unfortunately, 40% of schools have few, if any, of these types of policies in place (Lenk et al., 2012).

Colleges and universities use four major alcohol reduction practices: education programs, social norms, alcohol counter marketing, and alcohol control policies (Paek & Hove, 2012). A recent examination of the impact of these prevention efforts on college student behaviors found some surprising outcomes. Students who participated in an educational program prior to enrollment consumed more alcohol than those students who do not participate in such programs (Paek & Hove, 2012). However, social norms initiatives that focused on peer disapproval of behaviors associated with substance abuse proved effective in the reduction of substance abuse (LaBrie, Hummer, Neighbors, & Larimer, 2010; Neighbors, Lee, Lewis, Fossos & Larimer, 2007; Paek & Hove, 2012). Along with social norming efforts, campuses have found recent success in alcohol counter marketing efforts. Such efforts include social media and print campaigns that describe the consequences for victimization as a result of substance abuse (Paek & Hove, 2012).

Another aspect of social norming efforts occurs at the campus level. Some campuses have intentionally raised awareness of disciplinary outcomes (e.g. probation) that limit a student's ability to study abroad or participate in some types of academic opportunities as a result of substance abuse (Pearson & Beckham, 2005). Additionally, policies that control access to alcohol or limit those engaged in binge drinking from participation in activities curb negative outcomes (Lenk et al., 2012; Paek & Hove, 2012).

Effective college prevention efforts require ongoing assessment at the campus level to determine which interventions work (Nelson et al., 2010). Such assessment initiatives, in combination with empirical research, can reduce negative consequences of substance abuse (Nelson et al., 2010). These efforts result in fewer students needing substance abuse treatment, going on an approved leave of absence, or dropping out of college (Nelson et al., 2010).

Consequences of Substance Abuse for College Students

The negative consequences of substance abuse on campus are broad. These consequences have been identified and measured in several studies (Dowdall & Wechsler, 2002; Engs & Hanson, 1988; Mundt et al., 2012). Substance abuse has considerable implications for relationships and academics, including consequences related to social interactions, academics, and in some cases decreased educational attainment.

Social consequences. A challenge in understanding the social consequences for college substance abuse is that many students do not see unfavorable outcomes as negative and instead view such outcomes in positive ways (Park & Grant, 2005). For example, a student who has memory loss as a result of their alcohol consumption may view the memory loss as a positive outcome of the night. However, research classifies this as a negative consequence of alcohol consumption (Mundt et al., 2012). A possible reason for the mismatch between student experience and research may be that much of the research about social consequences involves visible outcomes such as getting into a fight, engaging in unplanned sexual activity, and being mean to a friend (Perkins, 2002). Although students

know these are negative outcomes, they are sometimes associated with a humorous narrative. The humorous narrative allows students to view unusual behavior as funny and not necessarily as out of character or bad (Hingson, 2009; Park & Grant, 2005). However, when less visible consequences are considered, such as feeling bad about a specific behavior or regretting a decision that was made while under the influence of substances, students categorize these experiences as negative outcomes (Park & Grant, 2005).

When a tragic event occurs, students often create their own story around the event allowing them to separate the behavior that resulted in death from their own behavior (Engstrom, 2012). This practice allows students to normalize their outcomes and continue to believe that they are immune to negative consequences from substance abuse, including death or serious injury (Hingson, 2009). Their peer groups are also likely to normalize these tragic events to protect the group from the reality that death occurs as a result of substance abuse (Hingson et al., 2009). For college students, the peer social group provides the “glue” that allows normalization of extreme behavior (Engstrom, 2012).

Academic consequences. Researchers have attempted to link substance abuse to poor academic outcomes (DeBord, Erickson, Sher & Wood, 1997; Martinez, Sher, & Wood, 2008; Pascarella et al., 2007). This section provides a general overview of the trends in this research. I explore two recent studies with different findings that highlight the challenges of this line of inquiry. This section concludes by synthesizing the research and connecting it to the proposed study.

There is disagreement in the literature about the influence substance abuse has on academics. One set of studies indicates that substance abuse leads to negative academic outcomes (Perkins, 2002; Singleton, 2007; Singleton & Wolfson, 2009). A second line of research indicates that substance abuse is one among many factors that influences academic consequences (Paschall & Freisthler, 2002; Wood, Sher, Erikson, & DeBord, 1997). Researchers agree that students who engage in substance abuse have lower overall grade point averages, miss class, and report less engagement in academics than their peers who do not engage in substance abuse (Musgrave-Marquart et al., 1997; Pascarella et al., 2007; Singleton, 2007). Alcohol use can also impair cognitive abilities negatively influencing academic performance (Powell, Williams, & Wechsler, 2004). In particular, the time spent drinking and recovering from hangovers caused by drinking takes time away from other pursuits, including academics (Porter & Pryor, 2007). Increases in the frequency and quantity of alcohol consumption have implications for missing class and getting behind in class work (Powell et al., 2004).

Much of the literature examines alcohol abuse and its impact on academic achievement. In an effort to expand the knowledge base regarding academics and substance abuse, Arria et al. (2008) examined the role of non-medical prescription stimulant (e.g. Ritalin) and analgesic (e.g. OxyContin) use on academics. Findings indicated that non-medical prescription drug users skipped 21% of their classes compared with 9% of non-users. By the end of the first year of college, nonmedical users of prescription drugs had lower grade point averages (Arria et al., 2008). Likewise, nonmedical users of prescription drugs

spent less time studying, more time going out socially, and skipped a greater percentage of their classes weekly than non-users.

These findings are important because, aside from marijuana use, nonmedical prescription drugs are the most abused illicit drugs on college campuses (Arria et al., 2008). The study by Arria et al. (2008) is the first longitudinal study to examine the impact of nonmedical prescription drug abuse on college academics. A limitation of this study is that the participants all came from the same institution. Therefore, the findings may not be generalizable to students at all institutions. An additional limitation in the study design is that variables that may influence nonmedical prescription drug abuse and academic outcomes, such as academic major, academic goals, and alcohol consumption, were not considered (Arria et al., 2008).

An alternative view held by some researchers is that substance abuse does not influence academics. Howland et al. (2010), looked at the relationship between test taking and Blood Alcohol Content (BAC). They found that test-taking performance was not negatively impacted the day after a student's BAC was measured at or above the legal limit to drive. A factor not considered in this study was the student's motivation to do well or personality traits and how those factors influence positive test-taking performance subsequent to substance abuse (Howland et al., 2010). Taken together Arria et al. (2008) and Howland et al. (2010) demonstrate the challenges associated with determining the relationship between academics and substance abuse.

Substance abuse and degree attainment. Although researchers have looked at academic performance, little research has examined the impact of substance abuse on college enrollment and degree attainment. To date, six studies have explored connections between substance abuse and consequences for college degree attainment (Aertgeerts & Buntinx, 2002; Arria et al., 2012a; Arria et al., 2013; Breslau et al., 2008; Hunt, Eisenberg, & Kilbourne 2010; King et al., 2006). The findings in these studies are not in agreement. However, together these studies demonstrate the risk of substance abuse on students' ability to complete their college degree.

Two studies related to college degree attainment and substance abuse have recently been published from the College Life Study dataset (Arria et al., 2012a; Arria et al., 2013). Researchers found that marijuana use and illicit drug use cause a break in college enrollment (Arria et al., 2012a). Additionally, when substance abuse is examined as one among many mental health variables, substance abuse predicts a break in college enrollment (Arria et al., 2013). A break in college enrollment can be predictive of failure to earn a college degree (Arria, et al., 2012a; Arria, et al., 2013).

Substance abuse during adolescence was predictive of a failure to earn a college degree more often than any other mental health disorder in one study (Breslau et al., 2008). A similar outcome was discovered in another study (King et al., 2006). In a cross-sectional study, adolescents who abused illicit drugs were found to be at higher risk for failing to earn a college degree (King et al., 2006). Young people who demonstrated an increasing pattern of substance abuse throughout adolescence were at the highest risk for failing to earn a

college degree (King et al., 2006). When other variables such as behavioral concerns, cognitive, and self-regulatory issues (e.g. impulse control) were added, the effects of adolescent substance abuse on college attendance and completion were eliminated (King et al., 2006). Therefore, adolescent substance abuse contributes to a wider system of factors that influence college degree attainment (King et al., 2006).

Students who receive a psychiatric diagnosis, including substance abuse, in college are also at risk for dropping out of college (Hunt et al., 2010). Similar to Arria et al. (2013) and Breslau et al. (2008), Hunt et al. (2010) found that mental health and substance abuse diagnoses influences students' ability to complete their college degree. Specifically, Hunt et al. (2010) found that illicit drug use, including marijuana, amphetamine, and cocaine, was significantly associated with college student drop out.

The research examining the influence of alcohol abuse on college degree attainment has reached conflicting conclusions. Aertgeerts and Buntinx (2002) found that 62.5% of first-year students who met diagnostic criteria for alcohol dependence in a Belgian study failed year-end exams and dropped out of school. Three other studies looked at alcohol abuse as one among many variables influencing college completion (Arria et al., 2013; Breslau et al., 2008; Hunt et al., 2010). Similar to the findings of Aertgeerts and Buntinx (2002), adolescent alcohol abuse (Breslau et al., 2008) and college alcohol abuse (Arria et al., 2012a) were predictive of failing to earn a college degree. In contrast, Hunt et al. (2010) found that alcohol abuse was not a predictor of college drop out.

All of the referenced studies have limitations. Arria et al. (2012a, 2013) use longitudinal data from one college. As a result of this design, it is difficult to generalize these findings to other populations of college students. Breslau et al. (2008), Hunt et al. (2010), and King et al. (2006) collected data from adults and asked them to report about their adolescent and young adult behaviors. In some cases participants were providing data from more than 30 years ago. Such information may not be an accurate representation of the individual's young adult substance abuse. Finally, the study conducted by Aertgeerts and Buntinx, (2002) took place in Belgium. The cultural beliefs around alcohol are likely different in Belgium than in the United States. Additionally, the study design did not consider other variables that may have influenced the students' failure to pass their end of year exam. The conflicting findings of past research demonstrate the challenges of isolating the impact of substance abuse on academic progress.

Collegiate Recovery Communities

An emerging area of research involves the experience of undergraduates who are in recovery while attending college (Cleveland & Bell, 2010). This section provides an overview of collegiate recovery programs and a discussion of student experiences in recovery communities.

A collegiate recovery center is an initiative supported by the university or a private grant to provide space and support for undergraduate students in recovery (Laudet, 2013). Collegiate recovery programs emerged from a need to provide support for adolescents and young adults who had completed substance abuse treatment, were in recovery, and planned

to begin college or return to college after a leave of absence (Bell, Kanitkar et al., 2009; Donovan, 2007). Students who participate in collegiate recovery communities are often traditionally aged undergraduate students who began abusing substances during adolescence (Cleveland, Harris, Baker, Herbert, & Dean, 2007). Each community provides a network of social support, 12-step program participation and involvement, as well as peer advising and mentorship (Botzet, Winters, & Fahnhorst, 2010; Roth & Finch, 2010). Some communities offer on-campus recovery housing. Other communities provide referrals and assistance in finding sober housing off-campus (Harris et al., 2010).

Recovery can be difficult to maintain because of the wide availability of alcohol and other substances on campus (Wiebe, Cleveland, & Dean, 2010). Wiebe et al. (2010) examined the ways in which specific environmental temptations influence relapse and tactics students employed to avoid relapse. Three components in avoiding relapse include: having a social support network both within and outside of recovery groups, the number of years of sobriety, and self-awareness that recovery and sobriety are a process. These findings reinforce the importance of 12-step programs. These programs provide social structure and the foundational belief that an addict never completes the recovery process (Kerksiek, Bell, & Harris, 2009).

Two additional studies reinforce the findings of Kerksiek et al. (2009). Bell et al. (2009) and Cleveland and Groenendyk (2009) suggest that participation in 12-step programs, limiting a student's social network to the recovery community, developing academic purpose and direction, and a focus on finding sober housing are essential for college students in

recovery. Maintaining a clear purpose and understanding of the support resources within the college community are the most important aspects of recovery maintenance in the college context (Laudet, 2008). One of the limitations of the research about collegiate recovery communities is that a requirement for participation in many programs is abstinence from all substances (Cleveland et al., 2007). While important, this limits the findings to students who are abstinent as part of their recovery. These findings cannot be applied to students who have eliminated the negative consequences associated with their past substance abuse, but who continue to drink alcohol at low or moderate levels.

Students in Recovery

Little is known about experiences of college students who are newly sober, or who become sober, during college. College environments have been described as “hostile” for students in recovery because of the availability of alcohol and other illicit drugs in addition to the celebrated culture of heavy drinking and substance use (Cleveland & Harris, 2010). Woodford (2001) provides the only in-depth study of college students in recovery. Through the use of qualitative research methods and case studies, Woodford described the challenges facing students in recovery. In his research, he demonstrated that social support and self-confidence are key attributes that college students in recovery must develop in order to be successful in the college environment (Woodford, 2001). A key finding was that none of the students in the study were prepared for the availability of alcohol on campus or the frequency and quantity of alcohol that their peers used (Woodford, 2001).

Recent studies have demonstrated the challenges of the college environment for students in recovery. On campus living poses a problem for students in recovery because of the focus on substance use as the primary method for students to socialize with one another (Kerksiek et al., 2011). As referenced earlier, pre-gaming students sometimes consume large quantities of alcohol prior to attending off-campus or Greek social events in order to arrive intoxicated (White et al., 2006). Pre-gaming behavior is problematic for the general student population. However, for students in recovery, attendance at or participation in a pre-game event could result in a relapse as the student seeks ways to fit in with their peers (Kerksiek et al., 2011).

Students in recovery involve themselves equally in recovery based social interactions such as 12-step programs and service opportunities with student organizations on campus (Cleveland et al., 2007). Interestingly, students in recovery do not seem to get involved in Greek life or intervarsity athletics. To date no studies have been published that discuss recovery for students involved in the Greek community or in athletics. Dr. Kitty Harris, former director of Texas Tech University's Center for the Study of Addiction and Recovery, indicated that as of fall 2011, no current or past members of the CRC were Greek affiliated or involved in athletics or club sports (personal communication, October, 2011). The research indicates that those subcultures are especially hostile to students in recovery due to the celebrated nature of college social life (Cleveland & Harris, 2010).

For students in recovery, the college environment poses a threat to their sobriety and can be isolating because the environment appears "determined to undermine his or her

sobriety or moderation of alcohol consumption” (Misch, 2009, p. 279). The culture of substance use on college campuses provides a background for understanding reentry for students with a history of substance abuse. In order to examine the experience of reentry for students with a history of substance abuse, it is important to consider the influence the university environment may have on the reentry process.

Theoretical Framework

It is difficult to discuss reentry for students with a history of substance abuse, without identifying the internal and external resources students must use to maintain their recovery. The theory of recovery capital identifies specific resources an individual utilizes to end substance abuse behaviors and to maintain the cessation of substance abuse (Granfield & Cloud, 2004; White & Kurtz, 2005). The use of the word “capital” in this theory is understood as a group of resources that can be accumulated or exhausted by people as they gain and maintain recovery (Cloud & Granfield, 2008). This section begins with a brief discussion of the history of recovery capital, its components, and how it emerged in the literature. Next, I discuss a competing theory that has been developed in college communities. This section concludes with a discussion of the strengths of the recovery capital framework and its use in this study.

Recovery capital. The concept of recovery capital emerged from grounded theory research examining the importance of social relationships, individual traits, and external resources associated with the individual’s upbringing, culture, and economic factors influencing recovery (Cloud & Granfield, 2008). In total, three studies contributed to the

formulation of recovery capital as a theoretical framework. Two studies were conducted with individuals who were formerly drug or alcohol dependent and did not seek formal treatment (Cloud & Granfield, 1994, 1996). A third study was conducted with participants who were currently seeking treatment at a publicly funded substance abuse treatment facility and who were also participating in 12-step programs (Granfield & Cloud, 2001). Each of the three studies demonstrated the tangible traits, resources, people, and financial aspects that can be applied in the effort to achieve recovery. Taken together, Granfield and Cloud (2009) established four major forms of capital that constitute the overarching construct of recovery capital. These include: social capital, physical capital, human capital, and cultural capital.

Social capital. Social capital is the actual or virtual resources available to an individual by having a network of dependable and individualized relationships that offer mutual support (Bourdieu & Wacquant, 1992). Membership in a social group allows people to socialize, develop friendships based on trust and reciprocity, and benefits all group members by allowing them to improve their lives (Granfield & Cloud, 2001). In other words social capital is intentional participation in a social group and individual relationships built to provide support during recovery. Substance dependent individuals who have access to social capital and decide to cease their substance use can access their social capital for support (Granfield & Cloud, 1999). As individuals make changes to their substance use behaviors, social capital is important for supporting them through the change (Granfield & Cloud, 2001). Relationships that are built on mutual expectations and support are the ones that will help an individual during the transition (Granfield & Cloud, 2009). The expectations of one's

social group can have powerful influences on the individual. This is particularly true when substance dependent individuals begins to take steps toward moderating their substance use or complete abstinence (Granfield & Cloud, 1996).

Crucial to recovery are social contexts that offer non-stigmatizing opportunities to engage with others. Examples of things an individual can do to engage socially and build additional social capital include paid work, educational participation, volunteering, and recreational activities (Tew, 2013). Such opportunities provide emotional support and access to opportunities that encourage the continued cessation of substance misuse.

It is important to note that not all relationships allow an individual to build new social capital. Being in a relationship that is unhealthy, where the individual is subject to criticism or hostility, can be detrimental to recovery efforts (Tew, 2013). Additionally, social capital can be created and diminished based on efforts of the individual in recovery. Recovery behaviors are increased when the individual is able to have new and positive social interactions, build meaningful relationships, and repair or end past relationships that have been harmful (Cloud & Granfield, 2009).

In the college context, students who develop deep and meaningful relationships with peers diminish their risks for substance abuse (Bosari et al., 2006). Three factors that are common among high-quality friendships include stability, intimacy, and support. A stable relationship is one that emerges after the initial onslaught of socializing upon arriving at college and continues to grow in both quality and frequency of interaction (Nezlek, 1993). Intimacy in peer relationships involves the degree of close interpersonal connection between

two people. This type of friendship increases self-confidence and decreases loneliness over time (Nezlek, Pilkington, & Bilbro, 1994). Finally, support in peer relationships is the degree to which students feel connected and cared for within the context of the friendship (Bosari et al., 2006). A focus on high quality peer-relationships can help students in recovery develop social capital.

Physical capital. Often referred to as economic or financial capital, physical capital includes income, savings, property, investments, and other tangible financial assets that can be converted to money. The term physical capital emerged from the work of social economists (Coleman, 1990; Schultz, 1961) and is used to incorporate a broad category of tangible goods (Cloud & Granfield, 2009). Substance dependent individuals with physical capital have access to resources to assist in the maintenance of their recovery. Such individuals generally have health insurance, the ability to relocate if needed, pay for treatment, find a new job, or return to school for additional education (White & Cloud, 2008).

As a result of being enrolled in college, students demonstrate a certain level of physical capital. College students have access to physical capital in ways that their non-college peers do not. Some universities have been able to move to need blind admissions policies allowing the school to admit students regardless of their financial background (Kim, 2010). As a result of the student's academic preparation they join an environment that provides health insurance, financial assistance to pay for school, housing, and resources to support health care.

Human capital. Human capital is defined as the skills, attitudes, interpersonal behaviors, and intrapersonal behaviors that allow an individual to interact in society (Granfield & Cloud, 2009). Human capital includes educational attainment, mental health, physical health, common sense, and knowledge (Granfield & Cloud, 1996a; White & Cloud, 2008). For substance dependent individuals, the most important aspects of human capital needed to sustain recovery include employability, mental health, and genetics (Cloud & Granfield, 2004). The skills necessary to obtain a job or return to school, good mental health without other co-occurring mental health problems, and good genetics that allow the individual to function within the expectations of mainstream society are examples of human capital (Cloud & Granfield, 2009).

The traits that students possess, that helped them get into college, are examples of their human capital. These include the student's ability to socialize with peers and adults, perform well on standardized tests, obtain recommendations from teachers and others to support enrollment, and the student's own stable mental health.

Cultural capital. French sociologist Pierre Bourdieu (1986) originally defined cultural capital as a set of values, beliefs, dispositions, perceptions, and appreciations that are the result of membership in a particular cultural group. In the early 1960's, Bourdieu developed the concept of cultural capital to explain the disparities in educational attainment of children from different social classes (Bourdieu & Passeron, 1979). Cultural capital is acquired at home and in school as a result of specific practices. However, due to the social nature of cultural capital, it is frequently seen as a talent possessed by the individual rather

than as a skill that is learned (Weininger, 2005). Much like economic capital, cultural patterns and behaviors can provide access to communities and opportunities that were previously unavailable (Lareau & Weininger, 2003).

Within a recovery context, cultural capital constitutes the locally available and culturally relevant ways one engages in recovery programs and services (Cloud & Granfield, 2009). Cultural capital can manifest itself through specific types of self-help groups geared toward a specific religion, political lens, or ideology (Coyhis & White, 2006; White & Sanders, 2008). Additionally, cultural capital is demonstrated among those who reduce or eliminate their substance abuse without assistance, through a desire to participate in and accept conventional norms (Cloud & Granfield, 2009).

College students demonstrate cultural capital through religious or cultural practices they involve themselves in on campus. For those in recovery, cultural capital can also be conceptualized as the sober network the student develops that encourages the creation of new routines that protect the student's recovery. The most common cultural practice for those in recovery is regular involvement in 12-step programs and immersion in volunteer work to remind the person in recovery of the importance of helping others (Alcoholics Anonymous, 2000).

Recovery capital provides a framework to examine how each of four types of capital provides support to college students with a past history of substance abuse as they reenter the university. Terrion (2013) applied recovery capital to explore the academic experiences of college students in recovery as they navigate challenges related to academics and recovery.

Six themes emerged in that study demonstrating the importance of recovery capital in achieving collegiate academic success (Terrion, 2013). Like participants in this study, Terrion looked at students who were not part of a collegiate recovery community.

Relapse resilience model. Viewing recovery as a continuum of care inclusive of both abstinence based approaches and approaches that examine the reduction in negative consequences associated with substance abuse is a recent emerging trend (Laudet, 2008; White & Roth, 2012). Additionally, recovery capital as a theoretical framework provides support for viewing recovery as a continuum of care. As a result of this recent emergence, I have explained a competing theory of recovery that was developed with college students in recovery. I provide an explanation of this theory and specific reasons I have for not selecting this theory for the proposed study. The purpose of this section is to demonstrate the superiority of recovery capital as a theoretical framework, even though it was not developed with college students or young adults.

Relapse resilience (Harris, Smock, & Wilkes, 2011) is a theory that builds from the work of Marlatt and Gordon (1985) regarding relapse prevention. Relapse prevention is a social-cognitive theory that encourages effective coping and improved self-esteem during substance abuse treatment (Marlatt & Gordon, 1985). Raising self-esteem and teaching effective coping strategies for use in high risk situations has had positive impacts for treatment outcomes (Harris et al., 2011). The primary difference between the relapse resilience model and relapse prevention model is the time within recovery that both theories are applied (Harris et al., 2011). Relapse resiliency is part of an overall systems based model

involving community, social, and cultural support that focuses on the individual's ability to increase self-esteem and demonstrate positive coping skills as a way to avoid a relapse in substance abuse (Harris et al., 2011).

This model was developed through work with college students in recovery who have been involved in the Texas Tech University Collegiate Recovery Community. Since college students are also the population for this study, it would seem that this model would be the best choice.

Relapse resilience has limited applications to this study for two reasons. First, to date no studies have applied this framework to their work. I was unable to locate critiques of this model or other studies that have utilized relapse resilience as a framework. This could be because the model is still emerging and relatively new. Conversely, recovery capital has been applied to several studies of substance abuse (Burns & Marks, 2008; Laudet & White, 2008; Sterling et al., 2008) and mental health disorders (Tew, 2013). Additionally, there is one study that utilizes recovery capital as the framework for a study specifically examining college students in recovery (Terrion, 2013).

Second, although the relapse resilience model suggests that resiliency is a key component in protecting the individual in recovery from a relapse, the ways in which the individual in recovery creates or achieves resiliency is not well developed in the model (Harris et al., 2011). For example, self-esteem and effective coping skills are identified as the primary method for avoiding relapse. However, the authors fail to expand on these concepts to demonstrate the connection between increased self-esteem, coping behaviors, and

resiliency. As a result of the limited research and application of the relapse resilience model it will not be used in this study. Recovery capital provides a broader and more holistic approach to recovery as a continuum of behaviors that an individual can gain or lose as they proceed in their recovery efforts.

Chapter Summary

Adolescents and emerging adults are at risk for developing substance abuse problems (Johnston et al., 2010). Trends in substance abuse among this population indicate negative consequences including reductions in academic success, job growth, and interpersonal development. Among the college-aged population, substance abuse has been widely studied and demonstrates negative consequences for relationships and academics. A new and emerging body of literature examines a direct connection between failure to earn a college degree and substance abuse.

The environment of college campuses makes returning to college after a leave of absence influenced by substance abuse difficult. To address this need, collegiate recovery communities have been implemented at several colleges and universities across the country. These programs provide support and resources, in a 12-step framework to support students in maintaining sobriety and protecting against relapse. In a broader view of recovery, individuals who have reduced their substance abuse to levels that are below the clinical threshold and who also have eliminated the negative consequences of substance abuse have achieved recovery. A systems approach to supporting students in recovery should be examined to recognize the contributions and achievements of all students who are

maintaining a change in substance abuse patterns. Recovery capital provides a framework for understanding the challenges faced by college students as they return to school. It provides four areas of capital that students should create, maintain, and expand to assist them in their recovery.

Chapter 3 will provide an overview of the methodology for completing this study, including information about data collection, data analysis, and limitations to the design in answering the research questions.

CHAPTER 3

Research Design and Methodology

Research Design

Qualitative research provides a method to explore and understand specific experiences from the personal lens of the individual experiencing the phenomenon being studied (Merriam, 1998). This approach enabled me to become part of the research experience through involvement with the participants and as the instrument of data collection. The ability to be immersed in the data provided deeper understanding of the phenomena of study, resulting in rich, thick descriptions (Creswell, 2007). Qualitative research provided a way to understand the specific meaning that individuals derive from interaction with their environment, actions, and the objects they encounter (Hesse-Biber & Leavy, 2011). Individuals socially construct meaning from their experiences. The varied nature of these experiences resulted in complex views of the topic rather than narrow and categorical understandings (Creswell, 2007).

This study explored the experiences of undergraduate students who reenter the university after an approved leave of absence related to their past substance abuse. Through this study, I was able to thoroughly explore this experience from the perspective of the student participants. Gaining a deep understanding of this experience made qualitative research the appropriate method for this study because it is naturalistic, descriptive, and grounded in the experience of the participants (Bogdan & Biklen, 1998). During the research process, qualitative researchers focus on understanding the experience without imposing

preexisting expectations on the research setting. By studying the participant's meanings and responses to situations, I was able to take into account the meaning of those actions and interactions to provide greater understanding of the experience (Corbin & Strauss, 2008). Through qualitative research methods, I was able to focus on the setting and context of the research (Creswell, 2007), and how this shaped the meaning making of the participants.

Case Study Approach

Case study methodology is an in-depth exploration of a specific experience that is bounded by time, place, or another criteria and is based on extensive data collection (Creswell, 2007). In selecting cases, it was important to focus on one specific phenomenon occurring in a bounded context (Miles & Huberman, 1994). The cases had clear boundaries and definitions to provide clarity for the reader and researcher (Stake, 1995; Yin, 2009). For this study, the phenomenon of interest was the experience of undergraduate reentry for students who went on an approved leave of absence influenced by their substance abuse. The bounded context for this study involved each student's reasons contributing to the leave of absence, the time away from the university, and the reentry period through degree attainment was defined as the case.

In order to explore this specific reentry experience, I sought multiple data sources to inform the study (Stake, 1995; Yin, 2009). The data sources in this study included interviews and document analysis. Interviews involved students who reentered during their undergraduate enrollment and employee experts associated with the university who provided insight to the reentry experience and the culture at the university. Together, these data

sources provided multiple perspectives to fully inform the reentry experience. The choice to use a case study approach arose from a desire to understand the complexity of this social phenomenon while enabling me to address the meaningful characteristics of real-life events (Yin, 2009). The case study method was appropriate for this study because it allowed me to thoroughly understand the nuances of reentry for the students in this study. An additional benefit of using a case study approach was that I was able to understand the reentry experience for each student through multiple data sources, thereby providing an opportunity to analyze the experience from several angles. Finally, after each case was fully analyzed, I described the emergent themes and applied the theory of recovery capital.

The Setting

This study took place at a mid-sized, private research university located in the southern United States. Throughout the study the university was known as Southern Private University (SPU). Ninety-seven percent of students who entered SPU in Fall 2010 persisted to their sophomore year and 94% of students who entered in 2005 graduated in six years (Common Data Set, 2011-2012). Two recent internal publications (March, 2012 & September, 2013) highlight the social and substance abuse related environment at SPU. The environment at SPU related to substance abuse was described in the September, 2013 report as follows:

Where we differ are in our culture and traditions regarding alcohol. ...The “work hard/play hard” institution attracted intellectually gifted and socially “active” students, with unfortunate expectations about the importance of

alcohol as a “social lubricant”. For them and others, alcohol has been an essential ingredient in campus traditions. (Internal SPU report, September, 2013)

The March 2012 internal report on social relationships described students as being very active in their social lives, engaging in high-risk drinking behaviors as part of their social life, and at the same time leveraging these relationships to minimize their own anxiety (Social relationships report, March, 2012, SPU). As an academically competitive institution, students reported that they are less likely to use substances when they are engaged in the academic rigor of the university. The levels of academic engagement at SPU serve as a buffer to high-risk substance abuse.

Academic engagement was...associated with lower levels of alcohol misuse and less drinking to ease social anxiety (as well as less social anxiety in general), in addition to higher levels of self-esteem and social self-efficacy. Students who were highly academically engaged reported dating just as much as...other students, but they also reported engaging in less hooking-up. As noted above, academic engagement was one of the strongest predictors of feelings of belonging at [SPU]... (Social relationships executive summary, March, 2012).

The social environment of the university is one in which students focus significant attention on their academics and social lives, including substance abuse. This environment manifests itself in an attitude by students often described by the phrase “work hard, play hard.” Due in

part to high caliber academics and institutional prestige, students want to earn their degree from SPU. When students go on an approved leave of absence from the university they often desire to return to SPU in order to complete their degree program.

Recruitment Strategy

I used several strategies to identify four alumni who reentered SPU and subsequently earned their college degree. I choose to use alumni instead of currently enrolled undergraduate students because I wanted to ensure that participating in the study did not negatively influence the ability to earn a college degree. By choosing alumni, I guaranteed that all participants had earned their degree. Furthermore, it was important to work with recent alumni to ensure as accurate of recall as possible when describing the reentry experience.

I recruited participants through five pathways. A flier was placed at the office of two different local treatment providers who work with young adults in recovery. I belong to the Class of 2012, 2013, and 2014 Facebook groups for SPU alumni. I posted a notice to all three groups regarding the study. In addition, I asked students I knew to share a study flier with friends who have graduated from SPU in hopes of identifying additional participants. I asked colleagues who work in the dean of students and residence life offices at SPU to share information about the study with alumni they knew. Finally, I asked alumni who participated to refer other alumni to the study. I planned to place fliers at local Alcoholics Anonymous Young People's meetings, although due to the anonymity of the groups, I was unable to gain permission to post a recruitment flier.

Sampling

The initial effort to recruit alumni participants was to use chain sampling. Chain sampling is most often used to identify difficult to locate participants (Biernacki & Waldorf, 1981; Browne, 2005). Students in this study were difficult to identify because most people are conditioned to not disclose difficult experiences or share embarrassing information. As a result of this social conditioning, I knew that gaining insight to reentry for students with past substance abuse issues would be difficult. Once I broadly distributed research information, I was able to use purposeful sampling to choose information-rich cases to provide the best possible data (Patton, 2005). Maximum variation sampling is a type of purposeful sampling that allows the researcher to choose a wide range of cases to obtain variation regarding the dimension of interest (Patton, 2005). In order to ensure there is maximum variation within the four cases, I established diverse characteristics for constructing the sample. These are detailed as part of the inclusion and exclusion criteria below. The purpose of these criteria was to ensure eligibility, but also to provide basic information about the alumni's substance abuse, treatment, and reentry experience. Patton (2005) further states that within a program or a specific phenomenon, the researcher can choose individual cases that represent people who have a wide range of experiences. This enables the researcher to thoroughly describe the diversity of participant experience and to delve deeper into a more complete understanding of the phenomena of interest.

Identifying alumni who met the inclusion criteria and had a wide variety of experiences with past substance abuse and treatment was difficult. Students in recovery are a

hidden group on campus. There was not a student organization or a recovery community at SPU from which to seek participants. As a result of this challenge, I employed purposeful sampling to attract four alumni with a variety of experiences related to substance abuse and recovery. In choosing the four alumni cases for this study I used a combination of purposeful and maximum variation sampling. This strategy led to variation among the four cases.

As potential participants responded to my outreach efforts, I used both inclusion and exclusion criteria to narrow potential participants to four cases.

Inclusion criteria. In addition to the efforts described above to create variation between the four cases, other factors were utilized to select specific alumni of SPU as one of the four cases. The specific criteria for inclusion in the study were the alumni's academic standing, substance abuse history, and time away from SPU.

Alumni standing. Alumni participants were between ages 18-28 and earned an undergraduate degree from SPU. Alumni completed at least one semester of reenrollment after they returned to SPU before earning their degree.

Substance abuse. Alumni participants acknowledged a history of substance abuse that impacted their initial enrollment at SPU. Alumni were asked the following question to ascertain their previous substance abuse: Did your substance abuse during your initial enrollment at SPU contribute to your need to go on an approved leave of absence? The question was designed to ensure a past history of substance abuse that impacted their initial enrollment.

Time away from SPU. Alumni participants went on an approved leave of absence from SPU during their initial enrollment. SPU defined several categories of approved leave of absence: 1) Suspension (behavioral or academic), 2) Academic Dismissal, 3) Medical Leave of Absence, and 4) Personal Leave of Absence.

Exclusion criteria. Several factors were used when making the decision to exclude potential participants from the study. These factors were selected to ensure participant well-being and to address ethical considerations. Exclusion criteria included: degree attainment, duration of time since reentry, and participant well-being.

Degree attainment. Individuals who earned their degree prior to August 2011 were not allowed to participate in the study. This decision was made because of the amount of time between the student's leave of absence and the date of the interview could have been longer than 4 or 5 years. This length of time could have influenced the student's ability to recall information about the reentry experience.

Duration of time since reentry. Participants who reentered the university more than three years ago (before January 2011) were not allowed to participate for similar concerns regarding recalling information.

Participant well-being. The well-being of alumni participants is critical to ensuring they are able to handle their daily responsibilities including work while participating in this study. In order to assess well-being the Generalized Anxiety Disorder-7 (GAD-7) screening tool was used. The GAD-7 is a seven-item anxiety scale used to provide an indication of anxiety (Spitzer, Kroenke, Williams, & Lowe, 2006). The GAD-7 can be used effectively in

both a clinical setting and as a method to assess well-being in research (Spitzer et al., 2006). The GAD-7 was used to aid the researcher in assessing each alumni participant's well-being and his or her ability to participate in each interview. Alumni who scored in the range indicating extreme anxiety (scores of 15-21) were withdrawn from the study, although no participants recorded such a score. This layer of participant protection was necessary because past research indicated that substance use disorders can be co-occurring with other mental health disorders (Breslau et al., 2009).

Employee expert recruitment. In order to understand the environmental context at SPU, four employee experts were identified and selected. The first employee expert was the director of the campus wellness center. The director of the wellness center is an expert regarding SPU's environment. The purpose of the wellness center is to address issues of unhealthy behavior by focusing on the overall environment and the individuals and groups that make up the environment. To best understand the environment of SPU related to substance abuse and how the environment may shape the experience of the students in this study it was important to learn about this employee's work.

The second employee expert was a licensed substance abuse clinician, who specializes in addiction treatment for adolescents and young adults. A portion of his caseload includes students who are enrolled at SPU. There are two advantages to using this individual's knowledge in relation to the study: he is well respected in his field and understands the concerns and feelings expressed by students in recovery who are reentering SPU and he has been in recovery for 25 years. I am an outsider to the recovery community.

As such, this individual was invaluable in helping me understand the nuances of the recovery community, recovery behaviors, and challenges facing students at SPU who are in recovery.

The third employee expert was an academic dean who works with students who reenter the university. According to SPU's website, approximately 70% of each class is enrolled in the College Arts & Sciences. The remaining 30% are enrolled in the College of Engineering. The role of the academic dean is to assist students in managing their academic requirements, communicate with instructors on behalf of the student, assist students with the approved leave of absence process, and support students upon reenrollment. The specific academic dean who participated in the study is part of the College of Arts & Sciences, has been in his position for over 40 years, has been a faculty member at SPU, and works with many students who have returned from an approved leave of absence. He is also familiar with substance abuse issues on campus.

The fourth employee expert was a residential dean who has been at the university for 18 years. In her role as a residential dean she is responsible for the well-being of close to 2000 students who live on North Campus. During her time at SPU she has watched SPU's student affairs division grow and develop greater support systems over the years. In addition, she serves as an academic advisor to undeclared students and advises several student organizations. In her role she has worked with students in recovery and provided mentorship to students who are working to reduce their substance abuse.

Together each of employee experts provided insight to the formal and informal organizational systems that operate at SPU. Their wisdom and experience clarified the data

collected from each student case and allowed for a deeper and richer understanding of this experience.

Data Collection

Multiple data sources are important in order to gain an understanding of the phenomena being studied (Stake 1995; Yin, 2009). The case and unit of analysis was defined as each participant's experience of reenrollment after an approved leave of absence from SPU influenced by substance abuse. Interviews and document analysis were utilized to best understand this experience.

Alumni interviews. I conducted three semi-structured interviews with each alumnus who reentered SPU. The first two interviews were 90 minutes in length. The final interview was 75 minutes. The first interview was at the beginning of data collection to learn about the alumnus's experience of reentry. It included discussions of the alumnus's reasons for their approved leave of absence, what the alumnus did while they were away and the experience of reentry. The second interview occurred one to two weeks after the first interview. This gave the alumni participants time to further think and reflect on their experience of reentry. This interview explored questions related to recovery capital and how each alumnus employed aspects of recovery capital during reentry. The four aspects of recovery capital included social capital, human capital, physical capital and cultural capital (Granfield & Cloud, 2008). Each area of recovery capital was explored by asking questions related to the alumnus's academic and social connections on campus during the period of reentry. The purpose of this

interview was to better understand the challenges and successes related to recovery on campus and how social and academic connections were addressed.

The final interview occurred after all other data was collected. That interview had two parts. The first half of the interview focused on the environment at SPU and how that environment either contributed to or detracted from the alumnus' ability to develop and maintain recovery capital. The second half of the interview focused on gaining insight regarding discrepancies identified during other interviews with the alumnus. In addition, any inconsistencies identified between what alumni participants reported and data collected through other interviews was explored.

By completing interviews at the beginning, in the middle, and at the end of data collection I achieved two goals. First, I was able to clarify any points from the initial interview with the alumnus during the second interview. Second, after I completed all data collection related to the alumnus' reentry experience the final interview was used to clarify points made by others to gain a broader understanding of this unique experience. Each interview took place in a private location of the participant's choosing and each alumnus received a \$75 gift card of their choosing upon completion of all data collection.

Employee experts. I interviewed four experts who were able to describe the social, academic, and substance use setting at SPU. The purpose of these interviews was to gain greater understanding of the social and academic environment at SPU. Additionally, I gathered information about the role substance abuse plays on SPU's campus.

One employee expert was associated with SPU's wellness center. The wellness center's purpose is to provide education, outreach, and referral services for students encompassing a range of health issues. This employee expert was able to describe the academic and social influences at SPU, including how the social life of the institution impacts the student community. The second employee expert was a substance abuse treatment provider working in an intensive outpatient program for adolescent and young adults located in the same city as SPU. This provider worked with young adults in a treatment capacity while they were enrolled at SPU and provided greater understanding of SPU's social environment influences a student in treatment for substance abuse. An additional reason for seeking information from an expert in substance use treatment was to help me understand addiction and recovery more fully. The lack of firsthand knowledge of what it means to be in recovery at times hindered my ability to understand this experience. As such, this employee expert was able to provide insight and decode nuance of which I was not aware. The third employee expert was an academic dean who worked with students as they departed and reentered the university. The academic dean provided insight to the ways in which reentry students connected with faculty and other academic resources. Finally, a residential dean with 18 years of experience at SPU was interviewed. The focus of this interview was on how reentering students engage in social and other extra-curricular activities. Questions focused on the role of campus subcultures and their influence on the substance abuse environment at SPU.

Each employee expert participated in one semi-structured, one-hour interview designed to address each person's specific knowledge area. Questions focused on the culture of the university related to substance abuse and the employee expert's specific job responsibilities in supporting students. Each employee expert received a \$10 gift card to an on-campus dining location of their choosing.

Document analysis. At the end of the first interview, all of the alumni participants were given four questions to take with them and answer in a written format. The alumni were instructed to provide their answers to me by email. If the alumni kept a journal during their reentry, I asked the alumni to use the journal to assist in answering the questions. Upon receipt of the written responses I scheduled the second interview with the alumni participant. I provided email reminders to the alumni participants. The four questions the alumni answered were:

1. Describe the expectations you had for yourself during your year of reentry.
2. Discuss the specific sources of support used to promote successful reentry. Such support sources could be social relationships, cultural practices or expectations, financial assets or items you purchased to assist you, and/or internal aspects of yourself, such as common sense, sense of humor, health etc., that you believe assisted you during reentry. In thinking about these types of support sources, are there areas that you believe you could have focused on more?
3. Now that you have completed the first year of reentry, reflect back on the experience and consider the ways in which the university was able to support you

or assist you as you reentered. Are there specific aspects of the SPU that were not supportive of your reentry? What went well and what could have gone better?

4. Are there other aspects of your year of reentry that you believe are very important?

I chose to ask for written responses to further triangulate the data. The process of writing out thoughts requires a level of reflection that is different than what is provided during an interview. Furthermore, written responses are a type of artifact that can provide greater context for the thoughts and experiences of the individual providing them (Hesse-Biber & Leavy, 2011). This additional layer of reflection provided me another source of information to understand the experience of reentry. The written responses informed the other data sources to create an accurate case narrative and a way to triangulate the data.

Semi-structured interviews. All interviews were audio recorded using a handheld digital recorder. Additionally, I took notes during the interview process to serve as back up to the recording device. The interview protocols were piloted with non-participants to check for question clarity and interview flow (see Appendices A and B for interview protocols).

Informed Consent. Informed consent was collected from all participants. Due to the nature of the topic of research all participants were informed that they could withdraw from the study at any time, for any reason. The informed consent document detailed the protocol for delaying the study or removing a participant if well-being was questioned (see Appendix D and E).

Confidentiality. Participant confidentiality includes the systems and efforts taken by the researcher to ensure that participant information is not passed on in any form, unless specific consent is provided to the researcher (Creswell, 2007). Participant confidentiality was protected to ensure that readers couldn't connect the identity of a specific participant to the data provided. Each participant selected an alias to protect his or her identity. As another layer of confidentiality, all data was stored on a secure location of a server located at SPU that required two passwords to access. Finally, I took steps to mask the university where the study took place by referring it as Southern Private University (SPU) and by not providing any reference to the name of the city or state where SPU is located. Upon publication of the research study the data will be maintained for one year. Each participant, in signing informed consent, agreed that the data could be maintained indefinitely, and can be used for future research projects.

Data Analysis

Data analysis began upon completion of the first interview and was ongoing until all data was collected and analyzed. Even though Patton (2005) recommends that the researcher complete her own transcriptions, I decided to send the transcripts to a transcription service to complete the task more efficiently. Upon return of the transcripts, I read through each several times to ensure accuracy and familiarity with the data. In qualitative research, coding involves breaking down the data into smaller, meaningful units (or codes) through careful analysis, and then analyzing those codes and piecing the data back together by grouping the codes into themes (Saldana, 2013).

After completion of each interview, I used the interview transcript to code each interview using two different approaches. Initially, I used basic interpretive analysis (Merriam, 1998) as a way to look at the transcripts for specific themes that emerged from the data. After this process was completed, I coded the transcripts a second time based on the four types of capital identified as part of the theory of recovery capital. In this approach, I coded in the same detailed approach of basic interpretive, but focused specifically on the forms of capital identified by Cloud and Granfield (2008). I then compared the codes between the two coding efforts to look for commonalities and differences.

In the tradition of basic interpretive analysis, coding is the process of designating single words, letters, numbers, or phrases to segments of data (Merriam, 1998). This process allowed me to recall segments of data and connect ideas from multiple sources based on the codes that were assigned. Coding initially involved the basic interpretive method as described by (Merriam, 1998). This involved reading through the transcripts and allowing the codes to emerge from the data as I read line-by-line (Merriam, 1998). Eventually, several codes were identified as meaningful and the data was grouped within these codes. As the way in which the data began to group together became evident, I labeled these groupings and organized them into categories and subcategories (Merriam, 1998). Eventually themes emerged from the coding effort.

During my second round of coding, I examined the data from codes developed through the four areas of recovery capital identified by Granfield and Cloud (2009). As these codes were applied to the data, additional trends emerged and increased my understanding of

the student's experience. I then compared both sets of codes and was able to identify where different aspects of each case overlapped with other cases. This process also identified ways in which the experience was different between the four cases.

After each case was analyzed a cross-case analysis was conducted as recommended by Yin (2009). A comparison of the themes and codes for each case was conducted to identify commonalities or differences. The analytic method used to identify commonalities in this study was the creation of a table of the categories and themes with their definitions and supporting codes. I then compared each case to the remaining three cases to determine the ways in which the cases overlap (Yin, 2009). After completion of this process, a second review of the categories and themes was conducted to determine the ways in which one student's experience may differ from that of the three other students' experiences. Similarly, a chart was created to help me identify the key differences between the student's experiences of reentry. By creating these tables to provide insight between common and disparate experiences I was able to more fully explain and understand the process of reentry for students in recovery. Once the cross-case analysis was completed, I drew conclusions regarding the individual cases.

Validity and Reliability of the Study

Construct validity demonstrates the rigor of the study by documenting the specific operational steps that will be followed in the research process (Yin, 2009). Following a specified plan also increases the reliability of the overall study. Three specific principles of data collection outlined by Yin (2009) add to the construct validity of a case study. These

three principles include creating a case study database, maintaining a chain of evidence, and conducting member checks. Additionally, there were ethical considerations and concerns related to the institutional review process.

Case study database. A case study database was created to organize and store the collected data (Yin, 2009). The case study database served as an organized receptacle for all of the information collected within the research process. The case study database can be examined and analyzed by others to increase the reliability of the study by allowing other researchers to draw their own conclusions about the data collected. It is important to note that the case study database is different than the case narrative that emerged from the research. The case narrative is often a descriptive tool used by the researcher to provide a narrative regarding the case, whereas the case study database is the original data collected and organized into one area (Yin, 2009). Creating and maintaining such a database provided another form of both construct validity and reliability of the study.

Chain of evidence. I documented each step of the research process to increase both the reliability and validity of the study. Just as the case study database increased reliability and construct validity by allowing others to examine the collected data upon request, maintaining a chain of evidence will allow other researchers to follow the analytic steps. By creating a step-by-step process to repeat the study, the researcher invites others to examine the process (Yin, 2009). In order to contribute to the chain of evidence, I created analytic memos to describe what steps I needed to take next in the research process. Analytic memos provided information about the research process and important decisions. Creswell and

Miller (2000) emphasize the importance of such a trail of evidence to support study reliability. Taken together these steps in the research process protected against common criticisms of case study research (Flyvbjerg, 2006).

Member checks. Member checks were utilized with all research participants in order to achieve credibility, or trustworthiness, based on the participant's review and understanding of their interview. This was done to allow each participant to affirm the data they provided are related to the social phenomena being studied (Creswell & Miller, 2000). By sharing the transcription of each interview with participants, feedback was sought regarding the representation of the individual's experience. Additionally, as part of member checks, participants were provided the opportunity to make adjustments to the interview transcript in order to accurately characterize their experience. After data analysis each participant was given a copy of the analysis of the interviews in order to provide feedback regarding the conclusions I drew. I accepted feedback from the participants and applied suggestions as appropriate. None of the participants identified any significant discrepancies.

Ethical considerations. A key consideration for this study is the protection of a potentially vulnerable population. Given the sensitivity of the information that participants shared regarding their behavior and healthcare, safeguards were put in place to protect confidentiality throughout the recruitment, data collection, data analysis, and writing phases of the study. Such protections included seeking IRB approval from North Carolina State University and following all of the steps outlined in my IRB application. In addition, I utilized the GAD-7 screening tool with each alumni participant to ensure well-being prior to

the start of each interview. Each participant selected an alias that was used throughout the study. All electronic data was stored on a secure location of SPU's server that was protected by two passwords. Electronic documents were saved using the individual's selected alias and the date the documents was created. Finally, all participants were informed through the informed consent process that they could withdraw from the study at any time.

I am currently employed in an office that provides support and assistance to students as they reenter a university. This dual role provides insight to specific nuances regarding reentry. However, due to my role as researcher I sought guidance regarding students who report illegal behavior or who violate SPU policies. To avoid any conflict of interest regarding policy violations and potential underage alcohol use, I choose to include alumni of SPU. Recent alumni were the next best way to learn about this phenomenon without unnecessary ethical conflicts.

Institutional review board. There were several ethical, legal, and policy issues that were outlined clearly in the informed consent documents for this study. There were times when alumni provided information that described violations of university policy. I discussed with each participant that my role was as researcher and that I would not report any information about behaviors reported during data collection to SPU.

To avoid any ethical concerns, I requested academic records from the alumni participants directly. At no time did I access any of SPU's resources, including employee experts, to learn about specific students' academic progress.

These ethical issues were detailed in the informed consent document that each participant signed prior to study participation. The informed consent document included a statement indicating that the student may withdraw from the study at anytime. I sought guidance from the Institutional Review Board at North Carolina State University throughout the development of the informed consent document.

Subjectivity Statement

As a student affairs professional who has worked her entire professional life with college students and who is completing a qualitative dissertation, it is paramount that I am aware of the biases I may bring to this study. I operate from the constructivist paradigm (Mertens, 2005) in which I view interactions as socially constructed. As a researcher in the constructivist paradigm I am the instrument of data collection and analysis. I believe that it is difficult to separate my values from that of the research process. However, I took great care to do this during both data collection and analysis. From this research orientation, I chose to undertake research that aligns with my values (Mertens, 2005).

I currently work with students who are returning to a university after an approved leave of absence. I assist students in finding treatment providers, refer them to social outlets, and support them as they reengage in their academics. Each semester between 40-60 students reenter the university where I work after an approved leave of absence. Some of the reentering students have complex mental health or physical health needs. Other students have significant substance abuse histories requiring treatment. In many cases the student's past substance abuse influenced the approved leave of absence. Working with and being involved

in the lives of reentry students has demonstrated, for me, that with support and structure most students successfully complete their degree. Unfortunately, some students are unable to complete their degree and go on a second approved leave of absence. In my experience this is often the case when students have too much going on between family expectations, financial responsibilities, and personal health care issues. Seeing students overcome past substance abuse or mental health issues and achieve their goals is what piqued my interest in reentry for this population.

I believe that my work experiences with reentry students strengthened this study. I have a clear understanding of the issues that exist at the university where the study took place. As a result of the connections I have with the university where the study took place I have insider status. This status allowed me access to alumni as well as to some internal documents that the general public would not be able to review. Additionally, I am familiar with the policies, processes, and people that influence reentry students. I believe that my role allowed me to better analyze the data I collected and will assisted me in drawing conclusions. As an insider to this community I was be able to decode and understand nuance that another researcher may not.

On the other hand, it is important to note that it is possible for a researcher to be too close to a study and data resulting in bias. I controlled for this potential bias in three ways. First, I assigned each participant an alias at the beginning of the first interview. As I became familiar with my data I connected the aliases with the data and disentangled the alumni's identities and their experiences. This assisted me in controlling for potential bias by creating

a narrative that I, as researcher, used as the primary source of information about the case. Second, I conducted member checks with all interview subjects to verify the information I transcribed, as well as the conclusions drawn during data analysis. Third, I interviewed four employee experts at SPU. These individuals assisted me in understanding various aspects of the university. The interviews with the employee experts prevented me from making assumptions about the university or the experience of reentry.

Chapter Summary

In this section I discussed the methodology used in the study. The section described case study methodology, the justification for case study method as well as the sample, sampling methods, and analysis of the data through qualitative coding methods. This section concluded with a discussion of the limitations of this study. Finally, a researcher subjectivity statement was provided.

Chapter 4 provides a case narrative for each student as well as additional background information for SPU. Together this chapter provides insight to each student's experience of reentry.

CHAPTER 4

Student and SPU Case Narratives

This case study explored the experience of reentry for students with a past history of substance use who went on an approved leave of absence during their enrollment and subsequently graduated from SPU. To best understand the student experience, alumni participants were selected to discuss their experience during reentry. In addition, employees of SPU were interviewed to provide insight into the environment these students left and reenrolled. Specifically, this study addressed the following research questions:

1. How do undergraduate students in recovery who are reentering the university after an approved leave of absence experience reenrollment through graduation?
2. How do undergraduate students in recovery develop and maintain recovery capital?
3. How does the college setting and campus culture influence undergraduate student's ability to maintain their recovery?

In a traditional case study approach, the individual case narratives would be removed and added as an appendix to the document. I chose to leave the case narratives as a stand-alone chapter due to the compelling nature of each student's experience as well as the insight gained through the employee experts. By leaving the cases in Chapter 4, I hope the reader will gain continuity and additional insight. As a result of this decision, this chapter begins with a description of the four employee experts who provided information regarding SPU. The interviews focus on the employees' experiences working at SPU and with students

reentering the university after a leave of absence. First, I describe the four employee experts and their roles within the SPU community. Next, I provide a brief overview of SPU as a university. Then, I present themes that emerged from my discussions with the employees. Finally, each student's experience is described as an individual case narrative. Within the case narrative, an introductory paragraph about the student is provided, followed by three sections including events leading to the leave of absence, experiences during the student's time away, and the student's experience of reentry at SPU. Each case narrative provides information and background about each student's initial experience and time away from the university in order to highlight the changes each student made during reentry. Together these narratives contribute to the understanding of the experience of reentry.

SPU Employee Experts

In order to understand the experience of reentry at SPU, I consulted with experts at the university. Four employees of the University provided insight to SPU's academics, residential community, substance use environment, and substance abuse treatment services for students at SPU. These employee experts included Winston, an academic dean; Phoenix, a residential dean; Bob, director of the wellness center; and Michael G. a substance abuse counselor who specializes in adolescent and young adult treatment. I have provided brief profiles of each employee expert. Several themes emerged during my conversations with the employee experts including continued involvement in an action plan, establishing and reconnecting with peers and family, and employing university support systems.

Winston. A university faculty member and administrator for over forty years, Winston currently serves as an Academic Dean and faculty member in the social sciences. As an Academic Dean, Winston works with students when they are having academic difficulty. Such difficulty includes chronic illness and its impact on academics, withdrawing from a course, being excused from graded work due to extenuating circumstances, or going on a leave of absence. The Academic Dean is the person who works with students as they depart the university to ensure the student going on leave of absence knows what is expected upon return. Once a student reenrolls it is common practice for the Academic Dean and reentering student to meet regularly during the first semester of reenrollment. This is done to ensure the student is engaged academically, and that the student makes a smooth transition back to the university.

Phoenix. For the past 18 years Phoenix has worked at SPU in residence life. She has a total of 25 years of experience with residential life programs at various colleges and universities. She is responsible for all aspects of the educational program within the residential community for North Campus, one of the three residential areas at SPU. North Campus consists primarily of double rooms opening onto a single hallway in buildings with several floors. Architecturally, North Campus has a castle-like feel to it because of the use of local stone from a nearby quarry to construct the buildings. As a result of the architecture there are some buildings that are less conducive to building community and encouraging students to get to know one another. Sprinkled throughout North Campus are some single and triple rooms. Phoenix supervises six full-time professional residence hall directors, who

in turn supervise 89 Resident Assistants. There are approximately 2800 students who live on North Campus. SPU requires that students live on campus for six semesters during their period of enrollment. This requirement makes SPU a highly residential campus. As a result of a high residential focus, the support systems and programmatic efforts are important for students on campus.

Bob. Bob is the Director of the Wellness Center at SPU. The wellness center helps students focus on their individual wellness by examining several areas, including financial, social, spiritual, intellectual well-being, mind-body, and the environment around them. Four employees staff the wellness center and have backgrounds in student affairs, public health, and counseling. The wellness center provides screening interventions for alcohol and substance abuse, however the center does not provide substance abuse treatment. The wellness center is working on developing a recovery community for students who have a past history of substance abuse, but they have not been able to garner enough interest from students to sustain a group. Prior to the creation of the wellness center in 2009, the university counseling center, residence life, and dean of students' office responded to many of the concerns on campus related to substance abuse.

Bob's focus has expanded since he originally arrived at SPU. The wellness center provides programming and consultation for student and university events to ensure student safety is the first priority around alcohol use and overall risk management. The wellness center works closely with Phoenix and the residential staff to think about how to reduce risk for events held in the residential community.

Michael G. A licensed substance abuse professional, Michael G. has worked with adolescents and young adults for the past 26 years. Since 1999, he has worked exclusively with young adults and adolescents through an intensive outpatient program that he created and in one-on-one therapy focused on substance abuse. Michael G. has worked with many of SPU's students who have become dependent on alcohol or other drugs. Michael G. provided insight to the recovery and addiction communities, as I am an outsider to both. He was able to answer questions about the community and provided me with valuable insight. Through his work with young people in recovery, he was able to help me understand some of the decision making that people in active addiction make, as well as the nuances of the continuum of substance use and abuse.

One aspect of Michael G.'s work is to educate students and families about substance abuse and what it means to be dependent on alcohol or drugs. In having this discussion with students and families Michael G. emphasizes that when someone is not dependent on alcohol or drugs they are able to behave in a rational manner. However, once an individual has become dependent on alcohol or drugs, the person is no longer capable of rational thought. Michael G. describes this process using a mathematical equation: "If you just use the formula $RA = I/E$." People who are not addicted to substances are Rational Animals (RA) as defined by operating in life with their Intellect (I) ahead of, or over their Emotions (E). "Basically, they make decisions that are logical and they use sound judgment in most aspects of their life," he said. "As Rational Animals we operate with our Intellect ahead of, or over our Emotions" as demonstrated here: $RA = I/E$ "that's what makes us rational." Michael G.

further explains, “When you add RA = alcohol, drugs or other behaviors what happens is the formula flips and people become Irrational (IRR) and begin to act with their Emotions over their Intellect” as seen here: $IRR = E/I$ “and this can be very problematic.” Someone behaving in a manner where their Emotions are over, or ahead of their Intellect “may demonstrate drug and alcohol seeking behavior. The person might steal money from a family member to get alcohol or drugs, or the person may lie about the amount, quantity, and/or frequency of their alcohol or drug use.” Once the individual begins acting in an irrational manner that person has crossed the line into dependency or addiction.

The challenge, as Michael G. indicates, is in identifying which person can return to moderate use once they have crossed the line into dependency and which person cannot. From Michael G.’s perspective, once a person is dependent they have done “too much damage to their brain and their lives, and the person shouldn’t drink or drug again.” Within Alcoholics Anonymous and substance abuse treatment circles, the belief is that “total abstinence is the only way to go” and Michael G. agrees with this assessment. He does acknowledge that if the irrational thoughts and behaviors surrounding alcohol and others drugs is caught “early enough, before any long-term damage has been done, the individual may be able to drink alcohol in the future, at a moderate rate, although, I don’t personally recommend it. It’s just too risky.”

This study intentionally broadened the definition of recovery to include student participants who made changes to their lifestyle by temporarily or permanently ending substance abuse behaviors, and addressing the problems caused by their previous use (The

Betty Ford Institute Consensus Panel, 2007; White, 2007). This broader definition is more inclusive of a variety of experiences and demonstrates substance abuse on a continuum of voluntary outcomes ranging from abstinence to moderated use with specific attention to changing the behaviors associated with substance abuse (The Betty Ford Institute Consensus Panel, 2007; White, 2007). It is important to understand that this more inclusive use of the term recovery in the literature is not consistent with the way in which many treatment professionals consider recovery.

SPU Overview

SPU is a university that prides itself on high caliber academics, excellent retention, and graduation rates. Ninety-seven percent of students who entered SPU in Fall 2010 persisted to their sophomore year and 94% of students who entered in 2005 graduated in six years (Common Data Set, 2011-2012). A recent internal report about social relationships describes students as being very active in their social lives, engaging in high-risk drinking behaviors as part of their social life, and at the same time leveraging these relationships to minimize their own anxiety (Social relationships report, March 2012, SPU). As an academically competitive institution, students report that they are less likely to use substances when they are engaged in the academic rigor of the university. The levels of academic engagement at SPU serve as a buffer to high-risk substance abuse, as described by this report:

Academic engagement was...associated with lower levels of alcohol misuse and less drinking to ease social anxiety (as well as less social anxiety in

general), in addition to higher levels of self-esteem and social self-efficacy. Students who were highly academically engaged reported dating just as much as...other students, but they also reported engaging in less hooking-up. As noted above, academic engagement was one of the strongest predictors of feelings of belonging at [SPU] (Social relationships executive summary, March 2012).

The social environment of the university is one in which students focus significant attention on their academics and their social lives, including substance abuse. This environment manifests itself in an attitude by students often described by the phrase “work hard, play hard.” Bob, the Wellness Center Director, describes this as “studying really hard and excelling in their academic life, and then not being able to relax and unwind.” Instead, SPU students “try to out drink and out drug each other to excel in that area as well.” Phoenix described this situation as students being unable to show their vulnerabilities: “I think having to put on this, whether it’s a façade or not, but to present as, ‘I’m perfect, I can do this, I don’t need help,’ is how students at SPU are.” She described a program she did with a mental health provider in the counseling center where they encouraged students to discuss how they support their friends. The students were clear that they want to help their friends; she illustrates;

You want your friends to tell you when something is wrong. You want your friends to utilize you for support when they’re struggling. You want your friends to tell you they are depressed. But, when you're upset, when you're

struggling, when you're depressed, when you're really at your wit's end, you don't tell anybody. There [is] a disconnect.

SPU has begun to build support systems and has made decisions to help mitigate the pressures of the environment. Phoenix described the substance free housing option as one way that her department worked to mitigate some of the environmental pressures. Students who “commit to not using alcohol or other drugs in their living environment and who agree to abstain from returning to the community while intoxicated, are encouraged to live in substance free.” There is room for 200 students in substance free housing and since it was expanded in 2010, Phoenix has not had any problems ensuring the space is full. Although she acknowledges that “no one thought we could fill up 200 bed spaces with students who wanted substance free, but we have.” Phoenix attributes the success to students “wanting to have a space that is free from all the hassles of the alcohol culture.”

The alcohol culture is very present on SPU's campus because the university made the decision to allow all of the Greek letter organizations and other social selective living groups to live in blocks of rooms within the residential community. Bob, the wellness center director, indicates, “as a result of this decision, the fraternity party is in the middle of the residential building. If you don't want to participate you have to go somewhere else.” It brings the alcohol and drugs “right into the living environment, and for those in recovery it can be a very hostile environment because there is no where to go if you want to go to bed, or hang out in your room.”

Even with these environmental pressures, students want to earn their degree from SPU. The desire to have this degree is connected to the high caliber academics and institutional prestige. When students go on an approved leave of absence from the university they often desire to return to SPU in order to complete their degree program at SPU. Students know, according to Bob that, “if they have an SPU degree, they are likely to get ahead.” The degree carries with it opportunities that “their hometown university may not offer.”

Through discussions with the four employee experts, three themes emerged regarding the SPU environment and what it is like to return from a leave of absence influenced by substance use. These themes include continued involvement in an action plan, establishing and reconnecting with peers and family, and employing university support systems. This section provides insight to the employee experts’ notions regarding these themes.

Continued involvement in an action plan. For students who are successful at their reentry Winston believes that first and foremost the student must have addressed the problem that resulted in a leave of absence. “If they followed the instructions, took the remedial action that we suggested, then when they come back in they generally are very well adjusted,” he says. Winston believes that the foundation of a successful reentry is that the student honestly addressed the health concern during the leave of absence, and that there is a plan to help the student continue to address healthcare needs. Once the student returns to SPU continuing to follow “some sort of plan, is important to the student’s overall success” during reentry.

Bob, the director of the wellness center, echoes the idea that the student is responsible for his or her ongoing plan when they return to the SPU community. When students return

from leaves of absence influenced by substance use, those who are successful are those who are willing to do the work. The type of work they do does not matter: “they can do a 12-step based program, or they can focus on risk reduction and staying abstinent without a 12-step program. What matters is that they focus on themselves.” Those students who seek treatment and continually “work their program upon reentry are the ones who will successfully earn their degrees in the long run.”

In addition to being involved “in some sort of support community, whether it be treatment [with a mental health provider], 12-step communities, or a religious group.” Bob believes that those students, who are most successful upon reentry, “are those who understand they are vulnerable to substance abuse problems in the first place.” This understanding “can only come from engaging in treatment and really understanding how the substance abuse got started.” They understand that they cannot do the same things they did before their leave of absence. The students have to use the knowledge gained from treatment and find a different pathway through SPU. In other words, the students who “work to make change in their lives, ask for help, and continue to be abstinent are the ones who have the greatest success when they come back.”

Another aspect of a student’s action plan is to keep the family involved. Family support is important for students who are involved in treatment for substance abuse. Michael G. believes that without family support a student likely won’t be successful in changing:

The students that are the most successful are the ones whose parents are the most involved. If a kid refuses parental involvement while they are [in

treatment], their reentry is always rocky, never goes well, but the ones who have parental involvement [from the beginning of treatment], do best.

Occasionally, there are students who are not prepared to reenter SPU. These students frequently repeat similar behaviors that were exhibited during their initial enrollment. In one case Phoenix recalls a student who had not addressed her mental health needs prior to return. This student was having regular “suicidal thoughts and actions, outbursts of anger, not sleeping, not showing up for class” and Phoenix’s staff was working to address the student’s needs. This student was “clearly not ready to be a student again. She had no treatment plan, and no motivation to find a [health care] provider.” The whole situation was very sad and disappointing for Phoenix and helped her understand the need for an action plan that includes treatment. “How else will the student continue to grow from their leave if they don’t keep up with their plan during a transition from not being in school to being in school?”

Establishing and reconnecting with peers and family. Students who return to SPU are most successful when they have a support network of friends and family members to help the student adjust. In Winston’s experience a student’s ability to resume his or her academic career after a leave of absence is dependent upon how long the student was away from campus. When students have been away from SPU for longer than a semester and they reenter, they realize that their friends are no longer at SPU and things have changed. One step students can take to meet new people and find a new set of social opportunities is to get involved with clubs, student organizations, or artistic opportunities. Bob explains that, “such things allow a student who is abstinent [to] be more congruent with their values.” Identifying

social connections that help students express their values “leads to greater confidence in all aspects of a student’s life and in my experience helps students connect with one another on a deeper and more meaningful level.”

Another way students have successfully acclimated and identified new peer relationships or learned how to interact differently with old social circles is to return to the university in the summer. Winston recalled a student with a history of substance abuse choosing to return in the summer because “nobody was around. He was able to readjust to his studying and to develop some, like workout and be active and get sleep” before everyone else came back in the fall; Winston describes:

His big fear was...when his fraternity brothers came back, would he be able to resist temptation? This had a funny aside, yet the answer was yes. [The student told Winston], “I became more popular than ever because I chauffeured people to parties and I got invited to more parties than every before.”

For many students it is not realistic to pick up with their old friend group, unless they have already established their values and have set expectations for their friends and for themselves.

Bob’s focus at SPU is on helping individuals and the greater community maximize wellness. Bob explains that the SPU environment can be very challenging for students in recovery especially when they return. They wonder, he says, “How are they going to have social connections with other students? A lot of the students they hung out with...have

already graduated and they are adjusting and connecting to their SPU experience or their university experience in general.” This adjustment is magnified, according to Bob, when a student is “relatively green at changing your substance use, so that [puts the student] in a tenuous place” in making new friends.

An additional obstacle for students as they work to identify new social circles is that the substance abuse may have stunted the student developmentally. Michael G. works with students who are academically skilled, but who are very far behind “emotionally and psychologically because of their use.” This lack of developmental maturity impacts the student’s ability to engage socially at SPU; he explains:

If I'm trying to get them to grow up emotionally and psychologically because they are behind because of their use...I just think they, [need to take chances and find a girlfriend or boyfriend and date] because you are supposed to be getting your feelings hurt, hurting other people's feelings. That's the normal developmental tasks you are supposed to be accomplishing [as an emerging adult].

Peer support and developing new relationships can be difficult for students in recovery because the university changed while they were away, friends graduated, and students may struggle from a developmental standpoint to connect with others.

Employing university support systems. Many students returning from a leave of absence are required to meet with their dean and a licensed mental health provider. In addition, some students will also meet regularly with the student support office, or request

that the housing office help them coordinate a specific type of housing. When Winston meets with the students for whom he is the academic dean, his form of support is to help the student open up and ask for help. “I say, ‘Tell me what’s going on and let’s deal with it.’” He tries to help the student understand that “there is someone who really cares” about the student’s experience. It is important for the student to know “that I am here for them and I want them to earn their degree.”

From a systems perspective, Phoenix works hard to ensure students who are in recovery are identified by her staff and are provided support either through living in substance free housing, or by connecting with the residence hall director for the building in which the student lives. Each semester the student support office provides Phoenix with a list of students who have reentered the university. “This list is really helpful, because I can disseminate it to my staff and make sure the residence hall directors know who these students are,” she said. Phoenix asks her residence hall director staff to meet individually with students who live in their residential buildings to introduce them to the student and to welcome the student back to SPU. She reasons, “I think it is important to welcome these students back and let them know that they are an important part of our community, but also to make sure they know who to ask when they need help.” Although reentering students aren’t always receptive to the meeting, on some occasions the student connects with the residence hall director. In those situations that relationship becomes a source of support for the reentering student. Both Phoenix and Bob agree that the work the student did in treatment prior to returning to campus is very important, but so too is the connection students are able

to make with their peers. Phoenix believes the social support network is vital to supporting a reentering student. She explains:

I think the students who are most successful are the ones who have a really strong support network and a really strong treatment plan. They are the ones who have a good strong friendship structure, friends that aren't going to pressure them into going out when that's not a good idea for them, friends who are going to understand and still love and support them when they choose not to drink in a party or smoke pot, or hookah or whatever the case may be.

Like Phoenix, Michael G. spends a lot of time talking to students in treatment about finding new and different social connections. "I tell them to go find a boyfriend or girlfriend or whatever they like. It gets them out of their heads and focuses their attention on something more important than they are." Michael G. indicates this is important because "addicts are frequently very self-centered and very into themselves. They can be manipulative and even after they have stopped drinking and drugging, they can continue to manipulate others." That's why dating and other "sober networks are so important. They expose the student to a community of people that the student hasn't participated in, in a very long time." Mental health support is one motivator for students in recovery to expand their social connections.

SPU has developed several internal support systems for students who return from a leave of absence. The student support office is situated to act as a referral resource for students in distress. The staff in this office serves as a liaison to many resources across the

institution and they work to ensure the student accesses and follows through on such resources. In situations where a student's behavior is problematic the student support office, academic dean, and at times the student conduct office will work together to support a reentering student. Sometimes the support is in the form of assisting the student in accessing a medical leave of absence, sometimes the outcome involves reengagement with treatment with a mental health provider, and other times the student refuses help. When students refuse assistance and are a danger to self or others, Phoenix stated that, "the student support office does not hesitate to call the student's parents." Phoenix believes that the staff in the student support office is very skilled at helping students open up about their mental health concerns, but are also very firm and call parents when there are concerns for safety, concluding that "having the student support office as a resource has made SPU safer and helped students engage in treatment."

This section presented information about SPU's organization and environment through the words of the employee experts. This section was intended to provide background information about SPU in order to more fully understand each student's case narrative. The next section presents each student's case narrative in which I describe the events leading to the leave of absence, time away from the university, and reentry.

Student Case Narratives

The following section provides an overview of each student's experience in the form of a case narrative. Each case narrative begins with a summary of the student's experience. Next, there is a description of the events leading to the leave of absence. Then, a description

of what the student did while away. Finally, I discuss the student's reentry. I choose to include a limited number of quotes to demonstrate the student's experience although the actual analysis and theme identification begins in Chapter 5. This structure is provided for all four case narratives to provide a rich and deep description of each case.

Jasmine. An Asian-American woman from New York City, Jasmine enrolled at SPU in August of 2007. Initially, Jasmine struggled with the transition to SPU. Some of her challenges were based on not knowing how to fit in with other students. She was involved in, and at the same time surprised by, the degree of substance use that occurred during her freshmen year. As an Asian-American student Jasmine had never thought much about her racial identity during high school. Once she got to SPU she found herself feeling like everyone had expectations of her as a result of her Asian identity. She realized that some of these expectations came from her own untreated trauma. Simultaneously, she recognized that the competitive nature of the SPU community required Jasmine to be someone she wasn't.

Throughout her life Jasmine had been a very independent and determined person. The expectations she believed that others had of her because of her Asian-ness influenced Jasmine's ability to connect with her classmates during her time at SPU. Jasmine did her best to manage the obvious and subtle expectations she believed others had of her during her original enrollment. At the same time, she excelled in her academics, worked in a lab, and made connections with others. Outwardly she appeared to be doing everything an SPU student should do, inside she was struggling emotionally. To alleviate this struggle, Jasmine decided to enroll at SPU's branch campus, located at the beach, for the entirety of her junior

year of college. She excelled at the branch campus, made friends, and did well academically. However, during this time her marijuana use began to increase. When she returned to the main campus for the fall of her first senior year in the Fall of 2010, she realized that she was socially isolated and unable to function. She continued to smoke a lot of marijuana to ease some of her pain and confusion. In the fall of her first senior year (Fall 2010) Jasmine went on her first leave of absence.

Jasmine reentered the university 15 months later, in May 2012, by enrolling in one course at the branch campus of the university that is located at the beach. She chose to enroll at the branch campus because she spent her junior year there and had found it to be a very supportive and intimate community. This worked out well for Jasmine and she successfully completed her class. Jasmine returned to the main campus for the Fall semester 2012, to begin her second senior year. She planned to graduate in Spring 2013. Toward the end of the Fall 2012 semester Jasmine's marijuana use along with her untreated trauma became more than she could handle while being a student, and she went on her second leave of absence. Jasmine reenrolled for Fall semester 2013, completed her remaining four courses, and earned her Biology degree in December 2013.

Events leading to leave of absence. When Jasmine arrived at SPU in Fall 2007 she was excited about the potential an elite university held for her both academically and socially. During her first two years, alcohol appeared to be a part of all of the social events; she describes:

I went to parties where people were taking shots left and right where the focus was to get as drunk as you could. There were nights I took maybe 10 shots of liquor and other friends took even more and we all knew it wasn't good for us.

Jasmine described the social scene at the university as one involving a lot of alcohol consumption where the goal was to be intimate with another person, or hook-up with them. She struggled with this social expectation because she was not being authentic between her values and actions.. This tension between Jasmine's values and the behaviors she was participating in continued to influence her throughout her first two years at SPU.

In addition to the social pressures Jasmine felt during her initial enrollment period, she also struggled with her racial identity and what it means to be an Asian-American student in the South. This manifested itself not only in her social interactions with others, but also in how she chose classes and interacted inside the classroom. She perpetually felt that an image of what it meant to be Asian was being projected upon her, one that required her to be "quiet, studious and a science nerd." As a result of this experience, Jasmine isolated herself from others and struggled to engage in mutually supportive relationships.

As her time at SPU progressed she became involved with her biology major, worked in a lab doing research, found some friends to connect with, and identified ways to socialize at SPU. In the Fall of her junior year she decided to enroll for the entire academic year in a branch campus of SPU that was located at the beach to study marine biology. Prior to her time at the branch campus, Jasmine had continued to drink alcohol and smoked some

marijuana, but the marijuana use did not accelerate until she was at the branch campus. Much of her substance use at this time was aligned with what her peers were doing. Although she knew there were times when she was binge drinking she believed it was not a problem. Jasmine's substance use began in high school as a way to be "risky" while at the same time "bonding with my friends." This pattern replicated itself during her academic year at the branch campus.

Jasmine found that by being at the branch campus she was part of a close-knit community for the first time during college. While at the branch campus, Jasmine's loneliness and isolation went away. However, those close relationships and more authentic connections contributed to her marijuana use. Smoking marijuana became a "bonding experience for the most part, there was no way to isolate yourself, people would knock on your door and be like 'hey what's going on?' whether you liked it or not." Jasmine's friend group enjoyed smoking marijuana as a way to pass time, open up to each other, and to live the good life. "We would get high, sit on a swim dock, and soak up the sunshine. We would talk about how we were living the life," she explained. Even though Jasmine loved being at the branch campus, she realized that she was becoming increasingly depressed as a result of not addressing trauma from her past. Jasmine's marijuana use turned from frequent social use to self-medicating use as she transitioned back to the main campus in the Fall of 2010 for her first senior year.

When Jasmine returned to the main campus for the fall of her first senior year, after being at the branch campus for all of her junior year, she returned to the loneliness and

isolation that had been a hallmark of her first two years at SPU. The semester back at the main campus involved a significant transition from the small and intimate community at the branch campus, to the competitive and anonymous experience of the main campus. Jasmine knew that things were not great for her in terms of her mental health. Knowing this she decided to live off campus with friends and she intentionally took a course load that was a little lighter in order to reduce her stress.

Jasmine does not believe that her marijuana use was the primary cause of her leave of absence; she knows that it was a significant contributor to it:

I imagine my substance use as this ... it's like if I was running this race it was the last hurdle that really made me realize how much trouble I was in. My leave was a medical leave of absence for depression and anxiety and the depression stems from something beyond my own lifetime.

Jasmine's health had deteriorated to a point where she knew she could no longer maintain her academics and work on her health. Jasmine agreed to a medical leave of absence in November 2010 during her first senior year.

Time away from the university. During her time away from the university Jasmine engaged in treatment focusing on substance use, anxiety, and post-traumatic stress. Jasmine explains returning home and finding a job:

I went back up to New York, I did some soul searching, had a whole bunch of different jobs, fell in love with this guy, and all these sorts of life experiences that I might not ever had on my resume but that I definitely carry with me.

Although it was a difficult decision to leave the university towards the end of the semester of her senior year, she looks back at the experience and finds great benefit to the experience of being away from campus.

One of the requirements for Jasmine to reenroll at SPU was to be involved in therapy with a licensed clinician. Jasmine found a therapist and met with the person weekly. Her primary focus in doing therapy at that time was to get back into SPU. A side benefit was learning about her health concerns. Given all of the experiences she had during her time away she attributes the relationship “with this guy” as one of the most therapeutic;

We really listened to each other because we both had a lot of pain, and it was unhealthy by the end of the relationship because we were in too much pain to really love each other because we didn't love ourselves enough.

This relationship helped Jasmine open up about the trauma she experienced and allowed her to begin to see the benefit in working on these issues. Jasmine continued to smoke marijuana during her leave of absence to “numb my pain” because “it was familiar to me.” After 15 months away from SPU, Jasmine felt ready to return. Given her experience at the branch campus during her junior year, Jasmine tried to ease herself back into SPU by enrolling in a summer course there in May 2012. She thought it would help reintroduce her to the social and academic culture of SPU while also allowing her to develop friendships within the intimate setting that the branch campus offered. She was successful at the branch campus making a few friends and completed her class.

When she returned to the main campus in Fall 2012 to begin her senior year anew, she was not prepared for the culture of SPU at the main campus and she did not continue in treatment with a mental health provider when she returned to the main campus. Jasmine attempted to reengage with academics, her research, and making new friends, but struggled in all of these areas. Jasmine lived on campus after she returned to the main campus after her first leave of absence. However, almost immediately upon return Jasmine felt significant stress related to all aspects of being at SPU. She recalls that she continued to smoke marijuana in order to manage her emotions and stress.

I went on my second leave because I was smoking a lot, and I was getting really stressed out. The Halloween of 2012, I fainted because I wasn't taking care of myself, and I was smoking and I wasn't drinking water.

The sum total of events in Fall 2012, helped Jasmine understand she needed to go on a second leave of absence. However, she decided to remain in the city where SPU is located and work on being an independent adult. She believed that the only way she would have a chance at completing her degree was if she avoided a transition first away from SPU and then back into SPU. Instead she decided to take control of her living environment and remain local to SPU. As she recalls, "I was really proud of myself for becoming financially independent, and I really learned how to seek help and ask for help." Her second leave of absence prepared her more fully for returning to SPU because she decided that she needed to work with a mental health provider and learn about her specific needs as a student and more importantly, as a person.

Reentry. Just like the first leave of absence, Jasmine had expectations from SPU to engage in treatment with a health care provider during her time away. After her second leave of absence Jasmine threw herself into treatment more so than she had in the past. Jasmine describes, “I realized coming back was a great chance and I needed to use it or things weren’t going to work out for me.” Upon reentry after her second leave of absence she hoped to prioritize her health above all else, while also earning her degree. Jasmine struggled during her final semester. Reentry for Jasmine was “like trauma activation central. That whole semester it was a struggle.” She continued to see her therapist and found support from her coworkers at a local café. Working helped Jasmine to engage in the world outside of the campus community because it gave her a sense of herself.

SPU set forth certain expectations for Jasmine to follow upon her second reenrollment. One of those was to meet bi-weekly with a dean in the student support office. The dean was charged with helping “you in identifying health care providers in the local community, monitoring your compliance with treatment recommendations, and assisting in scheduling health appointments if necessary.” Jasmine struggled with SPU’s mandate that she work with a dean in the student support office. She found the structured support more stressful than helpful. This was due, in part, to Jasmine’s view that SPU could not ever be a healthy place for her; she says:

I met with [the dean in the student support office] on a regular basis...it only helped so much because it only could help so much. I associated so much with this institution being against me, that I couldn’t embrace it as being

supportive. I almost felt like a second-class citizen coming back. I was like, ‘Is this my own perception or is this really happening?’ and I was like constantly thinking about things and it became like a compulsive type of thinking.

As she worked with her therapist, she was able to be more congruent between her values and behaviors. Early in her time at SPU she knew that drinking and “hooking up” was not “good for her.” As she returned to SPU for her final semester after her second leave of absence, she vowed to be honest with herself and to live “in the moment” instead of worrying about things she could not control.

Throughout Jasmine’s time at SPU she was an independent person who struggled to fit into a community that was competitive and valued assimilation. During her reentry she found the greatest support from her mental health provider, the lessons she learned during her time away from SPU, and the connections she made through her work outside of SPU. While she understood that the student support office was there to help her, the mandatory nature of the connection felt artificial and caused Jasmine to pull away and resent SPU.

Peter. A White male from the Pacific Northwest, Peter enrolled at SPU in August of 2010. Similar to Jasmine’s experience Peter did not go on a leave of absence until his senior year. During his time at SPU Peter joined a Greek letter organization. This organization provided many social outlets for him during his enrollment. In high school Peter had been part of a tight knit social group attending a small high school that focused on developing authentic relationships. Peter drank in high school on occasion. As he describes, “there

wasn't really a ton of heavy drinking in high school at all. Like I said, with a few notable exceptions. Prom night or stuff like that.” Peter began smoking marijuana in high school. His social group used marijuana recreationally more so than drinking alcohol during high school. Smoking marijuana was “something that we did a fair amount [of] in high school. Like I said, we didn't drink too much, but that was the recreational activity on the weekends.”

During Peter’s enrollment at SPU, he eventually began using cocaine and MDMA. MDMA is a schedule I psychoactive drug that people use primarily for the associated euphoria. A schedule I drug classification means it has no medicinal properties and cannot be prescribed for any reason (Schedules of Controlled Substances, 1973). Peter’s drug use accelerated over the course of his sophomore and junior year, to a point where he was using cocaine on a daily basis. Peter’s family became concerned about his wellbeing, as he recalls, “I got really into cocaine during my summer internship between my junior and senior year. I became really paranoid and my parents could see I was not doing well.” Together, Peter and his parents decided he should leave his summer internship early to return home.

Peter attributes his leave of absence to challenges he was experiencing in managing his substance use and anxiety as his senior year approached. During Summer 2013, Peter’s cocaine use became more regular resulting in increasing paranoia and an inability to manage his social and professional life.

During his leave of absence Peter met with a psychologist to address anxiety and depression. Once Peter was home and out of the SPU environment he reduced his substance use on his own by addressing his mental health concerns. Peter attributes his leave of absence

to his cocaine and alcohol use but acknowledges that he needed to develop his social skills to navigate the social and academic environment at SPU. Peter returned to the university in Spring 2014 and earned his degree in Biology in May of 2014. Peter reduced his alcohol, marijuana, and cocaine use upon reentry. Today, he drinks alcohol occasionally, and plans to smoke marijuana in states where it is legal.

Events leading to leave of absence. Peter is a driven individual and describes himself as “a hardworking guy” who is constantly motivated to achieve at the highest level possible, because “I always push myself to be the best I can be.” Peter’s decision to attend SPU was based on both the social life and the academics. He believed that earning a degree from SPU would lead to many opportunities due to his perception that “the academic program at SPU is pretty much the most rigorous out of any college that I’d applied to. I thought it fit in quite nicely with how I saw myself as a person.”

Peter arrived at SPU from the Pacific Northwest where there is decidedly a “granola vibe” to this city in the southern United States. As he describes, “everyone was very friendly, but at the same time, very ‘type A,’ very focused on their own advancement.” This degree of competition and self-centeredness was new for Peter. In addition to the cultural difference from high school, he recalls the academics were also more difficult, and the feeling of, “no longer am I the smartest kid in the class. It was always nice and comforting to know that I could answer any question easily. That’s no longer the case [at SPU.]”

During his freshmen year at SPU Peter made friends and participated in the social life of the university. At SPU there are parties held by Greek letter organizations and other social

selective groups. Since SPU is highly residential and there is no “Greek row” the parties Peter attended were both Greek affiliated and in the residence halls. Many of the gatherings he attended would start as a party before the party. These involved drinking large amounts of alcohol in a short amount of time prior to heading to the bar, off campus house, or other location. During the first semester of his freshmen year, Peter was taken to the emergency room because he drank too much and pledged that it would not happen again. SPU’s student conduct office addressed the behavior and had Peter talk with his parents and do alcohol education. He was very sure it was an isolated incident.

In the Spring semester of his freshmen year, Peter participated in Greek recruitment and found himself around people all the time. The pledging process and joining his fraternity brought many new opportunities for him. Peter took a trip to Mardi Gras with several members of his Fraternity in the spring of his freshmen year. On that trip Peter tried MDMA and cocaine. MDMA, popularly known as ecstasy or Molly, is a synthetic psychoactive drug that is simultaneously a stimulant and a hallucinogenic (Schedules of Controlled Substances, 1973). Peter enjoyed both MDMA and cocaine and during his trip to Mardi Gras as a freshmen, and he “just sort of went with the flow and tried to fit in with the older guys in the fraternity who I was with.” That was Peter’s first exposure to both cocaine and MDMA.

As Peter reflected on his freshmen year, he realized that he was smoking a lot of marijuana and drinking a large quantity of alcohol. “That sort of thing (smoking marijuana and drinking alcohol) sort of became a refuge for me freshman year.” Peter described his substance use at that time as a way to self-medicate and take the edge off of his loneliness.

He was taking the edge off “the uncomfortable feeling of being in a new environment” and having to manage the various expectations. Smoking marijuana “allowed me to retreat into a haze of sorts.” It helped Peter avoid some of the more difficult social interactions or any requirement to develop close and meaningful relationships with anyone.

In addition to his substance use, Peter was surprised to realize he was lonely and frustrated with himself for not excelling in all areas of his life. Peter’s grades were not where he wanted them to be, and although he had joined a fraternity and planned to live with the group in his sophomore year, he didn’t feel connected to the members of his fraternity. Peter struggled with his own understanding of who he was in light of his decisions during his freshmen year:

Trying to be the best I can be is a big part of my identity and my core belief system, not settling for less than my best [is who I am]...I'm looking at this C I'm about to get in Spanish, possibly a C I'm about to get in Econ. I might want to pursue Econ as a course of study, and I feel like I've blown it.

As Peter continued to reflect on this timeframe, he felt an enormous sense of guilt;

I'm not making the most of everything that I worked for and even more so in the guilt arena is what I feel, like my parents have worked to try and provide funding for my college education [and] here I am squandering it all.

This sense of loneliness and inadequacy continued to build as Peter worked towards final exams when he had his first anxiety attack. Peter began to question if his parents should be making as large of a financial investment in him, and how he would live up to his own

expectations for success. As those thoughts came together in the last two weeks of his freshmen year, Peter had his first anxiety attack.

Peter returned to SPU as a sophomore and lived with his fraternity brothers. He marks that period as a time when he really began to make connections with people, saying, “at that point, I’m really forming bonds, which is nice. That’s what happens when you live together, I guess.” Peter began to develop feelings for a girl on campus and at the same time he began getting involved with recreational cocaine use. He recalls, “It wasn’t super frequent, but I probably used three or four times (from early September) leading up to mid-October.”

At a party hosted by his fraternity, Peter decided it was the right time to see where things might go with the girl;

The girl that I’d actually started to develop feelings for and had tried to take her out on a few dates and everything. I was way more into her than she was into me, but still, I thought, it would be fine, I had a chance, whatever. It’s significant because this is the first girl that I’ve felt that way about since my last girlfriend [from high school].

While Peter was at the party he decided it was time to see where things might lead and let the old wounds from his last relationship heal completely. He remembers thinking, “here it is a year later, and I feel like maybe I have a chance at mending that wound” by dating someone new. At the party Peter realized that he couldn’t be himself around the girl, which “really contributed to me drinking a lot, and then I was using a fair amount of cocaine that day to try and make me feel more confident and in charge.” As a result of his cocaine use

and his alcohol consumption that day, Peter ended up passing out at the party and being taken to the hospital due to concerns for his safety. His blood alcohol concentration, taken an hour after he arrived at the hospital, was 0.32. By most BAC measurements, Peter is fortunate to be alive. Peter attributed his behavior to not being able to address his feelings about this potential dating relationship, but also to an overall feeling of inadequacy related to friendships;

This was more of a conscious decision on my part [to drink alcohol and use cocaine at the party]. I was actually using for a specific reason. It was to try and get over these feelings that I was having that I thought were getting in the way of getting what I wanted. That was a big wake up call. It was tough because even though I knew I wasn't necessarily living sustainably, and some things needed to change, this forced my hands in a lot of ways.

After he was hospitalized, SPU's student conduct office was involved again and Peter told his parents what happened. Together they decided he should get help and remain sober for a period of time.

Being sober brought back the feelings of loneliness and isolation. As he describes, "I finally feel like I'm part of something, and it's great. Now the one activity that everyone could do together [drinking, using drugs], I'm no longer a part of." Peter felt a tremendous sense of embarrassment from his behavior and he began to feel more isolated. He remembers questioning his friendships and keeping to himself:

[My friendships have] been retarded by my different lifestyle. I think it's a two-way street in that regard. Plus, I felt a deep sense of embarrassment over the whole ordeal. No one wants to be that guy that has a problem. I don't want to be a liability. It was tough. It was really tough.

Through his work with a substance abuse counselor Peter “realized that I don't really have the social skills to stand on my own.” These are huge realizations for Peter and he spent time wrestling with how his underdeveloped social skills impact the feelings of loneliness.

In the spring of his sophomore year, with the support of his parents and counselor, Peter decided to not live with the fraternity. He described the spring of his sophomore year as a great semester. He was able to focus more on academics and other co-curricular activities. In addition Peter began to exercise more and really focused on both his academic and personal health. At that point he says, “I really felt like a healthy person. I was exercising regularly. I wasn't smoking or drinking (and I was) on top of my classes.”

As Peter concluded his sophomore year, he was living more congruently with his values. He had always valued “being outdoors, active, having meaningful conversations, and living up to my full potential” and as he took a break from his alcohol and substance use he found that he was able to be more authentic with himself and others. As things continued to come together Peter began to drink again because he had built his confidence and figured he could handle it, remembering, “it was time, there was not good reason, I just wanted to prove I could handle it.” But his alcohol consumption was greatly reduced from previous levels.

The summer after Peter's sophomore year, he began a summer internship in Washington D.C. A female friend of Peter's, who he had met at SPU invited him to come to New York City for her birthday that summer. Peter was excited for this trip and was hoping that a relationship, or at the very least some intimacy might develop between the two. Unfortunately, the woman decided she did not want anything to develop. As he describes, "I go up and she doesn't want anything to do with me. It's a really rotten feeling." Peter felt very embarrassed because he had travelled to New York City to see the woman and she was no longer interested. He felt rejected and hurt, and "one thing led to another and that was the most heavily that I've ever used cocaine."

In the Fall semester of Peter's junior year he decided to study at the branch campus located at the beach. Peter and Jasmine's semesters at the branch campus did not overlap. However, like Jasmine, Peter loved being at the branch campus. Academically, Peter excelled. He earned excellent grades and focused his search on an internship for the summer. In addition, Peter enjoyed that he could be outside nearly every day; he could go running, canoeing, swimming, or other physical activities. These opportunities helped Peter remain balanced.

When Peter returned to the main campus for the spring of his junior year, he again began to feel isolated. This was similar to Jasmine's experience after she returned from the branch campus. He lived in an apartment on campus with another student who he did not know. Many members of his pledge class lived off campus resulting in fewer interactions amongst the group. It was an adjustment for Peter to not have his friends close by and to

realize that everyone has somewhat scattered. As he remembers, “my pledge class was mostly living off campus after having spent the fall semester abroad. I was still on campus, near my fraternity, but I didn’t know the class below me as well.”

Due to the difficulty of his classes, Peter decided that he needed to go back on attention deficit disorder (ADD) medication. Peter had previously been using one type of ADD medication in high school and again during his sophomore year at SPU. With the challenging academics in the spring of his junior year he saw a doctor. That doctor put Peter on a less expensive ADD medication that was available as a generic. The result of this medication was that Peter was able to focus better on his academics, but he also experienced extreme anxiety and weight loss. ADD medications are stimulant-based medications similar to cocaine and other stimulants and can cause hyperactivity when abused (Goldman, Genel, Bezman, & Slanetz, 1998). During this period, he says, “my body was wasting away, I was losing a lot of weight.” Although he had good academic outcomes, the impact on his health was negative.

Peter returned to Washington D.C. the summer after his junior year for a summer internship. He had met someone during the spring semester and they began dating that summer. He recalls, “I met my current girlfriend at the beginning of that summer, although we only saw each other a hand full of times that summer.” Peter really felt like he had to perform at a high level at his internship in order to turn it into a job after he graduated.

In addition to the anxiety producing ADD medication, Peter was in a very stressful work environment. He says, “we’re trying to write proposals for business in

four days. [Proposals] are crazy documents, hundreds of pages. Everything's under a microscope." In addition to this pressure, Peter is the "only intern in my division, so I'm dealing with a lot of these people who have families to support. That stress, I'm soaking it up. I don't have any other kids my age to compare myself against."

The experience at his internship caused Peter to have a recurrence of his anxiety attacks. He says, "I ended up having a few major episodes of anxiety attacks. Ended up having to go see someone in DC towards the end of the summer to help me finish up the internship." Peter began to realize that he "might not have a grip on substance use because I was using pretty heavily throughout the summer." Peter met two recent alumna of SPU and he used cocaine with them; he describes:

I became pretty close friends with these two girls...that had just graduated from SPU and were working in DC. That was just what went on. Between [weekly cocaine use] and also these [generic ADD] pills I was prescribed and taking a lot of, the amount of stimulants that [I] used through the course of the summer was absurd.

He realized that he was not doing well at work; people were beginning to comment that he was taking things too personally and he experienced mood swings. Together with the more regular cocaine use and the generic ADD medication, Peter began to have severe anxiety and panic attacks:

I was just not in a good state and scared because it's do or die with SPU, if I get in trouble one more time, I'm probably not going to be there anymore.

Realizing that, [I decided] I should probably take a semester to figure everything out, and I did.

Time away from SPU. Peter returned to his hometown in the Pacific Northwest and took a class at the local university that fall. In addition, he started seeing a mental health provider to help him reduce his substance use and understand his anxiety. He met weekly with the therapist and learned skills to manage his emotions. Peter and his girlfriend continued to see one another during his leave of absence. She spent the fall studying abroad in Europe and they stayed in contact with one another. Peter spent his time away focusing on himself. During this period, he recalls, “I really enjoyed being me again. It was great.”

While Peter was home he reduced his use of alcohol, but did not eliminate it and smoked marijuana on one occasion. He did eliminate the generic ADD medication and stopped using cocaine and MDMA. His focus being home was to figure himself out and determine how to interact with others. Peter had gone through a few periods of isolation resulting in intermittent depression during his time at SPU. His depression also included periods of anxiety. Taken together they drove his more excessive alcohol and substance use periods. Peter committed to understanding his patterns and working to change them. One realization Peter had by talking with his mental health provider while he was home was that he never opened up to other people and allowed his friends to really know what was going on with him. He was not authentic in his friendships.

Peter and his girlfriend continued to date during his leave of absence. During this time she was in Europe and he was able to put effort into opening up and talking with her

about himself and his life. As he describes, “I’m at home, and I really enjoy having that company on the phone and someone to talk to.” Peter began to understand that some of his substance abuse was driven by an inability to develop meaningful relationships. As he accepted this, Peter felt more confident in his understanding of himself, had reduced his substance use, and developed an authentic and meaningful connection with his girlfriend. He returned to SPU for his last semester in January 2014.

Reentry. Peter returned to SPU in the beginning of the spring semester of 2014, the last semester he had before graduating. Peter had been away from SPU since May 2013 and was feeling nervous about his return. As he reentered the university, he was immediately confronted by the social responsibilities related to Greek recruitment for his fraternity. Peter knew there was a big meeting of everyone in his fraternity that he had to attend, remembering, “I walk in, and it’s my whole fraternity. I walk through the door and they’re all cheering and so happy to see me. It was such an amazing feeling. I almost wanted to cry. It was beautiful.” The fraternity’s reaction took the edge off of Peter’s social fears of returning to SPU.

Academically, Peter had some difficulties as he reentered SPU. He had been away from Spanish classes for three years and he needed to complete his language requirement at the university in order to graduate. He felt overwhelmed by his academics and social commitments and his extreme anxiety returned. His mental health provider from home helped Peter anticipate future challenges while also helping him address the issues in the

moment. Peter adjusted his schedule to ensure he would graduate on time and added physical education classes.

Peter's housing assignment upon return was with his fraternity section, which caused him a lot of anxiety. He was unable to get away from the noise, alcohol, drugs, and other behaviors by the younger members. He felt that, "to be in the old environment was just not doable. Too many environmental stimuli, too many memories." While Peter's fraternity enthusiastically welcomed him back to SPU during the recruitment meeting, Peter knew that he needed to be true to his values. He had worked so hard during his time away, "exercising, understanding myself, and being able to open up to others." Peter was afraid that if he let himself continue by living with the fraternity in the housing section, he would repeat his old behaviors.

Peter knew that being in the living environment had too "many environmental stimuli, too many memories." As a result of this he decided to live at his girlfriend's apartment. As the semester unfolded, Peter focused his energy on his relationship and earning his degree. As he emphasizes, "my girlfriend is what made all the difference, just having that outlet, someone to vent and talk to; someone who actually understands my situation. She made all the difference."

During Peter's final semester, he understood that for him alcohol was not a problem. He could socially have one or two drinks when everyone else was behaving in a similar social manner. However, when the only activity to do involved drinking, Peter realized he

could not handle that environment and should, instead, stick to water, noting, “once I start (drinking heavily), it's a bad idea.”

As Peter wrapped up his senior year, he reduced his cocaine use to very special occasions. He remembers, “with the cocaine, I never used that during school or on the weekends or anything. It was just at very, very special occasions like our fraternity formal or one of our large parties that we have.” Peter felt in control of his cocaine use at those times and was aware of the risks he was taking. However, on both occasions his girlfriend became aware of his cocaine use and got very mad at Peter. He learned that his relationship with his girlfriend was more important to him than his ability to use cocaine with his friends or at special events. He summarizes, “as much as I hated [my girlfriend telling me not to use cocaine] at the time, I’m really glad she was there to keep me accountable because it was nice to have.” In reflecting on his last semester, Peter recognized that he may have been a little over confident in his cocaine use. Although at the time, he says, he wanted to prove to himself he could handle it:

It's not like it was an impulsive decision, it was very deliberate, very thought out, and in a way, it was sort of my way of demonstrating to myself that I had a level of control over these things because they haunted me for so long, and I thought that if I could do this and be fine, then I'd prove to myself that I get the last laugh.

Throughout Peter’s time at SPU he struggled with various transitions and social relationships. He had a difficult time with the transition from high school to college. He did

not struggle to make friends; however, he was not capable of opening up and being vulnerable with his friends. Peter realized he did not have the social skills necessary to do this and some of that was related to the “type A” environment at SPU. As he describes, “everyone is very friendly, but at the same time, very “type A,” very focused on their own advancement.”

Peter described the academic competition of SPU’s community in terms of peer tutoring and math classes, saying, “it would be for a math study group... you were invited to sit at the table if you had the answers, if you could contribute something.” He says, it was not a wise investment to be in a study group with people who did not understand the math problems or concepts:

All your relations around academics became an economy of sorts. It was all about the cost to spend time explaining it to someone versus the reward of maybe that person having the answer to the next question you can’t solve.

The competitive nature of the academic environment did not foster meaningful relationships between friends. Given the environment that Peter describes, there was no incentive to help those who are struggling with the material:

Especially in classes in the math department where you're graded on such a heavy curve. Your level of proficiency compared to the other students is the primary determinant of your grade. This is coming from high school where I would literally go over to one of my lacrosse friends' houses after school just to tutor him, just because; before going to lacrosse practice.

During his reentry he found the greatest support from his girlfriend and from his mental health provider at home. By the time Peter returned for his last semester, he felt less connected with his fraternity and realized that he had other goals he wanted to achieve. His alcohol and substance use continued to decrease from the high levels of use during his enrollment at SPU. Peter earned a degree in Biology in May 2014.

Katrine. An international student from Costa Rica and the Netherlands, Katrine completed treatment for both disordered eating and substance abuse prior to her enrollment at SPU. Katrine enrolled at SPU in the Fall of 2008, and chose to live in substance free housing on the first-year campus. During her initial enrollment she was unable to maintain her sobriety and had several instances where she blacked out after drinking alcohol. Katrine's social connections and relationships often involved one other person that she exclusively connected with. Upon enrollment at SPU she continued this pattern. Katrine's substance of choice was alcohol and later she used cocaine and prescription drugs. Katrine enjoys deep and meaningful relationships, however she struggled to find those at SPU. During her first year she attributes her inability to develop meaningful relationships to her own dissatisfaction with not being able to drink because she was trying to maintain her sobriety. Later in Katrine's enrollment, she made a close friend with another student who manipulated her and involved Katrine further in the drug scene at SPU.

Katrine went on a leave of absence after being hospitalized due to her level of intoxication in combination with suicidal ideation in April 2010. Katrine completed an inpatient program to address both substance use and other mental health concerns. After she

was discharged, Katrine completed six months of transitional living and returned to SPU in Fall 2011. During her reenrollment Katrine became a leader within her residential community and deeply involved herself in her academics and research. Katrine earned a degree in Psychology graduating in Fall 2013. She has been sober since May 2010.

Events leading to leave of absence. Katrine enrolled at SPU because of its status as an elite university. She was interested in the psychology department and wanted a liberal arts education. In addition, she valued being able to take many courses in many different disciplines. As an international student, Katrine was attracted to SPU's global involvement including study away programs and international research opportunities. Katrine grew up in Costa Rica and spent her summers in the Netherlands. Katrine's high school education in the Netherlands was interrupted so she could go to treatment for "my eating disorder, bulimia, anorexia, and self-mutilation." She already had some background with substance use at that time, but it was not the primary focus of her treatment. As Katrine completed high school, she applied to many universities in the United States and was admitted to her first choice: SPU.

Upon enrollment, Katrine chose to live in the substance-free residence hall. She found the people in her residence hall to be very kind, but she felt out of place with the group of students. Some of the students chose to live there because they had no experience with substances and did not want alcohol or other substances to be a part of their lives.

Katrine had some difficulty finding people who understood her experience, but she eventually met another student in her residence hall, Jeffrey. As she recalls, "the first time

that I met him we spoke for many, many hours, and I felt a very good connection there because he was also, he had been to treatment.” Her friendship with Jeffrey was very important to her and would continue to be important during her initial enrollment; she stated:

Jeffrey was always my friend. We wouldn't really talk, he would say, 'Ah, you are up to no good; you shouldn't do that type of thing [drink alcohol and blackout].' He knows I was struggling in many ways. I talked with him a lot.

Academically, Katrine had some stress in her first year. She withdrew from a math course and chemistry was not going as well for her as she had hoped. However, she maintained her sobriety and her friendship with Jeffrey grew. She really focused that time on managing her sobriety and making sure she had a treatment team for her mental health needs. Stress related to academics, being sober, and developing friendships increased for Katrine in her first year. At this point, she remembers, “I already had the bulimia, it was escalating. Then I actually started going to AA with Jeffrey because I just knew that I didn't want to drink.” Katrine and Jeffrey supported each other as much as possible in maintaining sobriety. Katrine continued to maintain her friendship with Jeffrey and tried to stay sober.

In October of her first year Katrine attended a party where she interacted with people who made her feel anxious. As she describes, “I was feeling bad and I went into a cupboard and I saw Everclear and I hadn't had that before. I put it in a cup and I drank the whole cup.” She continued drinking that night and blacked out. She woke up the next morning in her residence hall room with vomit on herself and the walls of the room. She describes, “I have no idea what happened, I called my sponsor. That's a very shocking moment that I

remember.” Katrine continued to attend AA, but maintaining her sobriety remained difficult and she frequently relapsed.

Most of Katrine’s memories of her first two years of enrollment involve her substance use. They do not involve details about academics, friendships, or other college transition concerns. On New Year’s Eve of her freshmen year Katrine tried cocaine for the first time. When she returned to SPU for the spring semester, she continued drinking, smoking cigarettes, and using cocaine. By the end of her freshmen year she was clinically obese due to her binging patterns and substance use. Katrine’s treatment team was aware of her substance use and binging pattern, and they continued to focus their attention on these issues in her treatment.

In the spring of her freshmen year Katrine traveled to Scotland to see an ex-boyfriend. She explains, “I went to Scotland that spring and I saw my ex, I got very, very drunk there, like many issues. That’s when I actually stopped talking to my second sponsor.” As Katrine was leaving Scotland her ex-boyfriend told her he was in love with his best friend. “That was just horrible for me, I was really, really depressed about that. I was struggling in school just to get my things together,” she explained. She was so upset over the rejection from her ex-boyfriend that she began to engage in self-mutilation again. For Katrine, “Self-mutilation, then as in my entire life is usually triggered by a very specific interpersonal event that has to do with a very intense feeling of rejection.” Katrine continued to drink regularly during this time, began cutting again, and her mental health continued to decline.

Socially Katrine struggled to be involved in the campus community. She participated in theater at SPU by being involved in a few campus productions. However, she was very “affected by the whole frat-sorority life.” She felt torn between wanting to be part of the Greek social scene and having “all that fun.” At the same time Katrine believed that Greek life at SPU required that you be only one thing: “A thin sorority girl.” Katrine could not find a place in Greek life where she thought she would fit, so she reacted to this by being resentful and angry towards Greek life in general and assuming that students who were involved in Greek life would never accept Katrine for who she is. This belief further alienated Katrine from potential social and peer outlets.

On the very last day of the spring semester of her freshmen year, Katrine was taken to the hospital due to her alcohol use. Katrine had attended a party the previous night and she saw someone throw a full bottle of vodka into the bushes. The next day, Katrine took a taxi to the off-campus house and retrieved the bottle of vodka. She began drinking in the afternoon and a Resident Assistant (RA) approached her. Katrine explained to the RA that she had a bad day and that was why she was drinking. The RA asked for Katrine’s identification card so that the RA could file a report. Katrine then “proceeded to explain why I was drinking, I showed her the scars on my arms (from cutting) and the cops came, and then I was taken away” to the Emergency Department for a psychiatric assessment. She was not admitted to the hospital, but was discharged the next day.

Even with all of her difficulties in managing academics, her health, and social life, Katrine did research the summer after her freshmen year in a lab specializing in eating

disorders. Katrine came to SPU because of the resources and opportunities related to research and she was very excited for this summer research position. The lab was located near a restaurant with a bar, and even though Katrine was not yet 21 years old, she would go to the bar regularly and they would “just give me alcohol.” On the rare occasion she was asked for identification, Katrine showed her Costa Rican driver’s license. Even though the identification did not show she was 21-years old, it confused the bartender enough and Katrine was served alcohol. This allowed Katrine to drink whenever she wanted. Even though Katrine’s involvement in her research was very important to her, her alcohol and substance use continued to increase and began to prevent her from being her best.

Katrine’s substance use increased that summer during the time Katrine’s close friend Annie was in town. Annie represented security, safety, and someone to go out with and have fun with, Katrine reflects:

[Annie was] my everything. We would go to parties, we would go to bars, everything was just really crazy. We also did cocaine. She purchased it, she had it, I never, I don’t remember ever buying it myself when I was with her.

After Annie left for the summer, Katrine shifted her focus to a new boyfriend who was an alcoholic. Together they drank a lot and he contributed to Katrine’s downward spiral into increasing substance use. As she describes, “I continued drinking a lot with a new boyfriend who was an alcoholic...I must have been also using Xanax (a short acting, psychoactive, prescription drug)” and drinking a lot. Many of Katrine’s memories from this

timeframe are unclear and run together. Her dad became concerned for her wellbeing, but Katrine was too involved in her addiction and she “just went on” with what she was doing.

Katrine returned to SPU in the Fall of 2009 and continued her research in the eating disorders lab. Her alcohol, Xanax, and cocaine use continued to increase. Annie returned to SPU that fall too and moved into Katrine’s residence hall room. Katrine loved having Annie for company, and Annie always provided all the necessary alcohol and drugs to keep things going. However, as Katrine recounts, “Annie took picture of me using cocaine, I didn’t think anything of it at the time, but I should have known that Annie would use it against me eventually.”

Katrine began to find some of Annie’s behaviors suspicious. One night, Katrine found a purse in her room that Annie had stolen from someone else. Katrine found identification in the purse and attempted to return it to its owner. When Annie realized what Katrine was doing, Annie began to send emails and text messages out to the group of mutual friends. Annie used “my alcoholism to blame me for the things that she had done. She slandered me in a mass email detailing my behaviors and mentioning vodka and Xanax pills.” Katrine was devastated to have someone who had been a close friend turn on her and expose her alcohol and drug use. “That destroyed me,” she says “because it was such a personal thing and Annie depicted it in email. She depicted me as exactly what I was, but used it to cover herself for something that she did.”

Katrine’s dad visited her as all of this unfolded. He supported Katrine and helped her get reconnected to her treatment team and other support services. “He understood what the

SPU dream meant to me,” she says, and he helped Katrine work through her devastation and disappointment. The uncontrollable nature of Katrine’s life at this point in her college career demonstrated how far into her addiction she had fallen.

The spring of Katrine’s sophomore year did not offer any reprieve from her alcohol and substance use. Academically, she took physics and really wanted to try “to turn myself around.” However, by mid-February she had returned to her high levels of alcohol use and mixing it with Xanax. She recalled asking for a pitcher of beer at one of the on campus bars and the next thing she recalled was EMS pricking her finger. She was not taken to the hospital, but she did have to meet with the student conduct office about her alcohol use. Katrine had to notify her father about what happened, but did not recall any other outcome from the university.

As Katrine’s sophomore year came to a close, she had a life-changing event that eventually helped her understand that she needed to go to treatment. Through all of her substance use, Katrine had remained in contact with Jeffrey, the other student who had been to treatment that she met in the substance-free residence hall when they were both freshmen. Jeffrey was no longer enrolled at SPU and was living in the local community. Katrine and Jeffrey were hanging out and drinking at Jeffrey’s off-campus apartment when he turned violent. Eventually Jeffrey threw Katrine down a set of stairs, while yelling insulting things at her. Katrine felt unsafe and left the apartment. She felt very rejected by Jeffrey and was deeply hurt by his actions. Jeffrey later called and left “many phone messages saying that his lawyers are going to sue me, very crazy, crazy things.” Jeffrey eventually called to apologize

a few days later, but Katrine would not accept his apology. That was the last time Katrine ever heard from Jeffrey. Shortly after that incident Katrine left for spring break. When she returned she found out that Jeffrey died from a reported drug overdose. This caused Katrine to sink deeper into her addiction and became suicidal.

Katrine was unable to keep up with her academics and fell deeper into despair over Jeffrey's death. At the very end of her sophomore year, she drank a lot of alcohol mixed with Xanax. On one night when she was very intoxicated, Katrine became disoriented on campus and didn't fully understand where she was, recounting, "I knew I was on the first year campus and I decided I wanted to go see Jeffrey." As a result of her level of intoxication and pain, she says, she did not understand that Jeffrey was dead.

I went to Jeffrey's door, so I was knocking for him in this way, 'Hey, please, let me go in.' I looked up and it said 'Jeffrey.' That made sense but it wasn't the last name. Then everything just clicked and I realized he is not here, it really materialized then. I was just begging for him to come back because I [went to his room] to say that I'm sorry. I went downstairs, I don't know, I grabbed some chess piece from the common room area, started cutting myself because that's how I get instant relief when I am upset.

Due to her behavior she was hospitalized in the psychiatric unit that night and was eventually discharged to the care of her mother. She decided to go to treatment after she was discharged.

Time away from SPU. Katrine entered inpatient treatment at a center in Illinois specializing in mood disorders, substance abuse, and eating disorders. She initially went through a detoxification period and was hospitalized for five months. During this time she learned new coping skills and began to build her self-esteem. Upon being discharged Katrine transferred her care to a step down program in California that provided structured living for women in recovery from alcohol and substances.

Throughout her treatment Katrine embraced her identity as a leader in her community. In Illinois her leadership involved speaking up at AA meetings, taking leadership roles, and being a role model for other women in treatment. “I was a tutor, I was a mentor, I went with kids on field trips, I painted the walls of the educational center, I did many, many really cool things. I was able to relax and just move on,” she explained. When she moved to California and earned more privileges, Katrine mentored children at the Girls & Boys Club and tutored kids in school. At that point, “I had to just move forward doing the best that I can every day and not worrying about the outcome”

Katrine planned to reenroll at SPU in order to make the most of her education and to be engaged as a student. She stayed in close communication with SPU while she was in California and applied for readmission for the Fall of 2011. Upon application, Katrine had been sober for a year. When she reentered the university in Fall 2011, Katrine had been sober for 15 months.

Reentry. As Katrine prepared to return to SPU she began to think about some of her goals and fears. She was focused on staying sober, being a leader in her community, and

applying all the lessons she learned through treatment. Katrine knew she wanted her time at SPU to be different than it had been in the past. To meet her goals of earning all A's and being the best she could be, Katrine made sure all of her health care needs were in place prior to enrolling at SPU again;

I committed to seeing my psychiatrist regularly, my Dialectical Behavior Therapy [DBT] therapist once a week, I was in contact with the wellness center, and I stayed in contact with my academic dean and the dean in the student support office.

Katrine found that this high level of structure helped her feel supported and provided her with confidence in her ability to succeed as she returned to SPU.

Katrine reconnected with AA in the local area, but did not find it as helpful as she would have liked. Through the wellness center at SPU she was able to meet one other person in recovery. At that time, she says, "I really wanted to know, 'are there other people in recovery?'" She continued with meetings, socialized with the other student in recovery, and she reconnected with another student who eventually became her boyfriend.

Within her residence hall, Katrine took on a leadership role by joining the hall council. She really liked being actively involved in the government of the residence hall, remembering, "it was really important for me to continue having that exposure, the fact that it is social (hall council) in the sense that we are working on something together. That was super important and it helped me a lot." Katrine's leadership role in the hall council helped her recognize that there are all kinds of different people that make up the university

community. She was able to socialize with many different types of people which helped her understand the vast diversity of students at SPU. Katrine had learned during treatment and through AA that she could only control the things she had responsibility for and could not directly control anything or anyone else. Accepting this helped Katrine worry less about what others thought of her or where she fit in the world;

A big sort of issue for me that has been a challenge is wondering how do other people see me, and just being afraid to reach out because I don't feel good about myself or I'm afraid to speak up in class or ... because many different things like that... one of the things that I've had to do is like constantly remind myself to not think about that to just allow myself to live and be who I want to be without thinking of what other people are thinking or saying. After doing that for a year I saw I had a great outcome.

Between her boyfriend, her leadership role in the residence hall, and her academics Katrine was able to manage her sobriety and health care. She found that her anxiety and eating disorder remained under control. Katrine realized that the more she made herself interact with others, the more her anxiety was controlled.

During Halloween of her first semester of reentry after her leave of absence, she attended her first party at SPU as a sober student. She went to the party with her boyfriend, played a drinking game with water, and left the party sober. She was a little nervous that people would notice she was not drinking, but "no one noticed, no one cared." She was very proud of herself for how she was managing the social environment. Occasionally, she would

attend parties where alcohol was present, but most often she was content working on her academics, research, and socializing with her boyfriend or a few close friends.

Katrine noted that when she returned to SPU the environment had changed substantially. The wellness center did not exist during her original time of enrollment, Bob explains, “We got started with prevention work in 2009 and expanded staff in 2010 in order to begin to address substance abuse problems from a systemic and environmental approach.” The changes that the wellness center implemented included ways to reduce the quantity and frequency of large on campus parties. Bob describes, “We added stronger training to the chaperone program for student hosted parties, and helped groups understand that they are responsible for their guests at parties.” Bob said that through the efforts of the wellness center, some large-scale campus celebrations were scaled back and made safer,

The campus decided to eliminate hard alcohol at big events, added food and water to those events, along with more activities. That reduced the number of students becoming so intoxicated that they needed EMS assistance and had to go to the hospital.

Katrine noticed the changes in the campus environment when she returned after her leave of absence, she explains, “I wasn’t drinking and I didn’t want to be with the type of people who I hung out with before. That decision made being at SPU easier for me.” At the same time, Katrine noticed that student’s were less focused on drinking and other activities than they had been, she explains, “Football tailgate was gone, large on campus parties were not as prevalent. The environment definitely changed too.” Unlike Jasmine and Peter,

Katrine had four more semesters to complete at SPU prior to her graduation. Perhaps Katrine's greatest lesson that she took with her throughout her period of reentry was that she is a good person.

Katrine continued a pattern over the next four semesters where she focused on her academics, developed other romantic relationships, and settled into her existence at SPU. Some semesters were more successful than other semesters, but Katrine was able to complete her psychology degree and graduated from SPU in December 2013. Katrine has been sober since May 2010.

Bartholomew. A White male from California, Bartholomew enrolled at SPU in August of 2008. During his time at SPU, Bartholomew was a member of the Swimming and Diving team and involved in the Reserve Officer Training Corps (ROTC). In high school Bartholomew was involved in several sports including wrestling, swimming and diving, and soccer. Close, personal relationships are important to Bartholomew and he has maintained friendships with some of his high school friends. During his time at SPU, he used alcohol to manage social interactions and to make friends. Bartholomew would often consume alcohol, resulting in situations where he would say and do things that were not representative of him. He would often blackout from drinking. Bartholomew did not like how alcohol affected him. As he recalls, "I would stumble around and say and do silly shit. Not drinking is smart for me because alcohol makes people terrible people, me included." In reflecting on the interviews, Bartholomew understands his growth: "Now, it's more like I don't want to [drink]. I don't

have anything on the line, but it's not worth it now. I don't want to. It's just dirty and makes people messy.”

At the beginning of the Fall 2010 semester, Bartholomew’s drinking resulted in the police finding him passed out and returning him to his residence hall room. He describes, “I got EMS called on me then, and the police come, and I get taken to my room, and I sleep it off.” However, this situation is different because Bartholomew had previously had other problems with his drinking. ROTC had made it clear to him at that point, that if he had one more incident, he was going to be released from the program. “I wake up, and I'm in a panic,” he recalls “because that's not good, because things were not going to go well, and things didn't go well.”

As a result of his behavior, Bartholomew lost his academic scholarship and the substance abuse treatment provider he was seeing recommended that he do an inpatient program for alcohol abuse. Bartholomew went on a leave of absence to seek treatment in Fall 2010. Bartholomew returned to SPU in Summer 2011 and earned his degree in Evolutionary Anthropology in Spring 2013. Bartholomew has not consumed alcohol since September 2010, although he continues to smoke marijuana on occasion.

Events leading to leave of absence. When Bartholomew came to SPU he was a member of both the diving team and ROTC. These communities provided him with a lot of structure during his enrollment. When Bartholomew arrived as a freshman he immediately had to go to ROTC training. He remembers, “it was just a week. It was real silly. I never took it too seriously.” Bartholomew was not serious about the military discipline or the required

formality of the military. He says, “I definitely lived under the, ‘Got to earn the respect,’ type of thing. Respect isn't just automatically given.” The officers who were part of ROTC at SPU did not appreciate this attitude. They saw Bartholomew as someone with on discipline and who is way too laid back. Bartholomew’s worldview that respect is earned as opposed to automatically given, persisted throughout his time at SPU and beyond. It is consistent with his desire to have authentic and deep interpersonal relationships.

Although Bartholomew had experience with alcohol and marijuana in high school he knew there were some limitations related to marijuana use at SPU. Because Bartholomew was part of ROTC “drugs were just out the window at that point, especially weed,” because they drug test and “weed stays in your system the longest.” Instead he continued to socialize with the diving team and other students. For Bartholomew, all social interactions involved some sort of alcohol. He recalls his “freshman year I usually always had a freezer in my room, and we always had some type of hard alcohol in there. I would get wasted.” The diving team was his social group and all of the parties involved alcohol. “The alcohol was supplied for me,” he remembers, “It was a lot of fun.”

Bartholomew developed some close relationships during his freshmen year. He met Lisa and “hung out with her non-stop.” Additionally, he and a fellow ROTC cadet, Victor, were close friends. Bartholomew does not think that he put “off friendships and people for my (substance) use.” Rather the substance use helped Bartholomew meet people with whom to socialize.

Academically, Bartholomew did well his first semester. He found that he was busy with diving, ROTC, and managing his social life. These responsibilities helped him stay focused on academics. He also had help from his family, he remembers, “I had a lot of help throughout my college, from my mother especially. Writing papers has always been difficult for me.” He found college work to be more challenging than high school and was able to adjust his definition of academic success for SPU’s environment. He describes this transition, “I was like, ‘I don't need to get that 92% anymore. I'm fine with an 82% percent.’”

ROTC continued to go well for Bartholomew, although he didn’t really like it due to the overlap between the physical training as a diver and the physical training as part of ROTC. The “overlap between ROTC expectations and my training on the diving team, was stupid.” He did not see a reason to do the ROTC exercises or drills because he was doing twice as much physical activity as a diver. Partly to defy the ROTC leadership and partly to test his own physical fitness, Bartholomew tried to make the ROTC training more difficult by wearing a full body plastic workout suit designed to make the wearer sweat more, under his uniform; he says:

People would get upset with me, because it [the full body plastic workout suit] wasn’t part of the [official ROTC] uniform, and I’d wear it under my [official ROTC] uniform. It was just like, ‘Why do I have to be here. I’ve got [diving] practice in three hours.’

There was definitely some frustration between Bartholomew and the leadership of ROTC. Bartholomew knew ROTC was paying for his education, so he decided that he just had to deal with the military formality and expectations.

Socializing became the most important part of Bartholomew's life in his first year. As he recalls, "I wanted to socialize more than I wanted other things, and social life revolved around ... I don't know if I wanted the social life, or if I wanted to be, 'Let's go get drunk.'" As Bartholomew's freshmen year ended, he had one drinking episode that resulted in a blackout at a bowling alley. Bartholomew says he made it back to campus, but has no memory of the trip from the bowling alley to his residence hall room:

An RA came and saw me and was just like, 'Oh, my God.' He takes me up the stairs to get to my room, and I ended up throwing up all over the stairs, and he writes me up for it.

Bartholomew met with staff in SPU's student conduct office, however the university did not share the outcome with ROTC. This enabled Bartholomew to continue his drinking and socializing behaviors because there were no consequences.

During Bartholomew's sophomore year he lived with Victor from ROTC in the residence halls on North Campus. Things were going well for him with ROTC and with the diving team. Bartholomew was busy with school and these two commitments. On one occasion in September or October of Bartholomew's sophomore year, he began drinking "fairly heavily" in the evening. He had another blackout episode, during which he says, "I just don't remember anything. Things were filled in for me after the fact."

Bartholomew learned that he had been drunk, and was “play fighting” with someone in one of the fraternities during a party. He says, “I was up on the [quad where the party was] and [started] hitting people, just because I thought it was funny.” Eventually the police got involved, they handcuffed Bartholomew to calm him down, and took him back to his room. As he describes the incident, he stated that “they put me in my room, and I’m still in handcuffs, and I close my door, lock it, and run out the window.” A few hours later, Bartholomew woke up outside, under a bush, and with his hands cuffed behind his back. I “then come to, and am like ‘Fuck, I don’t know what to do...’” The police cited Bartholomew for stealing the officer’s handcuffs and he had to meet with staff in the SPU student conduct office again.

Between the first and the second incident, SPU’s student conduct office and ROTC started sharing information between the two offices. Bartholomew knew about this change and was certain that ROTC would become aware of this second drinking incident. Bartholomew knew when ROTC found out about this second incident that he might lose his scholarship. Bartholomew was scared about that potential outcome and he tried to control things by going immediately to the counseling center on campus. He did this to demonstrate to ROTC that he was taking this seriously .

Bartholomew went through a formal investigation with ROTC and with the student conduct office at SPU. In the end, he was given a list of restrictions by both ROTC and student conduct. As he remembers, “I got put on probation, and basically off scot-free.” Bartholomew was required to go to the counseling service for assistance, but he didn’t find it

particularly helpful. In addition, the diving team removed him from the team for the rest of the fall semester.

In January, Bartholomew rejoined the diving team and set a goal of getting into good shape so he could earn one of the varsity positions. Unfortunately, Bartholomew was unable to capitalize on that motivation. He was diagnosed with MRSA, a staph related skin infection, and was hospitalized for several days. This coincided with one of his organic chemistry exams. By the time he was well enough, he had to refocus on his academics and was never able to rejoin the diving team.

Toward the end of the spring semester Bartholomew met Lucy and they began seeing each other. They had agreed that they were going “to become official once we got back” to campus in the fall. Unfortunately, there “were some cold feet” when they returned in the fall and Bartholomew was disappointed and upset about this reality. She went off with her friends and “I remember I had two [bottles] of tequila, and I drank at least one of them myself that night.” Bartholomew does not remember much of the night, but paramedics eventually found him and the police took him back to his room. At that time, he recalls, “I wake up, and I'm in a panic, because that's not good, because things were not going to go well, and things didn't go well.” Given the probationary status from SPU as well as the probation and loss of the ROTC scholarship from the previous fall, Bartholomew knew things would unravel.

ROTC responded by permanently suspending Bartholomew from the ROTC program. This meant he lost his scholarship and had to pay the money back to ROTC for the previous

four semesters of tuition. The fear associated with the loss of ROTC brought Bartholomew to some of his most desperate times. He found himself in a state of fear, panic, and depression all at once. He remembers thinking, “If I get kicked out, I’m probably going to be in so much debt that I might as well just kick the bucket at that point.” Initially, these thoughts were passing and Bartholomew thought he could pull through the whole experience. However, once ROTC suspended him, the feelings of hopelessness and despair increased. As he remembers, “there were some definite thoughts there, and that was scary.” One night, Bartholomew was feeling very hopeless and sent an email to his mom and someone in ROTC. The person in ROTC called the police and “I got taken by EMS to the Emergency Room that night, because what’s worth living at that point?”

Bartholomew was referred to a local substance abuse professional and together they decided that Bartholomew needed to go to an inpatient substance abuse treatment program. Bartholomew decided to go on a medical leave of absence and left for treatment a short time later.

Time away from SPU. Bartholomew went to a treatment center that focused on alcohol abuse and completed a 29-day program. Bartholomew had participated in some AA meetings in the community prior to going to treatment, but for him the 12-steps did not resonate. During his time at treatment, the AA philosophy was part of the program. Bartholomew learned a lot in treatment. He says, “going to treatment was a pretty awesome experience, except for all of the twelve steps getting shoved down my throat at every turn.”

After treatment, Bartholomew found a coaching job for the local high school diving team. This gave him structure and a routine. He began coaching an optional morning session and really got to know the students on the team, he recalls;

I immediately get a coaching job with my high school, and I'm coaching there five days a week. At least two times a week I was running the session. I ran my own morning practice, which was really neat. I really liked the kids, because they all wanted to [be there].

In the spring, he enrolled in a class at the local university. He earned an A+ in the class, the first one of his college career. As he describes, "I take one class [at the local university]. I was going to take a second, but I ended up not...[this is] the first time I got an A+ though was in that class, statistics of sociology." The class gave him additional structure and helped build his confidence. In addition to coaching and taking a class, Bartholomew also saw a psychologist while he was home. The psychologist suggested he attend AA meetings; he explains:

I saw a psychologist at home, and he made me [go to AA meetings]. There was a single AA meeting in my town, one, one a week. They were the most terrible meetings. It was definitely not for me. Socio-economic and education levels were very ... Not in my ... I needed some similar types of people, and those were not those people.

Although, Bartholomew did not like the AA meetings because he couldn't relate to any of the people who attended the meetings he continued to attend so he could tell SPU he had been involved in AA. Bartholomew was readmitted to SPU for Summer 2011.

Reentry. When Bartholomew reentered SPU in Summer 2011, he was excited about the opportunity to return to the university because it was "the best opportunity that I've had ever, and I didn't want to let this just go away." Bartholomew did not recall being worried about anything in regards to returning to SPU. He was excited to return to SPU to pick up with the diving team and to make the most of the many academic opportunities.

Bartholomew explained some of his motivation in his application for reentry; "Diving at SPU and having a more serious attitude about schoolwork have become more important to me when faced with their potential loss." While away, Bartholomew understood that he needed to be abstinent from alcohol and realized that in order to be successful at SPU he had to be abstinent at least through graduation. He was afraid that if he started drinking again he would get expelled from SPU.

During the summer of 2011, he began working in the Diving office as a way to reintroduce himself to the coaches and other staff. He hoped it would result in being invited back to the diving team. Unfortunately, the diving team decided that Bartholomew was too much of a risk to offer him a position on the team. This was extremely disappointing for Bartholomew.

One of Bartholomew's commitments to himself upon returning to SPU was to take classes that interested him and he enjoyed. At that time, he remembers, "I made the decision

to do more of the stuff that I wanted to do.” Beginning in Fall 2011, Bartholomew discovered he had an interest in documentary studies and photography. As he describes, “photography was probably the biggest thing and the decision to get the minor. That helped me get the job I have today.” (Bartholomew is currently employed by SPU working with special cameras in the School of Engineering.) He continued to take courses in these areas each semester until he graduated. Developing this interest helped Bartholomew experience aspects of the university community that he had not experienced before. It enabled him to focus his energy and desire to excel into creative outlets.

Bartholomew had been in a relationship with Lucy when he left SPU and they remained together during his time away. When he returned, Lucy turned out to be very important to Bartholomew because she provided social interactions and stability. As he recalls, “the first year back it was weird, because I had ostracized myself pretty heavily in terms of, I didn't know who to be friends with. I didn't know how to socialize without alcohol.” Being in a relationship with Lucy helped Bartholomew navigate the social realm at SPU more effectively, because it was socially acceptable to be in a relationship. However, the initial support that Lucy provided to Bartholomew ended up causing significant issues in their relationship. He remembers, “my neediness that semester was a big part of why we ended up splitting up” in the beginning of the spring semester. Because “I didn't really have friendships. I didn't have the diving team,” Bartholomew felt isolated and lonely as he returned to SPU.

Support systems were incredibly important for Bartholomew during his reentry. He

met regularly with a local substance abuse professional in the community, a staff member in the wellness center, and with staff in the student support office. Together each of these people helped Bartholomew stay focused on his goal of graduating, not drinking, and figuring out how to be in the SPU environment as a sober student.

In the beginning of the spring semester Bartholomew's old friend, Boris, reenrolled at SPU. Together Boris and Bartholomew had previously been drinking buddies. Boris' return could have been terrible for Bartholomew; instead it provided an outlet for "many shenanigans." An example of such activities occurred in the spring of that year when Boris decided that he and Bartholomew should celebrate Boris' favorite holiday. Bartholomew recalls, "There was this thing called Dyngus Day and it is the day after Easter. In Poland all of, it is basically all of the children run around getting each other wet using various means." To celebrate Dyngus Day, Bartholomew and Boris decided to get some water balloons as a way to throw water on other people; he illustrates:

Then we had this trashcan full of water balloons and we made a sling shot out of Boris' window and we were able to hit the door of the dorm across the quad from Boris' room. That is probably one of my best memories from that year.

That was really fun and then we took the thing of water balloons out to the quad at night and put signs up around it that it is free water balloons.

Bartholomew continued to hang out with Boris throughout his remaining time at SPU. He also developed other friendships and volunteered to be a designated driver for his friends. By being a designated driver, Bartholomew was able to socialize and his peers

understood that he wasn't going to drink. He remembers, "most of the time I let people around me know that I didn't drink, but sometimes, I kept a tonic and lime on hand." Other students were happy to have Bartholomew serve as a designated driver and they did not care that he did not drink.

Bartholomew's goals for himself involved finding new friendships, not drinking alcohol, and applying himself academically. Bartholomew graduated in Spring 2013, with a degree in Evolutionary Anthropology. He acknowledges he "could have focused more on academics, but such is life." Today, Bartholomew is employed by SPU and has not had any alcohol since August of 2010.

Chapter Summary

Each student's experience and pathway through SPU was unique. The case narratives demonstrate the important role that friendship, family, individual motivation to succeed, and academic focus played for each student as they reentered SPU. The purpose of this chapter was to provide a foundation of understanding regarding SPU as a community. This was provided through the three themes identified by the employee experts: continued involvement in an action plan, establishing and reconnecting with peers and family, and employing university support systems. Next, this chapter highlighted the rich and varied backgrounds of the four participants, Jasmine, Peter, Katrine, and Bartholomew. The case narratives provide the lens for the next chapter to focus more explicitly on the commonalities and disparities between students' experiences during reentry. In the next chapter, research findings are shared through the identified themes.

CHAPTER 5

Findings

The previous chapter focused on case narratives for each student participant as well as a description of SPU as seen through the themes identified by the employee experts. The case narratives highlight the variations between the events leading to each student's leave of absence, time away from SPU, and reentry. Employee experts provided insight to the SPU environment and the challenges facing students upon reentry after a leave of absence influenced by substance use. The purpose of this chapter is to identify and discuss the emergent themes and discrepancies identified through each student's experience of reentry.

Emergent Themes

Several sources of information were collected to understand each student's experience. These sources included interviews and documents provided by each participant. Each student participant completed three 90-minute interviews and provided written responses to questions about their reentry experience. The written documents complemented the interviews by providing the students another way to reflect about their experience. Throughout data analysis the interviews and document analysis provided additional insight to each student's experience. As a result, several themes emerged across the four cases. Although each case of reentry is unique, the student's experience provides insight into reentry for students returning to the same university after a leave of absence influenced by substance use. The themes include implementing habits learned during leave of absence, utilizing university support resources to maximize reentry success, strategies that enhanced

or undermined mental and physical health, and redefining peer, dating, and parental relationships. In this section I explore each of the themes to understand the student's experience.

Implementing habits learned during leave of absence. The months and weeks leading up to each student's return caused each to reflect upon their previous enrollment and the new goals they had to earn their degree. As the students prepared to return to SPU, all intended to apply the things they learned during their time away to assist in their success once they reenrolled. They had high hopes for success and believed their experience would be different. As the students returned, their plans were adjusted to meet the demands of SPU.

Jasmine. As Jasmine returned after her second leave of absence, she was in a better place mentally and had focused on herself while she was away. She learned more about the things that triggered her anxiety and trauma and was committed to living in the moment as much as she could; she illustrates:

[My therapist] helped me to learn about staying present [in the] moment and being aware of my fight or flight response and put things in the context of me, as opposed to me as a student, me as a girlfriend, me as a daughter. Just me.

That was really helpful.

One step Jasmine took to minimize her exposure to the SPU culture was to live independently in the local community during her leave of absence and also continue to live off campus after she reentered. "In getting my own place, becoming financially independent, really making decisions for myself and living on my own," Jasmine says, she was able to

maintain a clear boundary between school and her life outside school. Due to Jasmine's degree of trauma and the ways in which she connected that trauma to her previous experiences at SPU she describes how she knew she was at high risk for sabotaging herself and creating a situation where she would not earn her degree:

That whole semester it was a struggle. In the beginning it was okay and its part of my personality to be impulsive and jump into anything and really thrive in the jumping into the unknown. Then maybe three weeks in, four weeks in, things became more of a routine and I got more restless, and it became harder for me to be in the campus world.

Jasmine knew that if she attempted to engage fully in the life of the university, she would not be successful academically. She recalls, "I knew that I was going back into something that was going to cause me great pain and I knew it and I was feeling it" in her final semester.

As a result of the therapeutic work Jasmine did during her second leave of absence, she knew she needed a plan and system to support her in her final semester. Her plan was to keep "one foot firmly in the real world, by waitressing" and staying connected to her therapist. Weekly therapy and working at the café provided a routine and a system of support for Jasmine. Even with work, therapy, and her well-established life outside of the campus community, Jasmine remembers that her trauma was activated every time she came onto campus.

[Working at the café] was actually really grounding for me because I enjoyed cleaning plates more so than any club could have offered me, really. That might be because of my passion for food and all these other things. I was able to be part of the SPU world but have a different role and that was really helpful.

Furthermore, Jasmine learned that she needed to have balance in her life in order to earn her degree. Finding the balance between school, work, and personal reflection aided Jasmine during her reentry. Jasmine's primary method of keeping herself balanced was to incorporate the mindfulness principles she learned in treatment to her daily life. "Exercise routines, yoga and meditation helped a lot," she says "I was eating healthier, overall I was taking better care of my body and I was much more in tune with my body."

In taking care of herself, Jasmine worked with her mental health provider to be more aware of how she reacted to the stereotypes that others put on her related to her racial identity. The expectations that she felt connected to her racial and ethnic identity added to her traumatic response to SPU and the people at SPU. As she describes, "I felt all these expectations to be the studious Asian girl stereotype, and I'm not her and it was hard to feel that pressure." During her initial enrollment, she attributed some of her disappointment with SPU to other students' reactions to her identity as an Asian female from New York. After her second reentry, she recognized that it was not so much her Asian-ness, but her own internal struggle with the way she experiences change. Rather than focusing on her racial identity, Jasmine learned that she must continually work on managing her trauma response through

living a balanced life. “It was so important to practice all the mindfulness habits I had learned from my therapist, meditation especially helped me as I returned,” she remembers. Through the various treatment approaches used by her mental health provider, Jasmine’s own understanding of her racial identity and the ability to live independently during her second leave of absence, Jasmine learned to accept herself as an Asian student at SPU. She says, “I felt better about myself and about who I am because of the work I did in treatment. That helped me feel prepared to complete my final semester.”

Jasmine’s plans to “keep one foot firmly planted in the real world” and to create balance in her life allowed her to remain engaged in therapy and provided her with enough stability to focus on her schoolwork. Without her first leave of absence and her first reentry, Jasmine knew that her second reentry could not have been successful. As she explains, “I had to plan to stay grounded on my second reentry, because my first reentry I made no plans, and it went very, very wrong.” She thought she was prepared to handle SPU after her first reentry, but realized after her second reentry, that “I had not really done the work, I wasn’t ok with me, and that became very clear during my first reentry because I was smoking so much and not taking care of myself.” Having done the work, learning about herself, and being better prepared through treatment and living independently, Jasmine was ready for her second reentry.

Peter. Peter’s leave of absence was categorized as a personal leave of absence. This meant that Peter had no expectations from SPU to complete in order to reenroll at the university. In many ways, the lack of structure from the university appealed to Peter. Peter is

not one to worry about much of anything. He describes himself as an achiever, “I always push myself to be the best I can be. Outside of that, I think that my relationships with other people in my life are probably most important. The connection I feel with other people.” His way of achieving in social relationships involves meeting the needs of others, at times at the expense of his own needs.

However, Peter knew that things had to be different in his last semester. During his time away, Peter focused on being himself. He says, “I was able to be super active. Got in the best shape of my life. I really enjoyed being me again. It was great.” In “being me again” Peter learned that he must be physically active, connected emotionally with others, and living his values on a daily basis. In living a more congruent life, Peter also curtailed all of his previous substance use. He continued to drink, but only in very controlled social settings. He realized that as he made decisions based on the things he valued, he enjoyed life more than when he tried to live up to others’ expectations. In his initial enrollment he carried the expectations of others with him in a way that did not allow him to express his values. This manifested in Peter as drinking and getting involved in drugs during his initial enrollment. As he returned to SPU he was aware of his past difficulties in prioritizing his values and was ready to finish his academic career on a high note. He understood that he needed to open up to others and let them in. His work with his therapist was valuable; he explains:

[I learned through therapy that] I didn't really ever have a sounding board for any of [my feelings]. It was amazing just the buoyancy I felt. I felt really light.

I think that at school [during my initial enrollment] the substance use was

definitely masking [my emotions] because I didn't have anyone to talk to about those things.

Although Peter learned a lot during his time away, he did not have any specific plans in place for his return. He had thought a lot about returning, but not about what he might need to do, or how he might behave or react to things differently. He assumed it would go well and had confidence that he would be able to respond in the moment to any concerns.

Peter returned to SPU in January for his final semester. His reentry coincided with fraternity recruitment. Peter explained that in the life cycle of a fraternity, recruitment is very important because it is the chance for the organization to grow and bring in new members: “It can be a very tough time to come back, because of the pressure to bring in the right people.” He was excited to be back at SPU because “it was all I thought about while I was gone.” As Peter was about to enter a meeting with his fraternity, he realized he was nervous to see his friends again because he did not know how they would respond to his return. He was very relieved when the fraternity’s reaction was that of enthusiasm and support. However, the attention waned and Peter was reminded how quickly people focus on themselves or the task at hand. The fraternity members returned to selecting new members and discussing the pros and cons of specific people joining the organization; he describes:

Five minutes later, everyone's forgotten about [my return]. It was so tough after all that time at home to be plunged into what's probably the most ugly part of the fraternity process: [the selection of new members.] That was tough

having that be my first introduction back in. I forgot about the way some people talk about people, too. It was just really ugly.

Although returning to SPU in the midst of fraternity recruitment was difficult, Peter was still very optimistic about his success. It wasn't until classes started and he found himself overwhelmed with social, academic, and personal commitments that he realized he was not prioritizing the things he did at home. As he illustrates, "I had an anxiety attack at the beginning [of the semester] just because of transitioning back. I blew off Spanish class since I got a C in Spanish three years ago when I last took it." He says he began to question if he was capable of getting through the semester;

I haven't really been at this level of [academic] rigor. All this work is piling up. All these social obligations are piling up, and so the first week, I was lucky because I had the lady [mental health provider] that I'd been working with at home to talk to on the phone. She helped me through some of that extreme anxiety I was feeling at the beginning.

With the help of his therapist, Peter was able to think about how he could balance his desire to excel in everything he does with the lessons he learned to prioritize exercise and live congruently with his values during his leave. He realized that he could take physical education classes and meet his graduation requirements. This allowed him to live his life in a way that placed his priorities first. He made exercise a priority, just like when he was at home, remembering, "I took two physical education classes for

one course credit, which was awesome. That was a great release too, throughout the week. I got into a schedule, and that was great. That really helped.”

As Peter continued his final semester, he reflected on the time he had at home and realized that the most important priorities he had at that time were to remain active and to open up to people about his feelings. Peter worked hard to implement these changes in his final semester; he recalls:

I think because all the work I did in the fall [during his leave of absence], just recognizing what I was feeling and why I was feeling that way and then being comfortable just sharing that. I think that before I really got a grip on things, emotions were the scary thing that I didn't really know how to handle very well so I think that definitely played into substance use and then actually being able to talk about, identify and process emotions with other people, I think that that was one of the big learning lessons for the fall, which I am really happy about.

Although Peter did not make any concrete plans to ensure his success when he returned to SPU, he quickly realized that he needed to implement similar habits at SPU that he used during his leave. Having his mental health provider from home available to him to talk to on the phone helped Peter adjust more quickly. Additionally, being able to change his class schedule so he could add exercise was a valuable adjustment. The insights he learned while home aided Peter in making adjustments in the moment during his final semester.

Katrine. As Katrine prepared to return to SPU, she had the benefit of 6 months of inpatient residential treatment and 5 months of supported transitional living to help her achieve and maintain her sobriety. In this time, Katrine normalized her sleep schedule, addressed her eating disorder, sought treatment for substance abuse and bipolar-disorder, and developed a normalized exercise routine. Of all the students, Katrine's time away provided her with the most opportunity to learn about herself and how she interacts with others. These lessons provided her with the most resources to support her at SPU. Returning to SPU, Katrine was ready to reengage with the university community. She knew, that she had to continue her new habits in order to support her success.

As part of her readmission from medical leave of absence, Katrine provided an essay describing why she was believed she was ready to return to SPU. In her very organized way of thinking, Katrine explained that she had addressed her past negative habits and was now healthy;

I am physically stable and healthy. Getting adequate sleep, nutrition, and following a consistent exercise regime. I am emotionally and mentally stable. I can now manage any stress, anxiety, sadness, frustration, and/or anger in appropriate ways. This means being able to tolerate a strong emotion without it consuming me, so that I do not have any desire on acting out in a destructive behavior, and choosing always safe and healthy activities when I am emotionally vulnerable.

Katrine's ability to express the ways in which her health improved during her time

away demonstrates that she internalized the lessons learned in treatment and was at a point in life where she wanted to maintain her health and explore the academic opportunities offered by SPU, she says:

I am making the most out of my therapy. Prior to my medical leave, I was not fully engaged in therapy— now it is something I really want for myself, rather than an external expectation. I see it as insurance for my future success and sustained sobriety.

Katrine knew that in order to sustain the momentum she created for herself while away, she must continue in treatment upon reenrollment. She stated in her essay, “I participate and take interest in new, enriching activities. When I am not engaged in community service, work or therapeutic commitments, I spend my time attending 12-step meetings, making art, reading, spending time with uplifting and healthy friends.” With all of this work Katrine’s hopes were to be able to apply her knowledge about her health and express herself as a student in order to achieve her goals;

I can fully express my talent and potential and appreciate the impact and responsibility that I have in a larger capacity as a member of a community.

Through all the experiences I have described, I feel I have gotten closer to my “best self”, and feel very prepared to go back to my college career.

With this self-knowledge Katrine knew she was ready to return to SPU. She believed she had learned and implemented new behaviors while she was away from SPU and was ready to integrate her “best self” at SPU; she describes her feelings at the time:

I am now ready to come back and have put a treatment plan in place at SPU to ensure my continued progress. I really look forward to being in a stimulating environment where I can grow as a person professionally, spiritually, and more.

With her new focus on life and a clear understanding of how she had changed while she was in treatment and away from SPU, Katrine returned to campus and immediately set up a treatment team to support her. Her treatment team included weekly psychiatry, DBT counseling, nutrition support, academic support, and meetings with the student support office. These steps were designed to help keep Katrine grounded in her treatment plan; she remembers thinking:

This treatment plan ensures that I am consistently meeting with someone who can support my recovery in specific areas several times a week. With this in place and the commitment that I have to staying on the right path I am confident that it will be a successful comeback.

In her first semester back at SPU, in addition to working with her treatment team, Katrine continued her life long habit of being a leader in her community. While in treatment, she “mentored women who first arrived at the treatment center, to serve as a role model for change and later on in transitional living, I volunteered at the local Boys & Girls Club.” Once she returned to SPU, Katrine kept these habits and practices in place by serving on the hall council for her residence hall. “Being on hall council gave me greater exposure in a non-academic environment to my peers,” she says, “It normalized, in a way, my own social

behaviors.” This work was very important to Katrine as she continued to grow as a student in recovery.

Katrine defined culture as a “flexible or adaptable framework that I use to understand and respond to my environment and that I use to interpret and translate my own feelings and interpretations of what I see and what I hear.” As an international student from Costa Rica and the Netherlands, Katrine recognized that the communities and environments of those countries influenced her. She explains, “I’m from two very different cultures so I am a mix of not just different cultures but also the way that my culture is expressed. It varies from place to place and that’s the most important thing about me.”

Through her experience of immersing herself in the various communities both globally and locally, Katrine learned that she has a tendency to blend into that community by adopting local cultural behaviors including language and social conventions. This is something she has done her whole life as she spent time in both Costa Rica and the Netherlands growing up. When she returned to SPU, she describes that immersing herself in the alcohol culture of the university would be very problematic for her:

For me I guess I used my own culture to understand [the alcohol and drug culture at SPU] and to understand myself, to sort of shape what ... not just what alcohol means to me but what it...means that I am [part of] this culture and this social setting. I’ve come to accept that my use of [alcohol] is different than others and therefore it’s okay for me to act differently around it.

Katrine developed a skill set that enabled her to adapt to cultural changes and incorporate aspects of each community into her life. Katrine's experience in Alcoholics Anonymous and treatment aided her in blending the various cultural values into her daily life and identity especially as it relates to SPU's environment; she illustrates:

I think I also have borrowed a little bit from the AA culture in the recovery culture and that has affected the way that I see myself within [the SPU] environment and it makes me different but still a part of.

Bartholomew. Similar to Peter's experience, Bartholomew thought about returning to SPU but assumed that everything would fall into place so he did not establish a concrete plan or worry about how things might be different. During our interviews Bartholomew did not recall establishing plans for his return based on what he learned while he was away. However, his reapplication essay demonstrates that he thought about his return and how to support himself when he got back to SPU:

I am working towards a less tempting living environment when I return to SPU, having applied for housing in the Substance-Free area. I hope that by living in this housing situation I will have somewhere to escape the temptations of the alcohol-centric activities as well as a chance to meet people dealing with issues similar to my own. I also plan to attend the SPU AA group...as another opportunity to face my problems and bond with other students in a situation akin to mine. Additionally, I plan on going back to

meeting with Michael G. at the SPU clinic specializing in treating substance abuse.

During his time away from SPU Bartholomew participated in a 29-day in-patient treatment program for substance abuse. After he completed the program he moved back to California and lived with his parents. He coached a local diving team, and continued with counseling. Bartholomew prepared to return to SPU for the summer term so he could take a smaller course load and make connections with the coaches of the diving team, he says:

One thing, I was very looking forward to [was] coming back to the diving team. That was one thing I was very much looking forward to doing, was coming back and being a part of the group that I initially started in.

During his time away, Bartholomew coached diving at the local high school as a way for him to stay connected to diving and to mentor high school students. As he describes,

I ran my own morning practice, which was really neat. I really liked the kids, because they all wanted to ... It was not a mandatory thing at all, and there were three to six kids every time I ran practice in the morning who came voluntarily at six a.m., and that was very ... I liked it a lot. I liked helping those kids out.

Diving had been a part of Bartholomew's life since he was a freshman in high school. He was familiar with the routine and expectations of diving and he replicated that routine while he was away.

As Bartholomew returned to SPU he worked in the diving office to continue building relationships during the summer with hopes of being able to rejoin the team in the fall. In addition, he established treatment with Michael G., a local treatment provider who specialized in substance abuse. Part of this was an expectation of his return to the university and part of it was that Bartholomew enjoyed talking with the psychologist he saw while he was away. As he remembers, “I saw a psychologist at home, and he made me ... We just talked. It's nice to just have someone to talk to.”

To return to SPU, Bartholomew provided a letter indicating the ways in which he knew he was better prepared to handle the academic and social expectations of SPU. In his letter Bartholomew stated:

I have not touched alcohol since the last incident at SPU. During the end of the fall semester, after I came home from treatment, I did my best to just keep away from any temptations. But now, in the middle of the spring semester, I realize that without the distractions of alcohol and the alcohol centered activities I am much more focused in both my academic and athletic work.

This realization has become a motivator to fulfill my potential. Diving at SPU and having a more serious attitude about schoolwork have become more important to me when faced with their potential loss.

Bartholomew found motivation for schoolwork and a more focused lifestyle that he had not previously experienced during his enrollment at SPU.

The summer that he returned to SPU Bartholomew enrolled in physics in the first and second summer session and applied his energies to doing well academically and to earning his spot back on the diving team. “I came back and I took physics. I did really well in both those classes.” With diving, “I was trying to prove myself to them, I wanted my spot back. Diving was why I came to SPU and I thought it ended too early.” By the end of the summer, Bartholomew learned he was not going to get his spot back on the diving team. He explains, “I ended up working for the diving office that summer, and helping out. I was ready to come back [to the team]. That fell through, and that was pretty devastating.” The end of Bartholomew’s athletic eligibility marked the second time in less than a year that he had to shift away from previous routines and work to identify new outlets. While he was away, Bartholomew eliminated alcohol from his life and did this by relying on counseling and diving. Now diving was being eliminated from his life and he was devastated. As he describes, “I definitely ostracized myself a little bit at that point.”

From the time of his leave of absence the previous year Bartholomew had lost many things that helped him manage his life. He no longer had his ROTC scholarship, he no longer drank alcohol, and he no longer was involved in diving. All three of these activities had helped Bartholomew live in the moment and not think about his future. With all of these changes, his previous routines and supports were no longer available to him. He knew he had to make significant changes and think about the future:

I definitely realized that I wasn't doing all I could. I wasn't making the grades that I should be getting. A lot of it was, also, because I was going to be in the

military. As long as I kept a 2.5 [grade point average] it didn't matter. But now it's like, 'Fuck. I need to do well. I need to apply myself.' At the same time, I didn't need to ... [I was able] to take classes that I wanted to take. That's when I started doing all the photography stuff. That helped a lot, because that was very much a change of pace in terms of what I was doing.

While Bartholomew was on leave of absence he established routines and habits that supported his reenrollment in the summer. He assumed that diving would be there for him at the end of the summer and was very upset when the coaches decided he could not be part of the team. This unexpected change in his plans caused Bartholomew to once again create new routines and habits. Photography became an outlet that he never anticipated he would use to help fill the void that diving had left.

Bartholomew took photography classes throughout his reenrollment at the university. His decision to do this introduced him to the local art museum. He found the exhibits at the museum provided him with an additional lens to see the world. As he explains, "It is very, a nice doorway into other people's heads. You, half the time it makes no sense. There is something there. Sometimes it is chaotic. Sometimes it is very ordered. Lots of cool stuff." With this influence, Bartholomew recognized that he could have taken advantage of more artistic opportunities at SPU and in the local community during his reenrollment; he explains:

What I wish I done more of in terms of culture, and a lot of it would be some type of artistic, I wish I did more photography like even now...I don't get to take pictures that I am really proud of that I want to put on display.

Conclusion. The habits each student established while away became integral parts of their plans upon reentry. During their time away, all of the students were able to identify core values and practices that helped them live congruent lives. Peter and Jasmine only had to focus on one final semester before graduation. This enabled both to think about their time at SPU in a very focused way. Katrine and Bartholomew both had four semesters to complete in order to earn their degrees. However, their approach was different. Katrine used the lessons and habits she learned in treatment and worked to sustain them over four semesters. Bartholomew planned on having the diving community and the routine of working out as his primary outlet. When that opportunity closed for him, he was forced to reassess his goals and the ways he planned to cope with that change. Even though Bartholomew's experience was different from the other three students, he was successful because he relied on the habits he established while away to support his success.

Utilizing university support resources to maximize reentry success. Each student accessed several offices and services at SPU in support of reentry. However, there is a clear distinction between the services and offices that Katrine and Bartholomew accessed and compared with the ones that Jasmine and Peter accessed. The difference between the two groups is related to the number of semesters left to complete before earning their degrees. With four semesters left to complete their degrees, Katrine and Bartholomew accessed the housing office, the wellness center, their academic dean, and the student support office. In contrast, Peter and Jasmine only utilized the housing office and their academic dean. In addition to the difference between time remaining to degree attainment, the way SPU

classified each student's leave of absence influenced the offices with which the students interacted. Jasmine's leave of absence was categorized as a medical leave of absence like Katrine's and Bartholomew's. As a result of this classification, Jasmine, Katrine, and Bartholomew had a specific set of expectations from SPU regarding their reenrollment. Peter's leave of absence was classified as a personal leave of absence. This classification meant that Peter had no expectations from SPU once he reenrolled. These distinctions and nuances are important because they demonstrate that support services alone will not ensure degree attainment.

Jasmine. Like Bartholomew and Katrine, Jasmine was required as part of her reenrollment to meet with her academic dean and follow through on recommendations made by the student support office. On each reentry, Jasmine was required to continue to seek treatment for her mental health condition in the local community. In her first reentry, her meetings with her academic dean were very task oriented. This relationship was not created to be one of compassionate support, rather one of utility to meet Jasmine's academic needs. She recalls, "My dean helped me get enrolled, but I don't think I was ready for actual help." Jasmine's second readmission letter stated "it is your responsibility to arrange a meeting with your dean in order to discuss your academic program, course registration, remaining graduation requirements and additional concerns you may have." In her second reentry, she saw her dean as responsive and helpful, and she opened up to him. However, even with this level of support, she was unwilling to access any of the other administrative structures of SPU to support her. "I knew that I was going back into something that was going to cause me

great pain and I knew it and I was feeling it,” she said. These ongoing emotions often blocked Jasmine from connecting with the administrative support structures that were established to help her.

She felt almost alien to the community after her first leave because she “had been gone for so long and so much had changed.” During her second reentry, Jasmine explains, she began to question how she fit within the community at SPU.

I almost felt like a second-class citizen coming back and I was like, “is this my own perception or is this really happening?” I was constantly thinking about things and it became like a compulsive type of thinking. So, returning was not easy and I was lucky enough to only have one semester left, but at the same time it was a blessing and a curse because I felt like I just needed to get out. I think that for a student who might have two years left it would be a completely different experience.

These feelings of otherness persisted for Jasmine throughout her final semester of enrollment. She resented the structure and expectations that SPU placed upon her as part of her reenrollment. Most of this resentment was a result of her understanding of her initial experience of enrollment at SPU and not based on the reality of the support systems available to her; she illustrates:

Even though I met with the student support office on a regular basis, even though there were formal things in place [for my return], it only helped so

much because it only could help so much. I associated so much with this institution being against me [that] I couldn't embrace it as being supportive.

During our interviews, Jasmine recognized that for some students the support structures and offices of the university could be helpful. However, for her, they were not. She explains finding the process and structure too painful:

I think a lot of it has to do with the process; upon your return you're asked to meet with a [dean in the student support office] once a month or twice a month and that's a support system in place for you. When a student is returning it is painful to retell the story that they've gone through to a whole new person and establish a whole new relationship with someone. At the same time they try and acclimate themselves back to the environment that they chose to leave because they found it poisonous and unhealthy for them. That alone just makes it a lot and it has nothing to do with the individual people, it has to do with the process in place and while the intentions are recognized by every group as positive and good, the actual execution of it all just isn't the best and can be better.

Understanding that university support structures are likely to support other students helped Jasmine also think about housing concerns for returning students. During her second reentry, Jasmine was living off campus and had been established in the community for a year. She understood that "on-campus living can be difficult when you return" and that it is important to identify the "best possible housing situation for returning students because you should live

near people you know or groups you want to be a part of.” Jasmine also understood how the student support office might be “really supportive for students with more than one semester left. For me, my attitude was that I was done with what SPU could offer me.” Jasmine wanted to complete her degree on her own terms and not by adhering to a set of expectations set forth by the university.

Peter. Similar to Jasmine, Peter did not access many university resources once he returned from leave of absence. Since his leave of absence was classified as a personal leave of absence, as opposed to a medical leave of absence like Jasmine’s, Katrine’s and Bartholomew’s the only requirement Peter had was to notify his academic dean that he was returning to SPU for the spring semester.

Returning to SPU meant that Peter had another chance to make the most of his time and he was determined to complete his degree. “It was such an amazing opportunity to return to the university I love so much and to have the chance to complete my degree,” he says. Although even with such hope and optimism, Peter remembers knowing it was going to be difficult and he would need help:

I’ve been gone from SPU for a period of 8 months between summer and fall. I forgot exactly what all it took in terms of the academic rigor so the first week, just re-adjusting to that, was pretty stressful. Just reassuring yourself you can get back into the routine. Once you’re in a routine, it was fine, but getting back in a routine was anxiety invoking to just be treading water at first.

To help alleviate his anxiety Peter met with his academic dean to help sort out his schedule and build his confidence. “I finally switched into different classes that still meant that I graduate but were also doable. I could do this. I ended up being able to double up on some of my other requirements, which was great.” Having his dean help him in this small way assisted Peter in reestablishing himself and rebuilding confidence in his ability to earn his degree.

Peer knew that housing would be important for him in his final semester and he had to figure out where he was going to live. During his initial enrollment he lived for a period of time in substance free housing and “that made a huge difference. At that time [sophomore year] I was able to control my environment and choose when and on what terms I wanted to socialize with the fraternity.” With that knowledge, Peter knew he could not live in the fraternity section again. It was not practical for Peter to sign a lease for an off-campus apartment and he was confident he could handle living on campus. He recalls, “I figured with one semester left, ‘What could go wrong?’” Once Peter received his housing assignment and saw that he had been placed in a room with a roommate living with his fraternity, he knew “it was not going to work to live with the fraternity. There were too many temptations and all my friends had either graduated or lived off campus.” Although Peter could have contacted the housing office and requested a new housing assignment, he says, “it seemed like the natural thing to just deal with the [housing] assignment and live with my girlfriend.” He and his girlfriend decided that he could spend most of his time at her off campus apartment:

I was basically living at her apartment. The other thing that added to my anxiety is they actually placed me in the dorm housing in my old fraternity section. It was right back there at square one. I probably only spent about five nights there [the whole semester], to be honest. I stayed as far away as I could. Having a stable housing situation was important to Peter's overall success during reentry. Although Peter did not end up talking with anyone at SPU about his housing assignment, he learned that living with his fraternity would not be a good option for him. This insight guided him as he and his girlfriend worked together to address that concern.

Once Peter resolved the issues around his academics and housing, he was dedicated to exploring all the opportunities at SPU. It was particularly important for Peter to explore the music offerings in the local city. He did this in order to alter the ways in which he interacted with the SPU environment; he explains:

Being able to experience different cultures outside of the one that I'm normally a part of [the Greek community]. It's part of keeping things in perspective. Another, I think, is just realizing that there are a million different cultures at SPU. Even though some might be a little harder to find than others at first, you're usually rewarded if you investigate. I spent time trying to find the niches at SPU that I had not encountered previously.

Peter's efforts to resolve the challenges he faced during reenrollment related to housing, and academics allowed him to navigate the university system. He was able to access some of the university resources to address problems as they arose. Once these things were addressed,

Peter shifted his focus to experiencing local cultures at SPU and in the local community. Like Peter's experience with housing, he identified these areas on his own without assistance from the university.

Katrine. Katrine knew that her pathway once she returned to SPU had to be different than her initial period of enrollment. Her past substance use had almost cost her the opportunity to be a student at SPU and she was now committed to her recovery. Through the knowledge she gained during treatment, Katrine was ready to utilize all of the available resources at SPU to support her recovery and academic success; she remembers:

My main objective upon returning to SPU was to maximize my potential in all areas of my life while leveraging all of the resources at the university to the best of my ability. This meant making my investment in recovery meaningful and permanent...Once I consume alcohol, I am opening the door to destroying everything I have worked so hard to build and recuperate. Therefore, remaining sober was my greatest expectation of all.

Katrine proactively identified the university support sources she would engage with once reenrolled. Due to her previous behavior SPU expected her to engage with a treatment team to address her health concerns. She was also expected to be in contact with her academic dean and the student support office. On her own volition, Katrine connected with the wellness center as a way to maximize her university resources more fully.

Academic dean. Meeting with her dean provided Katrine the chance to ensure her academics were on track to graduate. Katrine was able to “discuss technical or academic

issues” with her dean on a regular basis. With the help of her dean Katrine was able to ensure she “took courses that were very specific to my area of academic interest.” This focus enabled Katrine to establish a relationship with her dean. Additionally, Katrine’s dean knew her prior to her leave of absence, as she says, “my dean knew how terribly I had done previously, and I felt like my dean wanted to see me succeed.” This support allowed Katrine to remain motivated to do well academically;

It gave me a sense of consistency [and] stability. I was able to express any concerns and get myself, sort of, a contingency or make myself accountable by expressing any issues that I was having. Any problems [I had] my dean was there to help me. I so appreciated that.

Towards the end of her first year back her dean asked Katrine to be an ambassador for other students returning to campus after a leave. She was surprised and honored to have her dean ask her to be a leader. As a very focused academic student, it validated Katrine that she was successful and could help others replicate her success. As she describes,

That to me I felt...I just really appreciated that. I really appreciated that recognition, and it meant a lot to me also because she said it just wasn’t her but it was also after conversations with my peers. People who I’ve met in classes and things like that so you see people who weren’t even like close to me like socially they just interacted with me through academic events and things like that.

Katrine's dean provided her with a lifeline to all of the academic opportunities that SPU has to offer and at the same time allowed Katrine to open up about her fears and how she manages her sobriety.

In addition to her dean, Katrine was required to meet with the student support office to allow them to provide guidance to her. Similarly to her dean, Katrine had interacted with the student support office during her previous enrollment, so she was familiar with the staff.

Student support office. The student support office was very helpful to Katrine because they encouraged her to stay connected to her treatment and she was able to establish an ongoing relationship that involved in-person meetings. The purpose of the meetings was to check in with Katrine regarding her academic progress and maintenance of her sobriety. As she recalls, "Having someone check in on me periodically, really motivated me to do well. I knew that I could ask for help and no one would judge me." For Katrine, the continuity in staff in the student support office was very important. During her initial enrollment the student support office had tried to connect her to treatment and encouraged her to make different choices, but Katrine was not in a place where she could accept that help. It was "comforting" to Katrine to "know that they had seen how much I had gone through" and knew what the past involved. She explains, "Part of the reason that it was so important for me to honor the past, was for it to have a constant influence and a reminder of where I have been."

When she discussed concerns she experienced on campus with staff in the student support office, she knew the staff understood her history and could honor her growth; she illustrates:

I knew that unlike a lot of people, [the student support office] knew... where I have been [and] what has happened. Despite all of that they still believed in me and saw my strength. That was something that I didn't necessarily always see in myself. That provided some confirmation of my current ability to move forward but also [reminded me] of the fact that I'm not here as an imposter.

The relationship she created with the student support office, much like the one with her dean provided continuity between the past, present, and future. These relationships motivated Katrine to continue to reach for her goals.

Wellness center. Katrine's involvement with the wellness center prior to her leave of absence was as a referral to attempt to get her into substance abuse treatment. That referral had not been successful at that time. However, upon reenrollment, Katrine learned that there was a staff member in the wellness center who was coordinating a group of students in recovery. The recovery group never got organized, according to Bob, the wellness center director "because people don't want to be identified as in recovery here, there is too much stigma attached." However, Katrine had been involved in a recovery community for the past year and was accustomed to going to meetings and "doing step work regularly." It was very exciting for Katrine to realize there may be a whole group of students in recovery at SPU.

She asked one of the staff members in the wellness center if there was a student in recovery who would be willing to meet with Katrine now that she was back. She says:

Then I got connected to one other person in recovery. I actually I asked, [a staff member in the] wellness center, I really wanted to know, “Are there other people in recovery?” Because I really, really wanted that. There was one other student; at least she was openly going to meetings. I went to one meeting with her, and that was really cool.

Although Katrine did not stay connected to that student, the wellness center’s efforts to bring students in recovery together gave Katrine hope that she could meet the goals she identified as she returned. Katrine continued to be active in the wellness center’s programs and often used their space to study and unwind. She remembers, “they were one of the few places on campus that had a healthy living focus, and I found that to be an asset for me.”

Other offices. Through treatment Katrine learned that asking for help is a normal part of life. This training helped her think proactively about what offices and individuals she would need help from when she returned. “That first week, I had set up meetings with everyone, my dean, student support office, disability office, housing office,” she says, “just everyone I could think of that might help me.” Katrine has several mental health diagnoses and in order for her to access a quality education, she knew she would need to register as a student with a disability utilizing the formal process that SPU has outlined. One of the accommodations Katrine obtained was a single room on campus. She remembers the importance this held for her:

My single was my refuge. I think for others returning having a way to get exactly what they need or want in terms of housing is important. I mean, who wants to have to deal with a roommate who might drink or use drugs, when you are focused on sustaining your newly established lifestyle and routine.

Katrine found all of the university support systems to help her throughout her remaining time at SPU. She maximized the resources in a way that helped sustain her motivation for school and sobriety; she illustrates:

I really think that if I didn't come back and meet with [the student support office] and my dean, and everyone else, I think I would have felt very, very alone. Using all these resources has always been a very essential piece of my success at SPU. Because there have been low moments and I was able to move forward because of the support.

Bartholomew. Bartholomew's utilization of university support sources was integral to his reentry at SPU. As a result of his experience during inpatient substance abuse treatment and with his psychologist at home, Bartholomew knew he needed to live in substance free housing "to escape the temptations of the alcohol-centric activities as well as a chance to meet people dealing with issues similar to my own." This insight helped motivate Bartholomew to contact the housing office and request substance free housing as his preferred assignment.

When students return to SPU, they are admitted after everyone else has selected housing, which creates challenges in providing returning students with their preferred

housing assignment. Bartholomew worked with the director of housing in order to “find a room in substance free. I had my doctor at home provide a letter and they were able to give me in a single.” Not only was substance free living important for Bartholomew, so was living in a single. He says, “I put a full sized bed in there and really made it my own space.” He was able to make the space his and feel a sense of independence and control over his living space, recalling, “that single really set me up to have a good fall semester, it gave me time for reflection and control over my sleep schedule.”

Living in substance free housing was something Bartholomew wanted to do when he returned to SPU. In addition, the university expected him to continue working with Michael G. the local substance abuse provider and to work with staff in the student success office to make sure he had access to all the available resources. These were services that Bartholomew had availed himself of as things were falling apart during his original enrollment and he assumed they would continue to support him when he came back.

For Bartholomew the wellness center, student support center, and Michael G. the local substance abuse provider were the most important supports he used at SPU once he returned. He says,

More than anything, I think it was the people in my life that led to a successful reentry. From my parents to therapists [wellness center staff and clinical providers], staff in the student support office to girlfriend; it was the support system that I established around myself that helped most.

When Bartholomew and his girlfriend broke up in the spring of his first year back, he turned

to Michael G., the student support office, and the wellness center staff to help him work through his feelings connected to the relationship's end; he describes:

That was a big part of what was going on, because Lucy and I ended up breaking up in February I think, and it was shitty, but at the same time I was like, "Okay. I'm going to go have fun."

Part of the transition to having fun for Bartholomew involved ensuring that he had limits in place and a definition of where fun stopped and behavior that was too risky began. "Lucy had been with me through it all and that was great," he says, "She was a little boring though" often focused on schoolwork and not as interested in "doing silly things." When Bartholomew's friend Boris returned to school the same spring that he and Lucy broke up, Bartholomew knew he would have all kinds of "silly fun" with Boris. Boris knew everyone and was well connected into the social scene. Which Bartholomew says helped him find an outlet for fun things to do. "I was doing things. I was not sitting alone in my room. That is dangerous to sit alone by yourself for days on end."

Even though Bartholomew was now going out, socializing with his peers, and serving as a designated driver, he continued to see Michael G., the student support office, and the wellness center staff. Each expressed concern that Bartholomew would decide to drink again, resulting in passing out, and being hospitalized. He remembers, "Yeah, they all warned me, but I knew I was done with that stuff. Once I decided it was too risky in terms of getting expelled, I knew I wouldn't drink again." Bartholomew spent a lot of time talking about drinking again with staff in the wellness center; "I decided I had the best of both situations,

with Boris I did all kinds of funny and crazy things and I stayed sober.” Accepting that Bartholomew would not drink again took some time, but once he accepted it he was able to continue to use the university’s systems of support and navigate his social life, he explains:

I made up my mind [about not drinking] and it was easy, it has been easy. I have never wanted to, it was just like I turned a corner [in my mind] and [now] I see people getting drunk and it is disgusting. People are so gross.

Academically, Bartholomew says he had made a simple plan for his return to focus on things he wanted to do, as opposed to taking classes that he had to take:

When it came to school, the goals I kept were rather simple, graduate and take more classes that I wanted to take, which eventually led to my photography minor. On top of graduating I also kept it to myself to get better grades, which I didn’t necessarily do my best at, but I ended up with a better GPA than when I started my leave.

When Bartholomew was involved in ROTC, he had to take science classes because he was a science major. Although he graduated with a science degree, Bartholomew decided to take photography classes, because, “I took one in high school and liked it, but never thought I could do that in college.” My dean was very helpful in reminding me “that I can take what I want and I should enjoy what I am taking.” That helped Bartholomew stay focused in his academic goals.

Conclusion. University support resources were available to each of the students. All of the students agree that the resources available were intended to be very supportive and

helpful to them as they returned to the university. Each student maximized the resources that were identified and implemented resolutions to identified problems. The exception is Jasmine. Since Jasmine was returning from a medical leave of absence, she was required to access university support resources. For Jasmine, the requirement felt “stifling.” She saw herself as a “financially independent adult, who was fully engaged in the real world.” If Jasmine’s leave had been classified as a personal leave of absence in the manner that Peter’s was, she would not have accessed any university resources. The bulk of Jasmine’s growth was accomplished during her leave of absence through work with her mental health provider. She likely would have graduated, even without the university support resources because of the ongoing support she had from her mental health provider in the community. Peter, the other participant with only one semester left, doesn’t credit the resources with helping him graduate, but rather the support of his girlfriend and his living off campus. Peter did utilize the university resources as situations arose, but because of his girlfriend’s support he did not have to negotiate any accommodations with the housing office. By contrast, the other two participants used every resource they could. Both Katrine’s and Bartholomew’s engagement with every resource they could identify demonstrated how each applied the lessons and habits learned during their leave of absence to the university environment.

Strategies that enhanced or undermined mental and physical health. This section describes the reentry strategies that enhanced or undermined each student’s physical or mental health. It is divided by each student’s experience and further examined through strategies that enhanced or undermined health.

Reentry strategies that enhanced Jasmine's health. Jasmine engaged in several strategies to enhance her physical and mental health during her reentry. These included remaining engaged with her mental health provider, working at the café as a waitress, mending the relationship with her parents, and engaging in mindfulness practices. Together each of these helped Jasmine remain grounded and in the present in her last semester, and ultimately assisted her in earning her degree.

Mental health provider. Jasmine was required by the university to remain connected to the mental health provider in the community that she had been working with during her second leave of absence. For Jasmine, the work she did with her therapist was the single most helpful and supportive strategy she could have engaged in; she explains:

I started putting into practice the things we would do during our sessions in my everyday life. She helped me to learn about staying present in the moment and being aware of my fight or flight response and put things in the context of me, as opposed to me as a student, me as a girlfriend, me as a daughter. Just me and that was really helpful.

During her first leave of absence, she had met with a therapist because she had to, on her second leave of absence and subsequent reentry it was different. She says, "I...had a better sense of what kind of therapist I was looking for and I felt like I had the freedom to really choose who I wanted" to meet with. Her therapist also helped Jasmine develop more tenacity in her decision-making. Since she was living alone and does not drive, she remembers having to ask for help:

I was really proud of myself for becoming financially independent, and I really learned how to seek help and ask for help. I learned the power of being vulnerable and saying to somebody “Hey, can you drive me to the grocery store?” or “Hey, it’s raining really hard can you give me a ride to work?”

Therapy really helped Jasmine open her mind and learn to accept help and guidance from another person. “It forced me to connect with other people because I was on my own,” she says. Therapy became a regular outlet for Jasmine. It enabled her to review her week, provided a source of feedback about her world and her choices, and provided her with guidance. She remembers, “In the beginning I missed maybe two sessions of therapy. Then ever since those two sessions that I missed I never missed it once, I just realized there was something about the situation that I was in” and this help was something she needed to accept.

Working at the café. As a way to remain connected with the world outside of SPU, Jasmine found a job waitressing at a local café. This decision enabled Jasmine to continue her financial independence while exposing her further to the culinary world. She explains, “I became a waitress at the café...so I felt like I had one foot in the real world as a waitress and one foot in the SPU student world and I spent my weekends working.” Straddling the two worlds, SPU and the “real world” helped Jasmine stay grounded and focused on her therapy. When she returned for her final semester she knew that the waitressing job was important: “I was going to hold onto the café job, as some sort of grounding mechanism” during her final

semester. This decision allowed her to “be part of the SPU world but have a different role and that was really helpful.”

Jasmine did not want to engage in the parties and other social commitments of the SPU student world because she felt as if she had grown beyond such activities. At the same time, she knew that in reenrolling at SPU, she would have to face some of the old environmental triggers that she experienced during her initial enrollment; she remembers:

I didn't want to go to parties, I felt too grown by then and I wanted to surround myself with people that were likeminded, and my coworkers were likeminded or I saw them that way. Just ... in terms of treating other people well, not to say SPU students don't treat other people well, but it's just it was tough for me to find somebody to relate to on campus. I didn't want to go on some big search either, it was too much, I needed to just focus on the course work.

Jasmine identified her work in the café as an important counterbalance to managing these triggers. The café “was actually really grounding for me because I enjoyed cleaning plates more so than any club could have offered me really.” Jasmine also recognized that her work at the café was somewhat limiting because her coworkers did not understand the challenges she faced by reenrolling at SPU:

While taking classes I couldn't seek the support of my coworkers really, just because they weren't SPU students themselves and they weren't dealing with the same sort of course load or anything like that. I think it helped me have

something else that brought me outside of SPU's campus because [my coworkers] reminded me that that wasn't the only world that I needed to be in.

I was really avoiding fully embracing SPU.

Independence from parents. During Jasmine's leave of absence she worked very hard to be financially independent from her parents. She saw this as a way to assert her "adulthood" and demonstrate to her family that she had grown up. This was particularly meaningful to Jasmine when, during her second leave of absence, her parents came to visit her; she describes:

[My parents] came to visit me July fourth weekend and I paid for them. It was at the restaurant I was working at the time and the chef there treated them really well, and it was like worlds colliding, a complete shift [in our relationship].

This visit marked the beginning of Jasmine's efforts at mending her relationship with her parents. She continued to take steps to address the relationship throughout her second leave of absence and during her final semester of enrollment. Jasmine learned that the best way to shift her relationship with her parents to a more adult relationship was for her to take responsibility for herself and show them she had become independent;

In getting my own place, becoming financially independent, really making decisions for myself and living on my own, I demonstrated to my parents that I could live on my own. I got more respect from them in that sense and they

also got more of a sense of comfort in knowing that I could handle something that they were very worried or concerned about for me.

In doing this work to address the relationship with her parents, Jasmine learned that she had the strength to examine other relationships in her life and mend some of those relationships. The effort she put forth in addressing relationships assisted her as she worked towards her degree in her final semester. As she recalls, “In working towards a more adult relationship with my parents, I built confidence in myself.” That confidence helped reduce some of her fears during her last semester at SPU.

Cooking. As Jasmine worked on her relationship with her parents, she also found that cooking family recipes helped calm her and keep her connected to life outside of the university community. She says, “Cooking helped me have a creative outlet and feel healthier and culturally feel more attuned with my family.” Although Jasmine did not plan to utilize culinary skills as a strategy to help her during her reentry period, she remembers finding that it was a great way for her to integrate her racial and ethnic identity into her daily life:

In my family food was a huge deal; we always eat together, we always prepare food together for the most part and it really solidified us as a family. Preparing food was a way for me to appreciate what I had which was food on the table. Without practicing that value I felt like I lost myself.

As Jasmine began to internalize and more fully understand the connection cooking provided her to roots and history, she noticed that she took great care in all aspects of food preparation, even when there wasn't a proper kitchen available, she explains:

When I say roots, I'm not saying all the food I made was Chinese food, what I mean is the value that was instilled in me and that value was to appreciate the food that I eat every day. My perspective of things really changed and I started to pay attention to these portable values that I could put into practice....where it might not necessarily require a whole kitchen, but it could still be just as beneficial on a whole other level.

Cooking and food preparation was a way for Jasmine to remain connected to her family values and roots. It provided her with support by calming her and helping live in the moment.

Reentry strategies that undermined Jasmine's health. Of all the students in this study, Jasmine struggled the most in her final semester. Jasmine employed several strategies that led to her success. At the same time, she continued to engage in strategies that undermined her health. Such strategies included her inability to disentangle her negative emotions about SPU in the past from her present experience. This inability led to her continued substance use. Additionally, she refused to engage with the student support office.

Jasmine's work with her mental health provider bolstered her ability to move forward with her life and live in the present moment. At the same time, the work did not relieve her previous negative emotions surrounding her initial enrollment at SPU. For Jasmine, the act of

reenrolling at SPU re-triggered her trauma and she found herself in a heightened state of awareness; she describes:

It's almost as if I unfairly put these emotions on biology and the courses I was taking, because when I chose those courses I was really, really, confused and lost and depressed and full of like, just ... it was traumatic. "How could one course at an elite institution be traumatic?" It has to do with this other intangible world we live in that we don't really pay attention to sometimes. Especially in the world of science and I was dealing with my identity also. I could identify as a student and as a waitress, [but not as both.]

The degree of trauma Jasmine felt as she returned for her final semester continued to build during that period of enrollment. She found herself resorting to old habits, including isolating herself from others, and not going to class, she remembers,

There was a period of time where I didn't go to class for three weeks, right before the end of my semester, but I showed up to work those three weeks. My coworkers didn't even realize what was going on because I didn't tell them, but if I hadn't been working also, I might have just completely isolated myself from the outside world entirely. Because I just wanted to feel safe, those three weeks I only realized that those were three weeks when I looked back on a calendar. At the time I was isolating myself. It felt like I couldn't even leave the room of my apartment because the depression and the trauma were coming back.

This experience demonstrates how Jasmine's behaviors enhanced her health as she continued to go to work during this time. Conversely, it demonstrates maladaptive behaviors as she isolated herself from other types of interaction. Such trauma-related isolating behaviors almost resulted in Jasmine not passing the semester and earning her degree. As she recalls, "By the end of the semester, I was barely passing all my classes as a result of the three weeks I missed."

Jasmine continued to smoke marijuana during her final semester and it increased during the three week of severe isolation. "I smoked the most marijuana during my three weeks when I didn't go to school. It helped me stay calm, because my trauma was so activated." As part of her return expectations Jasmine was required to meet with the student support office. "I associated so much with this institution being against me, that I couldn't embrace [the student support office] as being supportive."

The combination of being required to meet with the student support office and needing to repeat her story to them, combined with her vulnerability related to trauma reactivation. The positive strategies she put in place to counteract the harmful behaviors ended up being enough to sustain her through to graduation. Had Jasmine had more than one semester to complete prior to graduation, it is unclear if the behaviors she engaged in related to her health would have been enough to combat the behaviors that undermined her health.

Reentry strategies that enhanced Peter's health. Peter engaged in several strategies to enhance his physical and mental health during his reentry. His overarching goals were to stay healthy and earn his degree; he describes:

We decided on two [goals]: graduating with a decent GPA, and keeping myself healthy. Once I lowered my expectations of what my last semester of college would look like down to these two things, everything became really simple. But in a way, my focus on these two objectives, over time, began to open up space that allowed me to accomplish much more, and eliminate the anxiety I was feeling. It's almost as if the less I worried about and preoccupied myself with, the more I could appreciate and enjoy, so long as those two priorities were managed effectively.

To support these overarching goals Peter worked to communicate more openly with his friends, utilize his girlfriend as an accountability measure for his behavior, incorporate regular exercise into his life, and his parents gave him a guitar to bring back to campus. Together each of these strategies assisted Peter in maximizing the opportunities of SPU and earning his degree.

Communicating more openly with friends. Like Jasmine, Peter had one semester to complete before he graduated from SPU. He had worked hard on developing his communication skills by working with his therapist while he was away. When he returned, he was able to implement the things he learned with his friends. Previously, Peter struggled to open up and share his fears and concerns with his friends. When he returned to SPU he worked hard to do that. During Mardi Gras that spring Peter joined a group of friends from his fraternity on a weekend trip to New Orleans. He says, "I kind of got carried away with my drinking and drug use that weekend and made a bit of a fool of myself. I was feeling

pretty embarrassed.” During the trip back to SPU, Peter shared his embarrassment with another member of the fraternity and sought advice;

I had one of my close friends on the RV with me while we were driving back.

It was great to be able to really just share what I was feeling with him and hear what he had to say about it. He's pretty wise. That was good. I got some good support from my friend group.

Receiving feedback from his friend and having someone to process his behavior with was very important to Peter during his final semester. As we discussed this experience in our interviews, Peter recalled how his friend was proud of Peter's growth and maturity after Peter reenrolled;

My friend pointed out how far I've come and how a crazy weekend or a night like the one we were talking about [at Mardi Gras], before I left, [during our] sophomore [or] junior year, I would just be able to shrug it off like it didn't matter. Now, for whatever reason, he said that that alone is a victory that I'm able to just say, “That isn't me.”

As Peter recalled this story, he beamed with pride at his own growth, saying, “Wow, I didn't really understand how important that was for me, until we [our interview] started talking about it now.” During our interview Peter realized that his discussion with his friend on the RV, was one of the first times that Peter had openly discussed his shortcomings and sought advice from a peer. He realized that he lacked the ability to open up to his peers prior to his

leave of absence and once he reenrolled he got better at talking to his friends about his experiences and emotions; he explains:

I think that before I really got a grip on things, emotions were the scary thing that I didn't really know how to handle very well so I think that definitely played into substance use and then actually being able to talk about, identify, and process emotions with other people.

Peter's willingness to open up to his friends created a new outlet for his stress and fears. This new behavior represents a crucial strategy that enhanced his mental and physical health.

Girlfriend as accountability measure. Peter's relationship with his girlfriend was critical to his success as he returned to SPU because of the investment he made in the relationship while he was engaged in therapy during his leave of absence. She was studying abroad and he was at home at his parent's house. He remembers, "I loved hearing her adventures and living vicariously through her as she's traveling around Europe and I'm back home in my parent's house." When Peter returned to the SPU environment he says he decided he was going to ask his girlfriend to help him remain accountable to the changes he made:

What it really boils down to, I think the personal relationships, probably my girlfriend that made all the difference. I mean she's really my accountability partner. I didn't really keep anything from her so it really kept me honest. Someone to check in with every day. That was great.

On the two occasions that Peter decided to use cocaine in the spring of his final semester he enjoyed it, but was also surprised to hear how angry his girlfriend got. “She got super, super pissed at me,” he says, “She was my accountability person in that regard. As much as I hated it, I’m really glad she was there to keep me accountable because it was nice to have.” Peter knew his girlfriend’s reaction was based on her care and support of him and was grateful for it.

Exercise. Being an active person is very ingrained in how Peter sees himself. Peter is “huge into hiking, I’m a pretty active person. If I’m not doing at least some cardio every week, I go pretty crazy. I like to be exercising a lot.” During his final semester, Peter knew that in order to preserve both his mental and physical health he had to engage in regular exercise. Regarding sustaining his health, he says, “I think regular exercise was really helpful.” Peter was able to get help from his academic dean and enrolled in physical education classes, which helped him stay emotionally balanced. By exercising regularly, Peter found that he was less likely to want to go out and drink excessively or use drugs because he would not be able to perform as well athletically the next day; he explains:

Endurance swimming was particularly [helpful] because that required keeping your body in a pretty healthy state. There'd be a pretty strong consequence if you went too crazy on the weekend. You're not going to be able to swim that mile in the pool.

Peter understood that for him, he needed to stay engaged in physical activity and understood that it was a vital strategy that would lead to success during his reenrollment.

Guitar. As December came to a close and Peter was preparing to return to SPU, his family asked him if he thought there was anything he needed to support him when he got back to school. Peter wanted to learn to play the guitar and thought that having one at school would give him a healthy outlet. Describing its importance, he says, “My guitar. That was a Christmas present. They said go and pick out something nice when you get down to school because it will be a good investment and bring your life good value.” The guitar provided Peter with an outlet to express his emotions when things became stressful.

Reentry strategies that undermined Peter’s health. Peter was very excited to return to SPU for his final semester. He was able to transfer credits back to SPU and had stayed in touch with his girlfriend. This helped him to be hopeful for his success as he reenrolled. Peter did not knowingly jeopardize his mental or physical health. Although, Peter’s continued drug use put his mental and physical health at risk.

Peter reduced his substance use significantly while he was away on leave of absence from weekly cocaine use to alcohol use in controlled environments where he didn’t drink to excess. He says, “I’d still have a few beers with the guys in a social setting, like on dollar beer night at the bowling alley. I’d take a couple of dollars and that’s that.” When Peter returned to SPU he wanted to prove he could control the drugs and not allow drugs to control his life; he explains:

Part of it too is with the MDMA [psychoactive stimulant and hallucinogenic] then also the cocaine use, I picked very specific times in advance, deliberated about it...It's not like it was an impulsive decision, it was very deliberate, very

thought out, and in a way, it was sort of my way of demonstrating [to] myself that I had a level of control over these things because they haunted me for so long, and I thought that if I could do this and be fine, then I'd prove to myself that I get the last laugh, and going forward, I don't have any plans to use any of them again. I just thought that that would be a succinct way to ending all of that in a way that I could enjoy and resonate with.

Although Peter had no obvious negative outcomes on his physical or mental health in choosing to use drugs again upon his reenrollment, he put himself and his ability to earn his degree at great risk.

Reentry strategies that enhanced Katrine's health. Katrine engaged in several strategies to enhance her physical and mental health during her reentry. She remained committed to working with various treatment providers, joined hall council, remained dedicated to rigorous honesty, and engaged deeply in her research. These strategies helped Katrine remain focused on prioritizing her sobriety. Over the course of her time away and through treatment, Katrine accepted that as long as she stayed sober, she was able to achieve her goals.

Engaged with treatment providers. Katrine planned to work with various mental health providers for medication management, therapeutic support, and nutrition when she returned. Immersing herself in this work provided an opportunity for regular assessment of Katrine's health and provided her with motivation to continue on a healthy pathway; she describes:

My first semester at SPU I [saw] my psychiatrist [and] I was basically doing DBT (Dialectical Behavior Therapy) treatment, which focuses on emotional recollection and mindfulness. Using those skills has been very, very essential throughout all of this time. Again being sort of mindful of how my current actions are affecting my recovery and how it doesn't have to be perfect. I don't have to have a perfect schedule of everything.

Over time, Katrine utilized some of the therapeutic resources less frequently than in the first semester. She did this partly because she felt like she had learned and applied the lesson and was able to handle her healthcare needs, another part of it was that she wanted to allocate her time differently:

I've used [DBT skills] throughout my entire time at SPU. The first semester [of reentry] I was going regularly [to DBT treatment] the second semester, which was spring 2013, I was going a little less regularly. Then that summer the summer where I had my first girlfriend I think I only went once, then by the time I went to fall semester I think I only went like a few times and then that second spring semester of 2014 I also only went like a few times. I wanted to go I just didn't ... I just felt like, I guess, part of me didn't need it and it was more like ... it was a time consuming thing. It did concern my psychiatrist a little bit.

Even with her psychiatrist's concern regarding Katrine's waning participation in DBT treatment, Katrine was able to apply the lessons she learned and continued to maintain her sobriety, keep her eating disorder under control, and regulate her anxiety.

Hall council participation. Katrine knew that part of her struggles had to do with involving herself socially with peers at SPU. She knew that if she found ways to be a leader in the community that simultaneously exposed her to a wide variety of people, she would likely do better. As a result of this insight, Katrine joined the hall council for the residence hall where she lived; she explains:

I was part of a hall council so that made me sort of...made me still be sort of part of the active life of the university and recognize the reality of it rather than just seeing it as something separate from myself and making all these assumptions about people.

Through those experiences I was able to talk to people, girls in sororities or guys or like also non-Greek affiliated people.

One interaction stands out for Katrine during her involvement with the hall council. There was a discussion among the leadership to make shot glasses for the residence hall where she lived. Katrine was very against this idea based on her values. She says,

That's one way where like I was in a role that had to account for like culturally how can I express my values in a way that will not isolate me or make me ... have people see me like ... I don't know not a party pooper I guess, a person who's like just not fun and not interesting just like too strict.

As she reflected on this experience, Katrine realized that she could express herself and her viewpoint to her peers and that she would be heard. She utilized her DBT skills to maintain her health. She says she was also able to see the other student's perspective as a result of her father's influence:

I think my dad's influence was really important because I'm just all for no alcohol and all these things. He's more for like more moderate and so I was sort of ... I was really, really good at striking a balance between still staying committed to my own values and making it known but also not doing something that would make me see a reaction that will make me feel very bad and isolated and different.

Katrine does not recall what the hall council did regarding the shot glasses, she does recall that she was happy with how she represented herself and was able to express her opinion with her peers.

Rigorous honesty. The concept of rigorous honesty has its roots in AA literature. Within in the context of the AA community rigorous honesty is characterized by intentionally not deceiving oneself or anyone else. To be rigorously honest requires that an individual have a certain level of introspection (Steigerwald & Stone, 1997). From her experience in treatment, Katrine knew that she had to be rigorously honest as a strategy to preserve herself within the context of SPU;

I have the capacity to be rigorously honest with myself and to be able to admit that I'm wrong and to be able to humble myself. That has been absolutely

essential. Throughout my recovery that has been the most important thing because ... a lot of distress that comes from ... when something doesn't turn out the way it should have or when something isn't going the way that it should be there is some comfort in being able to sit down and take a look at things and recognize where I should be doing things differently. What is my role here? What is ... where can I be responsible and that is by being rigorously honest.

Katrine knew that she had grown and developed as a person. As she returned to SPU, the level of insight she had gained opened up the opportunity to apply her value of being rigorously honest with those around her; she describes:

[Prior to treatment] that would have been very, very difficult because being honest with yourself about something that you're directly responsible for can be extremely painful and there are countless disasters where you know that you have to recognize that you were directly responsible for a disaster. It's very difficult but now in coming back my capacity to be rigorously honest with myself has allowed me to identify those parts where I'm responsible and proactively moved towards them. Not with guilt and shame but with some self-appreciation that I'm taking ... being accountable for myself.

Katrine learned to apply her value and beliefs about her sobriety and herself to her reentry at SPU and over time realized that rigorous honesty allowed her to continue to move forward.

Engaged thoroughly in research. Katrine choose SPU as her university because of the global opportunities and the strong academics. She knew that there would be opportunities to be involved in leading research that would have an impact on the areas she fond most interesting. She emphasizes the importance of this experience, saying, “Yes, so I guess academically or professionally I am very proud of my research I worked very hard to sort of become involved.”

Katrine was able to continue with the lab she had worked with prior to her leave of absence. The fact that the faculty in the lab wanted to work with Katrine when she came back helped build her confidence. She remembers, “I knew I wanted to do research there again, it was important to me, but I wasn’t sure they would take me back. I was really excited when they did.” During her time with the lab she was able to “submit an abstract for publication. I went to a conference and presented my paper, I’m very proud of that.” Being involved in research was one of the strategies that Katrine knew would ground her and provide her with focus: “I think that was really good. There are things I would do differently but [being involved in research] is one of the things that I am most happy about in terms of like getting a professional life.”

Reentry strategies that undermined Katrine’s health. Like Peter, Katrine did not knowingly employ strategies that undermined her mental and physical health. Rather, she was not able to maintain the positive approaches she had identified. This manifested itself in a semester long cycle where Katrine would begin the term very focused on handling her physical and mental health. As the semester progressed Katrine grappled with social and

academic expectations. Every semester this resulted in Katrine not getting enough sleep, choosing to restrict food, and not meeting regularly with her healthcare team. As she explains,

Even if I wasn't successfully accomplishing those goals like sleeping everyday and eating and doing all of that just constantly being reminded that like these are the things that I have to do in order to be okay. Even if I'm not doing them just constantly being able to try to like gravitate towards that as much as possible.

Katrine recalled one semester when she became very absorbed in her academics and was unable to put her attention to anything, including her physical and mental health. She had the opportunity to write a paper on a topic of great interest to her. The paper was due to the faculty member who also was her mentor. She admired the faculty member's research and wanted to turn in the best possible paper; she explains:

I wasn't able to deliver it on time. I was very disappointed in myself. I would just get so absorbed by the material and I would just lose track of time I guess, and have all these ideas and would just want to put everything on paper and then rewrite things a hundred times. I wasn't able to eat, sleep, or do any other things, because I wanted it to be perfect.

She eventually completed the paper and submitted it, but was angry and embarrassed that it was late. Katrine was very worried about the grade in the class, but also about how the faculty member would react to her. She remembers, "I accidently sent him [a draft] that was not like complete because I was so sleep deprived." She knew that had she been able to better

care for her mental and physical health she would have had a different outcome: “It was very difficult for me to get over what happened that semester. It was definitely a crisis for me and it continued to like bother me and to upset me in the future.” The thing that Katrine always reminded herself of as she went through this semester long cycle, was that she maintained her sobriety. Even though other aspects of her health diminished, she was able to keep things in check enough to ensure she did not drink.

Reentry strategies that enhanced Bartholomew’s health. Bartholomew utilized several strategies to enhance his physical and mental health during reentry. Unlike the other students in the study, Bartholomew struggled to create new outlets. His primary strategies to support his health were choosing classes based on his interests and taking responsibility for his future. In addition, he continued to work with Michael G., the local substance abuse counselor and continued to not drink alcohol.

Choosing classes of interest. Of all the students, Bartholomew’s leave of absence resulted in the most dramatic change in plans for life after college. Prior to his leave of absence, Bartholomew did not have to think much about future employment or where his life was going. After losing his ROTC scholarship he had to contemplate what he might want to do for a job. This shift required Bartholomew to focus on earning good grades and taking classes he wanted to take. These priorities helped Bartholomew focus his energy on these immediate tasks. So he decided to choose classes differently; he explains:

I got to take classes that I wanted to take. That's when I started doing all the photography stuff, and that was a lot of ... That helped a lot, because that was

very much a change of pace in terms of what I was doing. I mean I still was definitely taking ... I wasn't taking the hardest of classes, and I wasn't putting in one hundred percent effort, but I was doing a lot better.

Another aspect of returning to SPU that Bartholomew needed to focus on was figuring out what his future might have in store for him. Previously, he had been in ROTC and that allowed him to not have to worry about employment after college. The military had plans for him. It was laborious for Bartholomew to put the work in everyday to try to improve his grades. He remembers thinking,

I just don't like doing the work. I enjoy learning, but I don't enjoy ... I'd really like to go to a vocational school. I think that's probably one of the best things that ... I'd like to go to more of a hands on ... I'd love to do hands on stuff, instead of a lot of book work, because book work is just like I'm doing all this stuff and it doesn't mean anything, and how do I apply this. My favorite classes were lab classes. Those were the best ones by far.

Bartholomew was able to find motivation for his academics because he intended to keep things as easy and focused as possible.

Substance abuse counselor. Another way in which he managed his physical and mental health was to remain connected to Michael G. for substance abuse counseling. Over the course of the two years that Bartholomew met with Michael G. they were able to create a relationship where Bartholomew could joke with Michael G. about his decision to not drink and at the same time process what that decision meant to Bartholomew. As Bartholomew

explains, “Michael G. was just always funny. I am just taking all these drug tests, it is like ‘Hey, Michael G. I am going to pass this, I promise you.’ He would say, ‘I don’t care, still take it.’”

Bartholomew didn’t intend to not drink when he returned to SPU, but realized through his work with Michael G. that the potential outcomes of drinking and having another bad episode could have resulted in permanent removal from SPU;

I don't know if it was a restriction placed on me officially, but I was seeing Michael G. throughout my time, and getting drug tested, alcohol tested, whatever, and it was just I decided I'm not going to drink until I graduate. I think once I had that in my mind, it wasn't hard to do. There was too much on the line. There was just way too much at stake, and once I made that decision things got a lot easier

Reentry strategies that undermined Bartholomew’s health. Like other students in the study, Bartholomew did not intentionally participate in activities and events that would undermine his physical or mental health. The one area that could have undermined his mental or physical health was his friendship with Boris. Boris was a former member of the diving team who had also gone on a leave of absence. Bartholomew recalls his friendship with Boris as “a lot of fun. We just did all kinds of silly, crazy shit. It was good fun.” While Boris’ friendship was helpful, the fact that Boris drank a lot and encouraged Bartholomew to participate in “shenanigans” could have created a situation where Bartholomew drank again; he explains:

Boris...would go out and get 'shitfaced' but he could just as easily be stone cold sober and do some of the stupidest things I have ever seen. It was just, I was very much so, a "yes man" and it was like, "Yeah, Boris lets go and do this." He had crackpot ideas, which was fun.

Bartholomew had already decided he was not going to drink alcohol again while at SPU once he and Boris reconnected as friends. The decision to not drink was a health related decision because it allowed Bartholomew to focus more on other interests and develop other aspects of his life. Even with this decision firmly in place, and the support Bartholomew had from Michael G., by enabling Boris' drinking habits Bartholomew increased his exposure to problematic drinking behaviors. This friendship was important to Bartholomew and he justified it by continuing in treatment and fixating on his simple goals of graduating and taking classes that were interesting.

Conclusion. Each student's mental and physical health was jeopardized as a result of his or her leave of absence. When each student returned it was important to do things differently in order to support physical and mental health. Jasmine relied heavily on her work with her treatment provider, being involved in the local community, and learning about her racial identity. Likewise, Peter focused on positive aspects of his life and lessons learned during his leave of absence to support his reentry. Peter incorporated exercise into his life and practiced the skills he learned in treatment to allow him to be honest in his communication with others. Like Jasmine and Peter, Katrine also implemented her experiences in treatment to sustain her during reentry. In addition, she worked to expand her

social network and to regularly practice the principles of Alcoholics Anonymous.

Bartholomew's focus was on taking classes he enjoyed and improving his academic performance; this in turn opened him up to photography as creative outlet. Each of these experiences enhanced each student's mental and physical health.

At the same time, the students made decisions or participated in events that put them at greater risk for undermining their mental and physical health. Both Jasmine's and Peter's decisions to continue to use the drugs they had used previously put them both at risk. In Jasmine's case she smoked marijuana instead of using other positive coping mechanisms to manage her trauma response, while Peter used cocaine and MDMA in order to prove he could do it without causing harm to himself. Katrine's vulnerability to overdoing her focus on academic success often led her to not being involved with treatment. When Katrine was less involved with her treatment team she struggled more with interpersonal relationships. However, even with her difficulties staying involved in her treatment she was able to maintain her sobriety throughout her reenrollment. Whereas Peter focused on being more honest in his communication with his friends, Bartholomew's friends sometimes put him at risk for undermining his health due to the friends' substance abuse. This was particularly true with Bartholomew's relationship with Boris.

Each student's efforts towards sustaining physical and mental health involved many different approaches that resulted in each student being able to experience the university community in a more positive manner. In all cases, none of the behaviors the students engaged in that undermined their health were decisions made with the intention of causing

harm. Such decisions were made based on how each person understood his or her personal goals and how best to meet those goals.

Redefining peer, dating, and parental relationships. The quality of individual relationships helped the students manage their experiences during reentry. Dating relationships, peer friendships, and parental connections were equally important. In addition, all of the employee experts, Winston, Phoenix, Bob and Michael G., emphasized the ability to develop a social support system during the reentry period as crucial for successful reentry. Michael G., in particular emphasized the importance of parental support during treatment and during return, saying, “If the parents are there and involved, the kid will do better with treatment and with returning to school.” Each student had to redefine both how to socialize and with whom to socialize at SPU. Jasmine remained in the local community during her second leave of absence, allowing her to create a community and social network with coworkers during her leave of absence. Peter and Bartholomew both were in dating relationships that were very important to them as they returned to SPU. Katrine had always had one person who she connected with and socialized with throughout her lifetime. This pattern continued throughout her reenrollment and provided her with support. Moreover, the students’ relationship with their parents shifted during their leave of absence. Parental support involved a range of behaviors from financial expenditures on behalf of the student to a more open and communicative relationship between parent and student. Such a shift may be part of the normal developmental process involved in emerging adulthood, however for students in this study the evolution of the relationship was important.

Jasmine's peer, dating, and parental relationships. Since Jasmine remained in the local community after her second leave of absence, she was able to establish a network of friends and supports. She became financially independent and developed friendships with coworkers and others not connected to SPU. These connections offered Jasmine the stability she needed in order to complete her final semester. As she recalls, "I wanted to surround myself with people that were likeminded, and my coworkers were likeminded or I saw them that way." Jasmine did this by remaining connected to people she had met during her first and second enrollments, especially those students she knew at the branch campus. "I made some friends at the [branch campus at the beach] that I still, I'm with friends now, and knowing them through the years after helped me on my second re-entry," she says.

Jasmine has always been a non-conformist and very proud of her individuality. This manifests itself in how she invests in friendships over time. Her ability to make meaningful and supportive friendships over time is an asset of hers. Jasmine remains in contact with friends from junior high and high school. Regardless of the duration of the friendship, Jasmine knows that there is not a single friend who knows everything;

There's not one person that knows my whole story and I would say that all the great friendships I have they are still good friendships. If you ask me how many people do you trust in this world I have at least five people I can name. I think I'm really lucky to be able to say that. That said, none of those people know my story. They just can't, they're not me; only I can tell my story best. I'm sure if we ever sat down with a glass of wine and we really hashed it out

and I really told them everything they would totally listen and be genuinely interested and would want to know everything.

It was not that Jasmine was unwilling to open up to people it was more that she knew it was not practical to have any one person or group of people know her whole history. With this limitation to her worldview on friendships and peer support, Jasmine understood that her reentry was more successful because of the peer support she was able to sustain over time. Her friends knew enough to know how to motivate her to take advantage of her creative talents to help balance her emotional distress; she explains:

I wouldn't necessarily say that an outside support system like a whole bunch of friends isn't important, but I think that if those friends know you well enough to say, "Hey you haven't done something creative in a while, you should probably pick up your paintbrush." That's what is most important, a support network that supports you and will tell you to support yourself, not the type of support system that tells you, "We want to help you, tell us all the things you need to do and let us try to do them for you," because that's not the right way to go.

In addition to Jasmine's peer relationships during reentry, she also knew that she needed to mend the relationship she had with her parents in order to successfully complete her degree. This understanding became obvious to Jasmine as she worked with a mental health provider and accepted the ways in which trauma runs through her family; "I understood that what I was experiencing was something out of my control because you can't

practice mindfulness when your trauma system is activated.” As Jasmine addressed her mental health, she also understood how her family trauma influenced her own decision-making and confidence, she explains:

I have a dysfunctional relationship with advancing; I associate it with these bad things. I think that growing up will cause my parents to feel that they don't have something to work towards in their lives. There's just a layer of guilt and abandonment issues and all sorts of crap that runs in a lot of families.

As Jasmine addressed these health related concerns, she was able to renegotiate the relationship with her parents and that relationship improved. She says,

Keeping in touch with my parents helped foster a more adult relationship between us, which helped me set the necessary boundaries to complete my own work. Lacking a clear distinction between child and parent, and the roles therein, plays a huge emotional toll on a child's psyche and understanding of the world. In a paradoxical way, I found support from my parents by maintaining a healthy distance from them. By that I mean I set a line that confirmed my own self and existence outside of them. Having that sense of identity fostered tremendous support.

Toward the end of her final semester Jasmine realized how much work she had put into improving the relationship with her parents and how that had benefited her over time. She recalls, “I got more respect from them in that sense and they also got more of a sense of

comfort in knowing that I could handle something that they were very worried or concerned about for me.”

Peer, dating, and parental relationships aided Jasmine during her reentry. Together, such relationships helped her make decisions about how and when to interact with others to ensure she earned her degree.

Peter's peer, dating, and parental relationships. As a member of a Greek organization Peter's friendships and social connections were very important. When he returned to SPU he understood that he needed to renegotiate those relationships because he had gone through his own transformation. He says he experienced “an internal paradigm of being on some sort of epic journey to graduate and the fiery will to see this through.” In addition, he says, “I think that I was a much different person when I returned to campus in the spring, and being so involved in old friend groups made it difficult to manifest this new idea that I had of myself.” He knew that it was his responsibility to reconnect with others, which was initially challenging;

At first it's a little bit difficult because the onus was on me to reach out and initiate, just in terms of going out to dinner or something with the friends or go out and get lunch. That part was a little bit difficult, but once I put forth the effort, I think that these old friend groups were there.

Another aspect of Peter's strategy for maximizing his peer relationships was to demonstrate that he used substances, including alcohol in a safer manner. He believed that

once he demonstrated more normalized substance use behaviors, his friends would see the change and that would help reset the relationships; he explains:

Having an ability to manage my alcohol consumption in a way that still allowed me to have fun with my old friend groups but not in a way that put me in danger. If I completely walled myself off from parties where heavy drinking was going on, I would have a very lonely college experience.

Learning how to manage myself in those sorts of environments was key.

In addition to demonstrating his changed view on substance use, Peter also understood that friendships had changed due to everyone changing. He appreciated that his friends might be different, even within the same friend group not only because of his growth, but because of his friends' growth too;

[My friends might be from the] same friend group, but they may be different people in the friend group. So I think what became most important was the new found social ties I was able to make because I was meeting people at a different level, just mentally in conversation.

Moreover, Peter's girlfriend was a very important influence on him during his reentry. He had cultivated the relationship while he was on leave of absence and was very excited to be back in the same location as she was. Peter was able to rely on his girlfriend for support during difficult times, in a way that he had not been able to with previous relationships. He remembers thinking, "My girlfriend is...really my accountability partner. I didn't really keep anything from her, so it really kept me honest."

An anecdote that demonstrates Peter's reliance on his girlfriend occurred within the first month of the semester he returned. He had a really bad anxiety attack and was unsure of whom to turn to for support or help. He reached out to mental health resources and adjusted his class schedule. Although he did those things himself, he understood that without his girlfriend's support during that time, he might not have been as successful in handling that situation; "Obviously, my girlfriend was a big part of that, too. Really helping me through that period of anxiety."

Much like Jasmine's experience with her parents, Peter also worked on improving the relationship he had with his parents. Peter's parents were able to support him emotionally and financially as he spent the fall semester at home. This allowed Peter to discuss topics that he had not previously discussed with his parents. As he recalls, "I opened up to them and we talked about all kinds of stuff. They began to understand my anxiety and how to support me."

Once Peter was back at SPU, he continued to talk with his parents and use their wisdom to help him make decisions. During spring break, Peter was invited to join his fraternity in Puerto Vallarta, Mexico for the week. He wanted to go, but after discussing this with his parents Peter made alternative plans for his spring break. He went to San Diego to pursue leads on several jobs. As Peter reflected on this he expressed how spring break demonstrates a more three-dimensional relationship with his parents. He was able to participate in a decision that was in his best interest and that his family supported. In thinking about Puerto Vallarta, Peter indicated that the decision was "40% financial, 60%

health, safety, wellness and then somewhere in the Venn diagram of those two, just the opportunity cost to using spring break to go and interview and stuff.”

Katrine’s peer, dating, and parental relationships. Katrine’s history of friendships and dating relationships involved having one person who she focuses her time and energy on. Although Katrine is capable of interacting with a wide variety of people, she more often “fixates on one person as my primary social connection.” When Katrine returned to SPU this behavior did not change, in part because Katrine wanted to focus on maximizing the academic resources at SPU. Katrine was able to involve herself in healthier peer and dating relationships when she returned to SPU. Although her relationship with her parents was a difficult one, Katrine knew that her father had worked hard to support her both financially and through their interpersonal relationship. Katrine’s relationship did not change a lot with her father, rather, she was able to express herself and her needs more effectively.

Katrine had a long history of past peer and dating relationships that had been destructive and harmful to her. Some of these individuals remained enrolled at SPU and Katrine knew that if she encountered them it could cause her harm. These concerns diminished a little when she started receiving positive feedback about the changes she had implemented in her life; she explains:

I got a lot of feedback that was very, very helpful. In a way it was really good for me to be back and to get that feedback because I was able to get other people’s impressions of how I had changed.

As Katrine began to socialize and meet people, she started dating another student, Fred, who “had known me from way back.” Fred became Katrine’s person to socialize with in her first semester. Katrine’s relationship with Fred did not last beyond the first semester of her return because she realized that Fred was still doing things that were not healthy. He was still heavily involved in the alcohol and drug scene at SPU. Being in this relationship allowed Katrine to realize that she was repeating her old habit of involving herself with people who are not stable. “That was definitely lacking before [treatment], she says, having those relationships with people who are stable and in a different part of their development as opposed to other students who expose me to things that are not healthy.” Even though Fred’s relationship provided her with continuity between her life before and after treatment, “he also didn’t understand that I no longer wanted to be part of that scene.”

During Halloween of her first semester back, Katrine attended a party where she knew there would be drinking, drinking games, and drug use. She was nervous about going to the party, but also wanted to socialize with her peers. As she got to the party she realized that by having Fred with her, she had built in protection against jeopardizing her sobriety. “I always walked into those situations with someone who knows that I don’t drink. At the time there was Fred, who knew me before,” she recalls. This built-in support, even if it was with someone who was still involved in the drug scene, it helped Katrine view herself as an involved student in the social scene. As she describes, “Through my friendships, I realized that I didn’t care that they could drink and I couldn’t. It just didn’t matter to me as much anymore, and that was huge for me.”

Eventually, Katrine and Fred broke up and Katrine was able to manage the loss of the relationship. She spent a lot of time in the next year dating other people. Through trial and error Katrine eventually found a healthy relationship towards the end of her senior year at SPU. Katrine realized that for her, she has a personality that results in a very strong drive for perfection in academics and her social life. This drive has negatively influenced her ability to build long lasting peer or dating relationships; she illustrates:

On several occasions my drive for academic or professional success has caused a deficit or resulted in some type of turmoil in my...romantic relationships and my family. Subconsciously acknowledging going overboard on one thing is actually causing me to lose my support, which is like a long-term important thing.

Building a support system was one of the primary focuses of Katrine's treatment during her leave of absence. She gained skills to help her communicate her needs and values. Since Katrine's treatment involved both inpatient and outpatient treatment, she and her parents did not live in the same city. Katrine's parents supported her during treatment by participating in family weekends and encouraging her with her recovery. "Whenever I reached a milestone in my recovery, [my parents] always congratulate me for that," she says.

Even with verbalized support and attendance at family weekends during treatment, Katrine knew that her parents were not going to be a source of emotional support during her reentry. Her parents have their own set of problems and at times, focused their efforts on their own concerns and less on Katrine's needs; Katrine describes:

There were still a lot of concerns about my emotional and mental health so I guess that was always an issue to them, and it was always difficult for me to come back to Costa Rica and talk to them. Or just be around them, I can't be really home for long because I don't feel that they're supportive...It's not like I go to them for emotional support.

Contributing to Katrine's challenging relationship with her mom is that "my mom continues to have...well she's an alcoholic, so I don't really categorize that as emotional support." In addition, her father left his job during Katrine's reentry and shortly after that Katrine's parents divorced. These transitions within Katrine's family during her senior year resulted in Katrine seeking less support from her parents and instead focusing more on her dating relationships. Katrine coped with her parents' divorce and the resulting turmoil by focusing her energy on her academics and earning her degree.

Bartholomew's peer, dating, and parental relationships. Bartholomew was able to develop friendships initially with Boris, and in his senior year, with two women who he met at SPU. Like Peter, Bartholomew credits his girlfriend, Lucy, with helping him be honest and accountable to himself and others during his first semester of reentry. Bartholomew's girlfriend provided him with stability and social connection as he learned to navigate the social environment at SPU without alcohol when he returned to campus. Unlike Peter, Bartholomew and Lucy broke up after the end of his first semester of reentry. This change is what shifted Bartholomew's focus and helped him identify other friendships. Bartholomew had always been close with his parents and they had provided him with emotional and

financial support as needed throughout his lifetime. While he was home and during his reenrollment, Bartholomew didn't have to do much work on his relationship with his parents in the manner that Jasmine or Peter described, instead Bartholomew understood that his parents would remain as always, a solid source of support. Bartholomew's friendships and his relationship with his parents helped sustain him during his remaining two years of enrollment.

In developing his own friendship circle, Bartholomew initially relied on his friend Boris. Bartholomew and Boris had known one another since Bartholomew's freshmen year and it made sense that they connected with one another. Bartholomew had a new focus at SPU during his reentry. That focus involved maintaining his decision to not drink. He says that drinking and being afraid of being suspended from SPU helped, "because then if friends were goading you and going, 'Ah, come on,' you've got a legitimate thing [to tell them no, I don't drink]." This boundary helped Bartholomew learn to have fun in a way he hadn't done in a long time: "Yeah. I think I definitely came out of my shell a little bit, because it was just... There wasn't that one goal [of getting drunk]. That wasn't there. It was just go have fun."

Oftentimes Bartholomew volunteered to be the sober driver for his friends, including Boris, he describes:

It was fun... It's just like I'd rather do that [be the sober driver] than have someone else drive. I'm not about to pay for a cab, and I've been pulled over a few times with too many people in my car, and the police officers are very ...

They don't really “pooh-pooh it,” because they're like, “Hey, at least you're sober.”

After Boris graduated, Bartholomew had to again identify a new friend group. By this time, it was easier to do because he felt more comfortable in his decision not to drink. Additionally, Boris had introduced Bartholomew to a wide variety of people.

Bartholomew began to meet people in a variety of ways and eventually connected with a female student. They were heading down a romantic pathway and Bartholomew realized that he would rather be a friend than in a dating relationship. He remembers thinking, “I was becoming too good of friends with her and her roommates” to try to be her boyfriend. This was a good decision for Bartholomew because he spent much of his last year hanging out with the three women. “My senior year, I was doing a lot of stuff with those three and then spring break happened,” he says, and Stacy [one of the women] got a boyfriend who she spent all her time with. Bartholomew continued to become very close with the other two women throughout his senior year; he illustrates:

I slept almost every night at their house on their couch. It was great to have people to do stuff with and hang out with. I had those two, and those two were a lot of fun and that is what most of my last year involved.

Bartholomew valued close and meaningful connections with other people that also involved doing a lot of different and fun things. Bartholomew grew as a person as he opened himself up to a variety of people, eventually recognizing that “it takes me a while to open up

to new people and be myself. Once I do, I am very loyal.” He finished out his time at SPU by becoming one third of a trio that spent a lot of time with one another.

Unlike Peter’s relationship with his girlfriend, Bartholomew’s relationship with Lucy did not last beyond the first semester he was back at SPU. As he recalls, “We had stayed together through [the leave of absence], and that was one of the best things that I had going for me.” When Bartholomew returned to SPU, most of his friends had moved on or graduated. “I didn’t really have friendships. He says, “I didn’t have the diving team.” Bartholomew filled the void that existed with his relationship with Lucy. Lucy became one of Bartholomew’s only friends and that excessive attention caused friction between the two of them. In reflection, he acknowledges, “I was pretty sure that semester was a big part of why we ended up splitting up.”

In some ways, Bartholomew’s parents’ support enabled him to focus on his social relationships at SPU because his parents had always been a consistent source of support for him throughout his life. Bartholomew’s parents were involved in his life from a young age and offered advice, edited papers, and worked to encourage him to earn his degree. Unlike Jasmine and Peter, Bartholomew did not see any aspect of his relationship with his parents that needed to be improved. While he was home he had few expectations from his parents; as he describes, “I don’t really do work. I don’t do anything. I hang out with my parents and visit my grandmother.” The ability to do this allowed Bartholomew the opportunity to maintain his already well-formed relationship with his parents.

During his reentry to SPU, Bartholomew focused much of his energy on his social

and dating relationships and less time on his relationship with his parents. This was due to the fact that his parents were a constant for Bartholomew. He explains, “I definitely had my parents as well, but I mean I have always had them. They have always been supportive.”

Conclusion. All of the students in this study involved themselves in dating and peer relationships when they reentered the university. For Jasmine and Peter, each spent time defining and adjusting their relationship with their parents from that of child and parent to more of an adult relationship. Katrine and Bartholomew did less work on their relationships with their parents, but for very different reasons. Katrine’s parents had their own set of difficulties, while Bartholomew’s parents were a consistent source of encouragement and support. For all the students, the relationships with their parents assisted them as they developed peer and dating relationships.

Each student’s approach to identifying and participating in these relationships was different. As a result of spending a year in the local community where SPU is located, Jasmine’s friendships were well established as she returned to SPU. This helped her in that she did not have to create a new peer group, while at the same time it limited her ability to use those relationships for support. She believed those friends could not understand her experience because they were not SPU students. Peter’s girlfriend was the constant accountability partner that enabled Peter to navigate the academic and social scene at SPU. Katrine’s habit of focusing her energy on one important person resulted in her developing limited connections to other peers. At the same time, this habit allowed Katrine to assess relationships that were most important to her and cast off those relationships when she

identified them as harmful. Finally, Bartholomew's relationship with Lucy ended after the first semester due to his over emphasis on Lucy as his source of support. Bartholomew had to redouble his efforts and identify his own social circle. This allowed Bartholomew to embrace his desire to be very social and sober. Eventually, he encountered a smaller group of people that allowed him to be more authentic in how he interacted with others. Each of these dating and peer relationships taught the students about themselves and assisted them during their reentry.

Chapter Summary

The purpose of my study was to explore the reentry experiences of students who went on a leave of absence from SPU as a result of their substance use. A combination of interviews with students, employee experts, and documents furnished by all participants provided the foundation for my understanding of these experiences. In this chapter the data were presented through the emergent common themes.

This study illustrated that students who reenter the university were successful by implementing habits learned during their leave of absence. Such habits included taking steps to improve areas such as nutrition, exercise, and sleep. These habits formed a foundation for each student to build on so they could maximize their potential success within the university environment. Two of the students, Katrine and Bartholomew made a point of maximizing the available university resources such as housing, staff in the student support office, and their academic dean. These resources were important for them because each had two years to complete before graduation. With only one semester left, Jasmine and Peter used fewer

university resources. Peter found the resources he used to be helpful in solving problems, whereas Jasmine was unable to successfully use the resources available. Substance abuse and the patterns the students established during their initial periods of enrollment created many challenges for them. Once the students reenrolled, all reduced or eliminated their substance abuse patterns and implemented habits to sustain their recovery.

The decisions each individual made during their reentry period to maximize, and at times undermine, their physical or mental health provided all with important opportunities for growth. Some supportive decisions included continuing in mental health treatment, improving communication with important people in their lives, and choosing to put as much effort as possible into enjoying their academics during the reentry. The choices the students made that undermined their physical or mental health were not intended to cause harm, rather, the decisions were made because the students wanted to avoid feeling lonely or different. They wanted to feel like they belonged within the university community. Such undermining decisions included Jasmine's refusal to accept assistance from university support resources and instead maintain a life outside the university, Peter's continued drug use, Katrine's struggles to find balance between treatment and her desire to be immersed in her academics, and Bartholomew's initial decisions to be friends with Boris, a student who engaged in high-risk drinking patterns.

Finally, the students worked to redefine the relationships they had with the various people in their lives. Jasmine's focus was on renegotiating her relationship with her parents, Peter learned to communicate more openly and honestly with his girlfriend and other friends,

Katrine accepted that her parents were not going to be a strong influence in her life and therefore she worked to establish both peer and dating relationships to sustain her. Of all the students, Bartholomew had the least work to do in this area because of his already strong communication and understanding from his parents, along with his self-awareness that honest interpersonal relationships are important to him.

Chapter six will describe my conclusions and discuss implications for theory, policy, and future research.

CHAPTER 6

Conclusion

This qualitative case study explored the experience of four undergraduate students who reentered the university after an approved leave of absence influenced by substance abuse. Each case study was collected through data provided in interviews with students and employee experts of the university, publicly available written information, and written responses provided by the student participants. Using a theoretical framework based on recovery capital (Cloud & Granfield, 2008), along with open coding, this study sought to address the following research questions:

1. How do undergraduate students in recovery who are reentering the university after an approved leave of absence experience reenrollment through graduation?
2. How do undergraduate students in recovery develop and maintain recovery capital?
3. How does the college setting and campus culture influence undergraduate student's ability to maintain their recovery?

This chapter discusses the conclusions drawn from the analysis by weaving in relevant literature. Next, the chapter considers the theory of recovery capital and how the analysis extends the theory in new and unique ways. Finally, the chapter addresses the study's implications for theory, research, and practice.

Conclusions

Four conclusions were drawn as a result of data analysis. Students who reenter the university must implement lessons learned to ensure continued growth upon reentry.

Additionally, developing quality relationships with others supports reentry success. Next, for students in this study, fitting into the university social environment involves substance use. The college environment encourages students in recovery to use substances. However, the substance use is often more controlled and does not have negative outcomes. Finally, recovery capital provides a compelling lens to understand reentry for this population of students.

Implementing lessons learned ensures continual growth. Student participants were away from the university anywhere from 8 months to 18 months. During their time away, they addressed the ways in which substance abuse impacted their lives and used treatment providers, dating relationships, or parents to help them learn and grow. When the students returned, they recognized that in order to be successful in the environment at SPU, they had to sustain their good habits. For Katrine and Bartholomew, this included staying in treatment with a mental health provider. Peter's way of continuing to grow, involved having more honest and in-depth relationships with his girlfriend and other friends.

Jasmine's experience is unique to the group due in part to her two leaves of absence and two reentries. In her first reentry, Jasmine knew she had not adequately engaged in treatment to learn enough about herself to reengage in the university community. However, Jasmine noted that her original leave of absence and her first reentry directly led to her being able to invest in treatment, learn about her trauma, and make decisions to live a healthier lifestyle during her second leave of absence and subsequent reentry. Jasmine's second reentry is what enabled her to put her health including, exercise, nutrition, and sleep at the

forefront of her life. Even with these steps, Jasmine struggled to attend class and increased her marijuana use for a short period during her second reentry.

While Jasmine's success looks different from Peter's, Katrine's, and Bartholomew's because she did not throw herself back into the SPU community, she was successful in her own way. She earned her degree and was able to maintain her understanding of herself as a resident of the local community and as a student. Although Jasmine struggled to complete her degree, she demonstrated her growth through staying in treatment, finding support from friends and others outside the university community, and through her independent living.

The students' method of engaging in support resources to enable growth varied. This variation is consistent with the literature regarding recovery support resources. Recent literature has shifted the emphasis in recovery away from a single definition of recovery that involves only abstinence-based approaches to a focus on reducing the associated harms related to substance abuse along with reducing or eliminating the substances used (Laudet, 2008). One key component of this line of thought is that in order to make a meaningful change, the individual in recovery must be around others that can support the change (Laudet, 2008; White, 2012). All of the students found a community of support while away from the university and continued to build that community of support once they reentered. For some, especially Katrine and Bartholomew, university support resources such as academic deans and the student support office were very important in sustaining the changes they made.

One significant resource that other universities use to support students in recovery is collegiate recovery communities. These are university supported communities that aid students in maintaining recovery, identifying social support, and engaging in academics (Cleveland & Bell, 2010; Laudet, 2013). Many collegiate recovery communities assume that in order to support students in recovery the program should 1) involve students in 12-step programs, 2) limit a student's social network to the recovery community, 3) develop academic purpose and direction for the student, and 4) have a focus on finding sober housing (Bell et al., 2009; Cleveland & Groenendyk, 2009). This study confirms some of these findings.

The findings in this study concur with Bell et al. (2009) and Cleveland and Groenendyk (2009) regarding the importance of developing academic purpose and direction and finding sober housing during reentry. All of the students, with the exception of Jasmine, were very focused on their academics and future careers during their reentry. In addition, the students all took steps to ensure their housing situations supported the changes made during leave of absence. For Katrine and Bartholomew this involved working with the housing office to ensure Katrine had a single room and Bartholomew lived in substance-free housing. Jasmine lived on campus during her first reentry, which was not at all supportive. At that time she also did not take steps to ensure her housing situation was supportive of the changes she made. During her second leave of absence she lived independently off campus and continued to do so during her second reentry. Peter was assigned on-campus housing, but

knew immediately that the assignment was not going to be a sustainable way to live. To solve the problem, he decided to live with his girlfriend.

The habits each student formed while away from campus and continued to implement during reentry serves as an important consideration when thinking about recovery on a spectrum of care that includes treatment and aftercare (Laudet, 2008). Additionally, the growth the students experienced and sustained during reentry supports the stages of change model frequently used by substance abuse treatment providers (Connors, DiClemente, Velasquez & Donovan, 2012; Gerard, 2013; Miller, 2011). This model involves steps in the change process beginning with a desire to make a change, continuing to a point of being ready to change, implementing changes, and maintaining the change over time (Connors et al., 2012). The employee experts in this study including residential dean Phoenix and academic dean Winston emphasized the importance of relationships for students as they reentry. Both indicated that sustained change comes from surrounding yourself with people who are supportive of the changes being made and who will support the student in being authentic in their relationships. This authenticity is important within the dating realm, peer relationships and with parents. In addition to the quality relationships both Phoenix and Winston acknowledged that earning a degree from SPU is often the single motivating factor when they return. The students in this study had a strong desire to earn their degrees from SPU because it is an elite university. This motivation sustained their process of change during their time away, upon reentry, and through to graduation.

Two findings by Bell et al. (2009) and Cleveland and Groenendyk (2009) that were

not confirmed in this study are the expectations that recovery requires participation in 12-step programs and remaining sober. SPU does not have a formal recovery community and even if there were such a community, only Katrine, who is completely abstinent from all substances, would have been eligible to participate. None of the students participated in 12-step programs as a method of maintaining their recovery upon reenrollment. The benefit of 12-step programs is they provide a supportive community when needed. Since none of the students used 12-step programs, they created systems of support through relationships, family, university offices, and mental health providers. These systems provided the support that many in the recovery community find through 12-step participation.

All of the students, with the exception of Bartholomew limited their social engagements to a network that supported their recovery and the changes they made. This is also different from the work involving collegiate recovery communities. Similar to how the students developed support without 12-step participation, all of the students surrounded themselves with people who encouraged them to maintain the reductions they made in substance abuse. The ways in which students grew and found support indicate that a recovery community is not necessary for success; however, the components that such communities offer are important. A university must provide some structure to students in recovery as they reenter either through recovery communities, or other support services that meet the needs of this population. The need for support is consistent with the literature regarding collegiate recovery (Bell et al., 2009; Cleveland & Groenendyk, 2009) and recovery in general (Cloud & Granfield, 1994; Granfield & Cloud, 1996, 2001; Laudet, 2013).

In order to continue their change process and growth, students implemented lessons learned during their leave of absence. This allowed all of them to maintain these habits during reentry, reduce their substance use, and become more involved in the university community. Such changes involved identifying university support resources, continuing with mental health treatment, and identifying relationships that supported the changes made during leave of absence. These changes enabled degree attainment through successful engagement with the university in a way that was comfortable for each student.

Developing quality relationships to support reentry success. The students in this study learned during their leave of absence that in order to be successful at SPU and earn a college degree they had to redefine the relationships they had with the important people in their lives. All of the students were focused on having different social interactions in peer and dating relationships. In addition to this, during the time period of the leave of absence and once the students reenrolled, all but Bartholomew did significant work in communicating with and developing an adult relationship with their parents.

Quality peer relationships. Upon reentry the students set about identifying a social support system that allowed each to live congruently between values and actions. Peter and Bartholomew discussed the connections they built with their girlfriends during their time away and how those relationships sustained them, Peter in his only semester remaining and Bartholomew during his first semester of reentry. These connections, along with the relationships the students built during reentry helped bring them towards degree attainment. Bosari et al. (2006) showed that high-quality friendships improve self-esteem and self-

confidence. These types of friendships encourage students to get to know one another on a personal level (Bosari et al., 2006). In addition, personal connections and experiences allow students to develop meaningful, authentic, and high-quality relationships with one another (Bosari et al., 2006). All of the students experienced this type of high-quality friendship during their reenrollment. These connections helped build their confidence and encouraged them to explore more deeply the arts and other student activities.

Katrine's experience of high quality relationships was a little different from the men in the study in that she has a habit of becoming very close with one important person. Even with this pattern, Katrine understood that during her reentry she had to choose people who were stable and healthy in order to expose her to new and different communities on campus. In addition to broadening her social outlets, Katrine knew that because of her significant past substance abuse if she reengaged in similar social networks, her sobriety would be in jeopardy. Findings from Cloud and Granfield (2008) are consistent with Katrine's experience. They found that old social networks can reduce a substance abuser's success in recovery and that those who are successful in maintaining recovery find new people to connect with.

Greek life and athletic teams. Two other important areas of research regarding substance abuse and college students involve participation in Greek life and athletics. In this study only Peter was a member of a Greek organization and only Bartholomew participated on an athletic team. Peter described his experience of joining a fraternity as both helpful to him in that it allowed him to meet new people and have a group of friends, and difficult for

him because he had a challenging time developing meaningful relationships with his peers. Peter drank large quantities of alcohol each time he socialized with his fraternity during his initial enrollment. This is consistent with the findings that Greek students are exposed to alcohol and have more opportunities to consume alcohol than non-Greek students (Scott-Sheldon et al., 2008).

Peter joined his Greek organization in order to meet new people and to be part of a vibrant social community. After his leave of absence he knew that the substance abuse culture of his Greek organization influenced his decisions. This exemplifies the work of Bosari et al. (2009) in which they found that some students select into a Greek organization because of the culture around substance abuse. Students who exhibit high-risk substance abuse behaviors often choose an organization that will allow them to sustain such behaviors (Bosari et al., 2009). Peter may have originally selected his Greek organization due to its reputation for alcohol and substance abuse; however, when he returned to SPU he chose to develop relationships with the people in his fraternity differently. Peter realized that he needed and wanted the quality relationships of the organization and the future social or career connections more than the substance abuse opportunities. He focused much of his final semester on socializing only with those members of his Greek organization who he believed would enable him to continue to live congruently with his values. This is also consistent with the Bosari et al. (2009) findings that students can choose a Greek organization for its values and they are thereby being socialized into the culture of the Greek organization. In Peter's

case, this socialization process did not occur until after he reduced his substance abuse patterns, had gone on his leave of absence, and reenrolled at SPU.

Bartholomew's involvement with the diving team provided him with his entire social support network and substance abuse exposure during his initial enrollment. The timing of the diving season in the academic year, and of practices in general, impacted when Bartholomew would drink alcohol. He did not drink during the competitive season, but he did drink at other times of the year. When he did drink, it was often with the diving team and he frequently drank as much as he could in order to remain competitive with his teammates. Such behavior confirms the work of Martens et al. (2005) regarding lower rates of substance abuse, and the work of Nelson and Wechsler (2001) regarding short periods of high intensity drinking due to the athletic schedule. Martens et al., (2011) described how students who are involved in athletics report more problems than their peers. Bartholomew's experience mirrors this research. Some of the consequences he experienced included losing his ROTC scholarship and being removed from the diving team.

Parental involvement. The students identified core values and practices that helped them live congruent lives during their leaves of absence and they planned to apply these values to their return. For all the students, except Bartholomew, an important aspect of the time away from the university involved redefining the relationship with parents. Arnett's (2000, 2005) research focuses on the developmental tasks of emerging adults. It provides an understanding of why the students needed to negotiate their relationships with their parents. Emerging adulthood is the time of life when young people remain financially dependent on

their parents, but at the same time are working to be self-reliant and making independent decisions (Arnett, 2000). As slightly older emerging adults, Peter and Jasmine were more autonomous from their parents than Katrine and Bartholomew, although all four students remained dependent on their parents to take care of their financial needs, including tuition. Even within the context of financial dependence, Jasmine had become the most financially independent of the four students during her time away. The relationships students had with their parents were meaningful during their time away and upon reenrollment.

Parental influence during reentry primarily involved financial assistance including paying tuition, buying items that aided the student's academic success, and paying for other life necessities. When emerging adults think of social support they often identify their peers and not their parents as a significant source of support (Arnett, 2000). When the interview questions were shifted to more general inquiries about who provided support, parental influence emerged as an important area for students in this study.

The findings in this study regarding parental involvement and shifting the relationship with parents from that of parent-child to an adult relationship moves forward the literature regarding the importance of parents. College students don't often think about their parents when they think about social support. They think about their peer or dating relationships. The importance of parents underscores that this generation of college students views the role of their parents differently from previous generations. More work should be done at the intersection of emerging adulthood, college substance abuse, and the relationship emerging adults have with their parents.

Conclusion. The importance of these relationships underscores Cloud and Granfield's (2008) work around social capital as one aspect of recovery capital. Social capital involves the relationships that are important to individuals in recovery (Cloud & Granfield, 1994; Granfield & Cloud, 1996; Granfield & Cloud, 2001) Additionally, peer relationships are very important in developing independence and social autonomy (Roche & Watt, 1999; Schulenberg & Maggs, 2002). The students all expressed varying degrees of social support from friends, dating relationships, and parental involvement.

Fitting into the university social environment involves substance use. Katrine was the only student in the study who stopped using all substances and would be considered “in recovery” by a more narrow definition of the word often used by treatment providers (White, 2009) and in AA (AA, 2001). In this study, I intentionally used a broader definition of recovery, one in which the individual reduces or eliminates substances in order to address any negative consequences (Betty Ford Institute Consensus Panel, 2007; Laudet, 2013; White, 2009). Once the consequences are addressed, an individual may begin using substances again, but at a rate that is much lower than previous rates (Betty Ford Institute Consensus Panel, 2007; Laudet, 2013; White, 2009). The important factor of this definition is the change in negative consequences associated with the high rates of substance use rather than continued substance use.

The idea that college students who seek treatment for substance abuse, reenroll in college, and continue to drink alcohol has not been considered in the literature. This study contributes to the literature and moves it forward through the understanding that some

college students who leave school as a result of substance abuse will continue to drink or use drugs, but at a lower rate. Such a conclusion is surprising in this study because of all of the negative consequences the students experienced related to their substance use. However, when considered further within the context of the college environment a decision to continue to use alcohol or other drugs is understandable.

Some students who engage in high-risk substance abuse in the past can continue to drink alcohol or use substances after treatment as demonstrated by Jasmine's, Peter's, and Bartholomew's experiences. This study found that continuing to use substances involves risks and can have negative consequences. Katrine understood that because of the extent of her previous substance abuse, it was too dangerous for her to start drinking again. Additionally, in Jasmine's case, she almost did not earn her degree due to isolating behaviors and heavy marijuana use during reentry. As substance abuse treatment provider and participant Michael G. explained, during treatment it is not possible to determine which people can continue to drink or use other substances and which people cannot. From his perspective, the safest decision is to navigate life without alcohol or other drugs once treatment is sought. As the students illustrated, such a decision can be very difficult to implement when enrolled in college.

Much of the existing literature regarding the college environment and substance abuse indicates that students who have a history of substance abuse prior to enrollment are at a higher risk for negative outcomes once enrolled in college (Johnston et al., 2010b). Furthermore, the first eight weeks of the fall semester of the first year of college is a time

when students drink and use illicit substances at a very heavy rate (Winter & Wechsler, 2005; Mundt, et al., 2012). These patterns help first-year students develop and sustain their high-risk drinking habits. Since the early 2000's the Core Institute (2010) has reported that binge drinking rates for college students have remained steady at approximately 46%. This indicates an environment where alcohol is frequently present and often abused by students.

Once the students in this study enrolled at SPU, they all began binge drinking and smoking marijuana. Jasmine and Peter voiced their reasons for drinking and using drugs during their initial period of enrollment best. They wanted to find and develop meaningful friendships like they had in high school. Instead, both found themselves lonely and isolated. Bosari et al. (2006) discusses that high-quality friendships lead to lower overall substance abuse during college. However, the overall collegiate environment places a high value on drinking opportunities for students, ranging from Greek parties and tailgating to pre-gaming events. The students engaged in high-risk substance use during their initial enrollment in hopes of developing meaningful relationships. Ironically, none of the students were successful at this goal, and instead their substance abuse accelerated as they become more isolated and lonely. These behaviors were encouraged by the myriad of opportunities at SPU to participate in high-risk drinking. This, in turn, led the students to increase their drinking due to the messages they received from the community indicating that the easiest way to make friends or find a date, is to get drunk with your peers (Malloy et al., 2002).

Jasmine, Peter, and Bartholomew knew that returning to SPU would be difficult because of the length of time away from college and because of the changes they made in

their substance abuse. All of the students wanted to develop connections with others without having the substance use drive the interactions. Upon reenrollment, the students approached relationships in a more authentic manner, one that demonstrated congruence between their values and choices. Only Katrine was completely abstinent from all substances. Jasmine continued to drink alcohol and smoke marijuana; Peter continued to drink alcohol, smoke marijuana, and used cocaine and MDMA on two occasions; and Bartholomew continued to smoke marijuana, but ceased his alcohol consumption. The students continued to use substances upon reenrollment because of the steps they had taken during their time away to live more congruent lives. An additional factor in using substances again was the social environment of the university. The people they socialized with and the locations of such opportunities involved alcohol and other drugs. The students wanted to fit into these environments and understood that to fit into the environment, it was easier to drink or use drugs than to appear to not fit in with the group. The major shift for Jasmine, Peter, and Bartholomew was that they limited the amount of substances they used and recognized that certain environments were unsafe. Peter personified this by not living with his fraternity during reenrollment and choosing to avoid social opportunities that only involved substance use. In addition to personal decisions they made about the environment, substance use was now a tool to develop relationships. It was no longer the driving force in creating relationships. This shift made the relationships more authentic and high-quality.

Although the students continued to use substances upon reentry, it was difficult to ascertain if the changes they experienced upon reentry were due to their individual changes,

maturity, and commitment to making things different, or if the university environment had changed. Wellness Center Director Bob, indicates that during the timeframe when the students reentered, his office was working in a systematic manner to curb the high-risk drinking rates on campus and to create a safer environment through risk management policies. Katrine noted this change when she returned to the university too. Although she wasn't sure if the changes on campus were because she was now looking for different people, or because environmental change had really occurred. Michael G's lens regarding environmental change at SPU is that things have actually got worse, although he acknowledged that he now sees more students than he did five years ago. It is difficult to discern how the environment changed and how the individual student's changed during their leave of absence. This nuance is important to be aware of as university's work to alter their environment and create a safer and healthier place for students.

There is very little research to explain these choices. In some ways they are influenced by the environmental context of being a college student and young twenty-something. There is a high value placed on the ability to drink alcohol in a social context for young adults. This is seen through prevalence rates indicating substance abuse begins to increase in adolescence hit the peak in early adulthood, and drop off around age 30 (Stone et al., 2012). This study expands past research by demonstrating that students can seek substance abuse treatment, return to college, and refocus the role substance use plays in their lives. It is possible to be immersed in the substance use environment of college, without substance use taking over the student's life. This expanded understanding of substance use

and college students fits nicely with Arnett's (2000, 2005) work indicating that emerging adults want to make independent decisions and have control over their lives. By choosing to use substances again, students in this study show their independent decision making, while at the same time utilizing resources to sustain behavior change. Even if these choices appear to place degree attainment at risk.

Conclusion. During reentry the students worked hard to fit into the environment of the university. For all the students, except Katrine, this involved using substances again as a way to create and maintain quality relationships. This change in all the students was possible because of treatment and the foundation the students created during their leave of absence. Within treatment and recovery communities abstinence is the most conservative and safest approach for people in recovery. Abstinence is the only guaranteed method that will prevent substance use from causing additional problems in a person's life. However, the college environment is not always friendly to people in recovery who are abstinent from substances. This study demonstrates that some college students will continue to use substances even after substantial negative consequences and treatment. The motivations for returned use vary, but for students in this study fitting into the social environment of the university was the common goal.

Recovery capital as a compelling lens to understand reentry. This section provides an overview of recovery capital and a discussion of the degree to which this theory resonates with themes in chapter five. The remainder of this section will share the ways in which this theory provides a compelling lens to understand the reentry experience of college

students who go on a leave of absence influenced by substance abuse and return to the same university. A student in recovery is a person who has reduced their substance use from a level where the individual encountered significant problems in their lives and now has reduced or eliminated substance abuse. In addition to the change in substance use, the resulting difficulties related to previous use have also been eliminated (Betty Ford Institute Consensus Panel, 2007). Each student in this study met this definition of recovery. The theory of recovery capital describes the four areas that individuals in recovery should maximize in order to protect and maintain their recovery (Cloud & Granfield, 2008). This theory was developed through in-depth interviews with drug-addicted men in the 1980's (Cloud & Granfield, 2008). The term "capital" was selected by the researchers to describe each area because the word indicates that an individual can gain or lose specific tools, resources, or connections that are vital to maintaining recovery (Cloud & Granfield, 2008). The four types of recovery capital include social capital, physical capital, human capital, and cultural capital. Social capital involves relationships, physical capital is the person's ability to participate in the economy, human capital describes inherent traits, and cultural capital involves the arts, and faith communities to support recovery. The four themes identified during open coding in chapter five illuminate how each type of recovery capital manifests in students' lives (see Figure 1). The next section demonstrates where the themes and the types of capital overlap, and it concludes with a discussion of how the theory might be re-envisioned to more accurately reflect the experiences of college students in recovery.

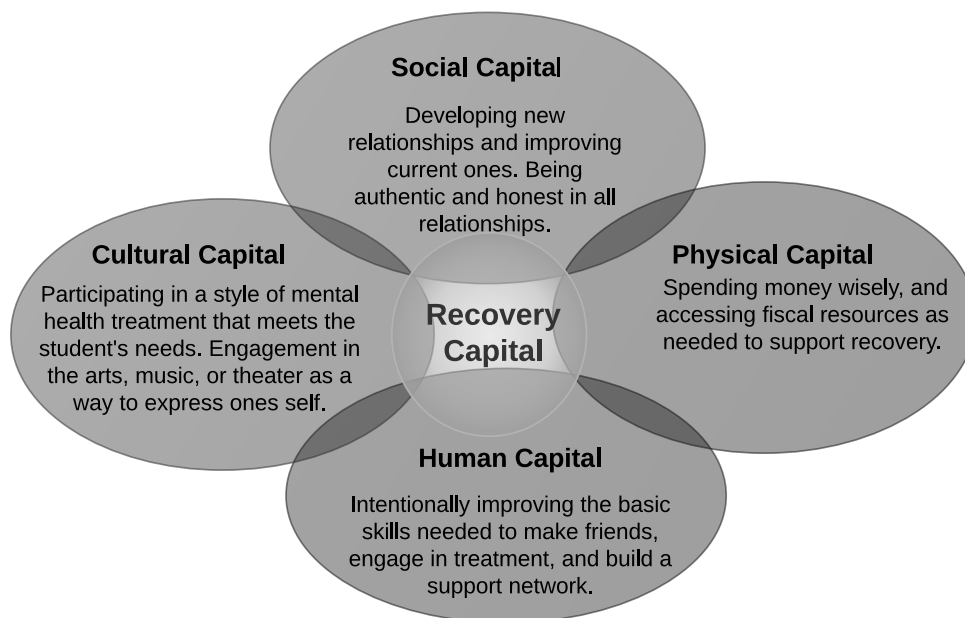


Figure 1. Visual Model of Recovery Capital. Recovery capital as a theoretical framework is illustrated above. This figure shows how the four types of capital, social, physical, human, and cultural capital are all part of the theory of recovery capital. Within each type of capital are examples of how a student can increase each type of capital to support recovery. Any gains in each type of capital will support recovery maintenance and any reductions in capital will negatively impact recovery (Cloud and Granfield, 1994, 1996; Granfield and Cloud, 2001, 2008).

Social capital. The theme identified in open coding that had the strongest overlap with social capital was redefining peer, dating, and parental relationships. Each student in the study identified new ways to socialize and interact with others. The students focused much of their discussion about relationships on their peer and dating relationships. An important

developmental hurdle for emerging adults is relationships (Arnett, 2000, 2005). However, parental involvement and influence was expressed more fully when examining the reentry experience of students in this study utilizing recovery capital. This emerged for two reasons. When college students think of social support they often identify their peers and not their parents as a significant source of support (Arnett, 2000). This is because emerging adults are trying to become more independent and self sufficient, especially in their decision making (Arnett, 2000, 2005). Social capital provides a broader understanding of a variety of relationships that support a student's maintenance of recovery.

The remaining types of capital did not overlap with the emergent themes in chapter 5 as clearly as social capital. However, the students identified each remaining type of capital as an area that was gained or lost depending on the choices they made.

Physical capital. Physical capital is the ability to participate in the economy, to buy and sell goods as needed, attend school, and seek treatment to maintain recovery. Physical capital aligned best with aspects of the remaining three themes: implementing habits learned on leave of absence, utilizing university support resources, and strategies that support or undermine physical and mental health. Certain aspects of each student's experience highlighted the importance of financial support and specific goods and services. Jasmine's and Peter's families helped pay for outpatient mental health treatment while Katrine's and Bartholomew's families assisted with inpatient treatment. Peter's and Katrine's families were able to help with specific goods that aided both students during reentry. For Peter, this involved bringing a car to campus and purchasing a guitar. In Katrine's case, during her first

year of reentry, her family was able to support her financially with no limitations. This allowed Katrine to impulsively shop to help her prepare for exams.

The lens of recovery capital allowed for a deeper understanding of this aspect of the student's lives. Throughout my discussions with the students and after data analysis it became evident that the students often did not discuss or speak of the financial privilege they possessed by being able to attend college, or purchasing items they needed. They were hesitant to acknowledge their good fortune and their parents' resources. This could be a result of societal expectations that people do not discuss money. It could also be a result of an understanding that these students possessed a certain level of financial privilege that others do not because they had access to an elite university to begin with. Peter and Katrine had the most access to financial resources to support them, neither was on financial aid and both appreciated the ways in which their parents spent money to support them during their leave of absence. Jasmine's and Bartholomew's financial situations were different. Nevertheless, each student had the ability and resources for their parents to pay their tuition, travel to see their families on breaks, and to pay for their housing. Even at a lower level of physical capital Jasmine and Bartholomew possessed a higher than average level of physical capital than the general population.

Recovery capital was developed with homeless, drug addicted men who were independent of their families (Cloud & Granfield, 2008). They possessed very low levels of physical capital. The students in this study remained financially dependent on their parents and so the physical capital that each possessed was supported by their parents. This has

implications for understanding the application of this theory. As discussed previously, Jasmine was the most financially independent of the four students, but even with her independence she still relied on her parents for health insurance and tuition. Without their parents' physical capital it is unlikely that any of the students would have returned to SPU and earned their degree. This supports substance abuse treatment provider and participant, Michael G.'s perspective that the student's who do the best in treatment and when they return to the university are the ones who have the most parental support. His treatment experience recognizes that college students are emerging adults, as Arnett (2000) describes, and as a result of that status, the parents' ability to provide financial support is vital to successful recovery and reentry.

Human capital. Human capital, the innate traits including common sense, an individual's aptitude, and the person's overall health, were highlighted through the themes implementing habits learned during leave of absence and strategies that enhanced or undermined physical and mental health. The students' participation in treatment aided them in gaining a better understanding of their atypical neurology and allowed each to build confidence to complete their degrees. Once reenrolled, the students continued to prioritize their health in order to earn their degree. Jasmine learned to implement exercise, yoga, and mindfulness activities into her daily routine as a way to minimize her trauma. For Peter this involved enrolling in two physical education classes to ensure he accessed regular exercise. Both Katrine and Bartholomew implemented longer-range goals because they had four semesters left at SPU before earning their degrees. Katrine, applied her DBT skills to her

daily life in an effort to manage sleep, nutrition, and exercise, while Bartholomew decided that he was not going to drink alcohol again, and was able to adhere to that commitment.

Each student's traits were discussed and emerged in the themes identified in chapter five. The students understood that due to their ability to achieve academically and their drive for success, they were able to earn their degrees. All of the students stated that returning to SPU meant they had a chance to improve their grades and demonstrate that they possessed the skills to earn a college degree. However, the recognition that good health and an ability to do well in school contributed to their recovery and successful reentry did not occur to the students. The students identified habits that helped them earn their degree and maintain their recovery, but none possessed the self-knowledge that their health, decision-making, motivation, or drive provided the foundation necessary to continue the change over time. This is likely because it is difficult to self-identify the specific traits that make a positive change possible. Such insight is easier to identify after a change or through work with others. All the students in the study stated to me at the end of the interviews, that participation helped them clarify aspects of their reentry. When the lens of analysis was shifted and considered through human capital it became evident that all of the students had a similar level of drive and focus and that was a significant component of each student's ability to sustain change over time. This demonstrates how a slight shift in exploring a phenomenon can provide additional understanding that was not originally anticipated.

Cultural capital. Cultural capital is the values, beliefs, dispositions, perceptions, and appreciations that are connected to the individual's family of origin, community, or social

circles. Of the four areas within recovery capital, cultural capital was the most complex. The students had a difficult time defining what culture meant to them and struggled to identify aspects of their culture, or the culture of the communities for which they belong. Even with this difficulty, I was able to identify aspects of the students' culture that inform how they gained or lost this type of capital. The themes that overlap with cultural capital include implementing habits learned during leave of absence and strategies that enhanced or undermined mental and physical health.

All of the students were able to identify specific aspects of culture that they explored to support their reentry. Jasmine developed her culinary skills as a way to connect to her family and her racial identity. This practice allowed her to remain grounded in the present moment. As Jasmine addressed her past trauma in treatment, cooking and working at the café allowed her to connect to her family history. In Jasmine's family, food preparation is a way to bring the family together and is a valued ritual. Once Peter reenrolled, he felt like coming back to SPU was a "gift" and he pledged to make the most of his time. He did this by exploring some of the campus cultures to which he had no previous exposure. This involved attending concerts and getting involved with some of the arts in the local community. Peter's cultural immersion at SPU enabled him to see the SPU environment differently. During his original enrollment his cultural involvement revolved around the drinking and Greek cultures. By choosing to attend community events and concerts, Peter expanded his cultural understanding of SPU. This helped sustain his changed substance use and allowed him to live congruently with his values.

Like Peter, Bartholomew explored the arts in the local community. He took this cultural immersion a step further by developing photography skills and adding a documentary studies minor to his degree. By refocusing his energy into photography, Bartholomew found an outlet for his natural detail orientation. As a retired student athlete, Bartholomew knew he must find ways to focus his energy and precision. Photography offered him this outlet. This outlet was very important for Bartholomew in finding meaning in his studies and supported his sustained change. Of all the students, Katrine demonstrated the greatest accrual of cultural capital through the treatment approaches she engaged in during her leave of absence, including DBT and participation in 12-step programs. Treatment approaches and the ways they are incorporated into life are a type of cultural capital. For Katrine, her treatment encouraged her to see the world differently. She chose to immerse herself into a substance free world. This involved getting involved in hall council and immersing herself in her research. Since Katrine was abstinent from all substances, she knew that participating in large parties and gatherings related to the alcohol culture would inhibit her growth, instead she focused her energies elsewhere in order to sustain her growth.

Conclusion. The themes identified in chapter five overlap with the four types of capital discussed in the theory of recovery capital. As seen in Figure 1, social capital had the strongest overlap with redefining peer, dating, and parental relationships. Physical capital aligned best with aspects of the remaining three themes: implementing habits learned on leave of absence, utilizing university support resources, and strategies that support or undermine physical and mental health. Human capital was highlighted through the themes

implementing habits learned during leave of absence and strategies that enhanced or undermined physical and mental health. The themes that overlapped with cultural capital included implementing habits learned during leave of absence and strategies that enhanced or undermined mental and physical health. These connections demonstrate that recovery capital should be used within the college context in order to understand college student recovery and reentry.

The next section, implications for theory, will explore the interactions among the different types of capital in greater depth and explore ways to expand the theory of recovery capital given the experiences of college students in recovery.

Implications for Theory

As described above, this study was guided by the theory of recovery capital as developed through the grounded theory research of Cloud and Granfield (1994, 1996), and Granfield and Cloud (2001; 2008). Recovery capital provides a framework for considering the ways in which people in recovery can gain or lose certain types of capital. The more capital an individual accrues in any one area, the higher the likelihood that the individual will be able to maintain recovery (Granfield & Cloud, 2008).

As previously described in Figure 1, the themes identified in Chapter 5 connect to the different types of capital and provided another way to understand the students' experiences. Of the types of capital, social capital provided the most direct overlap with open coding and is the easiest to apply to college students. The theme redefining peer, dating, and parental relationships connects clearly with social capital. The only previous research with recovery

capital involving college students was a study by Terrion (2013) in which she applied social capital to Canadian college students in recovery. She found that students who accrued the most social capital were the ones that intentionally engaged in meaningful social connections.

In this study there were many examples of how each student gained social capital. Jasmine gained social capital by developing a network of support during her second leave of absence independent from the social environment at the university. By living independently in the town where SPU is located, she further developed her relationship with her parents. These steps supported Jasmine during reentry by limiting her exposure to the social environment at SPU and connecting her to her established supports. Peter and Bartholomew made similar decisions during their leave of absences by remaining connected with their girlfriends. Both discussed the ways in which their dating relationships provided them with a foundation for social interaction and a confidante regarding their fears about returning. Although Bartholomew's relationship did not last beyond his first semester of reentry, he reported that without his girlfriend's support returning would not have gone as smoothly. She helped him identify new social groups and outlets that helped build Bartholomew's confidence in his ability to maintain his recovery. Peter's girlfriend helped him be accountable to his actions. She gave him feedback when she thought he was making poor choices related to substance abuse and supported him throughout the semester. Katrine's social capital also increased upon reentry. She applied the skills she learned in treatment and pushed herself to be a leader in her community through involvement in hall council and with

the reentry ambassador program. Both of these outlets exposed Katrine to a variety of students that she previously would not have interacted with. By broadening her social network, Katrine recognized the benefits of remaining sober. These findings echo Terrion's (2013) findings regarding social capital.

Two types of capital, human capital and cultural capital, provide additional insight into the student's experience during reentry. Cloud and Granfield (1994, 1996) and Granfield and Cloud (2001, 2008) emphasized the importance of being able to participate in treatment, enter school, or find work as ways to gain or accrue human capital. Specifically, they focused on the innate traits necessary to achieve such goals. Jasmine demonstrated her increased human capital through involvement in therapy. She applied mindfulness based practices and yoga to her routine to help manage anxiety and trauma. Peter and Katrine identified the relationships in their lives that were healthy for them and the ones that could cause them harm. For Peter, this meant being selective about the people in his fraternity he chose to socialize with. For Katrine, it meant eliminating the substance-abusing friendships she had prior to her leave of absence. Possessing the ability to differentiate between these types of relationships shows a level of self-awareness that neither student previously possessed. Finally, Bartholomew demonstrated his increased human capital through his academic pursuits. He committed to improving his grades and taking his course work more seriously. This insight helped Bartholomew choose documentary studies as a creative outlet.

Cultural capital is important for people in maintaining recovery because it enables individuals to find communities of like-minded individuals (Cloud & Granfield, 1994;

Granfield & Cloud, 2001, 2008). Cultural capital can include family ties, 12-step programs, treatment approaches, religious organizations, and the arts (Bourdieu, 1986; White; 2009). Jasmine gained cultural capital by working to understand how her racial identity impacted her experiences as a student at SPU. Through work with her treatment provider she recognized that she projected her traumatic experiences onto her peers during her original enrollment. With time away from SPU, Jasmine understood more clearly the pressures she felt as an Asian female and worked to minimize those feelings once she returned to SPU. She did this by remaining involved in her treatment. Some of the steps she took that increased her cultural capital were to use cooking as a way to connect with her family values and to continue to work at the café. Together these steps connected Jasmine to her family history and the culinary arts. Peter expanded his cultural capital by exploring academic and cultural student organizations. In addition, Peter's interest in live music expanded as a result of the guitar he purchased. Like Peter, Katrine expanded her cultural capital through exposure to new student organizations. She also worked to focus her co-curricular involvement into academic pursuits. As a result she presented a paper at a conference, identified a mentor, and focused her time and energy on research. This allowed Katrine to view herself as a member of academia. This association increased Katrine's cultural capital. Finally, Bartholomew's cultural capital increased because of his in-depth involvement in photography. He added a minor in photography to his degree, spent many hours taking and developing pictures, and began to recognize the arts as a source of enjoyment.

Physical capital, the ability to engage in the economy through purchasing goods and

services, provided insight to the socio-economic standing of the students' families. Given where they are on the developmental pathway to adulthood, each was financially dependent on their parents for economic support. This included their parents' ability to pay for treatment, tuition, and purchase other necessities as needed. As Arnett (2000, 2005) explains, an emerging adult is one who is working to attain independence but who remains dependent on parents financially for support. Recovery capital, particularly its focus on physical capital, should be reconsidered when used with college students.

Employing recovery capital with college students. Figure 2 illustrates how recovery capital should be considered in light of the interconnectedness of the theory and the impact that family physical capital has on college students. The types of capital are arranged in a Venn diagram. I chose the Venn diagram because each type of capital is shaped by the student's decisions and actions. Furthermore, the types of capital influence each other. There are outside influences that may impact each student's choices, but ownership for decisions and actions remains the student's. The physical capital circle of the Venn diagram has a portion that has been shaded and labeled "family physical capital." The shading demonstrates that the family's physical capital influences the student's physical capital. This influence, in turn, impacts the other aspects of recovery capital.

As seen in this study, when Katrine's father left a lucrative position it had implications for her ability to continue to spend money. Her father's decisions influenced Katrine's ability to purchase the goods and services she needed in order to do well

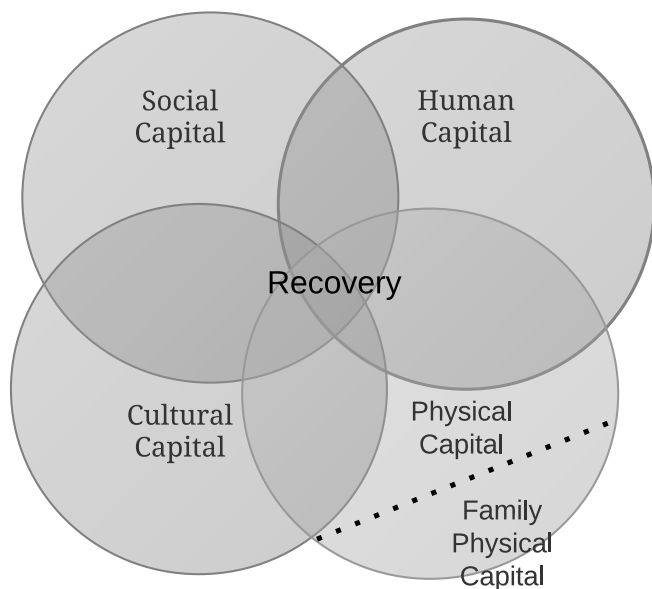


Figure 2. Recovery Capital for College Students. Recovery capital expressed as a Venn diagram demonstrating the interconnectedness of each type of capital (Cloud and Granfield, 1994, 1996; Granfield and Cloud, 2001, 200). Successful recovery in college is illustrated at the overlapping point of each type of capital. Family physical capital is added to the diagram demonstrating how a college student's increase or decrease in this type of capital will impact the college student's physical capital.

academically. The change in her family's physical capital impacted how she socialized with others and the activities and events for which she was able to participate. This change limited Katrine's social interactions and encouraged her to continue her habit of investing in one individual at a time. Her tuition was still paid by her parents, but she noticed a significant decline in the ways she could spend money. Similarly, Peter discussed how he decided not to go to Puerto Vallarta, Mexico with his fraternity for spring break. This decision was made in

part because it was a risky health decision, but also because his parents were unwilling to spend their money to send him there. Instead his family decided that Peter should pursue job leads in the San Diego area. This is another example of how his family's physical capital influenced Peter's decision making.

Conclusion. The potential for this theory serving as a theoretical framework for future studies is tremendous. The original theory explains recovery capital as four parts involving social, physical, human, and cultural capital. For college students in recovery, this theory must consider the ways in which the family physical capital influences the college student's reentry and recovery. This new aspect of recovery capital hold promise for future work with traditionally aged college students. College campuses that have collegiate recovery communities could look at the experiences of students who participate in the recovery communities and explore how students gain or lose the different types of capital during recovery. In such a study, the influence of the family physical capital would need to be explored for students in recovery. With such possibilities future researchers interested in this theory will have to decide how handle family physical capital with the college population.

Implications for Future Research

In terms of implications for future research, the findings from this study begin a discussion regarding reentry for students in recovery. This study explored this unique experience and revealed several areas for further research: use of the broader definition of recovery for college students, examining recovery capital more thoroughly within the college

context, examining recovery for entering and reentering college students, and family resources and their implication on reentering students at other types of universities.

Broadening the recovery definition for use with college students. Future research should use the broader definition of recovery (Betty Ford Institute Consensus Panel, 2007) in work with college students. Although this recommendation was made in 2007, the literature has not embraced the definition. Instead, the literature has examined the experience of college students in recovery who are abstinent from all substances. As emerging adults, many college students have not had as much time as middle-aged adults in recovery to engage in substance abuse (Arnett, 2005). The shorter time of heavy use leads to different outcomes for young people. Much of the current literature about recovery applies to adults who have 20 or more years of addictive behaviors (Duffy & Baldwin, 2013; Hawkins, Catalano, & Miller, 1992). Currently there is a gap in the literature that this study bridged. This gap exists at the overlap of literature regarding college substance abuse (Hingson et al., 2009; McCabe, 2002; Wechsler et al., 1997; Wechsler & McFadden, 1979), college students who are sober and returning to college (Cleveland & Harris, 2010; Cleveland et al., 2007; Laudet, 2013), and college substance abuse and discontinuous enrollment (Arria et al., 2012a; Arria et al., 2013; Arria et al., 2008).

It is important to use this broader definition in future research to bridge the literature gap between these areas. By using this definition of recovery, future studies could look at those students who have successfully reduced their substance abuse without a break in enrollment, resolved the problems caused by their previous use, and earned their degree.

Such work would provide insight to the collegiate substance abuse environment, the cultures and sub-cultures of the university, and the resilience of students in recovery who earn their degree. Aside from the current study, there is no literature that utilizes the broader definition of recovery when describing the experience of college students who reduced or eliminated their substance use and returned to college.

Cleveland and Harris (2010) and Cleveland et al. (2007) focused on a subset of these students through their research on collegiate recovery communities by looking at the experiences of completely abstinent students on college campuses. A comparative study examining reentry experiences for abstinent students and the same experience for students who are in recovery but who continue to use alcohol or other drugs should be considered. This information would add to the body of work regarding the experiences of recovery on college campuses. It would help further define that students in recovery involves two different groups of students. Those who are completely abstinent from all substances, like Katrine in this study, and those who sought treatment, resolved the associated problems with their previous use, but who continue substance use at lower rates. This is the experience of Jasmine, Peter, and Bartholomew in this study. The findings from future studies could serve as a foundation for understanding the unique needs of students in recovery and those who are abstinent from all substances of abuse. Specifically, a comparative study could explore the ways in which the needs of these students may be different from one another. Furthermore, a future comparative study could examine different treatment approaches and campus services to best meet the needs of this population of students.

Exploring recovery capital among college students. Recovery capital as a theoretical framework to explore the undergraduate student experience was invaluable in this study because it provided an additional lens for analysis. One limitation of using this theory is that the entire theory had not been previously explored with the college population. The only study that examined any aspect of recovery capital with college students was Terrion (2013). She looked at social capital in the college context. Future research should extend the understanding of recovery capital within the college population by conducting separate studies focusing individually on the remaining types of capital. Research questions could include, “In what ways does cultural capital influence students in recovery?” or “How do the cultures and subcultures within the university community influence human capital?” Another research question might be, “How do parental influence on physical capital impact students in recovery during college enrollment?” Each of these questions would expand our understanding of recovery capital as a theoretical framework for college students. Additionally, it would continue to contribute to the literature gap between substance abuse rates on college campuses and the experiences of students in recovery. Such work could provide insight to ways to manage the substance abuse environment on college campuses.

Another way to expand the use of recovery capital within the college context would be to conduct a similar study at a different type of university. A future qualitative study could look at students in recovery who return to school at a small private liberal arts institution, a community college, or a public university. SPU was a unique environment for this study because of its high graduation rate and the high value placed on earning a degree from SPU.

At other universities the social, academic, and substance use environment will be different than the one at SPU. Such studies would add to the understanding of recovery capital within different college cultures. How might cultural capital be explored differently at a large public research university with a vibrant arts community? In addition, how might students in recovery experience social capital at a small private liberal arts institution located in an urban environment? Each environment would influence students in recovery, thereby influencing the types of capital gained or lost. The experience of reentry for students in recovery would likely be different at each type of university, and would further contribute to our understanding of recovery capital and its application for college students.

Applying recovery capital to new and returning students. The population of students for this study was difficult to identify and such a challenge would likely exist in future studies. One way to continue expanding the knowledge base regarding students in recovery would be to consider recovery capital and the broader definition of recovery for first-time freshmen, transfer, and returning students. A study of this capacity could describe how recovery capital is experienced similarly and differently amongst these types of students. Not only would this potential study add to the work around recovery in the college context, but it would also contribute to the literature regarding students who enroll, drop out, enroll elsewhere and potentially dropout of college entirely—called swirl (McCormick, 2003). How might the reentry experience be different between students who have a swirling enrollment and those who enter and reenter the same university? How might recovery capital apply in such situations and what are the potential implications for universities? With so many more

students going to college each year and universities struggling with enrollment swirl, future research along these lines could inform retention and support practices at colleges and universities. These are all very important questions and I am hopeful this study will provide a foundation for further work.

Family resources and institutional type. As an elite university the type of family that is able to afford the tuition at SPU is one that is from a higher socioeconomic bracket. Although, SPU is quick to point out that the university offers need-blind admissions, meaning that the university does not base admission on the student's ability to pay. In addition, the university meets each student's need once enrolled. Even with those caveats, many of the students and families have a higher ability to provide support than families would at a state supported university or a community college. Future research should consider the ways in which the family capital aspect of recovery capital is considered at other types of colleges and universities. There is likely a difference regarding family financial involvement at different universities. The ways these differences manifest themselves with reentering students will provide additional understanding of reentry for students with past substance abuse concerns and for reentering students in general.

Implications for Practice

This study offers much in the way of implications for practice. These recommendations include developing or evaluating leave of absence policies; providing orientation and welcome back events for returning students, encouraging returning students

to sustain healthy change, and engaging in environmental management to reduce substance abuse.

Developing or evaluating leave of absence policies. Universities should look at their leave of absence policy and examine the process for leaving and returning to the university. A holistic approach to leaving and returning would be one that values the experience of the time away, encourages students to think about the challenges they may face when they return, and provides support for students upon reentry. There are three ways universities could consider to ensure the process provides support for students when they return.

First, it is important to design reentry materials that explain the process clearly to students and families. As we saw in this study, when each student left SPU their lives were in significant upheaval and having information about the departure was not the first thing on their minds. However, during the leave of absence, each student realized they would be returning and had to take certain steps to return. To meet this need, it is important to have staff members who are familiar with the departure and leave process available to students and to have the policy available in writing.

Second, as part of the process to return universities should ask questions of students through essays or interviews that helps students consider the challenges they may encounter during reentry. SPU does this through essay questions as part of the readmission process. A focus of such questions or interviews should be on aiding students in identifying the supportive habits or practices they used while on leave of absence and how they intend to

sustain those habits once they return. All of the students in this study recognized the need to continue their healthy habits once they reentered.

Third, as part of the process to return, universities should determine who on campus will be aware of the information in the reapplication materials, disclose this to the student, and then convey the information to individuals or offices best positioned to support students. SPU has a very well established student support office that returning students access as part of their return. Katrine and Bartholomew had worked with this office prior to their departure and knew the staff was aware of their history. Jasmine had minimal contact with the student support office during her original enrollment and part of why she found the office to be less supportive was because they had not seen her reapplication materials and she had to repeat her story each time. She found this especially exhausting. This recommendation should be considered carefully within the culture of each campus community in order to protect student privacy and information.

Providing orientation and welcome back events. Relationships were very important for students who reentered SPU, including the people in the student support office, peers, dating relationships, and parents. Universities should determine ways to connect students to opportunities to develop meaningful and authentic relationships during reentry. This could occur through an orientation or welcome back program where the goals are to help returning students meet faculty, staff, students, and other returning students. These connections may serve as a foundation of support for students when they return. Many of the services addressed during new student orientation such as safety, academics, co-curricular

involvement, and healthcare options should be implemented at a welcome back or orientation event for reentering students. Students in this study understood they had a second chance to earn their degree from SPU when they reentered and they maximized the support resources the university offered.

The role of parents was very important for all of the students in the study. Determining ways to include parents in the reapplication and reentry process will provide additional support for students during reentry. This is a very difficult recommendation for universities to implement due to the limitation of the Family Educational Rights and Privacy Act (FERPA), which governs student records. However, it does not limit a university's ability to communicate with this subgroup of parents regarding campus resources and opportunities that exist for their students. This could involve information about financial aid, housing, dining, academics and co-curricular involvement. Furthermore, when working with parents, it is important for universities to recognize that students communicate with their parents and involve their parents in important decisions more frequently than students did 20 years ago. This demonstrates some of the changing landscape of college students. With increased parental and family involvement along with higher reported levels of stress and mental health difficulties, colleges and universities are finding that families want to be involved and are demanding a role in their student's lives. Although I did not involve parents in this study the work the students did to redefine the relationships with their parents indicates that universities should find ways to involve parents and keep them actively engaged in their student's lives.

As part of the reentry experience, universities should consider the environment of the university related to substance abuse. Establishing programs and services utilizing NIAAA recommended interventions for environmental management (Nelson et al., 2010) would help diminish the negative consequences of substance abuse on campus. Such a reduction in substance abuse has a secondary impact on students in recovery by making the environment less hostile to sustaining a healthy lifestyle (Cleveland et al., 2007). An approach that looks at the individual, relationships, and community is important to consider. At the individual level, universities should analyze messages around sleep, nutrition, and exercise to determine how students hear those messages, and develop outreach programs from the student health center and counseling center accordingly. All of the students in this study established healthy patterns around sleep, nutrition, and exercise during their leave of absence and recognized that sustaining their changed behavior required them to continue these habits. At the relationship level universities should examine university policies and practices that make alcohol available on campus. This could include how students host events on campus and the policies related to alcohol. Finally, universities should consider the broad community and how substance use impacts the cultures and sub-cultures on college campuses. Some considerations include the time of year students are allowed to participate in Greek recruitment or the involvement coaches and athletics staff has with their students outside of practice. By reducing the negative consequences that Greek organizations and athletic teams create, campuses could also expand student organizations including entrepreneurial opportunities, religious organizations and cultural organizations. Student involvement not

only builds relationships between students but it also provides students with creative outlets aside from high-risk drinking.

A second aspect of environmental management is for universities to look at mental health services on campus and in the community. These services are crucial for maintaining physical and mental health. In addition, such services recognize that today's students are coming to college with more mental health challenges, increased trauma, depression, eating disorders, substance abuse, and other illnesses that impact their abilities to engage academically and to create meaningful relationships (HERI, 2014). Developing systems that identify high-risk substance abusers and provide interventions, including referrals for treatment, will slowly alter the community by reducing the number of dangerous substance abusers and increasing the voice of the non-users and moderate users (Saltz, 2011). At SPU the wellness center and student support offices were established to help identify at-risk students and provide support. Such offices or employees at other university should be considered. Environmental changes take time to implement and to have a visible impact on the campus community. With sustained community effort, reducing the dangerous outcomes associated with college substance abuse is possible (Saltz et al., 2009).

A final aspect of environmental management involves an awareness of the university's culture. In this study, only two of the students truly engaged in the resources the university made available during their reentry. In examining this further, this could be because the two students who had four semesters left until graduation knew they had to figure out a way to navigate the academic and social community and therefore knew they had

to use as many resources as possible. Additionally, the two students with only one semester remaining (Jasmine and Peter) viewed their final semester as both an opportunity to finish their degree and embrace the opportunities of SPU, but also at a more basic level to endure the final four months of enrollment. Universities should be aware of the different levels of support a student may want based on time to degree.

Another way to consider these choices is to examine them within the framework presented by Winston, the academic dean. Winston indicated that the university is very decentralized, particularly between student and academic affairs. This decentralized nature has implications for employees. A student who returns enters the university through an academic office, the Office of Student Returns. Once returned, both academic and student affairs employees provide support for students. At SPU sometimes employees in different offices and divisions offer similar support to students without consulting each other, or even being aware of such resources. This results in duplication of programs, distrust among employees, and operational difficulties. Students experience this disorganization and a lack of support. To best support reentering students, universities should inventory the ways in which academic affairs and student affairs supports reentry students and strive to streamline efforts.

Chapter Summary

This exploratory case study described the experiences of undergraduate students who went on a leave of absence influenced by their substance use and who reentered the same university. This research study provided an opportunity to describe an area of research that

has not been previously addressed. Through this work, I was able to contribute to the body of research associated with collegiate substance abuse, collegiate recovery, and the influence of substance abuse on discontinuous enrollment. Furthermore, this study updates the theory of recovery capital and demonstrates its use with collegiate communities. It shows that family physical capital is an important consideration in a student's reentry and recovery. Future research will help to expand this important line of inquiry to benefit these students and to provide guidance to colleges and universities as they welcome this population of students to their communities. I have been honored to learn about each student's story and did my best to represent their experiences in an authentic manner. I sought to describe their stories accurately and completely. This study revealed the variety of experiences the students had and celebrated their degree attainment.

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APPENDICES

Appendix A

Student Interview Protocol

Introduction

The purpose of the study is to explore and describe the reentry experiences of undergraduate students who reenter the university after an approved leave of absence that was influenced by substance abuse. The first two interviews will last 60 minutes, the final interview will last 75 minutes. Throughout the interview I will take notes and record responses on a digital recorder. I have sought permission to conduct this study from the Institutional Review Board at both North Carolina State University and Southern Private University. Informed consent will be collected at the beginning of the first interview.

Research Questions

4. How do undergraduate students in recovery who are reentering the university after an approved leave of absence experience reenrollment through graduation?
5. How do undergraduate students in recovery develop and maintain recovery capital?
6. How does the college setting and campus culture influence undergraduate students' ability to maintain their recovery?

Student Interview One

General history of substance abuse and reentry

1. Tell me a little about yourself.
 - a. Spend some time talking about why you choose to attend SPU.
 - b. What challenges and successes you encountered during your initial period of enrollment
 - c. Describe the circumstances that lead to your approved leave of absence?
 - i. SPU offers a tuition insurance policy as a way to help defray costs should an emergency occur.
 - ii. Did your family purchase the policy? How did the costs associated with your leave of absence influence your decision-making? (Provides background information for future questions regarding human capital, below).
 - d. Describe the degree to which you believe your past substance abuse impacted your need for an approved leave of absence?
 - e. How long were you on an approved leave of absence? When did you reenroll at SPU?
2. Can you describe your past substance abuse prior to your leave, in high school or before?

- a. When did you start drinking or using drugs?
 - b. What were the benefits of your past substance abuse?
 - c. Did you ever think there was a problem associated with your past substance abuse?
3. What did you do with your time while you were on an approved leave of absence?
 - a. Work, volunteer, go to school, seek treatment?
 - b. Did you consider attending Alcoholics Anonymous or another self-help group? Why or why not?
 4. Describe any concerns, fears, or worries you may have experienced after you knew you had been readmitted, but prior to actually reentering SPU?
 5. Describe any plans you made or thoughts you had, if any, to ensure you were successful with your academics, social life, and other aspects of life at SPU prior to reentry.
 6. Think back to the first year of reentry at SPU. Can you share an important or meaningful that reflects your experience of reentry?

Student Interview Two

Recovery capital – social, physical, human, and cultural capital

Last time we met you shared some of the challenges and successes you experienced during the first year of reentry and the reasons for your leave of absence. I want to focus this interview on the specifics of your experience of reentry. I'll start with a general question.

1. As you think about the first year of reentry, what accomplishments are you most proud of?
2. Support during reentry can come from many sources.
 - a. Who were the people you were closest to and how did they help you during the transition back to SPU?
 - b. Were there routines or practices you established that were helpful to you during reentry? If yes, how were they helpful?
 - c. What was one of the greatest challenges you encountered during reentry?
3. **Social** interaction is very important among college students. What social relationships either at SPU or elsewhere were important in supporting you during your transition?
 - a. Can you share a story about how a relationship helped you?
 - b. Describe any relationships that needed mending in order for you to be successful at SPU? Why was it important to address those relationships?
 - c. Were there any crises during your first-year of reenrollment?
 - i. If yes, how did your relationships support you?

- ii. If no, why do you think you were able to avoid crises?
4. There are a number of tangible goods available that help make reentering SPU easier (**physical**). Were there things you or your family purchased specifically to help you during reentry?
- a. Describe the ways in which your ability to purchase the things you needed assisted you during your transition to SPU?
 - b. Were there times when you wished you could have purchased something, but did not have the means?
 - c. How might your experience of reentry be different if you had more or less ability to purchase the items you needed, or pay for travel to visit family and friends?
 - d. Are there other material goods that would have been helpful to have access to? Please explain.
 - e. What types of things should SPU purchase or allow students who reenter to purchase or do, that might ease their reentry experience?
5. I am going to transition to questions that relate to more personal or innate attributes (**human**) that you may have utilized during reentry. When you think about yourself and the experience of reentry at SPU, please describe how your personality or attitude about reentry assisted you during this period?
- a. Can you identify and describe a specific situation in which your innate attributes helped you during reentry?
 - b. Personal strengths and weaknesses can both help us and hold us back as we work to achieve specific goals. Please take a moment and think about your own strengths and weaknesses during the reentry period.
 - i. How did your personal strengths assist you during reentry?
 - ii. How did your personal weaknesses hinder your reentry?
 - iii. What steps did you take to compensate for your weaknesses?
 - c. When you think about your friendships and social connections, how skillful are you in maintaining friendships in the long run? Please describe the ways in which you have been successful or unsuccessful at this in the past.
6. The **culture** one belongs to can be defined in many ways. It can include very personal things such as family values, the language used at home, or ones faith tradition. Culture can also include the behaviors and expectations of work and school communities. When you think about culture how do you define culture?
- a. Now that we have a definition of culture, how do you think your culture influenced your experience of reentry?
 - b. Are there examples of things you did that allowed you to remain engaged in cultural activities? Please describe.

- c. What aspects of your culture do believe you should have used more frequently to support you during reentry?
- d. When you think about the relationships you have and the social circles for which you are a member, do you believe that you belong to more than one cultural group?
 - i. Can you identify those different groups?
 - ii. In what ways, if at all, have each group's cultural expectations been in conflict?
 - iii. How have you managed these conflicts?

Student Interview Three – Environment and discrepancies

Environment of SPU

1. Describe the alcohol and drug culture at SPU?
 - a. What events, groups, or behaviors are most prominent among the study body?
 - i. How does athletics influence the alcohol and drug culture at SPU?
 - ii. How does Greek life influence the alcohol and drug culture at SPU?
 - iii. How does living on campus influence the alcohol and drug culture at SPU?
 - b. Has the environment related to alcohol and drugs on campus changed since you returned to school? Please describe?
 - c. What systems, rules, practices on or off-campus, are in place to make the environment safer? Are there any student beliefs about these systems, rules or practices?
2. When you think about your past substance use compared to your current substance use, has it changed? In what ways?
 - a. What do you attribute this change to?
 - b. If no change, why do you think it has remained the same?
3. Is there anything else you think I should know about the environment of SPU related to alcohol and other drugs?

Discrepancies from other data collection efforts

I am now going to shift the focus of this interview and discuss with you points I wish to clarify based on the data I have collected from other interviews.

4. I plan to create a document detailing specific points to discuss with the student in order to gain insight to the experience.
 - a. Bring 3-4 specific questions to seek clarity from other interviews.
 - b. Ask the student to review the specific concerns and comment.
5. As we wrap up this final interview, is there anything else related to your experience of reentry that you believe I should know? Thank you for your participation.

Appendix B

Employee Expert's Interview Protocol

Introduction

The purpose of the study is to explore and describe the reentry experiences of undergraduate students who reenter the university after an approved leave of absence that was influenced by substance abuse. This interview will last approximately 60 minutes. Throughout the interview I will be taking notes as well as recording your answers on a digital recorder. I have sought permission to conduct this study from the Institutional Review Board at both North Carolina State University and Southern Private University. Informed consent will be collected at the beginning of the interview.

Research Questions

1. How do undergraduate students in recovery who are reentering the university after an approved leave of absence experience reenrollment through graduation?
2. How do undergraduate students in recovery develop and maintain recovery capital?
3. How does the college setting and campus culture influence the student's ability to maintain their recovery?

Academic Dean Interview

1. Describe your role as an academic dean. How long and in what capacity have you been at SPU?
2. Describe both the approved leave of absence and the reentry process at SPU.
3. When you think about students you know who have reentered SPU, what challenges have they faced?
 - a. What types of students are the most successful during reentry and why?
 - b. What types of students are unsuccessful and why?
 - c. Can you share a story that highlights a successful reentry experience?
 - d. Can you share a story that highlights an unsuccessful reentry experience?
4. As a faculty member and academic dean, how do you encourage a reentering student to reengage in their academics and the community of SPU as a whole?
5. What fears about reentry have students shared with you and how do you encourage them?
6. When you think about the substance abuse problems on this campus, what challenges do you believe students face during reentry?
 - a. Have these challenges changed during your time at SPU? In what ways?
 - b. How might the various cultures and sub-cultures on campus influence the substance abuse culture?
7. Are there other aspects of reentry that you wish to share that I have not asked about?

Residential Dean Interview

1. Describe your role as a residential dean. How long and in what capacity have you been at SPU?
2. When you think about students you know who have reentered SPU, what challenges have they faced?
 - a. What types of students are the most successful during reentry and why?
 - b. What types of students are unsuccessful and why?
 - c. Can you share a story that highlights a successful reentry experience?
 - d. Can you share a story that highlights an unsuccessful reentry experience?
3. In your role as a residential dean, how do you encourage a reentering student to reengage in their academics and the community of SPU as a whole?
4. What fears about reentry have students shared with you and how do you encourage them?
5. When you think about the substance abuse problems on this campus, what challenges do you believe students face during reentry?
 - a. Have these challenges changed during your time at SPU? In what ways?
 - b. How might the various cultures and sub-cultures on campus influence the substance abuse culture?
6. Are there other aspects of reentry that you wish to share that I have not asked about?

Wellness Center Director Interview

1. Describe your role as the Wellness Center Director. How long and in what capacity have you been at SPU?
2. When you think about students you know who have reentered SPU, what challenges have they faced?
 - a. What types of students are the most successful during reentry and why?
 - b. What types of students are unsuccessful and why?
 - c. Can you share a story that highlights a successful reentry experience?
 - d. Can you share a story that highlights an unsuccessful reentry experience?
3. Since alcohol and substance abuse prevention and environmental management are part of your center's responsibility, can you share with me the challenges students may face who are in recovery from substance abuse or who have drastically moderated their substance abuse.
 - a. What support systems exist at SPU to assist such students as they enter or reenter SPU?
 - b. What steps do you encourage reentry students with past histories of substance abuse to take as they reenter SPU?
4. How do you encourage a reentering student to reengage in their academics and the community of SPU as a whole?
5. What fears about reentry have students shared with you and how do you encourage them?

6. When you think about the substance abuse problems on this campus, what challenges do you believe students face during reentry?
 - a. Have these challenges changed during your time at SPU? In what ways?
 - b. How might the various cultures and sub-cultures on campus influence the substance abuse culture?
7. Are there other aspects of reentry that you wish to share that I have not asked about?

Substance Abuse Treatment Professional Interview

1. Describe your role. How long and in what capacity have you been part of the medical center at SPU? How long have you worked with students returning from a leave at SPU?
2. The students you work with who have reentered SPU have either sought treatment prior to their leave or are required to seek treatment with you upon reentry. When you think about students you know who have reentered SPU, what challenges have they faced?
 - a. What types of students are the most successful during reentry and why?
 - b. What types of students are unsuccessful and why?
 - c. Can you share a story that highlights a successful reentry experience?
 - d. Can you share a story that highlights an unsuccessful reentry experience?
3. Can you describe for me what it means to be in recovery? Can recovery include a return to moderate use for some individuals?
 - a. What makes recovery easier or more difficult for college students?
 - b. What are the most important practices, habits, or behaviors a college student in recovery can do to ensure their academic and social success?
 - c. Are there specific services that are or should be available to college students in recovery at SPU?
4. How do you encourage a reentering student to reengage in their academics and the community of SPU as a whole?
5. What fears about reentry have students shared with you and how do you encourage them?
6. When you think about the substance abuse problems on this campus, what challenges do you believe students face during reentry?
 - a. Have these challenges changed during your time at SPU? In what ways?
 - b. How might the various cultures and sub-cultures on campus influence the substance abuse culture?
7. Are there other aspects of reentry that you wish to share that I have not asked about?

Appendix C

Institutional Review Application

**North Carolina State University
Institutional Review Board for the Use of Human Subjects in Research
SUBMISSION FOR NEW STUDIES**


GENERAL INFORMATION

1. Date Submitted: 3/26/2014
2. Title of Project: An exploratory case study of undergraduate students in recovery
3. Principal Investigator: Christine Pesetski
4. Principal Investigator Email: capesets@ncsu.edu
5. Department: College of Education, Educational Research and Policy Analysis, Higher Education
6. Campus Box Number:
7. Phone Number: 919-323-5815
8. Faculty Sponsor Name if Student Submission: Alyssa Rockenbach
9. Faculty Sponsor Email Address if Student Submission: anbryan2@ncsu.edu
10. Source of Funding (Sponsor, Federal, External, etc): self-funded <i>If Externally funded, include sponsor name and university account number:</i>
RANK: Faculty: <input type="checkbox"/> ; Student: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Masters <input checked="" type="checkbox"/> PhD; Other:

As the principal investigator, my signature testifies that I have read and understood the University Policy and Procedures for the Use of Human Subjects in Research. I assure the Committee that all procedures performed under this project will be conducted exactly as outlined in the Proposal Narrative and that any modification to this protocol will be submitted to the Committee in the form of an amendment for its approval prior to implementation.

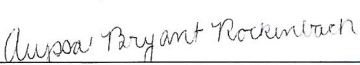
Electronic submissions to the IRB are considered signed via an electronic signature

Principal Investigator:

Christine Pesetski  3/26/2014
 (typed/printed name) (signature) (date)

As the faculty sponsor, my signature (or electronic submission) testifies that I have reviewed this application thoroughly and will oversee the research in its entirety. I hereby acknowledge my role as the principal investigator of record.

Faculty Sponsor:

Dr. Alyssa Rockenbach  3/26/14
 (typed/printed name) (signature) (date)

PLEASE COMPLETE AND E-MAIL TO: irb-coordinator@ncsu.edu

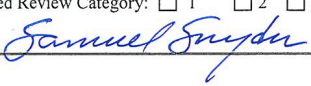
Please include consent forms and other study documents with your application and submit as one document.
 *Electronic submissions to the IRB are considered signed via an electronic signature. For student submissions this means that the faculty sponsor has reviewed the proposal prior to it being submitted and is copied on the submission.

For SPARCS office use only

Reviewer Decision (Expedited or Exempt Review)

Exempt Approved Approved pending modifications Table

Expedited Review Category: 1 2 3 4 5 6 7 8a 8b 8c 9

 4/23/14
 (signature) (date)
 mods made 4/23/14 Page 1 of 32

North Carolina State University is a land-grant university and a constituent institution of The University of North Carolina

**Office of Research
and Graduate Studies
Division of Research Administration**

NC STATE UNIVERSITY

Sponsored Programs and
Regulatory Compliance
Campus Box 7514
2701 Sullivan Drive
Raleigh, NC 27695-7514

919.515.2444
919.515.7721 (fax)

From: Debra Paxton, IRB Administrator
North Carolina State University
Institutional Review Board

Date: April 28, 2014

Project Title: An Exploratory Case Study of Undergraduate Students in Recovery

IRB#: 3963

Dear Christine Pesetski,

The project listed above has been reviewed by the NC State Institutional Review Board for the Use of Human Subjects in Research, and is approved for one year. **This protocol will expire on 4/25/2015 and will need continuing review before that date.**

NOTE:

1. You must use the attached consent forms which have the approval and expiration dates of your study.
2. This board complies with requirements found in Title 45 part 46 of The Code of Federal Regulations. For NCSU the Assurance Number is: FWA00003429.
3. Any changes to the protocol and supporting documents must be submitted and approved by the IRB prior to implementation.
4. If any unanticipated problems occur, they must be reported to the IRB office within 5 business days by completing and submitting the unanticipated problem form on the IRB website.
5. Your approval for this study lasts for one year from the review date. If your study extends beyond that time, including data analysis, you must obtain continuing review from the IRB.

Sincerely,



Debra Paxton
NC State IRB

Appendix D

Employee Expert's Informed Consent

**North Carolina State University
INFORMED CONSENT FORM for RESEARCH
FOR EMPLOYEE PARTICIPANTS**

Title of Study:

An Exploratory Case Study of Undergraduate Students in Recovery

Principal Investigator: Christine Pesetski, Ph.D. Candidate
North Carolina State University

Faculty Sponsor: Dr. Alyssa Rockenbach,
Associate Professor
North Carolina State

University

What are some general things you should know about research studies?

You are being asked to take part in a research study. Your participation in this study is voluntary. You have the right to be a part of this study, to choose not to participate, or to stop participating at any time without penalty. The purpose of research studies is to gain a better understanding of a certain topic or issue. You are not guaranteed any personal benefits from being in a study. Research studies also may pose risks to those that participate. In this consent form you will find specific details about the research in which you are being asked to participate. If you do not understand something in this form it is your right to ask the researcher for clarification or more information. A copy of this consent form will be provided to you. If at any time you have questions about your participation, do not hesitate to contact the researcher(s) named above.

What is the purpose of this study?

The purpose of this study is to learn about the reentry experience of undergraduate students who went on an approved leave of absence and returned to the same university. Specifically, this study will explore the first year of reentry for students who acknowledge that their leave of absence was influenced by their past substance use.

What will happen if you take part in the study?

For employee participants:

There will be 1 (one) 60-minute interview with 4 different employees of the university. Each employee participant will be selected because they have responsibility for a specific area of campus. These areas include: the residential community, academics, campus substance abuse environment, or clinical treatment of young adults. Employee participants will be recruited through professional contacts the researcher has at the university where the study is taking place. The location of the interview will be determined by the employee participant but will occur at an off-campus location of their choosing. An off-campus location will allow the employee to speak more freely about the institution and their experience working with this student population.

- A. The interview will focus on specific questions related to the employee's direct responsibilities on campus.
- B. After the interview, I will utilize Dropbox to share an electronic file with you that has had all personally identifiable information removed. The file will be uploaded to a shared Dropbox that each individual participant and I will have exclusive access to. The shared Dropbox file will be titled with my last name (Pesetski) and the date of the interview with the participant (e.g. Pesetski 4/1/2014). I will then share the Dropbox file link with you at the email address you provided. You will be able to download the transcribed interview, make changes, and upload the changes to the shared Dropbox file. You will have 10 days to complete this. At the end of the 10-day window, I will remove the transcript from the shared Dropbox file and delete the shared file.

Duration of the study

Each employee participant's involvement in the study will last approximately 2-4 weeks and will involve 60-90 minutes of total participation. This is contingent upon the timing between the initial interview and feedback from the employee. The specific dates, times, and off-campus locations of the interviews will be selected by the employee.

Risks**Employees-**

Employees who speak openly about the challenges of reentry for undergraduate students with a past history of substance abuse may feel distress. If an employee experiences significant distress while discussing the experience of reentry for undergraduate students with a past history of substance abuse the employee will be referred SPU Employee Assistance Program for assistance.

Benefits

There are no direct benefits to participants.

The indirect benefit of this study is that the information obtained in this study will add to what is known about reentry for college students with a past history of substance abuse. The findings in this study may inform university administrators as they work to develop support services and policies on campus that better serve the needs of students who reenter with a past history of substance abuse. For employees, participating allows them to talk candidly about the strengths and limitations of the university and its support for students who reenter with a past history of substance abuse. For student participants, participating in the study provide the opportunity to talk openly, candidly, and reflectively about the experience of reentry. For some individuals, this dialogue may offer some level of support and personal development as they work through their experiences.

Confidentiality

The information in the study records will be kept confidential to the full extent allowed by law.

1. Hard copy data (e.g. consent form) will be stored in a locked filing cabinet in my home office. All other data collected will be stored on a secure network-attached storage (NAS) server, administered by SPU Student Affairs Information Technology (SSAIT). SSAIT has encrypted the laptop used to analyze the data. At the end of the study, all data will be transferred from the SSAIT server to a dedicated external hard drive. This external hard drive will remain in a locked filing cabinet in my home office. Only I will have access to this data.
2. I plan to use a transcription service to transcribe all of my data. I will follow the privacy instructions/requirements from that service in regards to upload/download of audio files to ensure participant confidentiality. I will store all downloaded files from the transcription service on the secure network-attached storage (NAS) server, administered by SPU Student Affairs Information Technology. Upon receipt of the transcriptions, I will remove any personally identifiable information from the transcript such as name, name of the university, or other identifiers.
3. Each participant will select an alias during the initial screening interview. During all audio-recorded sessions I will refer to the participant by the alias and refer to the university solely as "the university," "Southern Private University," or "SPU" in order to further protect both participant and university identity. Upon receipt of the transcriptions, I will remove any personally

identifiable information from the transcript such as name, name of the university, or other identifiers. All records created about a participant will be saved using the selected alias. The file will be saved under the alias and the date of the interview. The transcripts, and all other electronic data, will be stored as password protected files on a secure network-attached storage (NAS) server, administered by Student Affairs Information Technology.

4. I will utilize Dropbox to share an electronic file with all personally identifiable information removed with each participant. The file will be uploaded to a shared Dropbox that each individual participant and I will have exclusive access to. The shared Dropbox file will be titled with my last name (Pesetski) and the date of the last interview with the participant (e.g. Pesetski 4/1/2014). I will then share the Dropbox file link with each individual participant at the email address they provided. Participants will be able to download their transcribed interviews, make changes, and upload the changes to the shared Dropbox file. Each participant will have 10 days to complete this. At the end of the 10-day window, I will remove the transcript from the shared Dropbox file and delete the shared file.
5. All participants will provide data directly to the researcher. All collected data will be saved using the student's alias as the file name and the type of data it is. For example the demographic data will be saved as ALIAS.DEMOGRAPHIC. Any personally identifiable information such as name of the student, name of the university, or other identifiers will be removed from collected data. Documents containing FERPA data include the following: A) Demographic data, B) Readmission essay, C) Readmission letter from the university, and D) The four (4) write-out question responses. These documents will be stored using the alias, and saved to the secure network-attached storage (NAS) server, administered by Student Affairs Information Technology.
6. No reference will be made in oral or written reports that could link a participant to the study. At no point will participants be asked to write their name on any study materials, aside from the consent form.

Compensation

For participating in this study you will receive a \$10.00 gift card to an on campus coffee shop. I will give you the gift card at the conclusion of the interview. If you withdraw from the study prior to its completion, you will not receive the \$10.00 gift card

Emergency Medical Treatment-

Although it is not expected that any participant would require medical treatment as a result of participation in this study, it is necessary to explain that no financial assistance for medical attention will be provided if medical treatment is necessary. If a participant needs to be seen at the Emergency Room, or by their off-campus treatment provider, the participant will pay for the cost of the healthcare visit. Each participant will use his or her own health insurance to cover the cost of such treatment.

What if you are an SPU employee?

Participation in this study is not a requirement of your employment at SPU, and your participation or lack thereof, will not affect your job.

What if you have questions about this study?

If you have questions at any time about the study or the procedures, you may contact the researcher, Christine Pesetski at local city where SPU is located, by email at capesets@ncsu.edu

What if you have questions about your rights as a research participant?

If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Deb Paxton, Regulatory Compliance Administrator, Box 7514, NCSU Campus (919/515-4514).

Consent To Participate

"I have read and understand the above information. I have received a copy of this form. I agree to participate in this study with the understanding that I may choose not to participate or to stop participating at any time without penalty or loss of benefits to which I am otherwise entitled."

Participant's signature _____

Date _____

Investigator's signature _____

Date _____

Appendix E

Alumni Participant Informed Consent

North Carolina State University INFORMED CONSENT FORM for RESEARCH FOR ALUMNI PARTICIPANTS

Title of Study:

An Exploratory Case Study of Undergraduate Students in Recovery

Principal Investigator: Christine Pesetski, Ph.D candidate,
North Carolina State University

Faculty Sponsor: Dr. Alyssa Rockenbach
Associate Professor,
North Carolina State
University

What are some general things you should know about research studies?

You are being asked to take part in a research study. Your participation in this study is voluntary. You have the right to be a part of this study, to choose not to participate, or to stop participating at any time without penalty. The purpose of research studies is to gain a better understanding of a certain topic or issue. You are not guaranteed any personal benefits from being in a study. Research studies also may pose risks to those that participate. In this consent form you will find specific details about the research in which you are being asked to participate. If you do not understand something in this form it is your right to ask the researcher for clarification or more information. A copy of this consent form will be provided to you. If at any time you have questions about your participation, do not hesitate to contact the researcher(s) named above.

What is the purpose of this study?

The purpose of this study is to learn about the reentry experience of undergraduate students who went on an approved leave of absence and returned to the same university. Specifically, this study will explore the first year of reentry for students who acknowledge that their leave of absence was influenced by their past substance use.

What will happen if you take part in the study?

If you agree to participate in this study you will be asked to provide demographic data including name, initial matriculation date, duration of leave of absence, affiliation with faith community, age, gender, academic major, ethnicity, and class year. If you qualify and are selected to participate in this study, you will take part in three interviews that will last approximately 60-90 minutes each. You will provide written responses to four questions using time outside of the interviews. You will be asked to provide me with a copy of your readmission essay to the university and the university's letter stating that the participant had been readmitted. The interviews will take place on a date, time, and location of choosing by the participant. If you agree, all interviews will be audio recorded and transcribed.

1. During the first interview, we will talk about your life, choice to attend the university, the circumstances that led to the leave of absence, what you did during your time away, and your experience of reentry during the past year.
2. During the second interview we will talk about your academic and social connections on campus during the first year of reentry. The purpose of this interview is to better understand how social and academic connections have helped or impeded your success at the university, especially in reference to your substance use, since your reentry to the university. Questions will center on topics related to your current substance use, hopes for your future, challenges and successes, and experiences on campus since reentry.

3. During the final interview, we will first talk about the environment of the university, and then go over information discussed and gathered to make sure there are no inconsistencies and everything is accurate.

You will be asked to complete a self-report assessment before beginning each interview. This assessment serves as an independent indicator of your wellbeing and ability to participate in the interview.

In addition to the interviews, you will be asked to provide:

- written responses to four questions using time outside of the interviews;
- a copy of the essay you wrote as part of your readmission;
- a copy of the letter you received from the university stating that you had been readmitted; and
- answers to demographic data including name, initial matriculation date, duration of leave of absence, affiliation with faith community, age, gender, academic major, ethnicity, and class year.

Please refer to the Interview Schedule and Information Sheet attached to this consent form for more information about what your participation entails.

Duration of the study

Participation will last approximately 8-12 weeks from the initial interview through to the final interview. It is estimated that the total amount of time required for study participation will be between 4.5-6.5 hours. The specific dates, times, and locations of the interviews will be selected by the participant.

Risks

Sharing information about substance abuse, previous behaviors related to substance abuse, and their experience of reentry to the university may cause distress for participants. These are all psychological stressors.

Support will be given to the participant in six forms:

- 1) A participant may elect to withdraw from the study at any point in time.
- 2) At any point in the process, participants who demonstrate signs of intense distress (immediate danger to self or others) will have participation in the study postponed and will be assisted in receiving emergency care through the SPU Emergency Department, or the nearest hospital emergency room.
- 3) Participants who express concern over experiencing persistent distress or whom the researcher observes to be in a state of persistent distress will be asked if they wish to continue participation in the study. The researcher will also ask the participant if they are under the care of healthcare provider who may be helpful in decreasing their distress.
- 4) At the start of each interview, participants will be asked if they are comfortable participating in the interview at this particular time. The participant has the option to postpone and reschedule the interview for any reason.
- 5) At the start of each interview, participants will complete the self-report GAD-7 assessment. The GAD-7 is a self-report questionnaire that provides an assessment of the presence of symptoms and functional impairment, especially related to anxiety. The GAD-7 can also be used to screen for other concerning symptoms such as the presence of severe somatic issues such as sleep deprivation. If the participant scores in the range indicating severe anxiety (17-21), the participant will be withdrawn from the study and encouraged to seek mental health care.
- 6) I will follow up by email, phone, or text message (per participant preference) the day after each interview to check in on the participant. If resources are needed, I will encourage the participant to

seek medical care, to go to the nearest hospital emergency room, or to seek non-clinical support from friends and family.

Additionally, participants may share information as part of this study about past or current illegal activities such as consuming alcohol under the age of 21 or using illegal substances. This may cause participants distress. Please note that participation in the study is voluntary and that several steps have been taken to protect your confidentiality. If current illegal activity is reported, I will encourage you to seek medical or mental health assistance to address the behaviors associated with such activities.

Benefits

There are no direct benefits to participants.

The indirect benefit of this study is that the information obtained in this study will add to what is known about reentry for college students with a past history of substance abuse. The findings in this study may inform university administrators as they work to develop support services and policies on campus that better serve the needs of students who reenter with a past history of substance abuse. For employees, participating allows them to talk candidly about the strengths and limitations of the university and its support for students who reenter with a past history of substance abuse. For student participants, participating in the study provides the opportunity to talk openly, candidly, and reflectively about the experience of reentry. For some individuals, this dialogue may offer some level of support and personal development as they work through their experiences.

Confidentiality

The information in the study records will be kept confidential to the full extent allowed by law.

1. Hard copy data (e.g. consent forms) will be stored in a locked filing cabinet in my home office. All other data collected will be stored on a secure network-attached storage (NAS) server, administered by SPU Student Affairs Information Technology (SSAIT). SSAIT has encrypted the laptop used to analyze the data. At the end of the study, all data will be transferred from the SSAIT server to a dedicated external hard drive. This external hard drive will remain in a locked filing cabinet in my home office. Only I will have access to this data.
2. I plan to use a transcription service to transcribe all of my data. I will follow the privacy instructions/requirements from that service in regards to upload/download of audio files to ensure participant confidentiality. I will store all downloaded files from the transcription service on the secure network-attached storage (NAS) server, administered by SSAIT at SPU. Upon receipt of the transcriptions, I will remove any personally identifiable information from the transcript such as name, name of the university, or other identifiers.
3. Each participant will select an alias during the initial screening interview. During all audio-recorded sessions I will refer to the participant by the alias and refer to the university solely as “the university,” “Southern Private University,” or “SPU” in order to further protect both participant and university identity. Upon receipt of the transcriptions, I will remove any personally identifiable information from the transcript such as name, name of the university, or other identifiers. All records created about a participant will be saved using the selected alias. The file will be saved under the alias and the date of the interview. The transcripts, and all other electronic data, will be stored as password protected files on a secure network-attached storage (NAS) server, administered by Student Affairs Information Technology.

4. I will send the transcription of the interview to participants, I will utilize Dropbox to share an electronic file with all personally identifiable information removed with each participant. The file will be uploaded to a shared Dropbox that each individual participant and I will have exclusive access to. The shared Dropbox file will be titled with my last name (Pesetski) and the date of the last interview with the participant (e.g. Pesetski 4/1/2014). I will then share the Dropbox file link with each individual participant at the email address they provided. Participants will be able to download their transcribed interviews, make changes, and upload the changes to the shared Dropbox file. Each participant will have 10 days to complete this. At the end of the 10-day window, I will remove the transcript from the shared Dropbox file and delete the shared file.
5. All participants will provide data directly to the researcher. All collected data will be saved using the selected alias as the file name and the type of data it is. For example the demographic data will be saved as ALIAS.DEMOGRAPHIC. Any personally identifiable information such as name of the participant, name of the university, or other identifiers will be removed from collected data. Documents containing FERPA data include the following: A) Demographic data, B) Readmission essay, C) Readmission letter from the university, and D) The four (4) write-out question responses. These documents will be stored using the alias, and saved to the secure network-attached storage (NAS) server, administered by Student Affairs Information Technology.
6. No reference will be made in oral or written reports that could link a participant to the study. At no point will participants be asked to write their name on any study materials, aside from the consent form.

Compensation

For participating in this study you will receive a \$75.00 gift card to a location of your choosing. I will give you the gift card at the conclusion of the third interview. If you withdraw from the study prior to its completion, you will not receive the \$75.00 gift card.

Emergency Medical Treatment-

Although it is not expected that any participant would require medical treatment as a result of participation in this study, it is necessary to explain that no compensation will be provided if medical treatment is necessary. If a participant needs to be seen at the Emergency Room, or their off-campus treatment provider, the participant will pay for the cost of the healthcare visit. Each participant will use his or her own health insurance to cover the cost of such treatment.

What if you have questions about this study?

If you have questions at any time about the study or the procedures, you may contact the researcher, Christine Pesetski at local address where SPU is located, or by email at capesets@ncsu.edu

What if you have questions about your rights as a research participant?

If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Deb Paxton, Regulatory Compliance Administrator, Box 7514, NCSU Campus (919/515-4514).

Consent To Participate

"I have read and understand the above information. I have received a copy of this form. I agree to participate in this study with the understanding that I may choose not to participate or to stop participating at any time without penalty or loss of benefits to which I am otherwise entitled."

Participant's signature _____

Date _____

Investigator's signature _____

Date _____