ABSTRACT

Given the importance of communication skills and positive relationships to addiction recovery, a series of communication skills workshops for residents of a long-term drug and alcohol residential treatment centre was designed and delivered by students in an undergraduate communication class within the university's Community Service Learning program. The purpose of this study was to gauge the impact of these workshops on the participants' communication skills, relationships and recovery program. Thematic analysis of qualitative interviews with the participants was conducted and five themes emerged. This paper discusses the significance of these themes and the role of training in developing communication skills and creating recovery capital as critical aspects of addiction treatment. It also highlights the contribution that students can make to these processes through service-learning.

Building Recovery Capital in Recovering Substance Abusers Through a Service-Learning Partnership: A Qualitative Evaluation of a Communication Skills Training Program

Jenepher Lennox Terrion

The relationships of many people recovering from substance dependencies have been damaged because of past behaviors that are associated with substance abuse, including deception, crime, broken promises, self-harm, erratic mood swings and so on (De Civita et al., 2000; Hoffman & Froemke, 2007). As a result, educational opportunities that contribute to the repair of existing relationships and the development of new ones are an aspect of treatment that has been regarded with interest by both treatment providers and those in treatment.

Literature Review

A lack of positive relationships can have negative impacts on recovery, and in particular for those in treatment, because a stable social support system – or network of positive relationships – has been identified as important to the effectiveness of addiction treatment (Booth et al., 1992). Furthermore, improvements in personal relationships during treatment appear to be related to positive outcomes such as reduced drug use and greater program compliance (Biernacki, 1986; De Civita et al. 2000).

Building supportive and healthy relationships requires effective communication skills. Previous research has shown that social skills deficits are one of the risk factors for substance abuse in youth (Gaffney et al., 1998; Hover & Gaffney, 1991; Wekerle et al., 2009: Werner, 1986). It is likely, therefore, that those in treatment for substance abuse can attribute some of the cause of their difficulties with drugs, alcohol or other substances, at least in part, to a deficit in communication skills.

In addition to the role of communication skills in building positive relationships, research shows that these skills play a role in recovery from addiction. For example, in their research into the importance of social networks and alcoholism recovery programs, Gordon and Zrull (1991) conclude that improving communication skills is an important objective for treatment programs because of the importance to recovery of the ability to elicit and receive support. This conclusion has also been supported by several other studies (Anderson & Gilbert, 1989; Bartholomew, Hiller, Knight, Nucatola, & Simpson, 2000; Fals Stewart, O'Farrell, & Birchler, 2001; McLellan et al., 1993; Miller, 1992; and Simpson, Joe, Rowan-Szal, & Greener, 1997), who argue that having better interpersonal skills improves overall efficiency in recovery programs and post-recovery outcomes. Developing these skills, and enhancing relationships with family, friends, and professionals, such as teachers and counselors, should, therefore, be an important part of treatment. Building on previous research, this study uses recovery capital theory (Granfield & Cloud, 1999) as a framework to evaluate the experience of treatment program residents who participated in a series of communication skills workshops offered by university students within a service-learning program.

Theoretical Framework

Granfield and Cloud (1999) refer to the value of interpersonal relationships to recovery as *recovery capital*, which they define as the quantity and quality of internal and external resources that a person can bring to bear on the initiation and maintenance of recovery (Cloud & Granfield, 2008; Granfield & Cloud, 2001; White & Kurtz, 2005). Recovery capital is based on social capital theory (Bourdieu, 1986; Coleman, 1988, Putnam, 2000), a framework that has been used to study the value of relationships and social networks.

Cloud and Granfield argue that "much of a person's ability to extract himself/herself from substance misuse is related to the environmental context in which that person is situated, the personal characteristics s/he possesses, and a range of perceptible and imperceptible resources available to that individual" (2008, p. 1972). More specifically, White and Cloud (2008) argue that there are three forms of recovery capital and that each contributes value to recovery. First is *Personal* recovery capital, which includes both physical and human capital. Physical capital includes physical health, safe shelter, medical care, food and transportation. Human capital includes personal values and beliefs, education and credentials, self-efficacy, self-esteem, hope, and interpersonal skills. Second is *Family/Social* recovery capital, which includes

friends and family members and other social relationships that are supportive of recovery efforts such as those with teachers, counsellors and therapists. Finally, White and Cloud refer to *Community* recovery capital as the community programs, attitudes, policies and resources related to addiction and recovery that promote the resolution of substance problems.

While the three forms of recovery capital identified by White and Cloud (2008) are critical to the initiation and maintenance of recovery, White (2002) argues that "most people with addictive disorders entering treatment have never had much recovery capital or have dramatically depleted such capital by the time they seek help" (p. 30). A program that increases recovery capital may therefore be effective in developing assets that are used in recovery. Using in-depth, semi-structured interviews, the current study sought to qualitatively explore the impact of a communication skills training program on the development of both communication skills and recovery capital of residents in a treatment centre called Harvest House.

Context

Harvest House (HH) is a long term drug and alcohol rehabilitation and residential centre as well as being a Community Service Learning (CSL) partner of the University of Ottawa. Since its incorporation in 1979, the centre has treated over 2000 men. In addition to dealing with their chemical dependencies, the organization aims to help residents by building a sense of community and reintegrating them into society. Specifically, HH functions as a "therapeutic community" (De Leon, 2000) which works to foster individual change and positive growth in its residents. Emphasis is placed on counselling, vocational skill development, relapse prevention training, GED attainment (high school equivalency), running and fitness programs, university bridging programs (pre-university preparation courses) and peer mentoring as aspects of a holistic approach to treatment.

Residents are all males between the ages of 15 and 30 and they are required to spend one year at HH acquiring a range of skills necessary to enable them to reintegrate into society. On completion of one year of residency at HH, graduates, as they are called, are invited to move into transitional housing where they will live with other graduates of the program and continue their recovery program through volunteer work at HH, entering into university or college or working in paid positions at HH or outside of the centre.

During a recent semester, communication skills workshops for residents of the centre were designed and delivered as part of a service-learning assignment in an undergraduate communication class at the University of Ottawa. Workshop topics were selected based on current research indicating skill areas important to recovery from alcoholism (see Bartholomew et al., 2000; Bartholomew & Simpson, 1996). Specifically, a series of six three-hour workshops in presentation skills, self-esteem, résumé writing and portfolio building, interpersonal communication, social etiquette, and decision-making were offered by students in groups of four over a period of four weeks.

The university students were exposed, during the first half of the course, to theory and practical examples of needs assessment, adult learning, training design and delivery, presentation skills and training evaluation. At the same time they were conducting needs assessments of their HH clients, gathering information on their topic and preparing a "dry run" of their workshop which was then offered to the rest of the class during the second half of the semester. Finally, using the feedback and evaluations from their dry run to improve on their

workshop, students delivered their workshops to the twelve residents from Harvest House over a four-week period.

Workshops were held at the university in a regular classroom. The first workshop, presentation skills, was delivered by the author (the course professor) with the students observing from the back of the classroom. This enabled the students to observe the professor and residents in action, and also to serve as an ice-breaker for the residents, many of whom reported having never been to a university campus before. For the remaining five workshops, all materials were prepared and provided by the student trainers, along with all facilitation of the exercises. Only HH residents made up the training group (e.g. no students other that the trainers were present). The professor and the Executive Director from HH observed from the back of the room and provided written and verbal feedback to the student trainers upon completion of their workshop. All residents received a certificate on completion of the six workshops at an informal "graduation" ceremony at the end of the last class.

The current study aimed to gauge the impact of the training program on the communication skills and recovery capital of residents of HH by using qualitative interviews to identify what Kibel (1999) calls success markers or statements that describe the "transformational changes and incremental gains" (Thayer, Fox, & Koszewski, 2002, "Evaluation Strategies" section, para. 2) that program participants have observed as a result of their participation in the program. Specifically, the following research question was posed: What is the impact of a series of communication skills workshops on the relationships and recovery capital of young men in treatment for substance abuse? Qualitative methods were used in order to amass a rich description of success markers in the words of the residents themselves and thus, as Cresswell (2007) suggests, kept the focus on the meaning for the participants of their experience in the training program.

Method
Participants

The research participants consisted of 12 residents (currently undergoing a one-year residential rehabilitation program at HH) or recent graduates (those who had completed the initial twelve-month residency at HH and who were living in transitional homes owned by HH) who participated in a series of six three-hour communication skills workshops offered within the scope of an undergraduate communication class at the University of Ottawa. The participants, all male, ranged in age from 15 to 32 with a mean age of 22.75. All were recovering substance abusers with a length of stay at HH ranging from 3 months to 5 years with most reporting a stay of 3-8 months.

Procedures

A graduate research assistant who was trained in qualitative interviewing interviewed participants three months following completion of the program. In order to reduce researcher bias and social desirability on the part of the participants, the student who conducted the interviews was selected because she had not been involved with the training program in any way and was unknown to the participants. Using a semi-structured interview protocol, the participants were asked to reflect on their perceptions of the impact of the training program on their recovery program as well as the ways, if any, that they had used the material presented in the workshops. Interviews were audiotaped and transcribed by the graduate research assistant.

Participants were told that their interview data would be treated as confidential but were aware that it could be used for research purposes in addition to being used for ongoing program evaluation activities at HH. They were told that their names would be disguised to protect their anonymity. Interviews lasted an average of 48 minutes.

Data Analysis

The transcripts were analyzed using a manual coding technique to classify and arrange the qualitative data and gain an understanding of the patterns and themes that emerged. Specifically, to ensure intercoder agreement or cross checking and thus enhance reliability (Creswell, 2007), the analysis followed Creswell (2007, p. 210) in the following way: Four coders (the author and three research assistants) independently reviewed the interview transcripts to identify any salient theme indicating positive changes as identified by the participants themselves. Based on this initial reading, the research team met to present, discuss and agree upon the themes and their operational definitions. From this, a codebook (Creswell, 2007) was developed. Using this codebook, the coders individually coded three randomly selected transcripts and compared findings on a line-by-line basis. Next, the coders independently coded all of the transcripts for references to these identified themes. Finally, the coders met to discuss each transcript and reach agreement on coded units. Disagreements between the coders were resolved through discussion. In this manner, the coders reached 100 per cent agreement on the identification of several themes related to the impact of the training.

Results

Five salient themes, or success markers, emerged. In the following pages, each theme will be briefly defined, several indicators, or concepts that were mentioned during interviews and were coded as reflective of that theme, will be presented and, finally, direct quotations from the interviews to illustrate the theme will be provided. *(Note: Names have been changed to respect anonymity.)*

Use of Communication Skills

This success marker was defined as an ability to interact more effectively with others using the skills learned in the workshop. Specifically, references to any of the following indicators were coded as *Use of Communication Skills:* presentation skills; telephone skills; listening skills; organization skills; social etiquette. Participants had little trouble coming up with specific examples of skills that they had learned during training and their subsequent use at HH. These are organized below into several categories of skills.

Presentation skills. Several participants referred to the impact of the training on their work in the VIP program where they make presentations in the schools. Here is how Ross spoke of the impact of the presentation skills training:

> Yeah, for instance, we have the VIP program here. Values, Influences and Peers, where we go to the high school and we share our stories with the students. It's the most difficult part, I think it is, but I think this program definitely helped me to do that. To break that fear, because you have to stand up in front of a group, not only that, but you have to talk about personal problems that happened in your life as well, so it makes it even tougher in a way too. But this made me get up and have more confidence, just in speaking, to

breathe properly and it taught you all these techniques on how to stand up and present yourself…

Luc stated simply that the most important skills that he had learned related to the presentation skills course:

> I would probably say the one that sticks out the most would be presentation skills, just how to properly introduce someone, a guest speaker, and how to properly introduce yourself when you are that guest speaker is probably the biggest thing that I learned from it.

Social etiquette skills. Several students referred specifically to the dining skills learned in the social etiquette workshop. Jason, for example, spoke of pride in being able to use the social etiquette skills and tie his tie:

> I don't know if this is going to make any sense, but like the supper we had for Christmas. You know, we learned social etiquette that tells where to place the plates, the bowls, and you know, some of us did it to set the table for everyone. We were happy, we were proud. Same as dressing up and knowing how to tie our ties.

Telephone communication skills. Several participants spoke of how they had transferred things they had learned to their work selling cards and calendars in the phone room. Allan, for example, spoke of the impact of the communication skills training on his approach to phone sales:

> Well, the impact is that my success in the phone room has changed. It has gone up! The other night I sold 20 packs of calendars.

Uncertainty Reduction about Post-Secondary Education

This success marker was defined as uncertainty reduction and confidence building as a result of actively attending classes held on the university campus, in a classroom with a professor and university students. Specifically, references that referred to any of the following indicators were coded as *Uncertainty Reduction about Post-secondary Education:* being trusted to go the university; gaining confidence and familiarity with a campus; having positive thoughts of self efficacy ("I can succeed at school"). This success marker fell into two broad categories. The first reflected themes around uncertainty reduction and "getting to know what university was like" and the second reflected an extension of this towards self efficacy, or a confidence in one's own ability to pursue post-secondary education.

Uncertainty reduction. Several examples illustrate this success marker. Jason, when asked what he liked about the whole experience, stated:

> I think the setting, you know, being in a group, and interacting with the students in the class I guess, because, you know, with the lifestyle that I had, I wasn't really with students. I was with dealers, pushers, fiends...

Brad, who reported having never been on a campus before, stated:

> I've never been in an environment like that, at a university campus. So I was pretty happy to go out there and have that opportunity. I think it will stick with me for a long time.

And James simply stated:
> I like that I was going to a university, it was my first taste of it.

Self efficacy. Three examples show the impact of the training on participants' self efficacy, or confidence in their ability to continue their education. Peter suggested that he enjoyed the chance to "try out" university and gained confidence in his own abilities: "…just really getting a taste of the university, seeing that it's not so hard, that I could put a project like that together" and Randy stated:
> Even though they were just small workshops, it makes me see that furthering my education is a lot easier than I thought it could be.

Finally, Allan referred to the chance to be on the campus and that this reinforced his desire to attend university:
> It gave me an opportunity to be in a university style setting, so that confirmed the fact that I would like to go to school and that I'm comfortable in that setting. … I haven't had that, in probably ten years, so it just, you know, I was doubting whether I wanted to go to school. It's kind of a scary thought when you've been out of school for 10 years and you've been in rehab for two. And that just helped, you know, to show me that there is nothing to be scared of. It's just like regular life.

A Positive Non-drug School-based Experience

This success marker was defined as an enjoyable experience in which the participant engaged in the learning process and observed role models of positive learning. Specifically, references that referred to any of the following indicators were coded as *A Positive Non-drug School-based Experience:* listening/learning/participating in class; enjoying the learning experience; seeing engaged students in action. The data fell within two broad categories in terms of a positive non-drug school based experience. The first reflected references to enjoyment of the learning experience and the second to comments about observing positive role models.

Enjoyment of the experience. Many participants referred specifically to how much they had enjoyed the learning experience. Adam, for example, spoke of the practical nature of the course material:
> Well, I think the most useful part of the workshops was the fact that we were learning about things that we can use on a day-to-day basis. Not just learning about some, you now, some rhetorical or esoteric nonsense that we are never going to practically use. So, I think that the content itself is useful.

Michael, similarly, talked about the applicability of the material covered in the workshops:
> I felt good when I was learning. For the first time I was learning things that I can apply directly to my life. Just being able to learn that sort of thing gave me the ambition to want to do well, to want to do my school work so that I could eventually reach that stage at university.

Randy also discussed how much he had enjoyed learning, making reference to changes to his self concept as a learner, and expressed surprise that school could actually be fun:

It was great to see myself being in a classroom, understanding it and getting something out of it and being excited to be there. I definitely enjoyed it a lot. When it was done I definitely wanted to do more. And, it was a weird feeling actually enjoying being in a classroom.

Observing positive role models. Several participants spoke of the impact of seeing university students as positive role models for learning. James, for example, reflected on the kind of people that he perceived the university students to be:

The way the people thought -- I could tell it was completely different than here at Harvest House, or when you're out rolling on the streets of Toronto. People just act differently and I could tell. University people have something to offer, they're not just trying to take, you know. That to me was really cool, I noticed that. They didn't want anything from us. I'm not used to that. They were trying to give us knowledge.

Peer Mentoring

This success marker was defined as sharing new knowledge with others back at HH and reinforcing their learning with other participants. Specifically, references that referred to any of the following indicators were coded as *Peer Mentoring:* sharing new knowledge with others at HH who did not attend; reinforcement among participants who had also attended; being an example for others. Michael spoke of conversations he had back at HH about some of the material, in particular the portfolio building workshop:

I asked a couple of the guys in my room that were in the presentation. We just went over what we learned. So I talked to a couple of the guys about what they thought should be in the portfolio and asked a couple of questions about what I wasn't clear on.

Bruce spoke of trying out the skills he had learned with residents who had not attended the workshops, and of their reaction to his attempts to transfer his learning:

I think it's like, coming back to the house and trying an immediate application of what we learned. Trying different interactions with other guys who didn't go, it was different. Because we were passing off knowledge that we learned to them too, and they were just like, "Oh you learned that? Cool."

Increased Respect from Others and Self

This success marker was defined as a feeling of positive regard from friends, family members or staff at Harvest House, along with self-respect and self esteem as a result of their participation. Specifically, references that referred to any of the following indicators were coded as *Increased Respect from Others and Self:* reflections of positive feedback about the training program from family, HH staff, friends; signs of respect from the students/trainers/professor; tangible signs of completion of the training program (e.g. the portfolio, handouts, the certificate); enhanced self esteem. Several participants referred to the certificate that they received at the end of the training program as a tangible sign of their success and, seemingly, as a source of pride. For example, Brad stated:

So it was cool, I got a little certificate, and I say that on the phone to people [when selling calendars] that I did three seminars at University of Ottawa and then they are like "wow, that's good!"

And like many who referred to pride expressed by their parents in learning of their participation in a program at the university, Brad stated:

> When I'm talking to my family, I'm telling them that I did that, that I took part and that I take the things they taught us in the seminars seriously. Like my dad was really proud of me… he gave me a lot of respect for that.

And likewise, Michael referred to his dad's pride:

> When I got the certificate, that was pretty cool. I'm not even old enough to be in university and I have a certificate. When I called my dad afterwards and told him about my accomplishment he was pretty proud of me. I pretty much destroyed what little relationship I had with him over the past few years, so all these factors are building up a new bridge to connect with him. And him saying he is proud of me for the first time in five years, that had a big impact.

Many participants spoke of the sense of respect that they felt from the student trainers and the professor, and how it helped to build their confidence and self esteem to see that people could perceive them as valuable and worthy of the time and effort that had gone into the communication skills training program. James, for example, spoke to the issues of low self perception and self esteem that must be overcome in recovery:

> The most useful thing was that it helped build confidence. And that's been a real big thing for me. Those people were trying to help us, so that proved to me that we were worth helping … this is a big obstacle for a lot of guys who are coming off drugs and alcohol. You get it drilled in your head that you're nothing and that drugs is all you're good at, so that's why you do them, right? Just for someone to take the time to try and help us, that helped build my confidence more than anything.

Luc also spoke of the respect shown by the professor and students and the impact of this treatment on his sense of self:

> Overall it was good because the students and the teachers treated all the guys with a lot of respect. That was important because I know for myself if I was in that situation and had never experienced something like this I would consider them inferior. I'd address them, but not address them as they did. They treated us all with a lot of respect and dignity. And that I think was important.

Discussion

People in treatment for substance addictions who have struggled with building healthy relationships may benefit by skills development in the area of interpersonal communication given that it is so integral to recovery capital. The five themes that emerged in the data all point to the development of some internal and external resources that make up recovery capital.

The references to specific skills gained, and the putting into practice of these skills informally and through peer mentoring, is important and, for this group of adolescents and young adults, seemed to contribute to the development of their personal recovery capital (White & Cloud, 2008) or, more specifically, their intrapersonal and interpersonal skills. References were made to presentation skills, listening skills, and social etiquette (e.g. table manners and dressing appropriately). Furthermore, the peer mentoring reported by many of the participants

gave them a chance to practice (and thus reinforce) their new skills by sharing them with others, and also enabled those who did not attend the training to enjoy some of the benefits. Karcher (2009) found that mentors themselves learned through the experience of mentoring others and that their experience led to greater connectedness to their school and increases in their self esteem. The results reported here showed that participants benefitted both directly and indirectly from the training through the experience of peer mentoring and this, therefore, contributed to their Personal recovery capital.

The data also showed that a training outcome was the exposure of the participants to positive role models, thus contributing to their family/social recovery capital. As Cloud and Granfield (2008) suggest, "Enduring membership in a drug-user subculture permits the development of discordant values that make it difficult to find quitting substance misuse appealing. The practice of associating substance use with "toughness" and "style" as well as seeing drug-related crime as a reasonable occupational option make re-entry into conventional life particularly challenging" (p. 1975). In other words, if drug users maintain their connections with a drug-using subculture and continue to perceive this community positively, then long-term abstinence is very difficult. However, in contrast, if substance abusers associate with non-drug users, perceive these people and the experiences associated with them positively, then this can make long-term recovery more likely.

According to Akers, Krohn, Lanza-Kaduce, & Radosevich (1979), "the probability of abstinence decreases and the frequency of use increases when there is greater exposure to using rather than to abstinent models" (p. 639). While these researchers looked at the friendship networks of recovering adolescents, and while the relationship of the training participants with the role model university trainers was short-term, participants nonetheless spoke of the enjoyment that they felt in associating with students and the pleasure of feeling respect from people who seemed surprisingly accepting, gracious and warm and genuinely interested in their learning experience.

Similarly, as Richter, Brown, & Mott (1991) argue, positive role models reinforce abstinence and demonstrate coping strategies for recovering adolescents and thus it is important that those in recovery observe young people who find enjoyment in learning, in participating in student culture and in working with each other in the university classroom. The fact that participants reported enjoying the experience of working with these young role models, and that the experience gave them the confidence to either complete their GED or consider pursuing higher education, is noteworthy. Certainly it cannot be assumed that the short-term relationship between the student trainers and the residents could be enough to change the trajectory of these adolescents and young adults. However, the exposure to a group of positive role models can contribute a positive dimension to the overall treatment program.

Finally, the data show that the participants perceived that their community recovery capital had been enhanced. Numerous studies have highlighted the importance of rebuilding all aspects of the community of those in recovery (see Meyers, Villaneuva, & Smith, 2005). Specifically, according to these authors the Community Reinforcement Approach (CRA), developed by Hunt and Azrin (1973), assumes that to avoid relapse an individual's community must be restructured in order to make it more rewarding to abstain from substance use than to use. CRA is composed of numerous modules, including relapse prevention training, communication skills development, relational counselling, job skills and social counselling (designed to help identify activities that can be considered fun without drugs or alcohol).

As Meyers et al. (2005) point out, central to the CRA is recognition of the need for those in recovery "to fill their newly found free time in a healthy and satisfying manner that does not

also place them back in an environment with friends who are still using" (p. 249). In other words, it is not just the social network that has to change, but also the activities and places that must be altered to support abstinence. The data show that participants perceived the learning environment to be a fun, interesting and engaging place to be, and that this pleasure could be experienced without the influence of drugs or alcohol.

Practical Implications

At least three practical implications emerge from this study. First, it is clear that learning requires motivation. In other words, for communication skills training participants to actively engage in the learning process, they need to perceive the learning opportunity as necessary to the attainment of their personal goals and interests and, as McCombs (1991) points out, helping a participant to see the link between his or her goals and the learning opportunity can enhance motivation and, ultimately, learning. This link needs to be made explicitly -- and, ideally, experientially -- at the start of the training program and repeated throughout.

Second, as Mills, Dunham and Alpert (1988) argue, instead of seeing high-risk youth as needing to be "fixed" through programs such as counseling, skills training, and other interventions, these approaches might be more effective if they were based on what these authors call a "wellness model". This model is based on the assumption that these youth possess higher levels of functioning and inherent capabilities that need to be accessed in learning experiences and interventions. Further, it is focusing on these strengths, rather than identifying weaknesses and problem behavior and trying to correct them, that might motivate high-risk youth to engage more actively in the learning process. Based on this strengths-based philosophy, then, communication skills training for young people in treatment for substance abuse must begin by helping a participant to identify his or her particular communication strengths, working to determine what it is that he or she might need to learn and then tailoring the training program to meet these objectives.

Finally, as Jack and Jordan (1999) have argued, social capital – and, by extension, recovery capital -- is built on a foundation of trust. Vulnerable people must trust that those with whom they engage, particularly those who present opportunities for community recovery capital, will treat them decently, fairly, and honestly. The building of trust between training program participants and between participants and their trainers is necessary. Trust building components therefore should be included in communication skills training programs.

Conclusion

Abstaining from substance use is a complex and multi-faceted challenge for those who suffer from addiction, and exposure to a few sessions of communication skills training is not enough to alter patterns of behaviour that may have persisted over years and that, according to many researchers and practitioners, is a chronic illness (e.g. Hser, Hoffman, Grella, & Anglin, 2001; McLellan, Lewis, O'Brien, & Kleber, 2000) stemming from both genetic and non-genetic factors (Kendler, Prescott, Myers, Neale, 2003; Rhee et al., 2003). Furthermore, there is much evidence that addictive drugs provide a shortcut to the brain's reward system and, given the human brain's great capacity for learning, quickly take over as the main – or only – stimulus that provides pleasure (Crabbe, 2002; Hyman, 2005; Koob, 2004; Nestler, 2001). As a result, treatment must be complex and multi-pronged, often involving psychosocial, behavioral and

drug therapies (Hyman, 2001). Communication skills training, nonetheless, can make a contribution.

Limitations and Future Research

The main limitation of this study is that the small number of subjects interviewed restricts generalizability. While the data provide rich examples of the perceptions of the participants of the impact of the training on their communication skills, interpersonal relationships and recovery program, it is limited to the experience of these particular trainees. It would be safe to assume that these general themes would be found in similar groups of young men in recovery, but it is unclear to what degree and with what differences. Future research could replicate both the training program and the study in order to verify the findings and the conclusions. Furthermore, extending the training to women in recovery, as well as to a sample of older recovering substance abusers and to adolescents, could provide useful insights into the success markers experienced by populations other than young men.

The fact that the training was provided by six different sets of trainers is another limitation. Specifically, because five of the workshops were offered by student groups and one offered by the professor, there was likely considerable variation in skill level in terms of design and delivery of the workshops. To control for this, future research should assess training offered with less variability.

In closing, this research has provided insight into the impact of communication skills training provided by undergraduate students within a service-learning program. While the experience of the undergraduate students themselves was not measured, and this would be an area for future research, the results show that participants reported a number of benefits beyond the specific skills learned in the workshops, most importantly related to the development of recovery capital.

This study has identified incremental changes that participants perceived in their Personal and Family/Social recovery capital (White & Cloud, 2008) following the training. This knowledge will help improve the design and delivery of training programs for recovering substance abusers and could allow other treatment centres to adopt similar approaches. While there is much research to be done on the psychosocial, behavioral and pharmacological aspects of treatment, this study has explored the impact of an experiential learning opportunity for residents of a substance treatment program on the development of recovery capital and shown the success markers that can emerge from such an experience.

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Author

JENEPHER LENNOX TERRION (jlennoxt@uottawa.ca), Associate Professor, Department of Communication, University of Ottawa