

2018

A Qualitative Evaluation of a Substance Abuse Treatment Program for Athletes

Megan K. LaVoy
University of Denver

Follow this and additional works at: https://digitalcommons.du.edu/capstone_masters

 Part of the [Clinical Psychology Commons](#), and the [Substance Abuse and Addiction Commons](#)

Recommended Citation

LaVoy, Megan K., "A Qualitative Evaluation of a Substance Abuse Treatment Program for Athletes" (2018). *Graduate School of Professional Psychology: Doctoral Papers and Masters Projects*. 310.
https://digitalcommons.du.edu/capstone_masters/310



This work is licensed under a [Creative Commons Attribution-Noncommercial-No Derivative Works 4.0 License](#).

This Doctoral Research Paper is brought to you for free and open access by the Graduate School of Professional Psychology at Digital Commons @ DU. It has been accepted for inclusion in Graduate School of Professional Psychology: Doctoral Papers and Masters Projects by an authorized administrator of Digital Commons @ DU. For more information, please contact jennifer.cox@du.edu, dig-commons@du.edu.

A PRELIMINARY QUALITATIVE EVALUATION OF A
SUBSTANCE ABUSE TREATMENT PROGRAM FOR ATHLETES

A DOCTORAL PAPER
PRESENTED TO THE FACULTY OF THE
GRADUATE SCHOOL OF PROFESSIONAL PSYCHOLOGY
OFFICE OF GRADUATE STUDIES
UNIVERSITY OF DENVER

IN PARTIAL FULFILLMENT
OF THE REQUIREMENT FOR THE DEGREE
DOCTOR OF PSYCHOLOGY

BY
Megan K. LaVoy
March 2018

APPROVED: _____

Jamie Shapiro, Ph.D., Chair

Neil Gowensmith, Ph.D.

Harlan Austin, Ph.D.

Abstract

The focus of this study was to examine the experiences of two past participants of an athlete-specific drug and alcohol rehabilitation program. Researchers have discussed the vulnerability of an athlete population and prevalence of substance use among athletes (e.g., Turrisi, Mastroleo, Mallett, Larimer, & Kilmer, 2007; Martens, Watson, Royland, & Beck, 2005). Some rehabilitation programs and specific approaches to treating substance abuse in athletes have started to emerge and are beginning to be discussed in the literature (Donahue et al., 2014). However, there remains a gap in the research of studies examining the experiences of these athletes who have been going through such programs. The present study aimed to understand the benefits and pitfalls of this specific athlete rehabilitation program. Higher order themes that emerged were overall benefits of attending this program, recommendations of what could improve, and the lessons that were learned throughout the program. Lower order themes for benefits included: athlete culture, improved performance, and a new relationship with substances; lower order themes for room for improvement were: missed opportunities, staff and participants, and analytical data; and the lower order themes for lessons learned included a new way of life and awareness. The study also has implications for what may be important for future providers and program designers to consider when tailoring substance abuse treatment to athletes.

Keywords: substance abuse, athlete(s), rehabilitation, treatment program, evaluation

A Preliminary Qualitative Evaluation of a Substance Abuse Treatment Program for Athletes

When it comes to competitive athletes and substance abuse treatment, the research is limited. As of 2018 there were few reports in the literature of interventions aimed at decreasing alcohol or drug use frequency for athletes who had been diagnosed with substance abuse, and no prescribed clinical interventions for substance abuse had been tailored to accommodate the unique needs of competitive athletes (Donohue, Pitts, Gavrilova, Ayarza, & Cintron, 2013). An overview of existing literature did demonstrate that program evaluations have been conducted on rehabilitation programs; however, no program evaluations were found specific to drug and alcohol rehabilitation for elite athletes.

Those struggling with addictions make up a vulnerable population facing many psychological and emotional problems that can have a negative impact on their quality of life. There are also the adverse effects on an addicted individual's health, which has social and economic implications on the global level (Bayles, 2014). Logan and Marlatt (as cited in Bayles, 2014) demonstrated a correlation between substance abuse and emergency room visits. In 2006, over one million people had never sought out substance abuse treatment who screened positive in a study for substance use, substance related risky behaviors, substance abuse, or substance dependence. A study that was conducted to examine military and civilian alcohol use reported that sixty-nine percent of adult civilian male respondents, matched on age and race, reported drinking in the past 30 days, consuming an average of 4.24 drinks per day of drinking and 3.4 days of binge drinking as measured by the National Survey on Drug Use and Health (NSDU; Witkiewitz & Estrada, 2011). Another study pointed out how drug abuse devastates the lives of youth and adults alike, while costing the United States over 100 billion dollars each year in

health and crime costs, an estimated 50% increase since 1985 (National Institute on Drug Abuse [NIDA], as cited in Rowe & Liddle, 2003).

A majority of research on substance abuse has been conducted with college populations. Rockafellow and Saules (2006) pointed out that substance abuse is prevalent amongst young adults, especially those on college campuses. They acknowledged a number of associations between college students and substance abuse, including involvement in the Greek system, peer influences, parental influences, gender/racial factors, depression and other psychiatric comorbidity, personality (i.e., impulsive, sensation-seeking types), and athletic involvement. Prior research pointed out that approximately 18% of college students (ages 18–24) met Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM–IV; American Psychiatric Association, 1994) criteria for alcohol abuse or dependence. Several negative consequences have been found to be associated with college student drinking such as academic problems, injuries, alcohol poisonings, unintended and unprotected sexual activity, and impaired driving (Turrisi, Mastroleo, Mallett, Larimer, & Kilmer, 2007).

There have been several other studies that drew a correlation between athletic involvement and substance abuse. There appears to be a higher prevalence of dependency on alcohol and drugs amongst the athletic community. In regard to alcohol consumption, research has shown that athletes engage in significantly more binge drinking episodes, report drinking to levels of intoxication, and drinking with the intention to become intoxicated more frequently compared to non-athletes (Turrisi, Mastroleo, Mallett, Larimer, & Kilmer, 2007). This is consistent with other studies that have demonstrated that athletes experienced significantly more consequences of substance use, such as missed classes, falling behind in school, interpersonal problems, unprotected sex, required medical treatment, being a crime victim, vandalism, and

trouble with the law. It appears that athletes are a high-risk group and engage in risky substance use at higher levels than the general population.

Studies have examined why athletes may engage in substance use, and particularly high-risk behaviors, compared to non-athlete groups. Collegiate athletes may experience more obstacles in terms of mental health due to balancing multiple obligations, and they face several stressors related to academics, athletic performance, time management, and injury (Chow et al., 2014). Other potential explanations related to excessive alcohol consumption among intercollegiate athletes could include athletes experiencing excessive amounts of peer pressure from teammates, a homogenizing effect that occurs among athletes because of their isolation from other groups of students, and potentially the overall link within American culture between alcohol and athletics (Martens, Watson, Royland, & Beck, 2005). Marten and colleagues (2005) reviewed previous studies that found that the most frequent reasons college athletes reported using alcohol involved social factors, a desire to feel good, and dealing with the stress of college life. Research also suggests that team-sport participation may play a role in the relationship between athletic involvement and substance use (Rockafellow & Saules, 2006). Wechsler et al. (as cited in Rockafellow & Saules, 2006) found that athletes involved in collegiate team sports were more likely to use substances than those involved in non-team sports. The literature remains limited to collegiate athletes, rather than high school, professional, and other levels of athletic participation.

Substance Abuse Treatment

While the recovery options for substance abuse are lacking for an athlete-specific population, a number of treatment approaches exist to help people recover from alcohol and drug addiction. Burke and Clapp (1997) explained that while no single principle or standard of care

prevails in the alcohol and other drugs treatment field, previous research has suggested that the U.S. treatment community has widely accepted abstinence-based approaches based on a disease model of substance abuse problems. The traditional 12-step approach, cognitive behavioral C-B approach, family-based interventions, harm reduction approach, mindfulness, Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT), and group therapy are some of the more popular treatment approaches that exist today.

Traditional 12-step approaches developed from a self-help approach combine components of Alcoholics Anonymous with the disease model of addiction. A fundamental assumption of this approach is that substance abuse stems from an underlying biological or psychological vulnerability that leads to loss of control of the abused substance. Individuals are encouraged to accept the disease model of addiction, an alcoholic or addict identity, and abstinence as their treatment goal, and they are expected to become involved in going to 12-step meetings, getting a sponsor, and working the steps (Ouimette, Finney, & Moos, 1997).

The cognitive behavioral C-B approach to substance abuse treatment evolved from social learning theory and clinical research. Unlike the disease model of addiction, an underlying assumption of the C-B model is that substance abuse is a learned, maladaptive behavior. Distorted beliefs about the power of the abused substance and the reinforced use of the substance to cope with stressful situations leads to and helps maintain the substance abuse patterns (Ouimette, Finney, & Moos, 1997). The two target areas of this approach include: (a) changing distorted thinking about the abused substances and (b) increasing adaptive coping responses.

Family-behavior therapy (FBT) includes a skill-oriented treatment approach in which clients are assisted in developing behavioral goals that are incompatible with antecedents to substance use; behavioral goals are reviewed during each session, and contingent rewards are

provided by loved ones when goals are accomplished (Donahue et al., 2010). Research has shown that family-based interventions are amongst the most effective treatment approaches for substance abuse, specifically for adolescents. Family-based treatment of adult substance abuse problems has also been proven effective and has improved in recent years given the systematic application and testing of engagement techniques and behavioral couples therapy approaches (Rowe & Liddle, 2003). Investigation of this particular approach has proven successful in engaging participants, as well as retaining them. Rowe and Liddle also noted that this approach has proven to actually reduce substance use, decrease behavioral and emotional problems, improve performance in work/school settings, and improve family functioning. The authors specifically pointed out that compared to other treatments, such as individual and group therapy, family-based therapy seems to be more effective.

The harm reduction approach is a newer model for substance abuse, which has an emphasis on the minimization of the negative effects associated with substance use instead of complete abstinence. As a prevention model, harm reduction has no specific standards, although the emphasis on public health is a key component of this approach (Des Jarlais, as cited in Burke & Clapp, 1997). This approach could appeal to those clients who do not gravitate towards the disease model of addiction and believe that abstinence is not a necessary approach for them. Within this approach, there is an acknowledgement that denial, dependency, and relapse may prevent or delay abstinence (Burke & Clapp, 1997). Harm reduction focuses on meeting the client where they are at in reducing the negative consequences of substance use. This could include accepting goals of moderate use or use in safer conditions (Bayles, 2014). Bayles also spells out the three specific goals stated in this approach: to stay alive, maintain one's health, and to get better. Within this approach to helping those struggling with substance abuse includes a

greater sense of flexibility and the ability to individualize the goals and the path taken to achieve them (Bayles, 2014).

Mindfulness-based addiction therapy (MBAT) is another approach to combating substance abuse. MBAT aims to do the following: “(1) increase attention to present-moment experience (e.g., thoughts, feelings, physical sensations); (2) encourage nonjudgmental awareness of mental events (i.e., noticing thoughts as “just thoughts” without becoming caught up in their content); and (3) foster the ability to acknowledge difficult sensations (e.g., cravings, maladaptive thoughts), refocus attention on the present moment, and purposefully choose how to respond (rather than impulsively react)” (Spears et al., 2014, p. 4).

Medication-assisted treatment (MAT) involves the use of medication combined with psychosocial treatment to address outcomes in substance abuse patients. Many different medications, such as methadone, buprenorphine, and naltrexone, are available for use in MAT, and have been shown to be particularly effective in treating opioid and alcohol dependence (Desmarais et al., 2016).

Some other general approaches that can be applied to addiction treatment include Dialectical Behavior Therapy, Acceptance and Commitment Therapy, group therapy, and biofeedback. Marsha Linehan developed Dialectical Behavior Therapy (DBT) by combining standard, evidence-based cognitive and behavioral strategies with her experience and training in mindfulness and Zen practice, as well as acceptance-based approaches from other treatments (e.g., client-centered therapies and emotion-focused approaches; Chapman, 2006). DBT involves observing and noticing sensations in the present moment, describing those sensations exactly as they are, and participating in activities such as mindfulness and distress tolerance skills. Steve Hayes created Acceptance and Commitment Therapy (ACT) from the idea that human language

and cognition trap individuals into human suffering. One key component involves experiential avoidance, meaning the individual aims to avoid certain internal thoughts and feelings, which perpetuate mental health issues (Chapman, 2006). Interventions strive to help clients accept themselves and their experiences.

Group therapy offers an approach that is typically utilized alongside individual therapy in substance abuse treatment. Groups are often process-oriented and termed “interpersonal process groups.” They are a preferred method of treatment due to the cost effectiveness, as well as therapeutic considerations (Morgan-Lopez & Fals-Stewart, 2006). There is a curative mechanism proposed due to the interdependence amongst members in the group. Finally, “EEG biofeedback incorporates principles of operant conditioning in which select EEG frequencies are differentially reinforced while the participant receives real-time information reflecting the ongoing cortical electrical activity” (Keith, Rapgay, Theodore, Schwartz, & Ross, 2015, p. 18). These are just a few of the treatment approaches that do exist with research supporting their effectiveness; however, there are others, as well as the idea of combining different approaches to determine the best fit for the client’s needs.

Athlete-specific Substance Abuse Treatment

The need for athlete-specific substance abuse treatment can be better understood when explained through an athlete identity lens. “Identity was proposed by Erikson (1968) as the organizational process that connects how individuals act and behave to the social world surrounding them” (Burns, Jasinski, Dunn, & Fletcher, 2012, p. 281). Brewer, Van Raalte, and Linder (as cited in Murphy, Petitpas, & Brewer, 1996) discussed how athletic identity involves the cognitive, affective, behavioral, and social connections of identifying with the athlete role. Being an athlete comes with a specific identity that influences how one conceptualizes

themselves, and interacts with others and the world. This creates an argument for why it can be helpful to create recovery programs specific to the unique set of attributes that come with athletic identity.

Treatment programs specific to the needs of athletes struggling with substance abuse are extremely rare; however, substance abuse programs are starting to initiate discussions and even create such programs. Donohue and colleagues (2014) explored an alternative family-based healthcare option for athletes experiencing substance abuse. This included an adapted intervention manual for Family Behavior Therapy (FBT) to address sport performance and mental health goals for athletes. FBT was chosen because it seemed to fit the culture of sport, including behavioral and cognitive skill development for goal achievement, involving “a team approach to rehabilitation (i.e., making it easy for teammates, coaches, and family to support goal achievement)” (Donahue et al., 2014, p. 3). It is important to note that a study was not conducted to assess for the effectiveness of this approach with athletes.

Several case trials have now utilized the sport specific adaptation of Family Behavior Therapy called The Optimum Performance Program in Sports (TOPPS) and found significant effects for the athletes involved (Donahue et al., 2014; Pitts et al., 2014; Chow et al., 2014). Donohue and colleagues (2014) conducted a case study that examined TOPPS and its effects on a particular collegiate athlete. Interventions were introduced to reduce unsafe sexual practices, target alcohol avoidance, and focus on teammate relationships. The athlete’s overall stress scores decreased during the span of the intervention meetings, even up to 5 months post intervention. In one study, there was a 76% decrease in illicit drug use amongst athletes after a 1-month follow up, and 87% decrease at the 3-month follow up (Donohue et al., 2014). In the same study, all aspects of sport performance contribution were improved, in both training and competition.

TOPPS also had beneficial effects for a combat sport athlete evidencing alcohol dependence and concurrent elevations in mental health symptoms (Pitts et al., 2014). The authors of this study found improvements in the participant's reported mental health and a decrease in overall substance use from baseline to post-intervention assessment.

An overview of existing literature did demonstrate that program evaluations have been conducted on substance abuse rehabilitation programs; however, very few evaluations were found specific to drug and alcohol rehabilitation for elite athletes. The current study examined the experiences of athletes from a treatment program located in the Mountain West of Colorado. "The Ascent Program... is open to any elite athlete or coach over 18 years old with a primary diagnosis of Substance Use Disorder. Inclusion criteria include individuals who participate in a collegiate, semi-professional or professional sport, as well as retired elite athletes" (Professionals Program: Ascent Program, 2018). The program combines a variety of different treatments based on evidence-based clinical practices, including 12-step informed treatment, CBT interventions, mindfulness, DBT skills and interventions, biofeedback and physiological testing, and group therapy specific to athletes, which includes:

1. Skills oriented psychoeducation including mental skills training for performance in sport and recovery, mindfulness, Acceptance and Commitment Therapy (ACT) integration into sport and recovery psychology.
2. Culture of sport, addiction, recovery.
3. Process group for athletes only.

The Ascent program is unique in that the program uses Cellular Respiration and Analysis Testing (CRA-Testing), which measures individual cellular waste due to the decline of oxidation, and focuses on maximal exercise optimization. Another aspect that sets this program apart is

their goal of getting athletes back into their sport. “Our goal is to allow athletes to build a foundation of recovery without missing a day of training, in the hopes of returning athletes back to their teams, families, organizations and communities in peak condition” (Professionals Program: Ascent Program, 2018). Since the research on substance abuse rehabilitation programs for athletes is very limited, the purpose of the current project was to gain a preliminary understanding of the experiences of athletes who participated in the Ascent drug and alcohol rehabilitation program.

Method

Participants

Through the use of purposive-opportunity sampling, interviewees were recruited on the basis of their participation in the Ascent track program. The sample was recruited by the psychologist who directed the Ascent program and his alumni committee who contacted past participants from the program to inform them of the research opportunity and determine if the individuals were interested in participating.

Two participants were interviewed in total due to the complicated nature of recovery work. While others expressed interest, relapse played a factor in some individuals not being available due to being back in a rehabilitation program or not being in a stable enough place to participate. The sample included past participants of the Ascent program who were previous competitive athletes; one participant was a current coach, the other still participates in his sport for recreation. One participant was 38 and the other 53. Both participants identified as Caucasian males. One participant was a former swimmer, while the other was a former football player. Pseudonyms were used to protect confidentiality; the swimmer was referred to as Tyler, while the football player was referred to as Joe.

Procedures

The project was approved by the Institutional Review Board (IRB). After potential participants were contacted to determine interest in participation, the researcher contacted them to proceed. Prior to interviews, the participants were provided information on the purpose of the study, benefits and potential consequences of the study, procedures, the types of questions they would be asked, the voluntary nature of participation, confidentiality, audio-taping of the interviews, and compensation. Each participant signed an informed consent form and were notified about \$25 compensation for their time and willingness to participate. Interviews were conducted over the phone while the researcher was in a private, confidential room. One of the interviews was 37 minutes, while the other lasted an hour.

Measures

Interviews began by asking participants if they had any questions regarding the informed consent form they had signed, a reminder of the voluntary nature of the study, and that they may choose to stop the interview at any time. The researcher then provided a brief overview of the study being conducted, and followed up by asking participants their demographic information, including age, race, sport they play(ed), time spent in the Ascent program, and time since they left treatment. They were asked nine questions in a semi-structured interview format, allowing room for deviations only when it was necessary to clarify what the participant was describing. The interview questions included positive and negative experiences in the program, impact on their life, and areas for the program to improve (see Appendix A for the interview script). If the interviewees provided vague or short answers to questions, the researcher would follow up by asking, “Could you say more about that?” or “Can you give me an example of that?” in order to receive a more detailed response to the question.

Data Analysis

After the interview process was complete, each interview was transcribed (removing identifying information) and subsequently reviewed for themes. Once interviews were transcribed, they were given a numerical code that did not contain identifiable information in order to protect participant confidentiality. Conventional content analysis was used to analyze the data and determine emerging themes. This type of design was appropriate since existing theory or research literature on the phenomenon being studied was limited (Hsieh & Shannon, 2005). Conventional content analysis allows the categories and names for categories to flow from the data. The data was read repeatedly word by word to derive codes, then the codes were sorted into categories based on how different codes were related and linked. This type of analysis was also chosen because information could be gathered from participants without imposing preconceived categories or theories to the data (Hsieh & Shannon, 2005). Cross-checking took place by examining the raw data themes and clusters again. The results of the analysis are reported below.

Results

The two interviews were analyzed to code themes based on the experience that both participants had while in the Ascent program. The focus of the analysis was to gather the most detailed account of how these athletes experienced this program - what they liked, what could have been better, and how they were overall impacted from this experience. Several of the themes were similar between the two athletes, while there were also some experiences that contradicted one another or were unique to that individual. Both the similarities and differences in the athletes' experiences are discussed below. The higher order themes are categorized into three distinct areas: benefits, room for improvement, and lessons learned. As mentioned above,

pseudonyms were used as the participants' names to protect confidentiality, and other identifying names (i.e., staff members of the program) were de-identified (XX or YY).

Benefits

This category captures any experience from the athletes that can be described as distinctly positive from the program. The researcher chose to break up the beneficial experiences into three lower order themes including athlete culture, improved performance, and a new relationship with substances.

Athlete culture. The interviewees described appreciation for a program that was geared towards athletes specifically. Both participants expressed feeling understood within the program and pointed out how the psychologists they were working with shared similar identities as them, such as being a former athlete or addict. This appreciation for working with people who held similar identities was noted by Joe when he said, "I relate better to an addict... I have to have someone who understands. And then it's really nice to have someone like XX who is an athlete and an addict."

A sentiment emerged from one interviewee about not wanting to feel like even more of an outsider while in a rehabilitation program, since one's addiction can already make one feel that way. Having a program designed specifically for athletes allowed him to feel included and seen, which he expressed by stating:

I had never experienced anyone who had an interest around kind of the core... lifestyle, culture... the mindset of an athlete... And the last experience you want to have in terms of recovery is feeling like you're an outlier... it was a bit of relief... to get around some other people who have a framed mindset around, kind of, what performance is... around what competition is... And how that bleeds into everything from your diet, to your

perception of yourself, your perception of the world around you. To how you train... a place where like winning and losing is like the constant struggle... it was a cool experience to... recover... both in my sport and from addiction.

While Joe no longer competes as an athlete, and now serves as an athletic coach, it was still important for him to be understood from an athlete lens because of how he believes his mind works. He explained how he approaches the world differently compared to non-athletes by stating:

I believe differently than the average person... I basically played football my whole life and it was just certain things that I was. That I thought were normal that aren't necessarily normal to say... Like it was normal for me not to think that the rules didn't apply to me... I'm a coach. I'm an athlete. I'm an ex-NFL player. I don't need to use these rules. I have my own set of rules.

It was important for Joe to feel understood and seen as an athlete. In order for him to benefit from the treatment program, he first had to be seen for who he was and how he approached the world. This understanding of an athlete culture and what it means to identify as an athlete from the program facilitators was one of the clear benefits for both participants.

Improved performance. The interviewees discussed different areas of their life where their performance has improved since attending the Ascent program. For Joe, this was in regard to his coaching performance and communicating better with his players. He stated, "I think I'm a lot more positive with players... I don't try to... make myself look bigger and better in front of players by demeaning other people like I used to." Tyler, who still participates in his sport recreationally, did notice a significant improvement in his actual athletic performance and found himself performing at levels he had not experienced since high school, which he explained, "I

don't think I had sprinted as fast I had before [sic]... like since maybe high school... which for me, was pretty satisfying.”

A theme emerged of feeling like they both were performing better in life overall, which included awareness of self and others. There was discussion from Joe about not being perfect, and while he may revert back to old ways, there was an awareness of when this happens and being able to catch and redirect himself. He described this process by stating:

I'm not saying that I don't revert back 'cause I do. I revert back to old ways very easily ...I go to AA meetings and I talk about it... I stay on track and the best thing about it all is that I realize when I revert back... the only difference is I'm so aware of when it's happening to me... I have a bunch of ways to stop it that have to do with football...

Joe went on to explain what he meant by stopping those thoughts with strategies from football, such as taking a timeout and using a whistle to redirect negative thoughts.

New relationship with substances. When both participants were asked about their current recovery status and whether or not they are still sober, they both reported that they were. In regard to how they view and feel about substances now, themes emerged about perspective and realizing how much substances impacted their lives negatively in the past. Tyler described this sentiment by saying, “I'm kind of done with that shit... that created enough wreckage and I have no lingering doubt in my life. That today it's just not a part, it's just not an option... which I'm grateful for.”

While there was acknowledgement of times their minds may go to thinking about substance use again, both had certain strategies and reminders of why they are sober and choose to live a life abstaining from alcohol and drugs. Tyler shared when the thoughts have come up for him, such as when he is sick. He stated, “I think that the only time that maybe there is some

suffering or some question... or something that leads towards cravings is probably when I'm physically ill... But, outside of that... it's pretty inert." Joe discussed how he handles those moments when he thinks about substances:

I still can think about it and yet, when I think about it my thoughts go... to... the end game. So I kinda play it through. Okay so if I go and do this, here's what will take place... I'll be by myself and I won't answer my phone and people will be trying to find me... I won't want to be found... that really helps me so... when I think of substances now, I think it's more disgusting and shame and guilt and like I can't believe I did this kind of stuff... the thoughts are there still but... my healthy self takes control of those thoughts. Whereas in the past, my addiction was so strong that any time a healthy thought came around, my addiction and my obsession would just knock it out.

Both interviewees were able to explain their new outlook on substance use, and Joe's quote above demonstrates how he thinks about the potential negative consequences of using substances any time he has the urge to use again.

Room for Improvement

The participants were asked about negative aspects of the Ascent program, and if there was anything missing from their experience. The lower order themes in this section included missed opportunities, staff and participants, and analytical data.

Missed opportunities. The interviewees shared opportunities and experiences they would have liked to be included during their time at the Ascent program. The interviewee who is a swimmer shared that he would have liked to have access to a pool during his time in recovery. Tyler stated, "I was kind of asking about... being able to get into a pool. And we made several

attempts to kind of try to make that happen... that never occurred... that was a little disappointing.”

Joe shared an overarching feeling of not missing much because of how positively the Ascent program impacted his life by sharing, “I don’t know if there was anything missing. Because it taught me how to live a life that I never knew existed.” He did express desire for more of the programming specific to athletes, and stated, “I only got a shot a day from about 10:30-12 and then I was back to the other recovery stuff. I would like to personally get more of the Ascent program.” An additional theme of wanting to receive continued support and have options to stay connected to other past participants after leaving the program emerged. Tyler highlighted his desire for follow up support in this statement:

I know there was an effort to kind of create... a follow up group... And I don’t know if that was intended to be... an IOP, Intensive Outpatient... or if it was just kind of a group, you know, volunteering kind of session. Where people who had come through the program had a place to kind of go, catch up and talk. I think we tried one or two times to kind of get that experience. I’d be really curious if that’s something kind of going on... I think there’s a community that could grow from this... post-inpatient experience.

Staff and participants. There was a theme of wanting more, whether that be more participants attending the program or more staff that had experienced similar setbacks in their lives and who could relate to the athletes themselves. Due to the limited nature of who qualifies to attend the Ascent track, there were sometimes only one or two participants going through the program at the same time, which limited the access to services and groups that could run. Tyler pointed this out when he said, “There were periods and times where... if there weren’t more than two of us then we weren’t participating in group counseling sessions together... I think there was

a little inconsistency there.” Joe explained how he would have liked to see more athletes who also are recovered addicts serving as the psychologists, counselors, and facilitators. He said:

You gotta get some athletes on staff. You gotta get a coach, myself, somebody who has either gone through the program or is in recovery that is a former player or a coach. So that you can relate because to me, if I’m an NFL guy, the only one I’m relating... is someone who is like me.

Earlier on in the interview, Joe also highlighted that he appreciated that there were people who identified similarly to him, but the impression was that he wanted even more representation on staff of athletes who were also former addicts.

Analytical data. The physiological aspect of the Ascent program is something that uniquely sets the program apart from other rehabilitation programs. One of the interviewees would have liked to have more testing during his exit from the program to provide closure and an overall understanding of his numbers upon entering, as well as upon leaving. Tyler described this by saying:

Yeah, I think there were some kind of anticipated kind of follow ups... I think I maybe had an expectation of kind of seeing some final results. You know, testing in and testing out... at the metabolic level... I don’t feel like there were any results reported back... a recap of things to think about for the future.

Contradictory to this feedback, the other participant did not resonate as much with the analytical and physiological components of the recovery program. Joe described his lack of connection to this component of the program when he said, “A little too much of the analytical, the numbers, the statistical... I don’t really relate well to all that stuff... I just like real life stuff.” These responses highlight the difference in opinions of some of the program’s

components, such as using analytical data to demonstrate different points of performance and recovery.

Lessons Learned

Several examples were discussed by the interviewees about the take-aways and lessons they learned that still impact their everyday lives currently. The lower order themes of this category were broken up into a new way of life and awareness.

A new way of life. Both participants expressed gratitude for the Ascent program because it taught them a new way to approach and live life. They spoke about identity and how the program helped shed light on who they are as a person and what they value. They expressed a different way of thinking, whether that was towards sport, coaching, relationships, communication, making mistakes, etc. Joe shared an example from one day in the program in which he was feeling discouraged, and how one of the psychologists was able to provide an example of how to think about this recovery process by stating:

This way of life you have been living for so long is comfortable for you. This new way, this Joe 2.0 version, is not comfortable for you. That's why you fight it. That's why you're struggling with it. That's why this is uncomfortable... you got to give it a chance... and you're going to make mistakes...

For these participants, recovery expanded far beyond just abstaining from drugs and alcohol; recovery became a new way of life. Tyler shared this sentiment when he expressed, "My recovery has now expanded well beyond just a 12-step program, or a counselor, or... some kind of medication regimen. Right, this has actually created an entire area of recovery for me to just relate back to who I am." Joe provided information on a tool he created in the program that he

took with him and still uses today. He described what a recovery playbook is in the following statement:

It's called a 'recovery playbook'... It is like a notebook but it's totally different than any type of football playbook I've ever been used to. And then in there, there are things that we worked on all throughout the program. Like, you know, taking a timeout. Like you do in football... I'm having bad thoughts... take a timeout. I use a whistle a lot. I blow a whistle and the whistle changes the thinking in my head... if it gets worse in the timeout, sometimes I need to take a halftime. Take 15 or 20 minutes... To get away from the situation and either call someone in AA or call someone in the program. And, then you know, reevaluate and come back to it. Yeah, so I have all kinds of things in this book that really... I use every day.

Awareness. There were several moments throughout the interviews in which the participants came back to the idea of awareness. Awareness of self, awareness of others, awareness of what works and what does not all emerged as ideas they carried with them from the Ascent program. For the individual who resonated more with the physiological component of the program, he discussed his awareness of a meditative, calm state that he aims to be in most of the time. Tyler stated, "The way they set up [the] training program is that you would have to... be able to bring your heart rate back down... during... vigorous, intense exercises. And to do that... you had to develop some type of...meditative method." He described how he uses this application from the program in his everyday life, "I think that that practice... is something that carries well beyond just my physical training today... that was a pretty profound connection for me."

The other individual gained an awareness that the rules of life do apply to him, and that he is no different than other human beings. Joe highlighted this awareness when he said:

It taught me that the rules apply to me too... that I'm not different than anybody else and I don't need more than anybody else... I think it really helped knocking my ego down. And bringing me back down to earth. And really they helped me create a new way of living and coaching.

Joe also shared an increased awareness of other people's feelings and how to communicate better because of this awareness when he stated, "I have learned a way of life that is a lot more respectful... I am a lot more aware of people's feelings... I communicate a lot more now... I have an open mind and I listen."

Discussion

The purpose of this study was to gather information about participants' experiences of a drug and alcohol rehabilitation program specific to athletes. The existing research shows that athletes are a vulnerable population that seem to struggle with addiction issues and seem to abuse alcohol and drugs more prevalently than non-athlete populations. While programs are beginning to emerge that are particularly designed for athletes struggling with drug and alcohol abuse, there is no current literature that examines the effectiveness or overall experience of people participating in these programs. This study is one of the only preliminary qualitative evaluations of an athlete-specific drug and alcohol rehabilitation program. Utilizing content analysis, benefits, room for improvement, and lessons learned emerged as the main higher order themes of the participants' experience of the program.

Consistent Findings

While there are no prior studies that have examined participants' experiences of a drug and alcohol rehabilitation program specific to athletes, there were some themes that emerged in the current study that relate to prior studies. For example, the participants spoke to the specific experience of having an athlete identity that comes with a unique set of challenges, such as thinking the rules do not apply to themselves or having certain set of demands and expectations on them. This is consistent with previous findings that stated athletes hold a specific identity, and may experience more obstacles in terms of mental health due to balancing multiple obligations, and facing several stressors related to athletic performance, time management, and injury (Chow et al., 2014; Murphy, Petitpas, & Brewer, 1996). The current results are consistent with and extend research that already exists by offering an account of what it is like for athletes to go through a rehabilitation program designed for their athlete identity.

One of the lower order themes that emerged from the interviews included athlete culture, which was consistent with some of the programs that do exist that have been tailored to athletic identity. The adapted intervention manual for Family Behavior Therapy (FBT) addresses sport performance and mental health goals in athletes by fitting the culture of sport through behavioral and cognitive skill development for goal achievement, involving a team approach to rehabilitation (Donahue et al., 2014). This is similar to the Ascent program in that they approach rehabilitation by utilizing an "interdisciplinary approach to provide addiction treatment for athletes, including physiological testing, psychological testing, and tailored programming with peers... [they] harness the athlete's transferable skills from participation in sport and utilize them to heal and to establish a solid recovery" (Professionals Program: Ascent Program, 2018). Both interviewees spoke to their appreciation of the program understanding what it means to identify

as an athlete and how their skills in their sport were utilized in their recovery process. One instance of this was the “recovery playbook” that Joe described using.

Overall, the participants of this Ascent program seemed to gain more than just sobriety from their experience. They shared how they have gained new awareness about themselves and relating to others that they highly value. Research on the Cognitive Behavioral approach to substance abuse treatment mention the goals being: (a) changing distorted thinking about the abused substances and (b) increasing adaptive coping responses (Ouimette, Finney, & Moos, 1997). This is consistent with the areas that emerged in the participants’ interviews when discussing how this program impacted their lives. While both individuals remain sober and have a different outlook on substances compared to when they were using, they also seem to manage life difficulties with a new set of coping strategies and outlooks. For instance, Tyler spoke to finding a meditative mindset and sense of calm when going through his day to day, while Joe touched on how important it is to communicate and be open minded when working with other people. It was clear from both of the conversations how grateful they were to not only address the issue of abusing substances, but also gain a new way of living and enjoying their lives.

New Findings

Some of the new findings that are not seen in the current research involve the room for improvement for this program in that the participants wanted more of the specific athlete tailored programming. In other words, due to the limited nature of who seeks out this program, there were times that certain programs could not run because of the number of participants present. One the of the interviewees spoke to wanting more than just an hour and a half a day that he received of this type of programming. The two participants shared similar sentiments of valuing

and enjoying this type of approach, but noted wanting even more of that experience, either during their time there, or even as follow up support after leaving the program.

Limitations

There are limitations worth noting that came up during this study. First, there were a limited amount of participants that were interested and followed through with the interviews. The Ascent program is still somewhat new and is not typically a program that has a large number of participants going through at one time. While four individuals expressed interest in the study, one ended up being back in treatment once interviews were conducted, and another was deemed unstable to participate given some of his responses that suggested a potential relapse, as well. The investigator decided to forego interviewing this person to limit any potential risk, and provided him with mental health referrals. This limitation speaks to the complex nature of substance abuse treatment, and how recovery commonly includes multiple rehabilitation programs, relapse, and is unique to the individual seeking help. While this is definitely a limitation, it is likely unavoidable when conducting research on substance abuse treatment given that relapse is an expected outcome and obstacle with this type of treatment.

Another limitation was that one participant was no longer competing as an athlete, so it was difficult to examine how this program affected his overall sport performance. In fact, the other participant was no longer competing either, but did still participate in his sport, and was able to see a difference in his overall performance because of the treatment he was receiving. Due to the limited number of participants, it is hard to determine an overall theme of how athletes experience the treatment in terms of impact on their physical and mental performance within their sport. There was limited sport representation; swimming and football were the two sports that the interviewees participated in. There is a potential bias in the data collected because

the two participants who volunteered and followed through with the study were people who have been successful at staying sober. Finally, the researcher did not have any forms of data or researcher triangulation.

Future Research

Given some of the limitations and nature of this study, future research should gather participants from several different sports. It would be interesting to interview athletes from other sports and see if there is a difference based on team versus individual sport, amongst other comparisons given the amount of sports that exist today.

It could also be useful to examine the effectiveness of the specific components of the programming (individual therapy, groups, 12-step components, physiological component, physical training). Based on the interviews in this study, it became apparent that different participants value and benefit from varying aspects of the treatment program. It would be of interest to look more specifically at how they experience each aspect of the treatment program, rather than the program as a whole.

This study became a focus on the experiences of a couple of athletes who had participated in the program, rather than a formal program evaluation. While some benefits and room for improvements were shared, future research could also provide a more thorough program evaluation, rather than general experiences of only several athletes.

Summary

The focus of this study was to gain information about the experiences of two past participants from a substance use rehabilitation program for athletes. Based on the research and interviews in the current study, there does seem to be a need for treatment programs specifically geared to athletes. Not only are they a vulnerable population when it comes to substance abuse

and addictions, they also seem to benefit from a program that encompasses specific stressors, demands, and strengths that comes with an athlete identity.

Through the interviews in this study, several themes emerged which provide information on the specific treatment program being examined. These themes included benefits of the program, recommendations for what could be different, as well as overall lessons learned that were applied to life after the program. From the results of this study, it appears to be important to be understood and seen from an athlete lens, which may include working with mental health professionals (or paraprofessionals) that are also former athletes. The participants also felt they benefitted from the program by improving in their sport performance or coaching performance. It was highly beneficial for the past participants to gain awareness about themselves and interacting with others, whether this be learning a new calm, meditative state for approaching life tasks, or learning how to communicate more effectively with fellow coaches and players.

While the physiological component is unique to the treatment program that was used for this study, not every athlete responded the same to this aspect. It would be important to potentially check in throughout the process for feedback on what is working best, and what could be altered to meet the needs of each individual going through a program similar to this one. It also is important for there to be enough participants for these programs to run. Part of what allows the treatment to take place is participating in groups, and without enough participants, these cannot run. Overall, the athletes who participated in this program were particularly grateful to be sober, have a new outlook on substances, and feel like they were approaching life in a much more positive, holistic way.

Several implications can be applied to treatment programs and interventions utilized in athlete rehabilitation from drugs and alcohol. It is necessary to recruit and make sure enough

participants are available at one time for the programs to run. Assuring that the programming and interventions utilized are designed specifically for an athlete identity and speak to the culture of athletics also helps with effectiveness. Providing different ways to think about and approach recovery seems necessary, given that some aspects work better for one person compared to another. Finally, being open to follow up and continued support also seems helpful to ongoing success of participants. There are several directions this research could go given the limited number of participants and limited scope of the interviews.

References

- Bayles, C. (2014). Using mindfulness in a harm reduction approach to substance abuse treatment: A literature review. *International Journal of Behavioral Consultation and Therapy, 9*(2), 22-25.
- Burke, A. C., & Clapp, J. D. (1997). Ideology and social work practice in substance abuse settings. *Social Work, 42*(6), 552-62.
- Burns, G. N., Jasinski, D, Dunn, S. C., & Fletcher, D. (2012). Athlete identity and athlete satisfaction: The nonconformity of exclusivity. *Personality and Individual Differences, 52*(3), 280–284.
- Chapman, A. L. (2006). Acceptance and mindfulness in behavior therapy: A comparison of Dialectical Behavior Therapy and Acceptance and Commitment Therapy. *International Journal of Behavioral Consultation and Therapy, 2*(3), 308-313.
- Chow, G. M., Donohue, B., Pitts, M., Loughran, T., Schubert, K. N., Gavrilova, Y., & Diaz, E. (2014). Results of a single case controlled study of the optimum performance program in sports in a collegiate athlete. *SAGE Journals, 14*(3), 191-209.
- Desmarais, S. L., Gray, J. S., Rade, C. B., Cohn, A. M., Doherty, S., & Knight, K. (2016). Medication-assisted treatment and violent outcomes in community-based offenders with alcohol and drug use problems. *Psychology of Violence, 6*(3), 378-389.
- Donohue, B., Azrin, N., Allen, D. N., Romero, V., Hill, H. H., Tracy, K., Lapota, H., . . . Van Hasselt, V. B. (2010). Family behavior therapy for substance abuse and other associated problems: A review of its intervention components and applicability. *SAGE Journals, 33*(5), 495 – 519.

Donohue, B., Chow, C. M., Pitts, M., Loughran, T., Schubert, K. N., Gavrilova, Y., & Allen, D.

N. (2014). Piloting a family-supported approach to concurrently optimize health and sport performance in athletes. *SAGE Journals, 14*(3), 159-177.

Hsieh, H., & Shannon, S. (2005). Three approaches to qualitative content analysis. *SAGE Journals, 15*(9), 1277-1288.

Keith, J. R., Rapgay, L., Theodore, D., Schwartz, J. M., & Ross, J. L. (2015). An assessment of an automated EEG biofeedback system for attention deficits in a substance use disorders residential treatment setting. *Psychology of Addictive Behaviors, 29*(1), 17-25.

Martens, M. P., Watson, J. I., Royland, E. M., & Beck, N. C. (2005). Development of the Athlete Drinking Scale. *Psychology of Addictive Behaviors, 19*(2), 158-164.

Morgan-Lopez, A. A., & Fals-Stewart, W. (2006). Analytic complexities associated with group therapy in substance abuse treatment research: Problems, recommendations, and future directions. *Experimental and Clinical Psychopharmacology, 14*(2), 265-273.

Murphy, G. M., Petitpas, A. J., & Brewer, B. W. (1996). Identity foreclosure, athletic identity, and career maturity in intercollegiate athletes. *The Sport Psychologist, 10*(3), 239-246.

Ouimette, P. C., Finney, J. W., & Moos, R. H. (1997). Twelve-step and cognitive-behavioral treatment for substance abuse: A comparison of treatment effectiveness. *Journal of Consulting and Clinical Psychology, 65*(2), 230-240.

Pitts, M., Donohue, B., Schubert, K. N., Chow, G. M., Loughran, T., & Gavrilova, Y. (2014). A systematic case examination of the optimum performance program in sports in a combat sport athlete. *SAGE Journals, 14*(3), 178-190.

Professionals Program: Ascent Program. (2018). Retrieved from

<https://www.cedarcolorado.org/programs/professionals-program/>

- Rockafellow, B. D., & Saules, K. K. (2006). Substance use by college students: The role of intrinsic versus extrinsic motivation for athletic involvement. *Psychology of Addictive Behaviors, 20*(3), 279-287.
- Rowe, C. L., & Liddle, H. A. (2003). Substance abuse. *Journal of Marital and Family Therapy, 29*(1), 97-120.
- Spears, C. A., Hedeker, D., Li, L., Wu, C., Anderson, N. K., Houchins, S. C., . . . Wetter, D. W. (2017). Mechanisms underlying mindfulness-based addiction treatment versus cognitive behavioral therapy and usual care for smoking cessation. *Journal of Consulting and Clinical Psychology, 85*(11), 1029-1040.
- Turrisi, R., Mastroleo, N. R., Mallett, K. A., Larimer, M. E., & Kilmer, J. R. (2007). Examination of the mediational influences of peer norms, environmental influences, and parent communications on heavy drinking in athletes and nonathletes. *Psychology of Addictive Behaviors, 21*(4), 453-461.
- Witkiewitz, K., & Estrada, A. X. (2011). Substance abuse and mental health treatment in the military: Lessons learned and a way forward. *Military Psychology, 23*(1), 112-123.

Appendix A

[1056705] A Qualitative Evaluation of a Substance Abuse Treatment Program for Athletes

Interview Script

Introduction: “Thank you so much for being willing to participate in this study. Before we get started, do you have any questions regarding the consent form you were sent and signed? Remember that you may refrain from answering any questions or stop the interview at any time.”

Interview: “Ok, let’s go ahead and get started. I’m going to ask you some questions about your experience in the Ascent track at CeDAR. The interview will take between 30 and 45 minutes. I have questions to ask you, but it will also be a conversation. As we just talked about, feel free to let me know if you do not wish to answer a given question or if you are feeling uncomfortable about participating for any reason and wish to stop the interview.”

1. Demographic Information:
 - a. age
 - b. race
 - c. sport you play
 - d. time spent in the Ascent program
 - e. time since you left treatment
2. Please describe (as detailed as possible) your experience in the Ascent track at CeDAR?
3. What was positive about your experience in this treatment program?
4. What was negative about your experience in this treatment program?
5. What aspects about the treatment program had the most impact on your life?
 - a. What knowledge or skills might you apply to your life in the future as a result of this treatment program?
6. Are you still currently in recovery?
7. What was potentially missing from your experience in this program?
8. How did the Ascent track impact your overall sport performance?
9. What is your relationship/ thoughts/ feelings towards substances now?

(Other questions will be asked by the researcher only when it is necessary to clarify what the participant is describing)