A Journey, Not a Destination: The Intersection of Trauma and Substance Use Recovery

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Research has consistently shown a link between substance use disorders and trauma; however, there is a need to explore the experience of dual recovery from these struggles. The purpose of this qualitative research study was to examine the lived experiences of individuals in recovery from both trauma and problematic substance use. This study involved semi-structured interviews with 10 individuals who identified as being in recovery from both trauma and substance use. A hermeneutic phenomenological approach was used to gain an in-depth understanding of the recovery experience. Emergent themes included the importance of social support, self-discovery, and that recovery is an ongoing process rather than a time-limited goal. Implications for understanding dual recovery and for counseling clients with dual trauma and substance use recovery experiences are explored.

Keywords: **substance use, trauma, dual recovery, lived experiences, counseling**

Research has established a link between addiction and trauma (Gidzgier et al., 2023; Jacobsen et al., 2001; Kilpatrick et al., 2013). Approximately 97.4% of individuals diagnosed with a substance use disorder (SUD) have been found to have experienced a traumatic event (Gielen et al., 2012). Farrugia et al. (2011) also found the prevalence of childhood trauma to be significantly higher among individuals with an SUD diagnosis compared to the general population. Problems with substance use are categorized as an SUD based on impairment of functioning and significant distress (American Psychiatric Association [APA], 2022), while trauma is defined by an acute event threatening one's physical safety or complex, chronic experiences threatening one's mental and emotional well-being over time (May & Wisco, 2016; Wamser-Nanney & Vandenberg, 2013). LeTendre and Reed (2017) found that increased exposure to adverse childhood experiences, such as exposure to domestic violence or having a parent with a serious mental health struggle, accounts for a 34% increase in the likelihood of developing an SUD in adulthood. A recent study focused on comparing indirect and direct exposure to traumatic events found an increased risk for substance use and behavioral addictions with both types of exposure (Levin et al., 2021). Direct exposure in this study included combat and sexual assault trauma. Childhood trauma is linked to substance use, with more extensive trauma histories predicting earlier initiation and greater severity of substance use (Farrugia et al., 2011).

Based on the research demonstrating a correlation between trauma and substance use, dual recovery experiences warrant exploration. In clinical treatment settings, clients will present with a need to address these co-occurring struggles. To date, research has focused primarily on the correlated pathology rather than the co-occurring healing and recovery process. To address this gap, this study aims to explore the lived experiences of individuals who self-report dual recovery experiences.

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Understanding the Link Between Trauma and Addiction

Evidence suggests that individuals who have these co-occurring struggles have poorer treatment outcomes than clients with only one of these presenting issues (Brewerton & Brady, 2014). Although several explanations for the relationship between trauma and substance use exist, self-medication theory predominates (Hawn et al., 2020). Self-medication theory posits that substances are used to cope with and mitigate trauma-related symptoms. Despite offering a respite from unwanted hypervigilance, anxiety, or thoughts related to trauma, substances do not eliminate symptoms or resolve the underlying reactions. Self-medication suggests that a cycle of experiencing symptom distress and using substances to cope becomes problematic. Once the substances' effects subside, the cycle may begin again, often with exacerbated emotional distress and additional concerns about one's inability to control consumption.

Counter to self-medication, some theorists believe there is a relationship between post-traumatic stress disorder (PTSD) and the predisposition to substance use (Khoury et al., 2010; Van den Brink, 2015). Although not all individuals who identify as in recovery from trauma meet criteria for PTSD, research has often focused on creating sampling parameters to explore epidemiology and treatment protocols (Zrineh et al., 2026). Brewerton and Brady (2014) agreed that epigenetics and genetic predisposition may contribute to substance use vulnerability for people who have experienced significant traumas. Additionally, early trauma caused individuals in the study to feel abnormal and misunderstood, potentially leading them toward social groups involved in substance use (Brewerton & Brady, 2014).

Treatment Considerations

Traditionally, many treatment approaches have sought to disrupt this cycle via a sequential model of treatment, with substance use problems addressed first. This approach assumes that meaningful mental health treatment cannot be effective while a person is still impaired by regular substance use (Schumm & Gore, 2016). Newer evidence suggests that concurrently treating trauma and addiction shows promise in producing successful outcomes like reduced substance use and relapse, and improved quality of life (Flanagan et al., 2016). Concurrent treatment of trauma and substance use has become more widely accepted (Flanagan et al., 2016; Priester et al., 2016; Schumm & Gore, 2016). It remains unclear if this research has influenced treatment practices, especially in addiction programs not affiliated with research institutions (e.g., hospitals and universities). Scholars have recommended universal trauma screening for clients entering care for substance use (Van den Brink, 2015), and concurrent treatment is now seen as efficacious and safe (Flanagan et al., 2016). The National Institute on Drug Abuse (2014) recommends simultaneous treatment for these issues, acknowledging a correlation between substance use and underlying mental health struggles, including trauma.

Evidence that this concurrent approach leads to successful treatment for those who have experienced co-occurring substance use and trauma is accumulating. Studies have found that participants prefer an integrated approach to treatment, such as receiving treatment for both SUD and PTSD in the same treatment program (Brown et al., 1998; Gielen et al., 2016; Roberts et al., 2023). This, however, is not a common experience for individuals with co-occurring diagnoses (Gielen et al., 2016), as most substance use treatment programs do not include trauma-focused interventions (Giordano et al., 2016). The European Society for Traumatic Stress Studies utilized a systematic review of research and expert opinions to develop a list of nine assessment strategies and 21 treatment recommendations for co-occurring trauma and substance use (Roberts et al., 2023). These recommendations include: concurrent treatment, helping clients navigate logistical barriers to treatment (e.g., transportation), case management services, building a strong therapeutic relationship, and psychoeducation about the relationship between trauma and substance use. The current study

aims to examine the lived experiences of people identifying as in recovery from both trauma and substance use, with the intent to clarify the phenomena of dual recovery.

Purpose of the Study

Understanding the process of dual recovery for individuals who experience traumatic events and have struggled with substance use is vital for providing appropriate care. The current study aimed to examine the lived experiences of people identifying as in recovery from both trauma and substance use issues, with a focus on their recovery journey over time. The purpose was to build on prior research that focused on trauma and substance use by exploring intersecting recovery processes, rather than etiology, and investigating the phenomenon of recovery by exploring lived experiences. A qualitative study design and methodology was utilized and guided by the overarching research question: *What is the experience of recovery for someone who struggles with trauma and substance use?*

It is important to acknowledge that a variety of recovery definitions exist. There is disagreement among experts regarding the precise language to describe recovery, and individuals choose to identify for themselves when they are in recovery without precise criteria (Piat et al., 2009). According to Neale and colleagues (2015), individuals in active recovery find previously established definitions to be limiting and focused on a deficit-based mindset and framework. Conceptualizations that are strength-based consider social and context influences and acknowledge that individual differences are preferred. Recent studies have moved away from offering their participants a definition of recovery; instead lived experiences and individual definitions of recovery conceived by the participants themselves are now common in addiction research (Zemore et al., 2023). The current study did not provide a definition of recovery to participants but focused on eliciting participants' conceptualizations of what defines recovery to the individual.

Methods

In looking at the experience of recovery for someone who struggles with trauma and substance use, we intentionally sought a research methodology that would account for the depth and complexity of these life experiences. Given this focus, hermeneutic phenomenology was chosen as our research approach. Phenomenology aims to understand a phenomenon through the lens of those with direct experience (van Manen, 2016). Phenomenology prioritizes meaning making and attempts to get at the depth of experiences, as opposed to examining generalizable patterns across a broad range of perspectives (Hays & Singh, 2012). Through first-person accounts, phenomenology pulls together key descriptions to form a picture of an experience or phenomenon. Hermeneutic phenomenology was specifically chosen because it places participants as co-researchers (Hays & Singh, 2012). This means that participants are viewed as experts in the field of study, thus lessening the power differential between researcher and participant (Hays & Singh, 2012). Given the marginalization and stigma of those who experience substance use issues and trauma, it was important to utilize a method that recognizes power dynamics and attempts to diminish those between the researcher and the participants. This included asking participants to self-define their recovery status and what qualifies as being in recovery.

Reflexivity

Transparency regarding researcher perspective and positionality is essential in qualitative inquiry (Levitt et al., 2018). We are invested in advancing the understanding of recovery processes, especially among counselors who work with individuals with co-occurring trauma and substance use histories.

Through this research, we hope to help counselors use this information to better support those they serve, as well as enhance the awareness of educators and supervisors. Dana Ripley, Justin R. Jordan, and Jyotsana Sharma have been colleagues through their doctoral program, are licensed counselors, and hold doctoral degrees in counselor education and supervision. Ripley, Jordan, and Sharma are currently tenure-track professors in counselor education programs, with Ripley and Jordan consistently teaching addiction counseling courses to master's-level students. Taylor Allesch is pursuing licensure as a professional counselor and is a former student of Ripley. Ripley has a background in substance use and addictions counseling, which is also her primary teaching and research interest. She teaches at a public university in the Midwest United States. Jordan is a professor at a mid-sized public university in the southern United States. He has more than a decade of experience counseling individuals with trauma and substance use struggles in a public mental health agency and in private practice. Sharma is a professor at a large, research-focused university in the southern United States and has experience working with clients with trauma and other stress-related disorders. Allesch was a master's student in clinical mental health counseling who completed her degree during the data collection and analysis phases of our study. She has experience addressing trauma in private practice settings, predominantly with couples and individuals.

Beginning with the initial planning for this study, we discussed how academic, research, personal, and treatment-providing experiences with addiction and trauma would affect development of the research protocol. None of the team members identify as being in recovery from substance use, although multiple members have experienced traumas of varying severity and chronicity. We collectively lean toward wellness-based interventions and respecting personal autonomy in navigating healing from substance use or trauma. Throughout the study, we held reflective discussions about how our experiences influenced the development of interview questions and interpretations of the coding process and distillation of themes, and we kept reflexive journals, which were audited by Sharma, and conveyed results in writing. This included exploring: the influence of client issues and treatment systems we had worked in; personal experiences with substances, trauma, and the impacts on those we care about; and research and literature that had impacted our perspectives on recovery journeys. We were deliberate and consistent in acknowledging personal perspectives and biases while attempting to allow the voices of study participants to be captured accurately and fully.

Participants

After securing IRB approval from our three affiliated institutions, participants were recruited through contacting peer recovery specialist organizations via email. Peer recovery specialists are trained as helping professionals who identify as being in recovery from substance use/addiction, or having mental health struggles, including trauma, or both, which is why we targeted this population for recruitment. Purposeful sampling was used to identify appropriate candidates who were recruited directly through organizational websites and through connections to local communities in Kentucky, Ohio, and Virginia. Snowball sampling was also used, as participants recommended other peers who might be interested in the study. Participants were not required to be trained as peer recovery specialists, but all participants were recruited through these networks. Emails to peer recovery specialists and associated organizations were sent with a link to an online screening survey utilizing Qualtrics software, which clarified which prospective participants met inclusion criteria.

The three inclusion criteria for this study were that participants must: be 18 or older, self-identify as being in recovery from substance use issues, and self-identify as being in trauma recovery. Because definitions of recovery vary, participants were not asked about the length of time since their last use of specific substances or the timeline of their trauma symptoms. Participants were asked to describe

their recovery process from each struggle as part of the interview protocol; they were also asked how they define recovery. Although personal definitions vary, participants referenced government definitions, freedom from use or symptoms, normalcy in their lives, sustaining quality relationships, and having balance in their lives. Some participants referenced sustained abstinence from substances and reduction in trauma symptoms, while others spoke to the absence of chaotic behavior patterns and a sense of mental peace and calm. Potential participants who met eligibility criteria were contacted via email to schedule an interview. Each participant was sent a copy of informed consent documentation and gave verbal agreement to participate at the start of the interview.

Our final sample included 10 participants. Bartholomew et al. (2021) suggested that there is no specific range for sample sizes in phenomenological research, but 10 participants is within a normative range; larger samples often lose some of the essential qualities of this methodology. Other researchers have suggested three to 10 participants for phenomenological studies (Dukes, 1984).

In our study, participants' ages ranged from 23 to 61, with a mean age of 42.2. Participants were asked open-ended questions regarding how they identified their gender, race/ethnicity, and sexual orientation. Two participants identified as male, with the rest identifying as female. Three participants identified as Black or African American, one as Hispanic, two as mixed race, and four as White. One participant identified as bisexual, one as lesbian, and the rest identified as heterosexual or straight. Table 1 summarizes pseudonyms and pertinent demographic information.

Table 1

Participant Demographics and Pseudonyms

Participant	Age	Gender	Race or Ethnicity	Sexual Orientation	Pseudonym
Participant 1	61	M	White	Heterosexual	Jackson
Participant 2	46	F	Hispanic	Bisexual	Dedra
Participant 3	49	F	Black	Heterosexual	Erica
Participant 4	40	M	African American	Heterosexual	Levon
Participant 5	31	F	White	Heterosexual	Olivia
Participant 6	37	F	White/Colombian	Heterosexual	Kara
Participant 7	41	F	White/Puerto Rican	Heterosexual	Alecia
Participant 8	41	F	White	Heterosexual	Rhonda
Participant 9	53	F	Black	Heterosexual	Corva
Participant 10	23	F	White	Lesbian	Rosemary

Participant Background

The participants were thoughtful in sharing their unique experiences in recovery. Jackson is a 61-year-old heterosexual White man who spoke about an abusive father and his drug use causing him to miss time with his kids. He talked about self-forgiveness as a key part of his recovery. Dedra is a 46-year-old bisexual Hispanic woman who discussed being hit by a truck while intoxicated and the complications of receiving inpatient nursing care while being prescribed Suboxone for opioid addiction. Erica, a 49-year-old heterosexual Black woman, currently works in a harm reduction program and

talked a lot about people who died in active use and how Narcotics Anonymous (NA) was key in her early recovery. Levon is a 40-year-old heterosexual African American man who spent 18 years in prison on charges related to alcohol and prescription pill use. He described trauma recovery as very difficult, as he did not realize how his lived experiences had led to impaired functioning, even after achieving sobriety. Olivia, a 31-year-old heterosexual White woman, is currently pursuing a degree in social work and is employed as a peer specialist. She feels the cognitive behavioral therapy she received for trauma and 12-step fellowship for addiction were essential for the healthy relationships she has in her life now.

Kara is a 37-year-old heterosexual biracial (Columbian/White) woman who turned to alcohol and other drugs after the death of her brother. She says pregnancy and parenthood helped push her toward recovery and she is an advocate for improving Methadone access. Alecia is a 41-year-old heterosexual biracial (Puerto Rican/White) woman, who credits a supportive probation officer for helping her work toward recovery after 20 years of active addiction. She is a supporter of multiple interventions for recovery, including harm reduction, prevention, and diversion programs. Rhonda, also 41, is a heterosexual White woman. She supports many pathways to recovery, but for her, becoming involved in her church was the key to making progress. Corva is a 53-year-old heterosexual Black woman who talked about how her chaotic childhood led her to cope with alcohol, as well as having an unhealthy relationship with food and sex. Finally, Rosemary is a 23-year-old lesbian White woman. She was a college student who participated in a collegiate recovery program and has found substance recovery through harm reduction rather than abstinence.

Data Collection

Participants gave verbal consent at the beginning of each interview. Data collection included semi-structured interviews (see Appendix for the interview protocol). Interviews were scheduled for 1 hour, and participants were advised that they may receive contact for a brief follow-up if clarification was needed (no participants were contacted for follow-up). Questions focused on the participants' lived experiences of recovery from trauma and substance use. Zoom videoconferencing software was used to meet with the participants, and all interviews were video-recorded. The recordings were transcribed by Ripley, Jordan, and Allesch.

Data Analysis

Each transcript was read and coded by two members of the research team. Ripley, Jordan, and Allesch completed the coding. In reviewing the transcripts, each member used the selective or highlighting approach (van Manen, 2016). This approach requires several readings of the text, paying attention to statements that "seem particularly essential or revealing about the phenomenon or experience being described" (van Manen, 2016, p. 93). We highlighted these statements in the text, then copied and organized the data in an Excel spreadsheet with repetitive data being identified and deleted. Statements were synthesized into a phrase that encompassed the statement's meaning. Using cross-case analysis (Patton, 2015), the statements were grouped based on focus and perceived meaning (coding), leading to initial coded themes. In hermeneutic phenomenology, themes are used to describe a common aspect of the experience (van Manen, 2016). Collaborative analysis, or hermeneutic conversations, were then conducted by the three coders (van Manen, 2016). This entailed coding team meetings in which members discussed patterns and content, and preliminary ideas for themes emerging from the transcripts. Each coding review meeting included Ripley, Jordan, and Allesch.

Collaborative analysis assures "themes are examined, articulated, re-interpreted, omitted, added, or reformulated" as needed (van Manen, 2016, p. 100). Ripley, Jordan, and Allesch met several times

over 4 months for collaborative analysis to calibrate and reach consensus regarding emergent themes. They examined lines of text that seemed to capture the essence of the recovery phenomenon and experience. We generated ideas for thematic groupings and descriptions; some themes were dropped because of inconsistency or lack of consensus, including a theme focused on "giving back" in recovery, which did not have the same amount of participant endorsement as the other themes. These dialogues included examining potential biases in interpreting transcripts, exploring overlaps and distinctions between themes, and ensuring each theme was evaluated and agreed upon amongst us. Once consensus was reached, themes were audited by Sharma. Sharma checked each coded statement to ensure its match to the assigned theme and then reported potential mismatches or poorly fitting codes to Ripley, Jordan, and Allesch. Further meetings and dialogues were held to work through different interpretations until consensus was met for all themes and coded statements (sometimes, a vote was held, requiring a majority to move forward). Themes were considered sufficiently refined when we all agreed that the essence of the interviews had been captured and no additional themes were needed to understand the participants' experiences.

Trustworthiness

Our research team engaged in several strategies to enhance the trustworthiness of our findings. Researcher bias was addressed using reflexive journals (Hays & Singh, 2012). Reflexive journals were kept by Ripley, Jordan, and Allesch. After each interview, the interviewer would write a reflexive journal documenting thoughts, assumptions, feelings, and reactions to the interview. The reflexive journals were read and examined for influence on code/theme generation by Sharma while auditing the themes. Sharma spoke about the journals and inquired about biases during meetings. Based on this feedback, the coding team was able to talk through and mitigate biases that affected data analysis, including transference related to personal and professional experiences.

Trustworthiness was also ensured using triangulation with multiple analysts (Patton, 2015). Ripley, Jordan, and Allesch conducted interviews and coded the transcripts, thus helping to "reduce the potential bias that comes from a single person doing all the data collection" and analysis (Patton, 2015, p. 665). Additionally, Sharma did not participate in conducting interviews or the initial coding process. Sharma audited the coding and themes without prior exposure to the data, with the intent of remaining objective.

Findings

Interviews with 10 participants were analyzed via a hermeneutic phenomenological approach. Six themes emerged from the interviews and subsequent coding process: *recovery is hard*, *recovery includes structured support services*, *recovery is an ongoing process, recovery is relational*, *recovery is self-discovery*, and *substance use and trauma recovery are interconnected.* These themes encompass defining characteristics of the dual recovery journey for the 10 participants in our study.

Recovery Is Hard

Participants discussed how working toward and living in recovery comes with many challenges, especially related to stigmas and navigating systemic barriers in receiving help. Looking for support early in their substance use recovery process, Dedra highlighted, "Even if I'm an addict, I still deserve the proper treatment and proper care and proper empathy, and I didn't get that." She elaborated that, "I had to fight for myself; nobody else was doing it so I just had to fight hard." Rhonda talked about multidimensional challenges that led to being overwhelmed in early substance use recovery, stating, "The hardest thing for me to get over in that first year is changing absolutely everything."

Another common difficulty that participants expressed was finding a place to "fit in." After experiencing traumas related to homelessness during pregnancy while simultaneously managing a chronic blood illness, Kara described, "I think some of the hardest parts for me were just sort of like learning how to reintegrate in society, and I think that continues to be hard for me, like 'where do I fit in here?'" Kara felt that finding a sense of belonging was essential for healing, given the disconnection from supports she experienced before pursuing recovery. In pursuing formal treatment for co-occurring struggles, Kara indicated that she encountered "all these wait lists," and shared, "if you want to go to a program . . . you can't get in right away." Olivia also described substance use and trauma having "such a stigma on it already anyway, receiving any kind of mental health service . . . it just seemed so unobtainable." Dedra discussed judgment within the substance use recovery community because of being prescribed Suboxone, a medication used to treat opioid use disorder: "I experienced a lot of stigma because I was an opiate user and they had to put me on Suboxone. I just had all this weird treatment toward me that was so uncomfortable, so embarrassing, and really degrading." Participants had a lot to overcome in order to receive support in pursuing recovery and sustaining their efforts amidst treatment barriers and social stigma. Some participants reported that they had to learn how to advocate for themselves because of the lack of support and barriers they encountered trying to seek support.

Recovery Includes Structured Support Services

Most participants emphasized the necessity of structured support such as mental health and substance use treatment programs, mutual self-help groups (AA and NA), and other systems (e.g., church) as essential to their recovery journeys. The theme of *recovery includes structured support services* encompasses the importance of treatment programs, groups, and organizations that provide help to participants. Participants talked about the importance of these support systems to help people work toward change early on in pursuing recovery. Olivia benefited from both mutual self-help and professional therapy, sharing:

> I personally worked a 12-step program [for substance recovery], and so, in that, [my counseling] was really based more on my trauma than it was actual substance use and I, I went to counseling and just a lot of things like that. . . . cognitive behavioral therapy is really what helped me work through those childhood traumas that I had, and the trauma that I added on to it as an adult, and it was difficult.

She elaborated about positive experiences working on trauma in formal treatment: "When I went into that treatment setting, the people there were already so well equipped to handle the kind of things that I needed to talk about, that I wanted to talk about." Speaking more broadly, Olivia shared the importance of having multiple systems for support in dual recovery, saying, "I also think it's really important to be able to connect people to a lot of different services, kind of like the wraparound services." Jackson also benefited from both mutual self-help groups and formal treatment, stating: "When I got out [of incarceration], I did kind of dive into AA, which was integral, in my early recovery, and, you know, continued to see my therapist [for trauma counseling]."

Kara found out that she was pregnant while she was incarcerated and did an intensive 3-year program for women who were prescribed Methadone and pregnant. She reported this as an important step for her recovery. That group meant a lot to her. When asked about her trauma recovery process, Alecia talked about a peer specialist being a role model when she entered

treatment, saying, "I can do this. If she can do it, I can do it," as well as participating in SMART [Self-Management and Recovery Training] Recovery meetings. She expressed that this specialist helped her feel understood as someone who had been incarcerated and using substances to subdue childhood trauma symptoms. Overall, this theme showed that participants felt that they could not achieve sustained recovery on their own and benefited from programs, services, and mutual help spaces in healing from trauma and addiction.

Recovery Is an Ongoing Process

Another theme that emerged from the interviews was that *recovery is an ongoing and continuous process*. Participants described their recovery from trauma and substance use as continuing to unfold, rather than a destination where they had already arrived. This process was discussed as an individual journey because, as they recovered, each person had to make choices about what resources to utilize and what changes fit their lives. Several participants explicitly identified that their co-occurring recovery is a continuous process. In characterizing her journey in dual recovery as being unique, Rosemary stated: "It took time for me to learn that recovery is a spectrum, and there's not one right way to do this." Alecia agreed with this theme and made similar statements, including: "I know this is a process that I'll go through for the rest of my life." In speaking primarily to substance recovery, Rhonda had similar sentiments, sharing her belief that "everybody's not the same, and there's so many different paths out there now. It's just finding the right path in the right way for you." She added, "Yes, I went to treatment, but I don't use that as my recovery. My recovery was honestly therapy and going to church."

This theme encompasses descriptions of making broad lifestyle changes and continuing to grow as a human, while still acknowledging the influence of substance use and trauma in one's life journey.

Recovery Is Relational

All participants spoke to relationships as they related to their recovery journeys. This theme is given more attention here, as it was the most frequently coded and consistent theme. *Recovery is relational* focuses on the importance of bonding and human connection in the recovery process. This theme is distinct from the theme of *recovery includes structured support services*, which focuses on therapy/counseling, education, or tangible resources, such as medications or financial assistance, rather than the general importance of interpersonal relationships.

Specifically, participants highlighted how relationships facilitated recovery, which included connections to individuals in the mutual self-help community, professionals, and treatment providers, but also support from their families, friends, and community. These connections helped participants cultivate hope and accountability as they progressed in healing from substance use and trauma. The sense of being understood and accepted through the challenges of recovery was impactful and motivating.

Jackson described the importance of his relationship with his 12-step sponsor, a high school teacher that "really got me." His sponsor worked the steps with Jackson, trying to understand Jackson's unique perspectives on the steps and recovery. He described his sponsor as patient and intelligent. The sponsor was able to repackage the AA message in a way that fit for Jackson, who said that "if I hadn't had somebody like that, I wouldn't have stopped." Kara and Erica similarly shared the importance of relationships in the 12-step community, including not feeling alone in pursuing recovery.

Sources of support varied widely in our study. Olivia described the important relationship she had with her children's foster parent. Not only did the foster parent take care of her children, but she became an integral part of Olivia's life; she described her as "my absolute biggest supporter." This foster parent helped her build back community and showed her that it is possible to live the kind of life she had always wanted.

Other participants also emphasized the benefits of community and support broadly. Olivia shared that she had to learn new ways of living and building relationships within her community. Her local community has been essential to her success in recovery. She detailed how this support facilitated recovery from trauma and substance use:

> I spent almost an entire year just digging through those things and opening up and sharing about them, and that's also where I built that first sense of community of speaking on those traumas with like-minded people who had been through similar situations.

Alecia spoke about the significant support she received from her probation officer. She stated that having a probation officer who really understood her and wanted to see her succeed was "a game changer." The probation officer's investment in her was a turning point for Alecia. Corva felt that recovering from both issues has given her relationships authentic connection: "Being around people who really know us and know us at our depth and, you know, and that's what life is truly about. So, for me, that's what recovery is about. And it's given me a family."

Participants were consistent in pointing to relationships boosting their success in recovery, which included building back bonds with people they had lost touch with or been cut off from during active use, as well as building a new network of support. The theme of *recovery is relational* had the highest number of identified codes from participants supporting the theme.

Recovery Is Self-Discovery

Participants identified the development of self-awareness and connecting with themselves as part of their recovery. This theme of *recovery is self-discovery* included emphasizing new personal growth since confronting trauma and addressing substance use struggles, including reconnecting with prior values and aspects of their identity. Additionally, participants described self-awareness as a key component of their life in recovery, including being honest with themselves and processing emotions that they may have avoided previously. Epitomizing this theme, Jackson stated:

> So much of my recovery is about finding my place in the world—that sense of comfort and connection and stuff. A lot of my trauma that I experienced entails me forgiving other people. This, you know, is forgiving myself for the mistakes I've made, which I still struggle with, but also is letting go of resentments.

When asked about critical points in his recovery, Levon also spoke about personal development, saying that he started to see how to present a stronger version of himself, knowing internally that he was courageous and could fight through obstacles. Olivia added that she had created walls that served the purpose of protecting her but had to "chip away" at those protections for her true self to emerge in recovery.

In terms of confronting emotions and suppressed thoughts, Dedra shared that trauma recovery required "this ability, which only came to me late in life, to just be objective with my own self, and to be honest and objective about what [trauma is] doing, and who I am, and what's happening to me." In connecting this to substance use recovery, both Dedra and Rosemary agreed that self-awareness and honesty are key to recovery and that secrets can continue the cycle. Multiple participants alluded to increased self-awareness, understanding, and reconnection with their true self as being an important part of the recovery process.

Substance Use and Trauma Recovery Are Interconnected

The theme of *substance use and trauma recovery are interconnected* was described in multiple ways by participants, often referencing trauma being an underlying aspect of substance use struggles. Participants spoke about realizing the connectedness of trauma, mental health issues, and substance use in recovery. Erica acknowledged the close connection between substance use and trauma recovery, saying that "they just kind of overlap and intersect, and it's kind of hard to differentiate where one ends and one begins." Dedra spoke about trauma being the underlying issue, explaining, "Trauma is the root for me, and you know, with other people it might be that, you know, once they quit drinking, things get better, but I've always had to struggle with trauma." Levon also described that he was unaware of how affected by trauma he was, recounting: "Trauma drove the substance use in that sense . . . because the trauma had certain effects on me that I didn't [recognize]."

Additionally, participants noted that addressing trauma, including associated mental health concerns, along with substance use, was an essential part of recovery. Jackson spoke about the importance of getting help with mental health diagnoses, which he didn't start until 10 years after engaging in substance use recovery. He had experienced multiple hospitalizations related to suicide attempts, which eventually spurred him to address his mental health:

> But it was at that point I kind of really took my mental health issues as seriously as I took my substance use issues because it was easy to see that my substance use issues were killing me, were going to kill me. It's harder to see that with mental health issues.

Alecia used similar language, describing that "addiction is just one of the symptoms of trauma, and . . . you can't get to the root with the symptoms still there." The direct relationship between trauma healing and substance use recovery was consistent in the interviews. Participants were directly asked if these recovery processes were related, and all participants replied affirmatively and elaborated on the reasons for this connection. Although many responses highlighted the trauma as an underlying cause of substance use, the responses showed that in conceptualizing the recovery process, healing from each was interconnected.

Discussion

Six themes emerged from the phenomenological analysis of these 10 interviews focused on the experience of trauma and substance use recovery: *recovery is hard, recovery includes structured support services, recovery is an ongoing process, recovery is relational, recovery is self-discovery,* and *substance use and trauma recovery are interconnected*. Taken as a whole, these themes demonstrate that the lived experience of dual recovery from substance use and trauma is an individual, holistic journey supported by personal and formal relationships. There is an inherent connection between trauma

and substance use recovery for these participants. This type of dual recovery includes hardships on the path to healing for both trauma and substance use. Among our participants, there were multiple pathways to recovery, and yet there were parallels in how they described essential elements of long-term recovery. Recovery is a forward-focused endeavor rather than a cure for pathology (Witkiewitz et al., 2020), which is a useful perspective for laypersons and professionals who offer guidance to people working to overcome trauma symptoms and substance use addictions.

This study deepens the understanding of dual recovery from these correlated struggles, which counselors commonly address. Acknowledging the ongoing nature of recovery reduces the focus on acute symptom management and shifts the focus toward lifestyle factors such as relationships. These themes support an individualized self-exploration process for discovering a new sense of self within substance use and trauma recovery. All participants indicated that these two recovery processes were correlated. This finding supports a simultaneous approach to healing substance use and trauma, as opposed to a historical emphasis on sequential treatment.

These findings call for a focus on development and wellness congruent with counselor professional identity (Woo et al., 2014), in contrast to a medical model framework. Conceptualizing recovery as an ongoing purpose, rather than a destination, supports the benefits of counselors embracing holistic wellness and developmental perspectives. Participants described a long-term process enabled by relationships and structured support, calling on counselors to be responsive to recovering clients' ongoing healing journeys. This aligns well with how counselors join clients in pursuing meaningful, multidimensional changes in their lives (Woo et al., 2014) rather than focusing solely on symptom reduction. Trauma and substance use are correlated, but each individual navigates unique challenges in pursuing a better life in recovery. This healing is not just alleviating symptoms but rather finding new identities and maintaining wellness daily. These findings demonstrate that counselors benefit from recognizing that there is no one-size-fits-all approach to dual recovery. Long-term support is needed in recovery and that care should target both trauma and substance use in order to be successful. The participants acknowledged that addressing the trauma at the root of their struggles would benefit both their mental wellness and ability to avoid harmful substance use. Our participants have given us evidence in their own voices to help clarify what the phenomenon of co-occurring recovery looks like.

Refining the understanding of recovery as a process advances the pursuit of better supports for survivors persevering through trauma and substance use that has negatively impacted their lives. Recognizing that trauma and substance use recoveries are intertwined calls for services designed to support the long-term healing process. This recognition also discredits siloed treatments that do not address co-occurring needs. The importance of relationships and support networks was clear, as was the individualized nature of the recovery process over time. Counselors are trained and equipped to meet clients where they are by matching interventions to individual needs. This means cultivating recovery based on clients' unique strengths rather than using cookie-cutter prescriptive approaches to support sustained recovery.

Implications for Counselors

Counseling, being defined as a relationship that facilitates growth and healing (Kaplan et al., 2014), is a fitting intervention for people pursuing recovery. Emphasizing holistic wellness, supporting development through the lifespan, and honoring the specific needs of the client are all aspects of professional counselors' duty (American Counseling Association [ACA], 2014). Counselors are uniquely

equipped to provide holistic and development-focused support for individuals in dual recovery, given that these approaches are congruent with counselor professional identity (Woo et al., 2014).

Historically, addiction treatment has relied on a prescriptive, sequential approach to substance use recovery, usually involving the pursuit of sobriety before addressing mental health concerns. Recent research supports concurrent treatment as best practice for treating trauma and substance use (Garland et al., 2015; Roberts et al., 2023; Schumm & Gore, 2016). This approach to co-occurring treatment supports the holistic approach emphasized by leaders and researchers in the counseling profession (Dollarhide & Oliver, 2014; Fickling, 2023; Kaplan et al., 2014). Valuing client autonomy and personal preferences in navigating recovery is necessary for counselors, which aligns with the individuality of recovery journeys found in our study. This research demonstrates that for many individuals, trauma struggles were not addressed until after they managed substance use effectively, which likely inhibited progress and overall wellness. Additionally, counselors integrating wellness, prevention, and developmental perspectives can help these individuals thrive long after the pathology of acute addiction or trauma symptomology is relieved.

Motivational interviewing and principles of trauma-informed care embrace this stance, including focusing on empowering the individual on their own terms and assuming a natural tendency toward growth (Miller & Rollnick, 2023). Addiction treatment, specifically, has traditionally been confrontational and behaviorally focused (White & Miller, 2007). This contradicts a trauma-informed approach to recovery and is particularly concerning given the high rates of co-occurrence between these struggles (Dore et al., 2012; Giordano et al., 2016). Harm reduction is another approach that fits for dually recovering individuals based on these findings. One of the main hardships that participants described was the experience of stigma because of their substance use. This approach mitigates stigma by focusing on wellness without judgment (Collins & Clifasefi, 2023). Harm reduction is a humanistic and pragmatic approach that prioritizes autonomy and the holistic well-being of the individual. Harm reduction is uniquely suited to co-occurring trauma and addiction, given its emphasis on collaboration with those being helped, a trauma-informed approach, and avoiding retraumatization through power-over dynamics. This philosophy has been adapted as an approach to psychotherapy by multiple scholars (Collins & Clifasefi, 2023; Tatarsky & Kellogg, 2012). Some participants had awareness, knowledge, and experiences receiving or providing harm reduction care and expressed their support for harm reduction within the continuum of services supporting substance use recovery.

With trauma, counselors may wish to engage with post-traumatic growth phenomena, as well as validating the natural tendency toward self-improvement, wellness, and growth. With substance use, counselors can draw from motivational interviewing, harm reduction, and self-guided changes to empower clients to take responsibility for personal change and respect their autonomy in the process. In supporting the dual recovery process, professional counselors can honor the unique strengths and meaning created through relationships, self-discovery, overcoming barriers, and the unfolding pursuit of growth in their clients.

Limitations

The current study did not differentiate the types of substances participants were recovering from, nor did it focus on specific types of trauma. Our research team intentionally focused on self-defined experiences with these struggles and the phenomena of recovery rather than the etiology of the struggle. It is difficult for these themes to be applied to substance use or trauma separately, as most

interview questions focused on the participants' experiences in co-occurring recovery. Sometimes, there was a clear distinction in which process, or sequential experience with recovery, they were referring to; those are noted in the Findings section. However, by design, most of the time, they were speaking about the dual recovery process. It is likely that complex trauma recovery may have phenomenological differences from acute event traumas. Similarly, recovery from different types of substances includes unique needs and experiences, such as medication treatment for opioid use recovery. During the coding and theme development process, our researchers may have been influenced by prior definitions of recovery in the literature. Despite this influence, our research team was diligent in focusing on giving voice to the participants as they reviewed coded statements from the interviews in clustering emergent themes.

Broadly, our study provides nuance in conceptualizing the phenomenon of dual recovery from trauma and substance use, but it cannot be generalized given that it is a qualitative study. Our study was limited geographically and by purposeful sampling. It is noteworthy that peer recovery specialists may have received education or exposure as helpers that has influenced their conceptualizations of recovery, which may differ from the broader population of individuals recovering from trauma and substance use. Finally, recovery as an experience extends to many other struggles beyond trauma and substance use issues, and it is unclear if the themes found in the current study would apply to other medical or mental health recoveries.

Future Research

These findings build on prior studies examining how substance use and trauma experiences are correlated and provide an in-depth look at the phenomenon of recovery with 10 individuals. Future studies may utilize quantitative methodology to determine if the themes found in this study are generalizable to people in recovery from trauma and substance use. Research is also needed to explore the specific experiences of peer recovery specialists in dual recovery. Additionally, further research may also explore factors that differentiate trauma recovery from substance use recovery experiences, both for individuals with co-occurring recoveries and those who only identify as being in recovery from one or the other. The current study adds to the research in a significant way but also reinforces a need for more studies looking at subtleties of recovery experiences.

Conclusion

Recovery is a multidimensional process that is defined by wellness and improved overall functioning (Witkiewitz et al., 2020). The current study examined the experience of recovery for 10 individuals identifying as in recovery from both substance use and trauma using hermeneutic phenomenology. Six themes emerged that conceptualize recovery from trauma and substance use as an ongoing, interconnected, individualized process that includes hardships and self-discovery and is facilitated by relationships and formal services. These findings support existing research calling for a concurrent and holistic approach for counseling individuals pursuing recovery from substance use and trauma-related symptoms.

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Appendix

Interview Protocol

Research Question: What is the experience of recovery for someone who struggles with substance use and trauma?

1. When I say the word "recovery," what comes to mind? How do you define "recovery"?
2. Tell me about the process of your recovery from trauma.
3. Tell me about the process of your recovery from substance use.
4. Do you feel your recovery process from substance use and trauma are related? If so, can you describe how?
5. What are some of the critical moments or turning points in your recovery?
6. Describe in as much detail as possible what you struggled with the most during recovery and how you managed those struggles.
7. How has being in recovery influenced your life and what have you learned from those experiences?
8. If you could go back and change anything about the process of your recovery, what would it be?