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ABSTRACT

As a relatively new field of practice, collegiate recovery programs (CRP), have used a practice-informed approach as a means of establishing best practices and pedagogy. While research on collegiate recovery programs and populations of students in recovery is growing, much of the qualitative studies have yet to be synthesized into a useful organizing matrix. This study utilizes meta-synthesis design to explore the leading qualitative research on student experiences in collegiate recovery. From this synthesis, researchers identified six metaphors from ten included studies from 2000–2017. The six metaphors of *social connectivity, recovery supports, drop-in recovery centers, internalized feelings, coping mechanisms, and conflict of recovery/student status*, support much of the preexisting practices and provide a critical framework for future program design, service delivery, and research.

Introduction

While contention exists as to the exact prevalence of disordered substance use, binge drinking, and the criteria for substance use disorder as it applies to the collegiate environment, there are significant rates of use that may be higher than the non-college population, though this may not translate into higher degrees of substance use disorders. (Slutske 2005) Researchers have debated that between 18% and 37.6% of college students meet the criteria for a substance use disorder and/or suffer clinically significant problems that involve alcohol (Knight et al. 2002; Slutske 2005). From a behavioral standpoint, ongoing national surveys demonstrate that 63% of college students report 30-day past-drinking in 2015, with 32% reporting heavy episodic drinking (defined by 4 or more drinks in one sitting for women and 5 or more for men). However, the overall 30-day past-use of alcohol on campus is lower than previous decades (74.1% in 1991). Since the 1990's, daily alcohol use continues to oscillate, hovering between 3% and 5% of the college population, and daily marijuana use has increased from below 2% in 1991 to almost 5% in 2015 (Johnston et al. 2016).

Substance use prevalence for collegiate populations aside, increasingly, adolescents (12-17 years old) meeting diagnostic criteria for substance use disorder is estimated at 1.1 million, or 4.4% of adolescents, and subsequently the accessing treatment has increased; though the percentage of adolescents who actually receive treatment meets only a fraction of this need (180,000 in 2015). Combined with the young adult population, some 6.4 million individuals between the ages of 12 and 26 needed treatment in 2015 (SAMHSA 2017). While the exact number of post-secondary students who are in recovery is unknown, the most recent and reliable estimates suggest that approximately 4% of the student population that meets the criteria for a substance use disorder are in recovery at any given time, (Clements 1999; Knight et al. 2002; Harris et al. 2005). Using these estimates, and extrapolating nationally from the 2014 enrollment statistics from the National Center for Education Statistics (2015), there were approximately 300,000 students in recovery from substance use disorders on college campuses in 2014. To compare the number of students in recovery to other special populations, slightly over 11% of both males and females, across all age groups enrolled in postsecondary education, report having one or more disabilities (NCES 2016). Not surprising then, resources and accommodations for the engagement of students with disabilities are often a priority for colleges and universities as well as federally mandated via the Americans with Disabilities Act of 1990.

It is also estimated that 1 in 5 (20.3%) college students have mental health disorders (Auerbach et al. 2016). While current research has not provided for a means to estimate the student population currently in recovery from a mental health disorder, it is likely to be higher than those with a substance use disorder, partially due to the availability of on-campus clinical mental health support services, student wellness programing, supportive university policies, federal legal protections, and structural accommodations, as compared to substance use disorder specific services, which exist in far fewer numbers and enjoy far less institutional support.

Outcome studies seem to support evidence of this inequity, as substance related issues are the primary cause for retention failure, while the increasing demand for mental health services is being met (Kitzrow 2003).

Traditional collegiate recovery programs and communities have been shown to provide beneficial recovery support services to students in recovery from substance use disorders (Bugbee et al. 2016). More recently, a model of a collegiate recovery program created at the University of North Texas, an integrated behavioral health model, has also shown the ability to support students in mental health disorder recovery as well as substance use disorder recovery (Ashford et al. 2017). Both traditional and integrated behavioral health collegiate recovery programs use a site-specific combination of social, peer, academic, and optional clinical supports to provide support to students in recovery (Laudet et al. 2014).

Collegiate recovery programs and communities have grown exponentially over the last 5 years; from 29 programs operating in 2011-12 (Laudet et al. 2016) to 160 programs and communities as of late 2016 (Association of Recovery in Higher Education 2016; Transforming Youth Recovery 2016). Previous periods of growth, from 2000 to 2012, had been reported at an average of 2.4 new programs per year (Laudet et al. 2014). Thus, the period of growth from 2012 to 2017 (33 to 160 programs), is currently averaging 25.4 new programs per year, an increase by a factor of 10. Growth of this magnitude suggests not only an increase in the number of students being served, but also speaks to the need for continued exploration of the collegiate recovery experience so as to best equip programs to best serve students in or in need of recovery.

Research investigating collegiate recovery programs and communities, and the students served, began in 1977 with the establishment of the first program at Brown University (White and Finch 2006). Multiple reviews have been conducted and published that highlight the available knowledge from both qualitative, quantitative, and mixed-methods studies (Smock et al. 2011; Harris et al. 2014; Laudet et al. 2014; DePue and Hagedorn 2015).

Reviews to date have been conducted using a literature review framework and incorporated varied methodologies - with a majority of the available research being of a qualitative or mixed-method design (Smock et al. 2011). Given the breadth of qualitative work available, spanning over 17 years, it is important to identify common themes and findings from the field and to report coalesced themes. This will provide a sound evidence base upon which fledgling collegiate recovery programs and communities, and those programs to come in the proceeding years, can position themselves upon. Additionally, this work can serve as a framework within which existing programs can operate in order to grow, sustain, and begin the rigorous work of systematically evaluating their programmatic outcomes, as well as encourage a call to continued inquiry into collegiate recovery resources in order to facilitate future student success. The current paper seeks to address these points through the completion of a meta-synthesis of qualitative research on students in recovery participating in collegiate recovery programs.

Methods

A meta-synthesis design (Stern and Harris 1985; Noblit and Hare 1988; Burns 1989; Cohen and Knafl 1993; Estabrooks and Field 1994; Jensen and Allen 1994) was employed in the current study. Meta-synthesis has been defined by Schreiber et al. (1997) as 'the aggregating of a group of studies for the purpose of discovering the essential elements and translating the results into the end product that transforms the original results into a new conceptualization'. In practice, meta-synthesis studies help to combine and accumulate results and data from individual qualitative studies in an effort to produce a unifying set of results (i.e. themes/metaphors) to help inform future research and practice in the topic area - in this study, collegiate recovery and collegiate recovery programs. While there remains criticism of the meta-synthesis methodology (e.g. determining topical similarity, inclusion criteria, determining methodological comparability, and the explication of methods used in the synthesis) (Sandelowski et al. 1997), the need for meaningful aggregation of qualitative works is substantial and meaningful. In addition to following the meta-synthesis design outlined originally by Noblit and Hare (1988), we have employed additional methodological rigor in the current study by making use of the Critical Appraisal Skills Programme (CASP 1999) criteria in the inclusion analysis and cross-study thematic analysis as described by Campbell et al. (2003) and Britten et al. (2002) to address the primary barriers in meta-synthesis: topical similarity, inclusion criteria, and methodological comparability.

The CASP criteria is a checklist developed to appraise a qualitative research work for inclusion in a larger systematic study, in this instance, a meta-synthesis. The checklist begins with two screener questions, 'Was there a clear statement of the aims of the research?' and, 'Was a qualitative methodology appropriate?'. Following from these questions, if the answers to both are found to be 'yes', a series of 8 questions are used to further determine inclusion eligibility. These questions are: (1) was the research design appropriate to address the aims of the research, (2) was the recruitment strategy appropriate to the aims of the research, (3) was the data collected in a way the addressed the research issue, (4) has the relationships between the researcher and research participants been adequately considered, (5) have ethical issues been taken into consideration, (6) was the data sufficiently rigorous, (7) is there a clear statement of findings, and (8) how valuable is the research.

The meta-synthesis began with defining the topic area, that of students in recovery who participate in collegiate recovery programs. We then undertook a digital search, focused on PsycInfo and EBSCO, for all peer-review articles and archived dissertations. The search structure consisted of the following: (1) Terms related to college and university students; (2) AND alcohol and other drugs; (3) AND recovery; (4) OR substance abuse; (5) OR addiction; (6) OR collegiate recovery programs; (7) OR university support services;

(8) OR behavioral health; (9) OR counseling and psychological services. Searches were supplemented by reviewing the references lists (i.e. references of references) of selected literature to find any other relevant sources. Grey literature was not sought directly, though there was no exclusion to such literature should it have appeared in the search or was referenced in published material. Additionally, researchers agreed that recent dissertations provided enough balance and new information to offset publication bias.

A total of 13 articles and dissertations were initially found via the digital search to fit the two primary inclusion criteria: (1) be published or completed between 2000 and 2017, and (2) include qualitative methods and study design. All 13 research works were found to have been conducted in North America and originally published in English. Additionally, all works were focused on collegiate recovery.

Using the method outlined by Campbell et al. (2003), four of the study authors completed a study comparison and inclusion process based on the Critical Appraisal Skills Programme (CASP) criteria described above. Following the completion of this process, 3 of the 13 studies reviewed were excluded from the meta-synthesis. These excluded studies did not meet the threshold for population-based inclusion criteria, defined a priori to the current study, as these studies included recovering students without a connection to a collegiate recovery program or centered upon graduated students' current habits and success outside of a collegiate recovery program.

Following the inclusion and study comparison process, three of the study authors completed a cross-study thematic analysis on each of the included studies ($N = 10$). This process resulted in a thematic analysis worksheet (Table 1) that contained the publication date, author(s), main subject(s) of the study, and the individual reported themes of each study. This worksheet was used to form the basis of a final constant comparative analysis, in which similar themes were grouped together, analyzed and coded from the original study manuscripts, and discussed further by four of the study authors. Through a process of investigator triangulation (Denzin 1978; Patton 1999), the synthesized metaphors, or major coalesced themes, were then agreed upon by the authors and formed the basis for the meta-synthesis results and discussion. The constant comparative analysis resulted in a final 100% agreement of the four raters of the included studies results.

The final meta-synthesis included 10 studies published between 2008 and 2017. The process began in the Summer of 2016 and was completed in the Summer of 2017. The majority of the works included were completed with school-specific samples of students in recovery participating in collegiate recovery programs ($N = 8$), though two were completed with a national sample. The combined sample size of the studies was 650, and most studies used grounded theory or phenomenological designs and methods.

Results/findings

6 major themes, or metaphors, were found from analyzes of the included studies (Kerksiek et al. 2008; Bell, Kanitkar, et al. 2009; Bell, Kerksiek, et al. 2009; Casiraghi and Mulsow 2010; Cleveland and Groenendyk 2010; Chiseri et al. 2014; Laudet et al. 2016; Scott et al. 2016; Washburn 2016; Kimball et al. 2017). These were (a) social connectivity (internal, external, friends, and family), (b) recovery supports (peer, staff, and programmatic), (c) Drop-in recovery centers, (d) Internalized feelings (stigma, identity, shame, and exclusion), (e) Coping mechanisms of students in recovery, and (f) Conflict of recovery status and college life.

Social connectivity

Social connectivity is defined here as the means by which social connection is experienced and facilitated by the student in recovery through the collegiate recovery program. Social connectivity and the quality of such connections are highlighted in narratives that speak to both a sense of belonging and positive bonding. The connections described simultaneously serve mundane needs, such as casual time together, and more profound needs such as enduring friendships and bonds that facilitate recovery. Social connectivity and relational support are ubiquitous to well-being throughout the developmental life span (Feeney and Collins 2015).

> All my friends are basically in the Center, and the Center kind of brings us together in a way. And it brings like a community-like atmosphere, and it's just helpful to just even have an office to step into. (Scott et al. 2016)

> And just the bond – I mean the first year I lived on the floor house with like 12 girls and you know just the late nights of playing video games and doing homework and you know stuff like that was just, you know, I mean I'm still friends with many of them today. So those were definitely good bonds that were built. (Washburn 2016)

> I would be unable to stay sober without being around others that are my age that are also in recovery. (Laudet et al. 2016)

Recovery supports

Recovery supports are defined in the data as connections, programing, and services that are cognizant of recovery needs and facilitate the fulfillment of those needs within a CRP. These supports may involve the direct support of recovery through programing such as seminars, or ancillary support that is recovery-cognizant and informed. These ancillary supports include things such as stress management, advocacy, relationships, and functional supports; all of which are provided through a recovery lens and in systematic ways. As outlined in other studies, these supports align with social cognitive theories and social support typologies (Cohen et al. 2000). These supports also range from structural to functional, and may range from less formal helping relationships to psychosocial skill enhancement (Laudet & Humphreys 2013).

> Change and transitional periods have always been tough for me. The stressors of college can be difficult. I need a recovery support system to stay sober! My life depends on it. (Laudet et al. 2016).

Table 1. Thematic Analysis Worksheet Results.

Author(s)/(Years)	College(s)	Sample	Research Design	Data Collection	Data Collection Time	Role of Researcher(s)	Major Themes Identified
Bell, Kanitkar, et al. (2009)	Texas Tech	15 Students (3F, 12M)	Narrative Analysis	3-4 Semi-structured interviews	Interviewed over first year, 02/03 class cohort	Interviewing and coding	Recovery Identities; Recovery Identitites related to experincing university life; Recovery Identities in relation to conceptualizing recovery; conflicts of recovery identities with university life;
Bell, Kerksiek, et al. (2009)	Texas Tech	15 students (3F, 12M)	Interpretative phenomenological analysis	3-4 Semistructured Interviews	Interviewed over first year, 02/03 class cohort	Interviewing and coding	Conflict of priorities between recovery and school; Limited social world; Residence halls as challenge to recovery; Recovery community; Support from staff; Availability for on-campus meetings; Academic support; A place to hang out
Casiraghi and Mulsow (2010)	Texas Tech	14 Students (7F, 7M)	Mixed Methods	53 Item Survey/ Focus Group	Unknown/Not stated	Creating scales, focus groups, analysis	Social support; Instrumental support; Informational support; Validation; Companionship; Emotional support; Meaning of Seminar; Seminar dynamics; Indiv. Characteristics; Scheduling; Importance of Seminar to recovery
Chiseri et al. (2014)	Emory	7 informants (no gender given)	Deductive/Inductive Interview	Semi-Structured Interview	Interviewed after survey	Interview, Analysis	Substance use on campus, messaging and promotion of recovery and prevention; benefits of recovery programs on campus; substance use stigmatization and how to destigmatize
Cleveland & Groenendyk (2010)	Texas Tech	55 Students (16 F, 39M)	End of Day Diary/ Observational	Palm Pilot, Survey, Diary Entry	3 week collection periods in 2004 and 2005	Observer, Analysis	Social Exchanges within CRP; Social exchanges outside CRP; Social contact with non-community 12-Step members; Time spent with non-recovery people; Family Interaction; Offered alcohol; Time working Steps; Self-improvement; Tobacco use
Kerksiek et al. (2008)	Not stated	12 students (6M, 6F)	Interpretative phenomenological analysis	Semi-structured Interview	Unknown/Not stated	Interview, Analysis, Transript Interpretation	Feeling Good and Feeling Better About Self; Escape from Feelings and Problems; Coping; Social Meanings Associated with Risk Behaviors; Exploration: Idenity Development, Maturation, and Autonomy; Normality of Risk Behaviors; Failure of Authority;
Kimball et al. (2017)	Southwest US University	8 Students (no gender given)	Interpretative phenomenological analysis	Semi-structured Interview	Unknown/Not stated	Interview, Analysis, Coding	Presence of hope in recovery (finding hope in recovery of others, hope and higher power); new ways of coping (coping in addiction, reaching out for help – learning to cope);
Laudet et al., (2016)	National Sample (29 colleges)	486 students (208 F, 278 M)	Mixed-methods; qualitative methods were open ended questions	Electronic Survey	Feb – December, 2013	Analysis and Coding	Peer Recovery Support Network; Safe place to recovery on campus/helps deal with stress and relapse; opportunity to help others/service; practical benefits; reccomended by others; Program Aspects (reputation, staff)
Scott et al. (2016)	Not stated (Rural University)	17 students (8F, 9M)	Content Analysis - In-depth interviews, transcribed, coded by segment, further structured via memo-writing and confirmed	Semi-structured Interview	Unknown/Not stated	Interview, Analysis, Coding	Campus Life: Returning to Campus After Treatment; Campus Life: Feelings of Exclusion; Campus Life: Disclosure; Role of CRP: Social Support; Role of CRP: Identity
Washburn (2016)	2 Colleges (CRPs)	21 alumni (11M, 10F)	Interpretative phenomenological analysis	Semi-Structured Interview	Unknown/Not Stated	Interview, Analysis, Coding	Trajectory; Transformation; Transitions.

…you know I feel like I, (the CRP) gave me all of the foundational, (the CRP) gave me the structure I needed to be able to build a strong recovery while attending and living on a college campus and being successful in school. They gave me all the structure I needed to be able to build my own recovery program so that I could go out and do whatever it was that I wanted to do and do it sober. (Washburn 2016)

I saw them and I realized what my life could be like … I had to have people tell me that it was possible and that it could happen … [this was] a key factor in what's driven me to work so hard [in my recovery]. (Kimball et al. 2017)

To help others come out from under the stigma of being in recovery, and to set an example of how people in recovery can rise above addiction. (Laudet et al. 2016)

Students believed Seminar was "critical to" or at least "contributes to" their recovery. (Casiraghi and Mulsow 2010)

I've talked to regular advisors, you know, like in different schools … And, they don't, they don't quite understand. Cause I mean, again, they don't know who you are and I mean and they don't know like if you have any special needs what they might be and stuff like that. (Bell, Kerksiek, et al. 2009)

Drop-in recovery centers

Drop-in recovery centers are defined by their sense of place and the provision of a connection to centralized, recovery-specific locations within the campus ecology. The space may serve recovery purposes and/or social purposes, as well as provide academic support and resources.

A specific element of physical and emotional grounding in the space for recovering students seems paramount and central to the defining features of that space. The transitory nature of the campus ecology, the dominant narratives of college social life, and the stress of transitions and change are all buffered by the recovery center in student accounts. Additionally, the fostering of pro-social growth seems to occur within the accounts of collegiate recovery program space. Bronfenbrenner (1979) identified that the perception of an environment as being supportive therefore promotes positive social development. In Bronfenbrenner's (2005) later work, it was noted that plasticity of environments to identify and respond to needs is key to support positive individual growth; both of which are captured in student accounts of drop-in centers in the synthesized studies.

The center has been really important to me especially just or this previous semester, like last semester, my first semester in college, it was crucial, you know, cause I was able to, you know, go and sit there in the office and someone would always walk in and be like, "Hey, do you wanna go eat lunch?" or something like that. You know, and, I guess the center's just given me something that's static … here. Cause I feel like everyone else is constantly changing but that place is always there. (Bell, Kerksiek, et al. 2009)

I really liked someone always being up there, especially when I lived in the dorms. There was always someone to hang out and talk to. That was important that the doors were always open. Between my classes I didn't have to wander around campus, I could go to the center and hang out until class. (Bell, Kerksiek, et al. 2009)

Internalized feelings

Internalized feelings are the result of processes of multidimensional changes for students in recovery as they navigate both educational and recovery challenges. This includes identity, values, coherence, and development. Additionally, the subjective experiences of stigma and the difficulties of social navigation within the collegiate ecology all generate feelings and reflective values that must be parsed through in addition to the educational and recovery trajectory transformations.

Education is a transformative experience, marked by ongoing renegotiating of the identity process and value systems while a person goes through the individuation process (Erikson and Erikson 1998); so too is the recovery process. When both of these trajectories merge, in an ecology that is generally at odds with one's identity, a binary is created. The process of navigating the chief binary as a student living in recovery, in an ecology that is dominated by discourse antithetical to that identity, assists in the resolution of that binary becoming part of the identity and developmental process. This is facilitated through collegiate recovery programs and peer support structures.

You have to have self-motivation just to do the things you want to do to achieve these goals, and I think I have finally realized some things, you know, finally realized that, in general, that I need to work harder and do the best I can to get to where I want to get. (Bell, Kanitkar, et al. 2009)

I guess I assumed, and this also was kind of a worry as well, I assumed that being a student in recovery was definitely fine within the (CRP) community, but I wasn't sure how the outer-(college) community would take it? I was like, 'Are people going to just treat me like sick, or are they like going to walk on eggshells around me?' (Washburn 2016)

I didn't want to lose the people, just the substances, but that doesn't work. It took me probably six months to figure that out.

…It's a little uncomfortable when I see them around town, because I had to tell them that. No, I cannot hang out with you.

I cannot come see you. I cannot come watch a movie with you. (Scott et al. 2016)

I was thinking about this the other day, I kinda feel like I'm going through like another identity crisis … and I'm actually like wondering, you know, like who am I? What kinda person am I? Where do I fit on like this personality scale of like, you know, who I am? (Bell, Kanitkar, et al. 2009)

It's a worry that people are gonna treat me differently and treat me weird and think, you know, I can't invite her anywhere because she just can't drink. And it may be a bad idea or not, I'm not sure, but I wanna be able to go to some parties and, you know, to do some things with the group. (Bell, Kerksiek, et al. 2009)

Increased comfort in being able to talk about difficult things should be part of what one's experience at this university should be about (Chiseri et al. 2014)

Coping mechanisms of students in recovery

Coping mechanisms of students in recovery are defined through the psychosocial and bioecological adjustments through developmental identity growth, emotional

regulation, and cognitive behavioral changes. Coping mechanisms are fostered within the collegiate recovery program and peer structures both directly and indirectly, through programing and informal helping relationships with peers. Emotional and behavioral regulation are key elements in recovery, as noted in multiple studies (Oscar-Berman et al. 2014), but also in the process of individual maturation and individuation in emerging adulthood (Tanner and Arnett 2011). Dealing with stress, resolving identity conflicts, regulating emotions, and making responsible decisions are hallmarks of personal maturity. In collegiate recovery populations with long histories of early substance use, developmental delays and ineffective coping mechanisms are common (Russell et al. 2010). Thus the qualitative experience of collegiate recovery features this metaphor prominently, and in various ways.

> I have really had to practice coping skills and it hasn't always worked out right. I still have to figure out what the right response is for a specific situation. Being patient is a healthy coping skill … I have had to learn what is effective for me and what is not. (Kimball et al. 2017)

> … the thing that has been keeping me going as of late is that I've done my art. And that, if I didn't have that, probably not - we probably wouldn't be having this conversation. (Washburn 2016)

> Today – hope is so much bigger than when I first got sober. If I run into problems today … I can get through them with hope … I can get through the powerlessness situations … (Kimball et al. 2017)

Conflict of recovery status and college life

This is defined as the chief binary of socially constructed values that exist in conflict for students with a recovery identity. Navigation, and eventual resolution of the chief identity conflicts, for students in recovery is central to the collegiate recovery experience. The rationale for collegiate recovery hinges on this conflict and successfully facilitating the navigation of this conflict in direct ways that foster personal and academic growth.

As stated in previous definitions of metaphors, one of the primary obstacles for individuals in collegiate recovery is the resolution of identity and developmental challenges within an ecology dominated by antithetical social values and 'college party' narratives. The resolution of these elements is essential as the individual must navigate more normative social elements as they progress into adulthood. These social elements may at times be in conflict with the recovery values of the individual. Thus, success for individuals in recovery includes expansion into ever-widening social circles while navigating value conflicts in pro-social ways. Areas that are particularly challenging include intimate relationships, dating, and social activities.

> I'd been in a halfway house with just sober people for so long, and the rules there … I couldn't even really talk to boys! And then I come on campus, and it's like, 'Oh, my god! …,' it was really uncomfortable and awkward at first. (Scott et al. 2016)

> Part of me feels due that college experience. For a lot of us it's a rite of passage, you fly the nest, and you get those years of irresponsibility before it's time to have a career … I'm a young man, you know. I'd like to chase women, and to go to parties and that kind of thing, but unfortunately … I can't successfully drink and use drugs, and stuff like that … I have a deeper understanding of where my place is, but sometimes I just wish. (Scott et al. 2016)

> I'd describe myself as someone who has been through a lot at such a young age, someone that has overcome those obstacles … My personality is the same. I still wanna be sober. I still want to get an education, and you know, I'm still here at school for the right reasons, I guess, and I haven't changed that much ….I guess I just didn't feel like changing … I liked myself the way I was. (Bell, Kanitkar, et al. 2009)

> … recovery comes first because I know that I don't —that is I would just fail out of college, get kicked out of the dorm and everything if I didn't maintain my sobriety. My first priority would have to be recovery and secondly, taking care of school and stuff. (Bell, Kerksiek, et al. 2009)

Discussion

Collegiate recovery, as a relatively new field of academic study, has only begun to establish a pedagogy of its own. The available knowledge to date has provided a basis that these programs operate within a community support framework (Harris et al. 2008), providing meaningful connection in a time of early transition and development of the newly recovering student. Programs and communities have continued to grow at an exceedingly fast rate (currently at an estimated average of 25 new programs per year), using descriptive studies to supplement programing and support services based on generally accepted best practices. The current study provides further support that these 'accepted' best practices are indeed rooted, though still unsubstantiated via rigorous control group experimental research studies, within a strong empirical base and should continue to be used as the foundation for the growth of collegiate recovery programs and the study of these programs. Remaining responsive to the subjective experiences of collegiate recovery students should be a central organizing paradigm for collegiate recovery programs.

The identification and emergence of the metaphors within the current study (social connectivity, recovery supports, drop-in recovery centers, internalized feelings, coping mechanisms, and conflict of recovery/student status) do not exist within a silo and it is important to note that most any of the metaphors have a natural overlap with the others. For instance, social connectivity (also known as peer support) is also considered a type of recovery support, and often serves as a basis for successfully navigating identity conflicts and the development of healthy coping skills.

The metaphors also provide further support of two of the suggested programmatic standards put forth by the Association of Recovery in Higher Education: (1) CRPs provide a variety of recovery support services to assist students in maintaining and protecting their recovery, and (2) CRPs do best with a dedicated physical space for students.

In addition to substantiating anecdotal evidence within the field of collegiate recovery, the findings within this study can also provide practical support to current practitioners

and staff operating within collegiate recovery programs and communities, or for those higher education professionals looking to establish programs at their individual institutions. The six identified metaphors provide a framework, split into two main categories, that should be used to enhance current programs and as a 'checklist' for programs being created. The first of these categories, 'Challenges students will face', include the metaphors: conflict of recovery/student identities and internalized feelings. The second, 'Supports students will need', include the metaphors: social connectivity, recovery supports, drop-in recovery centers, and coping mechanisms. Practitioners should ask of themselves and their programs (or future programs) how the services and policies assist in facilitating the successful navigation of challenges many recovering students will face, and how the supports they need are provided.

While additional challenges are likely to be experience, and additional supports are likely to be needed by various students in recovery, the current study identifies the areas likely to be experienced across the majority of students. The results should be used as a platform to be built upon, not as a guide to full programmatic offerings. The dynamic nature of recovery implies that it is constantly evolving, and collegiate recovery programs should continue to evolve as well.

Limitations

While the current study included all qualitative research published to date on collegiate recovery programs, it does include only 10 published works. Though there was clear saturation of the identified themes in the included studies, it is possible that more elusive themes could emerge with additional research into more urban settings as the majority of the included studies were completed in geographically rural institutions. Additionally, though a rigorous methodology was employed to complete the current study, a certain amount of subjective deduction and inference is required to complete the meta-synthesis. Without direct access to the participants and authors of the included studies, it is possible that incorrect deductions and inferences were made.

Future research

The current study has provided a synthesis of the qualitative work on collegiate recovery programs, and the students whom are served in this context, to date. At this time, additional qualitative studies into the broad experience and support of students in recovery is likely not needed. However, additional studies into the individual metaphors found within this study are warranted. Researchers should continue to explore the variances in social connectivity that prove efficacious, the various identity conflicts and navigation of these conflicts that prove most challenges and beneficial, the impacts of drop-in recovery centers, the types of coping mechanisms that are most advantageous to students in recovery, and the most prominent internalized feelings experienced by students in recovery. In continuing to explore

these domains, researchers can continue to delineate concepts that can be operationalized, studied, and implemented at various programs around the country. This operationalization of the student recovery experience, and the means by which it is enhanced by collegiate recovery programs, is paramount to the ongoing and continued success of the field as a whole.

In the exploration of qualitative and subjective experiences of students in collegiate recovery programs, we see they face challenges that are specific to their identity and respond to supportive ecologies in ways that alleviate much of the tension created within this context. As such, it is critical that research continues to explore the disparity between institutional mental health support systems and substance use disorder support systems, and identifying ways in which these systems can be contrived to become institutionally supported behavioral health disorder support systems.

Conclusion

Synthesized findings from the current meta-synthesis provided additional support that collegiate recovery programs and communities have implemented strategies that effectively support students in recovery. Anecdotal best practices to date (peer networks, drop-in centers, and the provision of various recovery supports) are supported in the empirical evidence from the 10 included qualitative studies of student experiences. Collegiate recovery program staff and administrators should continue to explore the ways in which their existing and future programs will support students in navigating identity conflicts and internalized feelings, as well as providing social connectivity, recovery supports, drop-in recovery centers, and fostering healthy coping mechanisms. Additionally, higher education institutions should consider the intrinsic value in providing further institutional support and backing to collegiate recovery programs that serve as viable support mechanisms for a significant portion of their student milieu.

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