



RESEARCH ARTICLES

# Preparing Human Services Students for Addiction Practice: Exploring 12-Step Recovery and Community-Based Support Systems

Chaniece Winfield, PhD<sup>1</sup>, Jason Sawyer, PhD<sup>2</sup>, Catalina Kraft, PhD<sup>1</sup>, Jill Kivikoski, PhD<sup>1</sup>

<sup>1</sup> Counseling and Human Services, Old Dominion University, <sup>2</sup> Independent Community Scholar

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Precarity in addiction treatment underscores the need for undergraduate addiction counselor preparation training that promotes client-centered and anti-stigmatizing approaches. While evidence supports recovery-oriented systems of care and 12-step support groups, experiential and holistic teaching methods remain underexplored. This qualitative study examines the use of 12-step groups as a pedagogical tool in addiction-focused training, revealing themes of student self-reflection and early practitioner development. Findings highlight the cultivation of emotional awareness, recognition of personal biases, and increased understanding of community-based recovery, demonstrating the value of immersive learning in shaping professional identity and community engagement.

## Introduction

In 2024, the United States reported an estimated 80,391 drug overdose deaths, reflecting a 26.9 percent decline from the 110,037 deaths recorded in 2023 (Centers for Disease Control and Prevention (CDC), 2025). Notably, opioid-related fatalities dropped significantly, from approximately 83,140 in 2023 to 54,743 in 2024 (CDC, 2025). A substantial body of research supports the use of person-centered practices, especially those grounded in recovery-oriented systems of care (ROSC), which emphasize individuals' strengths, resilience, and long-term recovery potential (Ashford et al., 2019). More recent studies further reinforce the value of ROSC by highlighting its focus on health and wellness, quality of life, and peer support networks as critical components of sustained recovery (Ashford et al., 2021). Given the emphasis on individualized care and long-term recovery, it is essential that human service professionals are equipped to integrate these principles into their practice to effectively meet the complex needs of those they serve.

As generalists in the helping field, human service professionals are eclectically trained to respond to the diverse needs of clients within the behavioral health discipline and have an ethical obligation for demonstrated competency in their areas of practice which include addiction and recovery (National Organization for Human Services, 2024; Neukrug, 2024). As a result, addiction practice increasingly relies on credentialed human services professionals who are trained in clinical and community-based settings. The Council for Standards in Human Service Education (2024) promotes the

integration of ROSC principles into undergraduate training programs, encouraging development of professional competencies aligned with recovery-oriented practice (Winfield & Sawyer, 2024). Essential to this preparation is an understanding of how community systems influence addiction practice and treatment, an area identified as a core competency in the Substance Abuse and Mental Health Services Administration's TAP 21 guidelines for substance abuse counselors (U.S. Department of Health and Human Services, 2017).

Grounded in this context, the present study explored the impact of 12 step community-based support group participation on undergraduate human services students' understanding of community systems in addiction practice. This approach advances addiction education by applying experiential learning strategies that bridge clinical and community-based practices. It offers a unique perspective on how these integrative educational experiences deepen students' understanding of addiction recovery, ultimately contributing to the development of a more competent and empathetic workforce. Given this comprehensive approach, it is essential to examine the influence of these experiences on student perspectives. Accordingly, this study addresses the following research question: *How does participation in a 12-step support group influence students' understanding of addiction treatment and the recovery process?*

## **Review of Literature**

Substance use disorder treatment has experienced multiple paradigm shifts as financial considerations, legislative changes, community realities, and emerging research have influenced practice (Conner & Anderson, 2020; Moller & Fornili, 2016). Traditional approaches such as short-term crisis intervention, brief stabilization, and singularly focused treatments often led to high rates of client relapses and reentry into treatment (Conner & Anderson, 2020; Moller & Fornili, 2016). In response, the addiction counseling field has increasingly adopted ROSC, emphasizing a holistic, community-based approach to client care (Sheedy & Whitter, 2013). The Substance Abuse and Mental Health Services Administration (SAMHSA) highlights core competencies that integrate research into addiction education and require professionals to demonstrate proficiency in incorporating community systems utilizing family and social dynamics as integral tools in addiction practice (U.S. Department of Health and Human Services, 2017).

## **Benefits of 12 step Community Based Support Groups**

A central strength of ROSC lies in its individualized focus on those experiencing substance use challenges, relying on diverse, effective treatment pathways, including clinical programs, medication assisted treatment, mutual aid recovery programs, and critically, community-based recovery systems (Ashford et al., 2021). Community based support groups, such as 12 step programs, are peer led, volunteer run groups that provide problem focused recovery support (Alcoholics Anonymous World Services, n.d.; Narcotics

Anonymous World Services, n.d.). Research demonstrates that regular attendance at these groups is associated with reductions in drug and alcohol use (Galanter et al., 2022; Mauro et al., 2023). Moreover, social support within recovery networks enhances self-efficacy and reduces stress, with individuals reporting larger social networks experiencing better recovery outcomes (McGovern et al., 2021). As a result, 12 step groups remain a widely utilized form of addiction recovery support across diverse demographics and international contexts.

### **Experiential Learning and Human Services Practitioner Development**

Given the complexity of addiction and the systemic nature of recovery, experiential learning remains essential in preparing future addiction practitioners to respond with competence and empathy. Within addiction education, embodied experiential learning, particularly during fieldwork, has been shown to significantly enhance students' self-awareness, professional identity, and practice readiness (Claes et al., 2022; Shea et al., 2024; Wickline et al., 2024). Empirical studies further affirm that experiential learning contributes to empathy development, practical skill building, problem solving ability, trust formation with clients while also challenging stereotypes and stigmatizing beliefs (Ouedraogo, 2021; Woehler et al., 2023). The literature also highlights the range of experiential strategies used in addiction education from processing personal experiences of recovery, exploring cravings, understanding stages of change, and developing empathetic communication through reflective learning (Weerman & Amba, 2019). However, few studies integrate these elements into a cohesive educational framework that includes community-based support, ROSC principles, and clinical engagement. This study addresses a gap in the literature by examining how structured participation in 12-step community support groups, embedded within a ROSC curriculum, influences undergraduate human services students' understanding of addiction and recovery practice. Designed to integrate clinical models, recovery frameworks, and community engagement, the course provided immersive exposure to lived recovery environments. The study explores how experiential learning challenges biases, enhances emotional insight, and promotes a person-centered understanding of addiction and recovery (Brenner, 2022; Yates et al., 2017). It builds on literature supporting experiential learning's role in developing self-awareness, empathy, and practical skills (Bell et al., 2014), while emphasizing the value of community-based experiences in preparing students for addiction practice.

### **Methods**

The researchers obtained approval from the University Institutional Review Board to investigate the impact of experiential learning on students' understanding of community-based support groups within an undergraduate addiction education course. Following course completion, data was collected from students to form the convenience sample used in this study. An inductive thematic analysis, grounded in a generic inquiry methodological

approach, was applied to explore the topic and address the research question (Creswell & Creswell, 2023; Creswell & Poth, 2024). Generic inquiry was selected for its focus on capturing rich, detailed descriptions of participants lived experiences and perspectives. Consistent with this approach, the study emphasized students' descriptive opinions and firsthand experiences during their immersion-based learning project (Braun & Clarke, 2006; Peel, 2020). The researchers aimed to understand how experiential learning influences students' knowledge of recovery-based support groups. The inductive thematic analysis integral to generic inquiry facilitated the identification and interpretation of patterns within the qualitative data (Braun & Clarke, 2006; Creswell & Creswell, 2023; Creswell & Poth, 2024; Peel, 2020). This broader methodological scope allowed for a comprehensive exploration of diverse student experiences while examining the varied impacts of experiential learning on students' knowledge and professional growth (Peel, 2020).

### **Procedure**

Undergraduate students from two sections of an introductory addiction education course participated in the study. Both sections followed the same syllabus and were taught by an instructor who was also a Licensed Substance Abuse Treatment Practitioner (LSATP). Before engaging in the experiential learning activity, participants received didactic instruction covering community-based support groups, theoretical frameworks, drug classifications, relapse prevention, treatment planning, assessment and diagnosis, professionalism, clinical relationships, addiction models, and signs and symptoms of addiction. After the instructional component, students completed a structured experiential learning project with three integrated elements: (a) attending three community-based 12-step recovery meetings, (b) participating in three instructor-led process groups, and (c) completing a written reflection. The project immersed students in real-world recovery environments to connect course concepts with lived experience. The process groups provided a confidential, supportive space to process observations, challenge biases, and link personal insights to professional identity development. The written reflection required students to analyze their emotional and cognitive responses, evaluate the benefits and limitations of 12-step models, and discuss how the experience informed their understanding of addiction treatment and recovery-oriented systems of care. To preserve authenticity, reflections were submitted prior to group discussions to prevent peer influence. Following the experiential project students attended a guest lecture by a peer recovery specialist on the role and benefits of peer support in recovery.

Participation in the experiential learning project was mandatory for all students; however, involvement in the study was voluntary. At the end of the course, students were given the option to provide informed consent to include their written reflections in the research. In the first section, 14 students were enrolled, with 12 consenting to participate. In the second section, all 23 enrolled students opted into the study. The final sample

consisted of 35 participants. To enhance credibility, member checking and researcher triangulation were implemented during the analysis process. Participants were invited to review their responses and emerging themes to confirm accuracy, while three researchers independently coded the data, collaboratively refined categories, and developed thematic interpretations to ensure the findings reflected participants' experiences with fidelity (Miles et al., 2014).

### **Participant Demographics**

Participants ( $N = 35$ ) ranged in age from 19 to 33 years ( $M = 23$ ). Seventeen percent identified as male ( $n = 6$ ), and 83% as female ( $n = 29$ ); no other gender identities were reported. The racial and ethnic composition was 65% African American ( $n = 23$ ), 20% Caucasian ( $n = 7$ ), 6% multiracial ( $n = 2$ ), and 8% ( $n = 3$ ) who declined to report. Regarding academic standing, 49% were classified as juniors ( $n = 17$ ), 49% as seniors ( $n = 17$ ), and 2% as sophomores ( $n = 1$ ). All participants were dually enrolled in a bachelor's degree program and a Human Services Addiction Treatment and Prevention Certificate program. In terms of major, 46% declared human services without a minor ( $n = 16$ ), 43% declared human services with a related minor ( $n = 15$ ), 8% majored in psychology with a human services minor ( $n = 3$ ), and 3% majored in criminal justice with a human services minor ( $n = 1$ ).

### **Data Analysis**

Using the qualitative data analysis software MAXQDA, researchers employed Braun and Clarke's (2006) six-phase method of inductive thematic analysis to examine the impact of experiential learning on students' understanding of addiction and recovery. This method of data analysis aligns with the research question by enabling a flexible and detailed exploration on how human services students' experiences with 12-step addiction recovery groups influence their understanding of addiction and recovery. The approach facilitates the identification and interpretation of emerging patterns and themes, which complements the generic inquiry methodology's emphasis on describing and understanding participants lived experiences. The analysis followed a structured approach consistent with Braun and Clarke's (2006) inductive thematic analysis process, which included the following steps: (a) familiarizing themselves with the data by reviewing reflective writing assignments and course feedback; (b) generating initial codes to categorize significant aspects of the data; (c) identifying initial patterns from these codes; (d) generating and reviewing initial themes based on the identified patterns; (e) defining and refining these themes to capture the essence of students' experiences; and (f) producing a comprehensive report based on the final themes. All members of the research team were actively engaged throughout the thematic analysis to ensure rigor and consistency. During phases 1–3, two faculty researchers independently reviewed student reflections and course feedback to code the data and identify initial patterns, meeting regularly to refine the codebook by consensus. In phases 3–6, two doctoral-level student

researchers joined the analysis, bringing advanced qualitative training and fresh perspectives that supported reflexivity, theme refinement, and analytic triangulation. The full team continued collaborative meetings to compare interpretations, resolve discrepancies, and reach consensus on final themes.

## Results

From the data, two main themes emerged that illustrate how participants' experiences with 12-step addiction recovery groups shaped their understanding of addiction and recovery. Two themes were highlighted: (1) Student Self-Reflection, which explored how engagement with recovery groups influences students' perceptions of addiction; and (2) Practitioner Development: Insights from 12-Step Community-Based Recovery, which highlights how these experiences contribute to students' professional growth and comprehension of recovery processes. These themes provide a comprehensive view of how participation in recovery groups impacts students' knowledge and professional development in the field of addiction treatment.

### Theme 1: Student Self-Reflection

Within the first theme, *student self-reflection*, participants described undergoing an emotional self-awareness of existing stereotypes, biases, countertransference, internalized feelings and thoughts regarding the substance use disorder (SUD) population. Data supports participants processing the stories and lived experiences shared by individuals in recovery with personal experiences as family members of persons experiencing problematic drug use and other roles. Several participants acknowledged unresolved trauma and conflict in their personal lives transferring internally into a barrier to empathy development for the SUD population. When describing this self-awareness, participants provided examples of being afraid to attend meetings alone due to stereotypes and stigmas or having negative preconceived images of individual in recovery. Through this study, participants' thoughts and feelings were either reinforced or were challenged through experiences such as the normalization of the appearance of individuals in recovery in the meetings. This theme presented students with an awareness of the role community stigma has in the success of recovery with several participants recognizing the origin of their stigmas, stereotypes, and biases as rooted in cultural and familial experiences.

#### *Pattern 1: Emotional Awareness and Exploration*

Participants discussed exploring feelings and perceptions regarding individuals in active recovery, prompted by an internalized awareness of biases and past experiences with addiction and recovery. Heightened sensitivity to stigmas and countertransference occurred and those lacking prior exposure to recovery settings expressed initial fear and anxiety. In contrast, participants with personal or familial connections to recovery conveyed more positive first impressions, finding the meetings welcoming and intimate. For example,

one participant described the initial experience as “walking into my first meeting was the single scariest and most awkward thing that I have done in my entire life” (Participant 3), highlighting the apprehension felt by some newcomers. Another participant expressed relief in not attending alone, stating, “of course, I didn’t want to go alone” (Participant 4). Conversely, those with personal histories of recovery or support experience described the meetings as “welcoming and intimate”, expressing gratitude for the receptive atmosphere (Participant 2). Participant 2 remarked, “the meetings were welcoming and intimate; I was able to speak about being a loved one of a person struggling with addiction to which the members listened attentively and were kind enough to give me literature on other support groups.”

These initial impressions prompted participants to reflect on their feelings and biases, leading to increased self-awareness and recognition of the importance of anti-stigma training. Participant 12 shared how the experience affected them personally, stating, “driving home, I thought about the feelings that I had during the meeting and the fact that I couldn’t let go of those feelings throughout the rest of the meeting. The fact that I let one man’s words affect me so deeply taught me something about myself.” Similarly, Participant 13 noted, “this experience positively impacted me, for personal reasons that I do not feel comfortable sharing at this time. I will say that it gave me a better understanding of why my mother, and I do not have a good relationship.” These reflections underscored the importance of experiential learning in fostering emotional awareness and addressing unresolved trauma or codependency, crucial for future practitioners in addiction and recovery. Engaging in community-based support groups led participants to self-reflect on their perceptions of addiction and recovery. This heightened processing of their personal experiences and emotions led to furthering understanding of SUD complexities and increased empathy for those affected.

### ***Pattern 2: Stereotypes and Biases***

Data supports participants undergoing an exploration of stereotypes and biases regarding individuals in active addiction and recovery. While participation in the study evoked exploration of feelings and emotions, participants described also exploring their positive and negative stereotypes, biases, and other preconceived notions regarding the SUD population. Several participants discussed their awareness of societal stigmas regarding the appearance of individuals in recovery and noted the reinforcement of this stigma through statements such as “before attending these meetings I knew that there was no such thing as a typical “addiction” look, so I was not surprised to see what I saw at the meetings I attended. I could see this experience being very beneficial and eye-opening for someone ignorant to the fact” (Participant 1) and “a stereotype that was debunked was that the participants were very diverse. They were diverse regarding race, personality types, and age. They looked like anyone that I could run into during the day” (Participant 13).

In addition, several participants experienced a self-exploration of their stigmas, stereotypes, and biases that were challenged and dispelled. Supporting this data outcome, Participant 7 shared “I expected to see smelly old people who just had a beer or smoked before coming. They did not look like they were in recovery; most had stable homes, cars, and even careers. I felt guilty because I had stereotyped them.” Finalizing this data outcome, Participant 1 described their self-exploration as “before attending, I expected people in addiction to be mean or out of control, so I brought friends. But they were kind and supportive. The experience broke my stereotypes, and now I see them with empathy and understanding.” Data supports participants’ internalized growth with the goal of developing into ethical and person-centered practitioners in addiction and recovery treatment. Several participants shared the sentiment of Participant 8 who concluded “people often stereotype those with SUD as dangerous or always using, but many live productive lives and work regular jobs. These meetings changed my view, and now I feel more confident advocating for them. Anti-stigma training is so important.”

## **Theme 2: Practitioner Development: 12-Step Community-Based Recovery**

Within the second theme, *practitioner development: 12-step community-based recovery*, participants described developing as future practitioners with a focus on the benefit of peer support systems in the recovery process and exposure to the culture, customs, diversity, and traditions of the 12-step recovery community. Participants gained an understanding of the relationship between 12-step groups and clinical services, the benefit of peers in the recovery process as well as the customs, traditions, and values of the 12-step recovery community. Participants further noted the differences between psychotherapeutic clinical groups and the peer-led community-based support groups, focusing on 12-step groups being a supportive resource toward long-term recovery and aftercare for relapse prevention.

Participants explored the significance of the 12-step recovery group culture with its encouragement of peer-to-peer relationships, accountability, unlimited length of participation, and a recovery family environment as significant to supporting long-term recovery. This theme encapsulated participants’ knowledge gain as it relates to non-clinical resources, introduced them to the role and benefit of peer recovery, and provided them with exposure to the relationship between active addiction, recovery, and community systems of individuals experiencing a substance use disorder through three patterns: (1) *12-Step Groups and Clinical Service Delivery*, (2) *12-Step Group Benefits to Recovery*, and (3) *\*Culture of the 12-Step Group Community*.

### ***Pattern 1: 12-step Groups and Clinical Service Delivery***

Participants gained insight into the role of 12-step groups within holistic treatment approaches, recognizing their ability to complement traditional psychotherapeutic interventions. They identified parallels with therapy groups, such as shared customs and structured dialogue, while appreciating the unique peer-led format and long-term support that 12-step groups offer. Participant 24 shared, “I got the feeling as if this was similar to a therapy session where they can get things off their chest and have people that are willing to listen,” highlighting the supportive atmosphere. Participants emphasized how these groups extend beyond clinical discharge, offering enduring networks that promote connection and accountability. Participant 34 noted, “Isolation can lead to depression so community support groups can be very beneficial to the mental health of the participants.”

Several participants deepened their understanding of the 12 steps, moving from abstract knowledge to practical application. Participant 22 reflected on adapting 12-step tools for individual sessions: “If I have a client apprehensive toward Alcoholics Anonymous, I can see myself using 12-step tools... I find the steps on making an inventory... and making amends important to recovery.” Participants also highlighted the groups’ ability to meet spiritual and emotional needs often unaddressed in therapy, while providing a no-cost alternative for clients facing financial or access barriers. Participant 27 shared, “I can see myself referring someone to these types of meetings if they were spiritual or religious or if they have financial constraints... or have very little social support.” The frequency, availability, and welcoming nature of meetings were recognized as crucial for client engagement and sustained recovery.

Overall, participants expressed a deeper appreciation for 12-step recovery groups as essential elements of the recovery continuum. These groups were viewed as accessible, inclusive, and valuable in promoting long-term healing, peer accountability, and personal growth within diverse treatment plans.

### ***Pattern 2: 12-Step Group Benefits to Recovery***

Participants developed their understanding of treatment knowledge, and the impact 12-step recovery groups have on the recovery process, specifically in ways that cannot be met within clinical treatment. Participants described an increased appreciation for the role of 12-step groups in meeting the need for peer acceptance, normalization of challenges in recovery, and a supportive environment where participants did not have to disclose identifying information to receive recovery support. Several participants recognized the informal nonjudgmental space provided for members to discuss the impact of their active addiction on their families and loved ones anonymously. Elaborating on this finding, participant 9 shared “A woman in recovery shared how she used to expect her kids to understand her, but later realized she needed to understand them instead. Seeing her make that shift was powerful.” Data supports participants’ increasing their competency of the

importance and value of individuals in recovery having a supportive resource not structured or managed by their clinical treatment providers. Several participants discussed the anonymity of 12-step groups, the emphasis on sharing lived experiences, as well as the lack of requirement for established sobriety as factors to encourage normalization, participation, and attendance. This data outcome was expressed by Participant 34 who shared “community support groups offer a judgment-free space to connect with others facing addiction. Their anonymity and independence from agencies allow honest conversations without fear of losing support due to relapse or breaking rules, reminding you you’re not alone”

Participants emphasized awareness of the subject and focus of the meetings being primarily peers supporting peers in recovery, empowering each other with hope and resilience. Elaborating on this data finding, Participant 14 shared “meetings work if people want to change; the members were very close and used each other as a tool to stay sober. They shared that the sponsor cared as much about their sponsee’s recovery as their own.” This sponsorship component was further recognized by participants as an opportunity for growth in a person’s recovery journey, a unique feature that was identified as a contrast to psychotherapeutic group therapy. Participants recognized the successful discharge process of group therapy once recovery is maintained, leaving the person without a connection to the group post-discharge. In contrast, participants discussed this maintenance stage as creating an opportunity for an individual to become a sponsor toward another member instead of leaving the group. This data finding was described by Participant 3 who shared: “members can call sponsors when they feel triggered or tempted to drink. Sponsors said helping newcomers was key to their own recovery, since it pushed them to stay committed and maintain their progress.”

### ***Pattern 3: Culture of the 12-Step Group Community***

Participants described strengthening their practitioner identity through increased understanding of 12-step group culture. They reported that exposure to the diversity of members and group customs improved their awareness of shared practices, inclusive language, and the nonjudgmental nature of these communities. All participants noted recognizing diversity in race, gender, age, socio-economic status, and academic background as one of the first key insights gained. This was reflected in comments like, “I was surprised to see the variety of backgrounds that were present. There were clean-cut professionals, several young individuals who appear to come from poverty too” (Participant 22) and “when looking at the majority of these individuals, your first impression would be wealthy businessmen, lawyers, or executives” (Participant 4). Age and substance use diversity were also observed: “I was surprised to see a young person there. I expected mostly older adults or young marijuana users, but instead saw everyday people, many older and some with support. One young man struggled with LSD and hard drugs, showing addiction affects anyone” (Participant 30).

Beyond member diversity, participants identified common practices that could help reduce client apprehension and support initial engagement. A welcoming environment was consistently noted as reducing stigma and promoting comfort. Participant 10 reflected, “As soon as I walked in, they were very loving; they were extremely emotional and caring towards each other. Although I went in there by myself in the end, I felt comfortable. They gave out a lot of hugs and kisses.” The cultural importance of the chip system also stood out, with participants recognizing it as a universal tradition across 12-step groups, regardless of addiction type. Participant 17 explained, “The chairperson brought chips which had different colors, each representing something. For example, the white chip was a promise to yourself that you would not drink for 24 hours, and the red chip represented six months of being sober.” Others, like Participant 8, highlighted the emotional impact: “I was really inspired watching members receive chips celebrating their sobriety milestones. One woman got her five-year chip and shared that she wasn’t sure how she made it that far. It was a powerful moment that showed real strength and hope.”

Participants noted that these cultural experiences would help them support clients hesitant to attend recovery groups. They also gained practical knowledge of similarities and differences between groups, allowing for more accurate referrals. Participant 7 shared, “The groups followed similar structures with readings, discussions, and opening and closing prayers. AA focused on alcohol, while NA covered all substances, which can help clients choose the right fit. The experience showed how effective and meaningful these meetings are.” This insight enhanced participants’ readiness for collaborative treatment planning. As Participant 16 put it, “This experience enhanced my practitioner skills when it comes to collaborative treatment planning for substance use clients. It would be a disservice to not suggest participating as seeing the success that members achieve with this program is undeniable.”

### **Discussion: Implications for Addiction and Human Service Education**

This study applies experiential learning theory (A. Kolb & Kolb, 2018; Morris, 2020) to evaluate and expand pedagogical approaches in addiction education. By combining clinical treatment models, community engagement, and recovery-oriented systems of care, the study promotes a shift from narrow treatment-focused methods toward a more holistic understanding of addiction (Ashford et al., 2021). It emphasizes the healing impact of support networks and community involvement (Conner & Anderson, 2020), contributing to the human services and addiction education literature in three key ways. First, it explores how immersive experiences shape students’ understanding of addiction and recovery. Second, it supports practitioner development by examining the integration of clinical and community-based models. Third, it highlights the role of experiential learning in building empathy, reducing bias, and enhancing applied skills. The findings have broader implications for future research and educational design.

The study offers a comprehensive view of how community-based support group participation influences student learning. It supports moving beyond isolated experiential tasks to more integrated approaches that connect classroom learning with lived recovery experiences (A. Kolb & Kolb, 2018; Seaman et al., 2017). Student reflections reveal that a holistic model improves their understanding of treatment practices and recovery approaches. It also enhances their ability to compare and apply both clinical and 12-step frameworks. In contrast to studies that focus on individual learning outcomes (D. A. Kolb, 2014; Morris, 2020), this research demonstrates the benefits of combining multiple perspectives in addiction education and aligns with work supporting community-driven recovery models (Claes et al., 2022; Conner & Anderson, 2020). The findings underscore the value of immersive, community-based learning in preparing students for addiction counseling. Engagement with support groups increased participants' empathy, emotional awareness, and professional competence (Bell et al., 2014; Shea et al., 2024). These outcomes reflect the significance of reflective practice in early-stage professional development (Wickliffe et al., 2024) and the need to address emotional insight and bias in human services training (Murphy & Russell, 2023; Ouedraogo, 2021). Consistent with prior research in counseling and social work, the study shows how immersive learning can improve client engagement and practitioner self-awareness (Conner & Anderson, 2020). Integrating recovery-oriented models through experiential learning helps students better understand psychological concepts such as motivation, self-efficacy, stigma, emotional regulation, and social support (Shea et al., 2024). These experiences deepen applied learning and can enhance readiness for professional practice.

### **Limitations**

While the current study presents novel insights into student self-awareness, stigmatization, and cultural understandings of community-based recovery systems, it is not without its limitations. The study utilized a convenience sample of 35 students who were all actively enrolled in an addiction counseling focused certificate program leading to national and international credentialing. One could argue that the experiences and depth of understanding of participants were influenced by their desire to enter the addiction counseling field before engaging in the study, and to perform well as a student in the course. Although the study design methodologically minimized power dynamics through deidentification of data, and other means, eliminating and equalizing the power dynamic between teacher and student is not feasible. The uniqueness of the participants, many of whom disclosed personal experiences related to being in recovery or having a family member or loved one experiencing problematic drug use, also bring limitations, due to context. The depth of self-awareness, self-discovery, and empathy during this study was influenced by these factors. Finally, the format of the course delivered in a traditional face-to-face campus classroom may have influenced student learning experiences and responses. It is unknown

if findings would have been influenced by facilitation in a distance learning course, which would have implications for engagement, interaction, or technology use and literacy.

### **Recommendations for Future Research**

This study provides new directions for future research. Authors recommend subsequent inquiries explore how students develop professional identity through experiential learning, particularly in graduate-level and distance learning contexts. It is uncertain whether findings would differ in a distance learning format, where engagement, interaction, and technology use may impact outcomes. Future research could examine these factors and assess remote learning's effectiveness with community-based support groups. Additionally, while this study concentrated on 12-step community-based support groups, future research should examine other types of support groups, such as SMART Recovery, Women for Recovery, Secular Organizations for Sobriety, or Celebrate Recovery. Each of these organizations presents unique approaches that could provide diverse perspectives on their impact on students' understanding of addiction and recovery. Moreover, exploring family-focused support groups like Al-Anon and Nar-Anon could yield valuable insights into how these programs affect students' views on addiction and recovery within the context of family dynamics. Expanding research to include these varied support systems and professional levels potentially offers a more comprehensive understanding of their effects on both individual and professional development in the field of addiction treatment.

### **Conclusion**

Findings support experiential education in human services to enhance learning about addiction practice through increased awareness, understanding, and community engagement. Specific areas of competency and understanding included critical self-reflection and knowledge gains. Exploring emotional awareness through deep reflection is crucial for early-stage practitioner development, especially in addressing biases, stigma, and stereotypes (Murphy & Russell, 2023; Ouedraogo, 2021). Additionally, the study shows that integrating clinical models, community support, and recovery-oriented approaches with experiential learning enhances the educational experience within implications for addiction focused psychology classrooms.

Findings underscore how emotional awareness and professional growth are connected to deeper understanding of community-based recovery groups. Students reported increased knowledge of recovery culture, explored how to incorporate peer-based support into clinical practice, and dispelled stereotypes regarding individuals in recovery and active addiction. Although students primarily engaged in 12-step groups, the implications extend to other recovery-focused community support systems. As emerging professionals must competently address substance use disorder as the field

undergoes rapid transformation, research supports experiential learning in undergraduate education, particularly in psychology and human services, as a pathway for building meaningful knowledge (Shea et al., 2024). This study echoes prior research highlighting themes of empathy, reflection, and practitioner development (Bell et al., 2014; Shea et al., 2024; Wickline et al., 2024; Winfield & Sawyer, 2024; Woehler et al., 2023) For addiction education, integrating experiential methods enriches understanding of human behavior, social dynamics, and emotional processes, equipping students with skills critical for both clinical and community settings. Its unique contribution lies in demonstrating how experiential learning supports a holistic view of addiction treatment. Integrating addiction competency into interdisciplinary programs can ensure graduates are better prepared for roles in co-occurring and addiction-focused settings. These advancements can shape a more systematic and effective approach to experiential learning in addiction education.

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