

Tailored Recovery:

Many Journeys, Multiple Personas

Shawn F. Dorius, Mackenzie Johnson,
Sydney Etten, Kelsey Van Selous,
Anne Hlavacek

October 2025

**Iowa State University's
Public Science Collaborative**



Table of Contents



- Executive Summary 3
- Journey Mapping 4
- Approach 4
- Pathways 5
- Trajectories 8
- Personas 11
- Our Recommendations 13
- Citations 15
- Appendix 17

Executive Summary

In the summer of 2025, researchers with the Public Science Collaborative at Iowa State University conducted journey map workshops throughout the state to document and explore the pathways and experiences of people in recovery from a substance use disorder. The goals of the workshops were to 1) identify **unique and emerging pathways** of recovery, 2) document **real experiences** of people navigating recovery services in Iowa, 3) document and define unique **recovery trajectories**, and 4) use this information to **create recovery personas** to improve service delivery and design more tailored programs and interventions.

In the context of substance use, the journey map is a visual and narrative tool that traces the lived experiences of people in recovery, highlighting key moments, challenges, supports, and turning points in their personal recovery process. We collected 49 journey maps from people in recovery along with their personal characteristics, substance use histories, and stories about key events in their lives. We also analyzed over 150,000 records from the Iowa Treatment Episode Data to construct statistical 'profiles' of Iowans with substance use disorders. Thematic and narrative analysis of 42 life history interview transcripts previously collected among people who use drugs provided rich context and deeper insights into the varieties of recovery experiences of people in Iowa. We reviewed 57 scientific publications about substance use recovery, multiple pathways, journey mapping methods, and healthcare and substance use-related case studies.

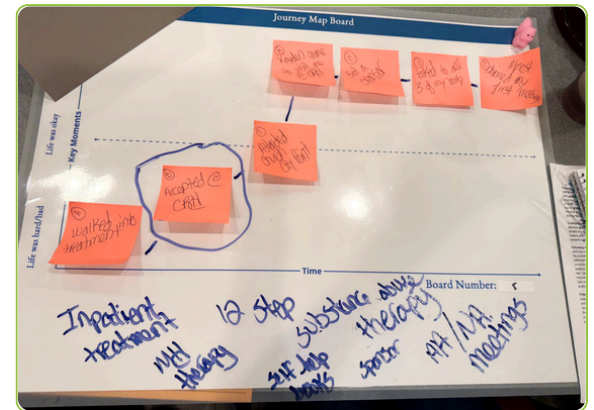


Figure 1: Journey Map boards from workshop.

In mapping their recovery journeys, participants described dynamic, fluid, and adaptive strategies for finding and sustaining their recovery that varied according to their stage of recovery and recovery needs. Recovery maps universally include two or more pathways (e.g., AA, MAT/MOUD, peer support, religion, harm reduction). Additionally, our analysis identified four common patterns of how life progressed throughout recovery, which we call recovery trajectories:

1. The Redemption Arc Trajectory
2. The Unstable Recovery/Cyclical Relapse Trajectory
3. The Grinding Ascent Trajectory
4. The Intermittently Sustained Recovery Trajectory

Finally, we developed six composite recovery personas that map experiences, events, motives, and pain points onto specific demographic profiles. These personas help communicate the varied needs, behaviors, and goals of people in recovery and constitute a powerful artifact to inform user-centered design of programs, services, and interventions for people in recovery. We recommend that these personas, recovery trajectories, and pathways be used to inform the expansion of recovery support services to offer a wide-ranging menu of supports that can be tailored to people with a variety of backgrounds, needs, and life circumstances.

How to use the personas:

1. Train substance use professionals from all tiers of intervention about the variety of ways people find and maintain recovery.
2. Collaboratively develop new strategies and interventions that meet the wide variety of recovery needs in Iowa.
3. Use as a standard, rooted in real experiences, against which we can evaluate the usefulness of our current services and programs.

Journey Mapping

Journey mapping is a qualitative, human-centered methodology used to visualize and analyze a person's experience through a specific process. The approach involves capturing stories through interviews, focus groups, or diary studies and telling these stories through journey maps that visually depict the sequence of events and interactions. These maps synthesize touchpoints, emotions, barriers, and values of that individual across time, and they offer practical insights into how to improve the experience for service users.

Journey mapping is a powerful tool for centering patient voices, identifying processes that need improvement, and guiding policy and service design.

Journey mapping is especially well-suited to the context of substance use treatment and recovery. This approach integrates emotional, cognitive, and behavioral dimensions to offer a distinct way to capture recovery stories that are often complex, nuanced, and shaped by multiple systems. The process of creating a journey map empowers people in recovery to tell their recovery story as they define it while also offering an opportunity for self-reflection on their growth and transformation over time. Furthermore, the resulting journey maps highlight gaps in service delivery, common positive experiences and pain points throughout the process, and critical opportunities for intervention.^{1,2,3} Employing the journey mapping approach to explore substance use treatment and recovery experiences in Iowa provided valuable and practical insights described throughout this report.

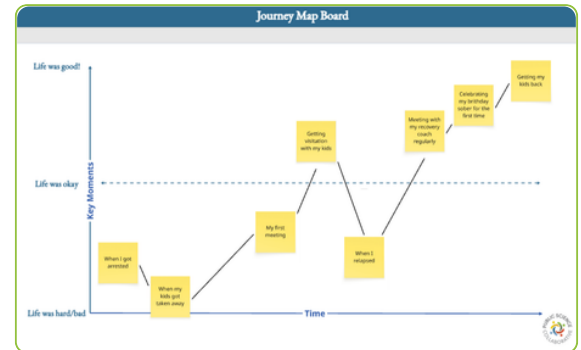


Figure 2: Journey Map example.

Approach

In June and July of 2025, researchers at the Public Science Collaborative facilitated seven workshops to document the life experiences, events, perceptions, and emotions of people in substance use recovery. Participants were self-identified as being in recovery and were recruited through recovery community centers and recovery houses throughout the state.

Workshop facilitators used a survey to collect demographic and personal information from a total of 52 workshop participants and then guided them through the process of documenting and mapping the key events and experiences in their recovery journey. This involved first using sticky notes to chronological order of events on the journey map (X-axis) and then classifying moments on a simple quality-of-life scale ranging from good to bad (Y-axis).

In another activity, participants were prompted to identify a “moment of truth” that changed the trajectory of their life or recovery experience. Participants were also asked to describe the recovery pathways they used at each stage in their recovery, their interactions with recovery services, and to offer recommendations for how recovery service provision might be improved.

¹Bui, M., Oberschmidt, K., & Grünloh, C. (2023). Patient journey value mapping: Illustrating values and experiences along the patient journey to support eHealth design. In *Proceedings of Mensch und Computer 2023 (MuC '23)* (pp. 49–66). Association for Computing Machinery. <https://doi.org/10.1145/3603555.3603558>;

²Hohmeier, K. C., Cernasev, A., Leibold, C., Moore, T. M., Schlesinger, E., Cochran, G., Arce, I., Geminn, W., & Chisholm-Burns, M. (2023). Community-centered patient journey map in opioid use disorder: A tool to address compassion fatigue among community pharmacists. *Pharmacy*, 11(2), 52. <https://doi.org/10.3390/pharmacy11020052>;

³Hulsey, J., & Zawislak, K. (2022). *Patient journey map: Substance use disorder treatment and recovery experiences*. Addiction Policy Forum.



Figure 3: Journey Map boards developed in workshops.

Pathways

The idea of multiple pathways to recovery from a substance use disorder emerged from decades of clinical observation, epidemiological research, advocacy, and the recognition that recovery is not a one-size-fits-all process. It is now understood that recovery from a substance use disorder is an individualized process shaped by the unique needs, cultural backgrounds, resources, substance use history, and co-occurring conditions of a person in recovery. This culminated in a recent Surgeon General's Report that concluded recovery "has many pathways that should be tailored to fit the unique cultural values and psychological and behavioral health needs of each individual".⁴

The multiple pathways framework recognizes that 1) a variety of routes can all lead to recovery, 2) recovery capital is crucial, and 3) recovery is not just as the absence of disease or problem behavior, but the self-transformation to a state of health, resilience, and community reintegration.

The framework is used in clinical treatment, peer support, public health policy, and community programming, to name a few. It also informs recovery-oriented systems of care (ROSC), trauma-informed services, and recovery advocacy, and it has contributed to the development of non-abstinence-based models (e.g., harm reduction), multi-pathway recovery centers, and various peer-led interventions. To date, pathways research and practice has identified at least 12 distinct pathways, and more are likely to be identified in the future. As reported in Table 1, named pathways include natural recovery, peer-based and mutual aid pathways, family-based or religious/faith-based approaches, and clinical/professional treatment.

⁴U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. (2016). Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health. Washington, DC: HHS. Retrieved from <https://www.hhs.gov/surgeongeneral/reports-and-publications/addiction-and-substance-misuse/index.html>

Table 1: Recovery Pathways in Recovery Literature^{1,2,3,4}

Pathway	Description	Examples
<i>Natural Recovery</i>	Recovery without formal treatment or support groups	Self-change, maturing out, lifestyle changes
<i>Mutual Aid Groups</i>	Peer-led recovery groups offering fellowship and shared experience	AA, NA, Al-Anon, Alateen, SMART Recovery, LifeRing, Women for Sobriety, Moderation Management
<i>Faith & Purpose-Driven Recovery</i>	Recovery through religious belief and community	Celebrate Recovery, church-based programs, prayer groups, spiritual and purpose driven, bible study, Wellbriety, Buddhist Recovery Network
<i>Cultural Recovery</i>	Recovery rooted in cultural traditions and spiritual practices	Native American sweat lodges, traditional rituals, culturally specific healing practices
<i>Medication-Assisted Recovery</i>	Use of prescribed, FDA-approved medications to support recovery, reduce cravings	Methadone, Buprenorphine, Naltrexone, Suboxone
<i>Peer-Based Support</i>	Support from trained individuals with lived experience, often in community settings	Recovery coaches, peer navigators, recovery community centers and cafes
<i>Family-Based Recovery</i>	Support for families affected by addiction	Reunification with children, kin network support; recovery-affirming partner
<i>Technology-Based Recovery</i>	Online platforms and digital tools for recovery support	Reddit (r/StopDrinking), InTheRooms, 7 Cups
<i>Holistic & Alternative Therapies</i>	Complimentary practices that support physical, emotional, and spiritual healing, creative expressions	Yoga, meditation, Chinese medicine, Addiction Energy Healing (Lenair), art, music, writing or equine therapy
<i>Criminal Justice Pathways</i>	Recovery initiated or supported through legal system involvement	Drug courts, incarceration-based programs
<i>Professional Treatment</i>	Structured clinical services including therapy, counseling, and medical support.	Counseling, therapy, group sessions, rehab centers, halfway houses, in or outpatient
<i>Giving Back & Service Recovery</i>	Recovery through service, helping others, and community engagement	Volunteering, mentoring, peer support roles

¹Bui, M., Oberschmidt, K., & Grünloh, C. (2023). Patient journey value mapping: Illustrating values and experiences along the patient journey to support eHealth design. In Proceedings of Mensch und Computer 2023 (MuC '23) (pp. 49–66). Association for Computing Machinery. <https://doi.org/10.1145/3603555.3603558>;

²Hohmeier, K. C., Cernasev, A., Leibold, C., Moore, T. M., Schlesinger, E., Cochran, G., Arce, I., Geminn, W., & Chisholm-Burns, M. (2023). Community-centered patient journey map in opioid use disorder: A tool to address compassion fatigue among community pharmacists. *Pharmacy*, 11(2), 52. <https://doi.org/10.3390/pharmacy11020052>;

³Hulsey, J., & Zawislak, K. (2022). Patient journey map: Substance use disorder treatment and recovery experiences. *Addiction Policy Forum*;

⁴U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. (2016). Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health. Washington, DC: HHS. Retrieved from <https://www.hhs.gov/surgeongeneral/reports-and-publications/addiction-and-substance-misuse/index.html>

Emerging recovery research and our analysis from the journey mapping workshops indicate that people often deploy a variety of pathways in a modular or multi-modal approach that has them using different pathways at different periods in their recovery.

For example, we found that people tend to rely on formal and clinical pathways early in their recovery, while cultural, service, and peer-based recovery pathways tend to emerge at later stages. People draw on different pathways to meet their recovery needs in the moment, or at the stage of recovery where they find themselves. This insight aligns with the growing understanding that recovery is often not linear; it can involve relapse, redefinition, identity shifts, and is usually characterized by ups and downs.

There have also been attempts to reduce pathways into even simpler classifications, often to binary opposites such as clinical vs non-clinical, formal vs informal, and assisted vs unassisted. While these kinds of broad classifications have some value in simplifying understanding of where an individual is in recovery or what type of recovery pathway they follow, we find the Table 1 pathways more helpful in designing programs, interventions, and assessing service delivery because of their richer detail and specificity.

The journey map workshops revealed how people in Iowa utilize a wide array of pathways throughout their recovery, often employing several different pathways throughout various stages of their recovery. Most recovery journeys involved multiple, evolving pathways to achieve and sustain recovery, with people deploying a variety of strategies to navigate life stages, recovery moments, and their changing needs and resources.

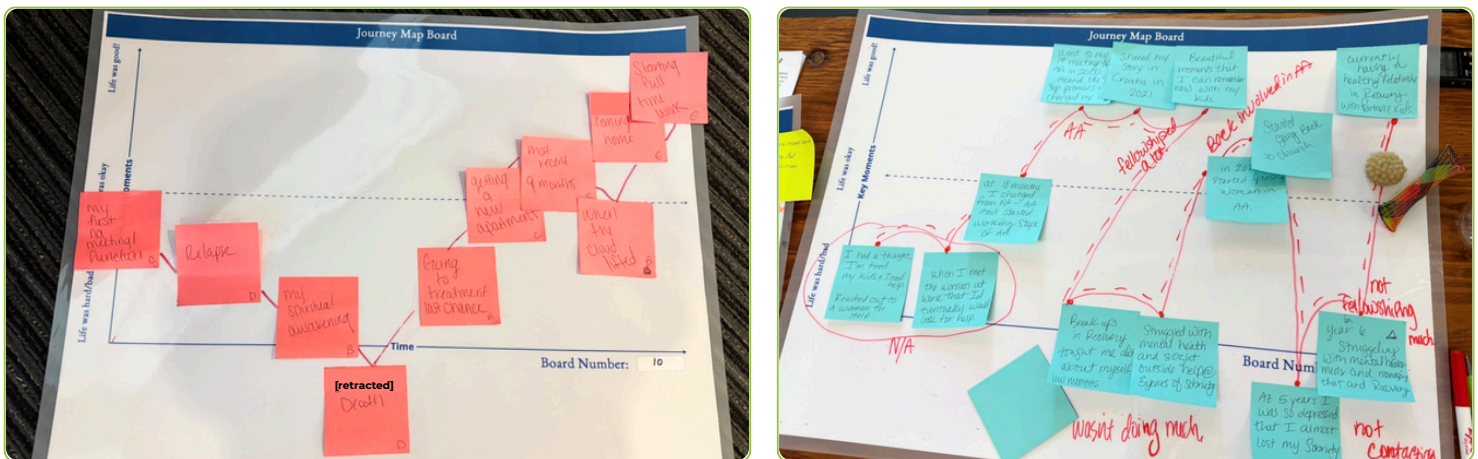


Figure 4: Journey Map boards from workshop.

Trajectories

Recovery trajectories are visual representations of how a person’s recovery unfolds over the life course. While recovery pathways describe what someone engages with (like AA, church, or yoga), trajectories show how their life changed and pivoted throughout their recovery journey. Trajectories capture patterns such as relapse, remission, and long-term stability. Another way to think about recovery trajectories is archetypes that characterizes directional changes occurring throughout a recovery journey. These patterns tell the story of how recovery started, how it progressed, and where life is now for a person in recovery.

Recovery trajectories are visual representations of how someone might answer the question, “How would you describe the course of your recovery so far?”

Distinguishing between pathways and trajectories has practical value. Pathways help guide the design of treatment options and recovery services, ensuring that people have access to approaches that fit their needs and values. Trajectories help providers anticipate when someone might need more support, such as during transitions out of treatment or after housing loss, and tailor services accordingly. For example, understanding a person’s trajectory can help a case manager or peer support specialist identify critical turning points and adjust the type of support provided.

Recognizing the difference between strategies (pathways) and patterns (trajectories) allows for more responsive and effective care. It supports a shift away from one-size-fits-all models toward systems that are diagnostic, flexible, and better equipped to help individuals build the recovery capital needed to sustain long-term wellbeing.

The 49 journey maps showed wide variation in the individual life experiences and combinations of recovery pathways (e.g., AA following treatment, eviction preceding relapse, sobriety emerging during incarceration). Trajectories, on the other hand, were far more uniform, with most maps broadly following one of four patterns.

Table 2: Four Common Recovery Trajectories

The Grinding Ascent Trajectory	This is the idealized recovery journey shape, with consistent positive progress across the entire journey with no returns to use or interruptions.
The Intermittently Sustained Recovery Trajectory	This trajectory traces a hopeful arc toward a better life, marked by an early rise, a mid-journey disruption, and a renewed upward momentum.
The Redemption Arc Trajectory	Unlike other trajectories, these journeys begin with worsening life circumstances, before pivoting toward gradual improvement and progress in recovery.
The Unstable Recovery/Cyclical Relapse Trajectory	This journey is characterized by repeated cycles of sobriety and then a return to use, often with incremental progress and learning leading to more stable recovery.

To identify patterns across the journey maps, we reviewed images of the completed journey map boards and analyzed the directional contours of each map’s line. Through an iterative process of visual categorization and classification of life events and key moments on the boards, we grouped maps into four trajectories that reflect common patterns of recovery. Each trajectory reflects a different blueprint of how life and recovery progressed over time.

The Redemption Arc: It Got Worse Before It Got Better

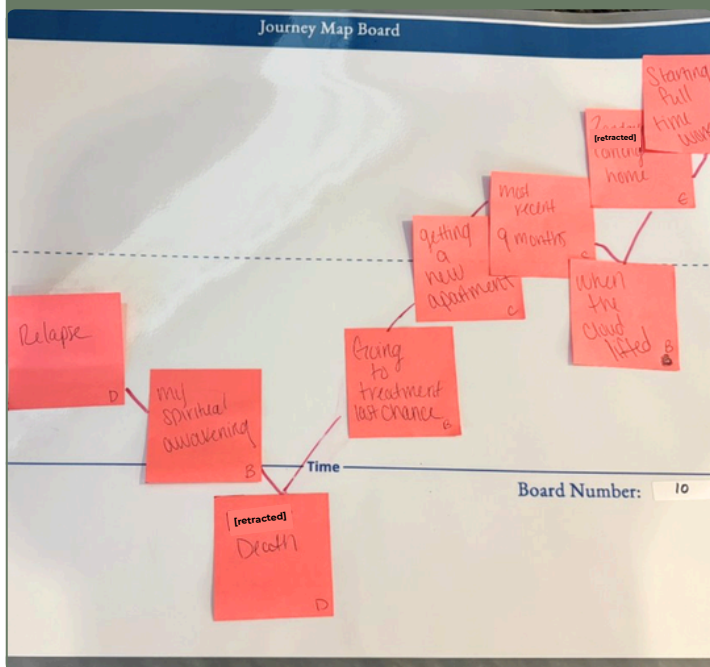


Figure 7: It Got Worse Before It Got Better.

Among the most easily identified trajectories is the redemption arc, which involves an initial decline in well-being, followed by a return to work, family, society, stability, or happiness. Distinctive in this trajectory is that the early period of recovery involved life getting worse, rather than better. The pattern follows a U or J-shape, and the events and interactions that comprise these trajectories include losses, arrests, relapse, and relationship and housing setbacks, rather than having the initial upward trend that many other subtypes involve. This recovery journey typically includes a rebound or steady improvement (though not necessarily a stagnant trajectory), but it is the initial downward direction in life that defines this subtype during their early recovery. While the events in their early recovery were described by these participants as difficult times, those moments are still pivotal to their individual recovery journey. This may suggest that while certain experiences may feel challenging at the time, they can still ultimately contribute to someone's recovery journey. Only a few boards displayed this trajectory type.

Unstable Recovery: Cyclical Relapse

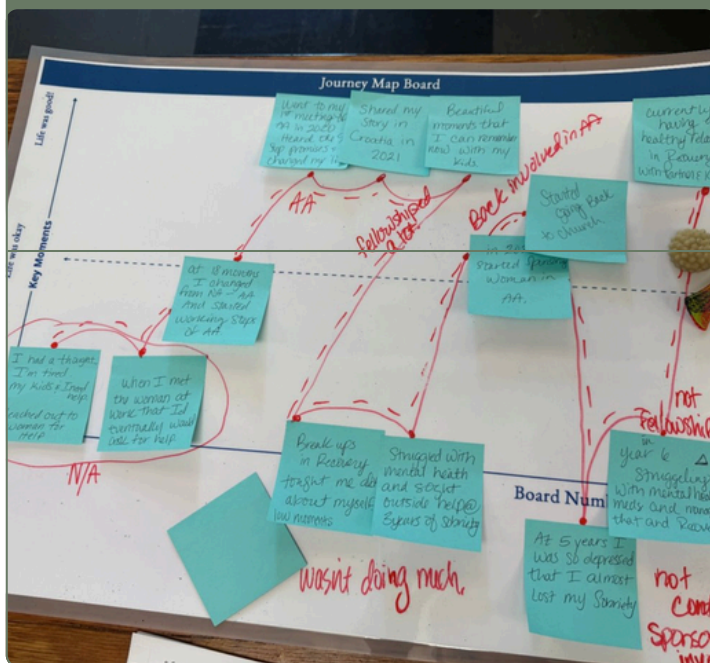


Figure 8: Cyclical Relapse.

These trajectories are characterized by numerous highs and lows over the course of the recovery journey. Contrary to the previous two maps, there is no clear upward trajectory, but rather a chaotic back and forth of life getting better and worse and then repeating that cycle. Common events on the boards of many people with this trajectory are numerous treatment episodes and, often, repeated relapse episodes. People with a highly unstable childhood and backstory were more likely to produce an unstable recovery board, which suggests that for some people, early childhood instability translates into later life instability.

Recovery trajectories can help us better understand how recovery unfolds over time. By visualizing the ups, downs, and turning points of recovery, these trajectories can help normalize setbacks and take some of the edge off the perfectionist pressure that some people in recovery feel. Conversely, the trajectories also show that tough life events do not demand a return to use and that uninterrupted recovery is possible. The trajectories also validate a wide range of recovery experiences and provide hope by showing that progress is not always linear. These trajectories remind us that there's no single path to experience recovery, and that even in moments of struggle, individuals have the power to shape a future that reflects growth, resilience, and possibility. For recovery coaches, sponsors, and allies, understanding the variety of trajectories can help them to provide tailored support, spark reflective conversations, and empower people in recovery to envision and shape their future.

Personas

In human-centered design, personas help bring data to life. These fictional profiles are grounded in real experiences and represent a blend of many individuals' stories. Personas are useful tools to help decision makers understand people's unique needs, how a real person might interact with services based on life circumstances, and where additional resources may be needed.^{5,6,7,8,9}

Following our analysis of the journey map workshops, we also reanalyzed 42 life history interviews with individuals in recovery, reviewed emerging scientific literature on pathways to recovery, and conducted clustering and profile analysis of more than 150,000 Iowa treatment episode records. That work produced six personas, which we describe briefly in the table below and which can be found in complete form in the appendix of this report.



⁵Ten Klooster, I., Wentzel, J., Sieverink, F., Linssen, G., Wesselink, R., & van Gemert-Pijnen, L. (2022). Personas for better targeted eHealth technologies: User-centered design approach. *JMIR Human Factors*, 9(1), e24172. <https://doi.org/10.2196/24172>;

⁶Massey, P. M., Chiang, S. C., Rose, M., Murray, R. M., Rockett, M., Togo, E., Klassen, A. C., Manganello, J. A., & Leader, A. E. (2021). Development of personas to communicate narrative-based information about the HPV vaccine on Twitter. *Frontiers in Digital Health*, 3, 682639. <https://doi.org/10.3389/fdgth.2021.682639>;



⁷Eldeeb, G., & Mohamed, M. (2020). Understanding the transit market: A persona-based approach for preferences quantification. *Sustainability*, 12(9), 3863. <https://doi.org/10.3390/su12093863>;

⁸Chang, Y.-n., Lim, Y., & Stolterman, E. (2008). Personas: From theory to practices. In *Proceedings of the 5th Nordic Conference on Human-Computer Interaction: Building Bridges* (pp. 439–442). Association for Computing Machinery. <https://doi.org/10.1145/1463160.1463214>;

⁹Dam, R. F., & Teo, Y. S. (2025, August 19). Personas – A simple introduction. Interaction Design Foundation – IxDF. Retrieved September 22, 2025, from <https://www.interaction-design.org/literature/article/personas-why-and-how-you-should-use-them>.

Table 3: Six Blended Pathway Personas

 <p>Colton Early & Fragile Recovery</p>	<p>Colton grew up in rural Iowa, enjoying sports, friends, and farm work until a series of charges landed him in court-mandated inpatient treatment. Losing his scholarship and his parents' trust hit him hard, but he found unexpected support from peers in the program. Returning home from treatment was difficult as no one seemed to understand what he was going through. His old friends pressured him to party, everyone in his small town seems to be watching what he will do next, and the constant temptation of his dad's alcohol in the fridge at home make staying on track stressful. Since moving back, Colton has started vaping again as he struggles to adjust. But he wants to create a good life for himself moving forward.</p>
 <p>Ashley Progressively Positive</p>	<p>Ashley, from urban Iowa, became a mother in high school after a traumatic experience. She held things together until her mother's sudden death, which led her into heavy substance use. After hitting rock bottom when her sister found her unconscious and took her son, Ashley entered outpatient treatment and therapy. With support programs and renewed confidence, she was recently reunited with her son and they now live in their own apartment, focused on parenting and recovery.</p>
 <p>Vanessa Unstable Recovery, Repeat Treatment</p>	<p>Vanessa grew up with parents who used methamphetamine, and her own substance use started at age 11. She became a mom in her teenage years and spent her early twenties going in and out of relationships and sobriety. A run in with law enforcement led to losing custody of her children. Vanessa spent the next several years in a spiral of substance use, unhealthy relationships, and homelessness. After several near-fatal overdoses, a social worker eventually connected her with residential treatment and medication-assisted recovery. After many setbacks, Vanessa found stability in a recovery house. She gradually tapered off Suboxone, and is attending meetings and working toward her GED as she rebuilds her life.</p>
 <p>Terrance One Bad Moment / Relapse</p>	<p>Terrance grew up with abuse and abandonment but was always determined to be a better man and husband than his own father had been. That goal was disrupted when his casual use of pain pills at his blue-collar job escalated into using heroin to get through each day. His arrest led to both jail time and divorce, but incarceration gave him the chance to detox and rediscover hope through faith. Though he briefly relapsed after release, Terrance reconnected with a pastor and NA group, where he found purpose and support. Now sober for over a year, he gives back by leading 12-step groups in correctional facilities and serving his community.</p>

<p>Grant</p> <p>Life Gets Worse Before It Gets Better</p> 	<p>Grant, a successful finance professional and family man in Des Moines, saw his recreational partying spiral into heavy substance use and sports betting, straining his marriage and finances. After his wife's ultimatum, he self-initiated harm-reduction efforts. But when he dove back into gambling and substance use during a bachelor party weekend, his wife showed him she was serious by kicking him out. With a renewed commitment to change, Grant worked on himself and has reconciled with his wife. He is now focused on healthy routines, working on his marriage in couples therapy, and being a good dad.</p>
<p>Claire</p> <p>Clinical Recovery: Life Gets Worst Before It Gets Better</p> 	<p>Claire grew up in a supportive family but always struggled with severe social anxiety. Prescribed Xanax as a teen, she saw it as a safe way to manage the stress of keeping up socially, academically, and physically. She began misusing her meds and sharing it with friends, unaware of the risks. With mounting college pressure, she began to increase her daily dose, which led to end of month shortages. This led to emotional instability and unpleasant physical symptoms of withdrawal. Concerned about their daughter's potential chemical dependence, Claire's parents helped her enter inpatient treatment to help her get back on track.</p>

Our Recommendations

Our team used journey mapping workshops to gather insights from 52 people in various stages of recovery from a substance use disorder. We also consulted scientific literature, examined life history interviews of people who use drugs, and analyzed 150,000 treatment episodes from a national dataset. These efforts revealed how individuals in Iowa often curate their own unique blended combination of strategies and recovery pathways that evolve and iterate as they progress through their recovery journey. Nearly all participants used more than one recovery pathway along their recovery journey. This critical insight can help recovery service providers and organizations design strategies and support systems that meet the needs of people in recovery.

We identified four distinct recovery trajectories that embody common patterns in how life progresses throughout recovery. These common trajectories can help recovery professionals understand individual journeys and anticipate potential setbacks for people they serve. We suggest that these archetypes be used to help normalize the non-linear recovery journey while also empowering recoverees to see how their decisions shape their own future. These trajectories show the dynamic, deeply personal, and often nonlinear progress of a recovery journey and this might instill greater resilience in recoverees.

The six personas that emerged from the data are useful tools for shaping the future of the recovery landscape in Iowa. These fictional characters embody a mix of real traits and lived experiences of people from within the recovery population.

We suggest the following uses of the personas:

1. Train substance use professionals from all tiers of intervention about the variety of ways people find and maintain recovery.
2. Collaboratively develop new strategies and interventions that meet the wide variety of recovery needs in Iowa.
3. Use as a standard, rooted in real experiences, against which we can evaluate the usefulness of our current services and programs.

This can be accomplished by asking questions like, "Does this training meet the needs of Colton?" "Would this program help Ashley to sustain her recovery?" "How does this address the barriers Grant experiences?" The goals are to use the personas to close the gap between decision-makers and the actual experiences of people in recovery and to develop innovative strategies that support people who haven't yet begun their recovery journey.

Contact Dr. Shawn Dorius (sdorius@iastate.edu) for questions and to discuss the tailored recovery personas.

This project is supported by State Opioid Response funds through the Iowa Department of Health and Human Services, Bureau of Substance Use (IowaHHS) via a subaward from the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services (HHS). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, IowaHHS, SAMHSA/HHS, or the U.S. Government.

Citations

Alvarez, J., Léger, P.-M., Fredette, M., Chen, S.-L., Maunier, B., & Senecal, S. (2020). An enriched customer journey map: How to construct and visualize a global portrait of both lived and perceived users' experiences? *Designs*, 4(3), 29. <https://doi.org/10.3390/designs4030029>

Bearnot, B., & Mitton, J. A. (2020). "You're always jumping through hoops": Journey mapping the care experiences of individuals with opioid use disorder-associated endocarditis. *Journal of Addiction Medicine*, 14(6), 494–501. <https://doi.org/10.1097/ADM.0000000000000648>

Bettencourt, L. A., & Ulwick, A. W. (2008). The customer-centered innovation map. *Harvard Business Review*. https://strategyn.com/wp-content/uploads/2019/10/The_Customer_Centered_Innovation_Map__HBR.pdf

Bolz-Johnson, M., Meek, J., & Hoogerbrugge, N. (2020). Patient journeys: Improving care by patient involvement. *European Journal of Human Genetics*, 28(2), 141–143. <https://doi.org/10.1038/s41431-019-0555-6>

Bui, M., Oberschmidt, K., & Grünloh, C. (2023). Patient journey value mapping: Illustrating values and experiences along the patient journey to support eHealth design. In *Proceedings of Mensch und Computer 2023 (MuC '23)* (pp. 49–66). Association for Computing Machinery. <https://doi.org/10.1145/3603555.3603558>

Chang, Yen-ning & Lim, Youn-kyung & Stolterman, Erik. (2008). *Personas : From Theory to Practices*. 10.1145/1463160.1463214.

Crosier, A., & Handford, A. (2012). Customer journey mapping as an advocacy tool for disabled people: A case study. *Social Marketing Quarterly*, 18(1), 67–76. <https://doi.org/10.1177/1524500411435483>

Crunkilton, D. D. (2009). Staff and client perspectives on the journey mapping online evaluation tool in a drug court program. *Evaluation and Program Planning*, 32(2), 119–128.

Dam, R. F., & Teo, Y. S. (2025, August 19). *Personas – A Simple Introduction*. Interaction Design Foundation – IxDF. Retrieved September 22, 2025, from <https://www.interaction-design.org/literature/article/personas-why-and-how-you-should-use-them>

Davies, E. L., Bulto, L. N., Walsh, A., Pollock, D., Langton, V. M., Laing, R. E., Graham, A., Arnold-Chamney, M., & Kelly, J. (2023). Reporting and conducting patient journey mapping research in healthcare: A scoping review. *Journal of Advanced Nursing*, 79(1), 83–100. <https://doi.org/10.1111/jan.15479>

Deady, M. (2009). A review of screening, assessment and outcome measures for drug and alcohol settings. *Network of Alcohol & Other Drug Agencies*.

Doherty, D., Benbow, S. M., Craig, J., & Smith, C. (2009). Patients' and carers' journeys through older people's mental health services: Powerful tools for learning. *Dementia*, 8(4), 501–513. <https://doi.org/10.1177/1471301209350286>

Facing Addiction with NCADD. (2018). Multiple pathways of recovery: A guide for individuals and families. *Facing Addiction*. <https://www.facingaddiction.org>

Finch, A. J., Jurinsky, J., & Anderson, B. M. (2020). Recovery and youth: An integrative review. *Alcohol Research: Current Reviews*, 40(3), 6. <https://doi.org/10.35946/arcr.v40.3.06>

Hohmeier, K. C., Cernasev, A., Leibold, C., Moore, T. M., Schlesinger, E., Cochran, G., Arce, I., Geminn, W., & Chisholm-Burns, M. (2023). Community-centered patient journey map in opioid use disorder: A tool to address compassion fatigue among community pharmacists. *Pharmacy*, 11(2), 52. <https://doi.org/10.3390/pharmacy11020052>

- Hostyn, J. (2011). Mapping the customer experience: Innovate using customer experience journey maps. Slideshare. http://www.slideshare.net/joyce_hostyn/writing-greatexperiences-customer-experience-journey-maps
- Howard, T. (2014). Journey mapping: A brief overview. *Communication Design Quarterly*, 2(3), 10–13. <https://doi.org/10.1145/2644448.2644451>
- Kelly, J. F., Bergman, B., Hoepfner, B. B., Vilsaint, C., & White, W. L. (2017). Prevalence and pathways of recovery from drug and alcohol problems in the United States population: Implications for practice, research, and policy. *Drug and Alcohol Dependence*, 181, 162–169. <https://doi.org/10.1016/j.drugalcdep.2017.09.028>
- Miller, M. (n.d.). Bridging the gap: Embrace and understanding of the many pathways to recovery. [White paper]. U.S. Department of Health & Human Services, Office of the Surgeon General. (2016). Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health. Washington, DC: Author.
- Ten Klooster, I., Wentzel, J., Sieverink, F., Linssen, G., Wesselink, R., & van Gemert-Pijnen, L. (2022). Personas for Better Targeted eHealth Technologies: User-Centered Design Approach. *JMIR human factors*, 9(1), e24172. <https://doi.org/10.2196/24172>
- Vose-O'Neal, A., Christmas, S., Alfaro, K. A., Dunigan, R., Leon, A. P., Hickman, D., Johnson, A., Kim, M. L., & Reif, S. (2025). Understanding pathways to recovery from alcohol use disorder in a Black community. *Frontiers in Public Health*, 13, 1537059. <https://doi.org/10.3389/fpubh.2025.1537059>
- White, W. L. (2016). Multiple pathways and styles of addiction recovery [Conference keynote outline]. CCAR Multiple Pathways of Recovery Conference, May 2, 2016. Retrieved from <http://www.williamwhitepapers.com>
- Whitter, M., Murphy, S., Tregerman, R., & Morford, K. (2010). Pathways to healing and recovery: Perspectives from individuals with histories of alcohol and other drug problems. Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.



Colton

Early & Fragile Recovery

34 days in recovery

Substances: Alcohol, Cannabis, Tobacco (vape)

- 18 year old, white male
- Single, no children
- Lives with his parents
- Has not finished high school
- Used to work seasonally for local farmer

Colton

"I felt forced into recovery. I was taking actions I didn't believe in but getting results I couldn't deny."

"I was stressed to the max, and I couldn't stop drinking and smoking weed. I thought I needed it for anxiety."

"When I went to treatment, I thought giving up was saying goodbye to all the fun, and it turned out to be just the opposite."

Colton never expected to get hauled out of the school parking lot in handcuffs, but when police found cannabis in his car, everything unraveled fast. With a prior Minor in Possession already on his record, the judge didn't hesitate to mandate inpatient treatment. All at once, he lost his baseball scholarship, academic honors, and the future he'd been clinging to. **But the unraveling had started long before that day.**

In small-town Iowa, everyone knows everything about everybody—and Colton's story was no different. After his arrest, people whispered about how often Colton was left on his own—his dad gone for weeks at a time driving trucks, and his mom working nights. What people didn't know was that whenever Colton's dad was home, he always had a Busch Light in hand. At ten, Colton was handed his first one—his dad's failed attempt to scare him off drinking. By thirteen, he was drinking with older friends. Beer led to cannabis from a friend's older brother, and by junior year, vaping, smoking, and drinking were part of his daily routine.

So when Colton was sent to treatment in another part of the state, **he didn't expect it to be very meaningful.** Having some distance from his hometown felt nice, but his counselor couldn't remember his name, and the recovery plan felt like paperwork. In his second week, his mom called to say his dad was having alcohol-related health issues. Colton wrestled with anger, fear, and resentment. Sharing in group sessions helped. He finished the program with some new friends, a plan to use a recovery app his counselor recommended, and a determination to show people he wasn't just a screw-up.

The transition home from the treatment center this week has been tough. He feels like everyone's watching to see what he does next. Meanwhile, his old friends still party, and his treatment friends live far away. Every time he opens the fridge, there's beer staring back at him. His mom wants to help, but it feels like pressure. He's already gone back to vaping to cope with the stress, but he also joined a local gym to try to manage his stress in a healthy way. **Colton wants to move forward and build a good life for himself.** He's not sure what comes next—but he's trying to figure it out.

Colton's Recovery Journey Map

Pathways: Youth In-Patient Treatment, Digital Recovery (App), Physical Activity

34 Days in Recovery

Key Moments	The time the cops raided that party in the cornfield	Getting a Minor in Possession charge, and taking the class	Getting arrested for having marijuana	Treatment, and finding out about dad's health issues	Coming home from treatment
Feelings & Emotions During Key Moments	Terrified, Thrilling, Lucky	Annoyed, Inconvenienced, Resentful	Shocked, Embarrassed, Angry	Guarded, Reluctant, Connected	Self-reliant, Conflicted, Determined
How was Life in Those Moments?	<p>Positive</p> <p>This was a fun party but it was a close call</p>	<p>Negative</p> <p>This is a waste of my time</p>	<p>Negative</p> <p>My life is over.</p>	<p>Negative</p> <p>I don't want to be like my dad.</p>	<p>Positive</p> <p>I have to figure out how to do this</p>
Pain Points/Barriers to Recovery	No real consequences for substance use. It's not hurting anyone.	Annoyed to sit out baseball games. MIP class was pointless. Dad drinks all the time and he's fine.	What's the point now that my life is ruined?	Learned some helpful things and met some cool guys, but how is this going to work in the real world?	All of his previous hobbies included substances. Alcohol is always available.

Moment of Truth

"Things have been hard since I got home from treatment. I know my mom wants to be supportive, but I feel like she is always on my case. I don't even know what I'm going to do about school—do I go back and try to catch up? I'm a whole month behind now... And I feel like I can't go anywhere without alcohol being in my face—at home or hanging out with my friends. So I just sit in my room alone all the time. I feel like there is nothing else to do. I want to stay out of trouble, I just have no idea what I'm supposed to do next."

What Would Help Colton?

- Positive alternative activities that align with his interests
- Individualized support instead of one-size-fits all approach
- Guidance from a mentor, coach, or other caring adult
- More online and digital recovery supports, so he can connect with people in recovery outside his small town
- Offering options for recovery-supportive living environments for youth
- Support services for the transition home from treatment



Ashley

Progressively Positive

2 years in recovery

Substances: Cannabis & Alcohol

- 24 year old
- Mixed race
- Single
- One child
- Living with her child
- High school diploma
- Works in housekeeping at a hotel
- Lives in an urban area

Ashley

"Finally working through my mom's death in healthy ways might have saved my life."

"I had so much trauma built up in my soul, I didn't know where to begin."

"My son deserves a sober mom."

Ashley grew up in a hard-working family. Money was always tight, but her parents reminded her often that **they worked hard so she and her sister could have a better life**. So when Ashley got pregnant after high school, they were devastated—convinced she had thrown her future away. What they didn't know was that the pregnancy resulted from a traumatic experience at a party, one Ashley never spoke about because she was ashamed she couldn't remember exactly what happened.

In the early years of motherhood, Ashley leaned on her mom and sister for help with her son. They watched him several times a week while she worked or spent time with friends. Ashley took her role as a mom seriously, never drinking or smoking when her son was around. But everything changed when Ashley's mom died unexpectedly. **Ashley spiraled into depression, and getting high became a way to numb the pain**. Her old boundaries disappeared, and substance use crept into her daily routines with her son.








One afternoon, Ashley woke up in a drug-induced fog and couldn't find her son. Her sister had stopped by, found Ashley passed out, and took the boy home with her. That moment terrified Ashley. **She told her family she needed help to stop smoking**. So she and her son moved in with her dad, and Ashley started outpatient treatment. Her sister connected her with a grief therapist, who helped her begin to process both her mother's death and the trauma she'd buried for years.

Therapy became the lifeline Ashley didn't know she needed—helping her come to terms with her mom's death and the sexual assault. Her therapist also connected her with a home visiting program through Family Development & Self-Sufficiency (FaDSS). Her FaDSS home visitor helped her strengthen her parenting skills, get signed up for food stamps and housing assistance, and rebuild her confidence. With support from social programs and her family, Ashley and her son just moved into a new low-income apartment. These first few weeks with her new job and new place have been stressful, but Ashley and her son are enjoying being walking distance from a park and the library. She is starting to think about dating and finding a father figure for her son, but she also wants to stay focused on being a good mom. **She's building something better for her and her son**, but she knows how easy it is to slip and how hard it is to keep going.

Ashley's Recovery Journey Map

Pathways: Outpatient Treatment, Parenting, Home Visiting Program, Trauma Therapy, Government Assistance

1 Year in Recovery

Key Moments	Mom's death	My sister took my son while I was passed out	Asked my family for help	FaDSS, treatment, therapy	Approved for HUD housing and food stamps	Staying in recovery is easier now	New apartment and new job
Feelings & Emotions During Key Moments	Devastated, Depressed, Lost	Terrified, Convicted, Aware	Surrendering, Desperate, Ready	Supported, Healing, Uplifted	Relieved, Independent, Successful	Content, Optimistic, Unruffled	Refreshed, Determined, Fortunate
How was Life in Those Moments?	How can I live without her? 	This literally woke me up 	I knew I had a problem and needed help 	Doing the work to get better 	 This will help me get back on my feet	 This is the life we deserve	 This is what's best for us
Pain Points/Barriers to Recovery	Lacked the coping skills to handle loss and her past trauma	Didn't realize she had a problem until this moment.	Settled for outpatient treatment to stay with her son	Wanted to get better, but her recovery was fragile	Hated the paperwork, and her family was embarrassed	Always hustling to make ends meet	Moving and changing jobs has been a big transition

Moment of Truth

What would help Ashley?

"After my sister took my son while I was passed out, I realized I had a problem. I had smoked pot casually for a long time, so I didn't see any issue with getting high to take the edge off on those hard days. But waking up and not knowing where my child was was the most terrifying and sickening feeling I've ever had. That's when I recognized things needed to change, so I asked my sister and my dad to help me."

- Simplify access to public assistance programs (like WIC, HUD, and EBT) by reducing paperwork and clarify requirements
- Create safe spaces where survivors of sexual assault can report and have a stronger voice in decisions about their care
- Expand access to non-clinical treatment options
- Encourage recovery services to use trauma-informed practices
- Offer programs to help delay youth substance initiation



Vanessa

Unstable Recovery,
Repeat Treatment

6 months in recovery

Substances: Methamphetamine,
Tobacco (cigarettes)

- 42 year old, Latina female
- Dating
- Three children
- Living in a recovery house
- Did not complete high school, but working toward her GED
- Working part-time at her recovery house

Vanessa

"The first time I took suboxone I was definitely high. I feel like it maybe helped me, but it also made me feel no joy."

"No one sees my success, just my faults."

"One of the hardest things was learning that I could be someone in recovery."

Vanessa came to in the ER. This was her second overdose that week. She'd been using methamphetamine, but the doctor said it was fentanyl that nearly killed her. That didn't make sense until he explained that more people were overdosing on fentanyl without even knowing they'd taken it. Vanessa felt confused, furious at her dealer, and strangely grateful. After the doctor left, a hospital social worker came in. She told Vanessa that she used to use drugs too. **She asked if they could talk about how Vanessa's life had gotten her here and what she wanted to happen next.**

Vanessa told her about how she grew up in chaos—her parents used meth, and she started drinking at 11. She got pregnant in high school and managed to stay sober through the pregnancy, even though her boyfriend was still using. But after her daughter was born, her boyfriend suggested they try methamphetamine together, and Vanessa knew right away that she was hooked. She liked that it helped her lose the baby weight and gave her energy. A year later, her second pregnancy led to detox and treatment, but she relapsed. Not long after, a domestic dispute with a boyfriend resulted in her arrest and her children being placed in foster care. Losing custody, facing legal issues, and another breakup triggered a years-long spiral of addiction, homelessness, and toxic relationships. She had another baby during that time but lost custody at birth after failing a drug test.









After listening to Vanessa's story, the social worker honored her wishes by helping her find a spot at a residential treatment program where she could also access medication-assisted treatment. But a week before Vanessa was set to graduate from the program, she was kicked out over a vape in her room (that wasn't even hers). Having nowhere else to go, Vanessa reconnected with an old boyfriend. She spent a few days with him, but **ultimately realized she didn't want to live that way anymore.**

Now Vanessa is living in a recovery house and has six months "back on the wagon". She has been diagnosed with bipolar disorder and borderline personality disorder and has been taking her medication. She is currently working on her GED, weaning off suboxone, and attending mutual aid meetings. She is finally in a healthy relationship with a guy who is also in recovery. She is eager to move out of the recovery house soon and start her new life as a person in recovery.

Vanessa's Recovery Journey Map

Pathways: Mutual Aid Meetings, 12-Step, Recovery Housing, Detox, Residential Treatment, MAT

6 Months in Recovery

Key Moments	Detox & first treatment. Pregnant with son	Breakup, arrested, lost custody	Went back to drugs, homeless. Overdoses	Residential treatment, 12-step meetings	Kicked out for a vape (that wasn't mine)	Relapse turned into decision point	Recovery housing, new job
Feelings & Emotions During Key Moments	Sick and Sad, but then Relieved	Outraged, Baffled, Helpless	Defeated, Distraught, Numb, Alone	Hopeful, Motivated, Capable	Bitter, Betrayed, Mistreated, Panicked	Resigned & Conflicted, but it turned into clarity	Determined, Grateful, Accepted, Eager
How was Life in Those Moments?	This sucked, but life was good after  	Worst week of my life! 	After losing my kids, I spiraled. My rock bottom 	Finally making progress! 	This was stupid and unfair! 	I don't want this life anymore. 	I am living life in recovery now. 
Pain Points/Barriers to Recovery	Had to leave her daughter to go to treatment	The cops and HHS acted like she was the bad guy. Losing the kids destroyed her. She had no one to go to and nowhere to live.		She was glad to be off the street, but didn't like all the rules.	Rigid rules, unfair staff, people assumed the worst of her	Finding a place to live and recover that wasn't 12-step	With no license and a felony record, finding a job was tricky

Moment of Truth

"My last relapse is when I finally decided that I really didn't want to use anymore. I went back to my old boyfriend and friends and they were still using, and I just had a realization. Like I was seeing all the same people doing the same things and ending up in the same places. I decided I didn't want that anymore, ya know? I didn't want to be stuck in the same cycle anymore. After being at the sober living place and starting to get a good life, I realized that's not how I want to live anymore."

What would help Vanessa?

- Ensure access to treatment when someone is ready to seek support
- Train law enforcement, HHS, and treatment staff to respond without judgment and with an understanding of the challenges people face
- Give people clear, balanced information about medications for addiction treatment (MAT) so they can make informed choices
- Provide incentives for programs to offer both substance use and mental health services
- Increase availability of naloxone to reduce overdose deaths
- Offer services to support parents who have their children removed



Terrance

One Bad Moment/Relapse

5 years in recovery

Substances: Prescription opioids, heroine, tobacco (cigarettes)

- 53 year old
- Black male
- Divorced
- No kids
- Living alone
- Some college
- Currently unemployed

Terrance

"I was sober and clean, leaving an NA meeting with my friend. We joked about getting high, and one thing led to another, and we were at a drug house. We got back in the car. I felt different than when I used before. I knew I did not want this anymore. I felt depressed... I went to the church and asked God to show me how to live."

"When I got to jail, I got the AA book immediately and read out of it every day for 44 days. I got one month sober while in jail and decided that day to be better. That was the first time I've had 30 days in over 10 years."

Terrance grew up surrounded by violence, both in his neighborhood and his home. His early years were marked by his father's physical abuse. His father left when he was around 12 years old, and his mom worked three jobs to care for him and his siblings. After graduation, Terrance went to community college for one semester, but he ultimately decided school wasn't for him and took a job at a local manufacturing company. He got married a few years later and **was determined to be a better husband than his father.**

At work, most of the guys smoked and worked long hours. Pain pills and methamphetamine were common to deal with the long hours and the physical toll their jobs took on their bodies. What began as an occasional oxycodone for pain management spiraled into a full-blown addiction that eventually led to IV heroin use. **Despite several attempts to quit, he always found himself using again to avoid going into withdrawals.** While his wife was suspicious, she didn't realize the full extent of his problem until the day Terrance was pulled over. This stop led to an arrest when police found his stash, cash, and drug paraphernalia in the car. During his trial, his wife told him she "hadn't signed up for this" and wanted a divorce.








Ironically, Terrance felt relief when he went to jail. It forced him to get sober, and after he got through withdrawal, he finally felt hope. During his sentence, Terrance attended daily 12-step meetings and read from either the Bible or the Narcotics Anonymous "big book" each day. But the transition out into the world was hard, as the reality set in that he didn't have a wife or home to go back to. Just a week after his release, he relapsed with one of his roommates after a Narcotics Anonymous meeting. **Terrance knew right away he didn't want this.** He called the pastor who had led his NA group on the inside. With his encouragement, Terrance connected with a Narcotics Anonymous group at a local church. There, he not only found peer support but also a sense of purpose.

At one year sober, Terrance celebrated his recovery by getting baptized—a powerful symbol of his faith, commitment to change, and the beginning of a new life. While he is currently between jobs, he is staying sober and passes his time volunteering at church and at the local community center. After waiting the required three years since his release, he has been going into jails and prisons to lead 12-step meetings. **He wants to help people find faith and recovery, even in their darkest moments.**

Terrance's Recovery Journey Map

Pathways: **Narcotics Anonymous, Church, Jail, Reading, Volunteering**

5 Years in Recovery

Key Moments	Getting busted, wife leaving me	Prison, NA, and reading	My first NA meeting on the outside	Relapsing	Sponsor said he believed in me	Baptism	Becoming a sponsor, volunteering
Feelings & Emotions During Key Moments	Ashamed, Angry, Abandoned	Relieved, Focused, Hopeful	Overwhelmed, Defeated, Worthless	Anchored, Fragile, Supported	Proud, Uplifted, Encouraged	Healing, Redeemed, Loved	Humbled, Grateful, Meaningful
How was Life in Those Moments?	My life is over 	I don't have to use anymore 	I'm not alone out here 	I'm a mess. I don't want this 	I needed to hear that 	I am a new man in Christ 	I am giving back and helping others 
Pain Points/Barriers to Recovery	Nearly everybody at work was using, and he made good side money dealing. His wife didn't realize he had an addiction.	Detoxing was hard, especially while serving time. Marcus thought about his wife every day. Hoping she would take him back helped him get through his incarceration. Marcus didn't know if he would have been able to get clean without serving time.		After looking forward to his release, the reality of transitioning out of jail was hard. After his relapse, he felt so defeated or worthless.			

Moment of Truth

"I had been looking forward to getting out, but that transition was almost harder than detox. I was living with a few guys I had met inside, and a joke about going to get high turned into us actually going to use. Even as I was getting high, I knew I messed up and that I didn't want to do this anymore. I reached out to that pastor who used to lead my NA meetings in prison, and he picked me up and brought me to an NA meeting at his church that day. I don't know where I'd be if he didn't help me."

What would help Terrance?

- Make resources like the Big Book and Bibles freely available in prisons
- Increase the availability of withdrawal management options, especially in rural areas and jails
- Shift systems from punishment toward support and treatment
- Strengthen reentry support to ease the transition from prison with services like transportation, housing, and emotional support
- Offer financial incentives for recovery-friendly workplaces
- Provide apprenticeships and training when people are incarcerated



Grant

Life Gets Worse
Before It Gets Better

1 year in recovery

Substances: Cocaine, Alcohol
Problem Gambling

- 38 year old, white male
- Married with two kids
- Owns his home
- Well-educated
- Works full-time

Grant

"Just because I hit rock bottom doesn't mean I have to stay there."

"One day at a time. It actually is simple, but it isn't easy."

"I'm fixing myself and being a good dad and a good husband."

Grant grew up in a suburban two-parent household with two siblings. **He has fond memories of his childhood**, playing ball with neighborhood kids and taking family vacations. In high school, Grant really focused on his grades and building his resume for college applications. In college, he joined a fraternity, partied hard with alcohol and occasionally cocaine, but still managed to keep good grades. He picked up smoking for a while, until the girl he was dating told him it was gross. He quit smoking and proposed on graduation day.

Now in his 30s, Grant works at a finance firm and lives just outside Des Moines with his wife and their two young kids. His weekends used to look balanced—golf trips, watching ball games, entertaining clients, or winding down on the deck with his wife. But **as the stress of work and life built up**, his one evening drink turned into several, his cocaine use went from recreational to regular, and casual wagers with friends grew into problem sports betting. Grant was using cocaine and placing bets during client lunches, and withdrawing large sums of money from his and his wife's joint account. His wife started to nag him about "not being present" at home and asking pointed questions about their finances. Things came to a breaking point when she caught him snorting cocaine in the laundry room before a Saturday morning family outing. She gave him an ultimatum: stop blowing money on drugs and gambling, or she was going to take the kids and leave him.

Grant knew he didn't want to go to rehab, **but he also knew he needed a change**. It was socially acceptable to dabble in substances and gambling, but his peers and clients would look at him differently if it got out that he was losing control. Drawing on the confidence he'd gained from successfully quitting smoking years earlier, he turned to self-guided strategies to reduce his substance use and gambling. **He began practicing harm reduction**: tapering off cocaine by transitioning first to THC edibles, then to CBD gummies. He also committed to couples therapy with his wife, which also helped support his lifestyle changes. Things were getting better until about a year ago when he attended an old college friend's bachelor party. He spent that weekend on a bender, going fully MIA. When he got home, his wife had locked him out of the house.

Grant knew he had to get it together or he was going to lose his family. He spent the next few weeks in a hotel, doing some serious work on himself before pleading with his wife to let him come back home. He promised it would never happen again, and he has kept his word. He and his wife set some clear boundaries for his client meetings, and he has built a solid rhythm and routine for himself. **He's maintaining a healthy balance of work, family time, and self-care; life is really good.**

Grant's Recovery Journey Map

Pathways: Natural, Harm Reduction, Couples Therapy, Self-Improvement, Structure, Parenting

2 Years in Recovery

Key Moments	My wife gave me an ultimatum	Bachelor party with college friends	Wife kicked me out	Moving back into the house	The cloud lifted, feeling clear headed	Creating a daily routine for myself and my family	Celebrating 15th wedding anniversary
Feelings & Emotions During Key Moments	Offended, Surprised, Scared of losing his family	Conflicted, Guilty, Angry at himself	Abandoned, Pathetic, Determined to change	Relieved, Nervous, Serious	Optimistic, Healthy, Energized	Settled, Focused, Capable	Blessed, Centered, Fulfilled
How was Life in Those Moments?	It must be worse than I thought	Just reliving the good old days	I blew it. I've lost her forever.	I can't mess up again.	I actually feel better sober	I can do this	I'm so glad she didn't give up on me
Pain Points/Barriers to Recovery	While he has the support of his wife and their therapist, he is one of the only people he knows that doesn't drink. It's awkward sometimes when friends or clients razz him about being no fun anymore.		Grant was willing to put in the work to be a better husband and dad, but he was not interested in treatment. What would people at work think?		Grant has a lot of stress from work that he tries not to bring home to his family. Before having kids and moving out of the city, he always enjoyed his morning workouts and evening sports leagues.		

Moment of Truth

"I figured my wife would be mad at me when I got home from that bachelor party weekend. I knew I had gone a little too hard and blown too much money at the casino, and I definitely was not looking forward to telling her I had lost my phone. But I was totally blindsided when I got home to the house locked and a note on the door that said, "I told you I wouldn't do this anymore, and I meant it." I collapsed on the front steps, crying and begging her to let me in. At first, I was angry at her. But that anger eventually turned into guilt and self-reflection over those few weeks in that hotel room. Her locking me out was a huge wakeup call that I was not living life as the man, husband, and father that I should have been. So I took action and started working on myself to be a man worthy of her and this life we built."

What would help Grant?

- Develop an educational campaign for people who may not self-identify as an addict or person in recovery but could use support to curb bad habits
- Train therapists and educate allies on harm reduction as valid recovery pathway
- Offer recovery services that allow for online connection and anonymity
- Create widely known, easy-to-access hotlines and digital supports for people seeking to change their relationship with alcohol
- Create a culture that normalizes people choosing to abstain from substances
- Require sports betting apps to screen people for potential problem gambling



Claire

Clinical Recovery: Life gets worse before it gets better

- 19 years old
- Race: White and Asian parents
- Undergraduate student
- College residence far away from family
- Employment: Not in labor force, financially supported by her parents

Claire

“Claire is the kind of student who looks perfect on paper but is quietly overwhelmed. Without intervention, she may drift academically, change majors often, or take extended leave from school.”

Claire grew up in a large home in a quiet, upscale neighborhood in Ames. Her parents—both professionals—are loving but busy, often working long hours. Their home is the weekend gathering place for her friends, complete with a pool, snacks, and a movie room. Claire was a good student, polite, and well-liked, but very quiet. She also carries a heavy burden that only close friends and her parents know about. **She has deep social anxiety that makes even small interactions feel overwhelming.** The thought of being called on in class makes her palms sweat and her heart race.

At 16, after a panic attack following a group presentation, Claire began seeing a therapist, who quickly diagnosed her with anxiety and prescribed Xanax. **It helped her feel more in control**, and soon she was using it before tests, social events, and even casual hangouts. Her peer group, composed of similarly high-achieving girls, began trading anti-anxiety pills, sleep aids, and stimulants. **For Claire, pills weren't about getting high but about managing the pressure.** Because it was prescribed, Claire never thought about her use as a problem.






Her last relationship was with a boyfriend who tried to “help” her—checking in constantly, managing her schedule, and becoming emotionally enmeshed. Claire appreciated the support but felt increasingly suffocated. The relationship ended when she realized she was relying on him the same way she relied on her medication.

By the time she entered college, Claire's dosage was much higher, and she was taking them daily. She noticed that missing a dose made her feel restless and nauseated, and her thoughts raced. **She also noticed a deep sense of unease, almost dread, after missing a day.** She tried to just stop taking meds but found herself unable to concentrate, crying unexpectedly, and feeling like her skin was buzzing. Her parents said she might have developed chemical dependency and found Claire a spot for 30 days of inpatient treatment in northern Iowa.

Claire's Recovery Journey Map

Pathways: **Natural, Medical, Clinical**

20 Days in Recovery

Key Moments	Panic attack in school	Her first Xanax prescription	Sharing pills with friends	Experiencing withdrawal for the first time	Going to treatment
Feelings & Emotions During Key Moments	Terrified, like she was going to die	Happy again; it was euphoria to not feel that constant dread and pit in her stomach	Nice to know she wasn't 'weird'; reassuring to have a tribe that understands her needs	Anxious, nauseated, itchy, struggling to sleep; surprised and scared to think it was because she <i>hadn't</i> taken Xanax	Weak and ashamed. This is harder than she remembered and one of the hardest things she has ever done
How was Life in Those Moments?	Public speaking is the scariest thing in the world 	One of the best moments of her teen years. Everything was going to be OK. 	It made taking meds OK. She didn't feel like she had anything to hide 	Like before Xanax, but way more intense and scary 	Awkward, embarrassing, lonely, but good to be past withdrawal 
Pain Points/Barriers to Recovery	I definitely can't fail at this, but I also can't ask anyone for help. My parents would not like that I'm taking this.	That was scary, but I'm glad my doctor is understanding that school is a lot of pressure.	My parents expect me to get good grades and be perfect, but they don't understand what I'm going through.	See, I could stop whenever I wanted. This isn't a problem.	Her grades haven't suffered, so it can't be addiction.

Moment of Truth

"I knew something was wrong. I woke up feeling shaky, itchy, and scared, but I didn't know why. I had only run out of my prescription yesterday. I didn't know what was happening, but all I could think about were my meds. I had a quiz coming up, so I knew I had to get up and go, even though all I wanted to do was curl up in a ball in my dorm room. I kept feeling worse throughout the day, and my roommate finally talked me into going to the ER. It wasn't until the nurse's persistent questions about how many pills I was taking each day, that I realized I might have a problem."

What would help Claire?

- Information on what chemical dependency looks like and the warning signs to look for, since Claire only had a bit of D.A.R.E. in middle school.
- Recovery services and supports on her college campus.
- More education about how to properly take her prescription medications and how to spot withdrawal symptoms.