A Pilot Study of an Integrated Faith-Based Recovery and Financial Literacy Program among Recovery Home Participants

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Background: Faith-based recovery models are available for individuals seeking help with substance use. Combining a Christian recovery program with financial goal setting is a novel approach to enhancing recovery support. This pilot study investigated the effectiveness of a combined faith-based recovery plus financial literacy program.

Methods: Participants (n=33) were recruited from residential recovery homes in Phoenix, Arizona, to participate in one of two groups: a Resilient Recovery alone group or a Resilient Recovery plus Faith & Finances group. Recovery, spiritual well-being, forgiveness, perceptions of God, religious coping, and financial behaviors were measured at three points to assess change over time.

Results: Resilient Recovery + Faith & Finances program participants showed some decrease in problems associated with their substance use. Individuals receiving Resilient Recovery alone had positive feelings of spiritual well-being. The correlations were weak to moderate among both groups.

Discussion and Conclusion: A combined recovery with financial literacy was feasible, but the short duration of the intervention was a limitation. The results did not determine effectiveness in the recovery, spiritual, and financial outcomes measured. Still, the study provides lessons for future research and implementation of an integrated approach, including the use of a single facilitator, consistent meeting schedule, and conducting both programs concurrently rather than consecutively. More extensive and longer studies are needed to account for additional confounding and socio-demographic factors related to recovery and spiritual outcomes. Alignment between Christian health and development programs and research measures related to the content is needed to better understand effectiveness and causal mechanisms.

Background

For decades, religious or spiritual belief systems have provided internal and external support essential for recovery (DiClemente 2013). Religious or spiritual programs have contributed significantly to Substance Use Disorders (SUD) treatment and recovery efforts in the United States, with 73% of addiction treatment programs incorporating a spirituality-based element (Grim and Grim 2019). Numerous evidence-based studies have found that lower levels of substance abuse and reduced lifetime likelihood of using drugs have been linked to religious and spiritual practices (Degenhardt et al. 2010; Herman-Stahl et al. 2007; Moscati and Mezuk 2014; Palamar et al. 2014). In a comprehensive review, Koenig et al. (2012) found that 90% of 145 quantitative studies reported that faith led to reduced risks associated with alcohol use, abuse, or dependence and 84% of 185 studies reported that faith was associated with reduced drug use (Koenig et al. 2012).

Few studies, however, have examined the pathways by which faith aids in recovery. One potential way that faith may contribute to the success of recovery is through religious coping. Religious coping refers to positive and negative actions and cognitions regarding God and religion. For example, a positive action would be "asked for forgiveness for my sins." A positive cognition would be "sought God's love and care." Conversely, an adverse action would be "questioned God's love for me," and a negative cognition would be "wondered whether God had abandoned me."

The Resilient Recovery program is a Bible study on the topic of addiction that seeks to encourage positive religious coping and to decrease negative

coping. The meeting structure includes a time for voluntary self-disclosure or "confession," asking God's forgiveness, and a time to reflect on God's love and care. The program is available online or in-person and has been used by churches and sober living homes primarily in the southwestern United States.

The Resilient Recovery program uses verses from the Bible to initiate discussion and guide prayers, but is open to people of any faith or no faith. Participants are encouraged to view the program's assertions as hypotheses and to share their thoughts and beliefs through group discussions. Although Christians, members of other religions, Agnostics, and Atheists, may respond differently to the program, Resilient Recovery hopes the program will encourage positive religious coping and decrease negative religious coping in most participants.

Religious and spiritual SUD recovery programs increase recovery capital, which refers to the number of resources one has access to that can help one initiate and maintain recovery (Granfield and Cloud, 1999). Financial capability is an essential aspect of recovery capital, but treatment programs rarely focus on developing financial capability among their clients (Jones-Sanpei and Nance 2021). Two domains of recovery capital, physical/financial and human, are related to access to and use of financial services (Cloud and Granfield 2001). Prior research suggests financial literacy promotes relapse resiliency in recovery and is related to the knowledge and skills to manage financial resources effectively (President's Advisory Council on Financial Capability 2013; Harris et al. 2011).

Faith & Finances is a series of twelve weekly financial education sessions designed for a small group study in a church or Christian nonprofit. As a financial education ministry, it empowers people in material poverty with practical money management skills, biblical stewardship principles, and supportive relationships. By design, its small-group structure creates opportunities to bring people together within a local church or ministry community. Facilitators, participants, and allies at all income levels walk together in authentic relationships and discover how God has chosen to use individuals' money to accomplish his work.

This pilot study investigated the feasibility and effectiveness of integrated faith-based recovery and financial literacy programs. The purposes of this study are 1) to evaluate the effectiveness of a 6-week version of Resilient Recovery; 2) to evaluate the effectiveness of a combined 12-week Resilient + Faith & Finances program; and 3) to assess the feasibility of implementing a combined recovery and financial literacy program among individuals living in recovery residential homes. The goal was to better understand from a Christian worldview the mechanisms underlying the relationship between faith and recovery. Given the lack of specific Christian instruments for measuring Christian spirituality, we used more general measures of forgiveness, perceptions of God, spiritual well-being, and religious coping. Resilient Recovery and Faith & Finances are Christian-based programs incorporating spiritual lessons from the Bible. The hypotheses motivating this study were 1) Christian-based recovery meetings increase participants' spiritual health (i.e. forgiveness, perceptions of God, spiritual well-being, and religious coping; 2) adding a Christian financial literacy program increases spiritual health, financial health (i.e. savings account, emergency fund, giving, and spending plan), and associated substance use problems (measured by the Short Inventory to Problems for Alcohol and Drugs (SIP-AD)).

Methods

This study used a two-group pre-post-study design. Partnerships with recovery residential homes in Phoenix, Arizona, provided access to eligible individuals willing to participate. The residents stayed at the homes voluntarily and were asked to participate in the study voluntarily. They were allowed to withdraw from the study at any point throughout the program. Participants were enrolled on a rolling basis between June 2021 and August 2022. The Chalmers Center for Economic Development provided the Faith & Finances facilitator training for the study, and Resilient Recovery provided the Resilient facilitator training.

Each program component, Resilient Recovery and Faith & Finances, lasted six weeks, with one week between programs for individuals receiving both programs. Each program typically lasts longer, but shortened versions were implemented to accommodate the average time a participant spends in a recovery home and maximize participant retention. Baseline and follow-up surveys were conducted following the end of each program for three possible survey periods (baseline=Time 1, 6 weeks=Time 2, 12-week follow-up=Time 3). Phone, text messages, and email attempts were made to follow up with individuals to minimize loss-to-follow-up. Individuals staying at recovery homes frequently changed addresses and communication methods (changed in phone numbers and internet access for email), which led to incomplete surveys during the follow-up period. Surveys were completed through one-on-one phone interviews or self-administered via a QR code based on the preferences and resources of participants. A more extended follow-up period was not feasible, given the difficulty of

tracking individuals once they left the recovery home. Results were provided based on completed surveys, given this was a pilot study with a small sample size, limiting the ability to conduct multiple imputation or other methods for missing data.

Data and Sample

The study eligibility criteria were as follows:
- Adults 18 years of age or older
- Residents of a recovery home in Phoenix, AZ
- Not a legal dependent
- Able to read and write in English

A residential recovery home is defined as a structured living environment that supports recovery from addiction. These homes have dorm-style bedrooms and shared bathrooms. Each home's policies varies; some have a "zero tolerance" policy, while others are more flexible. Residents typically progress through stages. The first stage provides food, Wi-Fi, and laundry facilities. Work is not allowed. Participation in a 12-step program, house meetings, and drug tests are sometimes required. These programs are voluntary and accept a combination of insurance and private pay. For those who pay privately, most recovery residential homes require only that a person have the desire to abstain from substances. Substance abuse treatment is defined as professional services designed to help patients abstain from harmful substances and attain a greater quality of life. Recovery homes do not provide treatment. They collaborate with professionals by providing a sober living environment. Substance abuse recovery is defined as "Recovery is a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential" (National Institutes of Health 2024). Substance use recovery may or may not involve a substance use disorder defined as the presence of 3 or more of 11 items found in the *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition* (American Psychological Association 2022).

Group 1 (Resilient Recovery + Faith & Finances) enrolled 17 individuals as the combined intervention, and group 2 (Resilient Recovery alone) enrolled 16 individuals. Individuals were offered the opportunity to participate through a letter from the research team distributed by participating residential recovery home managers. Participating recovery homes were selected for the same study group for feasibility and minimal burden on the home managers. Recovery homes in Phoenix were recruited through email invitations, targeted Facebook ads, and direct phone conversations. Participants could withdraw from the study at any time, while remaining part of the groups. Meetings took place at each participating residential recovery home, where individuals were given and read an informed consent form. Each participant provided verbal consent by agreeing to complete the initial intake survey. Individuals had the opportunity to discontinue the program by not completing the survey and informing the facilitator of their desire not to continue. Individuals who completed the questionnaire were given additional information regarding their respective program groups. Individuals in group 1 participated in weekly Resilient Recovery meetings for 6 weeks, followed by Faith & Finance meetings for 6 weeks. Meetings were conducted on-site at their recovery home. Group 2 individuals participated in weekly Resilient Recovery meetings on-site for 6-weeks. Email and mobile phone information was collected, and participants were contacted to complete a follow-up questionnaire following the completion of each program component or the 6-week time period if there was no program, as in the case of the Resilient Recovery alone group for Time 3. The study received ethics approval through Baylor University's Institutional Review Board.

Measures

In addition to demographic data, the following scales were used to measure substance-related problems, spirituality, and financial literacy:

1. Short Inventory to Problems – Alcohol and Drugs (SIP-AD) (Kiluk et al. 2013) —selected due to the ongoing relationship of substance abuse-related problems long after use discontinues.
2. Spiritual Well-being Scale (Paloutzian and Ellison 1982) — a general measure of spiritual health and relationship with God.
3. God-10 Scale (Exline et al. 2011) — selected to assess individual perceptions of the characteristics of God throughout the recovery process.
4. Forgiveness Long Form (Fetzer Institute 1999) — chosen because forgiveness is part of the recovery process as individuals reflect on their past relationships.
5. Religious Coping Scale (Pargament et al. 2011) — selected to measure spiritual practices related to strengthening one's relationship with God.
6. Faith & Finances Financial Capacity Survey (developed by Chalmers Center for Economic Development) — chosen to evaluate the four financial behaviors as indicators of financial health.

Statistical Analysis

Data were analyzed using R Version 4.2.2. Sample characteristics are reported by frequencies and

proportions among participants who completed Resilient Recovery and those who additionally completed Faith & Finances. Frequencies and proportions are also reported for financial data. Spearman Correlation Coefficients were calculated by group, sex, and education level for each item or item grouping within scales. Correlation coefficients measure the strength of association between two rank-ordered variables. For the measures used in this study, a positive correlation shows the indicator increased in value over subsequent time points. If a participant moved from a 3 (neutral) in Time 1 to a 5 (moderately disagree) in Time 2 for the question, "I don't find much satisfaction in private prayer with God," the correlation coefficient will be a positive value, 0.21 for example, and interpreted as a relatively weak-to-moderate positive correlation. Statistical significance is determined using a p value of 0.10, given the low sample size, shown in red. Because this was a pilot study with a relatively small sample size, differences between the two groups were not analyzed.

Results

Overall, 33 individuals participated in the study (Table 1). Participants completing Resilient Recovery were primarily male (81.3%) and single/never married (75.0%), white (43.8%), and had graduated high school (50.0%). Of those participants who additionally completed Faith & Finances, the majority were female (52.9%), widowed (52.9%), white (70.6%), and had a high school degree (23.5%) or less (23.5%). The total completed surveys for each period by group participation is shown in Table 2. The groups show some demographic variation, which is a limitation of the small study sample. A significant limitation is the number of completed responses for Time 3 among the Resilient Recovery alone (RR alone) group. Subsequent results are shown with RR alone Time 3 data for transparency.

Table 1: Sample characteristics of participants receiving Resilient Recovery alone and Resilient Recovery plus Faith & Finances.

Characteristic	Resilient Recovery (n=16)	Resilient Recovery and Faith & Finances (n=17)
Sex:		
Male	13 (81.3%)	8 (47.1%)
Female	3 (18.8%)	9 (52.9%)
Marital Status:		
Divorced	2 (12.5%)	7 (41.2%)
Single (never married)	12 (75.0%)	1 (5.9%)
Widowed	2 (12.5%)	9 (52.9%)
Race:		
Black/African American	4 (25.0%)	1 (5.9%)
Hispanic/Latino	5 (31.3%)	3 (17.6%)
Other	0 (0.0%)	1 (5.9%)
White	7 (43.8%)	12 (70.6%)
Education:		
Less than high school	5 (31.3%)	4 (23.5%)
Graduated high school	8 (50.0%)	4 (23.5%)
Some college, no degree	2 (12.5%)	3 (17.6%)
Associate degree	0 (0.0%)	3 (17.6%)
Bachelor's degree	1 (6.3%)	1 (5.9%)
Trade/technical school	0 (0.0%)	2 (11.8%)

Note: Five individuals were removed from the data set because they lacked either Resilient Recovery or Faith & Finances financial data. Categories are determined by changes in the strategy between Time 1 and Time 3 measures.

Table 2: Completed surveys for each period by treatment group.

Overall			Resilient Recovery			Resilient Recovery and Faith & Finances		
T1	T2	T3	T1	T2	T3	T1	T2	T3
n=33	n=28	n=12	n=16	n=12	n=3	n=17	n=16	n=9

Spirituality

Outcome tables show correlations by group as well as by sex and education, realizing that these demographic variables likely influence associations. Correlations between items and demographic characteristics were mostly neutral but in the expected direction among participants completing either program (Tables 4-8). Five Spiritual Well-Being Scale items improved among participants completing Resilient Recovery: "I don't know who I am, where I came from, or where I'm going" (correlation=0.48; p value=0.01), "I believe that God is impersonal and not interested in my daily situations" (correlation=0.38; p value=0.04), "I feel good about my future" (correlation=0.32; p value=0.08), "I feel that life is full of conflict and unhappiness" (correlation=0.32; p value=0.08), and "I believe there is some real purpose for my life" (correlation=0.34; p value=0.07). Some variation is observed between males and females. Perceptions of God (God-10 Scale) as loving, cruel, or distant stayed relatively unchanged among individuals in both groups. The Forgiveness scale measures showed that offering and receiving forgiveness with God, others, and self also remained unchanged when participating in both groups. Items showing improvement over time for the RCOPE scale included "Felt punished by God for my lack of devotion" among participants in the combined group (correlation=-0.34; p value=0.03).

Substance-Related Problems

The Short-Inventory of Problems for Alcohol and Drugs (SIP-AD) scale showed improvement in most items among participants in the combined group. The SIP-AD is designed to measure problems associated with active substance use, but the scale has shown validity in measuring the variation of problems among those in a sober state of the recovery cycle, as was expected among the participants in the study (Kiluk et al. 2013). To accommodate for the length of time individuals may have been living in recovery homes, the SIP-AD instrument was adapted to have a 12-month recall of problems associated with drinking alcohol or taking drugs. Foolish risks (correlation=-0.27, p value=0.09), impulsivity (correlation=-0.28, p value=0.08), money problems (correlation=-0.26, p value=0.10), family hurts (correlation=-0.26, p value=0.10), and personal growth interference (correlation=-0.31, p value=0.04) are areas with the most significant improvements among those receiving the combined programs.

Financial Literacy

During the Resilient Recovery period (change between times 1 and 2), individuals having a bank account increased by ten percentage points, and individuals giving to church decreased by eight percentage points among the Resilient Recovery Alone group. Church giving increased by almost 15 percentage points, and spending plans declined by 15 percentage points among the RR and FF combined group. The percentage of individuals completing the FF program (change between time 2 and 3) increased by nine percentage points for having a bank account and eight percentage points for having an emergency fund (Table 3).

Table 3: Financial behavior results by group (percentages)

Financial Activity	Resilient Recovery Alone (%)			Resilient Recovery and Faith & Finances (%)		
	T1 (n=16)	T2 (n=12)	T3 (n=3)	T1 (n=17)	T2 (n=16)	T3 (n=9)
Church Giving	25.0	16.7	0.0	35.3	50.0	55.6
Bank Account	56.3	66.7	100.0	64.7	68.8	77.8
Spending Plan	43.8	41.7	66.7	52.9	37.5	33.3
Emergency Fund	25.0	25.0	33.3	29.4	25.0	33.3

Table 4: Spiritual Well-Being Scale results by group, sex, and education level, Spearman correlation measures (p value).

SWBS 1=strongly agree; 2=moderately agree; 3=agree; 4=disagree; 5=moderately disagree; 6=strongly disagree	Group			Sex		Education		
	Overall n=33	RR n=16	RR_FF n=17	Male n=21	Female n=12	Less than high school n=9	Graduated high school n=12	More than high school n=12
I don't find much satisfaction in private prayer with God	0.21 (0.07)	0.22 (0.23)	0.19 (0.23)	0.29 (0.06)	0.03 (0.86)	0.27 (0.24)	0.36 (0.07)	0.07 (0.72)
I don't know who I am, where I came from, or where I'm going	-0.05 (0.71)	0.48 (0.01)	-0.25 (0.11)	0.17 (0.25)	-0.21 (0.28)	0.08 (0.74)	-0.06 (0.78)	-0.12 (0.55)
I believe that God loves me and cares about me*	0.13 (0.28)	0.05 (0.81)	0.15 (0.35)	0.13 (0.41)	0.15 (0.42)	0.06 (0.80)	-0.02 (0.94)	0.26 (0.20)
I feel that life is a positive experience*	0.06 (0.64)	0.06 (0.73)	0.05 (0.76)	0.04 (0.78)	0.10 (0.61)	0.24 (0.30)	-0.20 (0.34)	0.17 (0.38)
I believe that God is impersonal and not interested in my daily situations	0.23 (0.05)	0.38 (0.04)	0.15 (0.34)	0.37 (0.02)	0.00 (1.00)	0.05 (0.84)	0.24 (0.24)	0.36 (0.06)
I feel unsettled about my future	-0.02 (0.84)	0.18 (0.33)	-0.10 (0.53)	0.09 (0.55)	-0.02 (0.92)	0.20 (0.39)	-0.04 (0.83)	-0.13 (0.49)
I have a personally meaningful relationship with God*	0.08 (0.53)	0.10 (0.61)	0.04 (0.79)	0.16 (0.31)	0.03 (0.87)	0.21 (0.39)	-0.19 (0.34)	0.20 (0.33)
I feel very fulfilled and satisfied with life*	0.05 (0.65)	0.22 (0.23)	-0.02 (0.91)	-0.06 (0.69)	0.20 (0.28)	0.09 (0.70)	-0.03 (0.88)	0.12 (0.56)
I don't get much personal strength and support from my God	0.08 (0.48)	0.11 (0.55)	0.05 (0.77)	0.08 (0.61)	0.12 (0.52)	-0.11 (0.65)	0.19 (0.37)	0.12 (0.55)
I feel a sense of well-being about the direction my life is headed in*	-0.05 (0.69)	0.16 (0.39)	-0.14 (0.38)	0.10 (0.54)	-0.15 (0.42)	0.07 (0.78)	-0.09 (0.66)	-0.10 (0.61)
I believe that God is concerned about my problems*	0.17 (0.15)	0.16 (0.39)	0.19 (0.23)	0.16 (0.32)	0.22 (0.25)	-0.10 (0.67)	0.22 (0.29)	0.35 (0.08)
I don't enjoy much about life	0.03 (0.80)	0.18 (0.34)	-0.07 (0.68)	-0.03 (0.87)	0.07 (0.72)	0.10 (0.71)	-0.08 (0.70)	0.06 (0.75)
I don't have a personally satisfying relationship with God	-0.02 (0.87)	0.08 (0.67)	-0.12 (0.44)	0.07 (0.65)	-0.17 (0.37)	-0.19 (0.43)	-0.21 (0.31)	0.25 (0.21)
I feel good about my future*	0.01 (0.90)	0.32 (0.08)	-0.15 (0.34)	0.05 (0.77)	0.02 (0.92)	0.08 (0.73)	-0.04 (0.84)	0.02 (0.94)
My relationship with God helps me not to feel lonely*	0.02 (0.84)	0.09 (0.63)	-0.08 (0.63)	-0.09 (0.57)	0.19 (0.33)	-0.04 (0.87)	0.09 (0.67)	0.03 (0.87)
I feel that life is full of conflict and unhappiness	0.11 (0.37)	0.32 (0.08)	-0.01 (0.94)	0.19 (0.23)	0.04 (0.82)	0.35 (0.13)	0.02 (0.91)	0.01 (0.95)
I feel most fulfilled when I'm in close communion with God*	0.13 (0.28)	0.13 (0.49)	0.07 (0.67)	0.16 (0.31)	0.10 (0.59)	-0.02 (0.94)	0.15 (0.46)	0.28 (0.16)
Life doesn't have much meaning	-0.02 (0.85)	0.29 (0.12)	-0.21 (0.19)	0.00 (0.99)	-0.11 (0.58)	-0.02 (0.93)	0.05 (0.82)	-0.08 (0.68)
My relation with God contributes to my sense of well-being*	0.08 (0.52)	0.14 (0.46)	0.01 (0.95)	-0.18 (0.27)	0.39 (0.03)	-0.12 (0.63)	0.28 (0.17)	0.08 (0.70)
I believe there is some real purpose for my life*	0.08 (0.50)	0.34 (0.07)	-0.03 (0.85)	-0.14 (0.37)	0.40 (0.03)	-0.13 (0.61)	0.27 (0.19)	0.14 (0.49)

*Items reverse coded.

Table 5: Perceptions of God Scale by group, sex, education level, Spearman correlations (p value)

Perceptions of God scale 1=not at all; 2=a little bit; 3=moderately; 4=quite a bit; 5=extremely	Overall n=33	RR n=16	RR FF n=17	Male n=21	Female n=12	Less than high school n=9	Graduated high school n=12	More than high school n=12
Loving	0.08 (0.49)	0.19 (0.30)	-0.01 (0.96)	0.11 (0.47)	-0.03 (0.88)	-0.16 (0.50)	0.34 (0.09)	0.11 (0.59)
Cruel	0.00 (0.97)	0.06 (0.77)	-0.06 (0.73)	-0.00 (0.98)	-0.02 (0.94)	0.19 (0.42)	-0.02 (0.94)	-0.16 (0.42)
Distant	0.00 (0.99)	0.13 (0.49)	-0.10 (0.54)	0.01 (0.93)	0.01 (0.95)	0.29 (0.21)	-0.06 (0.76)	-0.21 (0.29)

Bolded items reverse coded.

Table 6: Forgiveness items by groups, sex, and education level, Spearman correlations (p value)

FORGIVENESS 1=always or almost always; 2=often; 3=seldom; 4=never	Overall n=33	Group		Sex		Education		
		RR n=16	RR_FF n=17	Male n=21	Female n=12	Less than high school n=9	Graduated high school n=12	More than high school n=12
Confession	0.06 (0.61)	0.02 (0.93)	0.15 (0.35)	-0.02 (0.88)	0.16 (0.40)	-0.03 (0.91)	0.10 (0.62)	0.09 (0.67)
Forgiveness by God	0.01 (0.91)	-0.17 (0.37)	0.21 (0.18)	-0.23 (0.13)	0.31 (0.09)	-0.18 (0.44)	0.13 (0.52)	0.09 (0.67)
Forgiveness by others	-0.04 (0.75)	0.18 (0.34)	-0.15 (0.34)	-0.05 (0.74)	-0.06 (0.75)	-0.05 (0.82)	0.10 (0.63)	-0.15 (0.44)
Forgiveness	-0.05 (0.70)	-0.13 (0.45)	0.06 (0.73)	-0.10 (0.53)	-0.03 (0.89)	-0.01 (0.96)	-0.30 (0.13)	0.21 (0.30)
Forgiveness of others	0.04 (0.76)	0.16 (0.38)	0.00 (0.98)	-0.02 (0.89)	0.13 (0.49)	-0.23 (0.32)	0.17 (0.41)	0.07 (0.71)
Forgiveness of oneself	0.06 (0.62)	-0.12 (0.54)	0.21 (0.17)	-0.01 (0.94)	0.17 (0.37)	-0.25 (0.29)	0.06 (0.78)	0.29 (0.14)

Table 7: Religious Coping Scale by group, sex, and education level, Spearman correlations (p value)

RCOPE 1=not at all; 2=somewhat; 3=quite a bit; 4=a great deal	Overall n=33	Group		Sex		Education		
		RR n=16	RR_FF n=17	Male n=21	Female n=12	Less than high school n=9	Graduated high school n=12	More than high school n=12
1. Tried to see how God might be trying to strengthen me in this situation	0.07 (0.55)	0.04 (0.82)	0.03 (0.84)	0.07 (0.64)	0.05 (0.80)	-0.24 (0.30)	0.31 (0.13)	0.15 (0.46)
2. Wondered what I did for God to punish me*	-0.02 (0.90)	0.28 (0.13)	-0.21 (0.17)	0.19 (0.21)	-0.15 (0.43)	0.34 (0.15)	-0.04 (0.86)	-0.19 (0.34)
3. Felt punished by God for my lack of devotion*	-0.17 (0.15)	0.06 (0.74)	-0.34 (0.03)	-0.01 (0.95)	-0.29 (0.12)	0.26 (0.30)	-0.36 (0.07)	-0.32 (0.11)
4. Decided the devil made this happen*	-0.04 (0.72)	0.08 (0.68)	-0.16 (0.30)	0.05 (0.73)	-0.16 (0.39)	0.12 (0.62)	-0.13 (0.52)	-0.10 (0.61)
5. Questioned the power of God*	0.14 (0.24)	0.15 (0.43)	0.13 (0.40)	0.18 (0.24)	0.12 (0.53)	0.27 (0.25)	-0.05 (0.80)	0.19 (0.35)
6. Tried to put my plans into action together with God	0.05 (0.66)	0.11 (0.56)	-0.06 (0.69)	0.15 (0.34)	-0.03 (0.88)	-0.22 (0.36)	0.16 (0.43)	0.20 (0.31)
7. Sought God's love and care	0.03 (0.81)	-0.05 (0.78)	0.05 (0.76)	0.02 (0.92)	0.08 (0.68)	-0.14 (0.56)	0.14 (0.51)	0.10 (0.60)
8. Focused on religion to stop worrying about my problems	-0.10 (0.40)	-0.11 (0.54)	-0.08 (0.62)	-0.03 (0.85)	-0.11 (0.56)	-0.17 (0.47)	-0.16 (0.44)	0.01 (0.94)
9. Asked forgiveness for my sins	0.06 (0.60)	0.07 (0.72)	0.04 (0.79)	0.04 (0.82)	0.12 (0.53)	-0.14 (0.54)	0.11 (0.59)	0.22 (0.26)
10. Looked for a stronger connection with God	0.04 (0.76)	-0.00 (0.98)	-0.00 (0.99)	0.08 (0.62)	-0.08 (0.67)	-0.31 (0.19)	0.08 (0.71)	0.33 (0.09)
11. Wondered whether God had abandoned me*	-0.06 (0.59)	0.23 (0.22)	-0.16 (0.31)	0.12 (0.46)	-0.17 (0.36)	0.26 (0.28)	-0.32 (0.11)	-0.06 (0.75)
12. Questioned God's love for me*	0.19 (0.11)	0.22 (0.24)	0.19 (0.22)	0.27 (0.08)	0.12 (0.54)	0.41 (0.07)	0.10 (0.60)	0.07 (0.74)
13. Wondered whether my church had abandoned me*	0.05 (0.69)	0.03 (0.89)	0.07 (0.67)	0.13 (0.40)	-0.04 (0.82)	0.37 (0.10)	-0.06 (0.76)	-0.04 (0.83)
14. Sought help from God in letting go of my anger	0.09 (0.47)	-0.08 (0.67)	0.15 (0.35)	0.08 (0.63)	0.12 (0.53)	-0.15 (0.54)	0.06 (0.78)	0.29 (0.14)

*Items reverse coded

Table 8: Short Inventory of Problems – Alcohol and Drugs Scale by group, sex, and education level. Spearman correlations (p value)

SIP-AD 0=never; 1=once or a few times; 2=once or twice a week; 3=daily or almost daily	Group			Sex		Education		
	Overall N=33	RR N=16	RR_FF N=17	Male N=21	Female N=12	Less than high school N=9	Graduated high school N=12	More than high school N=12
1. Have you been unhappy because of your drinking/drug use?	-0.25 (0.04)	-0.25 (0.18)	-0.25 (0.11)	-0.26 (0.10)	-0.24 (0.20)	-0.54 (0.01)	-0.27 (0.18)	-0.19 (0.35)
2. Lost weight or not eaten properly because of your drinking/drug use?	-0.04 (0.71)	0.07 (0.70)	-0.11 (0.47)	-0.12 (0.46)	0.01 (0.98)	-0.02 (0.93)	-0.05 (0.80)	-0.06 (0.78)
3. Failed to do what is expected because of drinking/drug use?	-0.23 (0.06)	-0.21 (0.26)	-0.22 (0.15)	-0.28 (0.07)	-0.13 (0.50)	-0.52 (0.02)	-0.14 (0.48)	-0.20 (0.33)
4. Has your personality changed for the worse when drinking or using drugs?	-0.18 (0.14)	-0.08 (0.66)	-0.21 (0.18)	-0.18 (0.26)	-0.18 (0.35)	-0.42 (0.07)	-0.09 (0.67)	-0.13 (0.53)
5. Have you taken foolish risks when drinking or using drugs?	-0.15 (0.22)	0.07 (0.70)	-0.27 (0.09)	-0.10 (0.54)	-0.19 (0.31)	-0.33 (0.15)	-0.02 (0.93)	-0.16 (0.43)
6. Have you said harsh or cruel things to someone when drinking or using drugs?	-0.05 (0.71)	0.07 (0.72)	-0.11 (0.48)	-0.11 (0.49)	0.09 (0.63)	-0.21 (0.39)	-0.13 (0.54)	0.15 (0.47)
7. Have done impulsive things you regretted when drinking or using drugs?	-0.22 (0.07)	-0.13 (0.51)	-0.28 (0.08)	-0.14 (0.39)	-0.31 (0.09)	-0.39 (0.10)	-0.03 (0.87)	-0.30 (0.13)
8. Have you had money problems because of drinking/drug use?	-0.16 (0.18)	-0.00 (0.99)	-0.26 (0.10)	-0.13 (0.40)	-0.18 (0.36)	-0.43 (0.06)	-0.04 (0.83)	-0.11 (0.61)
9. Has your physical appearance been harmed by drinking/using drugs?	-0.12 (0.31)	-0.07 (0.73)	-0.14 (0.37)	-0.11 (0.51)	-0.10 (0.60)	-0.39 (0.10)	-0.04 (0.84)	-0.03 (0.90)
10. Has your family been hurt by your drinking or drug use?	-0.20 (0.09)	-0.10 (0.62)	-0.26 (0.10)	-0.21 (0.18)	-0.17 (0.36)	-0.46 (0.05)	-0.02 (0.92)	-0.25 (0.22)
11. Has a friendship or close relationship been damaged by your drinking/drug use?	-0.21 (0.08)	-0.15 (0.43)	-0.22 (0.15)	-0.22 (0.16)	-0.14 (0.47)	-0.45 (0.05)	-0.17 (0.42)	-0.11 (0.60)
12. Have you lost interest in activities or hobbies because of your drinking/drug use?	-0.21 (0.07)	-0.15 (0.42)	-0.24 (0.13)	-0.17 (0.28)	-0.25 (0.19)	-0.37 (0.12)	-0.15 (0.46)	-0.17 (0.40)
13. Has your drinking or drug use gotten in the way of your personal growth?	-0.30 (0.01)	-0.26 (0.18)	-0.31 (0.04)	-0.28 (0.09)	-0.32 (0.08)	-0.48 (0.04)	-0.23 (0.27)	-0.29 (0.15)
14. Has your drinking or drug use damaged your social life, popularity, or reputation?	-0.24 (0.04)	-0.21 (0.27)	-0.24 (0.12)	-0.22 (0.16)	-0.25 (0.19)	-0.43 (0.06)	-0.20 (0.32)	-0.15 (0.47)

Discussion

The primary purpose of this study was to evaluate the effectiveness of Resilient Recovery and a combined Resilient Recovery plus Faith & Finances program on spiritual health, financial behaviors, and problems associated with substance use. The results do not fully support the stated hypotheses: 1) A Christian-based recovery meeting would increase participants' spiritual health (measures: forgiveness, perceptions of God, spiritual well-being, and religious coping; 2) adding a Christian financial literacy program increases spiritual health, financial health (measures: savings account, emergency fund, giving, and spending plan), and associated substance use problems (measures: SIP-AD). Other potential variables need to be considered as possible explanations between faith-based recovery meetings that are combined with additional recovery capital, such as financial literacy essential to maintaining abstinence (Cloud and Granfield 2001).

The results of this pilot study suggest that a combined Resilient Recovery and Faith & Finances intervention reduces some problems associated with substance use. Changes in financial habits varied in both groups, suggesting other variables need to be considered, such as length of the intervention, available benefits received while in recovery, in-kind resources provided by the recovery homes, or support from family and friends. The Spiritual Well-being Scale among individuals completing Resilient Recovery alone had improved responses in feeling good about their future, origin/purpose/destiny, belief in God's interest in their life, and perception of conflicts. Participants in the combined group had increased feelings of being punished by God. The content of both programs highlighted God's providence, provision, and grace (forgiveness). Yet, participants in both groups did not show significant changes in giving or receiving forgiveness or perceiving God as loving. This result indicates that aligning program content with spiritual

mechanisms supporting recovery requires further research to understand the faith journey of individuals in recovery and develop appropriate measures. It is worth noting that, though the goal was to measure Christian beliefs related to two Christian-based programs, participants were able to answer questions based on their personal understanding of God.

The study shows that combining a recovery program with a financial literacy program is feasible among individuals in recovery homes. Slightly more than half of the individuals in the combined group completed both programs. Upon completion of the study, residential home managers were interviewed to determine the feasibility of conducting the groups in the homes. The managers of the homes expressed a high level of satisfaction with the programs. One recommendation the home managers had was to have the same facilitators conduct both programs, given the level of trust developed with participants and the continuity of facilitator trust.

Both programs are typically of longer duration than those evaluated in this pilot study. In a real-world implementation, Resilient Recovery is ongoing, with individuals moving in and out over months or even years. Faith & Finances is a 12-week program. For this study, due to the high mobility rates of individuals in residential recovery homes, both programs were shortened to 6 weeks. This is a significant limitation of the study.

Other limitations include a change in facilitators requiring new relationships to be established. The director of Resilient Recovery was present during the Faith & Finance sessions, which was recognized as a positive feature in participant retention and engagement. The SIP-AD does include items that could be considered incongruent with the design of Resilient Recovery in addressing the shame cycle by asking about "foolish risks" in the SIP instruments. Given the limited selection of validated tools that assess substance issues from a Christian perspective, we selected the SIP-AD as the closest validated match.

Possible confounding relationships influencing the results could be the short duration of each program, education levels, relapse occurrences, facilitator differences, and losses-to-follow-up. Additional variations may occur because of differences in the individual non-linear faith journey, recovery home management and policies, prior recovery experience, non-substance using relationships, or proximity to family. An individual's faith journey includes processing past influences of shame, self-worth, and beliefs from past and current substance use before moving to a place of forgiveness, spiritual well-being, and loving perceptions of God. Such a change might require a more intentional move toward a positive understanding and belief about themselves and their relationship with God. A future study could investigate this journey of faith through recovery by measuring participants' religious feelings over a 6- to 12-month period as they participate in programs like Resilient Recovery, an ongoing program, and Faith & Finances. Still another study could consider increasing retention rates in recovery programs to increase the likelihood of individuals navigating this faith journey through recovery.

This study has several additional limitations. The small sample size limits the interpretation of the evidence and increases the likelihood of bias and confounding. Loss-to-follow-up was an issue as only three individuals from the Resilient Recovery alone group completed the third survey. Incentives were provided and secondary contact numbers were collected if available to help increase retention rates, but movement of individuals in recovery homes occurs at high rates, especially if they relapse back into substance use and are not allowed back into the same home. In the future, retention might be improved by creating multiple contact points through numerous contact numbers, hiring a recovery communications manager, or promoting additional support communities that participants could join. In addition, individuals in recovery experience good and bad days that influence survey responses. Future studies should include a general quality of life question to establish an emotional status before each survey. Yet another limitation is that residential recovery homes self-selected into the study, leading to potential selection bias on the residential home level, as observed in Table 1.

Strengths of the study include the comparison of the two groups, with one receiving an integrated financial literacy program, a novel approach to recovery. The design allows us to assess the added effectiveness of financial literacy alongside an existing recovery model. The pre-post sequential design provides an opportunity to measure each program with a baseline for outcomes specific to that program. The study provides insight into a hard-to-reach population: those entering recovery. The study team underwent thorough training for the component they were facilitating, increasing fidelity to each intervention. Strong relationships between Resilient Recovery staff and home manager were built through 1) in-person visits and explanation of the Resilient Recovery program, including videos of the model; 2) sharing personal facilitator experiences of addiction and recovery as a peer-based model; 3) committing to conducting the groups at the recovery home; and 4) consistently showing up weekly. As recovery home

managers saw the commitment of the Resilient Recovery facilitators, they were willing to allow residents to participate in the study.

For similar studies in the future, we recommend the following improvements: First, upon recruitment, obtain multiple points of contact for the individual to minimize losses-to-follow-up. In a subsequent study, we found individuals in recovery were willing to provide additional contact information to support them as much as possible. Identifying the appropriate recall period based on the individual's recovery journey will help establish better recovery measures for the individual and program content. Second, a future study should also measure variation in residential recovery home policies, such as a "zero tolerance" policy, versus those more flexible. And third, a future study design should implement programs concurrently among the combined intervention group (providing each program on two different days) and the comparison group receiving only one program throughout the same timeframe. This requires recruiting homes in advance so the programs can start simultaneously, which also means the study team must have enough facilitators to serve both groups. This approach would allow the recovery homes to be randomized.

Conclusion

The population of individuals in recovery is growing, and it is important to identify ways to study and determine the most effective methods for supporting those in recovery. Substance use is a growing global problem, and innovative, faith- and community-based approaches are clearly called for. This study provides insight into the feasibility of a combined recovery and financial literacy approach. Although the results do not support a substantial effect on recovery, spiritual, or financial outcomes, there are important lessons about program implementation and methods for future research. This research offers guidance for implementing a combined recovery model, such as consistent facilitators and simultaneous implementation. Future research methods should include additional confounding factors, a longer follow-up period, and more robust retention strategies. General spiritual measures only go so far, and there is a need to determine specific spiritual factors that mediate the faith-based recovery pathway. Concepts like forgiveness, grace (God as loving), hope of an eternal destiny, and generosity are potential factors that need further study to strengthen faith-based recovery programs.

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