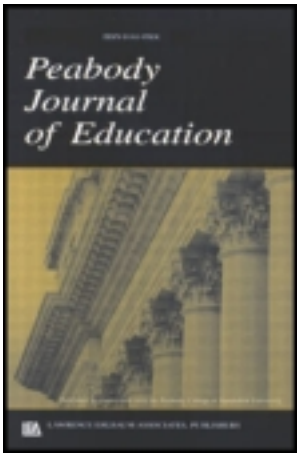

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Substance Abuse Recovery and Schooling: The Role of Recovery High Schools and Collegiate Recovery Communities

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When considering rates of substance dependence and abuse in the United States, surveys have shown that education is an important factor in predicting rates and severity of dependence. According to the National Survey on Drug Use and Health (NSDUH; Substance Abuse and Mental Health Services Administration [SAMHSA], 2013), rates of substance dependence or abuse are associated with a person's level of education. Among adults 18 years of age or older, those who graduated from a college or university had a lower rate of substance dependence or abuse (7.2%) than each of the following subgroups:

- Those who did not graduate from high school (10.3%).
- Those with some college education (9.7%).
- Those who graduated from high school but did not have any college education (8.8%).

As schools are a central context in which education occurs, it seems clear that any approach to addressing recovery from substance dependence or abuse among adolescents and young adults ought to involve school settings. While the number of recovery high schools and collegiate recovery programs in operation or development has increased from a combined total of 25 in 2002 to more than 100 today (Association of Recovery Schools, 2013; Harris, Kimball, Casiraghi, & Maison, 2014/this issue), research and publication remains in a nascent stage. This edition of the *Peabody Journal of Education* introduces readers to the academic and therapeutic supports provided by recovery high schools and collegiate recovery programs. Articles examine the history of recovery school development, review program conceptual models, report findings from recent empirical studies, and consider the unique challenges involved with researching and evaluating recovery schools.

HISTORY OF RECOVERY HIGH SCHOOLS AND COLLEGIATE RECOVERY PROGRAMS

Recovery high schools and collegiate recovery programs intended specifically to provide support for students in recovery from substance use disorders have been opening throughout the United

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States since 1977. According to White and Finch (2006), the collegiate recovery school movement began with the development of confidential recovery support services to faculty and students at Brown University. The university appointed Bruce Donovan, a full professor in Classics, as Associate Dean with Special Responsibilities in the Area of Chemical Dependency in 1977, and Donovan would serve in that role for the next 25 years (B. Donovan, personal communication, July 10, 2004). Donovan provided one-on-one counseling, monitored the availability of Twelve-Step meetings on or near campus, and facilitated a weekly discussion session, called the "Early Sobriety Group." This group provided alternative and supplemental support to students who "found AA not to their taste" (B. Donovan, personal communication, July 10, 2004). In addition, Brown's program sponsored a monthly "Lunch Bunch" during the school year.

Two years after Brown began offering its recovery services, the Phoenix School in Silver Spring, Maryland, opened in 1979. The Phoenix School is believed to be the first high school in the United States designed specifically for students with drug and alcohol addictions (Ruben, 2000). Maryland opened a second Phoenix School in 1982, and in the late 1980s and early 1990s a number of recovery high schools opened in other states, including Minnesota, New Mexico, and Washington (Diehl, 2002). During that same period, collegiate programs evolved into more fully developed recovery communities at Rutgers University (opened in 1983), Texas Tech University (Center for the Study of Addictions, opened in 1986), and Augsburg College (StepUP Program, opened in 1997). Going beyond the counseling and support services essentially led by one person, such as Brown's Bruce Donovan, these programs developed into full-fledged institutions with admission criteria; accountability standards; and, in some cases, on-campus student housing. Rutgers opened the first on-campus recovery house in 1988, followed by Augsburg College's sober floor in a campus dorm in 1997. In 2006, the Center for Substance Abuse Prevention funded a replication model based on the Texas Tech program, which did not offer housing but did have a particularly well-structured recovery support program (see Harris, et al., 2014).

Although the various recovery high schools and collegiate recovery programs differ from one another in a number of ways, there are common features that tie such programs together. Recovery high school programs provide intensive therapeutic and peer recovery supports for students in recovery from substance abuse and dependence. Programs are typically small, with high school enrollments averaging 30, and client counselor ratios as small as 10 to 1. Recovery high schools enable teachers, counselors, peers, and other student support staff members to provide structured recovery-focused programming and support to adolescents alongside their academic curriculum with the goal of helping students be successful in academics and in recovery. Staff data collected from a recent National Institutes of Health (NIH)–funded study of recovery high schools (see Moberg, Finch, & Lindsley, 2014/this issue) reveal that recovery high schools emphasize education and therapeutic support almost equally. Collegiate recovery programs serve anywhere from a handful of students up to 75 or 80 college students, providing peer support, mentorship, and accountability, as well as counseling and coaching from professional staff, who usually hold licenses in counseling, psychology, or social work.

Although research on recovery high schools and collegiate recovery programs is still in an early stage, the recent funding by NIH/National Institute on Drug Abuse (NIDA) of a longitudinal, quasi-experimental study of the effectiveness of recovery high schools as continuing care resources promises to generate a great deal of knowledge and interest in recovery schools. This study, which involves participants from three states—Minnesota, Wisconsin, and Texas—will assess whether students who are receiving or have completed treatment for substance use

disorders have significantly better sobriety, socio-emotional, and educational outcomes if they attend recovery high schools for at least part of the school year compared to similar recovering students who attend other types of high schools. In addition to survey data from students and parents, descriptive data are being collected on the nature of recovery high school programs and programs to support recovering students at traditional high schools and other alternative high schools. The study is also conducting a cost–benefit analysis to compare the recovery high school cost with the benefits of whatever reduced substance use and improved academic performance is found.

In addition to the NIH/NIDA study, many recovery high schools and collegiate recovery programs have begun collecting better evaluative data, which can be pooled for research purposes. These research and evaluation efforts are designed to build an evidence base on whether recovery high schools and collegiate recovery programs provide a cost–beneficial model of continuing care for adolescents with substance use disorders, in anticipation that the data may support program expansion.

SCOPE OF THE PROBLEM

Substance use disorders impact a large number of our nation's adolescents and young adults. The NSDUH (SAMHSA, 2013) reports data for the age groups 12 to 17 and 18 to 25, the predominate age groups for high school and college students. The most recent survey was conducted in 2012, and the category of "Substance Dependence or Abuse" was based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychological Association, 1994). In 2012, 1,518,000 people ages 12 to 17 (6.1%), and 6,535,000 of people ages 18 to 25 (18.9%) met the criteria for substance dependence or abuse. Among the 18- to 25-year-olds, 2,531,000 reported having "some college" and 974,000 reported being a "college graduate."

Although diagnosed substance dependence is not a requirement of most recovery high schools or collegiate recovery programs, substance use disorders and prior treatment are the norm for students in these programs (Harris et al., this issue; Moberg et al., this issue). The NSDUH (SAMHSA, 2013) classifies "Received Substance Use Treatment" as having received treatment to reduce or stop illicit drug or alcohol use or for medical problems associated with illicit drug or alcohol use. The NSDUH includes treatment received at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail. In 2012, 285,000 people ages 12 to 17 and 841,000 people ages 18 to 25 received substance use treatment. Among 18- to 25-year-olds, 288,000 reported having "some college," and another 33,000 reported being a "college graduate."

For an adolescent or young adult battling substance dependence or abuse or completing a treatment program, school is a context likely to involve interactions with peer groups who are actively using alcohol and other drugs. A student wanting to abstain from substance use likely will struggle in existing school contexts, as association with drug-using peers, alcohol or drug availability, and academic challenges are significant risk factors for substance abuse and relapse (Derzon, 2007; Hawkins, Catalano, & Miller, 1992; Svensson, 2000). It is characteristic of substance use disorders that progress is marked by cycles of recovery and relapse (Dennis & Scott, 2007), which may endanger academic achievement and social functioning. Abstaining

from substances represents a challenge for students, and they are especially vulnerable to relapse during the 6- to 12-month period after completing treatment (Winters, Stinchfield, Latimer, & Lee, 2007).

Unfortunately, a student is likely to encounter multiple risk factors when returning to the school where his or her substance use problem originally developed or when enrolling in almost any U.S. college. At the middle and high school level, according to the NSDUH (SAMHSA, 2013), the rate of current alcohol use among youths ages 12 to 17 was 12.9% in 2012. The rate of illicit drug use for youths ages 12 to 17 (9.5%) has remained virtually unchanged since 2009 (SAMHSA, 2013). At the college level, compared to their peers who were not enrolled full time in college (i.e., part-time college students and non-students) young adults ages 18 to 22 who were enrolled full time in college were *more likely* to report current drinking (60.3% compared to 51.9%), binge drinking (40.1% compared to 35.0%), or heavy drinking (14.4% compared to 10.7%). Compared to part-time students or nonenrolled young adults, the rate of current use of illicit drugs was almost identical for persons ages 18 to 22, with 22.0% among full-time college students compared to 24.0% for part-time college students, students in other grades or types of institutions, and nonstudents. Clearly high school and college students—and especially those who are full-time college students—are exposed to high rates of substance use among their peers, which makes creating a support system of sober peers extremely important for students in recovery.

For a student attending high school or college after treatment, knowing how to relate and respond to peers given his or her newfound sobriety is one particularly difficult challenge (Finch & Wegman, 2012). Richter, Brown, and Mott (1991) found that youth who abstained from substance use posttreatment reported a higher number of nonusing social supports (including peers) than did youth who returned to heavy drug use. Anderson, Ramo, Schulte, Cummins, and Brown (2007) also found that youth with more nonusing social supports were more likely to maintain sobriety posttreatment than those with more using social supports. Therefore, finding ways to develop new, sober peer groups would be an important recovery support for adolescents completing substance use treatment programs. Recovery high schools and collegiate recovery programs are designed explicitly to provide that support.

CONTENT OF THIS ISSUE

This issue advances the field of research on recovery and schooling by presenting some of the most recent work to date, including reviews of previous research, theoretical papers, and empirical work presenting qualitative and quantitative data.

This issue begins with an article by Moberg, Finch, and Lindsley that reviews previous empirical work that has been done in recovery high schools, paying particular attention to the unique characteristics of students and schools. After describing previous research, Moberg and colleagues then introduce and provide some preliminary results from an ongoing quasi-experimental study of the effectiveness of recovery high schools as a continuing care resource (also described here).

The next two articles describe some of the methodological challenges researchers faced when designing the aforementioned quasi-experimental study and how those issues have been addressed. Tanner-Smith and Lipsey describe the decision to use propensity scores methods as a

way to infer causality when it is not possible to randomly assign participants to treatment and control conditions. In particular, Tanner-Smith and Lipsey review the often-overlooked issue of choosing appropriate baseline covariates for use with propensity score methods, highlighting the benefits of using the results of a relevant meta-analysis to guide this decision-making process. Botzet, McIlvaine, Winter, Fahnhorst, and Dittel describe some of the data collection strategies that have been used in the study of recovery high schools. They illustrate many of the practical challenges that have arisen in the beginning phases of implementing this study, including difficulties recruiting families of adolescents in recovery, challenges when interviewing adolescents in recovery, and challenges in the process of developing the appropriate assessment tools.

Following the two methodological articles, Karakos describes preliminary findings from this study of recovery high schools using qualitative data from interviews with recovery high school staff members. Specifically, Karakos details school staff members' perceptions of peer support among recovery high school students, outlining the ways that peers are seen as both negative and supportive influences on adolescents in recovery.

Next, a pair of articles extends the scope of this issue beyond recovery high schools to recovery programs in collegiate settings. Harris, Kimball, Casiraghi, and Maison review the history and structure of collegiate recovery programs. Harris and colleagues review how these programs have evolved to meet the unique needs of emerging adults in recovery, describing the specific ways that they help support sobriety on college campuses. Thompson then furthers this work on recovery programs in college by discussing servant leadership and the ways it is particularly well suited for use in Collegiate Recovery Communities, highlighting the focus on service, humility, and community. Thompson illustrates this connection by reviewing previous research on servant leadership and explaining the ways these findings can be used to support college students in recovery.

The next two articles bring theoretical orientations to bear on recovery programs in school. First, Fisher ties the research on Collegiate Recovery Communities and recovery high schools together by reviewing the spectrum of recovery supports for adolescents from an ecological perspective. Specifically, Fisher reviews formalized after-care services and recovery communities, suggesting ways that a consideration of ecological influences is helpful in addressing the complexity of the recovery process among adolescents. Finally, Finch and Frieden use developmental concepts of human ecology and constructive developmental theory to illustrate a theoretical foundation for the importance of school environments and cultures in the recovery process. Specifically, Finch and Frieden apply social ecology, social cognitive learning theory, sociocultural theory, and constructive developmentalism to a case study to illustrate how recovery schools utilize concepts from these theories to create environments that support adolescent recovery.

Taken together, this collection of articles presents a thorough review of research done to date on recovery high schools and Collegiate Recovery Communities, presents challenges and findings from recent empirical studies, and integrates theory and practice in discussing these programs. This issue represents a unique opportunity to evaluate the state of research on recovery programs in educational settings, and I hope also serves as a catalyst for future research.

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