

Achieving Systems-Based Sustained Recovery: A Comprehensive Model for Collegiate Recovery Communities

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ABSTRACT. The Center for the Study of Addiction and Recovery (CSAR) (a Center within the College of Human Sciences at Texas Tech University, TTU), has developed a comprehensive Collegiate Recovery Community (CRC). This community provides a model of support and relapse prevention for college students recovering from addictive behaviors—primarily alcohol/drug addiction. This model is specifically targeted for implementation

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in the college/university setting and has been used at TTU for 20 years. The purpose of this paper is to briefly review the literature related to substance use among college-aged individuals, discuss the challenges of recovery within this population, describe existing collegiate programs, and provide an extensive description of the CRC model. The CRC model specifically incorporates recovery support, access to higher education/educational support, peer support, family support, and community support/service in an effort to help individuals attain what we describe as systems-based sustained recovery. Preliminary evidence of success indicates that support services offered by the CRC work for the current population as evidenced by an average relapse rate of only 8%, a graduation rate of 70%, and an average GPA of 3.18 among members. Limitations of the model and plans for future research are also discussed.

KEYWORDS. Addiction, recovery, collegiate recovery, recovery community, higher education

INTRODUCTION

The Center for the Study of Addiction and Recovery (CSAR) (an autonomous unit within the College of Human Sciences at Texas Tech University, TTU), has developed a comprehensive Collegiate Recovery Community (CRC). This community provides a model of support and relapse prevention for college students recovering from addictive behaviors—primarily alcohol/drug addiction. This model is specifically targeted for implementation in the college/university setting and has been used at TTU for 20 years. The CRC is a program that has maintained one primary focus: the creation of a comprehensive recovery support, education, and prevention network for students.

The purpose of this paper is to briefly review the literature related to substance use among college-aged individuals, discuss the challenges of recovery within this population, describe existing collegiate programs, and provide an extensive description of the CRC model. Within this model/community, individuals are given the opportunity to develop key characteristics that further their individual development while they interact with both recovering and nonrecovering communities. The CRC model specifically incorporates recovery support, access to higher education and educational support, peer support, family support, and community support/service in an effort to help individuals attain what we describe as systems-based sustained recovery.

LITERATURE REVIEW

The consequences of alcohol and drug use/abuse and addiction affect virtually all college and university campuses. Recent national surveys have identified the misuse of alcohol as a major social and health concern for colleges in the United States (O'Malley & Johnston, 2002; Wechsler, Kuo, Seibring, Nelson, & Lee, 2002). In addition to academic problems, college students' misuse of alcohol is associated with health problems, suicide attempts, unsafe sex, vandalism, and property damage (Hingson, Heeren, Zakocs, Kopstein, & Wechsler, 2002; Wechsler et al., 2002). Compared to all other age groups, young adults aged 19 to 24 reported the highest prevalence of heavy and high-risk drinking defined by five or more drinks in a row within the past two weeks (Johnston, O'Malley, & Bachman, 2001). In addition, young adults enrolled full time in college are more likely to engage in heavy or binge drinking when compared to their noncollege peers (O'Malley & Johnston, 2002). These findings suggest that specific factors exist within the collegiate environment that influence student drinking behaviors.

As a result of the prevalence of alcohol abuse and addiction among college-aged individuals, many colleges/universities have begun to implement strategies for assessing, treating and preventing alcohol and drug abuse and addiction within the collegiate setting. Recognizing the complexity and seriousness of alcohol and drug misuse, many colleges/universities have acknowledged the need for multidisciplinary efforts toward prevention and intervention that include both research-oriented and campus-based approaches. As well, the federal government has identified binge drinking among college students as an important public health concern. In an effort to address this ongoing problem, the U.S. Surgeon General and the U.S. Department of Health and Human Services have included the targeted reduction of college students' binge drinking among public health goals in a plan entitled, "Healthy People 2010" (USDHHS, 2000).

Although increased awareness and understanding of the problem has made treatment more accessible for college students, little attention has been given to posttreatment concerns of recovering students. The transition to the college or university environment poses significant risks to the recovering student. The heavy drinking and drug using subcultures of most college/university campuses suggest that the environment is not welcoming to students recovering from addictive disorders. For recovering students, the primary challenges may come from the lack of a supportive recovery system within the college or university environment. With the

unique risks and challenges recovering students face, there is a clear need to provide special recovery support programs for these students. Colleges and universities should be aware of this population and be prepared to respond to their special needs.

Individual Development and the Challenges of Recovery within the Collegiate Environment

The extension of adolescence and the prevalence of the collegiate experience in American mainstream culture has extended the period of development for individuals ages 18–25. This period of life, often termed emerging adulthood, “should be a time of increased growth, when young adults begin to develop stable identities and take on adult responsibilities.” (Gotham, Sher, & Wood, 2002, p. 40). The move from adolescence to emerging adulthood often involves a move to a different geographical region, the transition to a college/university, and/or a change in socioeconomic status. Unfortunately, the outcomes for individuals in the collegiate setting are often mediated by alcohol/drugs and other addictive behaviors (e.g., eating disorders, gambling, sex).

The pervasiveness of alcohol and other drug use among 18–25 year olds, many of whom are attending a college/university, makes it difficult for recovering individuals in this age range to locate peer support and find an environment in which recovery from addictive disorders is valued and rewarded. Lack of social and peer support can make it extremely difficult for college students, especially recovering young adults, to complete the developmental tasks of this time period without being immersed in alcohol/drug use and/or relapse (Schulenberg & Maggs, 2002). The juxtaposition between the need for finding a social support mechanism while attending a college/university and the need to remain abstinent prevents many recovering young adults from pursuing higher education and thus, from fulfilling their personal and professional potential. Some of the barriers encountered by students in recovery are discussed below.

Finding a network of social support. A component of young adult development involves finding a social support network of peers who support an individual’s identity and the values and beliefs that accompany it. The identity of recovering students and the choice to remain abstinent in the college environment are not often rewarded by the majority of young adults. Because of this lack of social support, students in recovery may

find it difficult to access the activities necessary to grow and maintain their recovery. They may have difficulty resisting social pressures toward group conformity in what appears to be an alcohol-saturated environment (Perkins, 2002). In addition, young adults in recovery are often a minority population in 12-step groups. The adult composition of most groups may prevent young adults from finding support, identification, and a sense of commonality in 12-Step meetings (Harrison & Hoffman, 1987).

Learning to live outside of a parent/guardian's supervision. The transition from adolescence into young adulthood involves the process of achieving autonomy from an individual's family of origin. This usually necessitates moving out of a parent/guardian's home and thus, moving away from their direct supervision. For recovering students, this developmental milestone can be difficult to surmount. Many recovering students may be moving from an alcohol/drug free environment into an environment in which exposure to drinking/drug use is the norm (Woodford, 2001). This expanded environment with increasing pressure to drink/use, combined with less accountability, offers challenges to those in recovery attempting to make healthy decisions.

Setting and attaining educational and career goals. Alcohol/substance use disorders are related to lower educational and occupational attainment (Gotham et al., 2002). Often young adults in recovery have spent the majority of their adolescence under the influence of chemicals. Their educational backgrounds may have been affected by their drinking/drug use. In the attainment of educational goals, adolescent drinking/drug using can impact development in two important ways: (1) recovering young adults may not have demonstrated academic accomplishments that warrant admission to a college/university and (2) recovering young adults may need extra academic support when they enter, or return to, the college/university setting due to the lack of basic educational knowledge that would normally be attained in high school.

Developing healthy peer relationships. During young adulthood, the formation of close friendships and adult sexual relationships is vital to healthy development (Dworetzky, 1996). Available data suggests that those students who have positive peer relationships have positive behaviors and outcomes in school. These positive relationships shape the way they view their entire school experience. Research findings also indicate that friendships are associated with the psychological, social, and academic adjustment of students across groups (Feldman & Elliott, 1990). Students in recovery, without a community that supports abstinence, may find it difficult to negotiate the formation of these close bonds. The development

of peer relationships and/or romantic relationships is complicated by the fear of self-disclosure and the seeming impossibility of finding someone who they could identify with or relate to in regard to their recovering self.

Purpose of a Recovery Community

The primary purpose of a recovery community is to create, implement, and maintain peer-to-peer support services that promote a culture of abstinence from alcohol and other drugs and that extend the continuum of recovery. This is accomplished by offering strength-based services that emphasize social support as a factor in initiating positive lifestyle changes. One of the factors that assists people in moving along the change continuum is social support. According to White (2001), ongoing support from a community of peers is critical to sustaining recovery over long periods of time. The creation of collegiate recovery communities is an accessible and potentially effective method for enhancing recovery outcomes of young adults struggling with addictive disorders.

Recovery Communities on College/University Campuses

Moving away from home is stressful to many college students. For students in recovery, this transition may provide not only much desired personal independence, but also independence from familiar support systems of their particular program of recovery. The primary benefit of collegiate recovery communities is establishing a system of support within the students' new environment that can enable them to continue their recovery and access mechanisms of social support that enhance their quality of life. Collegiate recovery communities provide active support for a program of recovery and allow for healthy social interactions with recovering peers that further students' educational, personal, and professional goals.

Collegiate recovery communities blend abstinence with higher education. Thus, social support must exist on two levels: (1) students must feel supported in their decision to remain abstinent from alcohol and other drugs and must have access to an environment that reinforces the decision to remain in recovery and (2) students must feel supported in their decision to pursue a degree in higher education and must have access to an environment that rewards academic achievement.

Existing Programs

In the existing body of literature, there is little information about collegiate programs targeted at supporting recovering students. Based on information provided by the Association of Recovery Schools (ARS), there are three collegiate recovery programs that have been in existence for over five years (e.g., Texas Tech University's CRC at the Center for the Study of Addiction and Recovery, Rutgers University's Alcohol and Other Drug Assistance Program for Students Recovery Housing, Augsburg College's StepUP program). Replication efforts are under way to expand collegiate recovery community programs across the country. This effort is being spearheaded by TTU through a Federal grant funded by SAMSHA and the U.S. Department of Education to develop replication curriculum based on the CRC model. Pilot programs informed by this curriculum are currently being implemented on three campuses (e.g., University of Colorado—Boulder, University of Texas—San Antonio, and Tulsa Community College).

All the programs listed above are important and make significant contributions to their respective campuses. However, our objective is to provide information regarding the development of the CRC program and the comprehensive model that emerged from our extensive and long-term work with recovering students.

The Creation of the Collegiate Recovery Community

The CSAR opened in 1986 as a program to educate chemical dependency counselors in the state of Texas. Initially, it existed only to manage an 18-hour substance abuse studies curriculum within the Department of Human Development and Family Studies at TTU. Given its focus, the 18-hour curriculum attracted a large number of recovering individuals who began to construct a peer support system that shared a common experience and a desire to maintain abstinence from alcohol and other drugs. Through their choice of study and their willingness to disclose their recovery status, this group of students developed into a visible population at TTU. As this population emerged, professionals associated with the CSAR saw the need to provide increasing structure and guidance that initially took the form of 12-Step meetings held on campus. Over the past 20 years, the CSAR has increased its support of the recovering student population to develop the CRC.

A SYSTEMS-BASED COMPREHENSIVE MODEL OF COLLEGIATE RECOVERY

The CRC at TTU provides recovery support services within the context of a comprehensive model that seeks to nurture systems-based sustained recovery within a collegiate community. According to our experience with this population, systems-based sustained recovery incorporates individual development within the context of a multitiered social system. “Systems-based” refers to the interdependent relationships and mutual influences of the interrelated parts or elements of an individual, family, or in this case a support community. The CRC model facilitates systems-based support in a collegiate environment by utilizing a series of five components that build on individual and contextual experiences of recovering students in higher education. These components include: (1) recovery support, (2) access to higher education and educational support, (3) peer support, (4) family support, and (5) community support/service (see Figure 1).

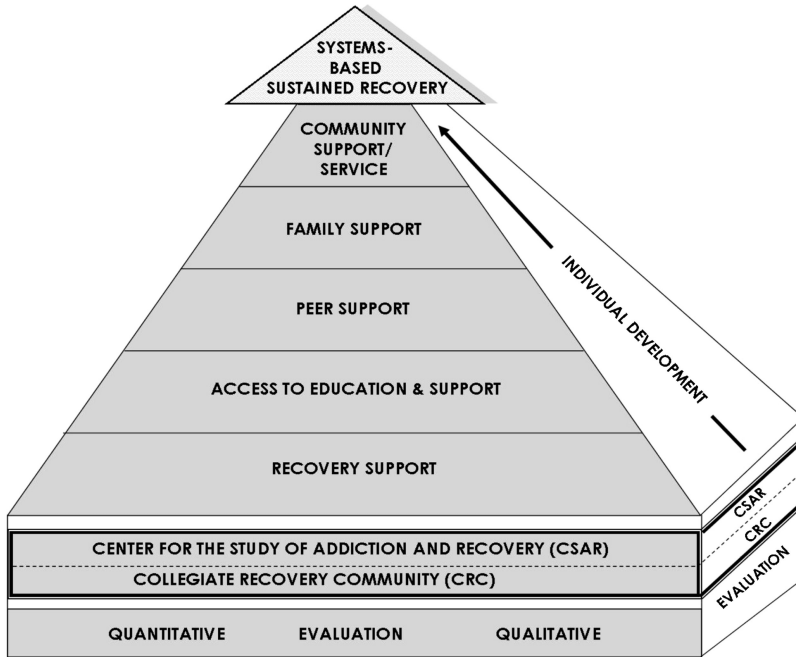
Within this social system, individuals are given the opportunity to develop key characteristics that include hope/purpose (Ridgeway, 2001), positive identity development (White, Boyle, & Loveland, 2005), reclamation of agency (Ridgeway, 2001), a sense of achievement/accomplishment (White, Boyle, & Loveland, 2005), a capacity for stable interpersonal relationships (White, 2000), and healthy coping skills (Ridgeway, 2001).

The CRC is a peer-driven community where program components have been developed according to student needs throughout the history of the community. Figure 1 represents both the historical development of the CRC program (beginning with education) and the movement of recovering students through their individual development within the program.

Recovery Support

The CRC was established to focus exclusively on supporting recovering students who have made a choice to stop using alcohol and other drugs. While initial support focused on educational interventions, the need for recovery support services became evident early in the formation of the CRC. At its inception, recovering students and faculty secured an on-campus location for 12-step and other support group meetings. Subsequently, recovering students organized a meeting in “celebration” of all 12-Step programs that was, and remains, open to members of the TTU campus and broader community regardless of their recovery status.

FIGURE 1. Comprehensive Model for Collegiate Recovery.



12-Step meetings and other support groups. According to White (2001), ongoing support from a community of peers is important in maintaining long-term abstinence from alcohol and other drugs. A critical component of collegiate recovery is providing students with a peer group that supports their decision to make positive changes in addictive behavior patterns. The CRC has found support groups and 12-Step meetings to be highly effective in creating a community for students attempting to recover from chemical dependency. These groups provide a safe, anonymous place for students to express their struggles with alcohol and other drugs and to find peer support for behavior change. The CRC hosts 12-Step meetings and/or support groups that provide recovery support on the TTU campus seven days a week. Current meetings include Alcoholics Anonymous, Narcotics Anonymous, Sex and Love Addicts Anonymous, Eating Disorders/Self-Harm Groups, and CODA groups.

Celebration. Besides traditional 12-Step meetings, the CRC created a weekly meeting called *Celebration of Recovery*. Though the format of the

meeting is similar to a 12-Step group, *Celebration of Recovery* is designed to provide continued support to the CRC and also to educate the campus community about the reality of addiction and the opportunities for recovery. At this meeting, recovering students celebrate milestones of recovery, share their experiences, and offer public support to other addicted and recovering individuals. *Celebration of Recovery* is facilitated by recovering students in conjunction with the staff and faculty of the CSAR. Weekly attendance at this meeting usually exceeds 100 individuals and is regularly attended by members of the Texas Tech faculty, staff, administration, and the broader community.

Access to Higher Education and Educational Support

Access to higher education. The need to provide services that increase access to education for recovering individuals at TTU developed as a result of the Addictive Disorders and Recovery Studies (ADRS) curriculum, formerly called Substance Abuse Studies. In 1986, the ADRS minor began offering coursework to the students of TTU for the purpose of providing educational training for individuals seeking licensure as chemical dependency counselors in the state of Texas. These classes drew a high concentration of students with substance abuse problems and students in recovery from addiction. As these individuals interacted, a community of recovery began to form on the TTU campus. The formation of this community increased faculty awareness of the unique educational needs of recovering students. Thus, the CRC program began to develop around providing educational support services to this population.

Educational support. Often students in recovery have spent the majority of their adolescence under the influence of chemicals. Their educational backgrounds have been affected by their drinking/drug use. In the attainment of educational goals, drinking/using can impact recovering students' educational development in two ways: (1) lack of confidence in their ability to successfully navigate within academic settings and (2) lack of financial resources needed to achieve their educational goals.

A college/university campus can be a web of forms, papers, online submissions, and identification numbers. In addition to the peer-facilitated assistance within the CRC (see Peer Support below), the program provides a full-time staff member who assists students in completing the university admission process, overviews basic orientation information to the CRC and TTU, helps develop individual plans of study, and provides general academic advising (e.g., completing forms, paying tuition, registering for

classes, developing study skills). Educational support services provided by peers and staff of the CRC are designed to teach recovering students the skills needed to be successful in higher education and to engender confidence in their academic abilities.

It is also critical to mention the financial difficulty that recovering students face when attempting to pursue higher education. Many recovering students have used college savings for treatment, have been ineligible for federal financial aid due to prior felony drug convictions, or cannot afford higher education due to financial responsibilities. Assistance with scholarships and financial aid applications is essential to the CRC model. Specific assistance includes filling out FAFSA forms for federal financial aid, searching for scholarships available through TTU and other sources, and providing financial assistance in the form of direct scholarship awards. The CRC program has developed an endowment for the specific purpose of awarding scholarships to recovering students. The scholarship endowment fund has been part of the CRC program since its inception. All scholarship accounts are managed by the CSAR and are funded through private donations from individuals and foundations. On average, this endowment allows the CRC to award \$80,000 annually to students who demonstrate quality recovery, academic success, and community service.

Peer Support

Students' decisions about alcohol and other drug use are intricately linked to their experiences on a college campus. Early in its formation, members of the CRC recognized the dangers inherent in the campus culture that promote heavy drinking and drug use. In an effort to mitigate these dangers, the CRC created peer support mechanisms that include seminar classes in addiction and recovery and a peer mentoring system.

Seminar classes in addiction and recovery. The CRC has developed a specific course for students who wish to maintain recovery, provide and receive support, and engage in campus and community service. This course, titled *Seminar in Addiction and Recovery*, is a college credit course offered at TTU through the Department of Applied and Professional Studies. Classes are facilitated by faculty and staff associated with the CSAR and focus on (1) relapse prevention, (2) methods for building a positive social support network, (3) healthy decision-making and conflict resolution skills, (4) spiritual issues in a collegiate environment, (5) time management, and (6) general health and wellness.

Peer mentoring system. The peer mentoring system designed by the CRC addresses both recovery and educational issues. Individuals who are new to the community are assigned a peer mentor before their enrollment in classes. These peer mentors assume responsibility for helping new students choose classes, locate their classrooms on the TTU campus, and create a schedule for recovery support group attendance. In addition, new students are advised to contact these peer mentors should extenuating circumstances arise in which they need educational and/or recovery specific support.

Family Support

The families of college students are often-overlooked partners in supporting students in their recovery. Learning to live outside of a parent/guardian's supervision is one of the greatest stressors for a college student. In addition, a student's arrival on a college campus is one of his or her greatest times of risk for developing or relapsing into alcohol or other drug problems (Schulenberg, Maggs, Long, Sher, Gotham, Baer, et al., 2001). Yet, parents and recovering students are offered few means of education and support in helping make this critical transition. Beginning in 2004, the CRC began hosting parent and family weekends. This component of the CRC is still in the pilot stages and continues to be an evolving process.

Family programs. The CRC currently hosts one family weekend per year during which parents can visit the campus and participate in recovery programs. During this weekend, they are also able to ask questions of the CRC staff and gain needed support from one another. Topics covered include how to offer support to students during academic breaks (e.g. holidays, spring break, etc.), how to offer support when students transfer or graduate, and the overall organization, services, and resources available through the CRC model. Parents/family also have expressed interest in participating more fully in programs of support and considered how they could be more supportive of other TTU parents.

Community Support/Service

To give back to TTU and the overall Lubbock community, the students associated with the CRC are encouraged to be part of a student organization sponsored by the CSAR, which assists students in their broader community involvement and in increasing their level of community service. In addition, students affiliated with the CRC are expected to provide a minimum of 6 hours of documented community service every semester they are enrolled.

ASAS. The Association of Students About Service (ASAS) is a critical component of the CRC and is recognized by the TTU Student Government Association. While this organization is facilitated by a faculty supervisor affiliated with the CSAR, it is a student-led and student-funded association. The primary focus of this organization is to give back to the community through service projects. In addition, ASAS is responsible for organizing substance-free, recovery-oriented recreational activities, assisting in National Recovery Month efforts on the TTU campus, and sponsoring speakers that provide alcohol education and other drug education for the campus community. Every year for the last ten years, ASAS has hosted a convention for the campus and local community to learn more about recovery from alcohol and other drug addiction. ASAS members meet weekly to ensure members are working to better themselves, their campus, and their community.

Required community service. As a requirement of the *Seminar of Addiction and Recovery* class (see above), students are expected to perform 6 hours of service to the community every semester they are enrolled. While some of these hours may come from ASAS-sponsored events, many students choose to fulfill this requirement at an agency or organization that is important to them (e.g., Rape Crisis Center, Ronald McDonald House, Habitat for Humanity). In addition, each semester, the CRC selects one service project that the entire community, including faculty and staff, completes together.

DISCUSSION

While colleges and universities have begun to recognize the need for effective prevention, intervention, and treatment programs, most have failed to see the importance of supporting these students who have chosen to discontinue their alcohol/drug use. Through implementation of the services outlined as part of the CRC's comprehensive model, individuals are given the opportunity to develop systems-based sustained recovery. The CRC model accomplishes this by utilizing a series of five systemic components of support including recovery support, access to higher education and educational support, peer support, family support, and community support/service (see Figure 1). These interconnected components work together to create an environment that values recovery from addictive disorders and provides a safe foundation for individuals to pursue their own developmental pathway. The experience of the CRC at TTU suggests that

recovering students who embrace the community and actively participate in the systemic components of the CRC model develop key characteristics that include hope/purpose, positive identity development, reclamation of agency, a sense of achievement/accomplishment, a capacity for stable interpersonal relationships, and healthy coping skills. These characteristics are the individual hallmarks of systems-based sustained recovery.

Preliminary Evidence of Success

The research part of the CRC is in its formative stages and all components have University Institutional Review Board approval. However, the faculty and staff involved in these efforts recognize the urgency and importance of documenting and further evaluating the services that comprise the CRC model. The CRC faculty and staff have identified three measures that provide anecdotal evidence of success. These include (1) the incidence of relapse, (2) academic success as determined by GPA of enrolled students, and (3) the graduation rate of students affiliated with the CRC. The table below shows the incidence of relapse in the collegiate recovery community program along with the average GPA of students each semester (see Table 1). Relapse rates were calculated by taking the total number of students who relapsed in a given semester and dividing by the total number of students served in that semester. Students who relapsed, returned to the program, and relapsed again were counted for each instance of relapse for this statistic. In addition, students associated with the CRC community have an average graduation rate of 70%.

To give meaning to the numerical representation above, it is important to compare them with other samples. Because collegiate recovery support

TABLE 1. CSAR Outcomes

	Number of Enrolled Students	Number of Relapses	Relapse Rate	Recovery Rate	Average GPA
Spring 2002	36	3	8%	92%	3.224
Fall 2002	44	3	7%	93%	3.340
Spring 2003	63	5	8%	92%	3.023
Fall 2003	63	5	8%	92%	2.916
Spring 2004	72	0	0	100%	3.097
Fall 2004	75	0	0	100%	3.445
Spring 2005	66	4	6%	94%	3.084
Fall 2005	81	4	5%	95%	3.321

programs are virtually nonexistent, comparisons to other programs with similar population parameters is appropriate. For the 18-to-25-year-old demographic, the Hazelden Center for Youth and Families posts a recovery rate of 54% after one year away from the facility (Hazelden, 2006). While this is not a direct comparison, these numbers do suggest that the CRC may be effective in supporting sustained recovery among this population. In addition, the average GPA (2002–2005) of students affiliated with the CRC (3.181) is consistently higher than the overall TTU student average (2.926).

It is important to note that one of the criteria for admission into the CRC is that students must document 6 months of recovery. Though exceptions to this rule have been made (some students having less than 30 days of recovery), most have a track record of abstinence and evidence of sustained recovery before entering the CRC. As a result, anecdotal evidence regarding the success (e.g., relapse, GPA, and percent of graduation) of the CRC model may be a product of the admission criteria and not a direct result of CRC support.

Research and Evaluation

The CRC provides an opportunity to participate in research that can impact the way recovery is viewed from an individual, familial, and social perspective. In the spring of 2002, faculty associated with the CSAR began to examine the collegiate recovery program by collecting preliminary research data with approval of the University IRB. Initial research has focused on describing the population accessing recovery support services through the CRC. The CRC has collected three waves of data that provide information on demographics of the population, family of origin information, age on onset of first use of tobacco, alcohol, and other drugs, length and intensity of use, and the prevalence of co-occurring disorders (Cleveland, Harris, Baker, Herbert, & Dean, 2007). As a follow-up to this data collection, the CRC is piloting a diary study with its members in which they record their daily access of social support while monitoring their physical, mental, and emotional states simultaneously. This study is expected to show significant predictors of alcohol/drug cravings and, consequently, relapse.

Replication. The CSAR has also received federal earmark funds to document the community support and recovery support programs it offers to the CRC. The documentation of this program provides an opportunity for other institutions of higher education to implement recovery support and

relapse prevention programs for recovering students. This documentation follows a curriculum format integrating literature, the experiences of the CRC in program development and administration, and recommendations for program evaluation in an effort to create a step-by-step guide for implementing and maintaining a collegiate recovery community (Harris, Baker, & Thompson, 2005).

Family. Although the CRC programs are comprehensive in nature for the college student, parents and families who wish to stay involved and active in the recovery of their college-aged students must typically do so with few formal guidelines and over long distances. In a recent pilot study conducted by the CRC ($N = 52$), it was found that the more the student identified his or her family members as part of the social support network, the more the student reported experiencing support in decisions to abstain from substance use. However, students who identified a greater proportion of family members in their social support network also reported that explicit discussions of their recovery occurred less. These findings suggest that family members may be providing much needed general support but may not have the know-how or the guidance to provide greater levels of recovery-specific support and relapse prevention for their student.

Little is known about family members' experiences and the potential effectiveness of their involvement and support in a collegiate recovery community. Thus, the CRC has planned to increase its interaction/research with parents and to expand current offerings to include additional family members and more frequent interactions. This will give the CRC an opportunity to conduct more extensive research regarding family interaction and its impact on sustained recovery.

Future Direction and Conclusion

Future research includes the formation of an extensive data set specific to adolescent and young adult recovery and a better understanding of family involvement in the process of preventing alcohol and other drug-related problems in their adolescents and assisting families in providing more effective recovery support. In addition, the CRC is currently evaluating the impact of its college curriculum on prevention and recovery and is creating a more extensive program evaluation and outcome data set to evaluate the effectiveness of the CRC.

This paper is an initial attempt to introduce and document the CRC model. In short, the CRC is a model that has maintained one primary focus: the creation of a comprehensive recovery support, education, and

prevention network for students. This model highlights the opportunities that may exist on all college/university campuses to establish communities of recovery that are viable and to promote a culture of systems-based sustained recovery.

REFERENCES

- Cleveland, H. H., Harris, K. S., Baker, A. K., Herbert, R., & Dean, L. R. (2007). Characteristics of a collegiate recovery community: Maintaining recovery in an abstinence-hostile environment. *Journal of Substance Abuse Treatment, 33*(1), 13–23.
- Dworetzky (1996). *Introduction to child development*. Belmont, CA: Wadsworth Publishing.
- Feldman, S. S., & Elliot, G. R. (1990). *At the threshold: The developing adolescent*. Cambridge, MA: Harvard University Press.
- Gotham, H. J., Sher, K. J., & Wood, P. K. (2002). Alcohol involvement and developmental task completion during young adulthood. *Journal of Studies on Alcohol, 63*, 32–42.
- Harris, K. S., Baker, A. K., & Thompson, A. A. (2005). *Making an opportunity on your campus: A comprehensive curriculum for designing collegiate recovery communities*. Funded by the Center for Substance Abuse Treatment and the U.S. Department of Education. Center for the Study of Addiction and Recovery, Texas Tech University, Lubbock, TX.
- Harrison, P. A., & Hoffmann, N. G. (1987). *CATOR Report: Adolescent residential treatment, intake and follow-up findings*. St. Paul: Ramsey Clinic.
- Hazelden. (2006). *Why choose Hazelden?: What is Hazelden's "success rate"?* Retrieved August 2006 from http://www.hazelden.org/servlet/hazelden/cms/ptt/hazl_7030_shade.html
- Hingson, R. W., Heeren, T., Zakocs, R. C., Kopstein, A., & Wechsler, H. (2002). Magnitude of alcohol-related mortality and morbidity among U.S. college students ages 18–24. *Journal of Studies on Alcohol, 63*, 136–44.
- Johnston, L. D., O'Malley, P. M., & Bachman, J. G. (2001). *Monitoring the Future National Survey Results on Drug Use, 1975–2000. Volume I: College Students and Adults Ages 19–40*. Bethesda, MD: National Institute on Drug Abuse.
- O'Malley, P. M., & Johnston, L. D. (2002). Epidemiology of alcohol and other drug use among American college students. *Journal of Studies on Alcohol Supplement, 14*, 23–29.
- Perkins, H. W. (2002). Social norms and the prevention of alcohol misuse in collegiate contexts. *Journal of Studies on Alcohol, 14*, 164–72.
- Ridgeway, P. (2001) Restorying psychiatric disability: Learning from first person recovery narratives. *Psychiatric Rehabilitation Journal, 24*(4), 335–43.
- Schulenberg, J. E., Maggs, J. L., Long, S. W., Sher, K. J., Gotham, H. J., Baer, J. S., et al. (2001). The problem of college drinking: Insights from a developmental perspective. *Alcoholism: Clinical and Experimental Research, 25*(3), 473–77.
- Schulenberg, J. E., & Maggs, J. L. (2002). A developmental perspective on alcohol use and heavy drinking during adolescence and the transition to young adulthood. *Journal of Studies on Alcohol, 14*, 54–70.

- U.S. Department of Health and Human Services. (2000, November). *Healthy People 2010. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols.* Washington, DC: U.S. Government Printing Office.
- Wechsler, H., Lee, J. E., Kuo, M., Seibring, M., Nelson, T. F., & Lee, H. P. (2002). Trends in college binge drinking during a period of increased prevention efforts: Findings from four Harvard School of Public Health study surveys, 1993–2001. *Journal of American College Health, 50*, 203–17.
- White, W. L. (2000). *Toward a new recovery movement: Historical reflections on recovery, treatment, and advocacy.* Paper presented at the meeting of Recovery Community Support Program Conference. CSAT, SAMHSA, Working Together for Recovery, Arlington, VA.
- White, W. L. (2001). A lost vision: Addiction counseling as community organization. *Alcoholism Treatment Quarterly, 19*(4), 1–30.
- White, W., Boyle, M., & Loveland, D. (2005) Recovery from addiction and from mental illness: Shared and contrasting lessons. In R. O. Ralph & P. W. Corrigan (Eds.), *Recovery in mental illness: Broadening our understanding of wellness.* Washington, DC: American Psychological Association.
- Woodford, M. S. (2001). *Recovering college students' perspectives: Investigating the phenomena of recovery from substance abuse among undergraduate students.* Unpublished doctoral dissertation. The Curry School of Education, University of Virginia.

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