

White, W. (2016). The recovery school movement: An Interview with Dr. Andrew Finch. Posted at www.williamwhitepapers.com.

The Recovery School Movement: An Interview with Dr. Andrew Finch

William L. White

Introduction

One of the most important developments within the alcohol and other drug problems arena has been the recent emergence of new recovery support institutions that lie beyond or between the traditional categories of professionally-directed addiction treatment and peer-based recovery mutual aid societies. These new support institutions include recovery community centers, recovery residences, recovery industries, recovery schools, recovery ministries, recovery-focused sporting programs, recovery cafes, and Internet-based recovery support services. One of the most exciting of these developments has been the growth of recovery high schools and collegiate recovery programs.

Dr. Andrew Finch, Associate Professor at Peabody College/Vanderbilt University in Nashville, Tennessee, has been at the center of the recovery school movement, both as an organizer of such programs and as a scholar documenting the history of education-based recovery support programs and conducting research on the effects of recovery school participation on long-term recovery outcomes. I recently (February 2016) had the opportunity to interview Dr. Finch about his work with recovery schools in the United States. Please join us in this engaging conversation.

Background

Bill White: Dr. Finch, could you share the story of how you came to be involved in recovery schools?

Dr. Andrew Finch: Sure. I got my master's degree in counseling at Vanderbilt University, and the program that I went through allowed me to study both school counseling and community counseling. I had done internships as a school counselor, and my first job out of graduate school was as a school-based therapist, which meant that I worked in schools as a therapist working with kids who had emotional/behavioral problems. The other part of my experiential training is that I'm an adult child of an alcoholic. Having grown up with those types of family dynamics, they undoubtedly informed my own professional work and interests. All those pieces came together when I saw an article in the newspaper about a school called Oasis Academy that was opening in Nashville, Tennessee where I was working at the time. The new school was going to be for teenagers in recovery and trying to overcome substance use issues. The school was going to be started by a local community agency that ran a runaway shelter. I read the article and felt it would be the perfect convergence of my professional, academic, and personal experience. I picked up the phone and called them and said, "I really feel like I'd be perfect to be a counselor for the new school." One thing led to another and they hired me about one month before the school opened in 1997. At that time, I had a choice because I was also offered a position as a Professional School Counselor at a large traditional high school with more security and a larger salary. I do remember wrestling with the choice at the time. There was a lot of risk going to the

recovery school, but a close friend of mine who is in recovery and working as an addictions counselor advised me, “You have to go with your heart. Where do you really feel you can make the most difference?” And, to me, it was clear that it was with the new school. That was one of the best decisions I’ve ever made. It changed my life.

The Recovery School Movement

Bill White: How long after you started at Oasis Academy did you become aware of a larger recovery school movement that was unfolding?

Dr. Andrew Finch: My nature is to look into things when I start to work in them--do some research on it, make some phone calls, talk to other people. But it took some time to discover that there were other programs out there. They were not well-known, and there was no literature that you could just look up at the library. Judy Ide, who had the original idea for Oasis Academy was aware of the program in Minnesota called Sobriety High. She had been a teacher at the runaway shelter in Nashville and had recognized that a number of those served had substance use problems. She felt that every time they came to the shelter and then went back to their traditional school that it was a set-up for them to fail. To be around kids who were continually using was not an environment conducive to recovery. When Judy heard about the school in Minneapolis called Sobriety High, she got the idea of replicating something like that in Nashville. This was before I got involved. She and the rest of the Oasis Center, which is the name of the agency, spent about two years doing a market study here, procuring funding, and trying to make that happen. The only program that I was aware of when I began in 1997 was Sobriety High.

Bill White: At what point in time did you get involved in founding the Association of Recovery Schools?

Dr. Andrew Finch: That would have been about five years later. Between 1997 when the Oasis Center opened Oasis Academy and 2002, I became increasingly aware that there were other programs out there. I know that there was a program in McKinney, Texas called Serenity High School that still is in operation. Their Director is Juli Ferraro, and Juli was the first to reach out to us to compare our experiences operating a recovery school. In that first five years, I was aware there were other programs out there, but nobody knew how many or where they were located. We all wanted to get help from each other, but there was no way of doing that.

In 2000, I returned to school to work on my Ph.D., and I knew the state of recovery schools was an area I wanted to research. I was still working in the high school here; we had changed our name to Community High School in 1999, as we had spun off from that local agency and established our own non-profit. We took a couple of students from our high school up to Minneapolis to look at the Step-Up Program at Augsburg College. The students we took were considering going to college and they were interested in a recovery college program. During that trip to Minnesota, I met Dave Hadden, the Assistant Director of the Step-Up Program. Dave had been involved for many years with the collegiate program at Augsburg and, with its location in Minneapolis, he had worked very closely with all of the sober schools in Minnesota and was pretty well-known. It was through Dave I became aware that efforts were

underway at the federal level to support collegiate programs and that there was real interest in what was going on with recovery high schools.

In early 2002, Randy Muck, from the Center for Substance Abuse Treatment, sent an email to many people in the field saying, “We have some funding to bring people to Washington to talk about recovery education programs, and we need help identifying who to invite. If this sounds interesting to you, let me know.” I don’t think many people responded to Randy, but Dave and I both responded immediately, so we were given the task of finding high schools and colleges around the country to invite to Washington for a three-day meeting that really didn’t have an agenda other than to talk and to figure out what could be done and how CSAT and SAMHSA could support such efforts. That was my first attempt to identify the recovery schools that were in existence across the country. I spent probably the next four or five months pursuing every lead to identify those schools with recovery support programs.

Bill White: Did that CSAT meeting mark the official beginning of the Association of Recovery Schools?

Dr. Andrew Finch: It did. The Association of Recovery Schools considers that meeting their first conference. When we first came together, that wasn’t what we called ourselves. I still remember having conversations with Dave in that time period. What are we going to call this? What would be a good name for it? What would we call these schools? It’s funny to think back, but schools that were doing this didn’t necessarily have a title. I think in Minnesota they called them “sober schools,” but others saw themselves more broadly as private schools or alternative schools. There wasn’t a shared identity or name yet, and we didn’t know what to call ourselves as a group. Are we a consortium? Are we an association? I remember saying, “We can’t be the Association of Sober Schools because that acronym just wouldn’t work.”

Dave, I remember, was very adamant that he wanted to emphasize the word, “recovery” rather than sober. That was actually a real topic of discussion among those first schools that met together for the first time. Many were going by the name, “sober schools,” and there were collegiate settings that had sober dorms, but that didn’t necessarily mean they supported recovery. There was also the sentiment that the term “sober” didn’t encompass people who were recovering from addictions to drugs other than alcohol. There were some early discussions of broadening the language to “clean and sober.” We were in the midst of this rising idea of recovery as an organizing concept, which was influenced by some of your work. And so “recovery” just stuck. It captured the breadth of what we wanted to do. So in July of 2002 we became the Association of Recovery Schools.

Bill White: You know, after you became aware of this larger number of high school and collegiate programs, can you look back now and describe stages within the recovery school movement?

Dr. Andrew Finch: That history is something that I’m actively researching at present. It’s still an incomplete picture, but the first college program started at Brown in the late 1970s by faculty member Bruce Donovan. This was the first known coordinated effort on a college campus to work with young people in recovery. Bruce then helped Lisa Laitman start a similar effort at Rutgers where she was also charged with the larger area of prevention and intervention services. She opened a house in the early 1980s on her campus for students in recovery and has headed

that program ever since. In 1986, Dr. Carl Andersen started a program at Texas Tech University in Lubbock, Texas. That program did not have housing, but it offered a broad spectrum of support programs for students in recovery in college, including scholarships for people in recovery to advance their education. And the program at Augsburg College came along a little bit later. None of these programs tried to replicate what other schools were doing, but instead developed services that met the needs of their particular campus. When they began, most, other than Lisa, had no idea of other such programs. So the early years saw schools developing programs independently with little contact or support from other programs. When we brought those programs to Washington in 2002, we didn't even invite a program that was possibly the first recovery high school in existence because none of us even knew about it. That was the Phoenix Schools started in Montgomery County, Maryland. Phoenix One and Phoenix Two opened in 1979 and 1982. Ironically, we hosted the first national meeting in the Maryland area without even knowing about these programs.

I've found that the oldest program working with high school kids in an educational way was actually a GED program in Houston, Texas started by John Cates in 1976. John was one of the early people with the Palmer Drug Abuse Program. He had worked with the founders of that program and with his education background helped get a GED program started. Now, this wasn't what our accredited programs are today that offer recognized high school diplomas. It was a GED program for mostly high school aged students that operated until about 1980. It was the seed of what would ultimately become Archway Academy many years later. But early programs in Maryland and one in South Carolina operated almost really off the radar of the rest of the country. Very few people knew about them. There were programs out west. And, of course, the programs in Minnesota that started in the mid-1980s with Sobriety High and then PEASE Academy and, over time, multiple programs in Minnesota. By 2006, there were 16 recovery high schools in the state of Minnesota alone. They actually did try to work together for a period of time. It wasn't until the Association of Recovery Schools was founded that their work became coordinated and mutually supportive.

Bill White: I seem to recall in this early period some confusion over whether these new programs—the recovery schools—were educational institutions or treatment institutions.

Dr. Andrew Finch: Bill, I think that confusion still exists. One of my goals has been to help make clear what we mean when we refer to a recovery high school, collegiate recovery program, or collegiate recovery community. We have to understand that recovery high schools are really a program that came up through both the education sector and the treatment sector, but they're not traditional schools nor are they traditional treatment. They occupy their own place in that continuum of care. As I've studied the history of recovery high schools, I've had to look at the history of alternative schools. One of the reasons that recovery schools emerged was the growing openness in the 1970s to creating educational alternatives. There was this growing belief that not every student learned the same way or had same needs, and that it was the responsibility of the school system to create educational alternatives for kids. I think that was the mindset in Montgomery County, Maryland in 1979 that allowed a local school board to put funding aside for an alternative school for kids recovering from a substance use disorder. There was a new belief that that was the responsibility of the public school system. Similarly, in Minnesota, in the mid-1980s, Sobriety High and PEASE Academy were certainly efforts led by people from the nonprofit sector, but they were able to access public dollars because

Minneapolis Public Schools and the school districts around Minneapolis, had a commitment to providing public funding to support programs. Even if they were run by nonprofits, they had a mechanism that allowed public education dollars to flow into those schools.

One of the things that we have to understand is that recovery schools are alternative schools with a very specific purpose of supporting recovery within an educational context. It is important to understand that the first schools were created in an era in which there was little substance use treatment for adolescents. This meant that if you were going to have a program for kids that were struggling with substance use in the schools, then you were going to have to offer more than just educational classes. You were going to have to offer pretty basic levels of treatment and education tailored to the needs of young people in early stages of recovery. The first programs were very Twelve-Step oriented in their philosophy because Twelve-Step groups were the primary resources available at that time. Now, in Minnesota there was an adolescent treatment community that grew a lot quicker than in other places and those resources created the need for places these youth could go to school. That fed the recovery school movement in Minnesota. As adolescent treatment grew in the U.S., a new narrative emerged in which the purpose of recovery schools was not primary treatment but to provide ongoing recovery and educational support to sustain the gains achieved during earlier treatment. That's what the Minnesota schools did.

Bill White: As time has gone on, there has been greater differentiation between the recovery high schools and the collegiate recovery programs. What do you see as their major differences?

Dr. Andrew Finch: They've always been very different. When we came together in 2002, we saw one core similarity and that was that we were supporting the recovery of young people in a school setting—what Dave Hadden and I called recovery-based education. But what high schools are doing and what colleges are doing to achieve that purpose for those young people are very different. A college is clearly a program within a much larger institution. It's not feasible to have an entire college or university just for people in recovery, so recovery must be supported within this larger milieu. The high schools, in contrast, created a closed milieu that created a peer group for teens in recovery. That meant that these students were going to be together all day long, unlike colleges where you come and go to classes within the larger life of the campus. In the recovery high schools, you're with other kids all day long, seven to eight hours a day, 180 days a year. The recovery high school is a more contained program of education and recovery support. You have to have a complete curriculum, you have to make sure kids are getting credits that count, you have to make sure your teachers can teach kids with these special needs, and you have to create an environment that's safe for recovery all day. In the recovery high schools, you staff an entire school instead of a few staff members for a program within a college of university. You have to do an entire school from administration, teaching, support, and counseling, which is much more challenging. The recovery high schools have a much different focus and scope than the college programs do, and that's why we've seen the two really separate in recent years into two associations: the Association of Recovery Schools, which is focused on the high school recovery programs, and the Association of Recovery in Higher Education that's exclusively focused on the colleges. I think that's been a good development and still means we can continue to work closely together in the future.

Recovery School and Collegiate Recovery Community Research

Bill White: Andy, You've been involved in conducting research on recovery schools and reviewing that larger body of research. What do we know about recovery schools and their effectiveness from the standpoint of science?

Dr. Andrew Finch: We are still at a very early stage of this research, but more and more studies are occurring. The primary published studies have been descriptive and definitional in nature. They describe the programs that exist in the country and they've helped clarify what recovery high schools are structurally, administratively, and educationally. They have described the profiles of the students involved and detailed the recovery support mechanisms. My research has been focused on recovery high schools, but the collegiate program research has been primarily descriptive as well. We are starting to do some outcome-based research on recovery high schools. The current study that I'm most familiar with is underway at Vanderbilt University, the University of Minnesota, University of Wisconsin, and University of Houston. This study is comparing kids who have and have not gone to recovery high schools after receiving treatment for substance use. We are trying to determine the effects of recovery high school participation on recovery outcomes. At this point, we've just finished enrollment in that 5-year study, so we won't know the answer to that question until study completion. Those answers will become clearer over the next six months to a year.

One interesting finding so far is our discovery that youth and their families are using many different educational options following treatment. I think the school choice movement that got going with charter schools and the No Child Left Behind initiative really promoted the development of alternative schools and Internet-assisted home schooling. These expanded types of school options have allowed families to have more options than just traditional schools or recovery schools. They have lots of choices, especially in states like Texas and Minnesota.

Bill White: Two tentative impressions I have from the early descriptive studies is that the rate of alcohol and drug use recurrence is quite low in these studies and the level of academic achievement is quite high. Is that an accurate impression on your part?

Dr. Andrew Finch: Another line of research is that led by Mary Jo Rattermann. She's worked with Hope Academy in Indianapolis for a number of years. They use the GAIN (Global Appraisal of Individual Need) instrument and a national assessment from the NWEA (Northwest Education Association) to measure outcomes. Every student across Indianapolis uses the latter so they've been able to look at academic trajectories from enrollment to end of the year testing. Comparing kids in Indianapolis Public Schools and those at Hope Academy, they have found quite positive academic gains of the Hope Academy students compared to similar students in other schools. The survey study we did of 17 recovery schools and some 300 students found positive gains in just about every category. Substance use declined, mental health functioning improved, and academic performance improved, but that was a point-in-time survey based on self-report. There certainly needs to be more research and more rigorous research. I'm really interested to see the data from our present study because it's a much more rigorous design. It will help us capture differences between the kids who actually go to a recovery high school from those who don't. I think we're seeing that those who choose to go to a recovery high school are

quite different from those who don't. And I think we need to understand that before declaring what recovery schools can and cannot achieve.

For example, our preliminary data would suggest that problem severity (substance use, mental health, academic functioning) is greater among those involved in recovery high schools compared to those with substance use issues who choose not to enter a recovery high school. I'm quite interested in the question of who is choosing to go to a recovery high school as well as the effects of participation in such schools. I think this movement that happened in recovery high schools was really focused on kids who had had prior treatment. That left out a segment of society that didn't have access to treatment and this is reflected to some degree in the racial disparities that exist in treatment and how this gets played out in continuing care programs like recovery high schools. What we're now seeing is recovery high schools realizing we need to circle back and address such disparities. Maybe we need to also offer programs within our schools for kids who haven't had treatment and open doors to recovery for these students.

Bill White: What do you see as the critical questions facing the future of recovery schools?

Dr. Andrew Finch: One critical question is going to be: as school options increase exponentially, how will recovery high schools differentiate themselves? They're focused on recovery, but how do they present themselves as a value-added option for families? I think they need to position themselves as valuable, not only in the substance use continuum of care, but also in the educational arena. Hand in hand with that, recovery high schools are going to have to continue to diversify their enrollment. They cannot be seen as the school that's a resource for only one ethnic group or one privileged economic group. To diversify their enrollment, they will have to find ways to address the issue of expanded treatment access. I look at those as probably two of the biggest challenges.

I realize too the need for recovery school research and that's obviously something that I've been working on for many years. I also see that as a challenge. Studies of treatment are challenging, but studies of continuing care are even more challenging. I think that's why we see so few long-term studies. We need longitudinal perspectives on the different paths young people follow months and years AFTER they undergo treatment. And we need research methodologies that help us isolate the effect of recovery school participation years after such participation—a very difficult research enterprise. We need to isolate the recovery high school effect. That will be a great challenge.

As we move forward, I think we will also need to clarify that when we say "recovery high schools," there's not just one type of recovery high school. There's a real difference in models and approaches and my hope is that this will continue in the future. I feel like we need to have schools that are very rooted in their local context: the local treatment and recovery support community that's there, the local education system, the local population. My hope is that we don't move toward a manualized model of recovery schools that we impose on all communities. These programs need to be contextualized. Cataloguing and evaluating these varieties will be a considerable challenge for the future. The critical mechanism of change identified to date seems to be the power of peer supports at both the high school and collegiate levels.

Personal Reflections

Bill White: Andy, as you reflect on your work in and with recovery schools, what have been some of the greatest personal challenges you've faced in that work?

Dr. Andrew Finch: I think two of those challenges were not being trained specifically as a chemical dependency counselor and not being personally in recovery. It has been unclear the prior training and experience needed to work in recovery schools, and the addictions counselor training and recovery status have historically granted a degree of legitimacy. There are a variety of beliefs about how best to serve young people. People have strong beliefs about what works best and who works best, especially since this can be a life and death situation for the students. Professional beliefs are rooted in family upbringing, personal experiences, and academic and professional training. Since research has only recently become more available (and still lags in the continuing care sector), personal convictions still have a powerful hold in the field. In trying to build a national organization, I have tried to bring together and work with people from myriad belief systems, some closely aligned to my own background and training, and others very different. This has made for some very spirited and emotional debates, all with the common goal of helping young people. My personal training has obviously been in education and the broader mental health arena. As recovery schools have had to address more students with co-occurring disorders, mental health training has taken on greater value. But in the early days, the lack of addictions training and recovery status were challenges for many people working in recovery schools. Over the last few years, there's been an increased understanding of the need for people with diverse backgrounds that span both chemical dependency and mental health training.

Bill White: What lessons have you learned through your experience that would be of help to other educators or community members interested in starting a recovery school?

Dr. Andrew Finch: I think recognizing that there are many pathways to recovery is one of the most important of those lessons. That's become increasingly accepted, but we didn't always agree on that. People starting recovery high schools need to create settings that will be welcoming of the many different ways that people find support in recovery. In our early years we focused almost exclusively on the Twelve-Step model because that's what the predominant approach and most accessible resource was at the time. Now we have seen a broadening of these approaches, and recovery high schools are embracing diverse methods of recovery support.

Something else I've learned is that not everybody sees recovery-based education as a positive thing. I think once you've worked with kids in recovery and you've worked in a setting like this, it's hard not to see it as positive, but not everybody thinks public dollars should be used to support recovery schools. Not everybody thinks addiction is a real thing for adolescents or that we should be suggesting that adolescents abstain from substance use for the rest of their lives. Anybody starting a school needs to realize that they're going to run into critical opposition early on, and they need to be prepared and open-minded about that.

I also think any new recovery school needs to be collecting data and outcomes from day one. I think a lot of the early schools were so focused on helping that they neglected this important function. The more data you collect on the front end, the more you can make the case that the schools make a difference. It's a lot easier that trying to do this retrospectively with no baseline data.

Bill White: Andy, as a final question, as you look back over your career to date, what are the rewards you have experienced from this specialized work you have pursued?

Dr. Andrew Finch: The biggest reward is hearing students and graduate alums tell their recovery stories and what the recovery high school experience meant to them. That's when I realize how worthwhile and meaningful this work has been. It's important to have the difficult discussions. It's important to try to figure things out and to continue to try to do things better. But I keep coming back to the stories. The first stories that I heard were those first seven students that we enrolled at Oasis Academy in the fall of 1997. They would sit around and tell their stories and say how thankful they were to have the recovery school to come to. Those stories changed my life, and I still hear those stories in my head. Now years later, I am hearing very similar stories of kids from schools around the country in our latest research project. Now I'm studying the history of recovery high schools and I'm talking to students that went to some of those early schools—some who now have twenty years or more years of sobriety. Their stories of the recovery school experience and what it meant to them are overwhelmingly positive. They talk about how important it was to have a supportive peer group that was about having fun without alcohol and drugs and helping them get a high school diploma. They talk about how important it was to learn that they could have friends without using drugs. To be able to create programs like that for every kid in this country who's struggling with substances remains my primary goal.

Bill White: Andy, thank you for taking this time to review your work to date with recovery schools. It is a very inspiring story.

Dr. Andrew Finch: Thank you, Bill.

Acknowledgement: Support for this interview series is provided by the Great Lakes Addiction Technology Transfer Center (ATTC) through a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT). The opinions expressed herein are the view of the authors and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA, or CSAT.

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