Campus Recovery Programs

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Comprehensive Campus AOD Model includes: Prevention, Training, Enforcement, Intervention, Treatment and Recovery Support

- Environmental supports for low risk students
- Policies for referral and training front line staff to identify students at risk
- Screening and brief interventions
- Short term counseling with AOD trained professionals to address students with a pattern of problems
- Referral for treatment: Intensive Outpatient Programs or Inpatient
- Campus Recovery Support
Models of Campus Recovery Programs

Common Characteristics:
- Campus based professional with responsibilities for developing a support network for students in recovery
- Outreach and publicity about the program
- Facilities dedicated to recovery program

Unique Characteristics:
- Recovery House: on campus or off campus
- Campus 12 Step Meetings
- Academic credit given for courses required of students in recovery program
- Length of time in recovery prior to admission
- Funding sources and oversight of program
Recovery Support to College Students: The Need

- In the decade between 1992 and 2002 the numbers of adolescent treatment admissions increased by 65% from 95,000 to 156,000 in the US according to SAMHSA data in 2004.
- Increase in numbers of young people in recovery wanting to attend college who need support to manage the drinking environment that exists at most colleges.
- Two studies have reported that 13% to 32% of college students meet DSM IV criteria for alcohol abuse and 6% to 8% for alcohol dependence. In 2008-2009 that translated into approximately 1,000,000 college students with alcohol dependence.
- Recovery support for young people in college not only increases opportunities for a productive adult life but also contributes to recovery success.
College Students in Recovery: Campus Challenges

- Many college peers are engaging in alcohol and other drug experimentation, while students in recovery are learning how to manage abstinence.
- Maintaining abstinence is often dependent on restructuring daily lives to avoid behaviors and social triggers that may lead to use.
- Young people in recovery—“Been there, done that”.
- Lack of privacy and space in most residential college living environments. Balancing demands of recovery and academics.
- The need to fit in and make new friends and a sense of belonging.
- Understanding how students in recovery sometimes feel they’re missing out on the “normal” college experience, recovery communities provide the social support of others in recovery.
Evaluation of Campus Recovery Programs

- Two of the largest Campus Recovery Programs have begun to produce some promising data:

- **Texas Tech University’s Center for the Study of Addiction and Recovery (CSAR)** in Lubbock, Texas, has produced the most research to date on campus recovery programs.

- **Augsburg College’s StepUp Program** in Minneapolis, Minnesota, has also been tracking relapse rates and grade point averages of their recovery community.

- A growing number of other campuses offer recovery communities. They include Brown (1977), Case Western, Washington State, UT Austin, UVA, Loyola, Kennesaw, UPenn, Georgia Southern, Rutgers-Newark, Grand Valley, William Patterson, Tulsa Community College, Northern State, College of St. Scholastica. “If you build it, they will come...”
College Students in Recovery: Texas Tech CSAR Student Profile

Problems caused by alcohol and drug use encountered by the sample

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>General problems caused by drugs and alcohol ($N = 82$)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family ever worry or complain about use?</td>
<td>74 (90.2)</td>
<td>8 (9.8)</td>
</tr>
<tr>
<td>Did use ever create problems with close relationships?</td>
<td>75 (91.5)</td>
<td>7 (8.5)</td>
</tr>
<tr>
<td>Neglected family, school, or work obligations for 2 or more days?</td>
<td>71 (86.6)</td>
<td>11 (13.4)</td>
</tr>
<tr>
<td>Trouble at school or work because of use?</td>
<td>67 (81.7)</td>
<td>15 (18.3)</td>
</tr>
<tr>
<td>Legal problems ($N = 82$)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrested for driving under the influence?</td>
<td>24 (29.3)</td>
<td>58 (70.7)</td>
</tr>
<tr>
<td>Arrested because of other use-related behaviors?</td>
<td>54 (65.9)</td>
<td>28 (34.1)</td>
</tr>
<tr>
<td>Dependence items ($n = 74$)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Been on a drug spree or binge that lasted for more than 3 days?</td>
<td>62 (83.8)</td>
<td>12 (16.2)</td>
</tr>
<tr>
<td>Felt things crawling on you as a result of drug use?</td>
<td>54 (73.0)</td>
<td>20 (27.0)</td>
</tr>
<tr>
<td>Had shakes or tremors during or after drug use?</td>
<td>62 (83.8)</td>
<td>12 (16.2)</td>
</tr>
<tr>
<td>Used drugs several times a day to keep a high going?</td>
<td>69 (93.2)</td>
<td>5 (6.8)</td>
</tr>
</tbody>
</table>

Data are expressed as $n$ (%).

### Abstinence Rate Over 12 Years

<table>
<thead>
<tr>
<th>School year including summer, fall and spring semesters</th>
<th>Students Served Yearly *</th>
<th>Relapse Number Yearly</th>
<th>Average Yearly Abstinence Rate</th>
<th>Average Yearly Relapse rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997-98</td>
<td>36</td>
<td>9</td>
<td>75%</td>
<td>25%</td>
</tr>
<tr>
<td>1998-99</td>
<td>41</td>
<td>7</td>
<td>83%</td>
<td>17%</td>
</tr>
<tr>
<td>1999-00</td>
<td>44</td>
<td>8</td>
<td>82%</td>
<td>18%</td>
</tr>
<tr>
<td>2000-01</td>
<td>46</td>
<td>6</td>
<td>87%</td>
<td>13%</td>
</tr>
<tr>
<td>2001-02</td>
<td>54</td>
<td>11</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>2002-03</td>
<td>61</td>
<td>10</td>
<td>83%</td>
<td>17%</td>
</tr>
<tr>
<td>2003-04</td>
<td>83</td>
<td>12</td>
<td>85.55%</td>
<td>14.45%</td>
</tr>
<tr>
<td>2004-05</td>
<td>61</td>
<td>5</td>
<td>91.80%</td>
<td>8.19%</td>
</tr>
<tr>
<td>2005-06</td>
<td>54</td>
<td>12</td>
<td>79.78%</td>
<td>20.22%</td>
</tr>
<tr>
<td>2006-07</td>
<td>56</td>
<td>5</td>
<td>91.08%</td>
<td>8.92%</td>
</tr>
<tr>
<td>2007-08</td>
<td>79</td>
<td>8</td>
<td>89.88%</td>
<td>10.12%</td>
</tr>
<tr>
<td><strong>2008-09</strong></td>
<td><strong>76</strong></td>
<td><strong>5</strong></td>
<td><strong>93.50%</strong></td>
<td><strong>6.49%</strong></td>
</tr>
<tr>
<td><strong>Average Fall 1997 to Spring 2009</strong></td>
<td><strong>57.58</strong></td>
<td><strong>8.16</strong></td>
<td><strong>85%</strong></td>
<td><strong>15%</strong></td>
</tr>
</tbody>
</table>

* Duplicated count as students continue year to year
Administrative Challenges

- Where does the initiative to create a Campus Recovery Program come from? Academic Department vs. student services?
- Funding and institutional support over time
- One campus recovery model does not fit all campuses
- Recovery as the positive side of addiction
Admission Criteria for Campus Recovery Programs

- Admission to university
- Interview with recovery program
- Successful completion of treatment program
- Three months to one year of continuous abstinence
- Regular attendance at 12 Step meetings, sponsor
- Stabilization of any co-occurring mental health disorders.
Managing Relapse

- Relapse prevention strategies an integral component
- Procedures for addressing relapse are discussed with all students in recovery community and are in writing.
- Response is therapeutic (not punitive) and rapid.
- Determine response to individual relapses depending on severity.
- Managing the anxiety that relapses create within the recovery community with open and direct communication.
- Balancing confidentiality with transparency.
- Administrative review.
Rutgers Recovery House

- In 1988 Rutgers became the first university to offer an on-campus residence hall for students in recovery.
- Safe haven for students who started recovery through on-campus AOD counseling program. Students in recovery began transferring to Rutgers because of Recovery House and support services.
- Recovery House is not a halfway house but a residence hall for students in recovery. Emphasis on self governance and accountability to the community.
- Alumni now include individuals in the 30’s-50’s with up to 27 years of sobriety. Rutgers Recovery Reunions in 1993, 2003 and 2008.
- In 2008 Rutgers received a three year grant from the NJ Division of Addiction Services to enhance our recovery support services.
Rutgers Recovery Community Enhancements

- Full-time Recovery Counselor-Rutgers Newark and New Brunswick
- Life skills training
- Academic support services
- Coordinated admissions process
- Housing scholarships
- Sober Spring Break, Halloween, New Year’s Eve and Super Bowl Parties
- Graduation Party was May 17, 2010. We had 9 graduates this year, one graduated Phi Beta Kappa. We had 50 in attendance including parents, close friends and sponsors.
- Importance of having fun (to fill the time that students used to spend using) Intramurals, speaking opportunities, sporting events, hikes, plays, museums
- Service work and internships
- Opportunities to bond with others in recovery
One of the most misunderstood, underutilized support networks is free and available on nights and weekends!

One of the most important components to successful recovery is making new friends and developing a new recovery support network.

Understanding, translating and working through resistance to 12 Step Recovery.

Many concepts within 12 Step Recovery are harm reduction and motivational in nature.

Many studies on adolescent treatment outcomes point to increased abstinence rates with AA/NA engagement.

“Universality, support and instillation of hope” are primary attractions for youth at 12 Step meetings.
Association of Recovery Schools

- Founding college programs
  - Augsburg College
  - Texas Tech University
  - Rutgers, The State University of New Jersey

- Annual meetings, mentoring support

- 2010 Conference: Boston, MA
  July 21-23 at Northeastern University

- www.recoverychools.org
Thank you

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AND TO COUNTLESS STUDENTS WHO HAVE
TAUGHT US ALL SO MUCH ABOUT HOW TO
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The End

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