

Recovery Schools

Substance Abuse Teleconference
February 25, 2010

Presented by: Monique Bourgeois-Executive Director
Association of Recovery Schools

1

Overview

- ▶ Defining Recovery Schools
- ▶ Substance Use Disorders
- ▶ School-Community Partnership Continuum of Care
- ▶ Recovery School Outcomes
- ▶ Potential Research
- ▶ Association of Recovery Schools
- ▶ Resources
- ▶ Questions & Answers
- ▶ Contact Information
- ▶ References

2

DEFINING RECOVERY SCHOOLS

3

Defining Recovery Schools

Recovery Schools are of two types:

- ▶ Schools at the secondary level (High school)
- ▶ Collegiate Recovery Communities (Colleges/universities)

4

Defining Recovery Schools

(continued)

- ▶ Recovery Schools provide academic services and assistance with recovery (including post-treatment support) and continuing care. However, they do not generally operate as treatment centers or mental health agencies.
- ▶ Recovery Schools require that all students enrolled in the program be in recovery and working a program of recovery determined by the student and the School. Consequences of relapse are addressed by the individual School.

5

Defining Recovery Schools

(continued)

- ▶ Recovery Schools offer academic courses for which students receive credit towards a high school or college degree. At the secondary level, Schools assist students in making the transition into another high school, college or a career.

6

Defining Recovery Schools
(continued)

- ▶ Recovery Schools are prepared through policies and protocols to address the needs of students in crisis, therapeutic or other. These procedures can involve
 - ▶ full or part-time licensed counselors on staff, or
 - ▶ out-sourced counseling contracts through which a specific outside agency consults with staff in the event of a student crisis or relapse

7

Defining Recovery Schools
(continued)

Recovery school movement history

- Collegiate program pioneers
 - Bruce Donovan–Brown University (1977)
 - Lisa Laitman–Rutgers University (1983)
 - Carl Anderson & Kitty Harris–Texas Tech (1986)
 - Don Warren, Dave Hadden and Patrice Salmeri–Augsburg Collge (1997)
 - Greatest growth in collegiate recovery communities since 2003

8

Defining Recovery Schools
(continued)

- ▶ Approximately 15–20 collegiate recovery communities are known to ARS; at various stages of development
 - Georgia
 - Maryland
 - Minnesota
 - New Jersey
 - Ohio
 - Oklahoma
 - Texas
 - Virginia
 - Washington

9

Defining Recovery Schools
(continued)

Recovery school movement history

- High Schools
 - Ecole Nouvelle (now Sobriety High) (MN)
 - 1987
 - PEASE Academy (Peers Enjoying A Sober Education) (MN)
 - 1988

10

Defining Recovery Schools
(continued)

- Approximately 30–35 recovery high schools are known to the Association of Recovery Schools
 - California
 - Indiana
 - Massachusetts
 - Minnesota
 - Oklahoma
 - Pennsylvania
 - Texas
 - Wisconsin

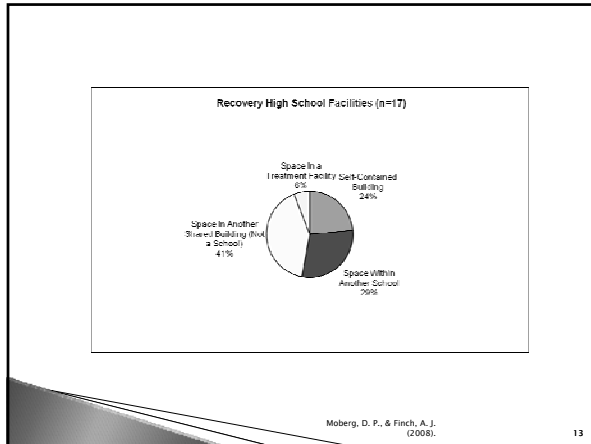
11

Defining Recovery Schools
(continued)

Recovery High Schools

- Structure: Most are embedded organizationally and physically, attempt to separate students from other programs.

Moberg, D. P., & Finch, A. J. (2008). 12



Moberg, D. P., & Finch, A. J. (2008).

13

Defining Recovery Schools (continued)

Recovery High Schools

- **Funding:** Combinations of public school money, fees, tuition, donations. Varies with state and local policies.

Moberg, D. P., & Finch, A. J. (2008).

14

- ▶ Receive public funding – 88% (n=15)
- ▶ Of the 15 schools receiving public funding, the ratios of public-to-private funding were:
 - 75–100 percent: 8
 - 50–75 percent: 4
 - 25–50 percent: 1
 - Data not provided: 2
- ▶ Median: 80% public funding
 - 5 charter schools
 - 9 alternative schools

Moberg, D. P., & Finch, A. J. (2008).

15

Defining Recovery Schools (continued)

Recovery High Schools

- ▶ **Size:** Small (12–25 students) and prefer to remain small. Official/budgeted enrollments larger than observed attendance.

Moberg, D. P., & Finch, A. J. (2008).

16

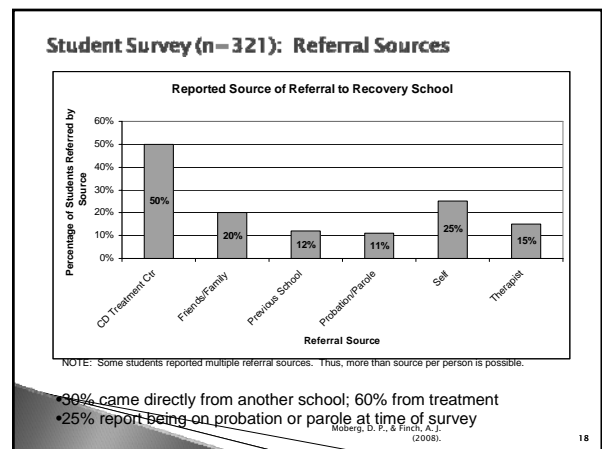
Defining Recovery Schools (continued)

Recovery High Schools

- **Referrals:** primarily from treatment programs, parents, and in some settings juvenile justice.

Moberg, D. P., & Finch, A. J. (2008).

17



Moberg, D. P., & Finch, A. J. (2008).

18

Defining Recovery Schools (continued)

Recovery High Schools

- **Admission requirements:**
 - Sobriety Duration (none to at least 30 days)
 - Recovery (Contemplation through active recovery)
 - Treatment history (none required through some—undefined— prior treatment program)
 - Voluntary through coerced

Moberg, D. P., & Finch, A. J. (2008). 19

Defining Recovery Schools (continued)

Recovery High Schools

- ▶ Generally eclectic orientations:
 - reality therapy
 - brief therapy
 - cognitive-behavioral
 - client/student centered
 - family systems
 - behavior modification (threat of incarceration)
 - psychopharmacology (for mental health issues)
 - Restorative justice/practices

Moberg, D. P., & Finch, A. J. (2008). 20

Defining Recovery Schools (continued)

Recovery High Schools

- ▶ Frameworks of Recovery:
 - Most include daily group plus available one on one counseling.
 - All utilize some variant of Twelve Step/Minnesota Model, some also incorporate harm reduction.
- ▶ All have counselor/therapist involved, some contracted/outsourced to treatment programs
 - Counseling staff credentials vary (most have licensed A&D counselors, LPCs, LMFTs, and/or social workers).

Moberg, D. P., & Finch, A. J. (2008). 21

Defining Recovery Schools (continued)

Additional Characteristics of Recovery High Schools

22

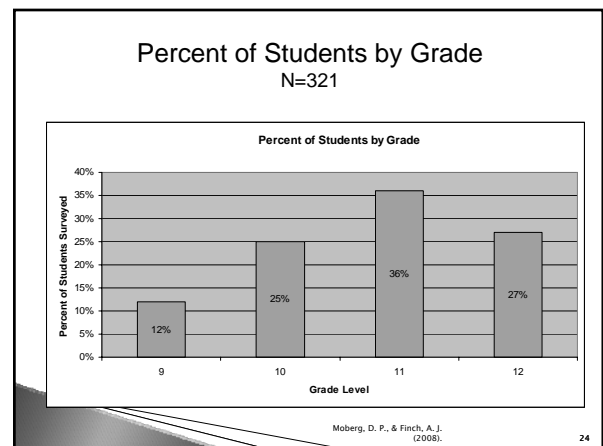
Defining Recovery Schools (continued)

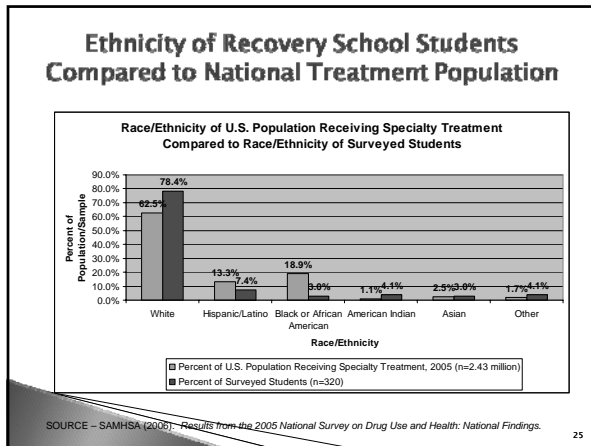
Additional Characteristics of Recovery High Schools

- Average 19 students per school (range 2–46)
- Student tenure: mean 232 days (just over 7.5 months), range 0–1440 days (4 yrs)
- Gender: 54% Male, 46% Female
- Parents/Guardians: 54% two-parent family in home
- Educational Attainment: 55% have at least one parents with college degree
- Demographics vary by school/community

Note: Student Survey (n=321)

Moberg, D. P., & Finch, A. J. (2008). 23





Treatment History

- 78% report substance abuse treatment history
 - 54% Inpatient/Residential
 - 55% Outpatient
- 49% report mental health treatment history
 - 23% Inpatient/Residential
 - 25% Outpatient
- 48% report they are currently receiving counseling or treatment outside of school (18% for AOD, 16% MH, 22% both)

NOTE: n=321

Defining Recovery Schools (continued)

Collegiate Recovery Communities

“Recovery communities provide a nurturing, affirming environment in which students recovering from addiction can successfully pursue academic, personal, and professional goals for the purpose of enhancing their quality of life and becoming productive students in your college/university community.”

– CSAR, Texas Tech University, 2006

Defining Recovery Schools (continued)

Collegiate Recovery Communities

- ▶ Types of Support
 - Emotional
 - Demonstrations of empathy, love, caring and concern
 - Informational
 - Health, wellness, educational, employment information for recovering individuals
 - Instrumental
 - Direct, concrete assistance in task accomplishment (i.e. securing financial aid, job placement, completing applications, housing, academic advising)
 - Companionship
 - Helping people in early recovery feel connected and enjoy being with others...recreational activities in alcohol and drug-free environments

Defining Recovery Schools (continued)

Collegiate Recovery Communities

- ▶ Located on college/university campuses
- ▶ Funded through grants, fundraising & by the college/university
- ▶ Size ranges from 2–100 students
- ▶ Referrals from treatment centers, probation, recovery high schools, word-of mouth
- ▶ Admission requirements vary from program to program
- ▶ Housing ranges from no on-campus housing to on-campus housing
- ▶ All have licensed staff to provide therapeutic support

Substance Use Disorders

Substance Use Disorders

- ▶ Addiction as a Chronic Condition
 - Traditionally, treatment (and school) systems have approached substance abuse and dependency as an *acute condition*.
 - In reality:

"The progress of many patients is marked by cycles of recovery, relapse, and repeated treatments, often spanning many years before eventuating in recovery, permanent disability, or death" (Dennis & Scott, 2007, p. 45).

31

Substance Use Disorders (continued)

Prevalence

- 2.0 million youths in the U.S. aged 12 to 17 (7.9 percent of this population) met diagnostic criteria for an SUD in 2007*
- 31.6% of all college students meet the criteria for an SUD (Knight, et al., 2002).
- On an average campus of 30,000 students, nearly 9,500 meet the criteria for SUDs (Harris, 2006).
- Prevalence of SUDs rises through teen years and peaks between ages 18 and 20 (20 percent of this population), then declines (Dennis & Scott, 2007).

32

Substance Use Disorders (continued)

Adult vs. Adolescent SUDs

- Shorter duration to exposure to substances
 - Start drinking earlier and progress more rapidly to alcohol dependence
 - May use (a) only alcohol and/or marijuana or (b) a greater diversity of substances
- Environmental factors (important predictors for both) are "more often beyond the control of minors"
- Often exhibit different relapse sequences than adults

33

Substance Use Disorders (continued)

High Prevalence of Co-Occurring Problems

Disorder	Outpatient	Long Term Residential	Short Term Residential
Conduct Disorder	56	68	80
ADHD	44	47	65
Major Depressive Disorder	21	35	52
Generalized Anxiety Disorder	25	43	52
Traumatic Stress Disorder	21	36	44
Any Co-Occurring Disorder	70	78	88

Dennis, M. (2004). 34

Substance Use Disorders (continued)

Intervention & Treatment: Traditional Community Based*

- 1) self-help group
- 2) outpatient rehabilitation/treatment center
- 3) outpatient mental health center
- 4) inpatient rehabilitation/treatment center
- 5) hospital inpatient
- 6) private doctor's office
- 7) prison or jail
- 8) emergency room

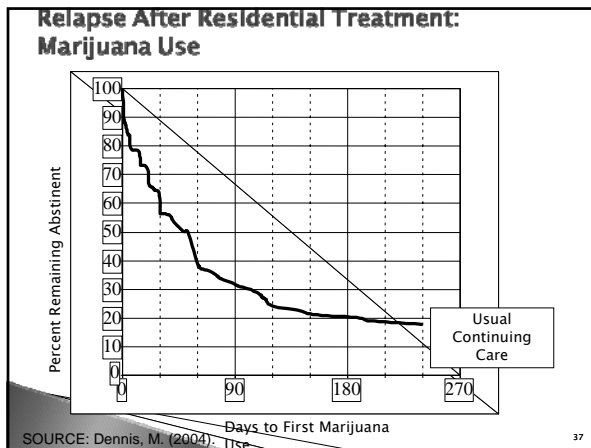
35

Substance Use Disorders (continued)

Outcomes: Traditional

- ▶ Traditionally post-treatment relapse rates have been a focus of treatment outcomes, because outcome goal in U.S. is typically abstinence (Brown, 2004)
- ▶ Winters and colleagues (2000) found that 77% of adolescents had used at least once and 47% had resumed full-blown substance use one-year following treatment.
- ▶ Cornelius and colleagues (2003) found that 66% of adolescents had relapsed to "drug use" within 6 months. Median time to drug relapse was 54 days (i.e., less than 2 months).

36



Substance Use Disorders (continued)

Outcome Predictors for Adolescents

- ▶ Human Development Matters:
 - Outcomes should be measured in the context of adolescent & young adult development as well as development along the addiction continuum
- ▶ Peer Networks Matter:
 - Adolescents with social networks with a greater density of substance users are at substantially higher risk for relapse (Richter, Brown, & Mott, 1991)
 - Motivation for abstinence is "pivotal" and is sustained through support group attendance (Kelly, Myers, & Brown, 2000)
- ▶ Mental Health Matters:
 - Youth with mental health disorders reflective of sensation seeking and control (e.g., conduct disorder) have poorer outcomes

38

School-Community Partnership Continuum of Care

39

School-Community Partnership Continuum of Care

Why School-Based Services?

- Intervention Gap - many barriers to accessing community-based treatment
 - 20% of youth in need of mental health services receive them (Kataoka, Zhang & Wells, 2002)
 - Less than 8% of adolescents (ages 12-17) with SUDs receive treatment in a specialized treatment facility (SAMHSA, 2008)
 - Shortage of facilities for adolescents...especially in rural areas

40

School-Community Partnership Continuum of Care (continued)

Why School-Based Services?

- Natural environment for youth where many traditional barriers to services are minimized
- Social emotional skills and mental health promotion tied to academic achievement, graduation, cost savings, and mental health functioning (Botvin, 2000; Bruns et al., 2004; Durlak et al., 2008)

41

School-Community Partnership Continuum of Care (continued)

Intervention & Treatment: School-Based

- ▶ High Schools:
 - Student assistance programs (SAPs)
 - School counselor
 - School-based therapists/community agencies
 - Disciplinary program/ALCs
 - "Chemical Health" Counselors/LADCs
- ▶ Colleges:
 - Student Health Center
 - College/University counseling center

42

School-Community Partnership Continuum of Care (continued)

Continuing Care: School-Based

- ▶ High Schools
 - Assertive Continuing Care
 - Recovery High Schools
- ▶ Colleges
 - Collegiate Recovery Communities
 - Recovery Houses/HERO House

43

School-Community Partnership Continuum of Care (continued)

A Vision: True School-Community Partnership Continuum of Care

- ▶ **IDENTIFICATION:** Substance-abuse assessment school-wide for grades 6-12...at regular intervals and as needed.
- ▶ **EARLY INTERVENTION:** Provide early intervention on-site at schools. Give feedback about screening, educate about drug use, advise on change, assess readiness to change, establish goals and strategies for change, and follow-up.

44

School-Community Partnership Continuum of Care (continued)

A Vision: True School-Community Partnership Continuum of Care

- ▶ **TREATMENT:** Provide outpatient treatment and family counseling after-school on-site - contract services. Try to provide during school day if possible.
- ▶ **CONTINUING CARE/RELAPSE PREVENTION:**
 - A recovery school program to address students with longer-term recovery support needs.
 - Provide Assertive Continuing Care (Godley) for first 90-days on-site for students desiring to return to/stay in their regular school following treatment.

45

Recovery School Outcomes

46

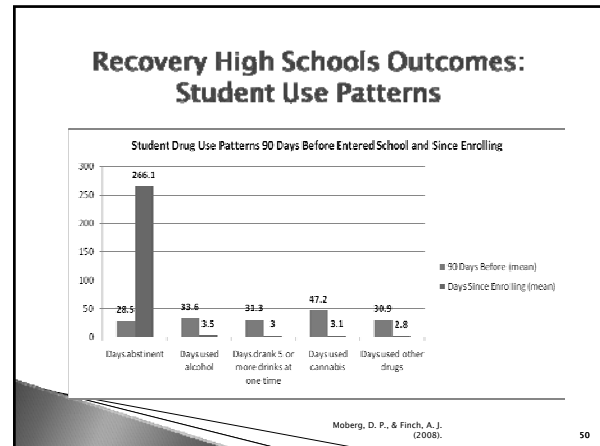
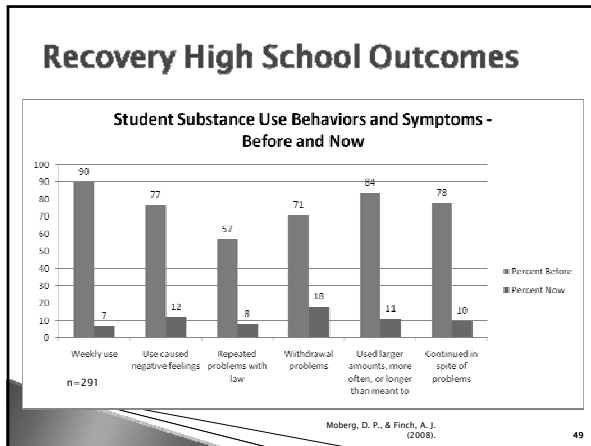
Recovery School Outcomes

- ▶ Chronic disease requires continuing care (McLellan et al., 2000).

47

HIGH SCHOOLS

48



Recovery High School Outcomes (continued)

Student Survey (n=321) Symptomatic Behaviors

- Symptomatic behaviors reduced in all areas:
 - Physical symptoms of depression (e.g. headache, sleep, loss of energy, etc.)
 - Suicidal ideation (52% to 17% thought seriously about)
 - Reported illegal behavior
 - Internalizing and ADHD symptoms (smaller reduction than in other areas)

NOTE: Responses represent now vs. before recovery school entry

Source: Moberg, P. Presented at Palisades ARTC Recovery High School Symposium, October 1, 2009. 51

Recovery High School Outcomes (continued) Symptomatic Behaviors

Mental Health Issues Before and Now	Pct Before	Pct Now	p
Feel very trapped, lonely, sad, blue, depressed or hopeless about the future	73	31	<.001
Have no energy, losing interest in work, school, friends, sex or other things you cared about?	60	20	<.001
Thought about ending your life or committing suicide	53	16	<.001
Felt very anxious, nervous, tense, fearful, scared, panicked....	68	44	<.001
Trembling, heart racing, restless...	60	40	<.001
Very distressed, upset when reminded of the past	65	55	.003
Had a hard time expressing feelings, even to people you cared about.	83	49	<.001
Had a hard time paying attention at school, work or home.	86	63	<.001
Been unable to stay in a seat or where you were supposed to be	71	41	<.001
Bothered by any nervous, mental or psychological problems?	69	33	<.001
Disturbed by memories of things from the past that you did, saw or happened to you?	76	55	<.001

Student Survey (n=321) Moberg, D. P., & Finch, A. J. (2008). 52

Student Opinions about Recovery High Schools

- Get more attention than did at other schools: 86%
- School offers good clinical/therapeutic: 85%
- Classes are easier than at other schools: 68%
- Students now feel better about:
 - Alcohol/Drug Issues - 80%
 - Emotions - 59%
 - Academics - 71%
 - Family - 57%
 - Peers - 56%

NOTE: Percentages represent "agree" or "strongly agree"

Moberg, D. P., & Finch, A. J. (2008). 53

Recovery High School Staff Characteristics

- 75 Staff Surveys
 - 46 Full-time teachers
 - 7 Part time teachers
 - 17 professional staff
 - 5 Others (administrators or support)
- 83% Full time
- Equal number male and female
- Median 4 years in current school
- 8 Years median experience

Moberg, D. P., & Finch, A. J. (2008). 54

Recovery High Schools: Non-Teaching Staff

- ▶ 17 are “professional staff”, 5 are admin and support
- ▶ 8 (36%) have formal training in AODA counseling
- ▶ 4 (18%) Licensed or Certified AOD Counselor (5% of all staff surveyed)
- ▶ 5 (24%) Licensed Mental Health Professionals

NOTE: n=22

Moberg, D. P., & Finch, A. J. (2008). 55

Recovery High Schools: Staff Perceptions (n=75)

Item (paraphrased)	Str Agree	Agree
Climate at school is very positive	40%	49%
Students receive high quality AOD help	60%	39%
Students receive high quality MH counseling	45%	49%
School has high quality academics	16%	66%
Students get more indiv attention than other schools	78%	22%
Worry about long-term survival of school	12%	52%
Overall satisfaction as staff member	43%	45%

Moberg, D. P., & Finch, A. J. (2008). 56

Collegiate Recovery Communities

57

Collegiate Recovery Communities: Current StepUP Students & Alumni

Category	Current Students (%)	Alumni (%)
Any use**	22	2
Abuse	0	3
Depend.	2	3
Tobacco**	76	41

SOURCE: Winters, K. (2007). JMATE Panel Presentation. ** p < .01 58

Collegiate Recovery Communities: StepUP Outcomes

- StepUP students were largely able to maintain sobriety.
- Students endorsed a sizeable amount of assets and social supports.
- Screens for mental health problems endorsed at a considerable rate, with significantly more current students screening positive for ADHD, gambling problems, and depression compared to alumni.
- Overall, ratings by students indicated that they were highly satisfied with the program – including the role of the program in the recovery process.

SOURCE: Winters, K. (2007). JMATE Panel Presentation. 59

Collegiate Recovery Communities: StepUP Outcomes (continued)

- ▶ From 1997–spring 2009 (12 years), StepUP:
 - Average number of students served: 57.5
 - Average relapse number yearly: 8.16
 - Average yearly abstinence rate: 85%
 - Average yearly relapse rate: 15%

Source: Hadden, D. & Washburn, S. Prairielands ATTC Recovery School Symposium presentation, October 1, 2009. 60

POTENTIAL RESEARCH

Potential Research

- ▶ Prospective quasi-experimental study:
 - Compare similar students leaving treatment for recovery high school with students leaving same treatment to other settings; follow prospectively; statistically adjust for baseline differences
- ▶ Include statistical norms/control study
 - Compare recovery high school student outcomes on (e.g.) GAIN to same outcomes from adolescent treatment in general; statistical adjustments
- ▶ Outcome variation analysis
 - Compare outcomes across multiple schools with varying characteristics

Source: Moberg, P. Prairielands ATTC Recovery High School Symposium: October 1, 2009, Madison, WI.

Potential Research (continued)

- ▶ The Association of Recovery Schools (ARS) and Chestnut Health Systems are partnering to collect data on recovery high schools.
 - Starting 2009-10 school year



Association of Recovery Schools

The Association of Recovery Schools: Mission

- ▶ The Association of Recovery Schools advocates for the promotion, strengthening, and expansion of secondary and post-secondary programs designed for students and families committed to achieving success in both education and recovery.
- ▶ The Association of Recovery Schools exists to support such schools which, as components of the recovery continuum of care, enroll students committed to being abstinent from alcohol and other drugs and working a program of recovery.

The Association of Recovery Schools: Vision

- ▶ All secondary and post-secondary students have access to a recovery high school or collegiate recovery community.
- ▶ Standards of academic and recovery practices are identified and implemented.
- ▶ All eligible recovery schools are ARS members.
- ▶ Recovery schools are seen as valued, necessary, and adequately funded parts of both the education and treatment systems.
- ▶ ARS operates as a financially viable and autonomous organization.

The Association of Recovery Schools: History

- ▶ The Association of Recovery Schools was launched in 2002 when the Substance Abuse & Mental Health Services Administration (SAMHSA) and the Center for Substance Abuse Treatment (CSAT) brought together representatives from 13 high schools and 3 colleges to discuss recovery-based education.
- ▶ Annually, thereafter, the Association of Recovery Schools has held a conference.
- ▶ Membership has grown consistently each year since inception.

67

The Association of Recovery Schools: Accomplishment & Activities

- ▶ Annual conferences since 2002 – CSAT funded the first conference in 2002 from their discretionary funds
- ▶ Awarded a "knowledge dissemination" grant for \$60,000 from CSAT in 2004 for the conference at Rutgers
- ▶ Led a hearing at the 2005 Addiction, Treatment & Recovery Caucus
 - Included collaboration amongst member schools
 - Day on the Hill outreach to Legislators
- ▶ Participation in the writing of articles for a special edition of the Journal of Groups in Addiction & Recovery (2007)
- ▶ Multiple presentations at JMATE (Joint Meeting on Adolescent Treatment Effectiveness)
- ▶ Working with the Office of National Drug Control Policy (ONDCP), U.S. Department of Education and Center for Substance Abuse Treatment
- ▶ Highlighted in CNN Special "Addiction: Life on the Edge" (2009)

68

The Association of Recovery Schools: Accomplishments (continued)

- ▶ Created a DVD titled "Recovery: A Beacon of Hope" (2007)
- ▶ Collaboration with Addiction Technology Transfer Center on the 2009 Recovery Month Essay Contest "In My Own Words..."
- ▶ Partnering with researchers to expand on information regarding recovery schools
 - Texas Tech University (Amanda Baker)
 - NIDA qualitative study (Andrew Finch)
 - University of MN (Deborah Lloyd)
- ▶ Provided direction, technical and procedural assistance to multiple recovery school programs and potential programs across the country
- ▶ Working with member schools to collect data at multiple sites which will eventually lead to the establishment of evidence based models for the Department of Education and Department of Public Health
- ▶ Established advocacy partnerships with multiple national organizations (FAVOR, Join Together, ATTC) and state organizations (MAAP)

69

RESOURCES

70

Resources

- ▶ **Collegiate Recovery Communities curriculum: Recovery and inclusiveness.**
 - The SAMHSA funded curriculum is free and consists of 6 volumes, each ranging from 8 to 54 pages.
 - Available from:

Center for the Study of Addiction and Recovery
Texas Tech University
Box 41162
Lubbock, TX 79409
806-742-2891
Assistant Director – Mandy Baker, M.S.,
amanda.k.baker@ttu.edu

71

Collegiate Recovery Communities (CRC) Curriculum -- Volumes A through C

- (A) Getting Started: Introduction
- (B) Project 1: Creating the Vision
 - Determining the Need for a CRC on Your Campus
 - Identifying the Project Manager
 - Assembling the Project Planning Team
 - Developing a Mission Statement
 - Identifying Potential Obstacles
 - Developing Goals and a Project Timeline
- (C) Project 2: Making the Vision a Reality
 - Part A The Cornerstone: Identifying the Need for Social Support
 - Student Needs in a CRC
 - Determining the Social Support Framework of Your CRC
 - Part B Building a Pathway to Renewal: Creating Your Program Components
 - Designing the Emotional Support Components of Your CRC
 - Designing the Information Support Components of Your CRC
 - Designing the Instrumental Support Components of Your CRC
 - Designing the Companionship Supports Components of Your CRC

CRC
Selecting the Program Components of Your CRC

Source: SOURCE: Winters, K. (2007). JMATE Panel Presentation

72

Collegiate Recovery Communities (CRC) Curriculum –(continued)

(D) Project 3: Putting the Program to Work

- Part A Formalizing the Bonds: Documenting the Structure of Your Program
 - Designing a Strategic Plan for Your CRC
 - Creating a Policies and Procedures Manual for Your CRC
 - Planning for Additional Staffing Needs
 - Appointing an Advisory Board for Your CRC
- Part B Opening the Door: Recruitment and Admission of Recovery Students
 - Creating a Referral System Within Your College/University
 - Creating a Referral System Outside of Your College/University
 - Admitting Recovering Students to Your Program

Source: SOURCE: Winters, K. (2007). JMATE Panel Presentation

73

Collegiate Recovery Communities (CRC) Curriculum –(continued)

▶ (E) Project 4: Program Evaluation

- Part A Measuring Success: The Importance of Program Evaluation in a CRC
 - Becoming Familiar with the Need for Program Evaluation
 - Tools and Methods of Program Evaluation
- Part B Monitoring the Future: Implementing a Plan for Evaluating Your CRC
 - Creating a Plan for Evaluating Your CRC
 - Creating a Timeline for Conducting Your Program Evaluation
 - Identifying Obstacles to Your Program Evaluation

▶ (F) Operational Materials: Activities and Forms

74

Resources (continued)

- ▶ *Starting a recovery high school: A how-to manual*
 - Finch, A.J. (2005). *Starting a recovery high school: A how-to manual*. Center City, MN: Hazelden Publishing.
 - To order: www.recoveryschools.org
- ▶ Association of Recovery Schools (ARS) website
 - www.recoveryschools.org
 - 9th Annual Conference – Boston, MA
 - July 21–23, 2010
 - Northeastern University –
- ▶ Journal of Groups in Addiction & Recovery (JGAR)
 - Special Issue on Approaches to Substance Abuse and Addiction in Educational Communities: A Guide to Practices that Support Recovery in Adolescents and Young Adults
 - Volume 2 Numbers 2–4 2007
 - Also available in book format through Taylor and Francis Group

75

“Continuing intervention, support and services are needed to maintain symptom control achieved in intensive periods of treatment, particularly in the immediate period following intensive programs.”

–Dr. Paul Moberg

76

Q & A

77

Contact Information

*Monique Bourgeois, LADC
Executive Director
Association of Recovery Schools
mbourgeois@recoveryschools.org*

www.recoveryschools.org

78

References

- Brown, S. A. (2004). Measuring youth outcomes from alcohol and drug treatment. *Addiction, 99*(Suppl. 2), 38-46.
- Center for the Study of Addiction and Recovery. (2006). *Collegiate Recovery Communities curriculum: Recovery and inclusiveness*. Washington, D.C.: Substance Abuse and Mental Health Services Administration and the U.S. Department of Education.
- Cornelius, J. R., Maisto, S. A., Pollock, N. K., Martin, C. S., Salloum, J. M., Lynch, K. G., et al. (2003). Rapid release generally follows treatment for substance use disorders among adolescents. *Addictive Behaviors, 28*(2), 381-386.
- Dennis, M., & Scott, C. K. (2007). Managing addiction as a chronic condition. *Addiction science and clinical practice, 4*(1), 45-55
- Dennis, M. (2004). *What works: Advances in adolescent substance abuse treatment and research*. Paper presented at the SAMHSA National Policy Academy on Co-Occurring Mental and Substance Abuse Disorders, April 14-16, 2004, Baltimore, MD.
- Moberg, D. P., & Finch, A. J. (2008). *Recovery high schools: Feasibility of rigorous outcomes research*. Paper presented at the Joint Meeting on Adolescent Treatment Effectiveness, March 25-27, 2008, Washington, D.C.
- Substance Abuse and Mental Health Services Administration. (2008). *Results from the 2007 National Survey on Drug Use and Health: National findings*. (Office of Applied Studies). Rockville, MD.
- Winters, K. C., Stinchfield, R. D., Opland, E., Weller, C., & Latimer, W. W. (2000). The effectiveness of the Minnesota Model approach in the treatment of adolescent drug abusers. *Addiction, 95*(4), 601-612.

79